2013 Common Humanitarian Fund for South Sudan

CHF Reserve Application Template

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund
or contact the CHF Technical Secretariat CHFsouthsudan@un.org

Note:
This application shall be submitted to the cluster coordinator and co-coordinator for the relevant cluster with copy to the CHF Technical Secretariat.

If the project is not already in the CAP a project sheet must also be prepared and submitted into OPS.

CHF Reserve No.	
Date Received:	
CAP Project	☐ Yes ☐ No
Focal point:	

To be filled in by the CHF Technical Secretariat

CHF Reserve Grant Request Summary	
Requesting Organisation:	**International Medical Corps-UK**
Project Title:	**Reduce maternal morbidity & mortality and provision of emergency surgery and in patient care through support of Raja Civil Hospital**
Project Code (if CAP project):	**SSD-13/H/55438**
Cluster/Sector:	**Health**
Geographic areas of implementation (list State, County and if possible Payam. If the project is covering more than one State please indicate percentage per state):	**Western Bahr el Ghazal, Raja County, Raja Payam**
Total project budget:	**$ 650,000**
Amount requested from CHF Reserve:	**$ 500,000**
Project Duration (indicate number of months, starting date will be Allocation approval date):	**6 months, from 1/1/13 -30/6/13**
Total number of beneficiaries targeted by the CHF Reserve grant request (disaggregated by sex/age):	Indirect: 65,000 Direct target beneficiaries: 7000 children < 5 (3500 male and 3500 females) outpatient 700 children < 5 receive in-patient care 650 pregnant women receive ANC1 service 400 women receive skilled attendance at delivery 1300 adults receive in-patient and out-patient care (not including RH)
Implementing partners (include those that will benefit/ sub-grant from CHF funding):	n/a
Project Contact Details (Provide names, phone numbers, and emails of head of your organization, and the project focal person)	Sean Casey, International Medical Corps Country Director-South Sudan Phone: +211 (0) 913 763 123 Email: scasey@internationalmedicalcorps.org Project Focal Person Patricia McLaughlin, International Medical Corps Deputy Country Director Phone: +211 (0) 921 236 807 pmclaughlin@internationalmedicalcorps.org

A. Humanitarian Context (Context Analysis)

- In approximately 1,000 words briefly describe the humanitarian situation in the specific region/area where CHF Reserve activities are planned for with reference to assessments and key data, including the number and type of the affected population[1].
- Also explain relation to the work of other partners in the area.

Raja county general information

Raja County is one of three counties in Western Bahr el Ghazal (WBG) state, bordering South Darfur in the North, Central African Republic (CAR) in the West, Western Equatoria State in the South and WBG (Wau county) in the East. Raja County consists of four *Payams* (districts): Raja, Ere, Ringi and Uyujuku. Table 1 shows the population of Raja County based on WHO polio survey data[2]:

Table 1: Demographics of Raja County

Payam	Population	Male (51%)	Female (49%)	Infants <1 (5%)	Children <5 (21%)	WCBA (25%)	PLW (5.6%)
Raja	42,176	21,510	20,666	2,109	8,857	10,544	2,362
Ere	7,164	3,654	3,510	358	1,504	1,791	401
Ringi	9,390	4,789	4,601	470	1,972	2,348	526
Uyujuku	7,038	3,589	3,449	352	1,478	1,760	394
Total County	**65,768**	**33,542**	**32,226**	**3,288**	**13,811**	**16,442**	**3,683**

Raja Hospital provides health services including CEmOC services, referrals and emergency care, surgery, as well as inpatient and outpatient care, to one of the most remote and isolated counties of South Sudan, Raja County, which has a population of 65,768 people, 2/3 of whom live in Raja payam. While Raja County has not suffered significant violent incidents during 2012, there are several factors that can potentially destabilize Raja County. These include disputes over border demarcation, conflicts between farmers and pastoralist populations, regional instability leading to displacement of populations and the spread of infectious disease across borders.

The demarcation of the Sudan-South Sudan border is a major cause of tension in the area (South Darfur in Sudan and Raja County in South Sudan). The 2005 CPA requires a return to the 1956 border: if this requirement is implemented, the Kafia Kingi enclave will become part of Raja County in the South Sudanese state of Western Bahr al-Ghazal. The Kafia Kingi enclave contains forests, copper mines and other mineral wealth. The border area that includes the Kafia Kingi enclave is where Raja, the westernmost county of WBG, meets Radom locality in South Darfur. The enclave is the largest of the areas along the North–South border due to be transferred to the South. While the demarcations efforts are stalled, local armed groups and general insecurity in surrounding areas make this a situation with the potential to spark localized conflict and affect local communities. It is estimated that more than 15,000 people are displaced into Raja County, mainly into Firka, although limited access due to insecurity makes difficult to confirm the data[3]

A more recent potential threat is disease outbreaks in South Darfur may cross the border into Western Bahr el Ghazal. On November 28, 2012 a South Sudanese FMOH/CDC surveillance team planned to travel to Western Bahr el Ghazal to investigate suspected cases of yellow fever in South Sudan, after studies

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

[2] Semi-structured interview with WHO/WBG consultant, November 2012

[3] MSF CD personal communication. November 2012

confirmed over 100 cases in South Darfur.

Raja Hospital serves primarily the 42,176 people of the payam, and is an extremely busy county hospital. It has seventy-nine beds (nineteen in the male ward, twenty-one in the female ward, the maternity has fifteen and the paediatric ward twenty-four), and an extremely high occupancy rate. For example, during September 2012, 164 total admissions were reported in the paediatric ward (bed occupancy ratio is 94.2 %), while during malaria season occupancy rate is over 100%. Overall, from January to October 2,668 Inpatients were attended. In September alone seventy-one deliveries and five caesarean sections were performed. Surgeries in general average 51/month (although in the month since the MSF surgeon left, no surgeries have been performed by the MoH surgeon).

Outpatient consultations also show high utilization of hospital services. There were over 17,000 paediatric outpatient consultations from January to October 2012 (14,449 < 5 and 2,600>5), an average of 60-90/day. ANC, which is offered only twice a week, saw 3,615 clients, on average more than 46 clients a day.

Medecins Sans Frontiers-Spain (MSF-S) has supported the delivery of emergency and in-patient and outpatient paediatric and reproductive health services, and the corresponding pharmacy/laboratory support services in Raja county since 2010, with a special focus on Raja County Hospital. However, MSF-S is scaling down its presence in Raja with a view to complete cessation of its support to Raja Hospital at the end of November 2012. Raja Hospital has relied very heavily on this support. MSF support included payment of 22 seconded MOH staff, and 73 MSF-paid hospital-based staff, providing free drugs and laboratory services, clinical supervision, logistical support (including fuel for the generator), development of a functioning M&E system, and support to the referral system. Paediatric and SRH services have been almost entirely dependent on MSF support and existing MoH staffs have not been systematically supported to assume these activities. A recent assessment done by IMC in Raja hospital indicates severe shortage of drugs, medical consumable s and laboratory supplies that makes it difficult to provide the intended services. A few days gap between MSF exit and IMC start (mainly caused by an insecurity situation in Wau due to protest against change of the location of the County seat) resulted in disappearance of some items that were initially left by MSF including drugs and medical supplies (some of which shared with the PHC facilities and SPLA), fuel and other essential medical and laboratory supplies that are essential for delivery of life serving services.

The MoH currently does not have the capacity to immediately assume salaries of its 22 seconded staff or to deploy the minimum additional staff needed to maintain the delivery of quality paediatric, sexual and reproductive health, (SRH), emergency and other hospital services without external support.

B. Grant Request Justification

- In approximately 500 words describe why CHF Reserve funding is sought for this project, and why this particular activity is important. Explain why the activity is time critical and need rapid funding through the CHF Reserve.
- Confirm that your organization's internal reserves or other donor funds are not immediately available and/or appropriate to fund the proposed activities. Please provide information on which donors or what other funding sources have been approached.
- Briefly describe the value added by your organization
- Describe why this activity was not funded through the CHF standard allocation process, and what has changed since that process was completed to make this project emerge as a priority.

Raja County Hospital provides life-saving medical services to the population of Raja country, with special emphasis on in patient and outpatient paediatric and sexual and reproductive health services, including EMOC. Its in-patient and outpatient caseload is high, as detailed in the section above. In the context of South Sudan, Raja Hospital is currently a well-functioning facility, but the agency currently supporting the hospital, Medecins sans Frontier-Spain, has scaled down support, physically left end of Novemberand will cease all salary support to the hospital at the end of December 2012 for internal reasons. Immediately after MSF departure and before IMC took over some drugs and supplies that were meant for the hospital use disappeared and others were shared with the PHCC/PHCU facilities and SPLA facilities in the county creating

a shortage of essential medicine and supplies that need to be replenished immediately for the services to continue.

International Medical Corps-UK does not have internal reserves to meet this urgent need, so has met with South Sudan representatives of DfID, EU, BSF, OFDA and MSF-S to discuss support for Raja. BSF intends to support IMC's work in Raja Hospital with a grant of approximately $150,000 for the months of December 2012 and January 2013. IMC is requesting CHF to fund this project from its special reserve from 1st January to 30 June 2013. We will also approaching OFDA through its Rapid Response Fund to meet potential shortfalls in the budget from April onward.

IMC is the ideal agency to assume support to Raja hospital because it is one of a handful of agencies that support hospital level and/or surgical services, and in fact is currently supporting these services in Akobo and Pochalla counties in Jonglei state. IMC also has a record in South Sudan of being able to build government capacity to assume responsibility for direct provision and management of hospital level health services, as it has done in Kajo Keji hospital in the past. IMC has the added advantage of being able to move in quickly, as we are currently in Wau supporting the National Health Training Institute Midwifery School.

C. Project Description

i) Purpose of the Grant

In approximately 500 words , briefly describe how CHF funding will be used to support core humanitarian activities

The purpose of this grant is to ensure continued provision of critical hospital in-patient and out-patients services to the 65,000 inhabitants of Raja county, immediately procure the urgently needed drugs, medical and laboratory supplies and to maintain existing improvement to the quality of care, prioritizing paediatric services (both IPD and OPD); Sexual and Reproductive Health Services; disease surveillance and emergency care (both emergency care and emergency response, particularly outbreaks and conflict-related) and ensure universal precaution and infection control.

ii) Objective

The objective should be specific, measurable, achievable, relevant and time-bound.

From January through June 2013:

1) Procure urgently needed drugs, medical, laboratory consumables and surgical supplies, and establish use of MoH drug supply management tools/system.
2) Ensure the continued provision of quality in-patient and out-patient services, including paediatric, sexual and reproductive health and emergency care services to approximately 10,050 patients;
3) Strengthen universal precaution, infection control and health care waste management behaviours among hospital staff.
4) Maintain disease surveillance and hospital emergency preparedness/response capacity

iii) Proposed Activities

List the main activities to be implemented with CHF Reserve funding. Sate the exact location of the operation (provide map if relevant). As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

1. Ensure urgently needed drugs, medical, laboratory consumables and surgical supplies, and establish use of MoH drug supply management tools/system.
   - Ensure availability of essential drugs, medical, laboratory and essential sanitation supplies (through MoH and direct procurement and transport)
   - Secure the MoH Pharmaceutical supply chain management tools for Raja Hospital
   - Train and supervise relevant staff in the use of MOH SCM tools

2.Provide quality in-patient and out-patient paediatric, sexual and reproductive health and emergency services

- HR support: Hire existing South Sudanese MOH-seconded staff from December 20th 2013; supplement current MOH staff with IMC hired expatriate medical doctor (hospital management support), and surgeon and approximately 50 additional South Sudanese medical and support staff
- Assume the provision/management of paediatric, sexual reproductive health and emergency services
- Supportive supervision of clinical services, pharmacy and laboratory

3. Strengthen universal precaution, infection control and health care waste management behaviours among hospital staff
   - Routinely monitor universal precaution, infection control and health care waste management during supervision visits
   - Offer refresher training to staff not complying with standards
   - Establish universal precaution and infection control sub-committee to the hospital management committee
4. Maintain disease surveillance and emergency response capacity
   - Ensure weekly ISDR reports compiled and sent to CHD/SMOH and national level, and alert relevant as per protocols
   - Revise emergency preparedness and response plans and hold one simulation with hospital staff
   - Provide on-the-job and refresher training to operating theatre staff on surgical interventions and related procedures.

In addition, IMC-UK will coordinate with the SMOH, CHD and existing Raja Hospital Management Team, as well as HealthNet-TPO, which supports some lower level health services in Raja County.

iv) Cross Cutting Issues

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

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. The project targets women of reproductive age with a view to improving the health status of women, however OPD and emergency service provision is need-based and gender-blind.

v) Expected Outcomes

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

Expected service delivery outcomes for the four months include in-patients and out-patients services, by age and sex and number of births attended by skilled birth attendants. Improvement in quality of care, particularly regarding universal precaution and infection control and health care waste management will be ensured through supportive supervision.

SOI	*Indicator*[4]	*Target*
x	1. Total direct beneficiaries (male and female)	1. 10,050
x	2. Total number of consultations (male and female)	2. 1,300 Patients (adults) receive in-patient and out-patient care (not including RH)
x	3. Number of <5 consultations (male and female)	3. 7000 children < 5 (3500 male and 3500 females) receive outpatient treatment 700 children < 5 receive in-patient care for children
	4. ANC1 service for pregnant women	4. 650 pregnant women
x	5. Women receive skilled attendance at delivery	**5.** 400 women

[4] For M&R proposes, the list of standard output indicators will be revised at a later stage to ensure it is consistent with the revised Health Standard Indicators updated in 2013.

x	6. Number of health workers trained in communicable diseases / infection control	6. 50 health workers and hospital support staff trained
x	7. Communicable disease outbreaks detected and responded to within 72 hours	8. 80% disease surveillance reports submitted on time to SMOH Number of outbreaks detected Number of outbreaks detected responded within 72 hours

vi) Implementation Plan

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.

IMC-UK will implement the program directly, in coordination with the WBEG SMOH, Raja County Health Department and the Raja Hospital management team.

vii) Monitoring Plan

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

IMC-UK staff will be monitor progress using monthly DHIS/HMIS tools, (registers/client cards/summary sheets), and supportive supervision findings.

D. Secured funding

Please provide details of secured funds for the project from other sources. Indicate the date (month and year) when the funding was secured.

Source/donor and date	**Amount** *(USD)*
BSF	**150,000-**
	-
	-

SECTION III:

LOGFRAME		
CHF Ref. No. or **CAP code: SSD-13/H/55438**	**Project title: Reduce maternal morbidity & mortality and provision of emergency surgery and in patient care through support of Raja Civil Hospital**	**Organisation: IMC UK**

Overall Objective: Avoid a rupture in Raja Hospital service provision, particularly of Paediatric, sexual and reproductive health and emergency care.	**Indicators of progress:** Client utilization figures detailed below, as compared to the same period the previous year No unscheduled service closures	**How indicators will be measured:** HMIS service provision data	
Specific Project Objective/s: . 1) Ensure the continued provision of quality in-patient and out-patient services, including paediatric, sexual and reproductive health and emergency care 2) Procure urgently needed drugs, medical and laboratory consumables and surgical supplies, and establish use of MoH drug supply management tools/system 3) Strengthen infection control and waste management behaviours among hospital staff 4) Maintain disease surveillance and emergency response capacity	**Indicators of progress:** Availability of essential drugs, laboratory, and surgical supplies at hospital level MoH Pharmacy, Dispensary, registers and stock cards in use Number of total direct beneficiaries Number of < 5 consultations Number of births attended by a skilled birth attendant Scores of monitoring/supervision checklists relating to infection control and waste management practices compared to August 2012 Percentage ISDR submitted by deadline Score of emergency preparedness simulations Potential suspected/confirmed yellow fever cases handled as per protocol .	**How indicators will be measured:** HMIS registers, summary reports, client cards Supervision checklists (observation, interviews) ISDR submission records Project raining/simulation records Client records/case review/WHO and MOH assessment of response	**Assumptions & risks:** • Delays in funding may lead to staff leaving and mismanagement of supplies, that can effect future performance • Insecurity may result in displaced/refugee population movement into Raja county which may increase numbers receiving care but lower quality and standard of infection prevention
Results - Outputs (tangible) and Outcomes (intangible): 1. IMC –Raja staff and office functioning 2. Staffing meets MOH standard in sexual and reproductive health services, in and out-patient paediatrics, and for emergency care 3. Staff receive clinical supervision on a monthly basis	**Indicators of progress:** % of key staff position remain filled during transition period Number and type of staff per clinical service area compared to MOH standard . Number of staff receiving clinical supervision, documented in supervision checklist and action plans	**How indicators will be measured:** Staffing records, Drug Inventory reports, HMIS registers and summary reports, direct observations and completed supervision checklist, performance feedback reports, drug consumption and stock reports, and WASH monitoring checklist	**Assumptions & risks:** • As above

4. Drugs laboratory and surgical supplies available at Raja Hospital 5. Appropriate management of drugs and laboratory supplies 6. Infection control and waste management protocols being followed 7. Staff trained in emergency response and disease surveillance	No stock out of drugs and supplies after January MoH drug SCM system introduced and in as per protocols Score on WASH monitoring/supervision checklist tool Number of MoH staff trained in disease surveillance and reporting Number of staff trained in emergency response related skills		
Activities: • Negotiate MoU with local authorities • Office set-up • Recruitment and/or deployment of expatriate staff • Hiring of MSF staff, and recruitment and hiring of additional staff • Participation in hospital management committee • Procurement of drugs and medical supplies • Provision/management of essential services • Supervision of essential clinical services, pharmacy and laboratory. • Creation of an infection control/waste management sub-committee at hospital • Monitoring/Supervision of staff to ensure infection control/waste management procedures • Individual on the job training and mentoring (clinical, pharmacy/labs/infection control) • Provision of needed job aids	**Inputs:** • Staff • Staff housing/furniture • Office space/supplies/furniture • Equipment/supplies: vehicle, communication equipment (vsat, satellite phone), computers • Support costs • Job aids educational materials, checklists, protocols • Travel and management support costs		**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?* •

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**			**Q2**
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April
Result 1												x				
1.1 MoUs negotiated with relevant local authorities												x				
1.2 IMC staff deployed to Raja												x	x			
Result 2: Provision of services												x	x			
2.1 Hiring of essential staff for Raja Hospital												x	x	x	x	x
2.2 Participation in the hospital management committee												x	x	x	x	x
2.3 Provision of clinical services												x	x	x	x	x
Result 3 Clinical Supervision																
3.1 Supervision of clinical services												x	x	x	x	x
3.2 Provision of mentoring and on-the-job training by IMC/MOH supervisors/clinical directors													x	x	x	x
Result 4: appropriate management of drugs and laboratory supplies																
4.1 Inventory of essential drugs and supplies												x				
4.2 Procurement and transport of essential drugs and supplies													x	x		
Result 5: appropriate management of drugs and laboratory supplies																
4.0 Provision of MoH SCM management tools to Raja Hospital														x		
4.1 Supervision, mentoring and on-the-job training of pharmacists and lab technicians													x	x	x	x
4.2 Timely reporting and ordering of essential drugs													x	x	x	x
Result 6: Infection control and waste management																
5.1 Creation of an infection control sub-committee of the hospital management committee, with specific tasks assigned													x			
5.2 Monthly monitoring/supervision of infection control/waste management in all relevant clinics; with corresponding action plan developed												x	x	x	x	x
5.3 Implementation of action plan developed in activity 5.2													x	x	x	x

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

CHF Reserve Grant Request Review Section – Internal

Reviewer		Justification/clarification/recommendations
Function/Title:	Cluster Coordinator or co-coordinator	Please see the changed proposal from IMC following our meeting yesterday. Feedback has been given to IMC and the changes have been made accordingly. A further discussion this morning with Dr Allan, Sean (IMC) and myself took place to decide on appropriate indicators that were measurable and these indicatotrs have been changed as a result. I would appreciate it OCHA and Medair can have a look at the proposal so we can put this forward to the board as soon as possible.
Name:	Suzanne	
Organisation:	MERLIN	
Date:	06 Dec 2012	
Recommendation:	Grant recommended : ☒ Yes ☐ No	
Function/Title:	State-level focal point	As indicated in the IMC request, Raja County is one of the three Counties in WBeG. It is a vast County in terms of geographical space and far removed from Wau Town, the State administrative headquarters. The County's isolation and terrible roads network serves as a great disincentives for humanitarian and development actors to operate in that County. Only few humanitarian actors have a physical presence in Raja County with very little movement into payams outside Raja Town. MSF-Spain which used to complement the efforts of the SMoH has indicated that they will phase out of the County and relocates elsewhere, this means a vacuum will be created in the health sector in Raja. Therefore IMC's desire to support the Raja County hospital is definitely timely and a welcome boost for the people of Raja that are struggling virtually for every basic necessities of life. Certainly health's needs are critical in the County and I will support the idea for IMC's CHF reserve request to be granted.
Name:	**Moseray Sesay**	
Organisation:	OCHA Head of Sub-Office	
Date:	15 Dec 2012	
Recommendation:	Grant recommended : ☒ Yes ☐ No	
Function/Title:	CHF Technical Secretariat	
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : ☐ Yes ☐ No	
Function/Title:		
Name:		
Organisation:		
Date:		
Recommendation:	Grant recommended : ☐ Yes ☐ No	