

**South Sudan**  
**2014 CHF Standard Allocation Project Proposal**  
*for CHF funding against CRP 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](mailto:chfsouthsudan@un.org)

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CRP 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:**

<b>CRP Cluster</b>	<b>HEALTH</b>
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**CHF Cluster Priorities for 2014 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 CRP 2014.

<b>Cluster Priority Activities for this CHF Round</b>	<b>Cluster Geographic Priorities for this CHF Round</b>
<ul style="list-style-type: none"> <li>a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies</li> <li>b. Support to key hospitals for key surgical interventions to trauma</li> <li>c. Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)</li> <li>d. Communicable disease control and outbreak response including supplies</li> <li>e. Strengthen early warning surveillance and response system for outbreak-prone diseases</li> <li>f. Support immunizations via fixed and mobile health clinics targeting displaced people, and other vulnerable groups including emergency mass vaccination campaigns</li> <li>g. Maintain surge capacity to respond to any emergencies</li> <li>h. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies);</li> <li>i. Provision of Emergency mental health and psychosocial care</li> <li>j. Capacity building interventions will include <ul style="list-style-type: none"> <li>• Emergency preparedness and communicable disease control and outbreak response</li> <li>• Emergency obstetrical care, and MISP (minimum initial service package-MISP)</li> <li>• Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues</li> <li>• Trauma management for key health staff</li> </ul> </li> <li>k. Support to referral system for emergency health care including medevacs.</li> <li>l. Support to minor rehabilitation and repairs of health facilities</li> <li>m. HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>Jonglei</b> – all counties</li> <li>2. <b>Upper Nile</b> – all counties</li> <li>3. <b>Unity</b> – all counties</li> <li>4. <b>Lakes</b> – Awerial, Yirol West, Yirol East and Rumbek North</li> <li>5. <b>Central Equatoria</b> – Juba (IDP camps)</li> <li>6. <b>Warrap</b> - Twic, Agok, Gogrial East, Tonj North, Tonj South and Tonj East</li> </ol>

**SECTION II**

<b>Project details</b>													
The sections from this point onwards are to be filled by the organization requesting CHF funding.													
<b>Requesting Organization</b>	<b>Project Location(s)</b> - 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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">State</th> <th style="width: 10%;">%</th> <th style="width: 60%;">County/ies (include payam when possible)</th> </tr> </thead> <tbody> <tr> <td>Jonglei</td> <td>100</td> <td>Akobo</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	State	%	County/ies (include payam when possible)	Jonglei	100	Akobo						
State	%	County/ies (include payam when possible)											
Jonglei	100	Akobo											
<b>Project CRP Code</b>	<b>CRP Gender Code</b>												
SSD-14/H/59892	0												
<b>CRP Project Title</b> (please write exact name as in the CRP)													
Reduce maternal morbidity and mortality, and provision of emergency surgery through support of Akobo County Hospital													
<b>Total Project Budget requested in the in South Sudan CRP</b>	US\$ 2,150,000												
<b>Total funding secured for the CRP project (to date)</b>	US\$ 600,000												
<b>Funding requested from CHF for this project proposal</b>													
US\$ 300,000													
<b>Are some activities in this project proposal co-funded (including in-kind)?</b> 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)													

<b>Direct Beneficiaries</b> (Ensure the table below indicates both the total number of beneficiaries targeted in the CRP project and number of targeted beneficiaries scaled appropriately to CHF request)		
	<b>Number of direct beneficiaries targeted in CHF Project</b>	<b>Number of direct beneficiaries targeted in the CRP</b>
Women:	7,589	7,589
Girls:	4480	4480
Men:	3,296	3,296
Boys:	4835	4835
<b>Total:</b>	20351	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)

<b>Contact details Organization's Country Office</b>	
Organization's Address	Plot no. 246, Block 3K South Tongping Area Juba Central Equatoria South Sudan
Project Focal Person	Kourtney Rusow <a href="mailto:krusow@internationalmedicalcorps.org">krusow@internationalmedicalcorps.org</a> +21192 713-9331
Country Director	Golam Azam, <a href="mailto:gazam@internationalmedicalcorps.org">gazam@internationalmedicalcorps.org</a> ,  +211 954 894 409
Finance Officer	Hillary Olach <a href="mailto:hiolach@internationalmedicalcorps.org">hiolach@internationalmedicalcorps.org</a> +211-956-834-026
Monitoring & Reporting focal person	Amule Robert Elly <a href="mailto:Arobert@InternationalMedicalCorps.org">Arobert@InternationalMedicalCorps.org</a>

**Indirect Beneficiaries / Catchment Population (if applicable)**

157,000 people in Akobo West and some 30,000 IDPs in Akobo East

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

Indicate number of months: **4 months**  
**1 August – 30 November 2014**

<b>Contact details Organization's HQ</b>	
Organization's Address	1919 Santa Monica Blvd. Suite 400 Santa Monica, CA 90404:
Desk officer	Mera Eftaiha <a href="mailto:meftaiha@InternationalMedicalCorps.org">meftaiha@InternationalMedicalCorps.org</a>
Finance Officer	Stanka Babic <a href="mailto:sbabic@InternationalMedicalCorps.org">sbabic@InternationalMedicalCorps.org</a>

### A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population<sup>1</sup>

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). The most recent figures indicated that some additional 30,000 IDPs are residing in Akobo due to the conflict, which broke out in South Sudan on December 15th, 2013. On average, there are 356 patients in the inpatient department per month, and served 6982 outpatient consultations from January-April. Akobo County Hospital saw a total of 597 surgical procedures, including 180 major operations, including herniotomies and hernioraphies, appendicitis, and even cases of amputation from 2013 alone. Akobo is especially prone to malaria, representing 65% of all cases in 2014. While Malaria usually peaks during the rainy season, cases of malaria peaked in January and February with 1877 cases, of which 94% were under-fives. With the onset of the Cholera epidemic spreading throughout the country in early May, the situation is predicted to continue to worsen. Additionally, psychological trauma is high in the area from years of ongoing conflict, and due to access constraints the first 5 months of the year, the ability to assess and train on psychological first aid and community based psychosocial support services has been limited. "Other conditions", reported in the HMIS database make up nearly 20% of all consultations, but do not relate to acute or chronic physical ailments.

With the onset of the conflict, the area in and around Akobo has remained volatile, with unpredictable population movements, and is now considered an AGF held area. Due to the ongoing and ever evolving security situation, securing a continuous supply of essential drugs, staffing, and conducting community outreach have been difficult in the past six months. International Medical Corps continues to be the leading INGO currently supporting the health care services in Akobo County, with intentions to expand to face the humanitarian needs as they evolve.

### 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. The hospital supports a wide variety of programming, including focusing on emergency obstetric care, pediatrics, VCT, TB and clinical management of rape for survivors of gender-based violence. Funding from CHF the past 4 months was able to further assist in the minor renovation of the maternity unit, and repairs to the hospital infrastructure, however, further investment is needed to support the hospital operations and allow it to be functioning. Further, during the rainy season, the cost of transporting goods and services is high, as charter flights must be used, in addition, health outreach becomes increasingly strained, and boats must be used throughout most of the county.

Routine and emergency services at the hospital are in high demand, as IMC is currently the only health actor. IMA/WB funding was supporting a small portion of Akobo County Hospital costs in the first 6 months of 2014. IMA is currently negotiation with MoH to extend their service contract until July 2015. IMC has been in continuous consultation with IMA to ensure funding is extended for Akobo Hospital activities through July 2015 IMC has secured \$600,000 for the next 6 months through OFDA (until December 31st), specifically to assist in integrating psychosocial support, maternal care and emergency primary health to the displaced. CHF funding will serve to maintain full-scale hospital services, to further integrate the services funded under OFDA, and to maintain the capacity to respond to casualties due to violence, disease outbreaks and growing demands from influxes of displaced populations.

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

#### i) Contribution to Cluster Priorities

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

With this CHF funding, International Medical Corps will directly support health cluster priorities:

- 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
- Maintain surge capacity to respond to any emergencies (across Jonglei)
- Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies);
- Provision of Emergency mental health and psychosocial care
- Support to minor rehabilitation and repairs of health facilities
- Capacity building interventions will include
  1. Emergency preparedness and communicable disease control and outbreak response
  2. Emergency obstetrical care, and MISP (minimum initial service package-MISP)

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

3. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
4. Trauma management for key health staff.

#### ii) Project Objective

State the objective/s of this CHF project and how it links to your CRP 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)

- Strengthen hospital quality of critical hospital in-patient and out-patients services to the 157,000 inhabitants of Akobo county, through supporting medical and laboratory supplies, maternal health and emergency care
- Provide support to the overall OFDA funded project for the next 4 months including provision of services to IDP's in Akobo East
- Increase access to mental health and psychosocial support services in the community and at the hospital level
- Increase provision of maternal and child health.

#### 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).

- Procure and dispatch urgently needed drugs, medical and laboratory consumables and surgical supplies through charter flights
- Establish use of MoH drug supply management tools/system.
- Hire additional community outreach staff
- Create a schedule for on the job trainings on the use of MoH tools, trauma care, and emergency simulations for medical staff
- Evaluate the MISP checklist and 6 signal functions of EMONC
- Continue providing in patient and out patient consultations
- Equip hospital with relevant monitoring tools, and conduct refresher trainings to all staff
- Repair/rent boat to conduct community outreach to encourage health seeking behavior
- Conduct mental health baseline assessment
- Create and implement training schedule for psychosocial support to relevant hospital staff
- Hire and train a mental health officer
- Rehabilitate/ conduct minor repairs needed to the maternity, laboratory, and in patient wings of the hospital
- Ensure 24 hour power supply and preposition fuel to the hospital, for the next 4 months
- 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
- Train community outreach team and hospital staff on Cholera outbreak preparedness, and case definitions
- Conduct community based education and health promotion on a pre-determined schedule
- Conduct refresher training to hospital staff on clinical management for GBV and reinforce referral pathway
- Train emergency staff on IRNA methodology and rapid response strategies
- Conduct one independent assessment of a "hard to reach" location, assessing needs, vulnerabilities and conduct mobile medical services as needed.

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

Briefly describe the results you expect to achieve at the end of the CHF grant period.

1. Increase in the quality of care as measured by the Quantified Supervision Checklists (QSC)
2. Continued consultations and surgical cases at Akobo hospital
3. Increased access to reproductive health and mental health services
4. Increased community awareness and health seeking behavior
5. Secured pharmaceutical/commodity supply for the next 4 months
6. Ability to respond to humanitarian needs via surge support based out of Akobo hospital
7. Infrastructure is repaired and adequately meets the needs of hospital operations

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 # of outpatient consultations	21000 (4,800 boys, 5282 girls, 5349 women, 5567 men)
X	2.	# of <5 outpatient consultations	3600 (1728 girls and 1872 boys)
X	3.	# of surgical interventions carried out	300
	4.	# of births attended by skilled birth attendants	100%
X	5.	# survivors of SGBV receiving clinical care	41
X	6.	# of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)	21000
X	7.	# of health workers trained in emergency preparedness and response	30

8.	# of staff trained in psychosocial support	15
9.	# of emergency assessments conducted (IRNA and MH)	2
10.	# of community outreach workers trained on health outreach messages	17
11.	# of minor rehabilitation projects completed	2
12.	Percentage of complicated obstetric cases treated	100%
13.	# stock outs of essential medicines	0

#### vi). Cross Cutting Issues

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

Health care waste management is a key component of running a hospital 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. While the project pays specific attention to 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.

#### 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)<sup>2</sup>.

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

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

Source/donor and date (month, year)	Amount (USD)
OFDA, 1 May – 31 December 2014	600,000
IMA/World Bank- ends <b>August 31</b>	397,000
<b>Pledges for the CRP project</b>	

<sup>2</sup> CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

**SECTION III:**

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

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. 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		
<b>CHF ref./CRP Code:</b> SSD-14/H/59892	<b>Project title:</b> Reduce maternal morbidity and mortality, and provision of emergency surgery through support of Akobo County Hospital.	<b>Organisation:</b> International Medical Corps (IMC) -UK

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Goal/Impact (cluster priorities)</b>	a. Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies b. Support to key hospitals for key surgical interventions to trauma Maintain surge capacity to respond to any emergencies (across Jonglei) h. Provision of the essential package of reproductive health services in affected communities (safe deliveries, acute newborn care, care for victims of SGBV, and mitigating HIV in emergencies); Provision of Emergency mental health and psychosocial care Support to minor rehabilitation and repairs of health facilities j. Capacity building interventions will include - Emergency preparedness and communicable disease control and outbreak response - Emergency obstetrical care, and MISIP (minimum initial service package-MISIP) - Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues	1. Total # of outpatient consultations 2. # of <5 outpatient consultations 3. # of surgical interventions carried out 4. # survivors of SGBV receiving clinical care 5. # of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits) 6. # of health workers trained in emergency preparedness and response	Clinic records Community outreach sheets HMIS Facility registers	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> </ul>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
	- Trauma management for key health staff			
<b>CHF project Objective</b>	<ul style="list-style-type: none"> <li>- Strengthen hospital quality of critical hospital in-patient and out-patients services to the 157,000 inhabitants of Akobo county, through supporting medical and laboratory supplies, maternal health and emergency care</li> <li>- Provide support to the overall OFDA funded project for the next 4 months including provision of services to IDP's in Akobo East</li> <li>- Increase access to mental health and psychosocial support services in the community and at the hospital level</li> <li>- Increase provision of maternal and child health</li> </ul>	<ul style="list-style-type: none"> <li>• Total # of outpatient consultations</li> <li>• # of &lt;5 outpatient consultations</li> <li>• # of surgical interventions carried out</li> <li>• # of births attended by skilled birth attendants.</li> <li>• # of survivors of SGBV receiving clinical care</li> <li>• # of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)</li> <li>• # of health workers trained in emergency preparedness and response</li> <li>• # of staff trained in psychosocial support</li> <li>• # of emergency assessments conducted (IRNA and MH)</li> <li>• # of community outreach workers trained on health outreach messages</li> <li>• # of minor rehabilitation projects completed</li> <li>• Percentage of complicated obstetric cases treated</li> <li>• # stock outs of essential medicines</li> </ul>	<i>Weekly IDSR</i> <i>HMIS</i> <i>Clinic records</i> <i>Facility registers</i>	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> </ul>
<b>Outcome 1</b>	<ul style="list-style-type: none"> <li>• Quality of care increased, as measured by the Quantified Supervision Checklists (QSC)</li> </ul>	<ul style="list-style-type: none"> <li>• # of births attended by skilled birth attendants</li> <li>• # of health workers trained in emergency preparedness and response</li> <li>• # of staff trained in psychosocial support</li> <li>• # of emergency assessments conducted (IRNA and MH)</li> </ul>	Quantified Supervision Checklist MISP evaluation checklist 6 Signal function evaluation	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> </ul>
<b>Output 1.1</b>	100% Staff receive regular and supportive supervision	<ul style="list-style-type: none"> <li>• Number of supervisory visits per period</li> <li>• Number of QSCs completed</li> </ul>	Direct observation and completed supervision checklist, performance feedback reports.	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ On-going funding</li> </ul>
<b>Activity 1.1.1</b>	Create a schedule for on the job trainings on the use of MoH tools, trauma care, and emergency simulations for medical staff			
<b>Activity 1.1.2</b>	Evaluate the MISP checklist and 6 signal functions of EMONC			
<b>Activity 1.1.3</b>	Equip hospital with relevant monitoring tools, and conduct refresher trainings to all staff			
<b>Outcome 2</b>	Continued consultations and surgical cases at Akobo hospital	<ul style="list-style-type: none"> <li>• Total # of outpatient consultations</li> <li>• # of &lt;5 outpatient consultations</li> <li>• # of surgical interventions carried out</li> </ul>	Weekly IDSR HMIS Clinic records	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> </ul>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		<ul style="list-style-type: none"> <li>• % of births attended by trained birth attendants</li> </ul>		<ul style="list-style-type: none"> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> </ul>
<b>Output 2.1</b>	Increase in # of surgical cases	<ul style="list-style-type: none"> <li>• # of surgical interventions carried out (300)</li> </ul>	Weekly IDSR HMIS Clinic records	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding <ul style="list-style-type: none"> <li>▪ Target communities continue</li> </ul> </li> </ul>
<b>Output 2.2</b>	Increase in # of consultations	Total # of outpatient consultations (21000 (4,800 boys, 5282 girls, 5349 women 5567 men)	Weekly IDSR HMIS Clinic records	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> </ul>
<b>Activity 2.1.1</b>	Continue providing in patient and out patient consultations			
<b>Outcome 3</b>	Increased access to reproductive health and mental health services	<ul style="list-style-type: none"> <li>• % # of births attended by skilled birth attendants</li> <li>• # survivors of SGBV receiving clinical care</li> <li>• # of health workers trained in emergency preparedness and response</li> <li>• # of staff trained in psychosocial support</li> </ul>	Birth registers ANC/PNC cards and registers Training sheets Facility registers Community outreach reports	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> </ul>
<b>Output 3.1</b>	100% of births attended by trained birth attendants	<ul style="list-style-type: none"> <li>• # of births attended by skilled birth attendants</li> </ul>	<i>Weekly IDSR</i> <i>HMIS</i> <i>Clinic records</i>	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding <ul style="list-style-type: none"> <li>▪ Target communities continue</li> </ul> </li> </ul>
<b>Output 3.2</b>	41 # survivors of SGBV receiving clinical care	<ul style="list-style-type: none"> <li>• Number of GBV survivors receiving clinical care</li> </ul>	Weekly IDSR HMIS Clinic records	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> </ul>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Activity 3.1.1</b>	Conduct mental health baseline assessment			
<b>Activity 3.1.2</b>	Create and implement training schedule for psychosocial support to relevant hospital staff			
<b>Activity 3.1.3</b>	Conduct refresher training to hospital staff on clinical management for GBV and reinforce referral pathway			
<b>Activity 3.1.4</b>	Hire and train a mental health officer			
<b>Outcome 4</b>	Increased community awareness and health seeking behavior	<ul style="list-style-type: none"> <li>• # of community outreach workers trained on health outreach messages</li> <li>• Total # of outpatient consultations</li> </ul>	Facility registers/clinic records Trainings sheets Vehicle and outreach reports	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> </ul>
<b>Outcome 4.1</b>	17 community outreach workers trained on health outreach messages	<ul style="list-style-type: none"> <li>• Number of community outreach workers trained on health outreach messages</li> </ul>	Trainings sheets Vehicle and outreach reports	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue</li> </ul>
<b>Output 4.2</b>	2100 outpatient consultations	<ul style="list-style-type: none"> <li>• Number of total outpatient consultations</li> </ul>	Facility registers/clinic records Trainings sheets Vehicle and outreach reports	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> </ul>
<b>Activity 4.1.1</b>	Repair/rent boat to conduct community outreach to encourage health seeking behavior			
<b>Activity 4.1.2</b>	Conduct community based education and health promotion on a pre-determined schedule			
<b>Outcome 5</b>	Secured pharmaceutical / commodity supply for the next 4 months	<ul style="list-style-type: none"> <li>• # of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)</li> <li>• # stock outs of essential medicines</li> </ul>	Procurement plans Purchase orders Delivery of service reports	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ No procurement or access blocks</li> </ul>
<b>Output 5.1</b>	Zero stock outs of malaria drugs and supplies	<ul style="list-style-type: none"> <li>• Number of stock-out of essential medicines and supplies.</li> </ul>	Drug consumption and stock report.	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ No procurement or access blocks</li> </ul>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Output 5.2</b>	Zero stock outs of essential medicines and supplies	<ul style="list-style-type: none"> <li>• Number and length of stock-out of essential medicines and supplies.</li> </ul>	Drug consumption and stock report.	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> <li>▪ No procurement or access blocks</li> </ul>
<b>Activity 5.1.1</b>	Procure and dispatch urgently needed drugs, medical and laboratory consumables and surgical supplies through charter flights			
<b>Activity 5.1.2</b>	Establish use of MoH drug supply management tools/system.			
<b>Outcome 6</b>	Ability to respond to humanitarian needs via surge support based out of Akobo hospital secured	<ul style="list-style-type: none"> <li>• # of health workers trained in emergency preparedness and response</li> <li>• # of staff trained in psychosocial support</li> <li>• # of emergency assessments conducted (IRNA and MH)</li> <li>• # of community outreach workers trained on health outreach messages</li> </ul>	Facility registers/clinic records Trainings sheets Vehicle and outreach reports	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> </ul>
<b>Output 6.1</b>	2 emergency assessments conducted (IRNA and MH)	Number of emergency assessments conducted (IRNA and MH)	Facility registers/clinic records Trainings sheets Vehicle and outreach reports	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> </ul>
<b>Output 6.2</b>	30 health workers trained in emergency preparedness and response	Number of health workers trained in emergency preparedness and response	Facility registers/clinic records Trainings sheets Vehicle and outreach reports	<ul style="list-style-type: none"> <li>▪ Stability in South Sudan and security permits programs to operate</li> <li>▪ No large population movements or displacement</li> <li>▪ On-going funding</li> <li>▪ Target communities continue to be participate in the program</li> </ul>
<b>Activity 6.1.1</b>	Hire additional community outreach staff			
<b>Activity 6.1.2</b>	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			
<b>Activity 6.1.3</b>	Conduct one independent assessment of a "hard to reach" location, assessing needs, vulnerabilities and conduct mobile medical services as needed			
<b>Activity 6.1.4</b>	Train emergency staff on IRNA methodology and rapid response strategies			
<b>Activity 6.1.5</b>	Train community outreach team and hospital staff on Cholera outbreak preparedness, and case definitions			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Outcome 7</b>	Infrastructure repaired and adequately meets the needs of hospital operations	<ul style="list-style-type: none"> <li># of minor rehabilitation projects completed</li> </ul>	Assessments and supervision Delivery of service reports	<ul style="list-style-type: none"> <li>Stability in South Sudan and security permits programs to operate</li> <li>No large population movements or displacement</li> <li>On-going funding</li> <li>Target communities continue to be participate in the program</li> </ul>
<b>Output 7.1</b>	2 rehabilitation projects completed	<ul style="list-style-type: none"> <li>Number of rehabilitation projects completed</li> </ul>	Facility registers Verification of service reports	<ul style="list-style-type: none"> <li>Stability in South Sudan and security permits programs to operate</li> <li>No large population movements or displacement</li> <li>On-going funding</li> <li>Target communities continue to be participate in the program</li> </ul>
<b>Activity 7.1.1</b>	Rehabilitate/ conduct minor repairs needed to the maternity, laboratory, and in patient wings of the hospital			
<b>Activity 7.1.2</b>	Ensure 24 hour power supply and preposition fuel to the hospital, for the next 6 months			

**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.)

<b>Project start date:</b>	<b>1 August 2014</b>	<b>Project end date:</b>	<b>31 November 2014</b>
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Activities	Q2	Q3/2014			Q4/2014			Q1/2015			Q2/2015	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Activity 1 Procure and dispatch urgently needed drugs, medical and laboratory consumables and surgical supplies through charter flights			X	X								
Activity 2 Establish use of MoH drug supply management tools/system.			X									
Activity 3 Hire additional community outreach staff			X	X								
Activity 4 Create a schedule for on the job trainings on the use of MoH tools, trauma care, and emergency simulations for medical staff			X	X	X	X						
Activity 5 Evaluate the MISP checklist and 6 signal functions of EMONC			X	X	X	X						
Activity 6 Continue providing in patient and out patient consultations			X	X	X	X						
Activity 7 Equip hospital with relevant monitoring tools, and conduct refresher trainings to all staff			X	X								
Activity 8 Repair/rent boat to conduct community outreach to encourage health seeking behavior			X	X	X	X						
Activity 9 Conduct mental health baseline assessment			X	X								
Activity 10 Create and implement training schedule for psychosocial support to relevant hospital staff			X	X	X	X						
Activity 11 Hire and train a mental health officer			X									
Activity 12 Rehabilitate/ conduct minor repairs needed to the maternity, laboratory, and in patient wings of the hospital			X	X								
Activity 13 Ensure 24 hour power supply and preposition fuel to the hospital, for the next 4 months			X	X	X	X						
Activity 14 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			X	X	X							
Activity 15 Train community outreach team and hospital staff on Cholera outbreak preparedness, and case definitions			X	X								
Activity 16 Conduct community based education and health promotion on a pre-determined schedule			X	X	X	X						
Activity 17 Conduct refresher training to hospital staff on clinical management for GBV and reinforce referral pathway			X									
Activity 18 Train emergency staff on IRNA methodology and rapid response strategies				X								
Activity 19 Conduct one independent assessment of a “hard to reach” location, assessing needs, vulnerabilities and conduct mobile medical services as needed			X	X	X	X						

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