

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

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	Cluster Geographic Priorities for this CHF Round
<ul style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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, Longchuck, 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	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															
International Medical Corps UK	<table border="1" style="width: 100%;"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">State</th> <th style="background-color: #4F81BD; color: white;">%</th> <th style="background-color: #4F81BD; color: white;">County/ies (include payam when possible)</th> </tr> </thead> <tbody> <tr> <td>Western Bahr el Ghazal</td> <td>100%</td> <td>Raja</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/ies (include payam when possible)	Western Bahr el Ghazal	100%	Raja									
State	%	County/ies (include payam when possible)														
Western Bahr el Ghazal	100%	Raja														
Project CAP Code	CAP Gender Code															
SSD-13/H/55438/13107	2a															
CAP Project Title (please write exact name as in the CAP)																
Reduce maternal morbidity & mortality and provision of emergency surgery and in patient care through support of Raja Civil Hospital																
Total Project Budget requested in the in South Sudan CAP	US\$ 1,400,000 (Revised mid-term)															
Total funding secured for the CAP project (to date)	US\$ 1, 161,742															
Funding requested from CHF for this project proposal	US\$ 200,000															
Are some activities in this project proposal co-funded (including in-kind)? 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)	Indirect Beneficiaries															

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	2,583	1046
Girls:	708	5280
Men:	1,548	n/a
Boys:	1,017	5280
Total:	4,602	13200

The indirect beneficiaries of the project include the entire population of Raja County (65,768), which includes 16,442 women of childbearing age, 3,689 pregnant women, 13,811 children under-five and 2,632 infants.

Catchment Population (if applicable)

Raja County estimated population 65,768

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 months (1 October to 31 December 2013)

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 kraabe@internationalmedicalcorps.org 0921296975
Country Director	Golam Azam gazam@internationalmedicalcorps.org , +211 954 894 409
Finance Officer	Hilary Olach hiolach@internationalmedicalcorps.org , +211954615520

Contact details Organization's HQ

Organization's Address	1919 Santa Monica Blvd. Suite 400 Santa Monica, CA 90404:
Desk officer	Mera Eftaiha, meftaiha@internationalmedicalcorps.org
Finance Officer	Vanja Bucevic ybucevic@internationalmedicalcorps.org + 385 21 455 281

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 population¹

Raja County is located along the contested border with Southern Darfur, the contested Kafia Kingi Enclave and borders Central African Republic, and has a history of regional tensions leading to violence and high levels of uncertainty. The north of the county is heavily militarised with significant numbers of troops present as well as the other armed groups such as the Fursan Militia and the Lord's Resistance Army, whose presence in the area of Khorshamam is reported to have led the local population to flee and the PHCU to close. There is also a history of intertribal conflict, in particular between the Fertit and Dinka groups, but also between Misseriya, Rizeigat, Salamat and Fellata tribes.

As the only hospital serving the county, and indeed nearby areas of neighbouring countries, Raja hospital provides much of the primary and all of the secondary care in the area. Raja county hospital serves a catchment population of about 65,768 people, 2/3 of who live in Raja payam and utilize the hospital. Although intended as a level 1 hospital, accessibility to Wau teaching hospital has meant that Raja hospital must provide level 2 as well as level 1 care. It is a sole provider of CEmOC, and the referral point for several other complex medical/surgical conditions including trauma related emergencies. In the last six months, the hospital performed 480 surgeries, 334 deliveries, admitted 2437 and attended over 6000 outpatients. However, major gaps in the ability to respond to emergencies (especially conflict related emergencies) still remain: surgical capacity, diagnostic services, emergency care and care for critically ill. Anesthetic options are quite limited due lack of skilled personnel and basic equipment (only ketamine), there is no functioning X-ray, ultrasound and laboratory services are limited². There is not a blood bank or established blood transfusion system.

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.

IMC has been operating in Raja county hospital since December 2012. IMC has agreed a long-term capacity building strategy with hospital management, recruited critical staff, and supported hospital management to ensure 24/7 skilled birth attendance, improve infection prevention and control, pharmaceutical stock management, and quality of care through regular morbidity/mortality reviews and training. Despite these gains, remarkable gaps remain in surgical capacity, care for critically ill patients, diagnostic services and emergency care.

IMC has sought and received a Health Pooled Fund bridging grant that runs from July – December 2013, and will apply for the two-year follow-on funding for county hospitals. However the funding is focused on primary health care (the MCH out-patient services) and EmOC, both needed, however not meant to support the activities required for the level of care to be provided by a county hospital, and not the priorities of the health cluster. The funding does not address the very real need to be able to respond to emergencies that require surgical capacity, and the ability to care for patients post-op, and maintain emergency response capacity. IMC works closely with the hospital staff and county/state authorities to build long-term MoH capacity to provide services, including emergency/surgical care without external technical support, however IMC needs continuing CHF support to do this, and needs it now in order to build on the existing momentum and good relationship with the hospital management and staff.

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.

The project most directly contributes to cluster priorities i, iii, vi and vii relating to ensuring supplies, maintaining and strengthening referral services, strengthening surge capacity for emergency and surgical care and training and capacity building for emergency response at hospital level.

IMC aims to strengthen diagnostic and imaging services essential for emergency care, support on-spot blood transfusion service, install the x-ray machine within the appropriate safety standards and train staff in emergency care, surgical safety standards, safe transfusion etc. and strengthen the hospital in its role as referral site

ii) Project Objective

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

The specific objectives of the proposed project include:

1. To strengthen diagnostic and laboratory capacity and ensure x-ray capacity by procurement of needed equipment and hiring of needed staff
2. To support blood transfusion services at the hospital through procurement of essential supplies and training for hospital staff
3. Offer quality appropriate anesthesia, surgical and intensive care
4. To provide electricity supply to the hospital to cover emergency services such as surgery, x-ray, etc.
5. To train 55 hospital staff in surgical safety, anesthesia, emergency care and care of the critically ill.

IMC considers that the proposed objectives and activities to be achievable in the proposed timeframe, given that the CHF funding will ensure critical staff and supplies are available and hired, and no other funding sources are available for the proposed activities.

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 There is an X-ray machine but no monies but monies needed to bring a technician to set up the system and hire an X-ray technician. The laboratory is in abysmal condition, over-crowded and without electricity much of the time. AN ultrasound is being procured under the HPF bridging grant but training for non-maternal health related use is not budgeted

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).

- To set a basic ICU with staff and equipment and necessary supplies to handle critical cases at the hospital.
1. To procure Anesthetic Boyles machine, electric suction, laryngoscope, ETT tubes, etc.
 2. To recruit and train 2 nurses for ICU
 3. To improve on the present dressing room and convert it into an ICU.
 4. To recruit an anesthetic clinical officer to supervise and train staff on anesthesia, OT safety standards and ICU care.
- To install the x-ray machine and make it functional.
1. To recruit a radiographer
 2. To procure the x-ray supplies such as films, chemicals, cassettes, etc
 3. To refurbish the old X-ray room within the hospital.
- To provide electricity supply to the hospital to cover emergency services such as surgery, x-ray, etc.
1. To provide fuel to run the hospital generator during regular and emergency situations
 2. The expand the existing solar power system to support electricity supply emergency areas in the hospital
- To support blood transfusion services at the hospital.
1. Procure supplies essential for immediate donation-transfusion services (as there is no blood bank services)
 2. Train staff on transfusion SOPs
 3. Support the cold chain system through regular power supply
- Maintaining emergency referral system
1. Provide fuel for the hospital ambulance to support referral of emergency cases to the hospital (the hospital ambulance collects from PHCC)

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.

Surgical and emergency service provision is need-based and gender-blind, however the capacity to regularly provide on-spot blood transfusions should improve CemONC services.

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.

The proposed project has six expected results:

1. A functional ICU able to deal with the common critical cases e.g. unconscious patients, critical post operative cases, convulsion patients
2. A functional imaging diagnostic unit able to perform x-ray, ultrasound among others.
3. An improved OT with trained and competent anesthetic staff, and broader techniques to handle a wider range of cases, and improved safety.
4. The hospital able to provide immediate transfusion services
5. The hospital provides ambulance service for all the emergencies requiring referrals
6. Communicable disease outbreaks detected and responded to within 72 hours

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	Total: 5,856 Boys (under-five): 1,017 Girls (under-five): 708 Men: 1,548 Women: 2,583 (includes outpatient consultations, ANC1, ANC4, HF deliveries)
X	2.	Number of >5 outpatient consultations (male and female)	3,328
X	3.	Number of <5 outpatient consultations (male and female)	1,725
X	4.	Total number of surgical interventions	200
X	5.	Number of staff trained in emergency response related topics	55
X	6.	Number of births attended by skilled birth attendants	150

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, HealthNetTPO (who supports PHC activities in the county), and HPF (who provides supplementary funding for Raja Civil Hospital. 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/HPF.

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)³.

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)
HPF (July to December 2013)	\$550,000
Pledges for the CAP project	

³ 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			
CHF ref./CAP Code: SSD-13/H/55438/13107		Project title: Reduce maternal morbidity & mortality and provision of emergency surgery and in patient care through support of Raja Civil Hospital	
		Organisation: International Medical Corps UK	
Overall Objective	<p>Cluster Priority Activities for this CHF Allocation: <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"> i. Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas iii. Maintain or strengthen medical referral services for emergency cases vi. Maintain surge capacity for emergencies and surgical interventions vii. Conduct training on emergency preparedness and response at all levels 	<p>Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> • A functional ICU able to deal with the common critical cases e.g. unconscious patients, critical post operative cases, convulsion patients • A functional imaging diagnostic unit able to perform x-ray, ultrasound among others. • An improved OT with trained and competent anesthetic staff, and broader techniques to handle a wider range of cases, and improved safety. • The hospital able to provide immediate transfusion services • The hospital provides ambulance service for all the emergencies requiring referrals • Communicable disease outbreaks detected and responded to within 72 hours 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Observation • HMIS • Vehicle logs • WHO/IDSR reports • Photographs

Purpose	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ol style="list-style-type: none"> To strengthen diagnostic and laboratory capacity and ensure x-ray capacity by procurement of needed equipment and hiring of needed staff To support blood transfusion services at the hospital through procurement of essential supplies and training for hospital staff Offer quality appropriate anesthesia, surgical and intensive care To provide electricity supply to the hospital to cover emergency services such as surgery, x-ray, etc. To train 55 hospital staff in surgical safety, anesthesia, emergency care and care of the critically ill. 	<p>Indicators of progress: <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"> % of laboratory staff hired # of blood transfusions conducted # of surgical procedures conducted # of days with uninterrupted power supply # of staff trained 	<p>How indicators will be measured: <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"> Hiring records Hospital attendance lists Hospital registers Hospital registers Observation Generator logs Training sign-in sheets Pre- and post-test results 	<p>Assumptions & risks: <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"> Access to hospital is unimpeded for the duration of the project Access to Wau for procurement supply remains open Staff willing to deploy and stay in Raja
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"> A functional ICU able to deal with the common critical cases e.g. unconscious patients, critical post operative cases, convulsion patients A functional imaging diagnostic unit able to perform x-ray, ultrasound among others. An improved OT with trained and competent anesthetic staff, and broader techniques to handle a wider range of cases, and improved safety. The hospital able to provide immediate transfusion services The hospital provides ambulance service for all the emergencies requiring referrals Communicable disease outbreaks detected and responded to within 72 hours 	<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"> Patients in ICU treated according international protocol X-ray and ultrasounds conducted Operating theatre staffed and providing surgical services Blood transfusions are provided in the hospital # of referrals received # of disease outbreaks detected and managed 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Patient records Hospital registers Patient records Hospital registers Patient records Hospital registers Patient records Hospital registers Patient records Hospital registers IDSR reports WHO 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. Access to hospital is unimpeded for the duration of the project Access to Wau for procurement supply remains open Staff willing to deploy and stay in Raja MOH drug kits are received on time Insecurity in Wau/Raja could head to additional displacements, with large populations seeking safety in population centers such as Raja
	<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"> 5,856 total consultations provided 1,017 boys under-five receive outpatient consultations 	<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"> # of total consultations 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Patient records Hospital registers IDSR 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

	<ol style="list-style-type: none"> 3. 708 girls under-five receive outpatient consultations 4. 1,725 under-five outpatient consultations provided 5. 1,548 men five and above receive outpatient consultations 6. 1,680 women five and above receive outpatient consultations 7. 150 deliveries by skilled birth attendants 8. 700 ANC1 and ANC4+ consultations provided 9. 55 staff trained 10. 200 surgical procedures conducted 	<ul style="list-style-type: none"> • # of under-five consultations (total and male and female) • # of five and above consultations (total and male and female) • # of deliveries by SBA • # of ANC1 visits • # of ANC4+ visits • # of staff trained • # of surgeries conducted 	<ul style="list-style-type: none"> • WHO reports • HMIS • DHIS extracts 	<p>performance.</p> <ul style="list-style-type: none"> • Access to hospital is unimpeded for the duration of the project • Access to Wau for procurement supply remains open • Staff willing to deploy and stay in Raja • MOH drug kits are received on time • Insecurity in Wau/Raja could head to additional displacements, with large populations seeking safety in population centers such as Raja
	<p>Activities: <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"> 1. To procure Anaesthesia Boyles machine, electric suction, laryngoscope, ETT tubes, etc. 2. To recruit and train 2 nurses for ICU 3. To improve on the present dressing room and convert it into an ICU. 4. To recruit an anesthetic clinical officer to supervise and train staff on anesthesia, OT safety standards and ICU care. 5. To recruit a radiographer 6. To procure the x-ray supplies such as films, chemicals, cassettes, etc 7. To refurbish the old X-ray room within the hospital. 8. To provide fuel to run the hospital generator during regular and emergency situations 9. The expand the existing solar power system to support electricity supply emergency areas in the hospital 10. Procure supplies essential for immediate donation-transfusion services (as there is no blood bank services) 11. Train staff on transfusion SOPs 12. Support the cold chain system through regular power supply 13. Provide fuel for the hospital ambulance to support referral of emergency cases to the hospital (the hospital ambulance collects from PHCC) 	<p>Inputs: <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"> • Relevant technical and support staff time • 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: <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"> • Lack of funding may lead to staff leaving and mismanagement of supplies, which can affect future performance. • Access to hospital is unimpeded for the duration of the project • Access to Wau for procurement supply remains open • Staff willing to deploy and stay in Raja • MOH drug kits are received on time • Insecurity in Wau/Raja could head to additional displacements, with large populations seeking safety in population centers such as Raja

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.

Project start date:	1 October 2013	Project end date:	31 December 2013
----------------------------	-----------------------	--------------------------	-------------------------

Activities	Q3/2013			Q4/2013			Q1/2014		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Activity 1 - Procure Anesthesia Boyles machine, electric suction, laryngoscope, ETT tubes, etc.				X	X				
Activity 2 - Recruit and train 2 nurses for ICU				X					
Activity 3 - Improve on the present dressing room and convert it into an ICU				X	X				
Activity 4 - Recruit an anesthetic clinical officer to supervise and train staff on anesthesia, OT safety standards and ICU care				X					
Activity 5 - Recruit a radiographer				X					
Activity 6 - Procure the x-ray supplies such as films, chemicals, cassettes, etc.				X	X				
Activity 7 - Refurbish the old X-ray room within the hospital				X	X	X			
Activity 8 - Provide fuel to run the hospital generator during regular and emergency situations				X	X	X			
Activity 9 - Expand the existing solar power system to support electricity supply emergency areas in the hospital				X	X				
Activity 10 - Procure supplies essential for immediate donation-transfusion services				X	X	X			
Activity 11 - Train staff on transfusion SOPs					X	X			
Activity 12 - Support the cold chain system through regular power supply				X	X	X			
Activity 13 - Provide fuel for the hospital ambulance to support referral of emergency cases to the hospital (the hospital ambulance collects from PHCC)				X	X	X			