

343444South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2014

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 2014 First 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 2014.

Cluster Priority Activities for this CHF Round

- Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
- Support to key hospitals for key surgical interventions to trauma
- Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
- Communicable disease control and outbreak response including supplies
- Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- Maintain surge capacity to respond to any emergencies
- Capacity building interventions will include
 - a. Emergency preparedness and communicable disease control and outbreak response
 - b. Emergency obstetrical care, and MISP (minimum initial service package-MISP)
 - c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
 - d. Trauma management for key health staff
- Support to referral system for emergency health care including medivacs.
- Support to minor rehabilitation and repairs of health facilities
- HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions.

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 South and Tonj East)
3. Northern Bahr El Ghazal (Aweil North, Aweil East, Aweil South and Aweil Central)
4. Western Bahr El Ghazal (Raja)
5. Lakes (Awerial, Rumbek North, Cueibet, Yirol East)
6. Unity (Abiemnhom, Leer, Mayendit, Rubkona, Mayom, Koch, Panyijar and Pariang)
7. Upper Nile (Renk, Ulang, Nasir, and Maban, Longechuk, Baliet and Malakal)

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		State	%
		Jonglei	100
Project CAP Code		County/ies (include payam when possible)	
CAP Gender Code		Akobo	
SSD-14/H/59892	0		
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\$1983698	
Total funding secured for the CAP project (to date)		US\$ 0	
Funding requested from CHF for this project proposal			
US\$300,000			
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)			
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP	
Women:	16,378	7598	
Girls:	4,963	4480	
Indirect Beneficiaries / Catchment Population (if applicable)			
Akobo County population numbers some 180,309 although during the rainy and flood season, the population in "Akobo West" cannot easily access the hospital, while after security incidences the town			

Men:	10,534	3296
Boys:	5,713	4853
Total:	37,588	20351

Targeted population:
Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

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	Abegail Schwartz aschwartz@internationalmedicalcorps.org
Country Director	Golam Azam, gazam@internationalmedicalcorps.org , +211 954 894 409
Finance Officer	Hillary Olach holach@internationalmedicalcorps.org , +211-956-834-026
Monitoring & Reporting focal person	Kourtney Rusow krusow@internationalmedicalcorps.org +21192 713-9331

population swells with IDPs

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

Indicate number of months: 3 months (1st of April 2014- 31st of July 2014)

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	Stanka Babic sbabic@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

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. 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 2013 with medical evacuations occurring almost weekly.

Akobo County Hospital is the only secondary care facility in Akobo, serving a population of 157,000 (which increases to 180,000 during times of conflict). **Initial CAP survey figures did not take into account annual growth or the spontaneous population influx due to conflict and displacement.** 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. 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

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 is already supporting Akobo County hospital and consultations have steadily increased during the period of IMC's support. International Medical Corps will continue fulfilling 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.

In-patients average 254 per month, including 50 trauma cases in the last quarter. Outpatients average 2,748 per month. In the past quarter July-October 2013 ANC 1st visit increase to total 470 and this 156/month compare the previous year 111/month. The pattern of morbidity remains the same from last year. The hospital also maintains the county cold chain and provides EPI and maternal health care services (111 ANC monthly).

Akobo County Hospital services, routine and emergency, are in high demand, as detailed in the section above. **Current operations are funded through the CHF/CAP Rd. 2 which comes to an end in March 2014, and continued IMA complementary funding will begin April 1 2014 from CHF/CAP 2014 Rd. 1.** IMA/WB funding will continue to support a small portion of Akobo County Hospital costs in the first 6 months of 2014, but additional funding is required to maintain services throughout the year. Due to the unstable security situations there is also a need to maintain the capacity to respond to casualties due to violence, to disease outbreaks and to increased demands from influxes of displaced populations. Additionally, the IMA/WB grant may not adequately cover the gaps to maintain the drugs supply, as shortages and stock outs are often common when procuring solely through the MoH.

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: provision of essential medicines and supplies, maintain medical referral services for emergency cases, strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff; 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 and how it links to your CAP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

Ensure continued provision and strengthen the quality of critical hospital in-patient and out-patients services to the 157,000

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.

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) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective. List the main activities and results 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
- Ensure routine vaccination in the hospital and to catchment populations of IDPs and refugees as would be required

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.
- Organize MEDIVACs as necessary in collaboration with Health Cluster
- Conduct HIV awareness campaigns alongside provision of VCT, PMTCT and pre-ART services as necessary

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.
- Provide on-the-job and refresher training to operating theatre staff on surgical interventions and related procedures.

iv) Expected Result(s)/Outcome(s)

Briefly describe 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) decreased 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.

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are 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. Ensure these indicators are further used in the log frame.

SOI (X)	#	Standard 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>
x	1.	Number of births attended by skilled attendant	40
X	2.	Number of children <5 consultations	2200 - Male:1166 and Female: 1034
X	3.	Number of health workers trained in communicable diseases/infection control	50 - Male: 40 and Female: 10
	4.	Number and length of time of malaria drug stock outs	0
	5.	Number of MoH staff trained in disease surveillance and reporting (refresher)	26 - Male: 20 and Female: 6
	6.	Number of staff receiving refresher training in emergency medical and surgical care and MoH protocols	26 - Male: 20 and Female: 6
	7.	% of disease surveillance reports submitted on time	80
	8.	Number of stock-outs of essential medicines and supplies	0

X	9.	Total Direct beneficiaries	37588 Female> 5 years: 16378 Female<5 years: 4963 Male Above 5 years: 10534
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vi). 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. All ANC mothers are offered HIV testing, and ARV prophylaxis is available, while any client needing HAART is referred to Malakal.

vii) 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/PHCU 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

viii) 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 are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)².
5. The current projections are based on the most recent HMIS reports and in the future IMC will continue to use this data to ensure consistency in reporting.

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.

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 1/12014-06/1/2014	185,000
Pledges for the CAP project	

² 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. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK			
CHF ref./CAP Code: SSD-14/H/59892		Project title: Reduce maternal morbidity and mortality, and provision of emergency surgery through support of Akobo County Hospital	Organisation: <u>International Medical Corps-UK</u>
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities) i. Provision of minimum health staff to ensure Integrated Management of Childhood Illnesses and RH Services ii. Drug procurement. iii. Emergency secondary and surgical health care.	i. Akobo County Hospital continue to be operational for both out-patient and in-patient care. ii. Client utilization figures much more improved as compared to the same period of the previous year.	Monthly data collection through HMIS service provision data.	
CHF project Objective Akobo County Hospital continue providing in-patient and out-patient medical services.	. Number of stock-out of essential drugs. ii. Availability of equipments according to the monitoring and supervision checklist. iii. Number of total direct beneficiaries. iv. Number of under-5 consultations. v. Number of surgical procedures performed. vi. Number of supervisions done and scores of monitoring/supervision checklist relating to infection control and waste management practices. Vii. Percentage of IDRS submitted by deadline. viii. Score of emergency preparedness simulations. ix. Availability of pre-positioned stock of drugs and supplies for emergency response.	. Drug consumption and stock report. ii. Supervision checklist [observation. Interviews]. iii. HMIS registers, DHIS reports, Client cards. iv. Supervision checklist [observation and interviews]. v. IDSR submission report. vi. Project training / simulation report. vii. Clients records / health review / WHO and MOH assessment of response.	. Lack of funding may lead to staff leaving and mis-management of supplies which may affect future performance. ii. MOH drug kits are received on time. iii. Insecurity to Akobo County could head to additional displacement with large populations seeking safety in Akobo town placing additional burden on the hospital. iv. Qualified staffs are identified and employed at the hospital. v. Logistical challenges caused by adverse weather and transport inaccessibility to deliver supplies

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 1	Increased number of patient consultations at Akobo hospital	<i>Number of in-patient and out-patient cases.</i>	<i>Hospital registers / HMIS and DHIS reports.</i>	<i>Insecurity to Akobo County could head to additional displacement with large populations seeking safety in Akobo town placing additional burden on the hospital, or people may flee and will be unable to access services Qualified staffs are identified and employed at the hospital.</i>
Output 1.1	37,588 direct beneficiaries	<i>Number of total direct beneficiaries (children u5, men, women)</i>	<i>Patient records, hospital registers/HMIS DHIS reports</i>	
Output 2.1	40 births assisted by skilled birth attendants.	<i>Number births assisted by skilled birth attendants.</i>	<i>Hospital registers / HMIS and DHIS reports.</i>	
Activity 2.1.1	<i>Hiring of additional staff according to project need.</i>			
Activity 2.1.2	<i>Training of additional SBAs</i>			
Output 2.2	2200 under-5 children receive out-patient consultation.	<i>Number of Under-5 consultations</i>	<i>Hospital registers / HMIS and DHIS reports.</i>	
Activity 2.2.1	Hiring/training additional birth staff/SBAs as needed			
Activity 2.2.2	Community mobilization and outreach to increase health seeking behaviour			
Outcome 2	<i>Staffing meets MOH standards for in and out patient, pediatric, emergency medical and surgical care.</i>	<i>Number and type of staff per clinical service area comparable to MOH standards Number of staff receiving refresher training in emergency medical and surgical care</i>	<i>Staff records Supervisory visits</i>	<i>Lack of funding may lead to staff leaving and mis-management of supplies which may affect future performance Qualified staffs are identified and employed at the hospital.</i>
Output 2.1	<i>Number of staff trained in emergency medical and surgical care and MOH protocols (26)</i>	<i>Overall percentage of staff receiving trainings Number of new staff hired</i>	<i>Staff records</i>	
Activity 2.1.1	<i>Coordinate with CHD and MoH on a quarterly basis</i>			
Activity 2.1.2	<i>Conduct refresher trainings on emergency medical and surgical care</i>			
Outcome 3	<i>Increase in the quality of care as measured by the Quantified Supervision Checklists (QSC)</i>	<i>Number of staff receiving clinical supervision documented in supervision checklist and action plans.</i>	<i>Direct observation and completed supervision checklist, performance feedback reports.</i>	
Output 3.1	<i>100% Staff receive regular and supportive supervision</i>	<i>Number of supervisory visits per period Number of QSCs completed</i>	<i>Direct observation and completed supervision checklist, performance feedback reports.</i>	
Activity 3.1.1	Supervision of essential clinical services, pharmacy and laboratory			
Activity 3.1.2	Consultation with staff on supervisory checklists on a monthly basis			
Activity 3.1.3	Provision of needed job aids			
Activity 3.1.4	<i>Participation in Hospital Management Committee</i>			
Outcome 4	<i>Increased infection control and waste management standards through training of staff</i>	<i>Number of supervisions done and scores of monitoring/supervision checklist relating to nfection control and waste management practices.</i>	<i>Training logs, pre and post test results</i>	

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 4.1	<i>80% of Disease Surveillance report are submitted on time to SMOH</i>	<i>Percentage of disease reports submitted on time</i>	<i>IDSR submission records.</i>	
Activity 4.1.1	Monitoring /supervision of staff to ensure standardized infection control/ waste management practices			
Activity 4.1.2	Maintain an infection control / waste management sub-committee at Hospital			
Output 4.2	<i>50 community health workers trained in communicable disease and infection control</i>	<i>Number of CHWs trained</i>	<i>Pre-and post scores Direct observation</i>	
Activity 4.2.1	On-the-job training and mentoring on infection control			
Output 4.3	<i>26 MoH staff trained in disease surveillance and reporting (refresher)</i>	<i>Number of staff trained</i>	<i>Pre-and post scores Direct observation</i>	
Outcome 5	<i>Limited/decreased instances of drug/supply stock-outs</i>	<i>Number of stock-out of essential drugs.</i>	<i>Drug consumption and stock report.</i>	<i>Logistical challenges caused by adverse weather and transport inaccessibility to deliver supplies MOH drug kits are received on time.</i>
Output 5.1	<i>Zero stock outs of essential medicines and supplies</i>	<i>Number and length of stock-out of essential medicines and supplies.</i>	<i>Drug consumption and stock report.</i>	
Activity 5.1.1	Procurement of drugs and essential consumables.			
Output 5.2	<i>Zero stock outs of malaria drugs and supplies</i>	<i>Number of stock-out of essential medicines and supplies.</i>	<i>Drug consumption and stock report.</i>	
Activity 5.2.1	Procurement and pre-positioning of malaria drugs and supplies			

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

1st April 2014 – 31st December 2014

Activity	Q1 / 2014			Q2 / 2014			Q3 / 2014			Q4 / 2012		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Ensure availability of essential drugs, medical and laboratory and essential sanitation supplies (through MOH and direct procurement and transport)				X	X	X	X	X	X	X	X	X
Secure the MOH pharmaceutical supply chain management tools for Akobo hospital.				X								
Train and supervise relevant staffs in the use of MOH SCM tools.				X	X	X	X	X	X	X	X	X
Staff key position in the hospital, while encouraging the CHD to hire staff if the budget becomes available				X	X							
Ensure staff have the need registers, protocols, supplies and equipments to provide care in consistency with MOH standards.				X	X	X	X	X	X	X	X	X
Supportive supervision of clinical services, pharmacy and laboratory.				X	X	X	X	X	X	X	X	X
Conduct on-the-job and short trainings to improve knowledge and skills of attending staffs.				X	X	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	X	X	X	X	X
Offer refresher trainings for staff not complying with standards.							X	X				
Mentor universal precaution and Infection Control Sub-Committee by the Hospital Management Committee							X	X	X	X	X	X
Ensure weekly IDSR reports compiled and sent to CHD. SMOH and National Level and other relevant partners as per protocol.				X	X	X	X	X	X	X	X	X
Revise emergency preparedness and response plan and hold one simulation with hospital staff and one with Boma Health Committee who has completed a response plan.							X	X	X	X	X	X
Provide on-the-job and refresher training to Operating Theatre staff on surgical interventions and related procedures.				X				X		X		
Ensure routine vaccination in the hospital and to catchment populations of IDPs and refugees as would be required				X	X	X	X	X	X	X	X	X
Organize MEDIVACs as necessary				X	X	X	X	X	X	X	X	X
Conduct HIV awareness campaigns alongside provision of VCT, PMTCT and pre-ART services as necessary				X	X	X	X	X	X	X	X	X

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