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 emergency health assistance to IDPs and conflict affected persons in South Sudan
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SSD-16/HSS10/SA1/H/INGO/784
Cluster :		**Project Budget in US$:**	472,000.01
Planned project duration :	5 months	**Priority:**	
Planned Start Date :	01/02/2016	**Planned End Date :**	30/06/2016
Actual Start Date:	01/02/2016	**Actual End Date:**	30/06/2016

Project Summary :

International Medical Corps' strategy for 2016 in South Sudan is to work closely with partners and other stakeholders to prevent and respond to disease outbreaks and increase immunization coverage for children under 5, increase support to mobile medical units, and continue to provide life-saving sexual and reproductive health including emergency obstetric and neonatal care in Juba PoC, Malakal PoC, and Akobo hospitals. Nutrition, mental health and GBV are integrated in all of IMC's health projects.

Malaria, diarrhea and pneumonia remain the top causes of morbidity and mortality in children under 5. International Medical Corps primary health care clinics will continue to provide medical consultations for the population targeting the common causes of mortality and morbidity while undergoing prevention activities like EPI and health education. IMC will be incorporating mental health to primary health activities. Capacity building of national staff will also be a top priority in improving quality of care provided in the health facilities.

IMC will continue to strengthen both the IDSR and EWARN disease surveillance system to detect the occurrence of disease outbreaks as was the case in 2015. Index cases of cholera and measles were detected in IMC health facilities in the PoCs in 2015 which helped mount timely and effective response resulting in zero in-facility deaths and containment of the epidemics in the Juba PoC.

As access to vulnerable populations is one of the major barriers to humanitarian response in South Sudan, International Medical Corps is increasing support to mobile medical units that are able to deploy rapidly to locations as soon as access becomes available. With experienced staff and strong programming in primary, mental and reproductive health, as well as nutrition, IMC will support dynamic and comprehensive mobile teams to address the needs of vulnerable people.

In all four program locations International Medical Corps will be providing psychosocial support services and integrating mental health into the primary care package.

Through the proposed activities, IMC UK intends to increase access to and utilization of quality primary and secondary health care and integrated mental health and HIV/AIDS services, improve access to quality reproductive, maternal, newborn and child health care and integrated life-saving medical and psychosocial support to survivors of GBV.

IMC UK currently operates GBV prevention and response programs in Malakal and Akobo. Following the IASC Gender in Emergencies guideline, International Medical Corps streamlines gender principles in all services. Gender equality and equity issues are being addressed in ongoing project activities in Malakal, Akobo and Juba PoC through gender mainstreaming activities.
IMC UK is an independent affiliate of International Medical Corps (IMC), with which it shares the same name, 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 will be performing services under any agreement that results from this proposal under the supervision of IMC UK.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
43,182	43,059	7,074	6,801	100,116

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	26,901	33,701	7,624	7,422	75,648

Indirect Beneficiaries :

Total number of indirect beneficiaries is 295,780 (119,178 men, 117,436 women, 30,693 boys, 28,356 girls)

Catchment Population:

The catchment population for this project includes displaced populations around Malakal PoC that may be reached through mobile outreach response supported through CHF, which includes Fashoda and Malakal Counties and a total of 322,250. 66,629 IDPs and host population in Fashoda, 215,650 host and IDP population in Malakal County, and 39,971 in Wau Shilluk. These numbers were determined using available figures from UNOCHA and IOM displacement tracking systems.

Link with allocation strategy :

International Medical Corps UK will contribute to the health cluster's priorities through:
• Defining activities, geographic location and population type according to cluster identified priorities.
• Maintaining the number of functional heath facilities to respond to frontline health needs of IDP's and conflict affected population. International Medical Corps will continue to provide essential primary health care services that focus on the common causes of morbidity and mortality in the affected population.
• Strengthening both the IDSR and EWARN disease surveillance system in order to prevent, detect and respond to disease outbreaks.
• Procuring and prepositioning of essential medicine and medical supplies to mitigate drug stock outs and ensure continued emergency response throughout the year.
• Increased provision of care via mobile medical units in remote or under served pockets outside the POC in Malakal County plus for fluid population.
• Supporting immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns.
• Strengthening health education and awareness raising messages through outreach community mobilization efforts with the deployment of community volunteers.
• Provision of the essential package of reproductive health services in affected communities (safe deliveries, newborn care, care for victims of SGBV, and mitigating HIV in emergencies) which will include training a cadre of health workers on MISP and PMTCT.
• Increasing medical referral points and surgical capacity across the country by maintaining Comprehensive Emergency Obstetric and Newborn Care (CeMONC) and general surgery in Juba POC, Malakal PoC and Akobo.
• Integrating Nutrition, Mental health, GBV, HIV and Tb treatment in all Primary health care facilities.
• Designing all projects by recognizing the different needs of boys, girls, men and women in order to promote gender equity and equality.

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
UNFPA - RH and GBV in Juba, Malakal and Mingkaman	800,000.00
UNICEF - Juba, Malakal, Awerial and Akobo	400,000.00
OFDA - Juba and Akobo only	3,603,528.00
IMA - Akobo	27,500.00
ECHO - Malakal and Awerial	1,480,213.00
	6,311,241.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

Hopes for a peaceful, independent South Sudan were shattered when conflict erupted in the capital on December 15, 2013. Since then, eight ceasefires have been signed and subsequently broken. The most recent agreement was signed by both warring parties on August 26, 2015 but has yet to be fully implemented and sporadic fighting continues throughout Greater Upper Nile. Widespread displacement, high levels of food insecurity, violence against women and attacks on civilians continue throughout the conflict affected states. According to UNOCHA, as of October 2015 the conflict has displaced more than 2.29 million, with over 1.65 million displaced inside South Sudan and 639,576 refugees in neighboring countries. Almost 200,000 people are currently being sheltered within UNMISS Protection of Civilians (PoC) sites, with even more living outside such protection sites. As of the mid-year review, around eight million people in South Sudan are food insecure with 4.6 million being severely food insecure. In the most conflict affected states, one in three children are acutely malnourished and 250,000 children face starvation. The humanitarian needs for those displaced is now more vivid than ever, with the added stress of economic collapse and lack of adequate access to food, health care including life-saving sexual and reproductive health services, shelter, water, sanitation and hygiene as well as protection. With large numbers of people concentrated in areas where there is limited access to sanitation and other healthcare services, the risk of communicable diseases is high, and access to government run health facilities impossible or unlikely. Even if access is available, government facilities are often overburdened by the additional caseload resulting from the large numbers of displaced people, or absent health care workers. Additionally, the ongoing insecurity has hampered humanitarian access to many of the most vulnerable populations. Since the start of the conflict many health facilities have been abandoned or destroyed, with estimates that around 57 per cent are not functioning in the three most affected states. With large population displacements, continuing violence in many parts of the country, and political instability remaining despite the two parties coming to a consensus, access to basic services and social support systems remain unreliable and minor. For populations residing inside the POCs, the only access to basic services is provided by Non-Governmental Organizations or the United Nations.

In the proposed geographic areas, malaria, acute respiratory infections (ARI) and acute watery and bloody diarrhea continue to account for the highest proportion of diseases among internally displaced persons (IDPs). Given the stress that ongoing displacement and conflict cause, there is a high incidence of stress related disorders within these populations, such as PTSD and depression; these vulnerable populations become more likely to experience psychosocial trauma, domestic and partner based violence. The current outreach and psychosocial support program has been in place in 2 locations since August 2014, with Depression (38%) and Post Traumatic Stress (42%) as the most common cases.

2. Needs assessment

Malaria, acute respiratory infections (ARI) and acute watery and bloody diarrhea continue to account for the highest proportion of diseases among internally displaced persons (IDPs) in the proposed geographic areas. The economic crisis in South Sudan is increasing the cost of operation and the demand for services and needs among beneficiaries. There remains a high caseload in each proposed area: up to 6,191 consultations per month in Malakal, an average of 6775 monthly in Juba, and 2842 in Akobo. IMC provides Basic Emergency Obstetrics Neonatal Care (BEmONC) and Comprehensive Emergency Obstetrics Neonatal Care (CEmONC) in all target locations.
Juba, Central Equatoria: The PoC has an estimated population of 33,000 and there continue to be new arrivals from places such as Bentui and Southern Unity. IMC is the major health actor in the camp with two primary health care clinics and an inpatient unit consisting of a maternity department, pediatric & adult inpatient department and an emergency department functioning 24/7. The inpatient department has a state of the art stabilization center for children with severe acute malnutrition (SAM) with medical complications. Additionally, vertical programs like Tuberculosis, HIV and Mental Health departments are also providing services. IMC provides clinical management of rape (CMR) for survivors of GBV in the PoCs. IMC responded to a cholera outbreak in 2015 with an oral cholera vaccine campaign covering 83% of target population and vaccinated 10,850 children against measles in Malakal.
Malakal, Upper Nile State: Malakal remains the site of continued conflict. Fighting between government and opposition forces in May 2015 forced high numbers of civilians to seek protection in the PoC; a reported influx of 25,746 IDPs arrived between April and October 2015 increasing the population to 47,791. This insecurity greatly hampered humanitarian relief efforts due to lack of access. Transporting supplies, and accessing populations along the river remains difficult; access is never guaranteed and could end at any time. Inside the PoC, IMC provides primary health care at 2 clinics and reproductive health care at 2 RH clinics, mental health and GBV prevention and response. In addition, IMC UK, in coordination and collaboration with MSF Spain, has started providing general surgery in the PoC.
Akobo, Jonglei State: In 2015, IMC continued to implement health care and nutrition interventions in Akobo East County for the host and displaced population with support from IMA/World Bank and OFDA funding. However, as CHF funding for Akobo hospital was not available in the second half of 2015, support to Akobo hospital is not adequate to meet the most urgent needs of the current population, nor to maintain the addition of comprehensive reproductive health or mobile outreach via CHW's across Akobo county to reach all IDP's settled within the host community and along the river.
From January-October 2015, IMC provided 25,534 consultations in the hospital, with 51.6% of consultations for women and 33.6% for children under five. Malaria, the leading cause of morbidity accounted for 21% of general consultations. Due to increased community outreach, there was significant increase in the number of facility births from an average of 8/month to an average of 25/month. Despite this, many women deliver at home without access to services in case of life-threatening obstetric and newborn complications, efforts continue to raise awareness. Community mobilizers also refer mental health disorders, GBV situations and cases of acute malnutrition to the hospital. IMC continues to respond to mass casualty incidents in Akobo due to fighting in nearby areas. In December 2015, IMC treated 6 patients who arrived to the hospital with gunshot wounds.

3. Description Of Beneficiaries

This project will target the current population of Malakal PoC which is estimated at 47,791, Juba PoC with a population of 27,989 and Akobo with 220,015.

This project will specifically target infants and young children, pregnant and lactating women (PLW), older adults males, females, persons with disabilities, minorities and vulnerable groups. Direct beneficiaries will be selected based on their lack of access to or identified gaps in primary and reproductive health services for vulnerable populations, particularly children and PLW and/or women of child-bearing age. These groups were identified among conflict affected and displaced populations, who are in immediate need in the proposed intervention locations. There is a gap in all locations in integrated mental health and psychosocial support services, response to sexual and reproductive health and response to GBV (clinical management plus psychosocial support).

4. Grant Request Justification

In line with Health Cluster priorities for 2016, International Medical Corps has competencies in addressing the high levels of mother and child mortality, the high risk of disease outbreak and is a leader in the effort to integrate nutrition, HIV/TB, mental health and GBV programming into primary healthcare in South Sudan. At the moment IMC is the major health actor in the Juba PoCs, Malakal POC and Akobo. All the four sites to which IMC is requesting funding from CHF are selected priority sites by the health cluster.

CHF funding is vital to the continuation of International Medical Corps lifesaving emergency primary health care service provision, surveillance and response to outbreaks and rapid mobile response activities.. The 2015 monthly general consultation figure in all sites on average was 7,069/month which is indicative of the need for continued service provision in these sites. IMC is one of the only actors with referral facilities for surgical interventions to war wounded and Obstetric surgery in Akobo, Juba PoC and Malakal POC. The Juba and Akobo surgical facilities serve as surgical referral points for Nuers across the country, and not maintaining these facilities and surgical staffing raises protection concerns for patient referrals. Fighting between government and opposition forces in May 2015 forced high numbers of civilians to seek protection in the Malakal PoC, a reported influx of 25,746 IDPs arrived between April and October 2015 increasing the population of the PoC to 47,791. As a result, OPD consultations for under five increased by 74% between May and August; five and over consultations increased 22% over the same time period in Malakal PoC. This insecurity greatly hampered humanitarian relief efforts due to lack of access.

OFDA provides core funding for Juba POC and Akobo while ECHO provides core funding for Malakal PoC. However, those funds cannot support 100% of services provided. International Medical Corps currently operates primary health care, reproductive health, GBV (clinical management and case management), immunizations, community outreach, HIV/AIDS, mental health and chronic care services, surveillance and response to diseases outbreaks across all sites. The funding from CHF will be used to augment the Primary health care services, surveillance and response to diseases outbreaks and rapid mobile team activities across all sites.

5. Complementarity

The proposed programs will complement existing programs of both IMC UK and partner organizations. International Medical Corps has been an active cluster member with regular participation and consistent timely reporting of IDSR, EWARN and HMIS data to the cluster, WHO and MOH. International Medical Corps has demonstrated its collaboration and support to other partners (WHO, Magna, UNICEF) in multiple interventions like cholera response and OCV campaign, and measles and polio campaigns. International medical Corps has been the only actor to take over activities when partners like MSF and IRC left an area due to lack of funding. International Medical Corps will continue to be a reliable active SAG and NGO steering committee member.

CHF funds are used to co-finance and improve programs with core funding from OFDA and ECHO, as such they complement the existing programs.

LOGICAL FRAMEWORK

Overall project objective

To contribute to decreasing the morbidity and mortality rates among internally displaced and conflict affected populations in PoCs at Juba and Malakal, and in Akobo County. The designed intervention will accomplish the said objective by improving access to basic curative and preventive health care services for vulnerable internally-displaced and conflict affected populations in targeted areas through provision of primary and secondary, sexual and reproductive, and mental health services targeting the most vulnerable women and children. The project objectives, outputs and activities are in compliance with the below health cluster strategic plan and response objectives.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	75
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	15
CO3: Improve access to psychosocial support and mental health services for the vulnerable population, including those services related to the SGBV response	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	10

Contribution to Cluster/Sector Objectives : Contribution to Cluster/Sector Objectives : The project aims to contribute to health cluster objectives and priorities through:
• Preventive and curative emergency primary health care services and general consultations
• Activating disease surveillance, outbreaks preparedness and response interventions including reactive mass vaccination campaigns.
• Provision of basic equipment, drugs, medical supplies, basic lab equipment and supplies
• Strengthening implementation of the minimum initial service package for life-saving sexual and reproductive health including provision of CEmONC Provision of comprehensive HIV/AIDS care and treatment (including VCT and PMTCT)
• Supporting mobile health response modalities in Malakal
• Provision of mental health and psychosocial support to affected communities.

Outcome 1

Provide access to basic curative and preventive health care services for vulnerable internally-displaced and conflict affected populations in targeted areas through provision of primary and secondary, sexual and reproductive and mental health services targeting the most vulnerable women and children through both static and mobile modalities.

Output 1.1

Description

IMC UK will continue to provide preventive and curative primary health care general consultation service in Malakal and Juba PoCs and Akobo Counties. Comprehensive secondary health care including major surgeries, pediatric and adult IPD will continue in UN House Juba PoC, Malakal PoC and Akobo County Hospital. PHC services will cover EPI, out-patient services, emergency treatment of wounds and injuries; short stay observation, and health education. International Medical Corps will coordinate with UNOCHA, UNDSS, the health cluster and other partners to respond to narrow windows of access and delivery of lifesaving, emergency services to isolated and displaced, mobile populations. To adequately prepare for rapid response actions, IMC will need to budget transportation, medical supplies and staffing.Pharmacological and psychosocial support mental health service will continue in all sites. HIV/AIDS interventions will be strengthened across all sites. EWARN System and IDSR will continue in all sites aiming at improved early detection and response to any outbreak. Healthcare staff and Community Health Workers will be trained to detect and report potential outbreaks. Mental health services will continue to be integrated within PHC including provision of pharmacological and non-pharmacological psychosocial interventions.

Assumptions & Risks

Risks
On-going conflict could significantly disrupt delivery of services.
Logistical or transport related complications could impede delivery of supplies to field sites.
Extreme weather conditions (rainy season and flooding) may limit transportation and complicate IMC staff to fully operate and access the field sites, as well as the availability and timely release of funding.
Large scale outbreaks of diseases could force IMC to shift priorities.
Logistical constraints and tight timelines could impede procurement of supplies and delivery to the field.
Lack of qualified staff, and high staff turnover could impact continuity of services.

Assumptions/Mitigation
IMC will work closely with relevant authorities and clusters to ensure clear and timely communication and response to any security threats.
For transportation to field sites, UNHAS services operate regularly and on schedule. IMC will work closely with partners, and the logistics cluster to coordinate staff and supply transport to the field locations.
IMC will move quickly to supply materials and supplies to the field locations.
Community health workers, and partners on the ground will actively engage in outbreak preparedness and response, will constant communication to Juba for support.
IMC may move staff from other locations to fill gaps and expedite recruitment and training and provide reasonable remuneration for employment.

Activities

Activity 1.1.1

Provide curative and preventative outpatient consultations

Activity 1.1.2

Provide routine EPI, and participate in catch up vaccination campaigns

Activity 1.1.3

Provide integrated TB, HIV diagnosis, treatment and follow up

Activity 1.1.4

Provide basic quality laboratory services in Akobo, Malakal and Juba

Activity 1.1.5

Provide health education on common health conditions

Activity 1.1.6

Provide stabilization for severely sick in PHCC and in patient departments in hospital (Juba PoC, Malakal, PoC and Akobo)

Activity 1.1.7

Provide rapid mobile response to isolated and fluid and/or displaced populations in areas as access becomes available – including primary health, RH, Mental Health, GBV and nutrition

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of outpatient consultation in Malakal, Juba and Akobo					23,024
Means of Verification : Health facility records/registration books/monthly progress reports, DHIS for each facility							
Indicator 1.1.10	HEALTH	Frontline # of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			86	87	173
Means of Verification : Inpatient records/stabilization center records							
Indicator 1.1.11	HEALTH	Frontline # of key facilities able to perform general surgery excluding Caesarean Sections					2
Means of Verification : Health facility reports							
Indicator 1.1.12	HEALTH	Proportion of isolated villages reached by Mobile rapid response team during a window of access opportunity, from those locations identified by the Cluster/UNOCHA - TARGET 90%					90
Means of Verification : IMC RRT/MMU report							
Indicator 1.1.13	HEALTH	Mobile rapid response team participation in UNICEF/OCHA led IRNA - 90%					90
Means of Verification : UNICEF/OCHA report, IMC RRT/MMU report							

Indicator 1.1.2	HEALTH	Frontline # of children with 3 doses of pentavalent vaccine			581	559	1,140
Means of Verification : Health facility EPI records							
Indicator 1.1.3	HEALTH	Number/proportion of 1st ANC who are tested for HIV in Malakal, Akobo and Juba					1,572
Means of Verification : Health facility VCT, PMTCT records - 90%							
Indicator 1.1.4	HEALTH	Percent of pregnant women tested positive for HIV who receive any type of ARV prophylaxis - 100% percent					100
Means of Verification : Health facility VCT, PMTCT records							
Indicator 1.1.5	HEALTH	Frontline # of people reached by health education and promotion before and during outbreaks	33,210	31,905	0	0	65,115
Means of Verification : Community health education assessment records							
Indicator 1.1.6	HEALTH	Number of people (other than ANC) tested for HIV					439
Means of Verification : Health facility VCT records							
Indicator 1.1.7	HEALTH	Proportion of eligible patients started on ART					90
Means of Verification : Health facility HIV/TB integrated treatment records - >90%							
Indicator 1.1.8	HEALTH	Proportion of HIV patients tested for TB and vice versa					90
Means of Verification : Health facility TB/HIV integrated treatment records - >90%							
Indicator 1.1.9	HEALTH	Number of health facilities providing quality laboratory services in Juba PoC and Akobo					2
Means of Verification : Health facility laboratory records							

Output 1.2

Description

The minimum initial service package for life-saving sexual and reproductive health including provision of CEmONC services and strengthening of referral systems will be available in Malakal, Juba PoCs and Akobo. Secondary level health services for Comprehensive EmONC, will be provided in Juba PoC, Malakal PoC and Akobo The established referral pathways for rape victims and survivors will be maintained in Malakal and Juba PoC. IMC clinics will provide clinical management of rape to reported cases of GBV, basic emotional support and confidential referrals to healthcare and other available services

Assumptions & Risks

Risks
On-going conflict could significantly disrupt delivery of services.
Logistical or transport related complications could impede delivery of supplies to field sites.
Extreme weather conditions (rainy season and flooding) may limit transportation and complicate IMC staff to fully operate and access the field sites, as well as the availability and timely release of funding.
Large scale outbreaks of diseases could force IMC to shift priorities.
Logistical constraints and tight timelines could impede procurement of supplies and delivery to the field.
Lack of qualified staff, and high staff turnover could impact continuity of services.

Assumptions/Mitigation
IMC will work closely with relevant authorities and clusters to ensure clear and timely communication and response to any security threats.
For transportation to field sites, UNHAS services operate regularly and on schedule. IMC will work closely with partners, and the logistics cluster to coordinate staff and supply transport to the field locations.
IMC will move quickly to supply materials and supplies to the field locations.
Community health workers, and partners on the ground will actively engage in outbreak preparedness and response, will constant communication to Juba for support.
IMC may move staff from other locations to fill gaps and expedite recruitment and training and provide reasonable remuneration for employment.

Activities

Activity 1.2.1

Provide antenatal and postnatal care services

Activity 1.2.2

Provide service for normal delivery and EmONC

Activity 1.2.3

Provide clinical management of rape to survivors of sexual violence

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	HEALTH	Frontline # Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states		797			797
Means of Verification : Delivery registers and daily RH report							
Indicator 1.2.2	HEALTH	Percentage of maternal deaths in the supported clinics - less than 2%					0

Means of Verification : Health facility/clinic records - less than 2%							
Indicator 1.2.3	HEALTH	ANC 4 rate (ANC 4 visits/ANC 1 visits) - >50%					0
Means of Verification : ANC register and daily RH report							
Indicator 1.2.4	HEALTH	Frontline # Number of facilities providing BEmONC services					6
Means of Verification : RH reports							
Indicator 1.2.5	HEALTH	Number of facilities providing comprehensive emergency obstetric and newborn care (CEmONC)					3
Means of Verification : RH reports							
Indicator 1.2.6	HEALTH	Number of caesarian sections performed in Malakal, Juba PoC, Akobo					499
Means of Verification : Delivery register and OT reports							

Output 1.3

Description

Provide adequate and uninterrupted essential medicine and supplies. International Medical Corps will utilize its existing procurement methods to ensure adequate supply of necessary medical equipment and pharmaceuticals for service delivery in target areas.

Assumptions & Risks

Assumptions include security remaining stable in all target areas, enabling IMC to continue service provision. The risk being that insecurity would impede access to locations, including limiting both staff and supply movement. This is also assuming that procurement pathways for pharmaceuticals remain open. Other assumptions include continued collaboration and coordination with partners in both the health and other sectors to ensure smooth service delivery and maintenance of referral pathways.

Activities

Activity 1.3.1

Procure medical supplies and commodities

Activity 1.3.2

Collect GIK from WHO, UNFPA and UNICEF

Activity 1.3.3

Strengthen consumption monitoring and forecast of medical supplies need.

Activity 1.3.4

Preposition contingency pharmaceuticals for any outbreak or rapid response needs..

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.3.1	HEALTH	Percentage of health facilities that are supplied with essential medicine in the appropriate dosage and formulation					100
Means of Verification : Health facility record /registration books/, Monthly progress reports - 100%							
Indicator 1.3.2	HEALTH	Frontline # Number of functional health facilities in conflict -affected and other vulnerable states					7
Means of Verification : Health facility records, program reports							

Outcome 2

Prevent, detect and respond to disease outbreaks and emergencies

Output 2.1

Description

International Medical Corps will continue to work closely with partners and other stakeholders to prevent and respond to disease outbreaks and increase immunization coverage for children under 5. IMC will continue to strengthen both the IDSR and EWARN disease surveillance system to detect the occurrence of disease outbreaks. Community mobilization and awareness raising activities will be carried out using different tools and techniques like: Poster, fliers, mass media and village to village messages.

International Medical Corps will coordinate with UNOCHA, UNDSS, the health cluster and other partners to respond to narrow windows of access and delivery of lifesaving, emergency services to isolated and displaced, mobile populations. To adequately prepare for rapid response actions, IMC will need to budget transportation, medical supplies and staffing.

Assumptions & Risks

Risks
On-going conflict could significantly disrupt delivery of services.
Logistical or transport related complications could impede delivery of supplies to field sites.
Extreme weather conditions (rainy season and flooding) may limit transportation and complicate IMC staff to fully operate and access the field sites, as well as the availability and timely release of funding.
Large scale outbreaks of diseases could force IMC to shift priorities.
Logistical constraints and tight timelines could impede procurement of supplies and delivery to the field.
Lack of qualified staff, and high staff turnover could impact continuity of services.

Assumptions/Mitigation
IMC will work closely with relevant authorities and clusters to ensure clear and timely communication and response to any security threats.
For transportation to field sites, UNHAS services operate regularly and on schedule. IMC will work closely with partners, and the logistics cluster to coordinate staff and supply transport to the field locations.
IMC will move quickly to supply materials and supplies to the field locations.
Community health workers, and partners on the ground will actively engage in outbreak preparedness and response, will constant communication to Juba for support.
IMC may move staff from other locations to fill gaps and expedite recruitment and training and provide reasonable remuneration for employment.

Activities

Activity 2.1.1

Train health workers on EWARN and IDSR reporting system

Activity 2.1.2

Procure and preposition supplies for outbreak response

Activity 2.1.3

Train staffs on common epidemic prone diseases diagnosis, treatment and follow up.

Activity 2.1.4

Develop basic health education and community awareness raising and mobilization tools.

Activity 2.1.5

Map the different actors in the area and coordinate

Activity 2.1.6

Provide consistent weekly IDSR/EWARN reports to MOH, the health cluster and WHO

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			201	194	395
Means of Verification : Program database, vaccination records - >90% of under 5							
Indicator 2.1.2	HEALTH	Number of staffs trained on diagnosis and management of epidemic prone diseases					40
Means of Verification : Training records, participant attendant list							
Indicator 2.1.3	HEALTH	Number of sites that have EWARNS - Early Warning Alert and Response Systems					3
Means of Verification : weekly IDSR reports							
Indicator 2.1.4	HEALTH	Proportion of samples of suspected of epidemic prone cases sent to national referral laboratory for confirmation - 90%					90
Means of Verification : health facility laboratory records							
Indicator 2.1.5	HEALTH	Proportion of SIC/NID and any vaccination campaign participated from the total done in the area of operation - 100%					100
Means of Verification : Vaccination campaign reports. Health facility data base							
Indicator 2.1.6	HEALTH	Proportion of verified disease outbreaks that are responded to within 48 hours - 100%					100
Means of Verification : Program reports, facility records							

Outcome 3

Provision of community based basic mental health and psychosocial support services.

Output 3.1

Description

International Medical Corps has been providing integrated mental health and psychosocial services in Juba 3 and Malakal PoCs and Akobo county. While strengthening the integrated health facility based mental health services, mhGAP trained community health workers and outreach workers will be utilized to provide basic psychosocial support interventions and health promotion activities. IMC will strengthen both pharmacological and psychosocial support services for people with mental disorders and psychosocial distresses. Additionally, International Medical Corps will coordinate with partner organizations and different services within IMC in order to strengthen referral pathways for community members who have been identified as struggling with psychosocial distress such as self-harm, alcohol and drug abuse, SGBV and other psychological trauma, and work with the community to address the underlying issues that often accompany these concerns.

Assumptions & Risks

Assumptions include security remaining stable in all target areas, enabling IMC to continue service provision. The risk being that insecurity would impede access to locations, including limiting both staff and supply movement. Other assumptions include continued collaboration and coordination with partners in both the health and other sectors to ensure smooth service delivery and maintenance of referral pathways.

Activities

Activity 3.1.1

Provision of refresher trainings for health facility staff using WHO mhGAP and national guidelines

Activity 3.1.2

Provide additional training/workshops for community health workers, outreach workers and other relevant emergency staff on basic MHPSS including training on psychological first aid.

Activity 3.1.3

Establish and/or strengthen community support groups for including the most vulnerable groups.

Activity 3.1.4

Continue providing services for people with emergency induced and preexisting mental disorders and psychosocial distresses.

Activity 3.1.5

Organize culturally appropriate group recreational and psychosocial support activities for the most vulnerable groups and their families/caregivers including survivors of SGBV.

Activity 3.1.6

Participate and support workshops to strengthen referral networks among different partners and service providers.

Activity 3.1.7

Hold mental health and psychosocial well being awareness and sensitization events that aim at improved health care seeking behavior and create an environment free of stigma and discrimination.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 3.1.1	HEALTH	Frontline Number of health personnel trained on MHPSS in conflict affected states	67	68			135
Means of Verification : training reports, training attendance sheets.							
Indicator 3.1.2	HEALTH	Number of people who receive messages on psychosocial wellbeing and mental health					12,000
Means of Verification : program database, community outreach activity logs							
Indicator 3.1.3	HEALTH	Number of community members reporting benefit from psychosocial support sessions or community mental health promotion activity					375
Means of Verification : Program database							
Indicator 3.1.4	HEALTH	Number of new and follow up consultations for priority mental, neurological and substance use disorders by sex and age					1,080
Means of Verification : weekly mental health clinic report, program database							
Indicator 3.1.5	HEALTH	Percentage of beneficiaries receiving mental health services that report improved functioning (capacity to carry out productive family/community roles/responsibilities) - 70%					70
Means of Verification : weekly mental health clinic report, program database							

Additional Targets :

M & R

Monitoring & Reporting plan

IMC UK implements project monitoring on three levels: 1) Objectives monitoring to assess whether objectives and strategies developed are relevant to the changing situation on the ground; 2) Context monitoring to track changes in critical assumptions and/or risks, or other areas that may affect the capacity of the program to respond; and 3) Institutional monitoring to assess physical implementation of the program. IMC will continue to utilize a range of monitoring tools to ensure that project activities are implemented as per the plan and resources are utilized efficiently. The project will also utilize a Project Monitoring Tool (PMT) designed by the program performance unit in Washington D.C. aimed at the monitoring of project implementation, summarizing the most important information related to project monitoring. International Medical Corps' site mangers in Akobo, Juba and Malakal will be responsible for the overall functioning, management and monitoring of the project activities. The sector managers supported by the M&E officers based in the sites will be responsible for daily data collection and weekly reporting. Various sources of information such as health facility records, drug consumption reports, monitoring and supervision reports will be used for data collection through standard daily data collection tools developed.

The M&E coordinator based in Juba will provide technical support for program and M&E staff to ensure quality information flow is maintained. Field based staff will gather morbidity and mortality data and report on a weekly basis in accordance with the national HIS reporting formats, as well as conduct disease surveillance. The following reports will be compiled by M&E team on weekly basis:
• Weekly primary health consultation reports
• Weekly reproductive health reports
• Weekly health education promotion reports
• Weekly epidemiological surveillance reports
• Weekly Mental health reports

The M&E Coordinator conducts periodic reviews of weekly activity reports and assesses to ensure data quality standards are met such as, accuracy/validity, timeliness, precision, completeness and others. Furthermore, systematic reviews include the coordination with internal and external stakeholders such as other INGO's, community leaders, local authorities and other relevant entities.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide curative and preventative outpatient consultations	2016		X	X	X	X	X						
Activity 1.1.2: Provide routine EPI, and participate in catch up vaccination campaigns	2016		X	X	X	X	X						
Activity 1.1.3: Provide integrated TB, HIV diagnosis, treatment and follow up	2016		X	X	X	X	X						
Activity 1.1.4: Provide basic quality laboratory services in Akobo, Malakal and Juba	2016		X	X	X	X	X						
Activity 1.1.5: Provide health education on common health conditions	2016		X	X	X	X	X						
Activity 1.1.6: Provide stabilization for severely sick in PHCC and in patient departments in hospital (Juba PoC, Malakal, PoC and Akobo)	2016		X	X	X	X	X						
Activity 1.1.7: Provide rapid mobile response to isolated and fluid and/or displaced populations in areas as access becomes available – including primary health, RH, Mental Health, GBV and nutrition	2016		X	X	X	X	X						
Activity 1.2.1: Provide antenatal and postnatal care services	2016		X	X	X	X	X						
Activity 1.2.2: Provide service for normal delivery and EmONC	2016		X	X	X	X	X						
Activity 1.2.3: Provide clinical management of rape to survivors of sexual violence	2016		X	X	X	X	X						
Activity 1.3.1: Procure medical supplies and commodities	2016		X	X									
Activity 1.3.2: Collect GIK from WHO, UNFPA and UNICEF	2016		X	X	X	X	X						
Activity 1.3.3: Strengthen consumption monitoring and forecast of medical supplies need.	2016		X	X	X	X	X						
Activity 1.3.4: Preposition contingency pharmaceuticals for any outbreak or rapid response needs..	2016		X	X									
Activity 2.1.1: Train health workers on EWARN and IDSR reporting system	2016		X	X	X								
Activity 2.1.2: Procure and preposition supplies for outbreak response	2016		X	X									
Activity 2.1.3: Train staffs on common epidemic prone diseases diagnosis, treatment and follow up.	2016		X		X								
Activity 2.1.4: Develop basic health education and community awareness raising and mobilization tools.	2016		X	X									
Activity 2.1.5: Map the different actors in the area and coordinate	2016		X	X	X	X	X						
Activity 2.1.6: Provide consistent weekly IDSR/EWARN reports to MOH, the health cluster and WHO	2016		X	X	X	X	X						
Activity 3.1.1: Provision of refresher trainings for health facility staff using WHO mhGAP and national guidelines	2016		X	X	X	X	X						
Activity 3.1.2: Provide additional training/workshops for community health workers, outreach workers and other relevant emergency staff on basic MHPSS including training on psychological first aid.	2016		X	X	X	X	X						
Activity 3.1.3: Establish and/or strengthen community support groups for including the most vulnerable groups.	2016		X	X	X	X	X						

Activity 3.1.4: Continue providing services for people with emergency induced and preexisting mental disorders and psychosocial distresses.	2016		X	X	X	X	X						
Activity 3.1.5: Organize culturally appropriate group recreational and psychosocial support activities for the most vulnerable groups and their families/caregivers including survivors of SGBV.	2016		X	X	X	X	X						
Activity 3.1.6: Participate and support workshops to strengthen referral networks among different partners and service providers.	2016		X	X	X	X	X						
Activity 3.1.7: Hold mental health and psychosocial well being awareness and sensitization events that aim at improved health care seeking behavior and create an environment free of stigma and discrimination.	2016		X	X	X	X	X						

OTHER INFO

Accountability to Affected Populations

International Medical Corps UK works closely with all partners and stakeholders in program implementation areas to ensure proper coordination of services and accountability to beneficiaries. As IMC delivers services in UNMISS PoC sites, IMC UK works closely with camp management organizations, ACTED and DRC in Juba and Malakal, respectively. There are regular community leader meetings and community based activities that inform camp management about the state of services in these locations as well as provide a feedback mechanism for complaints against partners or unmet needs.

Implementation Plan

The proposed activities are part of current and ongoing programs implemented by International Medical Corps. A procurement plan for any assets or consumables to be purchased under the project will be completed within the first month in consultation with the Juba logistics team, whom the local logistics officer reports to; and will conduct any procurement possible at local markets, will be supervised by the Site Managers and Juba based Logistics Coordinator. In kind procurement (Interagency Emergency Health Kits (IEHK), trauma kits, etc) will be overseen by the Medical Commodities Officer and Program Manager through WHO logistics team. All needs for 2016 have been submitted to WHO and UNFPA, but ad hoc needs are submitted on an on demand basis.

All health activities and training will be overseen by the Medical Coordinator at each site and Nurse Midwifes (for PMTCT and CMR). Pre and post tests will be conducted, and results shared with CHF in the reporting. The roving Mental Health Specialist will be conducting on the job supervision, on a predetermined schedule. Monitoring and Evaluation officer and Medical director who are both based in Juba will do regular data quality check and field supervision to make sure that activities are implemented as planned.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
IOM and MSF-Spain	IMC is the referral center for obstetrics and general surgery and works closely with health partners in Malakal PoC to ensure all gaps are covered and there is no overlap. Through the health cluster, IMC coordinates implementation of all health services and provides weekly data to inform programming.
UNFPA	IMC coordinates all RH activities with UNFPA in Malakal and UNFPA supports IMC in providing 24 hour obstetric emergency care.
DRC	IMC coordinates closely with DRC in Malakal PoC as they are camp management for community communication and dead body management.
Internews	IMC coordinates closely with Internews in Malakal and Juba PoC for information dissemination and community awareness raising and sensitization around available services.
Nile Hope	In Akobo IMC coordinates with Nile Hope by assisting them in vaccine transport and coordinate some health service delivery.
ACTED	In Juba PoC, as in Malakal, IMC works closely with Camp Management to ensure smooth operations of all services and to maintain good relationships with camp leadership.
MAGNA	Magna and IMC collaborate on vaccine campaigns and IMC creates space for them for routine EPI.

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

The project is designed to contribute significantly to gender equity and equality . Gender, age and diversity mainstreaming techniques will ensure that proposed activities address the specific needs and concerns of gender and age groups during implementation and monitoring of the project. Relevant gender and age groups will adequately participate in the design, implementation and evaluation of the action. The project will work to ensure that women/girls and men/boys will benefit equally from the intervention and will advance gender equality through mainstreaming the IASC Gender Marker.

Protection Mainstreaming

IMC UK works closely with all partners to ensure that all projects mainstream protection principles such as do no harm. IMC UK implements GBV programs in Akobo and Malakal PoC and Mental Health services in Malakal PoC, Juba PoC and Akobo that are integrated into the primary healthcare. Every effort is made to ensure the safety and security of IMC beneficiaries. For example, offering surgical care in the Malakal and Juba PoCs enables residents to seek care without having to leave the security of the PoC.

Country Specific Information

Safety and Security

International Medical Corps UK is an emergency response organization, and as such understands that there are certain risks associated. Despite this, every effort is taken by staff and the organization to understand and mitigate such risks. Delivering health care in conflict zones carries inherent risks to personnel safety. The current security risks are understood by International Medical Corps to be associated not only with the fighting that appears on-going in parts of the country, but also associated with the economic crisis. This added aspect to the security situation in South Sudan has made humanitarian organizations and their staff more of a target for criminal activity such as carjacking and compound break-ins. To mitigate such risks, International Medical Corps stays in close communication with field teams and local counterparts regarding the conflict dynamics in existing and prospective areas of operation. International Medical Corps is a member of the NGO Forum which shares security information and advises on best practices. Security at the Juba office and compound has been improved. Operations in Juba also coordinate with the UN system to ensure staff evacuation in conflict areas and are dependent on the UN Humanitarian Air Service remaining operational and charter flights are available, ensuring cargo and passenger transportation to remote sites. Insecurity and violence towards humanitarian actors inside the PoC sites has increased steadily in the past months, and on occasion, all services have ceased for a day or two at a time. Risks may arise in the transport of materials in Jonglei and in the management of supplies at facilities. Should road and air access to Akobo or Malakal be completely curbed, International Medical Corps UK will re-assess the capacity to deliver quality services in those areas and consider re-programming the funds to serve target populations in other areas. As International Medical Corps UK is currently implementing an emergency health and nutrition responses throughout the country, partner coordination can smoothly facilitate the scale and scope of activities and methods of operations are adjusted according to the changing context

Access

Access is understood by International Medical Corps UK as dynamic in South Sudan and works with relevant stakeholders to ensure the safety and security of staff and beneficiaries. In collaboration with the Health Cluster, UNOCHA, MoH and the NGO Forum, as well as other partners, IMC UK will maintain operations in all proposed locations. The mobile response team will be designed to respond in situations when access becomes available and can be flexible in the response modality.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Mental Health Specialist	D	1	12,079.81	5	5%	3,019.95
	S/he will coordinate operational activities of CHF funded community based mental health and exclusively responsible for training field staffed in integrated mental health approach. This person will line manage the field sites implementing mental health activities, and program quality control. Cost is shared with other donors, and is thus directly supporting this project as well as others						
1.2	Nurse	D	3	9,322.63	5	50%	69,919.73
	The nurse will be responsible for the medical care of all the patients in the clinics. They will be entirely responsible for the medical follow -up of the patients and to assist the Doctors or the Nutritionist in their tasks.						
1.3	Juba site manager	D	1	11,160.75	5	25%	13,950.94
	S/he will coordinate operational activities of CHF funded programs in Juba, and directly manage field staff and logistic support. This person also is responsible ensuring timely program delivery.						
1.4	Country Director	S	1	20,010.99	5	4%	4,002.20
	He/she oversees the entire operation in Juba, in direct coordination with the International Medical Corps headquarters. He/she will work directly with the Program Manager to ensure coordination with the donor and all partners.						
1.5	Medical Director	S	1	13,917.92	5	4%	2,783.58
	She/he will be responsible for managing all the health activities of the program, liaise with other agencies involved in medical programs and will make sure activities are carried within budgets and implementation time frame. S/he will ensure all medicines and medical supplies purchased for the program meet the MoH allowed lists, liaise with the MoH to ensure implementation of the programs are within MoH guidelines						
1.6	Program Director	S	1	14,934.11	5	4%	2,986.82
	S/he is responsible for the overall oversight of the projects and ensuring that donor requirements are met. S/he will review program reports, program workplans, liaise with the donor and overseen the program manager to ensure sound implementation and completion of activities.						
1.7	Program officer	S	1	10,338.82	5	4%	2,067.76
	S/he will support the Program Director and Medical Director in the collection of data, provide program development support, edit and compile reports						
1.8	Finance Director	S	1	15,434.37	5	4%	3,086.87

	S/he will be primarily responsible for the donor and HQ Financial and administrative reporting. S/he will also ensure all the donor requirements and IMC internal regulations are met and adhered to in all the field sites. S/he will also be the administration focal point ensuring all the local laws are adhered to in all IMC operating projects. S/he will partially work under this project.						
1.9	Finance Manager	S	1	10,609.31	5	4%	2,121.86
	S/he will be primarily responsible for the accounting and reports and HQ financial and administrative reporting. Support finance field officers IMC operating projects. S/he will partially work under this project						
1.10	Finance Manager	S	1	11,057.88	5	4%	2,211.58
	S/he will be primarily responsible for the accounting and reports and HQ financial and administrative reporting. Support finance field officers IMC operating projects. S/he will partially work under this project						
1.11	Senior Logisitics Manager	S	1	10,057.88	5	4%	2,011.58
	S/he will be directly reporting to the Logistics Coordinator and will assist in the overall management and coordination of the logistics department and supportive systems. S/he will partially work under this project.						
1.12	Logisitics Manager	S	1	8,403.57	5	4%	1,680.71
	He/she will be responsible for managing the logistical aspects of program implementation.						
1.13	Logisitics Coordinator	S	1	13,479.81	5	4%	2,695.96
	S/he will be responsible for providing direction to the logistic team in accordance with project objectives and the proposal. S/he will provide support for project procurement, asset/inventory and report writing and liaising with the site manager to ensure lead time between purchasing and delivery of supplies and other is kept minimal and determined beforehand. S/he will partially work under this project.						
1.14	Senior HR Manager	S	1	12,560.75	5	4%	2,512.15
	S/he is responsible for developing and implementing HR policies and procedure, ensuring that all labor laws are complied with, and is a member of senior management team						
1.15	Security Manager	S	1	13,403.25	5	4%	2,680.65
	S/he will be responsible for monitoring security situation in country, review security and evacuation protocols on the basis of current information and ensure adherence to the security plans of all staff. Security training will be provided to staff (both Expatriates and National Staff) to enable them to responsibly and safely implement IMC programs in tenuous operational environments						
1.16	Juba Personnel	D	1	14,526.28	5	100%	72,631.40
	Local program staff in Juba PoC will give technical support and guidance for the proper implementation of the project and will also be involved in CHF project/site specific management. They will be responsible for the daily implementation of direct program activities, program monitoring and implementation of policies. The salaries are in accordance with established compensation scale.						
1.17	Malakal Personnel	D	1	5,266.82	5	100%	26,334.10
	Local program staff in Malakal will give technical support and guidance for the proper implementation of the project and will also be involved in CHF project/site specific management. They will be responsible for the daily implementation of direct program activities, program monitoring and implementation of policies. The salaries are in accordance with established compensation scale.						
1.18	Akobo Personnel	D	1	12,377.38	5	100%	61,886.90
	Local program staff in Akobo will give technical support and guidance for the proper implementation of the project and will also be involved in CHF project/site specific management. They will be responsible for the daily implementation of direct program activities, program monitoring and implementation of policies. The salaries are in accordance with established compensation scale.						
1.19	Mobile Response Team	D	1	1,566.65	5	100%	7,833.25
	The Mobile Response team will be based in Malakal with frequent travel in the surrounding counties, and to other locations in the Country as the need arises. The team consists of a GBV officer, MH Officer, Nutrition Officer, Clinical Officer, Nurse and Dispenser.						
1.20	Juba National support staff	S	1	73,791.45	5	4%	14,758.29
	These staff members are based in Juba and provide support to all of the IMC programs in the field sites. Logistics staff are processing purchase requests and deliveries to the sites; finance staff are reviewing, monitoring and compiling financial reports, program staff are providing technical support and reviewing, monitoring and compiling programmatic reports. Other support staff and services include transport, travel, warehousing, M7E and IT services to the field sites.						
1.21	Field Site Manager Akobo	D	1	10,962.99	5	30%	16,444.49
	S/he will coordinate operational activities of CHF funded programs in Akobo, and directly manage field staff and logistic support. This person also is responsible ensuring timely program delivery.						
	Section Total						**317,620.77**

Supplies, Commodities, Materials							
2.1	Pharmaceuticals	D	1	7,000.00	1	100%	7,000.00
	International Medical Corps 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 needs						
2.2	Medical Supplies	D	1	3,500.00	1	100%	3,500.00
	In order to ensure that health facilities are equipped with necessary supplies to carry out patient consultations, IMC is requesting the below medical commodities which include examination supplies, IVs, and syringes for injectables						
2.3	Community Health and reproductive outreach activities	D	1	2,791.00	1	100%	2,791.00
	Re-strengthening medical education and awareness raising messages through outreach community mobilization efforts with the deployment of community volunteers.						
2.4	Mobile Medical Units	D	1	4,000.00	1	100%	4,000.00
	Supporting functioning health facilities in IDP locations, and increasing provision of care via mobile medical units in remote or underserved pockets of Awerial County, and outside the POC in Malakal County						
2.5	Field Support Supplies	D	1	4,000.00	1	100%	4,000.00
	line will cover the cost of health and hygiene awareness, reproductive health through community mobilization tangible materials, in patient department and emergency room supplies and patient care costs (such as meals and lab tests). Outreach staff will be supplies protection materials (for inclement weather), and health messaging charts to facilitate their awareness raising						
2.6	Minor Renovations and Repair	D	1	3,000.00	1	100%	3,000.00
	This will be for clinic maintenence during the life of the project						
2.7	Community and Reproductive Health Volunteers	D	1	1,000.00	10	100%	10,000.00
	This cost includes the support of Volunteers using minimal monetary and non-monetary incentives						
2.8	Transportation of Supplies	D	1	5,000.00	1	100%	5,000.00
	This budget lines is requested to cover the cost of transporting supplies from Juba to the project implementation area. The mode of transportation depends on the security conditions, distance and road conditions.						
2.9	Generatror fuel for Medical facilities	D	1	4,000.00	4	100%	16,000.00
	Fuel for generator is essential for running of generators and regular supply of electricity to the primary and secondary temporary facilities, to ensure smooth performing of daily project activities. Cost is budgeted as per the historical cost.						
2.10	RH trainings in Malakal, Juba, Awerial and Pochalla	D	1	1,200.00	3	100%	3,600.00
	Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies) which will include training a cadre of health workers on MISP and PMTCT.						
	Section Total						**58,891.00**
Equipment							
3.1	Laptops	D	1	1,200.00	1	100%	1,200.00
	Laptop will be purchased for use by the program staff in writing reports and data collection.						
	Section Total						**1,200.00**
Travel							
5.1	In country travel - airfare (WFP Flights)	D	1	400.00	7	100%	2,800.00
	This will cover the cost of travel both by road and by air within South Sudan. Staff travel will be required mainly between the Juba main office and the Implementation sites. The main means of transport between Juba and Project Implementation sites is by air since roads are impassable especially during the rainy season and International Medical Corps relies mainly on WFP flights for such travel.						
5.2	National staff travel perdiem and accomodation	D	1	100.00	10	100%	1,000.00
	This covers the cost of staff per diem during training and other times of assignment outside of their duty station, including accommodation						
5.3	Boat/vehicle hire for mobile response team	D	1	250.00	5	50%	625.00

	This cost will cover transport for the mobile response team moving outside the PoC in Malakal, and in other locations as necessary.						
	Section Total						**4,425.00**
General Operating and Other Direct Costs							
7.1	Vehicle / Truck rent	D	1	7,500.00	5	25%	9,375.00
	This line is budgeted to cover the cost of renting vehicle for field support offices.						
7.2	Vehicle fuel/maintenance/insurance/registration fee	D	1	1,550.00	5	50%	3,875.00
	Included is monthly cost of vehicle fuel for purposes of IMC programs and official business.						
7.3	Communication - sites	D	1	1,250.00	5	50%	3,125.00
	Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc.						
7.4	Juba office support costs - see separate sheet	S	1	135,310.00	5	4%	27,062.00
7.5	Office utilities and supplies - Sites	D	1	1,000.00	5	50%	2,500.00
7.6	Fuel and Maintenance of Generators - sites	D	1	2,000.00	5	50%	5,000.00
7.7	Security Upgrades	S	1	2,047.73	1	100%	2,047.73
7.8	Staff accomodation	D	1	24,000.00	5	5%	6,000.00
	Section Total						**58,984.73**
SubTotal			45.00				**441,121.50**
Direct							366,411.76
Support							74,709.74
PSC Cost							
PSC Cost Percent							7%
PSC Amount							30,878.51
Total Cost							**472,000.01**
Grand Total CHF Cost							**472,000.01**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Akobo	21	92,277	83,375	23,069	20,934	219,655	
Upper Nile -> Malakal	26	16,554	22,277	4,464	4,379	47,674	
Central Equatoria -> Juba	53	10,347	11,424	3,160	3,043	27,974	

Documents

Category Name	Document Description