

South Sudan 2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat chfsouthsudan@un.org

SECTION I:

CAP Cluster	Health
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CHF Cluster Priorities for 2013 First Round Standard Allocation
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Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<ul style="list-style-type: none"> Maintain the existing safety net by providing basic health packages and emergency referral services Strengthen emergency preparedness including surgical interventions Respond to health related emergencies including controlling the spread of communicable diseases 	<p>All states. Grossly underserved counties in the equatorial states (Western, Eastern and Central Equatorial)</p>

Project details
The sections from this point onwards are to be filled by the organization requesting CHF funding.

Requesting Organization	Project Location(s) (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)															
International Medical Corps UK	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 33%;">State</th> <th style="width: 33%;">%</th> <th style="width: 33%;">County</th> </tr> </thead> <tbody> <tr> <td>Jonglei</td> <td>100</td> <td>Akobo</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	State	%	County	Jonglei	100	Akobo									
State	%	County														
Jonglei	100	Akobo														
Project CAP Code																
SSD-13/H/55433/13107																
CAP Project Title (please write exact name as in the CAP)																
Reduce maternal morbidity and mortality, and provision of emergency surgery through support of Akobo County Hospital																

Total Project Budget requested in the in South Sudan CAP	US\$ 1,974,687
Total funding secured for the CAP project (to date)	US\$ 147,401
Funding requested from CHF for this project proposal	US\$ 600,000
Are some activities in this project proposal co-funded?	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)	

Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)		
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	7722	13,238
Girls:	4480	8,322
Men:	3296	5,649
Boys:	4853	8,322
Total:	20,351	35,531
Indirect Beneficiaries		
The general population of Akobo County, i.e. 157,904 based on the 2008 census and an estimated annual 3% population increase.		
Catchment Population (if applicable)		
Akobo County population numbers some 157,904, although during the rainy and flood season, the population in "Akobo West" cannot easily access the hospital, while after security incidences the town population swells with IDPs		

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)	CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
None	Indicate number of months: 7 (April 2013– Oct 2013)

Contact details Organization's Country Office		Contact details Organization's HQ	
Organization's Address	IMC UK	Organization's Address	IMC UK
Project Focal Person	Hilde Bergsma hbergsma@internationalmedicalcorps.org 0956633084	Desk officer	Mera Eftaiha, meftaiha@internationalmedicalcorps.org
Country Director	Patricia McLaughlin pmclaughlin@internationalmedicalcorps.org 0921236807	Finance Officer	Kristina Ribicic, kribicic@internationalmedicalcorps.org + 385 21 455 281
Finance Officer	James Oywech, joywech@internationalmedicalcorps.org 0928614869		

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population¹

Akobo County is located in the far east of Jonglei State, adjacent to Ethiopia. As in 2011, in 2012, Jonglei State experienced a series of shocks that led to the internal displacement of about 56 communities². The shocks are both natural and man-induced, including erratic rainfall patterns (dry spell or flooding) and inter-communal violence. Akobo County exemplifies this pattern. For example in August 2012, flooding led to the displacement of many communities (a rapid government and interagency assessment of only 12 villages in Akobo East reported a total of 980 households affected with 660 households displaced). The flooding caused double displacement for some communities who had initially experienced displacement as a result of inter-communal violence between the Luo Nuer and Murle communities in mid-2011 to early 2012, leaving 848 people dead, and approximately 120,000 people displaced³

Displacement of rural communities to Akobo town due to insecurity and flooding is likely to continue over the coming year, and contributes to the poor health and nutrition status of the population using the county hospital⁴.

Akobo County Hospital is the only secondary care facility in Akobo, serving a population of 157,000. The hospital has 62 beds, averages for 346⁵ in patients per month, and provides around 3,482 outpatient consultations per month. From September 2011 – 2012, Akobo County Hospital saw a total of 597 surgical procedures, including 180 major operations, including herniotomies and hernioraphies, appendicitis, and even cases of amputation. The total of 597 represents an increase from the previous year, where a total of 353 surgical procedures were conducted, including 40 major operations.

In addition Akobo Hospital provides life-saving medical interventions in response to periodic surges in casualties from inter-communal violence. For example, In January 2012, 48 wounded were admitted to the hospital of Akobo amid the inter-communal violence, in March 2012, 77 injured were treated during the cattle raiding violence. In mid-October, when four patients were shot, stabilized at the hospital, and then required airlift by UNMISS to Bor for operative treatment. One young teen subsequently was transferred again to Juba for a higher level of care. All victims ultimately survived. Since then, the community in Akobo has experienced a sense of insecurity, but no additional confirmed events. In response to perceived insecurity many elderly, women and children relocated to larger, relatively more protected villages for protection during the dry season, leading to higher caseload at the hospital. In all, from March 1, 2012 to November 30, 2012, Akobo County Hospital has seen 1543 trauma cases, which includes cases ranging from gunshot injuries to septic wounds.

B. Grant Request Justification

Briefly describe (in no more than 500 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

International Medical Corps will fulfill the gap that currently exists in the provision of life saving primary and secondary health care to vulnerable populations in the area. The South Sudan Ministry of Health (MoH) is still unable to provide the necessary services to operate Akobo County Hospital without external support, due to budgetary pressures, an expanding food gap and overstretched resources. Without the provision of necessary support to the MoH by humanitarian agencies, it is feared that the majority of the population in Akobo, will continue to have little or no access to health care services. Such a situation has the potential for devastating consequences for the refugees, internally displaced and the host communities of Akobo where Respiratory Tract Infections, diarrheal diseases and malaria are prevalent in high numbers. Akobo is especially prone to malaria, representing 27% of all cases in under-fives in 2012. While Malaria usually peaks during the rainy season, there was an epidemic during November and December 2012, which saw a total of 1,727 cases at the hospital, of which 49% were under-fives. International Medical Corps continues to be the leading INGO currently supporting the health care services in Akobo County.

¹ To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

² UNOCHA report 2012

³ UNMISS and OCHA updates January 2012,

⁴ The December post-harvest SMART Nutrition survey reported global and severe acute malnutrition rates of 21.7% and 5.3% respectively among children under five years in Akobo County. These rates are above the emergency threshold of 15% and 3% and are worse for Akobo town, at 30.7% and 12.5% respectively.

⁵ Utilization rate from January to June 2012 from International Medical Corps reports

Akobo County Hospital services, both routine and emergency, are in high demand, as detailed in the section above. IMA/WB funding will support a small portion (approximately 25%) of Akobo County Hospital costs in 2013, and possibly beyond, but additional funding is required to maintain services throughout the year, and to maintain the capacity to respond to casualties due to violence, to disease outbreaks and to increased demands from influxes of displaced populations.

International Medical Corps is already supporting Akobo County hospital and consultations have steadily increased during the period of IMC's support. From March-May 2009, the hospital saw 6,187 consultations, and in the same period in 2010, there were 7,186 and in the same period in 2011, there were 18,716 consultations.

During the first quarter of 2012, there were 15 reported deaths at Akobo Hospital, out of a total of 7,146 consultations for a mortality rate of 2.1/deaths/1000 persons. In the second quarter of 2012, there were a total of 10,175 consultations, along with 16 deaths, for a mortality rate of 1.57-deaths/1000 persons/month. During the third quarter of 2012, the hospital provided a total of 8,213 consultations, including 11 reported deaths during. 647 patients were admitted as inpatients. This shows an average of 3.6 deaths/2707.6 consultations/month or 1.3 death/1000 persons/month. During this quarter, over 70% of hospital deaths are in individuals aged 15 years or younger, and complicated malaria cases accounted for 50% of the deaths. During the fourth quarter of 2012, the hospital provided a total of 10,448 consultations, with 9 reported deaths. 1039 patients were admitted as inpatients. This results in an average of 3 deaths/3482.6 consultations/month or 0.8 death/1000 persons/month. 66% of the recorded deaths were in individuals with age between 5-14 years. 88% of the deaths were attributed to complicated malaria. Most of the population lack LLITNs, further contributing to high incidence of malaria.

The attendance for antenatal care (ANC) in Akobo County is generally low, and historical data are not reliable for comparison, due to changes in MOH reporting of ANC2 and ANC3. In the first quarter of 2012, there was a total of 557 ANC visits, compared to 559 in the second quarter, 681 in the third, and 414 in the fourth quarter, the last of which access to Akobo was seriously restricted due to lingering effects of the rainy season.

However, IMC can say with confidence that hospital-based delivery is on the increase. In 2012, IMC saw progressive increases in facility deliveries, from 21 (including two C-sections) in the first quarter, to 31 (including one C-section) in the second quarter, to 32 (including one C-section) in the third quarter, to 44 (including 1 C-section) in the fourth quarter. This represents a major increase from 35 deliveries from Sept 2009 –August 2010 the first year IMC supported the hospital.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

With this CHF funding, International Medical Corps will directly support the health cluster priorities of maintaining the safety net by providing basic health packages, strengthening emergency preparedness at hospital level and maintaining refresher training/simulations for the Boma Health Committees who have been trained in first aid and have developed medical emergency response plans (stabilization and transport). In addition the hospital will be supported to be able to provide quality treatment in response to health emergencies, and specifically to malaria outbreaks.

ii) Project Objective

State the objective/s of this CHF project will achieve. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

Overall objective: Ensure continued provision and strengthen the quality of critical hospital in-patient and out-patients services to the 157,000 inhabitants of Akobo county, support medical and laboratory supplies, disease surveillance and emergency care (both emergency care and emergency response, particularly outbreaks and conflict-related)

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

1. Ensure urgently needed drugs, medical, laboratory consumables and surgical supplies, and establish use of MoH drug supply management tools/system.

- Ensure availability of essential drugs, medical, laboratory and essential sanitation supplies (through MoH and direct procurement and transport)
 - Secure the MoH Pharmaceutical supply chain management tools for Akobo Hospital
 - Train and supervise relevant staff in the use of MOH SCM tools
2. Provide quality in-patient and out-patient routine and emergency services
- Staff key positions in the hospital, while encouraging the CHD to hire staff if the budget becomes available
 - Assure staff have the needed registers, protocols, supplies and equipment to provide care to MoH standards
 - Supportive supervision of clinical services, pharmacy and laboratory
 - On-the-job and short trainings to improve knowledge and skills of attending staff.
3. Strengthen universal precaution, infection control and health care waste management behaviors among hospital staff
- Routinely monitor universal precaution, infection control and health care waste management during supervision visits
 - Offer refresher training to staff not complying with standards
 - Mentor universal precaution and infection control sub-committee to the hospital management committee
4. Maintain disease surveillance and emergency response capacity
- Ensure weekly ISDR reports compiled and sent to CHD/SMOH and national level, and alert relevant as per protocols
 - Revise emergency preparedness and response plans and hold one simulation with hospital staff, and one with each Boma health committee who has completed a response plan before March 2013.
 - Provide on-the-job and refresher training to operating theatre staff on surgical interventions and related procedures.

In addition IMC will coordinate with the CHD and Nile Hope Development Forum to assure continued smooth referral of clients from PHCC/PHCU level to hospital level.

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

Health care waste management is a key component of the project, and is aimed at ensuring the hospital is a safe environment for patients, staff and the surrounding community. The project targets women of reproductive age with a view to improving the health status of women, however OPD and emergency service provision is need-based and gender-blind.

HIV Testing and Counseling is offered at the hospital, although the prevalence rate is low (0.25%). All ANC mothers are offered HIV testing, and ARV prophylaxis is available, while any client needing HAART is referred to Malakal.

v) Expected Result/s

Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.

Expected results for the twelve month period include both an increase in the number of consultations as well as an increase in the quality of care as measured by the Quantified Supervision Checklists, instances of drug/supply stock-outs, and simulation scores and number of people trained.

- ACTs /quinine stockouts
- Number of U5 consultations
- Number of deliveries by skilled attendant
- Quarterly scores on QSC
- Percentage of disease surveillance reports submitted in timely fashion
- Simulation scores

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)</small>
1		Total direct beneficiaries	Number of patients (consultations): 20,351
2		Number of births delivered by skilled attendant	87

3	Number of children U5 consultations	(4300 boys, 4000 girls)
4	Number of health workers trained in communicable diseases/infection control	50 health workers and hospital support staff trained
5	Communicable disease outbreaks detected and responded to within 72 hours	80% disease surveillance reports submitted on time to SMOH
6	Number and length of time of malaria drug stock outs	Zero stock outs.

vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

International Medical Corps-UK will implement the proposed intervention directly. Insecurity could result in an evacuation of international and relocatable national staff, but in recent years has not been necessary.

vii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met
2. Indicate what monitoring tools and techniques will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)⁶.

IMC's monitoring plan aims to achieve three objectives: 1) assess progress of project activities; 2) identify the gaps and weaknesses during project implementation; and 3) provide targeted and relevant monitoring data that allows IMC and relevant partners to develop recommendations for changes, allowing for adjustments and improvements throughout the life of the project.

IMC employs a dedicated M&E team, who will maintain responsibility for supervising all M&E activities during the project. The M&E team will work jointly with the project staff on all monitoring activities, including analysis of data for informed decision-making. The M&E team will be responsible for ensuring that data and results are obtained and reported timely, using SMOH standards, supervision checklists, registers and reporting forms. The M&E team will perform the following core functions:

- (1) Conduct routine monitoring, including analysis of project data;
- (2) Prepare interim and final reports to CHF;
- (3) Supportive supervision and feedback: An M&E focal person will visit the county on a quarterly basis, to assess the performance of the project. Based on the gaps identified, a plan of action will be developed to improve the project; and
- (4) Coordinate with CHF or UNDP staff for on-site monitoring visits as requested.

E. Total funding secured for the CAP project

Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	Amount (USD)
IMA/WB (Jan – Dec 2013)	300,000
BPRM (July 2012– June 2013)	600,000

⁶ CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

SECTION III:

This section is **NOT required** at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/H/55433		Project title: Reduce maternal morbidity & mortality and provision of emergency surgery through support of Akobo County Hospital		Organisation: International Medical Corps UK
Overall Objective	<p>Cluster Priority Activities for this CHF Allocation: What are the Cluster Priority activities for this CHF funding round this project is contributing to:</p> <ul style="list-style-type: none"> i) Provision of minimal health staff to ensure integrated management of childhood illnesses and RH services ii) Drug procurement iii) Emergency secondary and surgical health care 	<p>Indicators of progress: What are the key indicators related to the achievement of the CAP project objective?</p> <ul style="list-style-type: none"> • Akobo County hospital continues to be operational for both outpatients and in patients care. • Client utilization figures improved as compared to the same period the previous year 	<p>How indicators will be measured: What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> • Monthly data collection through HMIS service provision data 	
Purpose	<p>CHF Project Objective: What are the specific objectives to be achieved by the end of this CHF funded project?</p> <ol style="list-style-type: none"> 1. Ensure urgently needed drugs, medical, laboratory consumables and surgical supplies, and establish use of MoH drug supply management tools/system. 2. Ensure the continued provision of quality in-patient and out-patient services, including paediatric, and emergency medical and surgical care 3. Strengthen infection control and waste management practices among hospital staff 4. Maintain disease surveillance and emergency response capacity 	<p>Indicators of progress: What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</p> <ul style="list-style-type: none"> • Number of stock out of essential drugs • Availability of equipment according to monitoring and supervision checklists • Number of total direct beneficiaries • Number of < 5 consultations • Number of surgical procedures performed • Number of supervisions done and scores of monitoring/supervision checklists relating to infection control and waste management practices • Percentage ISDR submitted by deadline • Score of emergency preparedness simulations • Availability of prepositioned stock of drugs and supplies for emergency response 	<p>How indicators will be measured: What sources of information already exist to measure this indicator? How will the project get this information?</p> <ul style="list-style-type: none"> • Drug consumption and stock reports • Supervision checklists (observation, interviews) • HMIS registers, DHIS reports, client cards • Supervision checklists (observation, interviews) • ISDR submission records • Project training/simulation records • Client records/case review/WHO and MOH assessment of response 	<p>Assumptions & risks: What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</p> <ul style="list-style-type: none"> • Lack of funding may lead to staff leaving and mismanagement of supplies, which can affect future performance. • MOH drug kits are received on time • Insecurity in Akobo County could head to additional displacements, with large populations seeking safety in Akobo town, placing additional burden on the Hospital. • Qualified staff are identified and stay employed at the hospital

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/H/55433		Project title: Reduce maternal morbidity & mortality and provision of emergency surgery through support of Akobo County Hospital		Organisation: International Medical Corps UK
Results	<p>Results - Outcomes (intangible): <i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries.</i></p> <ol style="list-style-type: none"> Akobo County Hospital continues providing outpatient and inpatient medical services Staffing meets MOH standard in and out-patient paediatrics, and emergency medical and surgical care Staff receive clinical supervision on a monthly basis Appropriate systems for management of drugs and medical consumables in place Infection control and waste management protocols in place and being followed Staff trained in emergency response and disease surveillance 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> Number of inpatient and outpatient cases Number and type of staff per clinical service area comparable to MOH standards Number of staff receiving clinical supervision, documented in supervision checklist and action plans Number of stock out of essential drugs Number of MoH staff trained in disease surveillance and reporting Number of staff trained in emergency response related skills 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Hospital registers / HMIS and DHIS reports Staff records Direct observations and completed supervision checklist, performance feedback reports Drug consumption and stock reports Training registers and pre and post test results Training registers and pre and post test results 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> Lack of funding may lead to staff leaving and mismanagement of supplies, which can affect future performance. MOH drug kits are received on time Insecurity in Akobo County could head to additional displacements, with large populations seeking safety in Akobo town, placing additional burden on the Hospital. Qualified staff are identified and stay employed at the hospital
	<p>Immediate-Results - Outputs (tangible): <i>List the products, goods and services (grouped per areas of work) that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.</i></p> <ol style="list-style-type: none"> 75 births assisted by skilled birth attendants 8000 under-fives receive outpatient consultations 50 health workers and hospital support staff trained 80% disease surveillance reports submitted on time to SMOH Zero stock outs of essential medicines and supplies 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <ul style="list-style-type: none"> Number of births assisted by skilled birth attendants Number of under-five consultations Number of staff trained % of disease surveillance reports submitted on time Number of stock-outs of essential medicines and supplies 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Hospital registers / HMIS and DHIS reports Hospital registers / HMIS and DHIS reports Training registers and pre and post test results ISDR submission records Drug consumption and stock reports 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> Lack of funding may lead to staff leaving and mismanagement of supplies, which can affect future performance MOH drug kits are received on time Insecurity in Akobo County could head to additional displacements, with large populations seeking safety in Akobo town, placing

LOGICAL FRAMEWORK			
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			<p>additional burden on the Hospital.</p> <ul style="list-style-type: none"> Qualified staff are identified and stay employed at the hospital
<p>Activities: List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</p> <ul style="list-style-type: none"> Hiring of additional staff according to needs Participation in hospital management committee Procurement of drugs and essential consumables Provision/management of essential services Supervision of essential clinical services, pharmacy and laboratory. Maintain an infection control/waste management sub-committee at hospital Monitoring/Supervision of staff to ensure standardized infection control/waste management practices On the job training and mentoring (clinical, pharmacy/labs/infection control) Provision of needed job aids 	<p>Inputs: What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</p> <ul style="list-style-type: none"> Relevant technical and support staff Staff housing/furniture Office space/supplies/furniture Equipment/supplies: vehicle, communication equipment (v-sat, satellite phone, fuel), computers Job aids educational materials, checklists, Relevant protocols and guidelines Logistic support and means for travel and project management 		<p>Assumptions, risks and pre-conditions: What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</p> <ul style="list-style-type: none"> Lack of funding may lead to staff leaving and mismanagement of supplies, which can affect future performance MOH drug kits are received on time Insecurity in Akobo County could head to additional displacements, with large populations seeking safety in Akobo town, placing additional burden on the Hospital. Qualified staff are identified and stay employed at the hospital

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year.

Activities	Q1/2013		Q2/2013			Q3/2013			Q4/2013			Q1/2014	
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Ensure availability of essential drugs, medical, laboratory and essential sanitation supplies (through MoH and direct procurement and transport)			x	x	x	x	x	x	x				
Secure the MoH Pharmaceutical supply chain management tools for Akobo Hospital			x										
Train and supervise relevant staff in the use of MOH SCM tools				x	x	x	x	x	x				
Staff key positions in the hospital, while encouraging the CHD to hire staff if the budget becomes available			x	x	x	x	x	x	x				
Assure staff have the needed registers, protocols, supplies and equipment to provide care to MoH standards			x	x	x	x	x	x	x				
Supportive supervision of clinical services, pharmacy and laboratory			x	x	x	x	x	x	x				
On-the-job and short trainings to improve knowledge and skills of attending staff.			x	x	x	x	x	x	x				
Routinely monitor universal precaution, infection control and health care waste management during supervision visits			x		x		x		x				
Offer refresher training to staff not complying with standards				x		x		x					
Mentor universal precaution and infection control sub-committee to the hospital management committee			x	x	x	x	x	x	x				
Ensure weekly ISDR reports compiled and sent to CHD/SMOH and national level, and alert relevant as per protocols			x	x	x	x	x	x	x				
Revise emergency preparedness and response plans and hold one simulation with hospital staff, and one with each Boma health committee who has completed a response plan before March 2013.				x				x					
Provide on-the-job and refresher training to operating theatre staff on surgical interventions and related procedures.			x		x		x		x				

*: TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%