OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	International Medical Corps UK
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Provision of comprehensive and integrated primary health care services to conflict-affected IDPs in Wau and sustaining Covid-19 case management capacity of Juba IDU..(USE THIS)
Allocation Type Category :	Frontline services

OPS Details

Project Code :		**Fund Project Code :**	SSD-21/HSS10/SA1/H/INGO/19691
Cluster :		**Project Budget in US$:**	1,335,219.67
Planned project duration :	12 Months	**Priority:**	
Planned Start Date :	01/08/2021	**Planned End Date :**	31/07/2022
Actual Start Date:	01/09/2021	**Actual End Date:**	31/08/2022

Project Summary :

The protracted armed conflict and limited Government investment have had a devastating impact on South Sudan's infrastructure and basic service delivery. Health facilities are poorly equipped and having limited staffed with only one physician for every 65,574 people in the country . According to WHO health facility functionality, out of approximately 2,300 health facilities, more than 1,300 are non-functional and up to 57% of those functional facilities, are supported by humanitarian and development partners. The situation is even worse for IDPs and returnees who lives mostly in settlements further than 5 km from a functional health facility. In addition, A third of IDPs and returnees live in communities where women and girls avoid certain areas due to fear for their safety which limit their access to basic health services outside IDP settlements.

Wau POC was transitioned to Internally Displaced Camp in November 2020 and according to the CCM head count conducted in March 2021, 11, 681 individuals were sheltering at the camp. This includes 8,603 IDPs and 3,078 host communities.
Wau is also one of the 9 counties which suffered from Measles outbreak in 2020, which, as stated in the 2021 Humanitarian Needs Overview, the current general situation in the country will further aggravate the health situation, the spread of existing outbreaks and the likelihood of new outbreaks this year. Like in other IDP camps, children were acutely malnourished than in the past three years and women and girls continued to face extreme levels of gender-based violence and psychosocial distress. In addition, Acute Respiratory Tract Infection, Malaria and Acute Watery Diarrhea remain main cause of Outpatient consultations in Naivasha IDP site, according to IDSR data. Moreover, the COVID-19 pandemic poses enormous risks to children, women, girls, families and communities including mental health and psychosocial distress. Thus, the critical need to sustain access to health services for IDPs particularly vulnerable children, women and people with disability.

Despite the health need for Wau/Naivasha IDPs, there is only one Reproductive Health facility supported by IMC within the site. This facility only provides reproductive health package while the rest of primary health services were provided by a Primary Health Care Center operated by IOM outside the camp which will be closed from August 2021 leaving the IDPs without access to basic health services.

As part of continued efforts to improve access to life-saving health care, IMC aims to provide a comprehensive and integrated package of primary health care services in Wau/Naivasha IDP site. IMC's main strategy is to deliverer essential health services that is complemented by regular community outreaches to increase and expand equitable coverage and access to vulnerable and displaced population within Wau IDP camp. The project will provide outpatient consultations to at least 95 % of IDP populations with 2 consultations projected a year, 95% of children aging less than 1year are targeted to benefit to EPI program among other services, Mental Health consultations will be provided to at least 1% of the population while PSS participation is targeting 8% of the population. Additionally, 10% of Host community are targeted to benefit from this project.

As of As of July 30, 2021, South Sudan has had 11,063 cases of COVID-19 and 119 deaths distributed in two waves: one around May-June 2020 and another around February-March 2021 .
IMC UK will provide support to the Juba Infectious Disease Unit (IDU) with the management of COVID-19 cases and support 720 beneficiaries with COVID-19 critical care for patients and training of health care staff.

Interventions at both Wau IDP camp and Juba IDU will also support a total of 12,401 individuals and their families with PSS services.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
2,993	3,183	3,062	3,163	12,401

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	1,978	2,151	2,237	2,237	8,603
Host Communities	1,015	1,032	825	926	3,798

Indirect Beneficiaries :

Total 186,774 indirect beneficiaries (20% of Juba County (116,901) and 30% of Wau county population (69,873)

Catchment Population:

Link with allocation strategy :

As part of continued efforts to improve access to life-saving health care services among internally displaced, conflict-affected and vulnerable population, IMC UK will provide a comprehensive package of health care services following static approach in Wau IDP camp. IMC's main strategy is to support static essential health services that is complemented by community outreaches to increase and expand equitable access to basic health care interventions. Aligned with the 2021 Humanitarian Response Plan (HRP) for South Sudan and the health cluster strategic objective 1, IMC's health care interventions proposed for Wau IDP sites and Juba IDU, are designed to reduce morbidity and mortality for the most vulnerable populations through:

1. Improved access and scaled-up response to provide integrated quality essential health care services to vulnerable populations: by conducting outpatient consultation and Clinical management of communicable diseases with a particular focus on the top three diseases: malaria, respiratory infections and diarrhea; immunization against vaccine preventable diseases, ensure Infection Prevention and Control in the health facility; Capacity building for health care workers; Community health education and Disease surveillance and outbreak response. IMC will ensure integration of nutritional surveillance in the camp during the routine consultations and community outreaches. Moreover, IMC UK will scale up its activities at the Reproductive Health facility within Wau POC to a Primary Health Care Center (PHCC). In addition to antenatal and post-natal care, safe delivery, Prevention of Mother To Child Transmission (PMTCT), Family planning and immunization and clinical management of rape, IMC UK will extend the provision of basic primary health care services OPD services, MHPSS services, and community outreaches and support to EPI. IMC UK will also ensure availability of pharmaceuticals, medical equipment and supplies needed for provision of quality care to the Wau IDP population. To ensure sustainability of the IDU, a phase out approach will be followed where IMC will operationalize the facility for 4 months, then work with MOH health workers intensively of 2 additional months to ensure MOH ownership and smooth transition

2. Prevention and reduction excess mortality and morbidity associate with COVID-19 through provision of quality care at IDU: IMC will continue to work with the National Rapid Response Team to isolate and manage severe and critical COVID-19 patients at Juba Infectious Disease Unit using National and WHO guidelines. Hospital care will be prioritized for those with highest probability of poor outcomes. Mental health and psychosocial support (MHPSS) activities for patients and their family members will include raising awareness about common symptoms of stress, anxiety, and depression associated will severe illness, psychoeducation (e.g.on positive coping strategies), provision of basic counseling and capacity building of healthcare staff on psychological first aid (PFA) and other needed MHPSS trainings based on assessment. In addition, Frontline South Sudanese healthcare workers will receive theoretical and on-the-job trainings on COVID-19 management and critical care. The course will include a pedagogical train-the-trainer component so that the trainees can cascade their new knowledge and skills to their peers and colleagues through peer mentoring and tutorials. Moreover, IMC UK will continue to co-lead the Case Management Technical Working Group to update the guidelines related to care of COVID-19 patients and will contribute to the finalization and implementation of the National strategic planning

3. Increase access to MHPSS services for a total of 12,401 beneficiaries

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
Tom Mcnelly	Country Director	Tmcnelly@internationalmedicalcorps.org	0927-000-414

BACKGROUND

1. Humanitarian context analysis

2. Needs assessment

The health situation in South Sudan is critical, particularly for the children, evidently data shows that South Sudan has some of the worst health outcome indicators globally. The under-five mortality rate and maternal mortality ratio are among the highest in the world at 91 per 1,000 live birth, and 789 per 100,000 live births, respectively. According to South Sudan HNO 2021, displaced and conflict-affected population continue to live in poorest condition in the country. Under-five children and pregnant and lactating women IDPs are most vulnerable to acute malnutrition; displaced and conflict-affected people experience elevated levels of psychological distress; Access to water and sanitation is the worst among newly displaced communities, and in areas hosting recently returned refugees and IDPs; Displaced women and girls and those living in IDP and refugee camps are most affected by GBV; More than half of IDPs live in settlements relying on food or cash assistance, or host community donations as their main source of food. In addition, According to recent IDSR data, the morbidity attributed to common diseases, Acute Respiratory Tract Infection (40%), Malaria (11%) and Acute Watery Diarrhea (10%) remain a challenge in Wau/Naivasha IDP camp. The population living in this camp relies exclusively on reproductive health services provide by IMC within the camp and access other primary health services at a PHCC operate by IOM in nearby of the camp that will be closed in July 2021 due to reportedly restructuring of program by IOM. The rapid needs assessment conducted June 2021 by IMC in the camp highlighted the critical need to increase the availability of health services in addition to Reproductive Health Interventions provided by IMC through UNFPA support, particularly focusing on the clinical management of Acute Watery Diarrhea (AWD), Malaria and Acute Respiratory Illness (ARI) for children under 5 years within the IDP site. Many IDPs are reluctant to seek health services outside the camp based on historical, ethical and pollical reasons and subsequently the absence of primary health care services within the camp might increase morbidity and mortality among the 11,681-population sheltering in Wau/Naivasha IDP camp.

Another critical need is responding to COVID-19 increasing number of infections due to the new Delta variant and ensuring proper facilities are available to treat patients. The country's capacity to manage severely ill patient is very limited with only 5 functional COVID-19 facilities out of 18 initially planned. Critical care is almost non-existent and yet about 15% of all patients with symptomatic COVID-19 need oxygen support and other relatively inexpensive critical care interventions, including rapid fluid resuscitation, early antibiotics, and constant patient monitoring. Only 8 beds ICU located at Juba IDU with specialized point-of-care equipment, intensive care medicine and critical care specialists available 24/7, provide care for critically ill patients.

Through this intervention, IMC UK will:

1) Improve access to basic curative and preventive health care services of 11,681 conflict-affected, displaced and vulnerable populations in Wau displacement camp including 8,603 IDP and 3,078 host community population by upgrading the Reproductive Health facility to a Primary Health Care center
2) Reduce morbidity and mortality among patients affected by COVID-19 in Juba Infectious Diseases Unit by providing critical care to 180 beneficiaries
3) Improve access to quality mental health, psychosocial support services and Mental well-being of Severely ill patients in Wau IDP and Juba IDU, including their Family Members.

3. Description Of Beneficiaries

4. Grant Request Justification

Recent headcount states that there are about 8,603 IDPs sheltering in Wau IDP camp (4,215 males and 4,388 females) and 3,078 host communities for a total of 11, 681 beneficiaries to be targeted.
. According to HNO 2021, the re-designation of the POC sites may further entrench protracted displacement and the associated burden on displaced people, returnees and host communities requiring a continued support in terms of healthcare, MHPSS, and other lifesaving interventions to not let the IDPs further face the consequences of this transition and support them for a gradual safe return to their homesteads.
These populations rely on IMC's health facility within the camp to access reproductive health services and IOM facility for primary health services. However, the facility run by IOM will be closed by end of July 2021 as part of IOM's restructuring strategy, leading to disruption of health services for displaced and vulnerable population in Wau IDP camp. As outlined in above section, morbidity and mortality in all camps are mostly attributed to Malaria, Diarrhea and Acute Respiratory Tract Infection which require adequate access to treatment within 24 hours of onset of symptoms for better outcome. Thus, bringing treatment facility closer to vulnerable population is a crucial intervention to reduce morbidity and mortality.
On the other hand, the only public facility with critical care capacity and where most COVID-19 patients are hospitalized, is facing funding challenges to maintain its functionality amidst the identification and potential widespread of the Delta Variant of SARS COV-19 in a country where the vaccination remain extremely low. Sustaining the functionality of this facility remain paramount to prevent and reduce excess mortality related to COVID-19 and further aggravate the already alarming humanitarian situation.
Through this project, IMC UK will scale up its services at the IDP health facility providing a comprehensive and integrated package of primary health care and MHPSS services that will sustain access to life-saving services among displaced and vulnerable populations in Wau IDP camp and their host community. Moreover, IMC will maintain COVID-19 treatment capacity of the country through strengthening and sustaining the already established Level 1 Intensive Care Unit (ICU) at Juba IDU and provide critical psychological support to patients admitted at the IDU, including their family members with the aim to minimize feelings and symptoms of distress, prevent acceleration of symptoms into more serious emotional distress, minimize fear of stigma and improve their mental well-being
In total, this project will target 12,401 beneficiaries.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To improve access to and utilization of essential health care services to reduce excess morbidity and mortality among 11,681 vulnerable populations in Wau/Naivasha IDP camp and Host community population and sustain COVID-19 case management at Juba IDU for 720 beneficiaries.

HEALTH		
Cluster objectives	**Strategic Response Plan (SRP) objectives**	**Percentage of activities**
Reduce excess morbidity and mortality of epidemic-prone diseases and health insecurities	SO1: Reduce morbidity and mortality, protection threats and incidents for the most vulnerable populations in severity levels 4 and 5	40
Increase access to services for survivors of SGBV, disabled, mental health disorders and the elderly.	SO2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity level 4 and	20
Improve access and utilization of integrated life-saving quality health care services to crisis-affected and vulnerable populations through static, mobile and community-based health service delivery systems.	SO2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations meet their basic needs in locations of severity level 4 and	40

Contribution to Cluster/Sector Objectives :

Prevent and reduce excess mortality and morbidity from diseases including pneumonia, diarrheal diseases, malnutrition for children under 5 years of age and malaria through deployment of trained health care workers who will provide curative consultations for communicable diseases using WHO and national guidelines; community health education with a particular focus on the top three diseases: malaria, respiratory infections and diarrhea; IMC will also conduct facility-based and outreach vaccination services. Moreover, HIV testing and counselling, ART for HIV positive patients, diagnosis and treatment of TB, defaulter tracing, and submission of EWARN surveillance weekly reports to the MOH and WHO will also be provided. In order to provide EPI and HIV/TB services integrated with other health services, the support of WHO and UNICEF for vaccines, cold chain, recordings with medical supplies, as well as for HIV/TB test- kits, drugs and supplies will be solicited to help run the project smoothly. IMC will ensure timely submission and quality EWARN surveillance weekly and monthly reports to the MOH and WHO. Increase access of approximately 11, 681 displaced and vulnerable people, to preventive and curative health services through provision of outpatient consultation services including; basic diagnostic laboratory microscopic examination and rapid tests services where needed and drug dispensing to the people residing at Wau IDP Camp according to clinician prescription. The OPD services will include nutritional screening of children under 5 years of age and Pregnant and Lactating Women. Referral for cases that need further care will also be facilitated by transporting patients in a car that will be rented through this project during daytime and coordinating with Wau Teaching Hospital ambulance services at night. IMC will also conduct minor rehabilitation and routine maintenance of IDP camp health facility to ensure quality and safe delivery of medical care and services to patients.

Through this project, IMC will also contribute to health cluster objective to mitigate negative consequences of COVID-19 through continue running of the Juba IDU that will offer quality health care for 720 severely ill patients. IMC will work with partner supporting Home Based Care and the MOH Rapid Response Team for safe referral of COVID-19 patients requiring hospitalization. With already established level 1 ICU and trained health care professional, IMC will care for patients using National and WHO guidelines to ensure reduction of morbidity and mortality related to COVID-19. In addition, IMC will provide MHPSS services to admitted patients, their families and health care workers at IDU as working in that unusual environment during the pandemic could lead to high levels of stress among the providers.

In order to make mental health services more accessible for all, avoid stigmatizations and cost-effective, IMC will integrate MHPSS to primary health care services at Wau IDP and Juba IDU including mental health consultations, basic counselling, recreational activities, psychoeducation and awareness raising on mental health issues. Services will be provided by MHPSS officer supported by Nurse trained on MhGAP Humanitarian Intervention Guide (mhGAP-HIG) and will be supervised by IMC MHPSS specialist. Community Health Workers (CHW) will be trained to identify and refer individuals presenting symptoms of priority mental, neurological, and substance use conditions, with a particular focus on epilepsy, psychosis, acute stress, Post Traumatic Stress Disorder (PTSD), and depression. Health care providers will also be trained on Psychosocial First Aid, basic psychosocial skills or any other needed trainings on MHPSS topics based on assessment .

Outcome 1

Outcome 1: To improve access to basic curative and preventive health care services of 8,603 conflict-affected, displaced and vulnerable populations in Wau displacement camp and 3,078 host community population by upgrading the Reproductive Health facility to a Primary Health Care center

Output 1.1

Description

Output 1.1 provision of primary health care services that include 11,681 outpatient consultation for the management of common causes of morbidities and mortalities, endemic diseases, trauma and injuries; regular health education at the facility and community level; screening of malnutrition; monitoring of disease outbreaks, and training of health care workers.

Assumptions & Risks

Assumptions
- Functional PHCC provide comprehensive and integrated primary health care services using WHO and National guidelines
- Security situation remains stable in Wau/Naivasha IDP camp and all activities implemented as planned
- Supplies required are timely procured and delivered to the project sites
- Outstanding coordination with the camp management, community leaders, CCM and other partners for better implementation of the project
- Infection Prevention and Control measures will be strictly observed at the Health Facility to limit spread of COVID-19
- No major disease outbreak in the targeted location

Risks
-Surge of COVID-19 outbreak in the IDP camp leading to increase demand of health services including increased demand for supplies, human resources, testing ect…
IMPACT: reduced bed capacity and testing capacity. Issues with supply of essential medicines.
MITIGATION: increase bed capacity, ensure appropriate human resources are put into place

- Deterioration of security in Wau IDP camp and surrounding impeding access to IDP camp by health care workers
IMPACT: suspension/limitation of services
MITIGATION: continuous monitoring of the situation, adapting contingency plans with remote support, use of local staff at IDP camp.

- Stock out of medical supplies, and commodities due to procurement delays
IMPACT: limited service delivery MITIGATION: ensuring buffer stock, borrowing/liaising with other partners , timely procurement

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	HEALTH	Number of Out-Patient Department (OPD) consultation for common diseases					11,681
Means of Verification : OPD Registers The total number includes: 2,597 Men 2,865 Women 3,059 Boys 3,161 Girls							
Indicator 1.1.2	HEALTH	Number of children receiving 3 doses of pentavalent vaccine			232	241	473
Means of Verification : EPI Report							
Indicator 1.1.3	HEALTH	Number of staff trained on disease surveillance and outbreak response	30	10			40
Means of Verification : Training Reports							

Activities

Activity 1.1.1

Standard Activity : Conduct out-patient consultation at health facilities

Conduct daily outpatient consultations for common morbidities for 11,681 beneficiaries: 8,603 IDPs and 3,078 Host Communities in Wau IDP Camp and host communities. Will be conducted by clinical officers and nurses.
This includes :
2,597 Men
2,865 Women
3,059 Boys
3,161 Girls

Activity 1.1.2

Standard Activity : Vaccinations against measles and vaccine preventable diseases

Carry out community health education on preventable diseases in Wau IDP Camp and host communities to target 473 children. Awareness sessions will be conducted by community outreach workers. IMC Vaccinators will deliver and administer the vaccines.

Activity 1.1.3

Standard Activity : Carry our disease Surveillance /EWARN

Activity 1.1.3 Submit EWARN surveillance weekly reports to the MOH and WHO . WHO will train 40 staff at Wau IDP on diseases surveillance and outbreak

Outcome 2

Outcome 2: Reduce morbidity and mortality among patients affected by COVID-19 in Juba Infectious Diseases Unit.

Output 2.1

Description

Output 2.2 Provide critical care to 180 COVID-19 patients admitted to the IDU.

Assumptions & Risks

ASSUMPTIONS
- Number of Cases will fit in IDU capacity: the bed capacity of the IDU will be enough to accommodate the rapid increase of patients with COVID-19. IMC will coordinate with MOH, WHO and other stakeholders to set contingency planning to extend the current capacity of the IDU that could accommodate more patients.
- Additional Health Care Workers are available: the already established pool of HCW will be available to mobilize if COVID-19 cases increase beyond the capacity of current staffing structure
- Oxygen production for the country will be improved after the operationalization of Oxygen plants being installed by WHO and MOH
- MOH will be ready to continue operationalize the IDU at the end of this grant
Risks:
- Delay in operationalizing the Oxygen plan in Juba.
IMPACT: Life-threatening conditions leading to patients' death.
MITIGATION: To face this challenge, IMC will continue working with its prequalified vendors to continue refill Oxygen cylinders in Neighboring countries

- Health care workers are infected with COVID-19
IMPACT: reduction of current capacity to care for patients.
MITIGATION: IMC will ensure Infection Prevention and Control measures are put in place and properly followed by all health care workers to minimize risk of infection.

- Increased number of COVID-19 cases requiring hospitalization
IMPACT: if more cases need hospitalization, IMC's limited capacity will be over-stretched.
MITIGATION: IMC will work with Health Cluster and the Ministry of Health to develop a contingency plan and scale up strategy to improve access to care.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.1.1	HEALTH	Number of severely ill patients provided with critical care at IDU.	105	46			151
Means of Verification : IDU records							
Indicator 2.1.2	HEALTH	[COVID-19]: Number of people/health staff trained on COVID-19 prevention / management	90	60	0	0	150
Means of Verification : Training reports and attendance lists							
Indicator 2.1.3	HEALTH	Percentage of patients admitted at IDU who recovered from COVID-19					80
Means of Verification : IDU records							

Activities

Activity 2.1.1

Standard Activity : Conduct in-patient treatment for common diseases at health Facilities

Using National and WHO guidelines, trained health care workers will provide medical, nutritional and psychosocial care to 180 Covid-19 patients admitted at Juba IDU

Activity 2.1.2

Standard Activity : [COVID-19]: Training of project staffs on COVID-19

Train a total of 56 staff (IMC and MoH) on COVID-19 case management , critical care and IPC.

Activity 2.1.3

Standard Activity : Not Selected

Provide quality care to COVID-19 patients admitted at the Juba IDU

Output 2.2

Description

Output 2.2 Improve access to quality mental health, psychosocial support services and Mental well-being of Severely ill patients in Wau IDP and Juba IDU, including their Family Members.

Assumptions & Risks

Assumption:
- Patients and their family member will understand the importance of Psychosocial wellbeing and will cooperate with MHPSS officers
- MHPSS officers available at IDU will be enough to handle psychosocial impact of COVID-19 patients admitted at IDU and their families
- Health Care workers will be trained on MhGAP which will be enough to screen and provide initial management of MHPSS interventions to beneficiaries

Risk:
- Work lead become too much and overwhelm health care workers
IMPACT: Increase number of burnout cases among health care workers
Mitigation: IMC will ensure psychosocial wellbeing of Health care workers in priority by offering opportunities for self-care to all staff on a regular basis, with one-on-one or group sessions with International Medical Corps' MHPSS team to identify and manage stressors

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.2.1	HEALTH	Number of health workers trained on MHPSS in conflict affected states(HC prioirity locations)	21	12			33
Means of Verification : MH register							
Indicator 2.2.2	HEALTH	Number of people reached by health education and promotion during disease outbreaks	3,018	3,158	3,062	3,163	12,401
Means of Verification : health education records							

Activities

Activity 2.2.1

Standard Activity : Not Selected

IMC will train a total of 33 health workers at Wau IDP and Juba IDU on psychosocial support and priority mental, neurological and substance use disorders using the national and WHO mhGAP Humanitarian Intervention Guidelines and provision of post training supervision by IMC MHPSS Specialist.

Activity 2.2.2

Standard Activity : Not Selected

IMC Community Healthcare workers, nurses and MHPSS specialists will provide psychoeducation and Covid-19 prevention awareness to communities at Wau IDP and Juba IDU and reach 12,401 beneficiaries.

Additional Targets :

M & R

Monitoring & Reporting plan

International Medical Corps has developed a robust MEAL system for tracking progress towards achievement of project goals and objectives. Information from the MEAL system highlights project achievements, variances as well as identifies challenges that impede project implementation and lesson learned. IMC UK will utilize a range of monitoring tools including Project Management Tool (PMT) to track progress against set indicator targets and ensure that project activities are implemented in accordance with the plan, and resources are utilized efficiently. In addition, a M&E Plan and an Indicator Performance Tracking Table (IPTT) will be developed to assess progress of indicators against targets on a monthly basis. The analysis from the IPTT will be shared to the program team and used to inform the extent of the achievement of results and objectives and enhance project implementation. With the technical support and guidance from the Medical Director and Monitoring and Evaluation Coordinator, field managers will be guided to develop a Detailed implementation plan (DIP) to ensure timely execution and quality implementation and review of program activities. The M&EPlan, IPTT and DIP will be developed prior to the project implementation activities and disseminated widely to program management and implementation and MEAL teams during the project kick off meetings.

Health facility data will be collected through routine monitoring systems. Standard HMIS data collection tools will be used to collect age and sex disaggregated data (women, girls, men, and boys), and reported on a weekly and monthly basis. Routine data will be summarised into IPTTs for performance tracking as well as inform of reporting tablets for wider sharing to stakeholders such as MOH and Health Cluster coordination mechanism. The analysis will also assess the level of participation across gender and age in the different genders in the program. The program Other Key MEAL activities planned include Routine Data Quality Assessments (RDQA) to verify the reported data for key selected indicators as well as patient exit interviews to understand patients views on quality of services provided and service delivery aspects that need improvement. Monthly review and reflection meetings will also be organised to assess and reflect on program performance, identify challenges and lessons learned to improve project implementation. The participants of the meetings will include project implementation and management team and MEAL team. The outputs of the meeting will include actionable recommendations to inform the next month implementation. Periodic joint supportive supervision will be conducted in collaboration with the CHD to assess quality of service delivery.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct daily outpatient consultations for common morbidities for 11,681 beneficiaries: 8,603 IDPs and 3,078 Host Communities in Wau IDP Camp and host communities. Will be conducted by clinical officers and nurses. This includes : 2,597 Men 2,865 Women 3,059 Boys 3,161 Girls	2021									X	X	X	X
	2022	X	X	X	X	X	X	X	X				
Activity 1.1.2: Carry out community health education on preventable diseases in Wau IDP Camp and host communities to target 473 children. Awareness sessions will be conducted by community outreach workers. IMC Vaccinators will deliver and administer the vaccines.	2021									X	X	X	X
	2022	X	X	X	X	X	X	X	X				
Activity 1.1.3: Activity 1.1.3 Submit EWARN surveillance weekly reports to the MOH and WHO . WHO will train 40 staff at Wau IDP on diseases surveillance and outbreak	2021									X	X	X	X
	2022	X	X	X	X	X	X	X	X				

Activity 2.1.1: Using National and WHO guidelines, trained health care workers will provide medical, nutritional and psychosocial care to 180 Covid-19 patients admitted at Juba IDU	2021								X	X	X	X
	2022	X	X	X	X	X	X						
Activity 2.1.2: Train a total of 56 staff (IMC and MoH) on COVID-19 case management , critical care and IPC.	2021									X		
	2022	X	X	X	X	X							
Activity 2.1.3: Provide quality care to COVID-19 patients admitted at the Juba IDU	2021								X	X	X	X
	2022	X	X	X	X	X	X						
Activity 2.2.1: IMC will train a total of 33 health workers at Wau IDP and Juba IDU on psychosocial support and priority mental, neurological and substance use disorders using the national and WHO mhGAP Humanitarian Intervention Guidelines and provision of post training supervision by IMC MHPSS Specialist.	2021									X		X
	2022			X			X						
Activity 2.2.2: IMC Community Healthcare workers, nurses and MHPSS specialists will provide psychoeducation and Covid-19 prevention awareness to communities at Wau IDP and Juba IDU and reach 12,401 beneficiaries.	2021								X	X	X	X
	2022	X	X	X	X	X	X	X	X				

OTHER INFO

Accountability to Affected Populations

IMC ensures participation of and Accountability to Affected Populations (AAP) in all its programs. During the program design, participatory discussions were held with members of affected communities through focus group discussions and community dialogues. The dialogues and discussions ensure vulnerable populations and groups in the community such as: women, men, girls, boys, elderly people, persons with disability are included. The aim was to obtain information on program needs, risks and barriers to accessing services and recommendations to take into account in the program. The dialogue and discussions were held through existing community accountability structures in the program implementation sites including AAP committees and taskforces.
During program implementation, IMC will continue to enhance these community accountability structures in the interventions guided by IMC South Sudan Community Based Feedback and Response Mechanisms (CBFRM) country local procedures. IMC will share relevant program information including information on organisational procedures, structures and processes that affect them to ensure meaningful participation. Regular information on the Program performance and monitoring results, staff code of conduct and PSEA reporting lines staff will also be shared through existing communication channels such through AAP committees, through taskforces, through community leaders and directly with communities through the CBFRM desk stationed at the health facility. Communities will be sensitised on existing AAP structures as a means of sharing complaints and feedback. During these sensitisation, communities will also be consulted on the most context-appropriate and safe avenue to share complaints and feedback. The information will be used to strengthen the CBFRM in the implementation sites. Further, the existing AAP committees will be trained on receiving, handling and responding to complaints and feedback on the project interventions. Feedback and Complaints arising from the communities will be processed, analysed and discussed during program review and planning meetings. The meetings will develop responses and action plans to address the complaints and feedback raised. These responses will be provided through the AAP committees. In addition, the information will be keyed into a complaints and feedback response database for analysis and learning. During Quarterly Program review and planning meetings, the information from the database will form part of the meeting reflections and will inform necessary programmatic corrections.
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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

3- Likely to contribute to gender equality, but without attention to age groups

Justify Chosen Gender Marker Code

Protection Mainstreaming

- Disability Inclusion
IMC's health care workers teams will be trained on the key principles of protection and gender mainstreaming to ensure that they are aware of and able to identify and mitigate any barriers faced by beneficiaries in accessing services. This will include training on basic human rights, principles of Do No Harm, confidentiality, non-discrimination, considerations regarding meaningful access, inclusion and how to identify protection risks and barriers, generate solutions and plan for remedial action to improve service quality with a specific focus on women and girls.
The project will identify and address the heightened risks faced by people with disabilities and older persons in humanitarian contexts with considerations for intersectionality of age ,gender, socio-economic factors and other diversities. Organizations of persons with disabilities and older persons where they exist will be engaged in identifying these barriers. The project will identify, address and monitor environmental, attitudinal and institutional barriers and enablers to participation for people with disabilities and older persons, and will dedicate budget for removal of these identified barriers. People with disabilities, older persons and/or their representative organizations will be consulted during the design and implementation and monitoring of the project. The project will disaggregate beneficiary data by disability (preferably using the Washington Group Short Set of Questions (WGSS).
- Older person inclusion
The project will identify and address heightened risks and needs of older persons. The project will specifically target older persons through adapted programming to meet identified risks and priority needs of older persons. Older persons and /or their representative groups will be consulted during design, implementation and monitoring of the project. The project will collect beneficiary data disaggregated by age ,gender and disability (including qualitative and quantitative data)
- GBV
IMC in South Sudan has developed country-specific guidance to protect beneficiaries from exploitation and abuse in humanitarian crisis. This Guidance complements IMC's global safeguarding policies. All IMC employee has to undergo a training on PSEA and sign a pre-employment commitment against sexual exploitation and abuse, as well as report any suspected cases.
IMC will conduct regular awareness raising sessions with the community on PSEA through QAAPCs and Community Health Workers (CHWs). The project team will incorporate PSEA messages into CBFRM activities, especially during monthly AAP meetings with the community. The project team will also ensure posting/distribution of Information,Education and Communication (IEC) materials at strategic locations in the community and how to report PSEA cases. Regular sessions at the health facilities and other services point will be done on a monthly basis. Community focal points will be empowered through trainings to be able to pass on key PSEA messages, jointly with IMC project teams.
For sensitive cases that arise, communities will be sensitized to report to the field site manager/designated focal point. The field site manager is responsible to log in the complaints into IMC reporting system, Ethics point, for further investigation for the beneficiaries who are illiterate. For those that are literate, they will be given access to Ethics point to report their complaints directly. Communities will be sensitized to report any sensitive cases directly to Ethics point reporting systems for investigation. Ethics point contacts will be shared during community sensitizations

Country Specific Information

Safety and Security

Access

Security situation is generally stable in Wau, apart from some fighting among IDPs within the camps and the persistence of theft especially targeting NGO workers. At the time of writing this proposal within and around Wau IDP camps, no access related constraints are expected. IMC UK will maintain alertness with the understanding that the situation could also rapidly deteriorate. IMC UK also recruits staff from the camps to ensure continuity of services should there is/will be access restrictions in the camp due to security or any emergency-related issues. IMC UK also maintains a strong relationship with the national and local authorities, camp management and camp leaders.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	International staff Support	D	9	13,150.73	12	6.00	85,216.73
	This is budgeted to cover the costs of existing Juba based staff that will provide support to the emergency response program including support in finance, procurement and logistics, human resources and administration. Please refer to BoQs for details and description of each position.						
1.2	International staff program	D	4	12,443.58	12	6.00	35,837.51
	This is budgeted to cover the costs of staff who are based in Juba and providing direct programmatic and coordination support to this project. These positions include: Coordinator of Country programs, Grants and Reporting Manager, MEAL Specialist and Medical Director. This positions are also responsible for ensuring timely program delivery and quality control. This cost includes taxes and allowances. Please refer to BoQ for detailed description						
1.3	National Staff-Juba Program	D	52	801.37	10	100.00	416,712.40
	The 52 national staff are all essential to run the operations at Juba IDU. They include positions such as Medical Doctor, Clinical officer, nurses etc... For a detailed description please refer to tab 1.3 in the BoQa attached. Please note that IMC maintains a project-based accounting system where LOEs for all of the support structure is charged to projects across board based on their associated association with the particular project. For accounting of LOEs cost a separate project is setup for each award, this allows segregated reporting of the expenses for each project and represents the evidence that expense is indeed paid by the relevant Donor						
1.4	National Staff-Juba support	D	40	1,568.96	12	6.00	45,186.05

	These are staff members based in the various locations and provide support to all of the IMC programs at the field sites. Logistics staff are processing purchase requests and deliveries to the sites; finance staff are reviewing, monitoring and compiling financial reports, and program staff are providing technical support and reviewing, monitoring and compiling programmatic reports. Other support staff and services include transport, travel, warehousing, M&E and IT services to the field sites. They are charged to the project according to their expected level of effort. The breakdown of the staff is provided as a separate tab in the budget.						
1.5	National Staff-Wau Program	D	15	755.40	12	100.00	135,972.00
	This cost covers salary, benefits and medical allowance for Wau staff that are budgeted at 100% under this project.						
1.6	National Staff-Wau support	D	10	1,353.34	12	5.00	8,120.04
	These are staff members based in the various locations and provide support to all of the IMC programs at the field sites. Logistics staff are processing purchase requests and deliveries to the sites; finance staff are reviewing, monitoring and compiling financial reports, and program staff are providing technical support and reviewing, monitoring and compiling programmatic reports. Other support staff and services include transport, travel, warehousing, M&E and IT services to the field sites. They are charged to the project according to their expected level of effort. This amount is inclusive of benefits and medical allowance.						
1.7	International Staff Programs technical	D	2	9,609.95	10	100.00	192,199.00
	This includes the Clinical Care Manager: S/he is a doctor specialist in critical care with extensive experience managing severely ill patients and will be responsible for the clinical care and management of the inpatient with focus of patient admiited in the ICU. S/he will have a key role in operationalization of the COVID-19 facility by providing technical support and ensuring provision of adequate preventive, supportive and rehabilitative treatment is provided to Severe and critically ill patients in strict respect of Infection Prevention and Control measures and using policies, procedures and guidelines according to Ministry of Health, WHO, CDC and IMC. He will also facilitate and participate in the organization of the capacity building activities for the facility medical staff and the MOH health workers *Biomedical Engineer: S/he is responsible of Repair & Maintenance of specialized biomedical equipment available in IDU ICU. S/He will be Maintaining work-order, inventory of equipment and preventive maintenance schedule. S/he will analyze equipment characteristics in clinical environment ensuring technical and clinical acceptability. S/he will also conduct regular calibration, Performance verification and certifications of biomedical equipment. Moreover, S/he will facilitate capacity building of local workforce on repair and maintenance of ICU equipment.* *These amounts include taxes and benefits. Both positions are based in Juba.*						
1.8	General insurance	D	1	14,136.04	1	100.00	14,136.04
	As per IMC policy this line item is only covering Insurance cost for labor which is budgeted @ 2.5% of the total personnel cost associated to this project therefore unit cost is depicted as 100%. The insurance coverage is procured to minimize potential losses related to staff liability, employment practice liability including medical care and crisis relief services, fiduciary liability, crime etcetera. The insurance coverage is procured centrally by the Headquarters, most premiums are fully prepaid at the beginning of the policy term" *The breakdown of budgeted insurance cost is as under:* *• 1.1 - Base Salary International Staff Support - 5% (9 staff members) $31,198.20* *• 1.2 - Base Salary International Staff Program- 5% (4 staff members) $13,026.75* *• 1.7 - Base Salary International Staff Program Technical- 100% (2 staff members) $48,500* *• 1.3 - Base Salary national Staff Juba Program- 100% (50 staff members) $207,838.51* *• 1.4 - Base Salary national Staff Juba Support- 5% (40 staff members) $28,680.32* *• 1.5 - Base Salary national Staff Wau Program- 100% (15 staff members) $98,150.48* *• 1.6 - Base Salary national Staff Wau Support- 5% (10 staff members) $6,134.24* *Total Budget for staff base salary (without allowances and fringe benefits) $433,528.50*2.5%=10,838.21-$447.96 (cost adjustment for budget ceiling)= Total Budget $10,390.25*						
	Section Total						**933,379.77**
2. Supplies, Commodities, Materials							
2.1	Pharmaceutical	D	1	18,591.88	1	100.00	18,591.88
	IMC will provide the essential medicines necessary to carry out life-saving health interventions, free of charge, to targeted beneficiary population. The list of pharmaceuticals has been developed by IMC's in-country pharmacist based on identified, and verified against National and WHO's essential medicines list. This list includes the drugs for treatment of malaria, acute watery diarrhea, pneumonia and other medical conditions						
2.2	Medical equipment	D	1	5,292.53	1	100.00	5,292.53
	In order to equip health staff with the necessary tools to carry out patient consultations and care, IMC is requesting the purchase of medical equipment that include patient examination tools, basic primary health laboratory equipment and antrhorpometric measurement tools. Cost is budgeted as per the price catalogue of IMC global vendors						
2.3	Medical supplies	D	1	6,903.90	1	100.00	6,903.90
	This include a range of products that include seringes, tapes, bandages, IV caththers and other consumables used on a day to day basis that are for provision of care in the health facility. Cost is budgeted as per the price catalogue of our global vendors						
2.4	Fuel and maintenance for Generator	D	1	400.00	12	100.00	4,800.00

	Fuel for generator is essential for running of generators and regular supply of electricity to the facility, to ensure smooth performing of daily project activities. This is budgeted as per the historical cost.						
2.5	Trainings	D	1	6,160.00	1	100.00	6,160.00
	those trainings will be for 50 MoH health workers from the five states hospitals on Covid-19 management and critical care. The previous trainings were only for Juba and Juba PoC staff.						
2.6	Hygiene supplies	D	1	2,272.00	1	100.00	2,272.00
	Cost decreased from 5,946 to 2,272.IMC will preposition key hygiene supplies for environmental cleaning and for the establishment of handwashing stations, as well as collection of wastes which are necessary for Infection Prevention and Control. The supplies will include: jerry cans, waste bins, hand washing buckets, liquid soaps, Chlorine, among others. The various unit costs are budgeted based on historical cost.						
2.7	Printing OPD tools	D	1	1,525.00	1	100.00	1,525.00
	This will cover the cost of printing of OPD cards, Laboratory and medical prescription notes as well as clinical guidelines and tools to be made available in the health facility. Costs are budgeted as per the historical cost.						
2.8	Visibility	D	1	1,048.25	1	100.00	1,048.25
	During each operation, activity and project, International Medical Corps 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: display panels, visibility on supplies and equipment, print publications, banners and AVPs. This line item provides International Medical Corps with the means to design signs at the health facility by the project donor, and to provide staff with branded lab coat. This not only supports the project's knowledge-building and outreach objectives, but also functions as an essential element to International Medical Corps' security and acceptance strategy. Cost is budgeted as per the historical cost.						
2.9	MOH Incentive- IDU	D	1	58,276.00	1	100.00	58,276.00
	This cost will cover incentive of Health Care Workers assign to the IDU by the Ministry of Health for 12 staff. MOH staff will ensure sustainability of care at IDU after this project is ended.						
2.10	IDU-ICU Pharma	D	1	5,342.32	1	100.00	5,342.32
	This cost covers the medicine that will help to care for a wide range of complex medical conditions of patients admitted in ICU. Categories include analgesics and sedatives, antibiotic and antifungal drugs, cardiovascular drugs, gastroenterological drugs, and anticonvulsant drugs.The quantity was estimate based on IDC ICU 8 bed capacity and type of conditions that has been historically managed in the ICU. Price was estimate based on IMC price list of drugs from its international suppliers.						
2.11	IDU Patient feeding and supply	D	1	13,435.00	1	100.00	13,435.00
	As IDU is an infectious facility, no food will be provided from outside to avoid cross contamination of health workers and visitors. This cost will cover the supply of breakfast, lunch, dinner and water for admitted patient. The food will be procured through IMC verified food suppliers and price is estimate based on historical cost. The quantity of meal is estimate based on projection of patient that will potentially be admitted at IDU. Patient supply including bathing soap and tooth paste will also be covered by this budget line.						
2.12	IDU City Power, Generator and Ambulance fuel maintenances	D	1	20,700.00	1	100.00	20,700.00
	This cost will cover procurement of city power credit to supply electrical power in the IDU. Quantity of credit is estimated based on historical consumption of the IDU. This cost covers also the supply of fuel for the IDU ambulance and the back generator as well as cost for maintenance of the ambulance and generator. The breakdown is provided in the table below:						
2.13	IDU-Cleaning item	D	1	3,250.00	1	100.00	3,250.00
	This budget line will cover procurement of some item required for environmental cleaning and infection prevention and control. The quantity requested will supplement current stock of cleaning item available in IDU store. Prices are estimated based on historical price and the break is provided in below table:						
2.14	IDU minor repair	D	1	12,420.00	1	100.00	12,420.00
	This budget line is for minor repair of the infrastructure of the IDU including changing of electrical lights, repair and changing defective water pipe and borehole as well as toilet disludging when full. The cost will also cover purchase of mesh wire that separate different ward of the IDU and will also help to repair IDU fencing when needed. Breakdown is provided in the table below:						
2.15	IDU Internet subscription	D	1	15,820.00	1	100.00	15,820.00
	This line item will cover Internet subscription for the IDU cost for the six months of the project Internet will be used by the IDU team for reporting and attending virtual meetings and trainings.						
2.16	IDU DSTV subscription	D	1	3,840.00	1	100.00	3,840.00
	This line item will cover IDU DSTV subscription for six months @$60/unit for four device located in patients ward. TV program are used by the psychosocial team to do exercises with patients and also for recreational of admitted patients.						

2.17	Air charter for Wau	D	2	6,500.00	1	100.00	13,000.00
	This budget line is requested to cover the cost of transporting supplies from Juba to the project implementation sites. The mode of transportation depends on the security conditions, distance and road conditions. IMC proposes to use charters for transportation to Wau and to hire trucks to transport supplies from IMC warehouse. Costs are based on historical expenditures.						
2.18	Monitoring and Evaluation	D	1	2,691.91	1	100.00	2,691.91
	This will cover cost of program monitoring and evaluation to be completed by the IMC South Sudan and headquarters. It will include patent satisfaction survey, quarterly data assessment, CBFRM awareness and program review meetings. Cost is budgeted as per the historical cost.						
	Section Total						**195,368.79**
3. Equipment							
3.1	Laptops	D	1	1,600.00	1	100.00	1,600.00
	(Lenovo ThinkPad T14s, i7-10510U 1.8GHz,8GB RAM, 512 SSD, UHD Graphics Webcam, BT,FPR,14" (1920 x 1080) Touch, W10 Pro, Blk-No DVDRW) $1,600: This line budget will be used to procure one laptop that will be used by the CBFRM clerk to file complaints and share with supervisor. The computer will also be used for reporting of various activities at Health facility and to attend virtual meetings.						
3.2	Furniture and Equipment-Juba Support	D	9	177.78	1	100.00	1,600.02
	This line is requested to cover the percentage of the costs that will be incurred by the Juba Country office while supporting the project to purchase and replace, but not limited to printers, office tables, chairs and cabinets. Cost is budgeted as per the historical cost. *The costs include:* *1) two office desk for USD 400* *2) Two revolving chairs for USD 280* *3) four metallic chairs for USD 320* *4) One scanner for USD 600*						
	Section Total						**3,200.02**
4. Contractual Services							
4.1	Minor renovation and maintenance	D	1	360.00	12	50.00	2,160.00
	The cost was increased from 300 to 1,200.This budget line will cover the cost of rehabilitating the outpatients department and toilets of Wau/Naivasha IDP clinic, procuring building materials (local/manufactured), electrical supply, paying the labour cost and any other related cost to rehabilitation. This is budgeted as per historical cost.						
4.2	Vehicle rental for Juba IDU	D	1	2,310.00	10	100.00	23,100.00
	This budget line item will cover cost of vehicle rental for Juba IDU. This is a monthly cost						
4.3	IDU Security guards	D	3	633.33	10	100.00	18,999.90
	This line will cover payment of 3 security guards of the facility. Security guard will be in charge gate access control, patrol the facility on foot to ensure safety and security on the IDU premises. Security guards will also serve as a crime deterrent, watching for potential criminal acts. They will be equipped with alarm button to call additional support when needed. IMC will utilize a prequalified security company and breakdown is provided in the documents tab.						
	Section Total						**44,259.90**
5. Travel							
5.1	National travel-airfare, perdiem and accomodation Health programs	D	1	3,159.99	1	100.00	3,159.99
	This covers the cost of staff per diem during trainings and assignments outside of their duty stations, including accommodation. Cost is budgeted as per actual cost IMC is paying, as per the procedure.						
5.2	Work Permits,Visa &Registration	D	1	6,227.50	1	100.00	6,227.50
	IMC is required to purchase exit visas and work permits for all international staff working in South Sudan. Rate for all required visas and work permits (secured at the agreed rate established by the US and South Sudanese governments) These fees are charged as per staff LoE. *The unit cost is at USD 2,350*5%= USD 117.50*						
	Section Total						**9,387.49**
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	Juba Operational cost	D	1	95,628.14	12	5.00	57,376.88
	This line is requested to cover the percentage of the costs that will be incurred by the Juba Country office by both program and support staff while supporting the project (including but not limited to legal and bank fees, office/GH/warehouse rent /maintenance, vehicle/generator fuel/maintenance/registration, etc.). Cost is budgeted as per the historical cost and is allocated at a percentage equivalent to the level of effort of all Juba based support staff (international and national).						
7.2	Office and accommodation utilities and supplies	D	1	1,000.00	12	5.00	600.00
	This line is requested to cover for various office supplies to be utilized in the Juba main office, which include stationery, toners & cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies						
7.3	Accommodation rental	D	1	1,560.00	12	5.00	936.00
	This line covers the guest house and office rent						
7.4	Communication	D	1	1,850.00	12	5.00	1,110.00
	Communication expenses for the field sites include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc. Cost is budgeted as per the historical cost, and charged at 5% to SSHF grant.						
7.5	Fuel &maintenance-Vehicle and generator, quadbike	D	1	1,000.00	12	5.00	600.00
	Fuel for generator is essential for running of generators and regular supply of electricity of the compound, house and the offices in order to ensure smooth performing of daily project activities. Government agency power supply is either nonexistent or unreliable which has led to the dependence on generator power and supply of energy needed for work and living. Regular maintenance of generators is also necessary to ensure proper functioning in order to supply with the necessary electricity that is not available aside from generator power. Cost is budgeted as per the historical cost, and charged at 5% to SSHF grant.						
7.6	Security, physical and operational Upgrade (includes staff accommodation upgrades)	D	1	2,750.00	12	5.00	1,650.00
	upgrading, repair and mainatainance of the fence, generators house, warehouse doors and procurement of security equipments and supplies. Cost is budgeted as per the historical cost, and charged at 5% to SSHF grant.						
	Section Total						**62,272.88**
SubTotal			175.00				**1,247,868.85**
Direct							1,247,868.85
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							87,350.82
Total Cost							**1,335,219.67**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Central Equatoria > Juba	70.00000	0	0	0	0		H: Activity 2.1.1: Using National and WHO guidelines, trained health... H: Activity 2.1.2: Train a total of 56 staff (IMC and MoH) on COVID... H: Activity 2.1.3: Provide quality care to COVID-19 patients admitte...

Western Bahr el Ghazal > Wau	30.00000	0	0	0	0		H: Activity 1.1.1: Conduct daily outpatient consultations for common... H: Activity 1.1.2: Carry out community health education on preventa... H: Activity 1.1.3: Activity 1.1.3 Submit EWARN surveillance weekly r... H: Activity 2.1.1: Using National and WHO guidelines, trained health... H: Activity 2.1.2: Train a total of 56 staff (IMC and MoH) on COVID... H: Activity 2.1.3: Provide quality care to COVID-19 patients admitte...

Documents

Category Name	Document Description
Budget Documents	IMC SSD_SSHF Wau 2021_Budget Notes.docx
Budget Documents	SSHF Staff List-Wau.xlsx
Budget Documents	IMC SSD_SSHF Wau 2021_Budget Notes_updated 26.07.2021.docx
Budget Documents	Detail Int'l Staff Personnel Cost - Health-Updated 26.07.2021.xlsx
Budget Documents	Detail National Staff Personnel Cost - Health-updated 26.07.2021.xlsx
Budget Documents	IMC SSD_SSHF Wau+Juba IDU budget notes revised 11.08.2021.docx
Budget Documents	1.1 - Detail Int'l Staff Personnel Cost Support 17.08.2021.xlsx
Budget Documents	1.2 - Detail Int'l Staff Personnel Cost Program17.08.2021.xlsx
Budget Documents	1.3 - Detail National Staff Personnel Cost -Juba Program 17.08.2021.xlsx
Budget Documents	1.4 - Detail National Staff Personnel Cost -Juba Support 17.08.2021.xlsx
Budget Documents	1.5 - Detail National Staff Personnel Cost -Wau Program 17.08.2021.xlsx
Budget Documents	1.6 - Detail National Staff Personnel Cost -Wau Support 17.08.2021.xlsx
Budget Documents	2.1 - Detail of Pharmacuticals 17.08.2021.xlsx
Budget Documents	2.2 - Detail of Medical Equipments 17.08.2021.xlsx
Budget Documents	2.3 - Detail of Medical Supplies 17.08.2021.xlsx
Budget Documents	2.4 - Detail of Fuel and Maintenance for Generator 17.08.2021.xlsx
Budget Documents	2.5 - Detail of Minor Renovation and Maintenance 17.08.2021.xlsx
Budget Documents	2.6 - Detail of Training Cost 17.08.2021.xlsx
Budget Documents	2.7 - Detail of Hygiene Supplies 17.08.2021.xlsx
Budget Documents	2.8 - Detail of Printing OPD Tools17.08.2021.xlsx
Budget Documents	2.9 - Detail of Visibility 17.08.2021.xlsx
Budget Documents	2.10 - Detail of MOH Incentive (IDU) 17.08.2021.xlsx
Budget Documents	2.11 - Detail of ICU Pharma (IDU) 17.08.2021.xlsx
Budget Documents	2.12 - Detail of IDU patient feeding and Supplies 17.08.2021.xlsx
Budget Documents	2.14 - Detail of IDU Cleaning Items 17.08.2021.xlsx
Budget Documents	2.15 - Detail of IDU Security Guards 17.08.2021.xlsx
Budget Documents	2.16 - Detail of IDU Minor Repairs 17.08.2021.xlsx
Budget Documents	2.17 - Detail of IDU Internet Subscription 17.08.2021.xlsx
Budget Documents	2.18 - Detail of IDU DSTV Subscription 17.08.2021.xlsx

Budget Documents	2.13 - Detail of IDU City power and Generator Exp 17.08.2021.xlsx
Budget Documents	4.1 - Detail of Monitoring and Evaluation 17.08.2021.xlsx
Budget Documents	5.1 - Detail of International Travel 17.08.2021.xlsx
Budget Documents	5.2 - Detail of IDU Vehicle Rental Cost 17.08.2021.xlsx
Budget Documents	5.4 - Detail of Air Charter for Wau 17.08.2021.xlsx
Disbursement	5.5 - Detail of Workpermit and Visa Cost 17.08.2021.xlsx
Budget Documents	7.1 - Detail of Juba Operational Cost 17.08.2021.xlsx
Budget Documents	SSHF Health Wau+Juba Detailed budget 17.08.2021.xlsx
Budget Documents	SSHF Health Wau+Juba Detailed budget 21.08.2021.xlsx
Budget Documents	SSHF Health Wau+Juba Detailed budget 24.08.2021.xlsx
Grant Agreement	IMC_GA_19691.pdf
Grant Agreement	SSHF Health Award agreement_Signed_IMC_31.08.2021.pdf
Grant Agreement	SSD-21HSS10SA1HINGO19691 - IMC_GA_Signed FINAL.pdf
Grant Agreement	EO Signed GA 19691.pdf
Revision related Documents	IMC-SSHF 4243_budget modification _08.02.2021.xlsx
Revision related Documents	IMC SSHF 4243 budget modification-Donor format-08.02.2022.xlsx
Revision related Documents	IMC SSHF Budget for Wau + IDU - Cost Modification 14.02.2022.xlsx
Revision related Documents	IMC BUDGET REVISION - HFU comments.docx
Revision related Documents	IMC revision.xls
Revision related Documents	IMC SSHF Budget Breakdown - Cost Modification - BoQs_18.02.2022.xlsx
Revision related Documents	IMC SSHF Budget for Wau + IDU - Cost Modification 18.02.2022.xlsx
Revision related Documents	Extension waiver IMC 28 February 2022-HC Signed.pdf
Revision related Documents	South Sudan IMC - EO waiver approval email 2022.03.06.pdf
GA Amendment	Grant Agreement Amendment-19691.pdf
Revision related Documents	SSHF 19691_Amended agreement_IMC Signed 25.03.2022.pdf
GA Amendment	SSD-19691-EO-GAA-2022-03-29.pdf