

## 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](mailto:chfsouthsudan@un.org)

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

## SECTION I:

### CAP Cluster

### Health

#### CHF Cluster Priorities for 2013 Second Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2013.

#### Cluster Priority Activities for this CHF Round

- i) Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas
- ii) Strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services
- iii) Maintain or strengthen medical referral services for emergency cases
- iv) Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization
- v) Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff
- vi) Maintain surge capacity for emergencies and surgical interventions
- vii) Conduct training on emergency preparedness and response at all levels
- viii) Provide logistical support to prepositioning of core pipeline supplies to high risk states

#### Cluster Geographic Priorities for this CHF Round

1. Jonglei (Pibor, Pochalla, Ayod, Akobo, Fangak, Canal, Twic East)
2. Warrap (Twic, Gogrial East, Tonj North, Tonj East, Tonj South)
3. NBeG (Aweil North, Aweil East, Central, Aweil South)
4. WBeG (Raja)
5. Lakes (Awerial, Rumbek North, Cueibet, Yirol East)
6. Unity (Abiemnhom, Leer, Rubkona, Mayom, Koch, Mayendit, Pariang, Panyijar)
7. Upper Nile (Renk, Ulang, Nassir, Maban, Longechuck, Baliet)
8. Eastern Equatoria (Kapoeta North, East, Lopa)

## SECTION II

#### Project details

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

#### Requesting Organization

International Medical Corps UK

#### Project CAP Code

SSD-13/H/55433/13107

#### CAP Gender Code

2a

#### 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

#### Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State

State	%	County/ies (include payam when possible)
Jonglei	100	Akobo

#### Total Project Budget requested in the in South Sudan CAP

US\$ 1,974,687

#### Total funding secured for the CAP project (to date)

1,212,787

#### Funding requested from CHF for this project proposal

US\$ 300,000

**Are some activities in this project proposal co-funded (including in-kind)?** Yes  No  (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	Number of direct beneficiaries targeted in the CAP

#### Indirect Beneficiaries

The general population of Akobo County, i.e. 157,904 based on the 2008 census and an estimated annual 3% population increase.

	Project	
Women:	2,812	13,238
Girls:	996	8,322
Men:	2,154	5,649
Boys:	1,224	8,322
<b>Total:</b>	7,186	35,531

Catchment Population (if applicable)
Akobo County population numbers some 180,309 <sup>1</sup> 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)
3.5 months (1 Nov 2013 to 15 Feb 2014)

Contact details Organization's Country Office	
Organization's Address	Plot no. 246, Block 3K South Tongping Area Juba Central Equatoria South Sudan
Project Focal Person	Kevin Raabe <a href="mailto:kraabe@internationalmedicalcorps.org">kraabe@internationalmedicalcorps.org</a> 0921296975
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Finance Officer	Hilary Olach <a href="mailto:hiolach@internationalmedicalcorps.org">hiolach@internationalmedicalcorps.org</a> , +211954615520

Contact details Organization's HQ	
Organization's Address	1919 Santa Monica Blvd. Suite 400 Santa Monica, CA 90404
Desk officer	Mera Eftaiha, <a href="mailto:meftaiha@internationalmedicalcorps.org">meftaiha@internationalmedicalcorps.org</a>
Finance Officer	Vanja Bucevic <a href="mailto:vbucevic@internationalmedicalcorps.org">vbucevic@internationalmedicalcorps.org</a> + 385 21 455 281

<sup>1</sup> MoH disseminated new population figures July 2013

## A. Humanitarian Context Analysis

Briefly describe (in no more than 300 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 population<sup>2</sup>

Akobo County is located in the far east of Jonglei State, adjacent to Ethiopia. As in 2011 and 2012, during 2013 Akobo experienced a series of shocks that led to the internal displacement of various populations. The shocks are both natural and man-induced, including erratic rainfall patterns (dry spell or flooding) and inter communal violence. 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 displaced<sup>3</sup> In February 2013, displaced populations numbering some 1500 arrived in Akobo East from Akobo West, Kiir, fearing Murle attacks after a cattle raids in the area (but also due to lack of food in their home area). Akobo West continued to be unsettled in June/July with medical evacuations occurring almost weekly.

Akobo County Hospital is the only secondary care facility in Akobo County, serving a population of 180,000 The hospital has 62 beds, averages for 254 in patients per month, and averages 2,748 outpatient consultations per month. From July 2012 – June 2013, Akobo County Hospital saw a total of 600 surgical procedures, including 89 major operations, including laparotomy, appendicitis, Cesarean section Hernoraphy, trans-vesical prostate-ectomy and amputations etc.

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 hospital<sup>4</sup>. Furthermore, logistical constraints, including extremely limited road access (in 2013 the road from Juba was open for only 3 weeks) to Akobo town and a fair weather airport require strong emergency preparedness (pre-placement of drugs and supplies, response capacity) efforts.

## B. Grant Request Justification

Briefly describe (in no more than 300 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, contributing to cluster priorities i, iii, v, vi, and vii. 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 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 malaria, acute respiratory illness, diarrhea and malnutrition are rife, and the potential for outbreaks among the displaced or an influx of casualties ever present.

Malaria represented 29% of all cases seen at the hospital from July 2012-June 2013 – a total 9,502 cases from the total consultation of 32,948 from July 2012-June 2013. Acute Respiratory illness and diarrhea followed with 16% and 14%, respectively. In-patients average 254 monthly, including 50 trauma cases in the last quarter. Outpatients average 2,748 monthly. The hospital also maintains the county cold chain and provides EPI and maternal health care services (111 ANC monthly). In total, 32,984 consultations have been provided July 2012-June 30<sup>th</sup> 2013 and 43 deaths reported (1.30 deaths/1000 persons/month).

Akobo County Hospital services, routine and emergency, are in high demand, as detailed in the section above. IMA/WB funding will likely 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.

## C. Project Description (For CHF Component only)

### i) Contribution to Cluster Priorities

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 health cluster priorities 1) provision of essential medicines and supplies, 3) maintain medical referral services for emergency cases, 5) strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff; 6) maintain surge capacity for emergencies and surgical interventions. In addition, Akobo Hospital will maintain a safety net by providing basic health packages, strengthening emergency preparedness at hospital level and maintaining refresher trainings on waste management and infection prevention measures. 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. 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 180,000 inhabitants of Akobo county, support medical and laboratory supplies, disease surveillance and emergency care (both

<sup>2</sup> 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.

<sup>3</sup> UNMISS and OCHA updates January 2012,

<sup>4</sup> 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.

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
  - Maintain surgical and medical response capacity and augment in-patient staffing.
  - 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. IMC will ensure that waste management measures are adhered to in the wards themselves, health care waste segregation is performed properly to minimize the volume of contaminated waste. The final waste disposal process is performed through an incinerator, which is located at appropriate distance from service delivery areas, and ash from incinerated material is buried/ treated as general waste per waste management guidelines. Tools adapted from the MCHIP program in Western Equatoria are being used to raise the standards of infection prevention in the hospital. While the project targets women of reproductive age with a view to improving the health status of women, in-patient, 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 (0.15% Jan-June 2013). 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 100 words) the results you expect to achieve at the end of the CHF grant period.

Expected results for the proposed project period include: (1) an increase in the number of consultations; (2) an increase in the quality of care as measured by the Quantified Supervision Checklists (QSC); (3) zero instances of drug/supply stock-outs; and (4) increased infection control and waste management standards through training of staff; (5) staff receive regular supportive supervision; and (6) staffing meets MOH standard in and out-patient pediatrics, and emergency medical and surgical care.

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 (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (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)
X	1	Total direct beneficiaries	Number of patients (outpatient consultations): 7,186 (2220 under-five, 4,966 five and above (2154 male and 2812 female)
X	2	Number of births delivered by skilled attendant	40
X	3	Number of children U5 consultations	2220 (1224 boys, 996 girls)
X	4	Number of health workers trained in communicable diseases/infection control	50 health workers and hospital support staff trained
X	5	Communicable disease outbreaks detected and responded to within 72 hours	80% disease surveillance reports submitted on time to SMOH
X	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 will implement the proposed intervention directly, through close coordination with the County Health Department, State Ministry of Health, Nile Hope Development Forum (who supports PHC activities in the county), and IMA/World Bank (who provides supplementary funding for Akobo County Hospital, and periodically provides supplies such as LLITN, drugs, HMIS registers and trainings). Secondary care will be provided according to Ministry of Health standards and protocols. The hospital will continue to submit weekly IDSR reports to SMOH/WHO, as well as monthly routine HMIS reporting to CHD/SMOH/IMA.

**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 technics 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)<sup>5</sup>.

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, build project staff capacity and oversee M&E activities during the project. The M&E team will work with the project staff on all monitoring activities, including analysis of data for informed decision-making and ensuring that SMOH standards, supervision checklists, registers and reporting forms are in use. The M&E team performs 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;
- (4) Coordinate with CHF or UNDP staff for on-site monitoring visits as requested.

**D. 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, expired and no longer funding hospital)	600,000
ECHO (no longer funding hospital activities)	312,787
CHF Round 1 (expires October 2013)	600,000
<b>Pledges for the CAP project</b>	

<sup>5</sup> 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:

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		
<b>CHF ref./CAP Code:</b> SSD-13/H/55433/13107	<b>Project title:</b> Reduce maternal morbidity & mortality and provision of emergency surgery through support of Akobo County Hospital	<b>Organisation:</b> International Medical Corps UK

<b>Overall Objective</b>	<p><b>Cluster Priority Activities for this CHF Allocation:</b> <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <ul style="list-style-type: none"> <li>i. Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas</li> <li>iii. Maintain or strengthen medical referral services for emergency cases</li> <li>v. Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff</li> <li>vi. Maintain surge capacity for emergencies and surgical interventions</li> </ul>	<p><b>Indicators of progress:</b> <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> <li>• Number of inpatient and outpatient cases</li> <li>• Facility utilization rate</li> <li>• Client utilization figures improved as compared to the same period the previous year</li> <li>• # of staff trained</li> <li>• # of surgical procedures</li> <li>• # of stock outs of essential medicines</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>• Drug consumption and stock reports</li> <li>• Supervision checklists (observation, interviews)</li> <li>• HMIS registers, DHIS reports, client cards</li> <li>• ISDR submission records</li> <li>• Training sign-in sheets and pre and post-test results</li> <li>• Client records/case review/WHO and MOH assessment of response</li> </ul>	
<b>Purpose</b>	<p><b>CHF Project Objective:</b> <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <p>Ensure continued provision and strengthen the quality of critical hospital in-patient and out-patients services to the 180,000 inhabitants of Akobo county, support medical and laboratory supplies, disease surveillance and emergency care</p>	<p><b>Indicators of progress:</b> <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></p> <ul style="list-style-type: none"> <li>• Number of stock out of essential drugs</li> <li>• Availability of equipment according to monitoring and supervision checklists</li> <li>• Number of total direct beneficiaries</li> <li>• Number of &lt; 5 consultations</li> <li>• Number of surgical procedures performed</li> <li>• Number of supervisions done and scores of monitoring/supervision checklists relating to infection control and waste management practices</li> <li>• Percentage ISDR submitted by deadline</li> <li>• Availability of prepositioned stock of drugs and supplies for emergency response</li> </ul>	<p><b>How indicators will be measured:</b> <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> <li>• Drug consumption and stock reports</li> <li>• Supervision checklists (observation, interviews)</li> <li>• HMIS registers, DHIS reports, client cards</li> <li>• ISDR submission records</li> <li>• Training sign-in sheets and pre and post-test results</li> <li>• Client records/case review/WHO and MOH assessment of response</li> </ul>	<p><b>Assumptions &amp; risks:</b> <i>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?</i></p> <ul style="list-style-type: none"> <li>• Lack of funding may lead to staff leaving and mismanagement of supplies, which can affect future performance.</li> <li>• MOH drug kits are received on time</li> <li>• Insecurity in Akobo County could head to additional displacements, with large populations seeking safety in Akobo town, placing additional burden on the Hospital.</li> <li>• Qualified staff are identified and stay employed at the hospital</li> </ul>
<b>Results</b>	<p><b>Results - Outcomes (intangible):</b> <i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills,</i></p>	<p><b>Indicators of progress:</b> <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p>	<p><b>Assumptions &amp; risks:</b> <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</i></p>

	<p><i>knowledge, practice/behaviors of the direct beneficiaries.</i></p> <ol style="list-style-type: none"> <li>1) An increase in the number of consultations</li> <li>2) An increase in the quality of care as measured by the Quantified Supervision Checklists (QSC)</li> <li>3) Zero instances of drug/supply stock-outs</li> <li>4) Increased infection control and waste management standards through training of staff</li> <li>5) Staff receive regular supportive supervision</li> <li>6) Staffing meets MOH standard in and out-patient paediatrics, and emergency medical and surgical care.</li> </ol>	<ul style="list-style-type: none"> <li>• Number of inpatient and outpatient cases</li> <li>• Facility utilization rate</li> <li>• % QSC score</li> <li>• Number of stock out of essential drugs</li> <li>• Number of staff trained</li> <li>• Number of staff receiving clinical supervision, documented in supervision checklist and action plans</li> <li>• % of key positions filled</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital registers / HMIS and DHIS reports</li> <li>• Staff records</li> <li>• Documented QSC results</li> <li>• Direct observations and completed supervision checklist, performance feedback reports</li> <li>• Drug consumption and stock reports</li> <li>• Training registers and pre and post test results</li> </ul>	<p><i>achieving these objectives?</i></p> <ul style="list-style-type: none"> <li>• Lack of funding may lead to staff leaving and mismanagement of supplies, which can affect future performance.</li> <li>• MOH drug kits are received on time</li> <li>• Insecurity in Akobo County could head to additional displacements, with large populations seeking safety in Akobo town, placing additional burden on the Hospital.</li> <li>• Qualified staff are identified and stay employed at the hospital</li> </ul>
	<p><b>Immediate-Results - Outputs (tangible):</b> <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"> <li>1. 40 births assisted by skilled birth attendants</li> <li>2. 2,220 under-fives receive outpatient consultations</li> <li>3. 50 health workers and hospital support staff trained</li> <li>4. 80% disease surveillance reports submitted on time to SMOH</li> <li>5. Zero stock outs of essential medicines and supplies</li> </ol>	<p><b>Indicators of progress:</b> <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"> <li>• Number of births assisted by skilled birth attendants</li> <li>• Number of under-five consultations</li> <li>• Number of staff trained</li> <li>• % of disease surveillance reports submitted on time</li> <li>• Number of stock-outs of essential medicines and supplies</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>• Hospital registers / HMIS and DHIS reports</li> <li>• Hospital registers / HMIS and DHIS reports</li> <li>• Training registers and pre and post test results</li> <li>• ISDR submission records</li> <li>• Drug consumption and stock reports</li> </ul>	<p><b>Assumptions &amp; risks:</b> <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"> <li>• Lack of funding may lead to staff leaving and mismanagement of supplies, which can affect future performance</li> <li>• MOH drug kits are received on time</li> <li>• Insecurity in Akobo County could head to additional displacements, with large populations seeking safety in Akobo town, placing additional burden on the Hospital.</li> <li>• Qualified staff are identified and stay employed at the hospital</li> </ul>
	<p><b>Activities:</b> <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <ol style="list-style-type: none"> <li>1) Ensure availability of essential drugs, medical, laboratory and essential sanitation supplies (through MoH and direct procurement and transport)</li> <li>2) Secure the MoH Pharmaceutical supply chain management tools for Akobo Hospital</li> <li>3) Train and supervise relevant staff in the use of MOH SCM tools</li> <li>4) Staff key positions in the hospital, while encouraging the CHD to hire staff if the budget becomes available</li> <li>5) Assure staff have the needed registers, protocols, supplies and equipment to provide care to MoH standards</li> <li>6) Supportive supervision of clinical services, pharmacy and laboratory</li> </ol>	<p><b>Inputs:</b> <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> <li>• Relevant technical and support staff</li> <li>• Staff housing/furniture</li> <li>• Office space/supplies/furniture</li> <li>• Equipment/supplies: vehicle, communication equipment (v-sat, satellite phone, fuel), computers</li> <li>• Job aids educational materials, checklists,</li> <li>• Relevant protocols and guidelines</li> <li>• Logistic support and means for travel and project management</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b> <i>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?</i></p> <ul style="list-style-type: none"> <li>• Lack of funding may lead to staff leaving and mismanagement of supplies, which can affect future performance</li> <li>• MOH drug kits are received on time</li> <li>• Insecurity in Akobo County could head to additional displacements, with large populations seeking safety in Akobo town, placing additional burden on the Hospital.</li> <li>• Qualified staff are identified and stay employed at the hospital</li> </ul>

	<p>7) On-the-job and short trainings to improve knowledge and skills of attending staff.</p> <p>8) Routinely monitor universal precaution, infection control and health care waste management during supervision visits</p> <p>9) Offer refresher training to staff not complying with standards</p> <p>10) Mentor universal precaution and infection control sub-committee to the hospital management committee</p> <p>11) Ensure weekly ISDR reports compiled and sent to CHD/SMOH and national level, and alert relevant as per protocols</p> <p>12) Maintain surgical and medical response capacity and augment in-patient staffing.</p> <p>13) Provide on-the-job and refresher training to operating theatre staff on surgical interventions and related procedures.</p>			
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**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.

<b>Project start date:</b>	<b>1 Nov 2013</b>	<b>Project end date:</b>	<b>15 Feb 2014</b>
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Activities	Q3/2013			Q4/2013			Q1/2014			Q2/2014			Q3/2014		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Ensure availability of essential drugs, medical, laboratory and essential sanitation supplies (through MoH and direct procurement and transport)					x	x	x	x							
Secure the MoH Pharmaceutical supply chain management tools for Akobo Hospital					x	x	x	x							
Train and supervise relevant staff in the use of MOH SCM tools					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							
Assure staff have the needed registers, protocols, supplies and equipment to provide care to MoH standards					x	x	x	x							
Supportive supervision of clinical services, pharmacy and laboratory					x	x	x	x							
On-the-job and short trainings to improve knowledge and skills of attending staff.					x	x	x	x							
Routinely monitor universal precaution, infection control and health care waste management during supervision visits							x		x						
Offer refresher training to staff not complying with standards					x			x							
Mentor universal precaution and infection control sub-committee to the hospital management committee					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							
Maintain surgical and medical response capacity and augment in-patient staffing.					x	x	X	x							
Provide on-the-job and refresher training to operating theatre staff on surgical interventions and related procedures.							x		x						