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

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 Priorities
• Strengthen preparedness for emergencies including surgical interventions • Respond to health related emergencies including control the spread of communicable diseases	All ten states with more emphasis on Jonglei, Upper Nile, Unity, Warrap, NBeG and Lakes States

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)
WHO	All ten states with more emphasis on Jonglei,(20%) Upper Nile(15%), Unity(15%), Warrap (10%), NBeG (10%) and Lakes States(10%).Other states account for 5% each.
Project CAP Code SSD-12/H/46378/122	
CAP Project Title Enhancing surgical and mass causality management capacities of hospitals in South Sudan	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US$ 865,095	US$ 399,966	US$ Nil

Direct Beneficiaries	
Women:	**2548**
Men:	2652
Girls:	
Boys	

Total Indirect Beneficiary
400,000

Catchment Population (if applicable)

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)
MOH	**Start Date April/1/ 2012** **End Date March /31/ 2012**

Address of Country Office	Address of HQ
Project Focal Person: Dr. Abdi Aden Mohamed Email & Tel: +211927361440 e-mail country director: Mohameda@nbo.emro.who.int e-mail finance officer: nejib01youssef@yahoo.fr Address: Ministry of Health Compound Juba, South Sudan	e-mail desk officer e-mail finance officer: Address:

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 population[1]

The current humanitarian situation in South Sudan remains fluid and unpredictable, this will continue to impact heavily on the ability of the government to provide basic services and respond to the growing humanitarian needs of which emergency surgical services are critical, At the end of 2011, South Sudan faced the worst humanitarian emergency in the country characterized by massive tribal conflicts with a considerable number of fatalities. The insecurity in the country is currently affecting all the 10 states generating large-scale tribal conflicts and putting civilians at serious risk. The violence (currently and during 2011) is linked to activities of armed militias, seasonal inter-communal cattle raiding, resettlement of returnees, competition for natural resources and tensions between the South Sudan and Sudan. The tribal clashes intensified in past year .For example, the recent wave of violence is the latest in a series of large-scale clashes between the Lou Nuer and Murle in Jonglei State leading to more than 4,000 death(unconfirmed) and over 140,000 others displaced .Thirty two conflict related incidents have been reported since the beginning of the year(2012) with 251 confirmed deaths(OCHA 2012).

The health system analysis indicates that the existing surgical capacity in the country is very weak and this can be demonstrated by the recent challenges faced during the tribal clashes in Jonglei state, where a total of 206 critically injured patients were evacuated to Juba due to the limited surgical capacity at state and county level to handle and provide life saving surgeries. Over 508 patients received emergency surgery care supported by WHO through the ministry of health and cluster partners. The county hospitals and primary health care centers are not in position to offer emergency surgical services and the patients have to be referred to county hospitals that also have limited capacity to support the care.

Gaps in providing life saving treatment and surgical interventions remain a challenge especially given the increased number of violence related trauma cases in hospitals in 2011. A total of 1055 patients were treated for violence related injuries in 2011 of which 41% were gunshot wounds and 46.4% were other violence related injuries. Of these 12.6% received blood transfusions. It should be noted that the conflict related incidents have increase from 275 in 2010 to 488 in 2011(OCHA) with over 3406 fatalities. Since January 2012,a total of 681 patients from conflict related injuries have been attended to in key referral hospitals in Jonglei(16%),Uppernile(5%),Unity(13%),CES(33.8) and Warrap State(8%).

WHO has played a critical role in the prepositioning and delivery of trauma kits, surgical supplies for which the state hospitals heavily rely on for life saving surgery in time of need to meet the increasing needs for provision of surgical services

It is thus recognized that the MOH, SMOH and health partners rely heavily on WHO for medical supply provision and it is anticipated this will continue in the next nine months of 2012.

The necessity for adequate emergency preparedness and response for surgical interventions is thus a priority ensuring vulnerable populations in conflict related areas have access to life saving surgical care.

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

Southern Sudan's current surgical services do not meet the needs of the population. Deaths from traumatic causes are widespread. Considering the current humanitarian situation, there is a tremendous lack of professional health staff, most notably medical doctors and trained nurses. Indicative of these poor staffing levels is the current level of medical and nursing care for critically ill patients at county and state hospitals. Contributing to the current inadequate state of providing surgical services to emergency patients is the fact that most of state hospitals are lacking the necessary equipments for operation theatres, anaesthesia and blood transfusion. As a result diagnosis and accurate surgical treatment is often delayed leading to poor survival rates of trauma patients. To compound to this situation is the lack of protocols and guidelines for emergency surgical services. Very few medical staff are properly trained to provide emergency care and anaesthetic services, casualty levels of these patients is unacceptably high. Intertribal clashes have been experienced in a number of states with reported casualties. Due to unavailability of surgical services in most of the state referral hospitals, most of the wounded patients are referred to Juba Teaching Hospital.

The proposed project will address the human resource gap in all referral hospitals by recruiting short term trauma specialists, procure necessary medical equipment and provide refresher training on emergency care and anaesthetic services. The project addresses one of the key priorities of the sector to reinforce the hospitals capacity to respond to surgical emergencies and mass casualties and there is no immediate funding to continue this critical intervention when the CHF grant of 2011 expires and there remains a crucial need to continue to improve essential care and emergency surgical care

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

The CHF grant will support and strengthen the state hospitals to be prepared to respond and mass causalities from conflict related incidents and any other life threatening surgical emergencies The need for Hospital Managements' capacities to respond to mass casualties, as well as for more trained clinical staff to provide 24-hour quality surgical and anesthesia interventions remains an utmost priority. The CHF grant will support the operational aspect of the humanitarian activities to ensure that state hospitals are provided with life saving kits(trauma, emergency surgical requirements), and in improving nursing care and infection control mechanisms. Hospital emergency preparedness plans will be developed and instituted in the hospital, and will be activated once the hospitals receives mass causalities. The proposed project will address the most vital gaps in the targeted state hospitals in South Sudan in terms of technical capacity, human resources, organization, equipment and supplies to enable the hospitals handle surgical emergencies

ii) Objective

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

By end of 2012, provide technical support and assist the national authorities to strengthen the system and increase capacities to effectively offer emergency surgical interventions in the seven states.

iii) Proposed Activities

[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.

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.

- Support the transportation and provision of trauma kits and augment essential emergency and surgical drugs and supplies.
- Ensure that essential life saving supplies are available to the key referral hospitals(Malakal,Bentiu,Bor,Awiel,Warrap,Lakes and Juba)
- Training of doctors and nurses in key state hospitals (Malakal, Bentiu, Bor, Awiel, Warrap, Lakes and Juba) on trauma management.
- Recruit short term surgical and anesthesiology consultants to be deployed in state referral hospitals at the time of need, and provide on-the-job training for junior doctors / medical officers..
- Provision of pharmaceutical supplies to ensure 24 hour provision of surgical and anesthesia interventions;
- Establishment of systematic information and reporting system for surgical care in hospitals.
- Support the Hospitals to develop emergency preparedness and response plans to be able to cope with extra load of mass causalities.
- Support the state hospitals to strengthen blood transfusion services that are safe
- Provide technical assistance to improve trauma treatment services in key referral hospitals

iv). Cross Cutting Issues

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

Interventions will entail provision of emergency services to both male and female, adolescents and has a component of infection control principles that will consider HIV/AIDS prevention and universal safety precautions. The waste management aspect will also cover areas regarding environmental health in hospital settings

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.

- 30 medical officers receive refresher training on management of trauma cases; and 20 nurses are trained on nursing care for trauma cases
- Surgeons and Anesthesiologists are deployed in hospitals with high volume of causalities
- Mass causality patients and the vulnerable population injured due to conflicts are treated and access life saving surgery
- Seven key referral hospitals have no stock-outs of essential anesthesia and surgical drugs and supplies
- Hospitals produce regular monthly surgical reports which are analyzed and utilized for monitoring and evaluation of interventions
- Seven state hospitals have surgical kits and supplies prepositioned to respond to potential emergencies
- Seven state hospitals with standard SOP for mass casualty management

	Indicator	Target (indicate numbers or percentages)
1	Number of Health workers who have received refresher training on management of trauma cases	30 Medical Officers trained and 20 Nurses trained on Trauma management
2	Number of patients treated for guns shot wounds, trauma and conflict related injuries	3120
4	Hospitals producing regular monthly surgical reports which are analyzed and utilized for monitoring and evaluation of interventions	80% of the six key referral hospitals
5	Key referral hospitals have surgical kits and supplies prepositioned to respond to potential emergencies and report no drug stock outs	100%

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.

This will be majorly a facility based project and the key implementing institutions is the MOH. WHO will have the overall responsibilities to lead and monitor the coordination activities in collaboration with Ministry of Health and health partners at all levels. The duration for implementing of the CHF funded activities will be 12 months. The project will be implemented by the emergency unit of WHO with close collaboration of health cluster partners as implementing partners. WHO will provide technical support to all the agencies and health partners involved in the response. The coordination of the health emergency supplies and trauma kits will be undertaken by WHO with support of EHA technical unit.. Referral system and medvacs for wounded patients will be strengthened in collaboration with ICRC and MSF. Transportation of medical supplies to the states or counties will be contracted by UNHAS, IOM and private charter planes
WHO will support and facilitate joint monitoring missions with MoH officials and health partners so as to monitor the implementation of health project and identity any gaps. WHO Midterm and final project reports will be submitted to CHD secretariat

vii) Monitoring Plan

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

The monitoring process will aim at tracking the implementation of planned activities. Most of the indicators will be derived from the existing HMIS data base, theater records and in areas that the HMIS is fragile; it will have to be strengthened as a part of the data management. Analysis of the quarterly reports entailing the indicators will be followed. The regular (weekly, monthly) tracking of the level of implementation will be done by the WHO focal points in the field with the technical support and expertise from the regional and headquarter offices. The tracking will be done against the indicators trough the indicated means of verification mainly weekly and monthly reports as well as some deliverables like the health cluster or epidemiological bulletin, and regular field visit of the EHA focal point and the WHO representative

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)
None	

SECTION III:

LOGFRAME		
CHF ref. Code: SSD-12/H/46378/122	**Project title: Enhancing surgical and mass causality management capacities of hospitals in south sudan**	**Organisation: WHO**

Overall Objective: To improve better access for the injured to quality secondary health care services that include life saving emergency surgery	**Indicators of progress:** • Number of health workers trained in mass causality and trauma surgery • Number of the injured that are treated for conflict related injuries • Number of key referral hospitals that are able to perform surgery • Number of key staff deployed in critical hospitals	**How indicators will be measured:** • Assessment reports from the support supervising visits in the target states • Training reports • Data bases form functional theatres	
Specific Project Objective/s: To strengthen the capacity of the hospitals in South Sudan to respond to surgical emergencies and trauma surge	**Indicators of progress:** • Number of hospitals that are able to provide lifesaving surgery to mass casualties and the injured from the conflict related incidents • Number of key hospitals with resident surgeons to carry out surgical interventions	**How indicators will be measured:** • HIS data bases indicating the number of injured that were managed in key referral hospitals • Number of hospitals with adequate surgical kits at their disposal • Deployment rosters and recruitment records	**Assumptions & risks:** • Conditions allow deployment of key staff enabling continuity of hospital operations. • The injured are able to access the hospitals
Results - Outputs (tangible) and Outcomes (intangible): • 30 medical officers receive refresher training on management of trauma cases; and 20 nurses are trained on nursing care for trauma cases • Surgeons and Anaesthesiologists are deployed in hospitals with high volume of causalities • Hospitals produce regular monthly surgical reports which are analysed and utilized for monitoring and evaluation of interventions • Seven state hospitals have surgical kits	**Indicators of progress:** • Number of health workers trained on trauma management and war surgery • Technical staff recruited and deployed to support the hospitals with surgery • Number of state hospitals supplies with surgical kits to support the response	**How indicators will be measured:** • Training report for the activities • Number of states hospitals with emergency supplies, surgical kits prepositioned • HMIS data indication the number injured managed • Number of hospitals in key states with functional theatres	**Assumptions & risks:** • MOH maintains the required human resources, essential drugs, items to support the hospitals.

anaesthesia and surgical drugs ,and supplies prepositioned to respond to potential emergencies • Seven state hospitals with standard SOP for mass casualty management	• Number and type of emergency surgical and trauma care services provided in the hospitals		
Activities: ▪ Ensure that essential life saving supplies are available to the key referral hospitals(Malakal,Bentiu,Bor,Awiel,Warrap,Lakes and Juba) ▪ Training of doctors and nurses in key state hospitals (Malakal, Bentiu, Bor, Awiel, Warrap, Lakes and Juba) on trauma management. ▪ Recruit short term surgical and anesthesiology consultants to be deployed in state referral hospitals at the time of need, and provide on-the-job training for junior doctors / medical officers. ▪ Support the Hospitals to develop emergency preparedness and response plans to be able to cope with extra load of mass causalities. ▪ Support the state hospitals to strengthen blood transfusion services that are safe ▪ Provide technical assistance to improve trauma treatment services in key referral hospitals	**Inputs:** • Technical officers(Surgeons and anaesthesiologists) to carry out emergency surgery • Lifesaving emergency drugs,anesthesia drugs, surgical drugs and trauma kits • Essential drugs and sundries • Health workers from the county health departments and SMOH • Emergency response protocols and SOPs		**Assumptions, risks and pre-conditions:** • Stable security situation in the key state • Critical health workers and technical officers are available • Targeted hospitals are accessible by the patients and causalities

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.

	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
Building capacities of the hospital and providing technical assistance to ensure quality emergency trauma and surgical care															
Activity (1.1) Recruitment and deployment of surgeons in key referral hospitals				x	x	x					x	x	x	x	x
Activity (1.2)Implementation of on job training for medical staff at hospital level on surgical skills				x	x	x	x	x	x	x	x	x	x	x	x
Activity (1.3**)** Health workers trained on mass causality management and trauma care including hospital response plans				x	x	x	x				x	x			
Activity (1.4) Provision of SOP and clinical protocols for emergency surgical and trauma case management				x	x	x	x	x	x	x	x	x	x	x	x
Activity (1.6) Provision of trauma kits, anesthesia drugs and essential surgical supplies to the hospitals				x	x	x	x				x	x	x	x	
Activity(1.7)Strengthen blood transfusion services in selected critical hospitals						x	x					x	x	x	
Activity (1.8) Monitoring field interventions and response				x	x	x	x	x	x	x	x	x	x	x	x
Activity(1.9) Strengthening HIS in the six emergency states				x	x	x	x	x	x	x	x	x	x	x	x