South 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 <u>two stages</u> to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the <u>first stage</u>, 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 <u>second stage</u> 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
  - Emergency preparedness and communicable disease control and outbreak response
  - Emergency obstetrical care, and MISP (minimum initial service package-MISP)
  - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
  - 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.

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

Requesting Organization		State	%	*County/ies (include payam when possible)*
International Medical Corps UK		Western Bahr el Gazal	100	*Raja*
Project CAP Code	**CAP Gender Code**			
SSD-14/H/59890	1			
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$1,859,127	**Funding requested from CHF for this project proposal**	US$250,000
Total funding secured for the CAP project *(to date)*	US$200,000	**Are some activities in this project proposal co-funded (including in-kind)?** Yes X 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)*	**Indirect Beneficiaries / Catchment Population (if applicable)**

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	2,583	2583
Girls:	708	5386
Men:	1,548	1548
Boys:	1,017	5174
Total:	4,602	14691

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
Raja County estimated population 65,768

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

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

4 Months: 1st of February 2014 – 31st May 2014

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@internationalmedicalcoprs.org
Country Director	Golam Azam gazam@internationalmedicalcorps.org, +211 954 894 409
Finance Officer	Hilary Olach hiolach@internationalmedicalcorps.org, +211954615520
Monitoring & Reporting focal person	Kourtney Rusow krusow@InternationalMedicalCorps.org

Contact details Organization's HQ	
Organization's Address	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 vbucevic@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 population[1]

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 Demjalab 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 nearby areas of neighbouring counties, 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 conditions including trauma. 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 limited. There is not a blood bank or established blood transfusion system.
In the Outpatient department an average of 1,100 consultations are done per month, 80% of children under 5 years. Malaria is the main morbidity throughout the year accounting for 48.8% of in-patients.

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 has continuously operated Raja hospital since December of 2012, implementing a health systems strengthening strategy through recruiting staff, supporting management, ensuring skilled birth attendants are in place.

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 to be released in November 2013. 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 relationships with the hospital management and staff. The structure and clinical activities in the hospital are so integrated to an extent that services cannot be restricted to MCH and EmOC only especially considering the common morbidities that cut across the age and gender groups. With the current HPF funding, we have catered for the main focus of the funding but have also stretched the support to other deserving and critical areas in the hospital. For example, in OT we provide surgical services not only for reproductive health clients but also other surgical interventions.

Utilizing this follow on CHF funding, Raja hospital caseload is anticipated to increase 10% throughout the next year. With the complemented HPF funds, CHF will allow IMC the capacity to attend to cases currently being referred to Wau. Round 2 2013 has covered major start-up costs, such as acquisition of equipment, and now direct implementation through capacity building of staff focusing on refresher trainings and training in new areas such as x-ray, ultrasound, anesthesia, etc, will be prioritized. The training involves the following: The hospital has a mobile X-ray unit that will be used as a fixed unit. In December under Round 2, we will get a Radiographer on a fixed contractual term and necessary supplies to start the service. In CHF 2014, we will recruit, on full time basis, a Radiographer and an assistant to fully operationalize the service. In tandem with this, Clinicians will be trained on investigations necessary and controls put in place to minimize unnecessary exposure of patients. We envisage continuous training for 10 staff (3 medical officer, 7 Clinical officers and the X-ray assistant).

The ultrasound machine is expected in December under Round 2. The training will be done to 3 Medical Officers and 4 Midwives. The training will take 6 months. The schedule will be done in a manner that a specific number of scans are given to each trainee after the theory session. On Anesthesia, new equipment has been acquired under Round 2. Three OT staff will be trained on this for 4 months.

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.

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[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.

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 area, surgical safety standards, safe transfusion etc. and strengthen the hospital in its role as referral site. This level of service and support is achieved a longer period. Recruitment and procurement of the necessary equipment (anesthesia machine, ultrasound machine and materials) was possible under round 2, and now the next phase will cover the supply of materials, training and capacity building for emergency response and referrals services.

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)

- To reduce maternal morbidity & mortality and provide emergency surgery and inpatient care through support of Raja Civil Hospital
- To support Raja hospital to continue providing quality services for in and out patients with emphasis on maternal, neonatal, and child health services as well as the corresponding laboratory and pharmaceutical services.
- To develop the hospital management capacity and clinical capability of Raja Hospital staff
- To provide appropriate human resources support, medical equipment and instruments, pharmaceutical supplies and other logistical needs.

IMC considers that the proposed objectives and activities to be achievable in the proposed timeframe, given that the CHF funding will ensure critical staff are hired and supplies are available.

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. Set-up a basic ICU with staff and equipment and necessary supplies to handle critical cases at the hospital.
   - Recruit and train 2 nurses for ICU
   - Improve on the present dressing room and convert it into an ICU
   - equipment and necessary supplies
2. A functional imaging diagnostic unit able to perform x-ray, ultrasound among others.
   - Recruit a full-time radiographer
   - Refurbish the old X-ray room and procure the x-ray supplies such as films, chemicals, cassettes, etc
   - Capacity building of staff to use equipment correctly
3. Recruit an Anesthetic Clinical Officer to supervise and train staff on anesthesia, OT safety standards and ICU care.
   - Provision of equipment and supplies for safe general anesthesia
   - Widened range of anesthesia beyond ketamine
4. The hospital able to provide immediate transfusion services
   - Provision of blood transfusion service and supplies, eg collection bags
   - Competent staff in blood transfusion
5. The hospital provides ambulance service for all the emergencies requiring referrals
   - Availability of 24/7 emergency referrals services service within Raja
   - Provision of fuel to the hospital ambulance
   - Established an Emergency preparedness and response task force
6. Communicable disease outbreaks detected and responded to within 72 hours
   - Established an Emergency preparedness and response task force

iv) Expected Result(s)/Outcome(s)
Briefly describe the results you expect to achieve at the end of the CHF grant period.

The proposed project has six expected results:
1. The provision of quality ICU services
2. The provision of imaging diagnostics services
3. An improved OT with trained and competent anesthetic staff and broader techniques
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

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 logframe.

SOI (X)	#	Standard 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: 11,712 Boys (under-five): 2,034 Girls (under-five): 1,416 Men: 3,096 Women: 5,166 (includes outpatient consultations, ANC1, ANC4, HF deliveries)

x	2.	Number of >5 outpatient consultations (male and female)	6,514 (female 2606 and male 3,909)
x	3.	Number of <5 outpatient consultations (male and female)	3,855 (female 1542 and male 2,313)
x	4.	Total number of surgical interventions	375
x	5.	Number of staff receiving refresher training in emergency medical and surgical care	36 male and 38 female including Medical Officers, Clinical Officer, X-ray Assistant, Midwifes, OT staff and Anesthesia staff. Training topics: Minimizing Radiography exposure, Ultra Sound Machine operation, Anesthesia, Safe Blood Transfusion and Emergency Response Training
x	6.	Number of births attended by skilled birth attendants	398

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.

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.

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, 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

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].

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; monthly
(2) Prepare interim and final reports to CHF; April (mid-term) and June (end term)
(3) Supportive supervision and feedback; monthly
(4) Coordinate with CHF or UNDP staff for on-site monitoring visits as requested: April

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)
CHF RD. 2	200,000
Pledges for the CAP project	

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[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 <u>NOT required</u> 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: . <u>SSD-14/H/59890</u>	**Project title:** Reduce maternal morbidity & mortality and provision of emergency surgery and in patient care through support of Raja Civil Hospital	**Organisation:** <u>International Medical Corps</u>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	*What are the Cluster Priority activities for this CHF funding round this project is contributing to?* • Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas • Maintain or strengthen medical referral services for emergency cases • Maintain surge capacity for emergencies and surgical interventions • Conduct training on emergency preparedness and response at all levels	*What are the key indicators related to the achievement of CHF objectives* • 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 anaesthetic 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	*What are the sources of information on these indicators?* • Observation • HMIS • Vehicle logs • WHO/IDSR reports • Photographs	

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
CHF project Objective	*What is the result the project will contribute to by the end of this CHF funded project?* 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.	*What indicators will be used to measure whether the CHF Project Objective are achieved?* • % of laboratory staff hired • # of blood transfusions conducted • # of surgical procedures conducted • # of staff trained	*What sources of information will be collected/already exist to measure this indicator?* • Hiring records • Hospital attendance lists • Hospital registers • Hospital registers • Observation • Training sign-in sheets • Pre- and post-test results	*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?* • 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
Outcome 1	*What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries?* 1. A functional ICU able to deal with the common critical cases e.g. unconscious patients, critical post operative cases, convulsion patients	*What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?* • Patients in ICU treated according international protocol	*What are the sources of information collected for these indicators?* • Patient records • Hospital registers	*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?* • 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
Outcome 2	2. A functional imaging diagnostic unit able to perform x-ray, ultrasound among others.	• X-ray and ultrasounds conducted	• Patient records • Hospital registers	
Outcome 3	3. An improved OT with trained and competent anesthetic staff, and broader techniques to handle a wider range of cases, and improved safety.	• Operating theatre staffed and providing surgical services	• Patient records • Hospital registers	
Outcome 4	4. The hospital able to provide immediate transfusion services	• Blood transfusions are provided in the hospital	• Patient records • Hospital registers	
Outcome 5	5. The hospital provides ambulance service for all the emergencies requiring referrals	• # of referrals received	• Patient records • Hospital registers	
Outcome 6	6. Communicable disease outbreaks detected and responded to within 72 hours	• # of disease outbreaks detected and managed	• IDSR reports • WHO reports	

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
	List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.	*What are the indicator(s) to measure whether and to what extent the project achieves the output?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.*	*What are the sources of information on these indicators?*	*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?*
Output 1.1	1. Create ICU room able to accommodate 2 beds with electricity and water 2. Recruit 2 nurses for ICU 3. Train staff on critical care 4. Provide ICU drugs and supplies eg patient monitors, ambu bags, etc	• Existence of ICU room • # of beds in the ICU room • # of nurses in ICU • # of staff trained in ICU care • Quantity of drugs and supplies to ICU • # of patients attended to	• Site inspection for room • Site inspection for beds • Staff registers • Training attendance records • Stock cards • Ward register	• 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
Output 2. 1. .	1. Create a dark room with safe light and expeller fans 2. Recruit 1 radiographer and 1 assistant 3. Provide ultra sound and Xray services 4. Train 6 staff on basic sonography	• # of X-ray taken • # of ultra sounds scanned • # of staff trained in basic ultrasound	• *Patient records* • *Hospital registers* • *Training attendance records*	
Output 3.1	1. Availability of competent staff to administer safe general anesthesia 2. Provision of equipment and supplies for safe general anesthesia 3. Widened range of anesthesia beyond ketamine	• # of skilled staff anesthetic personnel • # of patients under general anesthesia • *# of surgeries conducted*	• *surgical/anesthesia log book* • *Inventory for anesthesia machine and supplies*	
Output 4. 1	1. *Provision of blood transfusion supplies, eg collection bags* 2. *Availability of lab screening services* 3. *Competent staff in blood transfusion*	• # of patients requiring and receiving blood transfusion services • # of staff trained in safe blood transfusion services	• Patient records • Hospital registers • Training attendance records	
Output 5.1	1. Availability of 24/7 emergency referrals services service within Raja 2. Provision of fuel to the hospital ambulance	• # of referral services conducted total consultations • # of liters provided for the ambulance	• Ambulance log book • Patient records • stock card for fuel	
Output 6.1	1. Established an Emergency preparedness and response task force	• # of staff trained in emergency response • # of training conducted # communicable diseases reported and responded	• IDSR reports • WHO reports • HMIS • DHIS extracts • Training records	

Outcome 1				

Output 1.1	ICU services			
Activity 1.1.1	Provide the drugs and supplies for ICU			
Activity 1.1.2	Recruit 2 nurses for ICU			
Activity 1.1.3	Train staff on critical care management			
Outcome 2				
Output 2.1	Imaging Diagnostics Services			
Activity 2.1.1	Create one functional dark room			
Activity 2.1.2	Recruit a radiographer and an Xray assistant			
Activity 2.1.3	Train 6 staff on basic sonography			
Activity 2.1.4	Perform and Xray and ultra sound scans			
Outcome 3				
Output 3.1	An improved OT with trained and competent anesthetic staff, and broader techniques			
Activity 3.1.1	Provide 1 anaesthesia machine			
Activity 3.1.2	Provide anaesthetic agents and other supplies for General anaesthesia			
Activity 3.1.3	Train staff on use of the anaesthesia machines and general anaesthesia			
Output 4.1	The hospital able to provide immediate transfusion services			
Activity 4.1.1	Provide collection and transfusion bags			
Activity 4.1.2	Provide blood transfusion screening supplies			
Activity 4.1.3	Train staff on safe blood transfusion SOPs			
Output 5.1	The hospital provides ambulance service for all the emergencies requiring referrals			
Activity 5.1.1	Ensure referral system is in place and known to all staff			
Activity 5.1.2	Provide fuel for the ambulance			
Output 6.1	Communicable disease outbreaks detected and responded to within 72 hours			
Activity 6.1.1	Train staff on emergency response			
Activity 6.1.2	Establish an emergency response team			

PROJECT WORK PLAN

Project start date: 1st February 2014 **Project end date:** 31st of May 2014

Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Provide the drugs and supplies for ICU		X										
Activity 1.1.2 Recruit 2 nurses for ICU		X										
Activity 1.1.3 Recruit an anesthetic clinical officer		X										
Activity 1.1.4 Train staff on critical care management		X	X	X	X							
Activity 2.1.1 Create one functional dark room		X										
Activity 2.1.2 Recruit a radiographer and an X-ray assistant		X										
Activity 2.1.3 Train 6 staff on basic sonography		X	X	X	X							
Activity 2.1.4 Perform X-ray and ultra sound scans		X	X	X	X							
Activity 3.1.1 Provide 1 Anesthesia machine		X										
Activity 3.1.2 Provide Anesthetic agents and other supplies for General anesthesia		X		X								
Activity 3.1.3 Train staff on use of the anesthesia machines and general anesthesia		X	X	X	X							
Activity 4.1.1 Provide collection and transfusion bags		X										
Activity 4.1.2 Provide blood transfusion screening supplies		X		X								
Activity 4.1.3 Train staff on safe blood transfusion SOPs		X	X	X	X							
Activity 5.1.1 Ensure referral system is in place and all staff is aware of it		X										
Activity 5.1.2 Provide fuel for the ambulance		X	X	X	X							
Activity 6.1.1 Train staff on emergency response			X									
Activity 6.1.2 Establish an emergency response team			X									
M& E Planning	X											
M&E Site Visits			X		X							
Continuous Monitoring and data analysis		X	X	X	X							

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