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|---|--|---------------------------------|---------------------------------|--------------|--------------|
| Requesting Organization : | International Medical Corps UK | | | | |
| Allocation Type : | 2022 First Standard Allocation | | | | |
| Primary Cluster | Sub Cluster | Percentage | | | |
| Santé | | 100.00 | | | |
| | | 100 | | | |
| Project Title : | Provision of integrated emergency health and nutrition services to the crisis-affected population in Pladama Ouaka - Bambari health district | | | | |
| Allocation Type Category : | | | | | |
| OPS Details | | | | | |
| Project Code : | | Fund Project Code : | CAR-22/HCF10/SA1/HLT/INGO/21504 | | |
| Cluster : | | Project Budget in US\$: | 400,000.00 | | |
| Planned project duration : | 6 Months | Priority: | | | |
| Planned Start Date : | 20/03/2022 | Planned End Date : | 19/08/2022 | | |
| Actual Start Date: | 11/04/2022 | Actual End Date: | 10/10/2022 | | |
| Project Summary : | <p>International Medical Corps (IMC) is a US-registered independent affiliate organization of International Medical Corps UK (IMC UK), with which IMC UK shares the same name and charitable objectives and mission. IMC UK and IMC work together to deliver assistance programs in an accountable and effective manner in pursuit of their commonly held charitable objectives. IMC UK will engage IMC to implement its programmes in the field, with IMC UK oversight, according to the terms and conditions of the agreement that results from this proposal and the terms of the parties' administrative service agreement. Together with IMC Croatia, IMC provides administrative and operational support to IMC UK and to the programmes on the ground, including but not limited to financial management, banking and cash management, procurement management/international procurements and logistics. IMC is proposing a 5-month project to respond to urgent health, nutrition, mental health, and reproductive health needs following the recent displacement of IDPs from Elevage site and now residing in in Pladama Ouaka site. If awarded the grant, International Medical Corps will provide an integrated health and nutrition intervention which IMC was implementing in Bambari health district with ECHO funding and has just ended 31st January 2022. The emergency-oriented intervention will fit within the Humanitarian Funding 2022 allocation strategy.</p> <p>The objective of the action is to contribute to reducing excess morbidity and mortality of vulnerable conflict-affected people.</p> <p>Through this action, vulnerable people will be able to access essential primary care and integrated nutrition care at Pladama health centre for 5 months and emergency secondary health care at Bambari maternity hospital. GBV and protection response will be provided through BHA funding, already secured, while Expanded Program of Immunization (EPI) services will be ensured through IMC's recent donation from private funding for solar cold chain refrigerators. IMC will ensure medical commodities are available in Pladama in the first 2 months of the project, with drugs procured through private funding from IMC as an international order is processed for the Humanitarian Fund (HF) project.</p> | | | | |
| Direct beneficiaries : | | | | | |
| | Men | Women | Boys | Girls | Total |
| | 2,772 | 3,991 | 2,088 | 2,181 | 11,032 |
| Other Beneficiaries : | | | | | |
| Beneficiary name | Men | Women | Boys | Girls | Total |
| Internally Displaced People | 1,112 | 1,134 | 1,070 | 1,117 | 4,433 |
| Host Communities | 1,660 | 2,857 | 1,018 | 1,064 | 6,599 |
| Indirect Beneficiaries : | | | | | |
| Men 4848 women 5046 Boys 1014 Girls 1056 | | | | | |
| Catchment Population: | | | | | |
| | | | | | |

Link with allocation strategy :

The humanitarian situation in Central African Republic (CAR) continues to deteriorate as conflict flares up again in several parts of the country, compounded by widespread violations of human rights and international humanitarian law. An estimated 2.8 million people need humanitarian assistance and protection. Against this backdrop, the CAR Humanitarian Fund (CAR HF) plays a key role in supporting a flexible, efficient, and coordinated humanitarian response.

The proposed response fits within the 2022 Humanitarian Fund's allocation strategy defined under the health sector. The proposed project will offer free curative care (drugs, equipment, staff incentives, referral/counter-referral support to maternity patients), promote essential family practices, provide mental health care including staff training, medication, awareness), provide basic obstetric and neonatal care, surveillance and response to epidemic-prone diseases. In nutrition, the project will support the management of acute malnutrition including early detection in Health Facility, the referral of malnutrition case to SC (Bambari Hospital) as well as malnutrition prevention activities in IDP Camp.

Sub-Grants to Implementing Partners :

| Partner Name | Partner Type | Budget in US\$ |
|--------------|--------------|----------------|
| | | |

Other funding secured for the same project (to date) :

| Other Funding Source | Other Funding Amount |
|----------------------|----------------------|
| | |

Organization focal point :

| Name | Title | Email | Phone |
|----------------------|------------------|--|--------------|
| Dr.Christian Mulamba | Country Director | cmulamba@internationalmedicalcorps.org | +23675795350 |
| Thiery Fikiri | Program Director | tfikiri@internationalmedicalcorps.org | +23675435807 |
| Elizabeth Odinga | Program Manager | eodinga@internationalmedicalcorps.org | +23675448037 |

BACKGROUND**1. Humanitarian context analysis****2. Needs assessment****Methods:**

IMC has analysed the needs and gaps in Pladama through routine data collection at IMC supported facilities funded through other donors within the same health zone, a SMART survey conducted September 2021 in the Bambari Prefecture, and secondary data collected from other humanitarian organizations. IMC supports health facilities near the anticipated project zone which are funded by BHA and ECHO.

Needs:

In Bambari health district, malaria remains the leading cause of morbidity followed by acute respiratory tract infections and acute diarrhoea. Based on the program data from IMC's USAID funded project, out of 7,618 curative consultations recorded in Pladama from February 2021 to December 2021, 3,274 patients were diagnosed with malaria (43%), 1,279 with acute respiratory tract infections (16.8%) and 451 with diarrhoea (5.9%). IMC's program data collected from its ECHO project reveals that malaria, acute respiratory infection and diarrhoea continue to account for the frequent morbidities among the host communities and IDPs in Bambari. Out of 16,542 new consultations recorded between June and November 2021, malaria continues to lead with 42.8% (7,079 consultations) followed by respiratory infections with 14.4% (2,379 consultations) and acute watery diarrhoea (AWD) with 4% (673 consultations).

The nutrition situation remains precarious, as the 2021 IMC SMART survey showed a prevalence of global acute malnutrition (GAM) of 8.2% [6.1% - 10.8%] and a prevalence of severe acute malnutrition (SAM) of 2.4% [1.4% - 4.0%] and moderate acute malnutrition (MAM) prevalence of 5.8% [3.8% - 8.7%] for children 6-59 months.

Service Gaps:

The critical scarcity of qualified personnel in CAR is one of the most significant bottlenecks in the health system. The SARA / HeRAMS 2019 survey revealed that in general, there are 5.5 basic health professionals per 10,000 inhabitants, including 0.8 general practitioners, 0.6 other healthcare professionals, 2.5 nurse professionals, and 1.6 midwifery professionals. This density of 5.5 health professionals per 10,000 inhabitants is considerably lower than the WHO target of 23 for 10,000 inhabitants. According to data collected from IMC's ECHO funded project only 904 deliveries were assisted by qualified personnel out of 1,808 deliveries recorded in that period. While all mothers should be assisted by qualified personnel at the time of delivery, there is lack of qualified health personnel in the supported health facilities, as the facilities continue to be run by first aid workers and nurse aids. EPI service performance and coverage targeting vaccine preventable diseases remain poor (national wide coverage of 50%) in CAR, below the WHO standard of 95% coverage. CAR is also facing a huge gap in its cold chain system which is hampering the provision of routine immunization services. While there is still a huge gap to cover in the country, IMC-supported catchment areas in Bambari remain areas where access to the EPI services as well to COVID-19 vaccination is critically challenged due to the limited vaccine cold chain storage capacity and periodic stockout of vaccines. IMC is working with the MoH to address this need by importing freezer/refrigerators and conducting cold chain training under a privately funded grant.

According to the CAR-HNO 2021, access to essential health services is challenged by the following barriers: insecurity, shortage of essential drugs, wide scarcity of qualified health care providers in the country, lack of basic health infrastructure, and cost recovery. Once patients arrive at the health services, the service provision is weak: facilities have fewer than one qualified staff person per 1,000 people. Access to emergency obstetric and new-born care services are very limited due to the distance (pregnant women walk 10km or more to reach services), nearly one person in four have to walk for more than an hour to find the nearest health facility.

3. Description Of Beneficiaries

4. Grant Request Justification

In June 2021, about 8,600 people have been expelled from their makeshift camp in Bambari Elevage camp after renewed fighting broke out in the region. Several thousand people have sought refuge in the Bambari mosque and others are staying with family in the host community, where they are living in very precarious conditions. The camp was burnt to the ground.

Elevage camp was born out of the brutal conflict that ravaged CAR in 2013-14. Located on the outskirts of Bambari, one of the main towns in central CAR, people from mostly semi-nomadic communities sought refuge here after fleeing fighting in various areas.

Although some displaced people from Elevage site started returning to their places of origin, the eviction raised the question of identifying an alternative site to accommodate the displaced who had no option to return home. Findings from the intention survey conducted in September 2021 among 2,190 households of IDPs by ACTED, INTERSOS, UNHCR, IOM and PARRET, revealed prerequisites for resettlement in Pladama Ouaka as follows: access to housing, security improvement at the new site, access to land for agriculture, access to health and nutrition services, access to employment/economic opportunities. Based on the agreement between the IDPs, government authorities of Bambari and the local humanitarian community, the identified site for relocation cleared by UNHCR was Pladama Ouaka. This relocation from Elevage to Pladama will exacerbate the needs (health, protection, nutrition, etc.) and increase the pressure on access to basic social services of which the coverage still raises problems for the pre-existing local communities. In January 2022, the first phase of installation of the IDPs was initiated with the move of a total of 496 households. In terms of health, this influx has led to an increase in the use of the Pladama health centre, while health partners do not have funding to provide medical care to 11,500 people currently in Pladama. With its current capacity, the health centre is limited in its response in terms of qualified human resources, availability of medicines and consumables among other things.

IMC-UK implemented lifesaving interventions in health, WASH, nutrition, and protection to conflict-affected people in Bambari health district, in consortium partnership with Tearfund Netherlands, funded by ECHO. This 7-months action supported 6 health facilities: Pladama Ouaka, Madomale, Siou, CRPR primary health care facilities and Bambari hospital (maternity and internal medicine wards). This project ended on January 30, 2022, with a prospective of continuation with the next ECHO HIP 2022 allocation, but with a gap in between the past and upcoming ECHO grant. Therefore, there is a huge gap in provision and access to quality lifesaving nutrition and health services including sexual and reproductive care, evident starting 1st February 2022 until next allocation of 2022 especially for IDPs in Pladama following relocation from Elevage site. The impact of this situation is the returning risk of excess maternal and infant morbidity and mortality which was controlled in the areas covered by the just ended project.

Maintaining the availability of inclusive health services could serve as an effective means of integration and mediation between local communities and newcomers. These are the major motivations for requesting HF funding to cover the foreseeable gap in health and nutrition in the area to complement the expected ECHO funding, to address the increased needs of IDPs in Pladama and prevent any possible deterioration of the health and nutrition situation which would be mainly linked with the limited access to quality lifesaving health/obstetrical care services, especially after the increase in the use of the Pladama health centre.

International Medical Corps is proposing a 5-month action to provide emergency health and nutrition services to be able to fill this urgent gap and ensure IDPs will also be able to ac

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

Provide integrated emergency health and nutrition services to the crisis-affected population in Pladama Ouaka - Bambari health district

Santé

| Cluster objectives | Strategic Response Plan (SRP) objectives | Percentage of activities |
|---|---|--------------------------|
| Améliorer l'accès des populations les plus vulnérables aux soins de santé primaires et secondaires de qualité dans les zones de sévérité 3 et 4 dans les zones de retour. | SO1: En 2022, 1,6 M de pers bénéficient d'une assistance d'urgence multisecc en tps opportun, et intégrée si possible, en cash ou en nature, nécessaire pour adresser leurs problèmes critiques liés au bien-être | 100 |

Contribution to Cluster/Sector Objectives : The humanitarian situation in the Central African Republic (CAR) continues to deteriorate as conflict flares up again in several parts of the country, compounded by widespread violations of human rights and international humanitarian law. An estimated 2.8 million people need humanitarian assistance and protection. Against this backdrop, the CAR Humanitarian Fund (CAR HF) plays a key role in supporting a flexible, efficient, and coordinated humanitarian response

The proposed response fits within the 2022 Humanitarian Fund's allocation strategy defined under the health sector. The proposed project will offer free curative care (drugs, equipment, staff incentives, referral/counter-referral support to maternity patients), promote essential family practices, provide mental health care including staff training, medication, awareness), provide basic obstetric and neonatal care, surveillance and response to epidemic-prone diseases. In nutrition, the project will support the management of acute malnutrition including early detection in Health Facility, the referral of malnutrition case to SC (Bambari Hospital) as well as malnutrition prevention activities in IDP Camp.

Outcome 1

Outcome1: Access to quality primary health and emergency secondary health care services is increased and improved.

Output 1.1

Description

Output 1. Provision of quality PHC services at Pladama Health centre to IDPs and host communities.

Assumptions & Risks

Assumption

The program has been designed with the following assumptions:

1. The security situation remains stable enough to operate (including through remote management procedures)
2. MoH focal points and community agents (health workers) who are involved in implementation are reliable and motivated.
3. The MOH and CAR government continue to support and facilitate the interventions and presence of International Medical Corps as a health partner
4. UN Humanitarian Air Service remain operational, supplementing access to very remote sites in all seasons, for supply chain, monitoring, and evaluation

Risks

Risks:

- The security conditions deteriorate in the project implementation area due to the increase of rebel groups resulting in reduced access to beneficiaries, temporary suspensions of program activities and increase of security concerns for program staff and projects beneficiaries (High).
- Inaccessibility to project sites due to natural disasters like flooding during the rainy season resulting in impracticable roads
- Lack of engagement or partnership with the CAR government and relevant ministries particularly the Ministry of Health (MoH) and its staff
- Significant changes in markets negatively impact the cash/voucher components of the project reducing what beneficiaries can purchase and therefore undermining the benefit.
- International Medical Corps' mission is to improve the quality of life through health interventions, emergency response, training, and related activities that build local capacity in underserved communities worldwide. Operations involve challenging humanitarian and development contexts, unstable operating environments, extensive geographic scope, multiple partnerships as well as significant involvement of national staff. Risk is an integral part of International Medical Corps' activity and thus, IMC recognizes the importance of assessing risk and integrating risk management into all awards, beginning at the application phase with your activity design and budget.
- Effective risk management is a key element of good governance and will provide reasonable, but not absolute, assurance that: significant risks are identified and monitored, enabling management to make informed decisions and take timely action; Opportunities are maximized with confidence that risks will be managed; and Objectives, as set out in International Medical Corps' strategy, are achieved. Multiple operational tools are utilized by the organization to execute this policy. These tools are updated when needed.
- IMC standard risk management process consists of four stages: Identify risks, assess risks, risk management action, monitoring and review and the responsibility for risk management rests with all IMC staff. Also, since the beginning of the COVID-19 pandemic, the safety and security of staff and beneficiaries has become a higher priority. During the planning phase, IMC is focusing its efforts on identifying vulnerabilities that may affect staff, beneficiaries, and projects under its responsibility. In addition to the measures already in place, IMC has instituted preventive measures against COVID-19. In addition, IMC has identified vulnerabilities at the country level as well as global scale, and devising a mechanism for risk mitigation since it became evident the COVID-19 emergency would have a profound negative impact on the global supply chain

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle Target |
|--|---------|--|-------------------------|-------|------|-------|------------------|
| | | | Men | Women | Boys | Girls | |
| Indicator 1.1.1 | Santé | # de consultations curatives réalisées désagrégé par sexe. | | | | | 4,276 |
| Means of Verification : Health facility consultation register | | | | | | | |
| Indicator 1.1.10 | Santé | # of registered feedback and complaints (all categories) that are formally documented in a logbook | | | | | 12 |
| Means of Verification : CBFRM online Database (alongside logbook and monitoring sheet) | | | | | | | |
| Indicator 1.1.11 | Santé | # Of all staff (IMC & Government) trained on CBFRM | | | | | 22 |
| Means of Verification : Training reports (Database & training rosters) 10 tComplaints management committee member (CHW or Community Leader), 2 nurses, 2 midwives, Mental Health Nurse 1 Case Manager Mental Health 1 Health Promoter 1 Midwife Maternity 1 Medical Doctor Hospital 1 Nutrition Assistant 1 Pharmacist Assistant 1 HR Officer 1 | | | | | | | |
| Indicator 1.1.2 | Santé | Proportion des rapports des sites SAP partagés à temps. | | | | | 5 |
| Means of Verification : EWAR report | | | | | | | |
| Indicator 1.1.3 | Santé | Number of pregnant women who have attended at least 3 Ante Natal Complete clinics | | 120 | | | 120 |
| Means of Verification : consultation register | | | | | | | |
| Indicator 1.1.4 | Santé | Number patients referred for emergency secondary health care services | 76 | 79 | | | 155 |
| Means of Verification : consultation register and referral register | | | | | | | |
| Indicator 1.1.5 | Santé | Number of children 0-11 months who receive PENTA 3 antigen | | | 50 | 53 | 103 |
| Means of Verification : Vaccination register and vaccination card | | | | | | | |
| Indicator 1.1.6 | Santé | number of CHWs trained on EWARS | 15 | 5 | | | 20 |
| Means of Verification : Training report | | | | | | | |
| Indicator 1.1.7 | Santé | # de cas de viols pris en charge dans les 72 heures dans les zones de sévérité 3 et 4. | | | | | 15 |
| Means of Verification : Health facility register | | | | | | | |
| Indicator 1.1.8 | Santé | # de personnes sensibilisées sur les risques épidémiques désagrégé par sexe et par tranche d'âge. | 902 | 939 | 867 | 902 | 3,610 |

| | | | | | | |
|---|-------|--|--|--|--|---|
| Means of Verification : sensitisation report community health worker report | | | | | | |
| Indicator 1.1.9 | Santé | # Of supported sites with at least one CBFMR access point in place and covering all program sectors/activities | | | | 2 |

Means of Verification : CBFMR online Database (alongside logbook and monitoring sheet), Training Database

Activities

Activity 1.1.1

Activity 1.1. Purchase and supply essential pharmaceuticals and medical supplies to supported health facilities for treatment of common diseases and carry out regular monitoring of consumption.

At the start of project, IMC -UK will place an international medical order of essential drugs and medical commodities. Establishment of needs, the selection and quantification of medical commodities will be based on the common morbidity patterns from the targeted health facility areas and on the monthly consumption average, the national treatment protocols and WHO guidelines. The level of the service provision (Primary or secondary health facilities) was taken into consideration while calculating the realistic need of essential medicines, medical supplies, and equipment.

To meet the quality of sourcing and because of the lack of prequalified suppliers in CAR, IMC will place an international order from the pre-qualified vendors with whom IMC-UK has developed the Blanket Procurement Agreement (BPA). The international procurement and delivery of Medical Stock takes globally from 2 to 3 months of processing. The above-described lead time for delivering the procured medical stock to the project sites may be challenging with regards to urgent needs and could be delayed due to the COVID-19 pandemic economic impact.

To avoid a delayed delivery, IMC -UK will build on the successful previous experience by ensuring that only in-stock drugs and medical supplies are ordered from the prequalified supplies. Therefore, the procurement will be fast processed and the shipment delivery to Bangui will be expected in 45 days maximum. In the meantime, IMC will distribute its available medical stock from a privately funded donation to cover the gap in the targeted health facilities while the international order is being finalized.

IMC will carry out the transport, the distribution, and the monitoring of consumption of essential drugs in the supported health facilities. Once delivered in the capital Bangui, medical commodities will be safely and securely stored in climate-controlled central warehouse. IMC will undertake to organize a rapid supply of pharmaceuticals from Bangui to the field site warehouse and to the project sites. The road option by truck rental is in the meantime possible in Bambari but will be the subject of continuous security monitoring by IMC. Monthly consumption will be tracked and monitored by the project staff and stock reports from each supported health facility will be compiled and reported to medical management team for use to re-supply, anticipate stock outs and timely replenishments. IMC has developed a pharmaceutical management tool to ensure a proper monitoring of drug stock consumption and reporting that will be rolled out in CAR and will the first phase will be piloting in Bambari.

IMC project staff will conduct on-the-job coaching on the stock management and rational use of pharmaceuticals.

Activity 1.1.2

Support communicable disease surveillance, community education at both community and health facility levels through the Community health worker network.

The surveillance of notifiable diseases will be conducted on a weekly basis at both health facility and community levels. Weekly data collection of outbreak diseases including malaria, watery diarrhoea, ARI, measles, polio, meningitis, COVID-19 and deaths, etc. will be performed by the MoH health facility managers under the supervision of IMC-UK team. When needed, IMC-UK will also support the MoH in performing investigation of suspected cases of outbreak diseases in the project catchment area. IMC will continue to work alongside the MoH representatives to ensure health facilities submit EWARS weekly and monthly reports to the MoH, and WHO. At the community level, IMC will support existing CHW network to perform door-to-door visits in households searching sick patients, symptoms/signs of outbreak diseases and refer them to the HF. 4 new CHWs will be selected at Pladama IDP camps for the same purpose.

20 CHWs(10 in IDP camp and 10 In host population) will be involved in defaulter tracing of vaccination, PNC, ANC, nutrition, and community mobilisation around the importance of vaccination. Under the supervision of the health promoter, CHWs will be trained/refreshed on various health and hygiene topics to help them disseminate prevention and education messages to the community. 20 CHWs will be trained on early warning alert system, Health and hygiene education, including messages on prevention, diarrhoea and other communicable diseases, personal and environmental hygiene with special emphasis on hand washing, safe storage and treatment of water and food, will be a key component of the health services provided in Pladama. Health awareness sessions at health facility level will be provided through the CHW and TBAs networks, based on needs and gaps identified.

IEC materials (image boxes, pictograms, etc.) will be produced/printed and provided to the CHWs. IMC will pay incentive to 12 CHWs at Pladama

No CHW will be supported by the project in Bambari town but IMC-UK will work in complementarity with other partners(NGOs,MoH,MSF iwho have already engaged CHWs in performing community based disease surveillance.

Activity 1.1.3

Support the IPC and integration of COVID-19 prevention activities in the routine Primary health service package.

COVID-19 activities will focus on prevention and early detection. Physical distancing by at least 1 meter between patients will be implemented and respected during curative consultations, ANC, PNC, nutrition activities, etc. IMC will support the setup of systematic screening and triage services at the entry point of Pladama HF for patient with respiratory symptoms and through the CHW network support. IMC will also support the investigation of COVID-19 suspected cases as well as referral to the COVID-19 isolation and treatment centre in Bambari. IPC measures will be implemented by IMC at Pladama through the provision of handwashing stations, soap, hygiene, and cleaning materials based on needs. IMC will ensure a safe collection of medical waste segregation and disposal at the HFs and train the HF based staff in propre waste management, hygiene, and disinfection approaches

Activity 1.1.4

Provide technical support to Pladama health centre in providing free of charge primary health care (PHC) services to IDP and vulnerable host communities

International Medical Corps will support access to free primary health care services service at Pladama MoH facility with the aim of preventing and/or reducing the excess morbidity and mortality in Pladama health area.

The following activities will be supported by the project:

The PHC package of services will comprise out-patient curative consultations, EPI, health promotion, IPC measures, SRH, MNCH, provision of essential drugs and medical consumables, communicable disease surveillance and referral services in line with the national and international protocols.

1) To cover the gap of lack of qualified health staff at the MoH level and help absorb the increased demand and urgent needs in health care services and the pressure exerted on the health centre resulting from the near presence of new IDPs; IMC will provide technical support in qualified human resources: 1 nurse, 1 midwife, 1 health promoter, 1 mental health case manager and 1 nutritionist assistant will be hired by IMC and will be deployed from Monday to Friday to strengthen the technical capacities of the health centre and improve its quality-of-service delivery.

2) Carry out daily medical consultations at the Pladama HC by the health facility supported by IMC team. The common causes of morbidity that include malaria, ARI and Diarrheal as well as other infectious diseases will be targeted.

3) Support MoH routine immunization services through fixed vaccination strategies for children under 5 to increase vaccination coverage. IMC will provide transport support to Bambari health district ensuring permanent availability of vaccine antigens to Pladama. Support to MoH mass vaccination campaigns will be part of the scope of IMC interventions. With private fund, IMC will donate 1 solar powdered fridge to Pladama facility for improving vaccine storage capacity.

4) Provide Basic emergency obstetrics and neo natal cares services: Perform daily ANC and PNC, Family planning and ensure safe delivery services are offered to pregnant women as well as education for health.

5) CHWs and TBAs will as well be engaged in raising awareness of the community in the importance of utilization of the available services and early referrals; IMC will train CHWs and TBAs on risk factors that require referral, follow ups of pregnant women and children under five years for vaccination and health hygiene education both at community and facility levels.

6) Reinforce the MoH referral system.

7) Provide medical care to GBV survivors: This care includes: a complete physical examination while respecting the survivor's dignity; treatment of any physical injuries, post exposure prophylaxis (PEP) for HIV, emergency contraception (EC), presumptive treatment for sexually transmitted infections (STIs), treatment of wounds and referral for services such as psychosocial. Services will provide medical support to male, female, and child survivors of rape. PEP kits will be provided by UNFPA. Through BHA funded project, IMC will procure 1 IEHK PEP kits for 50 adults and 10 children as contingency stock that will be utilized in case of stock out at UNFPA level.

8) Routine and supportive supervision visits will be ensured throughout the implementation period. Joint supervision visit will be conducted with the health District Management team on quarterly basis. Fuel an and per diem will be covered by the project.

9) Support the MoH health Information system and reporting at Pladama HC and Bambari hospital. Health management tools (Consultation cards, registers, patient, monitoring forms, reporting forms, etc. will be printed by IMC and provided to the supported health facilities. Quality of data will be reviewed and monitored on a weekly basis and on-the-job coaching of the MoH staff on the appropriate filling of HIS and reporting tools

Activity 1.1.5

Train 20 CHWs on EWARS

20 CHWs will be trained on early warning alert system,

Activity 1.1.6

To guarantee effective Accountability to Affected People,

IMC will rely on 4 main pillars, namely the (1) provision of information, (2) Community Consultations, (3) Participation promotion, and (4) Complaints & feedback management. These activities will be led by the MEAL team, with support from program staff.

Under the provision of information, IMC MEAL and program teams will conduct kick-off meetings at the project launch and other sessions through project implementation for project stakeholders to be provided with relevant and accurate program information in a timely and accessible manner to all, particularly to people with disability, the marginalized groups, youth, women, and men to be directly and indirectly affected by project interventions.

IMC already dispose of a well-structured accountability system, the community-based feedback, and complaints mechanism (CBFRM), regrouping a number of channels such as the toll-free number (4022), community dialogues, suggestion boxes, field visits, information board and other communication means. In each of the supported locations, community consultations are held for the selection of the appropriate channels that best fit local context, customs, and preferences.

Committed to the principal of informed consent and dedicated to the provision of efficient interventions, IMC will raise more awareness through community consultations by the MEAL team to make the community aware and supportive of key decisions to be made through the project. For the same purpose, Complaints management committees will be trained and established, regrouping health management committees (COGES); administrative, traditional, and religious leaders; community health workers; and other volunteers working closely with supported health facilities to reinforce risk communication and community engagement and provide on a monthly-basis, additional structure for community feedback on quality of services, satisfaction, and suggestions in each of the sectors for a significant improvement.

Furthermore, IMC will empower communities and build their capacity to be part of all project phases, through trainings, supervision visits and coaching sessions. In addition to CBFRM training, IMC teams will ensure that the Safeguarding Policy, the Code of Conduct & Ethics, and supporting policies are not only known by all staff and partners, but as well applied. IMC has zero tolerance for safeguarding violations as set forth in its safeguarding Policy, the Code of Conduct & Ethics, and supporting policies. For these policies to be applied, IMC will create more awareness among its staff and partners through mandatory trainings, while enforcing complaints and feedback mechanism to address complaints about suspected safeguarding violations such as sexual exploitation and abuse, exploitation, neglect, or abuse of children, adults at risk and any form of trafficking in persons. Hence, when an individual suspects a violation, they will dispose of several reporting mechanisms for staff, beneficiaries, partners and other third parties to use, including an Ethics Point website; direct and confidential email reporting; and in-person reporting. IMC also maintains a Whistle-blower Policy to protect those who report. Staff or partners who are found to attempt or engage in safeguarding violations will be disciplined, up to and including termination. To increase awareness and help ensure compliance, in all IMC sites will be placed Ethics & Safeguarding awareness materials visibly posted, explaining staff and beneficiaries' rights and whistleblowing procedures.

As well, IMC will ensure on the regular and effective collection, analysis, and response to expressed complaints and feedbacks from the established accessible and safe communication mechanism / channels. Complaint's registration, treatment and closure will be done using an existing online database managed by then MEAL team, and allowing to refer - without s

Output 1.2

Description

Output 2. Provision of quality comprehensive secondary health care services IDPs and host population at Bambari Hospital

Assumptions & Risks

Assumptions:

The program has been designed with the following assumptions:

1. The security situation remains stable enough to operate (including through remote management procedures)
2. MoH focal points and community agents (health workers) who are involved in implementation are reliable and motivated.
3. The MOH and CAR government continue to support and facilitate the interventions and presence of International Medical Corps as a health partner
4. UN Humanitarian Air Service remain operational, supplementing access to very remote sites in all seasons, for supply chain, monitoring, and evaluation

Risks:

- The security conditions deteriorate in the project implementation area due to the increase of rebel groups resulting in reduced access to beneficiaries, temporary suspensions of program activities and increase of security concerns for program staff and projects beneficiaries (High).
- Inaccessibility to project sites due to natural disasters like flooding during the rainy season resulting in impracticable roads
- Lack of engagement or partnership with the CAR government and relevant ministries particularly the Ministry of Health (MoH) and its staff
- Significant changes in markets negatively impact the cash/voucher components of the project reducing what beneficiaries can purchase and therefore undermining the benefit.
- International Medical Corps' mission is to improve the quality of life through health interventions, emergency response, training, and related activities that build local capacity in underserved communities worldwide. Operations involve challenging humanitarian and development contexts, unstable operating environments, extensive geographic scope, multiple partnerships as well as significant involvement of national staff. Risk is an integral part of International Medical Corps' activity and thus, IMC recognizes the importance of assessing risk and integrating risk management into all awards, beginning at the application phase with your activity design and budget.
- Effective risk management is a key element of good governance and will provide reasonable, but not absolute, assurance that: significant risks are identified and monitored, enabling management to make informed decisions and take timely action; Opportunities are maximized with confidence that risks will be managed; and Objectives, as set out in International Medical Corps' strategy, are achieved. Multiple operational tools are utilized by the organization to execute this policy. These tools are updated when needed.
- IMC standard risk management process consists of four stages: Identify risks, assess risks, risk management action, monitoring and review and the responsibility for risk management rests with all IMC staff. Also, since the beginning of the COVID-19 pandemic, the safety and security of staff and beneficiaries has become a higher priority. During the planning phase, IMC is focusing its efforts on identifying vulnerabilities that may affect staff, beneficiaries, and projects under its responsibility. In addition to the measures already in place, IMC has instituted preventive measures against COVID-19. In addition, IMC has identified vulnerabilities at the country level as well as global scale, and devising a mechanism for risk mitigation since it became evident the COVID-19 emergency would have a profound negative impact on the global supply chain

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|-----------------|---------|--|-------------------------|-------|------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.2.1 | Santé | # d'accouchements assistés par un personnel qualifié dans les zones affectées par un choc humanitaire. | | | | | 135 |

Means of Verification : health facility delivery register and maternity register

This base on population of 11032 with 70% coverage rate of expected live births (3.5%)

| | | | | | | | |
|-----------------|-------|----------------------------|-----|-------|--|--|-------|
| Indicator 1.2.2 | Santé | Number of hospitalisations | 147 | 1,353 | | | 1,500 |
|-----------------|-------|----------------------------|-----|-------|--|--|-------|

Means of Verification : Internal medicine ward and Gynecology /obstetrics wards registers

Activities

Activity 1.2.1

Activity 2.1. Support the provision of comprehensive medical and obstetrical health care services in Bambari hospital maternity and internal medicine wards

In addition the Sexual and reproductive health, CEmONC will also include administering parenteral antibiotics, (ii) administering uterogenic drugs for active management of the third stage of labour and prevention of postpartum haemorrhage, use of parenteral anticonvulsants for the management of pre-eclampsia/eclampsia, manual removal of placenta, removal of retained products (e.g. manual vacuum extraction, dilatation, and curettage), performing basic neonatal resuscitation, blood transfusion. In case of indication of Caesarean section, IMC-UK will refer the case to the surgery department under the management of MSF-OCA. IMC-UK will also take care of clinical management of rape (CMR) at the hospital where one midwife focal point will be appointed to provide appropriate medical services and psycho-social support to GBV survivors. All survivors will be linked to psychosocial services delivery through IMC's GBV program, and survivors under 15 years will be referred to MSF-H through the confidential referral mechanism.

Activity 2.2. Maintain the availability and/or recruit qualified health care providers at the maternity and Internal medicine wards of Bambari hospital

To reinforce Bambari hospital capacity in providing quality secondary health care services to IDPs and vulnerable host community members referred, IMC will hire qualified health staff (5 nurses and 5 midwives) to ensure 24/7 availability of comprehensive medical and obstetrics services. For this purpose, IMC will recruit qualified staff (1 medical Doctor, 05 nurses, 05 midwives) to build the technical capacity of the maternity and Internal Medicine wards while MSF Hollande is supporting the surgery and paediatrics departments.

Qualified staff will include Nurse team leaders and will work closely with the Health Centre (HC) and oversee and supervise medical activities and ensure patients quality of service and hygiene standards are maintained as well as reports are submitted on time. Therefore, IMC will maintain the same set up with a clinical medical doctor with experience in performing caesarean section and clinical monitoring of patients; on-the-job training, etc. while midwives will assist pregnant with/without risk factors to deliver safely, carry out PNC, ANC, FP and nurses will oversee the follow-up and administration of the nursing care to the admitted patients on day and/or night duty.

Activity 2.3. Provide daily food ration support or its equivalent in cash to referred and hospitalized patients during their stay in the hospital. IMC encourages patients to stay in the hospital until full recovery by providing daily meals for patients and one caretaker per patient. During their stay in the hospital, each patient admitted will receive 2 meals per day to contribute to the rapid recovery and support those who do not have the capacity to cover their food needs either because of lacking the financial resources, or due to the long distance far from their villages, etc. The average length of stay is 3 days.

Output 1.3

Description

Output 3. Provision of integrated mental health services to the target population

Assumptions & Risks

Assumptions:

The program has been designed with the following assumptions:

1. The security situation remains stable enough to operate (including through remote management procedures).

The MOH and CAR government continue to support and facilitate the interventions and presence of International Medical Corps as a health partner

Risks

- The security conditions deteriorate in the project implementation area due to the increase of rebel groups resulting in reduced access to beneficiaries, temporary suspensions of program activities and increase of security concerns for program staff and projects beneficiaries (High).
- Inaccessibility to project sites due to natural disasters like flooding during the rainy season resulting in impracticable roads
- Lack of engagement or partnership with the CAR government and relevant ministries particularly the Ministry of Health (MoH) and its staff

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|-----------------|---------|--|-------------------------|-------|------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.3.1 | Santé | # de personnes ayant bénéficié du premier secours psychologique ou des soins de santé mentale dans les zones affectées par les chocs humanitaires. | 166 | 172 | 0 | 0 | 338 |

Means of Verification : Mental health consultation register

Activities

Activity 1.3.1

Train Health staff and CHWs on identification and referral of mental health cases

Mental health staff will be trained on MhGAP, and supportive supervision will be provided by MHPSS specialist. Case workers and mental health nurses will be recruited and refreshed on MHPSS evidence-based interventions and approaches, case identification and referrals, and follow ups. Families of patients under psychotropic or psychosocial treatment will receive orientation by the mental health staff on community/family support in the process of recuperation of the patients and resuming community roles and responsibilities.

Output 1.4

Description

Output 4. Improve access to integrated quality nutrition services for children under five and PLWs

Assumptions & Risks

Assumption

UN Humanitarian Air Service remain operational, supplementing access to very remote sites in all seasons, for supply chain, monitoring, and evaluation
The MOH and CAR government continue to support and facilitate the interventions and presence of International Medical Corps as a health partner

Risk•

The security conditions deteriorate in the project implementation area due to the increase of rebel groups resulting in reduced access to beneficiaries, temporary suspensions of program activities and increase of security concerns for program staff and projects beneficiaries (High).

- Inaccessibility to project sites due to natural disasters like flooding during the rainy season resulting in impracticable roads
- Lack of engagement or partnership with the CAR government and relevant ministries particularly the Ministry of Health (MoH) and its staff

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|--|---------|---|-------------------------|-------|------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.4.1 | Santé | Number of children 6-59months with SAM treated in OTP | | | 27 | 28 | 55 |
| Means of Verification : OTP register and individual follow up forms | | | | | | | |
| Indicator 1.4.2 | Santé | # de personnes sensibilisées sur les pratiques familiales essentielles dans les zones affectées par un choc humanitaire y compris les sites de PDI. | 831 | 865 | 0 | 0 | 1,696 |

Means of Verification :**Activities****Activity 1.4.1**

Activity 1.1. Support the treatment of children 6-59 months with Severe Acute Malnutrition in the OTP unit in Pladama in accordance with the MoH guidelines. Outpatient therapeutic treatment services for SAM will be organized once per week and supported by the nutrition assistant by applying COVID-19 barrier measures. OTP supplies will be provided by UNICEF via the Bambari Health District team. IMC will support the transport of these supplies to Pladama HF. Regular supervision and monitoring of RUTF will be carried out by the project staff in collaboration with the Pladama HF manager. Children identified with SAM with medical complications will benefit from referral support to the Bambari Hospital stabilization centre under the management of MSF Holland.

Nutrition supplies (registers, individual files) and anthropometric materials (MUAC tapes) will be provided through this action. The action targets to select new CHWs to improve the monitoring of cases of acute malnutrition within the community. One CHW is needed for 50 households, therefore 10 new CHWs will be selected for the 492 IDP households already relocated. They will be trained for 3 days on their roles and responsibilities, on CMAM and on the reporting system by the HD team supported by IMC, and they will be provided with materials and supplied needed for their activities. They will be involved in the treatment of acute malnutrition during CMAM days by taking anthropometric measurements and filling the registers and individual patient files, and in tracing defaulters and absent patients in collaboration with other community actors such as model mothers. The CMAM program will be linked with other sectors' services, such as health and protection. All children aged 6-59 months in the CMAM program will be referred to PHC services for the expanded program on immunizations (EPI) and if needed, families with acutely malnourished children will be referred to a protection program. Activity 2.2. Scale up the Family MUAC approach in Pladama health area including the IDP camp. This approach was already implemented in the Pladama HF area and will be scaled up in IDPs camp. This approach is involving families in screening children 6-59 months for acute malnutrition through measuring the MUAC and checking for oedema. This approach will be implemented through the following steps: 1) training of CHWs as trainers, 2) sensitization of community leaders and community, 3) training of family members, 4) monthly supervision of all HH trained. Training of 10 CHWs will be done in 2 days (1 day theory and 1 day practice in the field) by IMC staff. The training will cover basic concepts on acute malnutrition, measuring the MUAC, checking for oedema, the strategy used to train family members, monthly monitoring, and the reporting system that will be used. Community advocacy and participation: after the training, CHWs will inform community leaders or the chief of a section in the IDP camp about the objective of the approach and the implementation process, in order to obtain their involvement. Family member training: each CHW will be in charge to train at least one family member (mother, father, grandmother) in each of the 50 households they are responsible for. In each household. The training will be done door-to-door, while applying COVID-19 barrier measures. Support the prevention of malnutrition through nutrition education and activities to improve IYCF/nutrition practices

- Families with children under five, PLW as well other community members will receive nutrition education aiming to improve maternal,

Activity 1.4.2

Outpatient therapeutic treatment services for SAM will be organized once per week and supported by the nutrition assistant by applying COVID-19 barrier measures. OTP supplies will be provided by UNICEF via the Bambari Health District team. IMC will support the transport of these supplies to Pladama HF. Regular supervision and monitoring of RUTF will be carried out by the project staff in collaboration with the Pladama HF manager. Children identified with SAM with medical complications will benefit from referral support to the Bambari Hospital stabilization centre under the management of MSF Holland.

Nutrition supplies (registers, individual files) and anthropometric materials (MUAC tapes) will be provided through this action. The action targets to select new CHWs to improve the monitoring of cases of acute malnutrition within the community. One CHW is needed for 50 households, therefore 10 new CHWs will be selected for the 492 IDP households already relocated. They will be trained for 3 days on their roles and responsibilities, on CMAM and on the reporting system by the HD team supported by IMC, and they will be provided with materials and supplied needed for their activities. They will be involved in the treatment of acute malnutrition during CMAM days by taking anthropometric measurements and filling the registers and individual patient files, and in tracing defaulters and absent patients in collaboration with other community actors such as model mothers.

The CMAM program will be linked with other sectors' services, such as health and protection. All children aged 6-59 months in the CMAM program will be referred to PHC services for the expanded program on immunizations (EPI) and if needed, families with acutely malnourished children will be referred to a protection program.

Activity 1.4.3

Activity 2.2. Scale up the Family MUAC approach in Pladama health area including the IDP camp

This approach was already implemented in the Pladama HF area and will be scaled up in IDPs camp. This approach is involving families in screening children 6-59 months for acute malnutrition through measuring the MUAC and checking for oedema. This approach will be implemented through the following steps: 1) training of CHWs as trainers, 2) sensitization of community leaders and community, 3) training of family members, 4) monthly supervision of all HH trained.

- 1) Training of 10 CHWs will be done in 2 days (1 day theory and 1 day practice in the field) by IMC staff. The training will cover basic concepts on acute malnutrition, measuring the MUAC, checking for oedema, the strategy used to train family members, monthly monitoring, and the reporting system that will be used.
- 2) Community advocacy and participation: after the training, CHWs will inform community leaders or the chief of a section in the IDP camp about the objective of the approach and the implementation process, in order to obtain their involvement.
- 3) Family member training: each CHW will be in charge to train at least one family member (mother, father, grandmother) in each of the 50 households they are responsible for. In each household. The training will be done door-to-door, while applying COVID-19 barrier measures. Each family will receive one MUAC tape at the end of the training. Trained family members will carry out MUAC screening of children 6- 59 months in their household at least once a month.
- 4) Supervision: CHWs will establish a follow-up agenda for trained family members at the beginning of each month; CHWs will visit each household trained to support the trained family member(s) and assess the quality of the measurements, and to ensure the effectiveness of monthly screening by the family. The CHWs will also ensure that children identified as acutely malnourished are referred to the nearest nutrition site to be treated.

Additional Targets :

M & R

Monitoring & Reporting plan

IMC -UK will design a monitoring and evaluation (M&E) plan to measure performance indicators, monitor program implementation, and report the extent to which results have been achieved. In the beginning of the project, the MEAL and program teams will hold a 1-day workshop to develop and validate a harmonized strategy of monitoring the intervention that all partners (e.g., MoH and supported health facilities) will follow.

One DQA will be conducted – for the 5-month project. The DQA will be focused on the validity, reliability, precision, integrity, and timeliness of the data, (promptness and completeness and will be shared with the donor. DQA key findings will serve to improve the quality of data collection process through periodic verifications and regularly supervision. The report of the data quality assessment will be shared with the Donor. Monitoring data will be used to inform programmatic decisions making. Routine data will be disaggregated by age and gender to allow IMC to conduct data analysis under a gender and age lens. IMC will use its internal Program Management Tool (PMT) to collect program data by sector and partner and provide a real time overview of the project performance. The PMT will detail monthly targets per indicator, allowing for a standard routine monitoring of project progress.

The information obtained through the MEAL system will be used to guide project implementation and ensure evidence-based decision-making. Monitoring of the quality of services will be ensured for implemented activities with the provision and analysis of evidence such as training rosters, pre and post-test records for participants, mandatory satisfaction surveys for MHPSS beneficiaries (on their appreciation towards provided services), as well as the monitoring of outreach sessions. Monthly project management meetings (virtually or in person as the situation allows) will be conducted, which will include topics such as review of beneficiary feedback, monitoring results, and progress towards established indicator targets. Any challenges and underachievement of targets will be discussed, and ways forward agreed. Information from the After-Action Review from the ongoing ECHO grant will also be used for guiding decision-making, with lessons learned and best practices to be applied on this grant. Moreover, MEAL team also plans to conduct a project review after 3 months of project-implementation for assessing the overall performance and fixing any encountered challenges to ensure objectives are met, while the final project review (AAR) will enable full documentation on achievements through the entire project life.

Workplan

| Activitydescription | Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|------|---|---|---|---|---|---|---|---|---|----|----|----|
| <p>Activity 1.1.1: Activity 1.1. Purchase and supply essential pharmaceuticals and medical supplies to supported health facilities for treatment of common diseases and carry out regular monitoring of consumption.</p> <p>At the start of project, IMC -UK will place an international medical order of essential drugs and medical commodities. Establishment of needs, the selection and quantification of medical commodities will be based on the common morbidity patterns from the targeted health facility areas and on the monthly consumption average, the national treatment protocols and WHO guidelines. The level of the service provision (Primary or secondary health facilities) was taken into consideration while calculating the realistic need of essential medicines, medical supplies, and equipment.</p> <p>To meet the quality of sourcing and because of the lack of prequalified suppliers in CAR, IMC will place an international order from the pre-qualified vendors with whom IMC-UK has developed the Blanket Procurement Agreement (BPA). The international procurement and delivery of Medical Stock takes globally from 2 to 3 months of processing. The above-described lead time for delivering the procured medical stock to the project sites may be challenging with regards to urgent needs and could be delayed due to the COVID-19 pandemic economic impact.</p> <p>To avoid a delayed delivery, IMC -UK will build on the successful previous experience by ensuring that only in-stock drugs and medical supplies are ordered from the prequalified suppliers. Therefore, the procurement will be fast processed and the shipment delivery to Bangui will be expected in 45 days maximum. In the meantime, IMC will distribute its available medical stock from a privately funded donation to cover the gap in the targeted health facilities while the international order is being finalized.</p> <p>IMC will carry out the transport, the distribution, and the monitoring of consumption of essential drugs in the supported health facilities. Once delivered in the capital Bangui, medical commodities will be safely and securely stored in climate-controlled central warehouse. IMC will undertake to organize a rapid supply of pharmaceuticals from Bangui to the field site warehouse and to the project sites. The road option by truck rental is in the meantime possible in Bambari but will be the subject of continuous security monitoring by IMC. Monthly consumption will be tracked and monitored by the project staff and stock reports from each supported health facility will be compiled and reported to medical management team for use to re-supply, anticipate stock outs and timely replenishments. IMC has developed a pharmaceutical management tool to ensure a proper monitoring of drug stock consumption and reporting that will be rolled out in CAR and will the first phase will be piloting in Bambari.</p> <p>IMC project staff will conduct on-the-job coaching on the stock management and rational use of pharmaceuticals.</p> | 2022 | | | | | X | | | | | | | |
| <p>Activity 1.1.2: Support communicable disease surveillance, community education at both community and health facility levels through the Community health worker network.</p> <p>The surveillance of notifiable diseases will be conducted on a weekly basis at both health facility and community levels. Weekly data collection of outbreak diseases including malaria, watery diarrhoea, ARI, measles, polio, meningitis, COVID-19 and deaths, etc. will be performed by the MoH health facility managers under the supervision of IMC-UK team. When needed, IMC-UK will also support the MoH in performing investigation of suspected cases of outbreak diseases in the project catchment area. IMC will continue to work alongside the MoH representatives to ensure health facilities submit EWARS weekly and monthly reports to the MoH, and WHO. At the community level, IMC will support existing CHW network to perform door-to-door visits in households searching sick patients, symptoms/signs of outbreak diseases and refer them to the HF. 4 new CHWs will be selected at Pladama IDP camps for the same purpose.</p> <p>20 CHWs(10 in IDP camp and 10 In host population) will be involved in defaulter tracing of vaccination, PNC, ANC, nutrition, and community mobilisation around the importance of vaccination. Under the supervision of the health promoter, CHWs will be trained/refreshed on various health and hygiene topics to help them disseminate prevention and education messages to the community.20 CHWs will be trained on early warning alert system, Health and hygiene education, including messages on prevention, diarrhoea and other communicable diseases, personal and environmental hygiene with special emphasis on hand washing, safe storage and treatment of water and food, will be a key component of the health services provided in Pladama. Health awareness sessions at health facility level will be provided through the CHW and TBAs networks, based on needs and gaps identified.</p> <p>IEC materials (image boxes, pictograms, etc.) will be produced/printed and provided to the CHWs. IMC will pay incentive to 12 CHWs at Pladama No CHW will be supported by the project in Bambari town but IMC-UK will work in complementarity with other partners(NGOs,MoH,MSF iwho have already engaged CHWs in performing community based disease surveillance.</p> | 2022 | | | | X | X | X | X | X | X | | | |

| | | | | | | | | | | | | | | |
|---|------|--|--|--|---|---|---|---|---|---|--|--|--|--|
| <p>Activity 1.1.3: Support the IPC and integration of COVID-19 prevention activities in the routine Primary health service package.</p> <p>COVID-19 activities will focus on prevention and early detection. Physical distancing by at least 1 meter between patients will be implemented and respected during curative consultations, ANC, PNC, nutrition activities, etc. IMC will support the setup of systematic screening and triage services at the entry point of Pladama HF for patient with respiratory symptoms and through the CHW network support. IMC will also support the investigation of COVID-19 suspected cases as well as referral to the COVID-19 isolation and treatment centre in Bambari. IPC measures will be implemented by IMC at Pladama through the provision of handwashing stations, soap, hygiene, and cleaning materials based on needs. IMC will ensure a safe collection of medical waste segregation and disposal at the HFs and train the HF based staff in prope waste management, hygiene, and disinfection approaches</p> | 2022 | | | | X | X | X | X | X | X | | | | |
| <p>Activity 1.1.4: Provide technical support to Pladama health centre in providing free of charge primary health care (PHC) services to IDP and vulnerable host communities</p> <p>International Medical Corps will support access to free primary health care services service at Pladama MoH facility with the aim of preventing and/or reducing the excess morbidity and mortality in Pladama health area.</p> <p>The following activities will be supported by the project:</p> <p>The PHC package of services will comprise out-patient curative consultations, EPI, health promotion, IPC measures, SRH, MNCH, provision of essential drugs and medical consumables, communicable disease surveillance and referral services in line with the national and international protocols.</p> <p>1) To cover the gap of lack of qualified health staff at the MoH level and help absorb the increased demand and urgent needs in health care services and the pressure exerted on the health centre resulting from the near presence of new IDPs; IMC will provide technical support in qualified human resources: 1 nurse, 1 midwife, 1 health promoter, 1 mental health case manager and 1 nutritionist assistant will be hired by IMC and will be deployed from Monday to Friday to strengthen the technical capacities of the health centre and improve its quality-of-service delivery.</p> <p>2) Carry out daily medical consultations at the Pladama HC by the health facility supported by IMC team. The common causes of morbidity that include malaria, ARI and Diarrheal as well as other infectious diseases will be targeted.</p> <p>3) Support MoH routine immunization services through fixed vaccination strategies for children under 5 to increase vaccination coverage. IMC will provide transport support to Bambari health district ensuring permanent availability of vaccine antigens to Pladama. Support to MoH mass vaccination campaigns will be part of the scope of IMC interventions. With private fund, IMC will donate 1 solar powdered fridge to Pladama facility for improving vaccine storage capacity.</p> <p>4) Provide Basic emergency obstetrics and neo natal cares services: Perform daily ANC and PNC, Family planning and ensure safe delivery services are offered to pregnant women as well as education for health.</p> <p>5) CHWs and TBAs will as well be engaged in raising awareness of the community in the importance of utilization of the available services and early referrals; IMC will train CHWs and TBAs on risk factors that require referral, follow ups of pregnant women and children under five years for vaccination and health hygiene education both at community and facility levels.</p> <p>6) Reinforce the MoH referral system.</p> <p>7) Provide medical care to GBV survivors: This care includes: a complete physical examination while respecting the survivor's dignity; treatment of any physical injuries, post exposure prophylaxis (PEP) for HIV, emergency contraception (EC), presumptive treatment for sexually transmitted infections (STIs), treatment of wounds and referral for services such as psychosocial. Services will provide medical support to male, female, and child survivors of rape. PEP kits will be provided by UNFPA. Through BHA funded project, IMC will procure 1 IEHK PEP kits for 50 adults and 10 children as contingency stock that will be utilized in case of stock out at UNFPA level.</p> <p>8) Routine and supportive supervision visits will be ensured throughout the implementation period. Joint supervision visit will be conducted with the health District Management team on quarterly basis. Fuel an and per diem will be covered by the project.</p> <p>9) Support the MoH health Information system and reporting at Pladama HC and Bambari hospital. Health management tools (Consultation cards, registers, patient, monitoring forms, reporting forms, etc. will be printed by IMC and provided to the supported health facilities. Quality of data will be reviewed and monitored on a weekly basis and on-the-job coaching of the MoH staff on the appropriate filling of HIS and reporting tools</p> | 2022 | | | | X | X | X | X | X | X | | | | |
| <p>Activity 1.1.5: Train 20 CHWs on EWARS 20 CHWs will be trained on early warning alert system,</p> | 2022 | | | | X | | | | | | | | | |

| | | | | | | | | | | | | | | |
|--|------|--|--|--|---|---|---|---|---|---|--|--|--|--|
| <p>Activity 1.1.6: To guarantee effective Accountability to Affected People, IMC will rely on 4 main pillars, namely the (1) provision of information, (2) Community Consultations, (3) Participation promotion, and (4) Complaints & feedback management. These activities will be led by the MEAL team, with support from program staff.</p> <p>Under the provision of information, IMC MEAL and program teams will conduct kick-off meetings at the project launch and other sessions through project implementation for project stakeholders to be provided with relevant and accurate program information in a timely and accessible manner to all, particularly to people with disability, the marginalized groups, youth, women, and men to be directly and indirectly affected by project interventions.</p> <p>IMC already dispose of a well-structured accountability system, the community-based feedback, and complaints mechanism (CBFRM), regrouping a number of channels such as the toll-free number (4022), community dialogues, suggestion boxes, field visits, information board and other communication means. In each of the supported locations, community consultations are held for the selection of the appropriate channels that best fit local context, customs, and preferences. Committed to the principal of informed consent and dedicated to the provision of efficient interventions, IMC will raise more awareness through community consultations by the MEAL team to make the community aware and supportive of key decisions to be made through the project. For the same purpose, Complaints management committees will be trained and established, regrouping health management committees (COGES); administrative, traditional, and religious leaders; community health workers; and other volunteers working closely with supported health facilities to reinforce risk communication and community engagement and provide on a monthly-basis, additional structure for community feedback on quality of services, satisfaction, and suggestions in each of the sectors for a significant improvement.</p> <p>Furthermore, IMC will empower communities and build their capacity to be part of all project phases, through trainings, supervision visits and coaching sessions. In addition to CBFRM training, IMC teams will ensure that the Safeguarding Policy, the Code of Conduct & Ethics, and supporting policies are not only known by all staff and partners, but as well applied. IMC has zero tolerance for safeguarding violations as set forth in its safeguarding Policy, the Code of Conduct & Ethics, and supporting policies. For these policies to be applied, IMC will create more awareness among its staff and partners through mandatory trainings, while enforcing complaints and feedback mechanism to address complaints about suspected safeguarding violations such as sexual exploitation and abuse, exploitation, neglect, or abuse of children, adults at risk and any form of trafficking in persons. Hence, when an individual suspects a violation, they will dispose of several reporting mechanisms for staff, beneficiaries, partners and other third parties to use, including an Ethics Point website; direct and confidential email reporting; and in-person reporting. IMC also maintains a Whistle-blower Policy to protect those who report. Staff or partners who are found to attempt or engage in safeguarding violations will be disciplined, up to and including termination. To increase awareness and help ensure compliance, in all IMC sites will be placed Ethics & Safeguarding awareness materials visibly posted, explaining staff and beneficiaries' rights and whistleblowing procedures.</p> <p>As well, IMC will ensure on the regular and effective collection, analysis, and response to expressed complaints and feedbacks from the established accessible and safe communication mechanism / channels. Complaint's registration, treatment and closure will be done using an existing online database managed by then MEAL team, and allowing to refer - without s</p> | 2022 | | | | X | X | X | X | X | X | | | | |
|--|------|--|--|--|---|---|---|---|---|---|--|--|--|--|

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| <p>Activity 1.2.1: Activity 2.1. Support the provision of comprehensive medical and obstetrical health care services in Bambari hospital maternity and internal medicine wards</p> <p>In addition the Sexual and reproductive health, CEmONC will also include administering parenteral antibiotics, (ii) administering uterogenic drugs for active management of the third stage of labour and prevention of postpartum haemorrhage, use of parenteral anticonvulsants for the management of pre-eclampsia/eclampsia, manual removal of placenta, removal of retained products (e.g. manual vacuum extraction, dilatation, and curettage), performing basic neonatal resuscitation, blood transfusion. In case of indication of Caesarean section, IMC-UK will refer the case to the surgery department under the management of MSF-OCA. IMC-UK will also take care of clinical management of rape (CMR) at the hospital where one midwife focal point will be appointed to provide appropriate medical services and psycho-social support to GBV survivors. All survivors will be linked to psychosocial services delivery through IMC's GBV program, and survivors under 15 years will be referred to MSF-H through the confidential referral mechanism.</p> <p>Activity 2.2. Maintain the availability and/or recruit qualified health care providers at the maternity and Internal medicine wards of Bambari hospital To reinforce Bambari hospital capacity in providing quality secondary health care services to IDPs and vulnerable host community members referred, IMC will hire qualified health staff (5 nurses and 5 midwives) to ensure 24/7 availability of comprehensive medical and obstetrics services. For this purpose, IMC will recruit qualified staff (1 medical Doctor, 05 nurses, 05 midwives) to build the technical capacity of the maternity and Internal Medicine wards while MSF Hollande is supporting the surgery and paediatrics departments.</p> <p>Qualified staff will include Nurse team leaders and will work closely with the Health Centre (HC) and oversee and supervise medical activities and ensure patients quality of service and hygiene standards are maintained as well as reports are submitted on time. Therefore, IMC will maintain the same set up with a clinical medical doctor with experience in performing caesarean section and clinical monitoring of patients; on-the-job training, etc. while midwives will assist pregnant with/without risk factors to deliver safely, carry out PNC, ANC, FP and nurses will oversee the follow-up and administration of the nursing care to the admitted patients on day and/or night duty.</p> <p>Activity 2.3. Provide daily food ration support or its equivalent in cash to referred and hospitalized patients during their stay in the hospital. IMC encourages patients to stay in the hospital until full recovery by providing daily meals for patients and one caretaker per patient. During their stay in the hospital, each patient admitted will receive 2 meals per day to contribute to the rapid recovery and support those who do not have the capacity to cover their food needs either because of lacking the financial resources, or due to the long distance far from their villages, etc. The average length of stay is 3 days.</p> | 2022 | | | | X | X | X | X | X | X | | | | |
| <p>Activity 1.3.1: Train Health staff and CHWs on identification and referral of mental health cases</p> <p>Mental health staff will be trained on MhGAP, and supportive supervision will be provided by MHPSS specialist. Case workers and mental health nurses will be recruited and refreshed on MHPSS evidence-based interventions and approaches, case identification and referrals, and follow ups. Families of patients under psychotropic or psychosocial treatment will receive orientation by the mental health staff on community/family support in the process of recuperation of the patients and resuming community roles and responsibilities.</p> | 2022 | | | | X | X | X | | | | | | | |

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| <p>Activity 1.4.1: Activity 1.1. Support the treatment of children 6-59 months with Severe Acute Malnutrition in the OTP unit in Pladama in accordance with the MoH guidelines. Outpatient therapeutic treatment services for SAM will be organized once per week and supported by the nutrition assistant by applying COVID-19 barrier measures. OTP supplies will be provided by UNICEF via the Bambari Health District team. IMC will support the transport of these supplies to Pladama HF. Regular supervision and monitoring of RUTF will be carried out by the project staff in collaboration with the Pladama HF manager. Children identified with SAM with medical complications will benefit from referral support to the Bambari Hospital stabilization centre under the management of MSF Holland.</p> <p>Nutrition supplies (registers, individual files) and anthropometric materials (MUAC tapes) will be provided through this action. The action targets to select new CHWs to improve the monitoring of cases of acute malnutrition within the community. One CHW is needed for 50 households, therefore 10 new CHWs will be selected for the 492 IDP households already relocated. They will be trained for 3 days on their roles and responsibilities, on CMAM and on the reporting system by the HD team supported by IMC, and they will be provided with materials and supplied needed for their activities. They will be involved in the treatment of acute malnutrition during CMAM days by taking anthropometric measurements and filling the registers and individual patient files, and in tracing defaulters and absent patients in collaboration with other community actors such as model mothers. The CMAM program will be linked with other sectors' services, such as health and protection. All children aged 6-59 months in the CMAM program will be referred to PHC services for the expanded program on immunizations (EPI) and if needed, families with acutely malnourished children will be referred to a protection program.</p> <p>Activity 2.2. Scale up the Family MUAC approach in Pladama health area including the IDP camp. This approach was already implemented in the Pladama HF area and will be scaled up in IDPs camp. This approach is involving families in screening children 6-59 months for acute malnutrition through measuring the MUAC and checking for oedema. This approach will be implemented through the following steps: 1) training of CHWs as trainers, 2) sensitization of community leaders and community, 3) training of family members, 4) monthly supervision of all HH trained. Training of 10 CHWs will be done in 2 days (1 day theory and 1 day practice in the field) by IMC staff. The training will cover basic concepts on acute malnutrition, measuring the MUAC, checking for oedema, the strategy used to train family members, monthly monitoring, and the reporting system that will be used. Community advocacy and participation: after the training, CHWs will inform community leaders or the chief of a section in the IDP camp about the objective of the approach and the implementation process, in order to obtain their involvement. Family member training: each CHW will be in charge to train at least one family member (mother, father, grandmother) in each of the 50 households they are responsible for. In each household. The training will be done door-to-door, while applying COVID-19 barrier measures. Support the prevention of malnutrition through nutrition education and activities to improve IYCF/nutrition practices</p> <p>- Families with children under five, PLW as well other community members will receive nutrition education aiming to improve maternal,</p> | 2022 | | | | X | X | X | X | X | X | | | |
| <p>Activity 1.4.2: Outpatient therapeutic treatment services for SAM will be organized once per week and supported by the nutrition assistant by applying COVID-19 barrier measures. OTP supplies will be provided by UNICEF via the Bambari Health District team. IMC will support the transport of these supplies to Pladama HF. Regular supervision and monitoring of RUTF will be carried out by the project staff in collaboration with the Pladama HF manager. Children identified with SAM with medical complications will benefit from referral support to the Bambari Hospital stabilization centre under the management of MSF Holland.</p> <p>Nutrition supplies (registers, individual files) and anthropometric materials (MUAC tapes) will be provided through this action. The action targets to select new CHWs to improve the monitoring of cases of acute malnutrition within the community. One CHW is needed for 50 households, therefore 10 new CHWs will be selected for the 492 IDP households already relocated. They will be trained for 3 days on their roles and responsibilities, on CMAM and on the reporting system by the HD team supported by IMC, and they will be provided with materials and supplied needed for their activities. They will be involved in the treatment of acute malnutrition during CMAM days by taking anthropometric measurements and filling the registers and individual patient files, and in tracing defaulters and absent patients in collaboration with other community actors such as model mothers.</p> <p>The CMAM program will be linked with other sectors' services, such as health and protection. All children aged 6-59 months in the CMAM program will be referred to PHC services for the expanded program on immunizations (EPI) and if needed, families with acutely malnourished children will be referred to a protection program.</p> | 2022 | | | | X | X | X | X | X | X | | | |

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| <p>Activity 1.4.3: Activity 2.2. Scale up the Family MUAC approach in Pladama health area including the IDP camp</p> <p>This approach was already implemented in the Pladama HF area and will be scaled up in IDPs camp. This approach is involving families in screening children 6-59 months for acute malnutrition through measuring the MUAC and checking for oedema. This approach will be implemented through the following steps: 1) training of CHWs as trainers, 2) sensitization of community leaders and community, 3) training of family members, 4) monthly supervision of all HH trained.</p> <p>1) Training of 10 CHWs will be done in 2 days (1 day theory and 1 day practice in the field) by IMC staff. The training will cover basic concepts on acute malnutrition, measuring the MUAC, checking for oedema, the strategy used to train family members, monthly monitoring, and the reporting system that will be used.</p> <p>2) Community advocacy and participation: after the training, CHWs will inform community leaders or the chief of a section in the IDP camp about the objective of the approach and the implementation process, in order to obtain their involvement.</p> <p>3) Family member training: each CHW will be in charge to train at least one family member (mother, father, grandmother) in each of the 50 households they are responsible for. In each household. The training will be done door-to-door, while applying COVID-19 barrier measures. Each family will receive one MUAC tape at the end of the training. Trained family members will carry out MUAC screening of children 6-59 months in their household at least once a month.</p> <p>4) Supervision: CHWs will establish a follow-up agenda for trained family members at the beginning of each month; CHWs will visit each household trained to support the trained family member(s) and assess the quality of the measurements, and to ensure the effectiveness of monthly screening by the family. The CHWs will also ensure that children identified as acutely malnourished are referred to the nearest nutrition site to be treated.</p> | 2022 | | | | X | X | X | X | X | X | | | |
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OTHER INFO

Accountability to Affected Populations

IMC will rely on 4 main pillars; provision of information; Community Consultations; Participation promotion, and Complaints & feedback management. Activities will be led by MEAL team, supported program staff. Under the provision of information, both teams will conduct kick-off meetings to launch project and other sessions through project implementation for project stakeholders to be provided with relevant and accurate program information in a timely and accessible manner, particularly to people with disability, marginalized groups, youth, women, and men to be directly and indirectly affected by project interventions. IMC already dispose of a well-structured accountability system, the community-based feedback, and complaints mechanism (CBFRM), regrouping a number of channels such as the toll-free number (4022), community dialogues, suggestion boxes, field visits, information board and other communication means. In each of the supported locations, community consultations are held for the selection of the appropriate channels that best fit local context, customs, and preferences. Committed to the principal of informed consent and dedicated to the provision of efficient interventions, IMC will raise more awareness through community consultations to make the community aware and supportive of key decisions to be made through the project. Complaints management committees will be trained and established, regrouping health management committees (COGES); administrative, traditional, and religious leaders; community health workers; and other volunteers working closely with supported health facilities to reinforce risk communication and community engagement and provide on a monthly-basis, additional structure for community feedback on quality of services, satisfaction, and suggestions in each of the sectors for a significant improvement. IMC will empower communities and build their capacity to be part of all project phases, through trainings, supervision visits and coaching sessions. In addition to CBFRM training, IMC teams will ensure that the Safeguarding Policy, the Code of Conduct & Ethics, and supporting policies are not only known by all staff and partners, but as well applied. IMC has zero tolerance for safeguarding violations as set forth in its safeguarding Policy, the Code of Conduct & Ethics, and supporting policies. For these policies to be applied, IMC will create more awareness among its staff and partners through mandatory trainings, while enforcing complaints and feedback mechanism to address complaints about suspected safeguarding violations such as sexual exploitation and abuse, exploitation, neglect, or abuse of children, adults at risk and any form of trafficking in persons. Hence, when an individual suspects a violation, they will dispose of several reporting mechanisms for staff, beneficiaries, partners and other third parties to use, including an Ethics Point website; direct and confidential email reporting; and in-person reporting. IMC also maintains a Whistle-blower Policy to protect those who report. Staff or partners who are found to attempt or engage in safeguarding violations will be disciplined, up to and including termination. To increase awareness and help ensure compliance, in all IMC sites will be placed Ethics & Safeguarding awareness materials visibly posted, explaining staff and beneficiaries' rights and whistleblowing procedures' will ensure on the regular and effective collection, analysis, and response to expressed complaints and feedbacks from the established accessible and safe communication mechanism / channels. Complaint's registration, treatment and closure will be done using an existing online database managed by then MEAL team, and allowing to refer - without sharing sensitive or personal # Of supported sites with at least one CBFRM access point in place and covering all program sectors/activities-Target 2.MoV-CBFRM online Database (alongside logbook and monitoring sheet), Training Databa

Implementation Plan

Coordination with other Organizations in project area

| Name of the organization | Areas/activities of collaboration and rationale |
|--------------------------|---|
|--------------------------|---|

Environment Marker Of The Project

Gender Marker Of The Project

4- Likely to contribute to gender equality, including across age groups

Justify Chosen Gender Marker Code

Protection Mainstreaming

Gender and Protection Mainstreaming and Social Inclusion

International Medical Corps will ensure that services provided to the Pladama IDPs is in a manner that do not put the affected population to any further risks. The project staff will prevent and minimize any negative effects that might increase vulnerability of the beneficiaries, through application of the following:

Gender and Protection Mainstreaming: International Medical Corps incorporates protection principles in all its programs and daily work by prioritizing the safety and dignity of all beneficiaries served. Consultations and other activities will take place in secure areas that are also easily accessible for groups who are extremely vulnerable and/or with limited mobility.

To overcome cultural barriers related to gender, IMC will ensure the gender balance among healthcare workers in order to respond to beneficiaries' preferences related to the gender of the service provider and reduce barriers to seeking care.

Furthermore, IMC will ensure separation of male and female in the admission ward, and Water and Sanitation facilities will be separated for male and female patients. Access to health, will be improved to all women and girls in the target locations, regardless of community social norms, women will be engaged through the program activities and all women will have access to community feedback and complaint mechanisms to share their needs and issues regarding access to services. IMC will put in place safe and friendly systems for women to respond to their needs.

All proposed project activities are designed and delivered according to Do No Harm and other relevant protection principles, with particular consideration to age, gender and diversity analysis, and mainstreaming.

Methodology and data collection for routine M&E as well as periodic assessments take gender, age, displacement status, into consideration. For example, all health, MHPSS data are disaggregated by gender, age and displacement status at a minimum. FGDs are done separately for males and females and separate groups for adolescent boys and girls and the elderly. Findings from routine M&E and assessments are used to improve the program, with a focus on providing quality services equally for everyone. As part of ensuring that all beneficiaries and staff have the means to voice their suggestions and complaints, IMC has an existing feedback and complaint mechanisms collecting target populations' feedback and complaints through, hotlines, suggestion boxes and focus group discussions. Social Inclusion of Other Vulnerable Groups: This proposed project is designed and will be implemented to account for the challenges that may be faced by persons with disabilities (PWDs) and Older People. All IMC staff and volunteers will receive protection training that highlights the special needs of these groups. Risk communication activities will also emphasize the role of the community on ensuring protection for PWDs and older people, and their immediate referrals to health and nutrition facilities in case of any need. Special adjustments will be done by IMC to accommodate the special needs of PWDs, older people and other vulnerable groups, such as doing house-to-house visits/consultations to them; ensuring that health facilities are accessible to patients with movement constraints and physical disabilities, supporting rehabilitation where necessary such as ramps and grab bars, among others.

Country Specific Information

Safety and Security

Access

IMC has been operating in CAR since 2007, providing lifesaving emergency health, nutrition, and protection interventions to the conflict-affected communities. The delivery of humanitarian assistance in compliance with the principles of neutrality, impartiality and non-discrimination rigorously observed in ethical good way, and the establishment of a community-based feedback and response mechanism (CBFRM) by IMC in CAR have contributed to reach a good acceptance of IMC's mission by the local communities benefiting from the services, community leaders and government authorities. IMC is an active partner of Health, nutrition and GBV protection national clusters/regional subclusters.

Currently, IMC-UK continues to operate in Haute-Kotto, Ouaka and Vakaga prefectures. IMC operates out of 4 main field bases (Bangui, Bambari, Bria and Birao) and 2 sub-bases (Tiringoulou, Sikikede) across the 3 prefectures while a national coordination office is maintained in Bangui. Due to its long-standing presence and relationships in the country, IMC is the first and only responder to the humanitarian crisis in Vakaga prefecture since 2013.

IMC is collaborating with other actors intervening in Bambari Health District to cover as widely as possible the needs of the vulnerable population while avoiding any duplication. IMC will continue to liaise and work closely with MSF operating centre of Amsterdam (OCA) in Bambari hospital to support referrals from the primary health care facilities to the hospital. They will collaborate to maximize the impact of each partner's intervention. Referral mechanisms will be strengthened for cases of SAM with medical complications, c-sections and MHPSS services between IMC and MSF-OCA. For the community-based management of acute malnutrition (CMAM) program, UNICEF will provide RUTF supplies while IMC will ensure nutrition screening, as well as activities to prevent malnutrition. IMC will promote synergies / complementarities between its own programme (health, protection, food security & livelihoods, etc.) and other actors intervening in the same areas, to cover the needs whilst avoiding duplication.

BUDGET

| Code | Budget Line Description | D / S | Quantity | Unit cost | Duration Recurrence | % charged to CHF | Total Cost |
|---|--|-------|----------|-----------|---------------------|------------------|------------|
| 1. Staff and Other Personnel Costs | | | | | | | |
| 1.1 | Country Director | S | 1 | 15,985.73 | 6 | 5.00 | 4,795.72 |
| | <i>S/he will be involved in the overall program coordination and management and responsible for communicating with governmental authorities, liaising with donors and other humanitarian agencies. S/he will oversee the program implementation as per the proposal; review all reports before submission to the donors. S/he will be based in the main office and will travel to the field sites from time to time.</i> | | | | | | |
| 1.2 | Finance and Administration Director | S | 1 | 15,046.83 | 6 | 5.00 | 4,514.05 |

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| | <i>S/he will be responsible for all finance and administrative aspects of IMC operations recurring processing of monthly and annual accounts, grant tracking and financial reporting. S/he will be responsible for the submission of reports on timely basis to the donors and headquarters, travel between the sites as needed to upgrade the skills of the national staff in administration and finance issues as well as monitor compliance with IMC policies and internal control systems.</i> | | | | | | |
| 1.3 | Logistics Coordinator | S | 1 | 10,38 1.73 | 6 | 5.00 | 3,114.52 |
| | <i>S/he will be responsible for receiving procurement requisitions from the field and making sure that purchasing and dispatch is done on a timely basis and in compliance with IMC and donor's policies on procurement. S/he is also responsible for overseeing the procurement, storage of all goods and tracking of all IMC assets. S/he will cover logistical support of the field sites including transportation, supply management, communication and regular maintenance of equipment and premises.</i> | | | | | | |
| 1.4 | Security Manager | S | 1 | 12,57 3.25 | 6 | 5.00 | 3,771.98 |
| | <i>S/he is responsible for managing safety and security issues in the country and advising the Country Director on all security related issues. S/he will review, update and implement security protocols and ensure adherence to the security plans, provide program and site security assessments and ensure risk mitigation strategies are in place to sustain quality programming. Security Manager will be also responsible for security training and briefing new employees on security issues.</i> | | | | | | |
| 1.5 | Finance Manager | S | 1 | 8,206 .61 | 6 | 5.00 | 2,461.98 |
| | <i>Based in Bangui, s/he will assist the Finance/Admin director with the management of program finances, creating finance reports, tracking and monitoring program expenditures and other administrative issues on the ground. S/he will be responsible for the field accounting to ensure adequacy of cash flow for the fields and that it is being properly managed. S/he will collect and review financial vouchers from the sites, manage and monitor the administration aspect in the field.</i> | | | | | | |
| 1.6 | Program Manager | S | 1 | 9,370 .82 | 6 | 5.00 | 2,811.25 |
| | <i>S/he will be responsible for all program implementation of International Medical Corps' operations: grant tracking and reporting and program development. S/he will be responsible for the submission of reports on a timely basis to the donors and headquarters.</i> | | | | | | |
| 1.7 | MEAL Coordinator | S | 1 | 7,640 .69 | 6 | 5.00 | 2,292.21 |
| | <i>He will support the Program Coordinator with assistance from the Monitoring and Evaluation Assistant in the implementation of M&E systems and procedures, provide program development support, edit and compile reports for OFDA funded programs and provide data quality and management support. In addition, the MEAL Manager will be responsible for conducting quality assessments, including an end of program evaluation in field sites.</i> | | | | | | |
| 1.8 | Medical Doctor Bambari | S | 1 | 9,710 .28 | 6 | 5.00 | 2,913.08 |
| | <i>will provide direct supervision of all program activities, ensuring quality of health and nutrition services provided to the beneficiaries, availability of medical equipment and supplies, and coordination of the staff engaged in the activities. S/he will directly oversee project implementation on the field. S/he will be responsible for providing services as well as technical support at the designated health posts and within the community and assure the capacity building of staff under his supervision. The medical doctor will implement monthly activities according to work plan and compile monthly health activities reports in the field</i> | | | | | | |
| 1.9 | Supply Chain Coordinator | S | 1 | 8,256 .61 | 6 | 5.00 | 2,476.98 |
| | <i>due to the volatile security situation the high level of procurement complexity in CAR in general, S/he will be needed to support the mission in terms of procurement management for materialize international staff presence in Logistics in the field with frequent flights/visits to the sites.</i> | | | | | | |
| 1.10 | Program Director | S | 1 | 10,40 7.93 | 6 | 5.00 | 3,122.38 |
| | <i>S/he will support project implementation on ground. S/he will be responsible for reporting, coordination, planning, implementation, supervision and evaluation of program activities. S/he will also oversee all the program activities and will be responsible for compiling monthly activity reports</i> | | | | | | |
| 1.11 | Field coordinator | S | 1 | 9,224 .42 | 6 | 7.00 | 3,874.26 |
| | <i>Field manager will be responsible for coordination activities with other actors and local representative of Ministry of Health. The manager will also coordinate all logistics, human resources, finance, and day to day management of the Bambari field base.</i> | | | | | | |
| 1.12 | Mental Health Specialist | S | 1 | 8,831 .33 | 6 | 5.00 | 2,649.40 |
| | <i>will carry out mhGAP trainings for prescribers and non-prescribers and will carry out supervisions of the trained staff. S/he will carry out consultations until the trainings take place, and will also help coordinate psychosocial activities, including a training on psychological first aid.</i> | | | | | | |
| 1.13 | compliance manager | D | 1 | 9,091 .09 | 6 | 5.00 | 2,727.33 |
| | <i>The Compliance Officer monitors and detects eventual deviations from organization policies & procedures, donor regulations or local laws. The overall objective of the compliance is to assist the Country Director and the Senior Management Team to attest to their governance role and achieve sound managerial control over all aspects of the operations. The Compliance Officer is responsible to suggest improvements to the current systems and procedures. Local Compliance department proactively supports Operations and Program Management by highlighting compliance responsibilities and supporting Senior Management Team in the design and implementation of appropriate controls.</i> | | | | | | |
| 1.14 | Nutrition Coordinator | D | 1 | 9,786 .67 | 6 | 5.00 | 2,936.00 |

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| | <i>She will be responsible of nutrition program aspect to technical support, and nutrition training and ensure good-quality preventive and curative nutrition services are provided for children under five and pregnant and lactation women. She will ensure that all expected results are met in line with the targeted goal. This person will also ensure that the national staff counterpart is trained to ensure continuity once the international staff leaves. She will participate in different meetings at Bangui and field level, represent IMC, support proposals developments, reports coordinate with different departments at country level.</i> | | | | | | |
| 1.15 | Nurse Team leader | D | 1 | 695.86 | 6 | 100.00 | 4,175.16 |
| | <i>Nurse will be involved in leading the medical team and overseeing project activities in Pladama site ensuring data collection and submission to the medical doctor on time. Requesting supplies and overseeing wash activities are implemented correctly.</i> | | | | | | |
| 1.16 | Nurse | D | 1 | 695.86 | 6 | 100.00 | 4,175.16 |
| | <i>Nurse will be involved in training health staff, assessing needs of local and IDPs and instituting public health, preventive and curative services. Nurse will ensure proper hygiene, nursing techniques, sterilization techniques, drug management and will oversee and coordinate all EPI activities.</i> | | | | | | |
| 1.17 | Pharmacist Assistant | D | 1 | 557.08 | 6 | 5.00 | 167.12 |
| | <i>S/he will be based at the pharmacy and be responsible for dispensing medicine, stock management and consumption reporting and ensuring that each patient understands the proper procedure for taking the medication.</i> | | | | | | |
| 1.18 | Midwife | D | 2 | 695.87 | 6 | 100.00 | 8,350.44 |
| | <i>Midwife will be working on day today pladama while the other will be working at the hospital to ensure continuum of care. They will both provide antenatal and postnatal consultation services, in the contexts of MCH and Maternity.</i> | | | | | | |
| 1.19 | Nutrition assistant | D | 1 | 557.08 | 6 | 100.00 | 3,342.48 |
| | <i>They be responsible of directly carrying out nutrition activities in the health facilities, MMU and at community level, specifically on the Community Management of Acute Malnutrition (CMAM) and Infant Young Child Feeding Program (IYCF). S/he will be in charge of the day-to-day management of children suffering from SAM and MAM without medical complications will receive on-site care through Outpatient Therapeutic Programs (OTPs) according to the national protocol. In addition, the assistant will supervise active and passive screenings, IYCF activities and nutrition educations. The Nutrition Assistant will also reinforce the referral and counter-referral system for children with SAM with medical complications, and will be in charge of producing nutrition reports and assuring presence of RUTF</i> | | | | | | |
| 1.20 | Health promotor | D | 1 | 557.08 | 6 | 100.00 | 3,342.48 |
| | <i>he/she will work with CHWs in preparing health messages for the community.</i> | | | | | | |
| 1.21 | Mental health Nurse | D | 1 | 695.86 | 6 | 5.00 | 208.76 |
| | <i>She/he will be responsible for assisting with MHPSS activities in all Pladama. S/he will be trained by the international psychiatrist and assume management and coordination of the program as well as assist with follow up, supervision, and oversight.</i> | | | | | | |
| 1.22 | case manager mental health | D | 1 | 648.52 | 6 | 100.00 | 3,891.12 |
| | <i>S/he will be responsible for managing psychosocial activities in Bambari sites, including at the youth centers and at WGFSs, specifically case management</i> | | | | | | |
| 1.23 | midwife maternity | D | 3 | 695.87 | 5 | 100.00 | 10,438.05 |
| | <i>will support the comprehensive emergency obstetrical care services in Bambari hospital maternity wards and capacitate the MoH auxiliary/midwives on improving the quality service delivery in the hospital.</i> | | | | | | |
| 1.24 | Nurse internal medicine | D | 2 | 685.87 | 5 | 100.00 | 6,858.70 |
| | <i>He/she will be assigned in Bambari hospital for providing intensive medical care package in internal medicine and nursing to admitted patients. And will carry out routing night duty station to ensure 24/7 functioning of the service and will support data collection.</i> | | | | | | |
| 1.25 | medical doctor hospital | D | 1 | 1,254.77 | 5 | 100.00 | 6,273.85 |
| | <i>S/he will be dedicated to Bambari Hospital and is in charge overall service provision supervision in the maternity and Internal Medical wards. She/he will oversee training and management of MoH staff and will carry out any other clinical activities that might be required. S/he will also be dedicated to supervising activities in the two health clinics on a bi-weekly basis.</i> | | | | | | |
| 1.26 | Finance Assistant | S | 1 | 746.36 | 6 | 7.00 | 313.47 |
| | <i>Finance assistant will be responsible for the field accounting to ensure cash flow to and from the field. S/he will also be expected to maintain the national staff payroll. In addition, he/she will collect and review financial vouchers from the sites. Other tasks will involve processing payments to suppliers, assisting with preparation of monthly financial reports, cash counts and bank reconciliations as required for an efficient internal control mechanism.</i> | | | | | | |
| 1.27 | Storekeeper | S | 1 | 632.28 | 6 | 7.00 | 265.56 |
| | <i>S/he will be responsible for managing storage facilities in field sites, reception of items from Bangui.</i> | | | | | | |
| 1.28 | Logistics Assistant | S | 1 | 710.90 | 6 | 7.00 | 298.58 |

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| | <i>Assistant will assist logistics coordinator with logistical and operational matters supporting the program. This includes procurement, warehouse management, fuel and vehicle monitoring/scheduling and the maintenance of the office and travel.</i> | | | | | | | |
| 1.29 | Finance Officer | S | 1 | 1,158.59 | 6 | 5.00 | 347.58 | |
| | <i>S/he will be assisting the finance and administration department of Bangui in financial management and administration.</i> | | | | | | | |
| 1.30 | Finance Assistant/Cashier | S | 1 | 719.17 | 6 | 5.00 | 215.75 | |
| | <i>will be involved in processing payments to suppliers, assisting with preparation of monthly financial reports, cash counts and bank reconciliations as required for an efficient internal control mechanism</i> | | | | | | | |
| 1.31 | HR Officer | S | 1 | 1,188.36 | 6 | 5.00 | 356.51 | |
| | <i>Will be responsible for staffing, recruitment, working in accordance with local law, procedures and codes of conduct that are followed and look after the welfare of the staffs/he will be responsible for payroll management and all administration aspects, including the filing and follow up on entry visas for team members and other visitors to the country program. S/he will act also as liaison officer between International Medical Corps and its counterparts</i> | | | | | | | |
| 1.32 | IT Officer | S | 1 | 990.00 | 6 | 5.00 | 297.00 | |
| | <i>He/ She will ensure the security and integrity of country program data which includes carrying out periodic backup of all machines and help troubleshooting with the frequent internet connection problems. S/he will also act as the focal person between the team and HQ for all IT related issues</i> | | | | | | | |
| 1.33 | Logistics Officer | S | 1 | 844.56 | 6 | 5.00 | 253.37 | |
| | <i>are responsible for logistical and operational matters, giving support to the program. This includes procurement (, assets management, fuel and vehicle monitoring and the maintenance of the site office. The officer is designated as roving log to support the field sites with frequent flights to field bases.</i> | | | | | | | |
| 1.34 | Storekeeper -Bangui | S | 1 | 757.53 | 6 | 5.00 | 227.26 | |
| | <i>he will support the arrangement and movement of non-medical items and other non-medical program supplies from the port to the Bangui office and also for their subsequent transportation to the various field sites in a proper and orderly manner which involves having casuals being involved to do the packing/unpacking. In charge of the non-medical warehouse in Bangui</i> | | | | | | | |
| 1.35 | MEAL Officer | D | 1 | 1,121.23 | 6 | 5.00 | 336.37 | |
| | <i>They will ensure and participate in planning and monitoring of program implementation. S/he will be responsible for ensuring completeness and quality of weekly and monthly routine data entered in IMC centralized database, planning of M&E, supporting field M&E activities according to log frame and participating to mid-term and final evaluation activities in the field.</i> | | | | | | | |
| 1.36 | Accountability Officer | D | 1 | 810.51 | 6 | 5.00 | 243.15 | |
| | <i>S/he will be in charge of community accountability and will supervise all activities linked to accountability. He will compile and will do the follow up of suggestions and will assume the feedbacks to the community. S/he will be under M&E coordinator supervision.</i> | | | | | | | |
| 1.37 | Driver-Bangui | S | 1 | 473.07 | 6 | 5.00 | 141.92 | |
| | <i>Driver will provide transportation whenever necessary and conduct maintenance checks on all vehicles.</i> | | | | | | | |
| 1.38 | Guard-Bangui | S | 1 | 473.07 | 6 | 5.00 | 141.92 | |
| | <i>Guards will be employed to secure IMC offices and guest houses, seven days a week and twenty-four hours a day.</i> | | | | | | | |
| 1.39 | Cleaner-Bangui | S | 1 | 383.67 | 6 | 5.00 | 115.10 | |
| | <i>They will provide cooking and cleaning services and other routine activities, e.g., assisting in packing, lifting and other labor related to activities at the office and the guest house.</i> | | | | | | | |
| 1.40 | Driver | S | 1 | 473.07 | 6 | 7.00 | 198.69 | |
| | <i>Driver will provide transportation whenever necessary and conduct maintenance checks on all vehicles.</i> | | | | | | | |
| 1.41 | Guard | S | 1 | 383.67 | 6 | 7.00 | 161.14 | |
| | <i>Guards will be employed to secure IMC offices and guest houses, seven days a week and twenty-four hours a day.</i> | | | | | | | |
| 1.42 | Cleaner | S | 1 | 384.75 | 6 | 7.00 | 161.60 | |
| | <i>They will provide cooking and cleaning services and other routine activities, e.g., assisting in packing, lifting and other labor related to activities at the office and the guest house</i> | | | | | | | |
| | Section Total | | | | | | | 99,759.43 |

2. Supplies, Commodities, Materials

| | | | | | | | |
|---|---------------------------------------|---|---|-----------|---|--------|-----------|
| 2.1 | Health Trainings | D | 1 | 3,452.64 | 1 | 100.00 | 3,452.64 |
| <p><i>This will cover cost of training of beneficiaries as well as local staff seconded by government departments. These costs will include venue rental, accommodation, catering, transport or transportation allowances, presenters' honorariums, training materials and incidental casual labor, etc. The trainings include</i></p> <ol style="list-style-type: none"> 1. Traditional Birth Attendant and women leaders from Pladama Health facility will trained on identification of high-risk pregnancies and referral 16 staff will participate in 1-day training design to increase knowledge and skills in identifying mothers at risk during pregnancy 2. Training of 14 CHWs from Pladama will participate in 1 day training on Community based surveillance. 3. Training of 14 CHWs, 3 TBAs, from Pladama on communication techniques. 4. Training of medical management of rape will be conducted for 5 medical staff that include 3 nurses, 2 midwives to increase their knowledge to be able to care for GBV survivors | | | | | | | |
| 2.2 | Support referral | D | 5 | 1,568.54 | 1 | 100.00 | 7,842.70 |
| <p><i>This line covers the cost of referral of cases in need of emergency or secondary care to Bambari hospital. Additionally, it will cover laboratory services costs for patients admitted in the maternity and/or Internal Medicine services: incentives for tricycle drivers/motorbike drivers.</i></p> | | | | | | | |
| 2.3 | Epidemic surveillance and EPI support | D | 1 | 3,568.54 | 1 | 100.00 | 3,568.54 |
| <p><i>this includes fabrication of image-based surveillance books, briefing of CHWs on their use, printing of EPI and EWARS data collection sheets, and support to MoH in case of investigations. The line will also support MOH on Covid -19 vaccination exercise</i></p> | | | | | | | |
| 2.4 | CHW supplies | D | 1 | 1,029.05 | 1 | 100.00 | 1,029.05 |
| <p><i>One-time purchase of kits for all CHWs working at the mobile clinic sites and fixed health facilities. The kits include hand sanitizer and cloth mask.</i></p> | | | | | | | |
| 2.5 | SRH supplies | D | 1 | 5,897.43 | 1 | 100.00 | 5,897.43 |
| <p><i>These are expendable and semi-expendable supplies and materials to be used for the day-to-day activities in the health posts, including buckets, chairs, benches, gravel, examination beds, and any other non-hygiene supplies</i></p> | | | | | | | |
| 2.6 | Rehabilitaion | D | 1 | 17,901.70 | 1 | 100.00 | 17,901.70 |
| <p><i>Cost will cover minor rehabilitation painting, installation of light through the purchase and fixing of a solar kit with its accessories and the rehabilitation of the incinerator.</i></p> | | | | | | | |
| 2.7 | IPC supplies | D | 5 | 2,159.38 | 1 | 100.00 | 10,796.90 |
| <p><i>This line will cover all costs related to WASH activities and required supplies, during clean-up campaign. The cost includes outreach education program that include IEC materials for handwashing and supplies for infection prevention in health facility.</i></p> | | | | | | | |
| 2.8 | Sensitization activities | D | 1 | 786.32 | 1 | 100.00 | 786.32 |
| <p><i>Cost of printing project materials such as charts, pamphlets and brochures for international days celebrations activities that include world malaria day and Immunization week. Cost will also include purchase of megaphones for sensitization</i></p> | | | | | | | |
| 2.9 | FOSA Field supplies | D | 1 | 7,280.34 | 1 | 100.00 | 7,280.34 |
| <p><i>These are expendable and semi-expendable supplies and materials to be used for the day-to-day activities in the health posts, including buckets, chairs, benches, gravel, examination beds, and any other non-hygiene supplies. Supplies to ensure IPC protocol is respected, as well latrine cleaning supplies.</i></p> | | | | | | | |
| 2.10 | Food for patients | D | 5 | 3,205.12 | 1 | 100.00 | 16,025.60 |
| <p><i>This will consider the food for patients at maternity wards and Internal Medical ward food for patients during their stay in the hospital</i></p> | | | | | | | |
| 2.11 | FOSA Incentives | D | 5 | 2,041.56 | 1 | 100.00 | 10,207.80 |
| <p><i>This line covers financial motivation provided to MoH and other staff working health facility Pladama Ouka. The amount of incentives depends on the post and qualifications of each staff and follows the national standards</i></p> | | | | | | | |
| 2.12 | Pharmaceuticals and medical supplies | D | 1 | 87,284.93 | 1 | 100.00 | 87,284.93 |
| <p><i>This budget line is intended for purchase of pharmaceuticals to be used in IMC run clinics throughout the duration of the program. The timing of the purchase will be as required. The pharmaceuticals will be sourced in compliance with donor's and IMC procurement procedures/restrictions related to pharmaceuticals. These will be purchased internationally and be supplied to pladama health facility and Bambari hospital maternity.</i></p> <p><i>This line will also cover other international transport related cost such as agency fees for clearance from the customs custody and government tax of on the value of the imports. Drugs will then be transported to the field by road or WFP cargo or air charters</i></p> | | | | | | | |

| | | | | | | | |
|------|--|---|---|----------|---|--------|-----------|
| 2.13 | Incentive hospital | D | 5 | 3,937.69 | 1 | 100.00 | 19,688.45 |
| | <i>This line covers financial motivation provided to MoH and other staff working in the maternity and internal medicine wards. The number of incentives depends on the post and qualifications of each staff and follows the national standards</i> | | | | | | |
| 2.14 | Training new CHWs on their roles and responsibilities | D | 1 | 880.34 | 1 | 100.00 | 880.34 |
| | <i>Once selected, CHWs will be briefed on Monthly activities that include home visit, sensitization's cost will include per diem and accommodation during this session. Refreshment will also be offered to include Tea and lunch.</i> | | | | | | |
| 2.15 | Support for referral of children with SAM with medical complications to SC (bambari Hospital) | D | 1 | 585.00 | 1 | 100.00 | 585.00 |
| | <i>The project anticipates referring a maximum of 20 children with medical complication at rate of CFA 15000 per month.</i> | | | | | | |
| 2.16 | "Family MUAC"- Training CHWs as trainers, community sensitization, f | D | 1 | 2,147.00 | 1 | 100.00 | 2,147.00 |
| | <i>Training CHWs as trainers, community sensitization, family member training on MUAC measure, and monthly; CHWs, and HD staff nutrition focal point training. Cost will cover the per diem for participants and purchase of MUAC tapes to be distributed after training.</i> | | | | | | |
| 2.17 | Monthly meeting with CHWs on Family-MUAC | D | 1 | 1,230.76 | 1 | 100.00 | 1,230.76 |
| | <i>This will cover the cost of various IYCF activities at community and HFs level related cost that includes the establish and strengthening of the Mother Support Group (MSG) through model mothers, and refreshment for the monthly meeting and radio education. The cost will cover transportation and refreshment during routine</i> | | | | | | |
| 2.18 | Identification and fees for new CHWS | D | 1 | 1,859.82 | 1 | 100.00 | 1,859.82 |
| | <i>This exercise will ensure 1CHWS for every 100 households is selected. The cost will include per diem for health district staff who will assist in the selection. CHW will be provided with writing materials to be able to perform day to day duties.</i> | | | | | | |
| 2.19 | Mental health: training of PM+ for protection staff and MHSPS | D | 1 | 3,676.36 | 1 | 100.00 | 3,676.36 |
| | <i>Trainings will be on psychosocial support, psychotropic prescription and cost will include hall rental, refreshment and transport fees for participants.</i> | | | | | | |
| 2.20 | Training of CHWs, health staff on first psychological aid | D | 1 | 846.15 | 1 | 100.00 | 846.15 |
| | <i>Cost will cover per diem for participants, transport fees and refreshment for participants</i> | | | | | | |
| 2.21 | Mental health supplies (mhGAP, registres, tables, etc)_ | D | 1 | 1,755.39 | 1 | 100.00 | 1,755.39 |
| | <i>(mhGAP, registers, tables, etc.) _ printing of IASC, mhGAP, and PFA modules, cabinet to organize the patient files registers, consultations cards, dignity supplies for mental health patients, pens, and other supplies.</i> | | | | | | |
| 2.22 | Feedback mechanism | D | 1 | 2,896.06 | 1 | 100.00 | 2,896.06 |
| | <i>Exit interviews and community-based feedback will be carried out on regular basis. Costs associated with these activities will include per diem and transport of enumerators used for exit interviews, and refreshments for community members during meetings with IMC staff to provide feedback.</i> | | | | | | |
| 2.23 | Data quality assessment | D | 1 | 714.70 | 1 | 100.00 | 714.70 |
| | <i>IMC will periodically assess the quality of the data collected and shared with donor. Costs will include vehicle rental, training hall rental, stationery and payment of enumerators</i> | | | | | | |
| 2.24 | DHS2 migration | D | 1 | 1,636.02 | 1 | 100.00 | 1,636.02 |
| | <i>The cost will be to pay consultant to migrate from DHS2 to this 2 Multiplication of consultation registers; This will be cost for duplicating registers to be used in consultation as well as monitoring and evaluation of activities</i> | | | | | | |
| 2.25 | Multiplication of 20 consultation registers | D | 1 | 1,025.64 | 1 | 100.00 | 1,025.64 |
| | <i>This will be cost for duplicating registers to be used for monitoring and evaluation of program activities</i> | | | | | | |
| 2.26 | Multiplication of data collection books | D | 1 | 1,196.59 | 1 | 100.00 | 1,196.59 |
| | <i>This will be cost for duplicating registers to be used for monitoring and evaluation of program activities</i> | | | | | | |
| 2.27 | PIMS introduction | D | 1 | 3,418.83 | 1 | 100.00 | 3,418.83 |
| | <i>IMC has developed a pharmaceutical management tool to ensure a proper monitoring of drug stock consumption and reporting that will be rolled out in CAR and will the first phase will be piloting in Bambari</i> | | | | | | |
| 2.28 | Transport/Shipping | D | 1 | 500.00 | 6 | 100.00 | 3,000.00 |
| | <i>This line will cover transportation costs from the base to various field locations of goods as well as personnel. It will include truck rental fees, drivers, loading and unloading etc.</i> | | | | | | |

| | | | | | | | |
|--|--|----|-------|--------------|---|--------|-------------------|
| 2.29 | Vehicle Rental(Bambari) | D | 0 | 0.00 | 0 | 100.00 | 0.00 |
| | <i>This line will cover rental of vehicles on a long-term contract.</i> | | | | | | |
| 2.30 | Vehicle Fuel (Bria/Bambari & Birao) | D | 0 | 0.00 | 0 | 100.00 | 0.00 |
| | <i>This represents the monthly expenditure of fuel for owned and rented vehicles used for purposes of IMC programs and official business. costs</i> | | | | | | |
| 2.31 | Vehicle maintenance | D | 1 | 0.00 | 0 | 100.00 | 0.00 |
| | <i>The line also includes costs of vehicle repair and maintenance in those instances where regular maintenance is not included in the lease and Full insurance coverage for all vehicles except for those covered elsewhere.</i> | | | | | | |
| 2.32 | visibility | D | 1 | 1,348 .34 | 1 | 100.00 | 1,348.34 |
| | <i>During each operation, activity and project, IMC shall make an effort to bring the support and financing given by its donors to the attention of the beneficiaries, the general public and the media through the following activities like display panels, visibility on supplies and equipment, print publications, and banners. This line item provides IMC with the means to design signs at each structure supported by the project donor, and to provide staff with IMC t-shirts and other identifying clothes. This not only supports the project's knowledge-building and outreach objectives, but also functions as an essential element to IMC's security and acceptance strategy.</i> | | | | | | |
| | Section Total | | | | | | 219,979.40 |
| 3. Equipment | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | NA | | | | | | |
| | Section Total | | | | | | 0.00 |
| 4. Contractual Services | | | | | | | |
| 4.1 | Vehicle Rental(Bambari) | D | 1 | 3,341 .13 | 6 | 100.00 | 20,046.78 |
| | <i>this line will be used to hire vehicles site to in transporting staff and materials. and supplies</i> | | | | | | |
| 4.2 | Vehicle Fuel (Bambari) | D | 1 | 800.0 0 | 6 | 100.00 | 4,800.00 |
| | <i>This represents the monthly expenditure of fuel for owned and rented vehicles used for purposes of IMC programs and official business. costs</i> | | | | | | |
| | Section Total | | | | | | 24,846.78 |
| 5. Travel | | | | | | | |
| 5.1 | In Country Travel | D | 300 | 4.00 | 6 | 100.00 | 7,200.00 |
| | <i>This is the estimated cost of transport between the main country office and field sites and any other in-country movements of staff for program purposes. This budget line also covers the costs of lodging for in-country travel where no IMC run facilities are available. IMC policy provides for accommodation at moderately priced but safe commercial establishments.</i> | | | | | | |
| 5.2 | Travel Per Diem | D | 87.63 | 2.00 | 6 | 100.00 | 1,051.56 |
| | <i>This is paid in local currency to national staff travelling outside of their duty station for various assigned duties and to monitor the progress of the project. The per diem rate is in line with IMC established policy and is consistently applied to all donors/programs.</i> | | | | | | |
| | Section Total | | | | | | 8,251.56 |
| 6. Transfers and Grants to Counterparts | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | NA | | | | | | |
| | Section Total | | | | | | 0.00 |
| 7. General Operating and Other Direct Costs | | | | | | | |
| 7.1 | Office Rent - Main Office | S | 1 | 7,000 .00 | 6 | 5.00 | 2,100.00 |
| | <i>This line will cover monthly rentals for the main country office allocated to this grant.</i> | | | | | | |
| 7.2 | Office Rent - Field Office | S | 1 | 2,503 .75 | 6 | 7.00 | 1,051.58 |
| | <i>This line will cover monthly rent for Bambari field offices allocated to this grant.</i> | | | | | | |

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|------|--|---|---|-----------|---|--------|----------|
| 7.3 | Utilities-Main Office | S | 1 | 1,500.00 | 6 | 5.00 | 450.00 |
| | <i>Will cover the cost of electricity, water and as provided by public utilities for the main country office</i> | | | | | | |
| 7.4 | Utilities-Field Office | S | 1 | 300.00 | 6 | 7.00 | 126.00 |
| | <i>Electricity, Water, Gas provided by public utilities for the Bambari field offices.</i> | | | | | | |
| 7.5 | Repair/Maintenance main Office | S | 1 | 2,250.00 | 6 | 5.00 | 675.00 |
| | <i>Cost of regular maintenance and necessary repairs of Main and Field Offices not covered by the lease as the responsibility of the Landlord. The line will also cover the cost of maintenance and repair of office equipment such as computers, photocopiers, scanners and furniture.</i> | | | | | | |
| 7.6 | Repair/Maintenance Field Office | S | 1 | 300.00 | 6 | 7.00 | 126.00 |
| | <i>Cost of regular maintenance and necessary repairs of Main and Field Offices not covered by the lease as the responsibility of the Landlord. The line will also cover the cost of maintenance and repair of office equipment such as computers, photocopiers, scanners and furniture.</i> | | | | | | |
| 7.7 | Running Costs Supplies main Office | D | 1 | 300.00 | 6 | 100.00 | 1,800.00 |
| | <i>Running Costs Supplies-Bangui office This line is requested to cover cost of various consumable office supplies, which include office stationery, toners & cartridges, computer parts, extension cables, cleaning supplies and others. This line includes the cost of printing & copying by external suppliers in those instances where the job cannot be handled in-house due to the volume.</i> | | | | | | |
| 7.8 | Running Costs Supplies Field Office | D | 1 | 300.00 | 6 | 100.00 | 1,800.00 |
| | <i>Running Costs Supplies-Bambari office This line is requested to cover cost of various consumable office supplies, which include office stationery, toners & cartridges, computer parts, extension cables, cleaning supplies and others. This line includes the cost of printing & copying by external suppliers in those instances where the job cannot be handled in-house due to the volume. This line is requested to cover cost of various consumable office supplies, which include office stationery, toners & cartridges, computer parts, extension cables, cleaning supplies and others. This line includes the cost of printing & copying by external suppliers in those instances where the job cannot be handled in-house due to the volume.</i> | | | | | | |
| 7.9 | Security Services | S | 1 | 1,382.79 | 6 | 5.00 | 414.84 |
| | <i>This line will cover the cost of security services provided by a commercial security company under a long-term contract. Security services are mandated by IMC protocols and subject to general security situation and perceived security risks present in the country. The security situation is constantly monitored by the security manager and protection adjusted accordingly</i> | | | | | | |
| 7.10 | Security Improvements | S | 1 | 25,000.00 | 1 | 5.00 | 1,250.00 |
| | <i>Due to the criticality of the situation in Country, situation might require IMC to reinforce his compounds, to procure hibernation kit, to buy efficient communication equipment to be use for movements. Also, this budget will be used in the worst-case scenario to evacuate staffs to a safe region.</i> | | | | | | |
| 7.11 | Communication Costs main Office | S | 1 | 6,000.00 | 6 | 5.00 | 1,800.00 |
| | <i>Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc. The cost covers all communication fees for the above means of communications.</i> | | | | | | |
| 7.12 | Communication Costs Field Office | S | 1 | 1,975.21 | 6 | 7.00 | 829.59 |
| | <i>Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc. The cost covers all communication fees for the above means of communications.</i> | | | | | | |
| 7.13 | Postage & Courier | S | 1 | 150.00 | 6 | 5.00 | 45.00 |
| | <i>This is budgeted to cover the costs of the postage and courier between the base office, field offices and HQ. It also includes translation costs of technical documents relating to the project which might be required</i> | | | | | | |
| 7.14 | Generator Fuel/Maintenance main Office | S | 1 | 2,000.00 | 6 | 5.00 | 600.00 |
| | <i>Purchase of fuel and spare parts for maintenance of generators.</i> | | | | | | |
| 7.15 | Generator Fuel/Maintenance Field Office | S | 1 | 1,200.00 | 6 | 7.00 | 504.00 |
| | <i>Purchase of fuel and spare parts for maintenance of generators.</i> | | | | | | |
| 7.16 | General Insurance | S | 1 | 276.71 | 6 | 100.00 | 1,660.26 |
| | <i>This line includes allocation of corporate liability and property insurance premiums as well as in-country insurance coverage.</i> | | | | | | |

| | | | | | | | |
|---|----------------------------------|---|--------|----------|---|--------|-------------------|
| 7.17 | Software Upgrade and Maintenance | S | 1 | 333.34 | 6 | 100.00 | 2,000.04 |
| <p><i>This line item represents cost necessary to perform periodical software upgrade and/or maintenance of computerized systems used by the Field Office (name of Country + Field offices). These systems include, but are not limited to, the CostPoint and Time & Expense module. Annual maintenance cost for Deltek T&E includes licenses for software users as all IMC Field offices use CP and T&E to record project costs, revenue and labour. 0,5% reserved for the software maintenance is not a lumpsum figure. The percentage represents an estimate, however only actual costs will be allocated to the project. For example, annual maintenance cost for Deltek ERP will be allocated based on the proportional benefit to each project. Locally procured software and hardware equipment for CAR includes payroll software, fingerprint system, IT services for maintenance, IT equipment...)</i></p> | | | | | | | |
| 7.18 | Support Vehicle Rental- Bangui | S | 1 | 3,341.00 | 6 | 5.00 | 1,002.30 |
| <p><i>This line will cover rental of vehicles on a long-term contract.</i></p> | | | | | | | |
| 7.19 | Support Vehicle Fuel- Bangui | S | 1 | 1,200.00 | 6 | 5.00 | 360.00 |
| <p><i>This represents the monthly expenditure of fuel for owned and rented vehicles used for purposes of IMC programs and official business. The line includes costs of vehicle repair and maintenance in those instances where regular maintenance is not included in the lease costs. Full insurance coverage for all vehicles except for those covered elsewhere.</i></p> | | | | | | | |
| 7.20 | Vehicle maintenance | D | 1 | 400.00 | 6 | 100.00 | 2,400.00 |
| <p><i>The line also includes costs of vehicle repair and maintenance in those instances where regular maintenance is not included in the lease and Full insurance coverage for all vehicles except for those covered elsewhere.</i></p> | | | | | | | |
| Section Total | | | | | | | 20,994.61 |
| SubTotal | | | 505.63 | | | | 373,831.78 |
| Direct | | | | | | | 316,543.91 |
| Support | | | | | | | 57,287.87 |
| PSC Cost | | | | | | | |
| PSC Cost Percent | | | | | | | 7.00 |
| PSC Amount | | | | | | | 26,168.22 |
| Total Cost | | | | | | | 400,000.00 |

Project Locations

| Location | Estimated percentage of budget for each location | Estimated number of beneficiaries for each location | | | | | Activity Name |
|-----------------|--|---|-------|------|-------|-------|---|
| | | Men | Women | Boys | Girls | Total | |
| Ouaka > Bambari | 100.00000 | 0 | 0 | 0 | 0 | | HLT: Activity1.1.1: Activity 1.1. Purchase and supply essential pharm... HLT: Activity1.1.2: Support communicable disease surveillance, commun... HLT: Activity1.1.3: Support the IPC and integration of COVID-19 preve... HLT: Activity1.1.4: Provide technical support to Pladama health centr... HLT: Activity1.1.5: Train 20 CHWs on EWARS 20 CHWs will be traine... HLT: Activity1.2.1: Activity 2.1. Support the provision of comprehen... HLT: Activity1.3.1: Train Health staff and CHWs on identification and... HLT: Activity1.4.1: Activity 1.1. Support the treatment of children 6... HLT: Activity1.4.2: Outpatient therapeutic treatment services for SAM... HLT: Activity1.4.3: Activity 2.2. Scale up the Family MUAC approach i... |

| Documents | |
|------------------|--|
| Category Name | Document Description |
| Budget Documents | Budget BOQ.xlsx |
| Budget Documents | IMC _Budget BOQ.xlsx |
| Budget Documents | CONDITIONS GENERALES AUTOMOBILE 1[1].pdf |
| Budget Documents | CAR Property Insurance 2021 -2022.pdf |