



Sustainable Development Application Form

*Please email this form in MS Word format along with detailed financials of proposed projects to
Rev. Vy Nguyen, Executive Director (vy@weekofcompassion.org).*

Submitting Partner: IMA World Health		Date: 10/5/22	
Address: 1730 M St., NW, Ste. 1100	City: Washington	State: DC	Zip Code: 20036
Name of Contact: Jennifer Bentzel		Title: Manager, Foundations and Partner Relations	
Phone Number(s): 717-353-5088		E-mail Address: jbentzel@imaworldhealth.org	
Project Name, Local Country Partner, and Location:			
Emergency Health and Ebola Preparedness Response for Internally Displaced Persons and Returnees			
Kajo-Keji, Morobo, Lainya Counties (Central Equatoria State), Magwi County (Eastern Equatoria State), and Yambio County (Western Equatoria State), South Sudan			
Partner's History/Relationship with the Project:			
<p>IMA has been working in South Sudan since 2008, in partnership with the Ministry of Health (MoH), to deliver quality emergency health services, including the provision of reproductive, maternal, newborn, child, and adult health care while also strengthening the health system at national and sub-national levels (county and community). Since late 2020, IMA, in consortium with Tearfund, has been supporting vulnerable communities in Central Equatoria State through funding from USAID's Bureau of Humanitarian Assistance (BHA). In coordination with the County Health Departments, IMA has been able to achieve the following:</p> <ul style="list-style-type: none"> • 104,528 patients (61,988 females and 42,540 males) provided with outpatient department (OPD) consultations. • 92,789 patients (53,570 females and 39,219 males) were provided with communicable disease consultations. • 835 pregnant women were assisted by a skilled birth attendant during labor. • 757 newborns (412 females and 345 males) received postnatal care within three days of delivery. • 4,678 pregnant women attended at least two comprehensive antenatal clinic sessions. • 119 cases of sexual violence reported to the facilities within 72 hours of the incident and were treated with post-exposure prophylaxis (PEP) and emergency contraceptive pills (ECP). • 9 Community Health Workers (CHWs) were trained and deployed to support community health awareness and referrals to facilities. <p>Beyond serving Internally Displaced Persons (IDPs) and returnees within the target areas, IMA layered USAID funding through the IMA-led MOMENTUM Integrated Health Resilience (MIHR) project to support the county health department and facilities that also received BHA funding and IMA support to develop health facility emergency and preparedness plans in Kajo-Keji. These plans were created to assist facilities, and the local health systems, to have mitigation measures and continuity plans should shocks and stresses put undue strain on the health system or result in communities' reduced access to facilities. Shocks and stresses examined included infectious disease outbreaks, intercommunal violence, and natural disasters, including flooding.</p>			
Description of Project			
Name of Project and Purpose (<i>agricultural, health, water, micro-credit, education, community development, etc.- and how it might address at least one of the 17 United Nations' Sustainable Development Goals 2015-2030</i>):			

The Emergency Health and Ebola Preparedness Response for Internally Displaced Persons and Returnees project will provide emergency health services for displaced communities and returnees in South Sudan counties bordering Uganda and Democratic Republic of Congo (DRC) and improve Ebola Virus Disease (EVD) preparedness for health workers and community members. An Ebola outbreak has been declared in Uganda by the World Health Organization as of September 20, 2022. All the South Sudan States covered in this project have reported suspected EVD cases, with concern that the ongoing EVD outbreak in Uganda could spill over into South Sudan, particularly as there are a number of refugee camps in Uganda and the border is extremely porous. This project will address the Good Health and Well-Being SDG.

Target Population (*children, women, farmers, urban poor, etc.- priority will be given to projects that enable the empowerment of women and children*):

The target population encompasses IDPs, returnees, and host populations and includes children, girls and pregnant women, adults, survivors of sexual and gender-based violence (SGBV).

How many persons are/will be served? (*please give as specific a figure as possible*)?

100,000 direct, and 600,000 indirect

Key Objectives:

1. Address the urgent needs of communities and IDPs living in Morobo, Kajo-Keji and Lainya Counties in Central Equatoria State through providing emergency medical services.
2. To assist border county local health systems in all supported geographies with EVD preparedness and readiness activities.
3. To increase awareness of the border communities on EVD signs, symptoms, prevention, and control measures.

Key Activities:

- Key Activity 1:** Provision of emergency health response for displaced communities and returnees in the border counties of South Sudan with Uganda and the Democratic Republic of the Congo (DRC). These activities were previously supported through BHA funding.
1. Provision of essential primary healthcare, including communicable diseases control, preventive and curative services, in 6 static health facilities and 3 outreach mobile clinic.
 2. Provision of 24-hour maternity services for pregnant women, assisted by a skilled attendant (e.g. midwives, doctors, nurses).
 3. Provision of safe motherhood services, including antenatal, postnatal, and immunization.
 4. Prevention and response (clinical management of rape) to cases of sexual violence reported within 72 hours of incident.

5. 9 CHWs, providing outreach at the grassroots level through community health awareness and referral to health facilities.

Key Activity 2: EVD preparedness

1. Community Awareness and Education:
 - a. Train Boma Health Workers (BHWs) on EVD case definition, signs, symptoms, transmission, prevention, and control.
 - b. Conduct grassroots awareness, at the community level on EVD signs, symptoms, transmission, prevention, and control, through the deployment of the BHWs.
2. Risk Communication:
 - a. Develop and disseminate messages on EVD through radio talks show, information, education, and communication (IEC) materials, and community awareness (town criers, use of megaphones, etc.)
3. Reporting:
 - a. Strengthen the County surveillance system, in partnership with EVD actors and the MoH to ensure suspected EVD cases are reported through the various MoH mechanisms (EVD taskforce, hotline, DHIS2 reporting system, etc.).
4. Water, Sanitation, and Hygiene (WASH)
 - a. Improvement of infection prevention and control (IPC)/WASH systems at the health facilities and at the community level (procurement of IPC items, WASH supplies, etc.)
5. Case Management:
 - a. Establishment of isolation units in the counties that are bordering countries with EVD cases.
6. Conduct EVD screening using a checklist and temperature thermometers at the health facility entrance points.

Duration of Project: 2 months; to begin as soon as funding received

Project Budget

Total Budget: \$30,000

Amount Requested from Week of Compassion: \$30,000

Is this a one-time request or an on-going request? One-time

Please attached a detailed, itemized budget and cost breakdown for the requested funds.

Description	Cost in USD
District Health Facilities staff incentives @15%	\$6,288
IMA Personnel – In-country	\$2,860
Benefits	\$1,167
Medical drugs/consumable supplies from the MoH essential list (e.g. antibiotics)	\$3,000
Outreach visibilities/Referral Activities	\$1,000
Training – EVD Preparedness, IPC and awareness	\$9,000
Transport/flight/ per diem/accommodation	\$1,500
Supplies/living expenses for clinical staff operation	\$1,082
Operation costs	\$1,103
Management/ICR	\$3,000
TOTAL	\$30,000

Is the project financially supported by ecumenical or outside partners? If so, what percentage does it cover for this project and please list those partners?	
While the BHA emergency funded project ended in July 2022 (now under negotiation for further funding), the MOMENTUM Integrated Health Resilience (MIHR) project, funded by USAID, is currently supporting some of the project geographies through family planning, reproductive health, maternal, newborn, and child health and health resilience programming. Week of Compassion funding will be used to support the emergency health response for vulnerable populations (including IDPs and returnees in geographies where they are present), and to support EVD preparedness in these communities. All the States covered in this proposal have reported suspected EVD cases, with concern that the ongoing EVD outbreak in Uganda could spill over into South Sudan, particularly as there are a number of refugee camps in Uganda and the border is extremely porous.	
What is the overall percentage of fund requested that will be used for administration/overhead?	
If this project has been funded previously or is in the same geographical area, please specifically state when and how much was granted:	
This project has not previously received funding from Week of Compassion and another project in the same area has not received previous funding from Week of Compassion.	
Dates and project names of previous approved proposal submissions within the last 5 years:	
<p>Livelihoods and Food Security in Marib, Yemen – December 2021</p> <p>Flooding in South Sudan – December 2021</p> <p>Haiti 2021 Earthquake Response – December 2021</p> <p>Yemen Personal Care Kits – December 2021</p> <p>COVID-19 Response in Burkina Faso – October 2020</p> <p>Cervical Cancer Treatment and Prevention in Tanzania – November 2019</p> <p>Ebola Response in DRC – November 2019</p> <p>Ebola Response in DRC – August 2018</p> <p>African Christian Health Associations Platform (ACHAP) – August 2018</p> <p>Trachoma Treatment Surgeries in Tanzania - June 2018</p> <p>Ebola Response in DRC – June 2018</p>	
How do you plan to monitor, evaluate, and report back to Week of Compassion? <i>(Please note that future funding is contingent upon reporting, and that reports should be made between 6 months- 12 months after funding. In addition to reporting, please provide at least one story of transformation and photos.)</i>	
IMA will share project progress reports with quantitative data on people reached disaggregated by sex, age, and disability. Reports will include photos, and success stories will be provided one month after the end of the period of operations.	
Have all reports and stories from previous projects been submitted to WoC? IMA still needs to provide a report for the following Yemen Personal Care Kits, Haiti 2021, Earthquake Response and Livelihoods and Food Security in Marib, Yemen which will be submitted by December 2022 (1-year post award of funding).	
Application prepared by: Jennifer Bentzel	Contact info: jbentzel@imaworldhealth.org or 717-353-5088

Week of Compassion Contact Information:

Rev. Vy Nguyen, Executive Director

vy@weekofcompassion.org

510.473.8962