

South Sudan 2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

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 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 proposal should explain and justify the activities for which CHF funding is requested and it 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. 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

SECTION I:

CAP Cluster	Health
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CHF Cluster Priorities for 2012 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities	Cluster Geographic Activities
<ul style="list-style-type: none"> ➤ Continuation of basic frontline services in high risk counties ➤ Increased emergency preparedness activities ➤ Continuation of support for agencies able to provide surge capacity 	High risk/hotspot counties

Project details

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

Requesting Organization	Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)
International Medical Corps-UK ¹	Jonglei State, Akobo County (100%)
Project CAP Code	
SSD-12/H/46215	
CAP Project Title	
Strengthening basic and emergency health services in west Akobo County, Jonglei state.	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US\$500,000	US \$300,000	US \$2.1 million (under other health programs)

Direct Beneficiaries		Total Indirect Beneficiary
Women:	2,292	7,500
Men:	2,265	Catchment Population (if applicable)
Girls:	1,200	28,748
Boys	1,200	

Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)	Project Duration (max. of 12 months, starting from allocation date)
	Start Date (mm/dd/yy): 04/01/12 End Date (mm/dd/yy): 12/31/12

¹ International Medical Corps UK (IMC-UK) is an independent affiliate of International Medical Corps (IMC), with which it shares the same name and charitable objectives and mission. IMC-UK and IMC work together to deliver assistance programs in an accountable and effective manner in pursuit of their commonly-held charitable objectives. International Medical Corps will be performing services under any agreement under the supervision of IMC UK.

Address of Country Office

Project Focal Person Hilde Bergsma
hbergsma@internationalmedicalcorps.org
 095 663 3084

County Director: Sean Casey
scasey@internationalmedicalcorps.org
 092 353 1873

Finance Officer: Tendayi Masike
tmasike@internationalmedicalcorps.org

Address:
 Plot # 10, Block D;
 Nimre Talata Extension;
 Juba, Central Equatoria;
 South Sudan

Address of HQ

Desk Officer: Mera Eftaiha
meftaiha@InternationalMedicalCorps.org

Finance Officer: Ada Vrdoljak
avrdoljak@InternationalMedicalCorps.org

Address:
 1919 Santa Monica Blvd.
 Suite 400
 Santa Monica, CA
 90404

SECTION II**A. Humanitarian Context Analysis**

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population²

Jonglei State has a long history of inter-communal violence, particularly between the Luo Nuer and Murle ethnic groups. Luo Nuer, a pastoralist society, are based in Akobo County, while Murle, also pastoralist, reside in neighbouring Pibor County. Both groups have a history of raiding cattle practices. The most recent escalation of violence began with a Murle attack on the Lou Nuer community in August 2011, which resulted in the deaths of over 700 people³. Following this attack, the Lou Nuer launched a retaliatory attack on the Murle. Since December 2011, youth of Luo Nuer tribe, armed with non-conventional weapons, attacked Murle for retaliation, cattle raiding and to kidnap children. Approximately 1,100 people died and 120,000 people⁴ were displaced during the fighting, with severe disruption of access to basic services. The brunt of inter-communal violence of early 2012 occurred in Pibor County, however, Akobo County was also affected by the violence. The expectations are that the Murle will retaliate in the dry season of 2012 in Akobo County.

When the community is expecting (retaliatory) attacks, the men organise themselves to fight and the women, children and elderly either seek protection in the larger villages or move towards the impassable terrain in the swamp areas to hide. Akobo County is split by a large impassable swamp area throughout the year. In Akobo East is the County hospital based and majority of the IMC health facilities, in Akobo West Walgak is the only PHCC, which does not have surgical capacity, the four PHCUs are cut off by smaller swamp areas from Walgak and Akobo.

Between January 2011 and January 2012, International Medical Corps noted a sharp increase in the number of patients with trauma and/or war-related wounds. The number of gunshot-related surgeries at Akobo Hospital reached 48 in January 2012, compared to an average of five per month in 2011. In January 2012, Akobo Hospital provided surgical interventions to 113 casualties. The hospital has also seen a marked increase in the number of severe malaria cases compared to previous months, with 791 cases in January 2012 as compared to a monthly average of 398 cases in 2011. Walgak PHCC saw 1,394 patients in the outpatient department during January 2012, an average of 63 patients per day: 6% were war-wounded related patients, and 17 needed hospitalizations for observation and dressing, and 485 tested positive for malaria. This increase is largely attributed to the fact that thousands of people have fled to the swamps following the attacks, without access to shelter or protection from mosquitos.

In Akobo County health personnel have not been able to cope with mass casualties requiring surgical capacity and referrals and communication concerning severely wounded patients to higher-level care.

See annex 1 for the map of the International Medical Corps health facility locations⁵. Not indicated on the map: the large impassable swamp between Akobo West (Walgak) and Akobo East (Akobo). In Akobo West, Yidit PHCU, Buong PHCU and Dirror PHCU are cut off by swamps.

B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

International Medical Corps currently supports the Akobo County Hospital, the Walgak PHCC (WPHCC), and 11 PHCUs in Akobo County. International Medical Corps has been operating in South Sudan since 1994, and running operations in Akobo County since 2011.

² 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 OCHA data, August 2011

⁴ ECHO data, February 2012

⁵ Save the Children manages 1 PHCC in Akobo County, International Medical Corps manages the rest

The conflict in January showed that International Medical Corps' facilities in Akobo County needed improvements to increase capacity to respond to Mass Casualty Incidents. Communication for referrals did not exist, and referrals from displaced communities to the health facilities were delayed. An indirect effect of the violence was the significant increase of communicable diseases seen at the hospital and PHCC (especially complicated malaria and watery diarrhea), due to the displaced community residing in the swamps for safety from the violence and being exposed to the harsh environment for a prolonged period of time. The increased demand at the hospital and PHCC quickly exhausted the routine essential drugs supply (according to consignment) and medical. In light of the area's volatility, it is critical that all health staff have appropriate emergency preparedness training and clinics have an adequate buffer stock of emergency drugs and supplies. An increase of Gender Based Violence has been observed, aimed towards displaced women and children; as such, trainings on GBV treatment and counseling is essential.

The communication between the PHCUs, the PHCC, and the hospital is non-existent: Akobo County has no mobile phone network (outside of Akobo town) and no radio system in place. Though the local referral system⁶ is functioning, improved communication can strengthen it further. For example, advance knowledge of patient arrivals can ensure that the PHCC or hospital is prepared, and patients can be met at a reachable area.

The Walgak PHCC has 24 beds; given the increase in patients and high number of consultations, the facilities are overstretched and in need of expansion and improvement of the existing services. Currently, PHCC lacks basic privacy for patients due to the absence of adequate space and structures. The PHCC does not have an operating theatre, though patients requiring surgery have no alternative health facility to turn to. Improvement of the facilities would allow International Medical Corps to provide essential emergency services in an unstable area.

C. Project Description (For CHF Component only)

i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

Reduce morbidity and mortality among conflict-affected population in Akobo County, Jonglei State.

ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

Result 1: Improved facilities- based emergency preparedness and response capacity for Mass Casualty Incidents (MCI) by the end of the project

Result 2: Improved communication system for referrals from PHCU level to PHCC

Result 3: Construction of operating room in Walgak PHCC

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

1. Improved facilities- based emergency preparedness and response capacity for Mass Casualty Incidents (MCI) by the end of the project

- Train all health facility personnel (nurses, midwives, community health workers, and traditional birth attendants) and County Health Department personnel in emergency preparedness and response during Mass Casualty Incident situations
- Implement an effective patient triage system to ensure priority service for the most critical patients
- Train health facility personnel (head of clinics and Community Health Workers of PHCUs, and nurses, midwives and clinical officers of PHCC) on GBV counseling and treatment (primary counseling, first aid and referral at PHCU level and secondary counseling, treatment of rape and PEP kit treatment at PHCC level) plus the provision of the PEP and rape kits
- Provide an emergency buffer stock of complicated malaria treatment and other communicable diseases plus emergency Mass Casualty Incident supplies

2. Improved appropriate communication system for referrals from PHCU level to PHCC

- Provision of appropriate communication (through VHF radios) system for referral at each PHCU, PHCC and County Hospital
- Training and simulation practice of the line of communication with each health facility and at County Health Department level
- Assist the Boma Health Committees in developing a health emergency preparedness, response and referral plan

3. Construction of an operating room in Walgak PHCC

- Upgrade and equip one operating room in Walgak PHCC to operate on moderately wounded patients

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

International Medical Corps strives to include a gender focus in primary and secondary health care interventions. Given the incidence of Gender Based Violence in emergency settings, International Medical Corps-UK will include Gender Based Violence specific treatment and counseling in all responses.

v) Expected Result/s

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

- Emergency preparedness and response plan in place and 100% of the health personnel at selected health facilities are following Mass Casualty Incident procedures
- Referral communication system in place and 100% relevant personnel trained on the system maintenance and procedures in

⁶ Patients are being transported on stretchers by carriers organised by the local community, since motorised boats or vehicles cannot pass the swamp areas

selected Bomas		
<ul style="list-style-type: none"> Operating room functioning at Walgak PHCC 		
	Indicator	Target (indicate numbers or percentages)
1	125 Health personnel have increased knowledge and perform MCI according to IMC protocol and guidelines	125 health personnel
2	# Of GBV survivors treated according to IMC protocol and provided with PEP kit	At least 48 (3 per month per PHCC)
3	Buffer stock of emergency medical drugs and supplies in place	100% of sites have emergency drugs and supplies in place
4	Communication system in place by the second month of implementation	100% of sites have communication systems established and in use
5	Operating room in place	100% of the construction completed

vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

International Medical Corps-UK will implement the proposed intervention directly. Insecurity affects international and re-locatable staff presence in Walgak, though international and re-locatable staff can be evacuated and based in Akobo temporarily. For the Walgak site, health facilities can be remote management implemented in case of high insecurity. All efforts will be made to maintain relocatable staff at sites for the duration of the project.

vii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

Progress on the proposed intervention will be monitored by training conducted by pre- and post-test results of the participants, supplies in place, emergency preparedness and response plan per health facility in place, communication system in place (which will make data collection and supervision easy for reporting and quality control), and construction in place. Progress will be monitored by IMC Site Managers and technical staff on a monthly basis.

E. Committed funding

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

Source/donor and date (month, year)	Amount (USD)
BSF – 1/1/2012 – 31/12/2012 for primary health care	1,233,894
BPRM – 9/11-6/12 (Akobo Hospital)	900,000

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.

LOGFRAME			
CHF ref. Code: SSD-11/H/38779/13107		Project title: Strengthening Basic and Emergency Health Services in West Akobo County, Jonglei State	Organisation: <u>International Medical Corps-UK</u>
<p>Overall Objective: <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i></p> <ul style="list-style-type: none"> Reduce morbidity and mortality among conflict-affected population in Akobo County, Jonglei State. 	<p>Indicators of progress: <i>What are the key indicators related to the overall objective?</i></p> <ul style="list-style-type: none"> 100% of Mass Casualty Incidents effectively managed by Akobo Hospital, Walgak PHCC and linked PHCUs Hospital/PHCC-based mortality rate <2.4 deaths/1000 persons/month 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Mass Casualty Incident Management Register Facility monthly reports IMC quarterly reports 	
<p>Specific Project Objective/s: <i>What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.</i></p> <ul style="list-style-type: none"> Objective 1: To improve facilities- based emergency preparedness and response capacity for Mass Casualty Incidents (MCI) by the end of the project Objective 2: To improve communication system for referrals from PHCU level to PHCC Objective 3: To construct an operating room at Walgak PHCC 	<p>Indicators of progress: <i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i></p> <ul style="list-style-type: none"> 125 Health personnel have increased knowledge and perform MCI according to IMC protocol and guidelines # Of GBV victims treated according to IMC protocol and provided with PEP kit Buffer stock of emergency medical drugs and supplies in place Communication system in place by the second month of implementation Operating rooms, stabilization rooms, incinerator and latrines in place 	<p>How indicators will be measured: <i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i></p> <ul style="list-style-type: none"> Training reports Attendance sheets HMIS data Stock cards Communication protocol document Monthly reports 	<p>Assumptions & risks: <i>What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?</i></p> <ul style="list-style-type: none"> Rainy season does not limit/prevent access to clinical facilities Inter-communal violence does not damage or reduce access to clinical facilities Violence does not limit access or harm International Medical Corps health personnel Airplanes are able to land during the rainy season
<p>Results - Outputs (tangible) and Outcomes (intangible): <i>Please provide the list of concrete DELIVERABLES - outputs/outcomes (grouped in Workpackages), leading to the specific objective/s:</i></p>	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</i></p> <ul style="list-style-type: none"> Training plan and final emergency plan in place Referral system in place 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Training plan Training reports Attendance sheets Pre and post test results 	<p>Assumptions & risks: <i>What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?</i></p> <ul style="list-style-type: none"> Supplies can be bought in country

<ul style="list-style-type: none"> • Emergency preparedness and response plan in place and 100% of the health personnel are following Mass Casualty Incident procedures • Referral communication system in place and 100% relevant personnel trained on the system maintenance and procedures • 100% health personnel updated knowledge of Gender Based Violence counseling and treatment • Operating room functioning at Walgak PHCC 	<ul style="list-style-type: none"> • Post test results show increase of knowledge • Construction plan and schedule 	<ul style="list-style-type: none"> • HMIS data • Stock cards • Communication protocol document • Monthly reports 	<ul style="list-style-type: none"> • Supplies not available in country can be brought in country in time • Community is cooperative and engaged • Local authorities and SMOH continue to provide support
<p>Activities: <i>What are the key activities to be carried out (grouped in Work packages) and in what sequence in order to produce the expected results?</i></p> <ol style="list-style-type: none"> 1. Improved facilities- based emergency preparedness and response capacity for Mass Casualty Incidents <ul style="list-style-type: none"> • Train all health facility personnel (nurses, midwives, community health workers, and traditional birth attendants) and County Health Department personnel in emergency preparedness and response during Mass Casualty Incident situations • Implement an effective patient triage system to ensure priority service for the most critical patients • Train health facility personnel (head of clinics and Community Health Workers of PHCUs, and nurses, midwives and clinical officers of PHCCs and County Hospital) on GBV counseling and treatment (primary counseling, first aid and referral at PHCU level and secondary counseling, treatment of rape and PEP kit treatment at PHCC and County Hospital level) plus the provision of the PEP and rape kits • Provide an emergency buffer stock of complicated malaria treatment and other communicable diseases plus 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</i></p> <ul style="list-style-type: none"> • Personnel: <ul style="list-style-type: none"> a. Surgeon (Walgak) b. EDC Fellows (2) c. Management and support personnel • Equipment/infrastructure <ul style="list-style-type: none"> a. Operating room b. Surgical equipment and supplies c. Radios for communication d. Adequate drug supply • Mobilities <ul style="list-style-type: none"> a. Transportation to/from health facilities b. Transportation from Juba to field sites 		<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> • Rainy season does not limit/prevent access to clinical facilities • Inter-communal violence does not damage or reduce access to clinical facilities • Violence does not limit access or harm International Medical Corps health personnel • Airplanes are able to land during the rainy season

<p>emergency Mass Casualty Incident supplies</p> <p>2. Improved appropriate communication system for referrals</p> <ul style="list-style-type: none"> • Provision of appropriate communication (through VHF radios) system for referral at each PHCU, PHCC and County Hospital • Training and simulation practice of the line of communication with each health facility and at County Health Department level • Assist the Boma Health Committees in developing a health emergency preparedness, response and referral plan <p>3. Rehabilitation and reconstruction of operating room</p> <ul style="list-style-type: none"> • Upgrade and equip stabilization rooms and operating rooms in Akobo Hospital and Walgak PHCC to stabilize and/or operate on moderately wounded patients • Increase warehouse capacity to pre-positioned medical supplies 			
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PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Result 1: Improved facilities- based emergency preparedness and response capacity for Mass Casualty Incidents															
• 1.1 Train all health facility personnel (nurses, midwives, community health workers, and traditional birth attendants) and County Health Department personnel in emergency preparedness and response during Mass Casualty Incident situations				x	x	x	x	x	x	x	x	x			
• 1.2 Implement an effective patient triage system to ensure priority service for the most critical patients				x	x	x	x	x	x	x	x	x			
• 1.3 Train health facility personnel (head of clinics and Community Health Workers of PHCUs, and nurses, midwives and clinical officers of PHCCs and County Hospital) on GBV counseling and treatment (primary counseling, first aid and referral at PHCU level and secondary counseling, treatment of rape and PEP kit treatment at PHCC and County Hospital level) plus the provision of the PEP and rape kits					x		x		x		x				
• 1.4 Provide an emergency buffer stock of complicated malaria treatment and other communicable diseases plus emergency Mass Casualty Incident supplies				x	x	x	x	x	x	x	x	x			
Result 2: Improved appropriate communication system for referrals															
• 2.1 Provision of appropriate communication (through VHF radios) system for referral at each PHCU and PHCC					x	x									
• 2.2 Training and simulation practice of the line of communication with each health facility and at County Health Department level					x		x		x		x				
• 2.3 Assist the Boma Health Committees in developing a health emergency preparedness, response and referral plan						x	x	x							
Result 3: Reconstruction of operating room															
• 3.1 Upgrade and equip operating room in Walgak PHCC to stabilize and/or operate on moderately wounded patients				x	x	x									
• 3.2 Increase warehouse capacity to pre-positioned medical supplies				x	x										

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