

**South Sudan**  
**2012 CHF Standard Allocation Project Proposal**  
*Proposal for CHF funding against Consolidated Appeal*  
 For further CHF information please visit <http://bit.ly/mo6h>, [statsouth.ssfcrf.org/mo6h](http://statsouth.ssfcrf.org/mo6h) or contact the CHF Technical Secretariat [cbf@unicef.org](mailto:cbf@unicef.org) or [cbf@unicef.org](mailto:cbf@unicef.org)

**SECTION I:**

**CAP Cluster**

**HEALTH**

CHF Cluster Priorities for 2012 First Round Standard Allocation

<b>Cluster Priority Activities</b>	<b>Cluster Geographic Activities</b>
<ol style="list-style-type: none"> <li>To maintain the existing safety net by providing basic health packages and emergency referral services.</li> <li>To strengthen emergency preparedness including surgical interventions.</li> <li>To respond to health related emergencies including controlling the spread of communicable diseases.</li> </ol>	Unity, Warrap, Upper Nile, Jonglei, Northern Bahr el Ghazal and Lakes States.

**Project details**

<b>Requesting Organization</b>	<b>Project Location(s)</b>
UNICEF	Upper Nile, Unity, Northern Bahr El Ghazal, Jonglei, and Warrap States (these focus states have high numbers of refugees, returnees and internally displaced persons)
<b>Project CAP Code</b>	UNICEF is the only organization providing EPI vaccines and associated supplies in South Sudan which are made available to the Ministry of Health and all NGOs implementing EPI activities, thereby covering all the ten states in the country.
SSD-12/H/46251/R/124	
<b>CAP Project Title</b>	
Vaccine Preventable Disease Control through Routine and Supplementary Immunization Interventions	

<b>Total Project Budget in South Sudan CAP</b>	<b>Amount Requested from CHF</b>	<b>Other Resources Secured</b>
US\$ 12,964,641 (as per revised CAP mid-year review)	US\$ 665,014	US\$ 4,495,426

<b>Direct Beneficiaries</b>	<b>Total Indirect Beneficiary</b>												
<table border="1"> <tr> <td>Women:</td> <td></td> </tr> <tr> <td>Men:</td> <td>315,070 (6 month to 15 years); measles</td> </tr> <tr> <td>Girls:</td> <td>327,930 (6 month to 15 years); measles</td> </tr> <tr> <td>Boys:</td> <td>119,850 (0 – 59 months); polio</td> </tr> <tr> <td>Girls:</td> <td>115,150 (0 – 59 months); polio</td> </tr> <tr> <td>Boys:</td> <td></td> </tr> </table>	Women:		Men:	315,070 (6 month to 15 years); measles	Girls:	327,930 (6 month to 15 years); measles	Boys:	119,850 (0 – 59 months); polio	Girls:	115,150 (0 – 59 months); polio	Boys:		200 health workers (120 men and 80 women) <b>Catchment Population (if applicable)</b> Mainly 5 high risk states prioritizing Upper Nile, Unity state (for refugee responses) and Warrap, Northern Bahr El Ghazal and Jonglei states.
Women:													
Men:	315,070 (6 month to 15 years); measles												
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Girls:	115,150 (0 – 59 months); polio												
Boys:													

<b>Implementing Partners</b>	<b>Project Duration (max. of 12 months, starting from allocation date)</b>
<ul style="list-style-type: none"> <li>Ministry of Health – Republic of South Sudan; Supplies worth of US\$ 80,000</li> <li>State Ministries of Health (in the focus states); Supplies worth of US\$ 80,000</li> <li>Various NGOs implementing EPI activities (they will mainly receive EPI supplies – vaccines, injection materials and cold chain equipment procured through UNICEF)</li> </ul>	Start Date: 1 <sup>st</sup> October 2012 End Date: 30th April 2013

<b>Address of Country Office</b>	<b>Address of HQ</b>
Project Focal Person: Dr. Daniel Ngeniera Email & Tel: <a href="mailto:dngemerera@unicef.org">dngemerera@unicef.org</a> +211965355890 e-mail country Representative: <a href="mailto:yhaque@unicef.org">yhaque@unicef.org</a> e-mail finance officer: <a href="mailto:mngandju@unicef.org">mngandju@unicef.org</a> Address: UNICEF South Sudan Country Office Toho Chat P. O. Box 4	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.

Child mortality is particularly high in South Sudan with the Infant and Under-Five Mortality Rates estimated at 75 and 105 per 1,000 live births respectively (Sudan Household Health Survey 2010). This is compounded with low immunization coverage through routine immunization and the increased number of measles cases in South Sudan since the beginning of the influx of returnees from the North in November 2012. The numbers of measles cases have continued to increase in 2012 despite the fact that measles emergency response and follow up campaigns have been carried out across the 10 state as well in the high risk areas with high influx of returnees, refugees and IDPs (Jonglei, Unity and Upper Nile states).

In responding to the measles outbreaks, about 20 mop-up campaigns implemented as outbreak response in 20 counties from December 2010 to August 2011 with a total number of 210,590 children vaccinated. Measles follow-up campaigns have been carried out in 10 states with attained coverage ranging from 70% - 98%. This means that a lot of children were missed during the follow up campaigns could be the reason for the continued measles outbreaks in some of the counties and states and this calls for continued action to ensure that high immunity profile in the host communities, refugee and returnee communities is attained and sustained.

It is over three years since the last case of wild polio virus was reported in South Sudan, this has been made possible due to intensive implementation of 20 polio immunization days campaigns in all 10 states. The decreased number of Supplementary Immunization Activities (SIAs) (NIDs and sub-NIDs) since 2010 combined with the current low routine immunization coverage might lead to a cumulative increase of susceptible children under five years of age to wild polio virus through importation. The decreased number of SIAs was due to decreasing risk in South Sudan whereby the last case of polio and also the decrease in the funding from the global polio eradication partners as South Sudan was categorized as no longer high risk country. However, with current poor indicators both for routine immunization, SIAs and surveillance the risk of wild polio outbreak remains high especially among the refugees and returnees.

The risk of outbreak of vaccine preventable diseases remains high especially among the refugee and returnees population if efforts are not made to attain and sustain high coverage among these groups but at the same time continuing protecting children from host communities who are served through a rather fragile immunization and health system. The existing EPI system is not strong enough to respond to emergencies and at the same time continue reaching children across the 10 states without additional resources. With increased number of refugees (estimated by UNHCR to be at around 205,000) and the general population of around 2 million in needs of humanitarian assistance there is a need to continue providing immunization to ensure that children are protected against vaccine preventable diseases.

The cold chain system which is core to provision of immunization services also needs substantial support. The comprehensive cold chain inventory report which was conducted with support from UNICEF indicates a major gap in terms of cold chain coverage and functionality especially in Upper Nile, Jonglei and Unity state. Most of the counties health facility levels are operating without a proper functioning cold chain system (*44 out of the 79 counties in South do not have a functional cold chain especially those counties hosting high numbers of returnees and refugees*). In this situation, it will be very difficult for health workers at all levels within the ministry of health and NGOs to have access to sufficient quantities of potent and viable vaccines to enable them to respond immediately in case of any outbreaks of any vaccine preventable diseases. The capacity also was observed in the area of effective vaccine management, lack of strategies by the state and county health departments to reach out the refugees and returnees populations with quality immunization services.

The project proposed for funding from CHF will enable UNICEF to fill in the highlighted gaps by ensuring that the vaccines and assorted supplies for supporting emergency immunization services in the high risk states of South Sudan in the remaining months of 2012 and the first six month of 2013. This will enable UNICEF to fulfil her core commitments to cater for the increased needs of children less than 5 years of age following the continuous influx of refugees from South Kordofan and Blue Nile States, as well as returnees and internally displaced persons in the priority states. The current numbers of returnees and IDPs in the five focus states of Warap, Jonglei, Unity, Upper Nile and Northern Bahr El Ghazal as at the end of January 2012 are: 284,428 returnees and 426,162 IDPs with a majority of the displaced persons being in Jonglei state following the Pibor clashes between December 2011 and January 2012. UNICEF was substantially involved in providing vaccines, injection materials and cold chain equipment to the Ministry of Health and NGOs coordination immunization activities among the displaced person groups, resulting in all eligible children less than five years of age benefiting from measles and polio vaccinations. Another challenge experienced recently has been the increased use of measles vaccines among the high risk groups especially in refugees where currently has been noted that most of the implementing partners are immunizing children up to 15 years of age and in the initial forecast of needs only the estimates were made for children less than 5 years of age, as result most of the measles procured for regular program were used to cover for the increased needs among the refugees.

Since the measles cases continue to be reported among returnee groups and IDPs indicating that these groups of children are at higher risk of contracting measles, polio and other vaccine preventable diseases and at the same time spreading the disease to the host communities and hence this calls for urgent attention to ensure that all boys and girls less than 5 years of age are vaccinated

<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 situations/variables/indicators to national and/or global standards.



and to sustain high immunization coverage therefore increasing herd immunity and hence preventing outbreaks. With the funding from CHF UNICEF will continue to provide the essential vaccines and EPI supplies required to support implementation of immunization activities during emergencies and to continue strengthen the already over-burdened routine EPI system in South Sudan to be able to address emergencies as well. Therefore, the funding support will procure additional vaccines for emergency measles response in all areas where outbreaks are reported, support interventions among the refugees, IDPs and returnees (in most cases this will reach children up to 15 years of age and hence increased needs) In addition, new cold chain hubs in high risk countries and health facilities will be established and new cold chain equipment installed as well as repair and maintenance of the existing equipment. The special attention will be in areas with high number of returnees, refugees and internally displaced persons (IDPs).

#### B. Grant Request Justification

To prevent outbreak of vaccine preventable diseases particularly measles and polio requires continued and sustained life-saving and urgent vaccination interventions to protect children (boys and girls) against the major vaccine preventable diseases. The proposed interventions under this proposal are in line with the agreed sector priorities for 2012 as immunization services through provision of vaccines and cold chain equipment for storage of vaccines is one of the core functions of the sector in an emergency context.

It is also important to note that all vaccines, injection materials and cold chain equipment to support implementation of routine immunization and emergency immunization campaigns are procured by UNICEF and one of the major challenges has been on securing long term and predictable funding to ensure consistent supply of vaccines, injection materials and cold chain equipment. Funds to support immunization interventions are mobilised from various donors such as Bill and Melinda Gates Foundation, USAID/OFDA, Rotary International and Government of Japan. However, these funds are limited only to support few activities such as social mobilisation for polio eradication initiatives and procurement of vaccines mainly for routine immunization services leaving a major funding gap for procurement of vaccines for emergency interventions and strengthening of the cold chain systems at various levels to support the delivery immunization services in high risk states.

UNICEF continue to address the immunization needs due to the increased number of refugees and the measles outbreaks which have not been interrupted in most of the counties over the past 18 months. In addition, the number of IDPs and returnees of the 18 months have increased (about 600,000 returnees and 400,000 IDPs) mainly in the five priority states of Warrap, Unity, Upper Nile, Jonglei and Northern Bahr El Ghazal). In this regard, the number of children in need of immunization services has therefore increased and hence depleting the already available resources meant to support routine immunization services. In addition, with the increased refugee population from areas with very low immunization coverage, the age of children to vaccinate for measles vaccination has been increased from 5 years to 15 years which justifies for the increased utilization of measles vaccine.

The central cold chain in Juba and in the high risk states does not have adequate storage capacity of vaccines and hence insufficient to meet the current increased storage needs of vaccines for emergency response. With the increasing demand, large quantities of vaccines are required to be stored at Juba level for easy dispatch in high risk areas and at the same time the focus states of Warrap, NBEQ, Jonglei, Upper Nile and Unity do not have sufficient capacity to store large quantities of vaccines and it may be difficult to respond urgently in case of outbreaks. In most of the areas where the returnees will be residing there is limited network of cold chain equipment and hence the available resources will not be enough to support the establishment of cold chain systems in the returnees and internally displaced persons areas and host communities; this therefore calls for the additional support from the CHF to increase the capacity of the cold chain systems to store vaccines and freeze enough ice-packs for immunization campaigns.

Access and utilization of immunization services in South Sudan is still a major challenge and therefore continued risk for the outbreak of diseases particularly measles and polio. While efforts are being made through routine EPI, immunization campaigns against vaccine preventable diseases should continue to sustain the high immunity profile among the vulnerable children. The threat for an outbreak still exists since most of the success observed is attributed to the vaccination campaigns. Therefore, continuation of emergency immunization services especially for measles (15 years of age) and for polio (up to 5 years of age); and at the same to ensure that all children affected by emergencies will complete their schedules of routine immunization before the first birth day.

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

##### 1) Purpose of the grant

In view of the above background and needs, the CHF funding will be used to address the most vulnerable children both boys and girls below 5 years of age, particularly within populations of returnees, refugee and internally displaced persons, who are exposed to the risk of vaccine preventable diseases mainly measles and polio. This project will contribute in reducing the morbidity and mortality resulting from VPDs in the 5 high risk states.

In addition, 200 health workers (80 male and 70 female) who are involved in the delivery of immunization services will be trained to support in raising awareness among community members, leaders, caregivers and service providers as well as ensuring proper management of vaccines and cold chain systems to ensure prompt delivery of sufficient quantities of potent vaccines particularly in response to emergencies. The project will also mobilize and advocate for increased male involvement in demanding for immunization services to ensure that all eligible children both boys and girls are protected against vaccine preventable diseases particularly measles and polio. It is estimated that through CHF support a total 643,000 children 6months to 15 years months affected by



emergencies mostly in the five states will be vaccinated against measles and wild polio. It is estimated that 543,000 (6 months – 15 years) will be vaccinated against measles and 235,000 children below 5 years will receive an average of 3-4 doses of polio vaccine to assure maximum protection.

Furthermore, UNICEF aims at commencing CHF support in the procurement of additional solar fridges for establishing of cold chain hubs in the refugee affected areas. The repair and maintenance of the existing cold chain equipment in the high risk states guided by the comprehensive cold chain inventory study to ensure adequately functioning cold chain with sufficient capacity to for effective response during emergencies. Technicians to carry out the installation and repairs will have already been contracted and additional support will enable UNICEF to continue retaining these technicians for additional 6 months in 2013. To ensure that vaccines are kept within the recommended temperatures there is a need for the constant supply of generators which requires fuel (diesel). The support from CHF will also be used to cover operational costs for running the generators which provides power to the central vaccine store stores in Juba and respective state capitals.

UNICEF is therefore seeking the support from CHF to fill up the existing funding gaps to help in reaching the un-reached children in the priority states with high numbers of returnees, refugees and internally displaced persons. The CHF support will procure additional vaccines, injection materials and support strengthening of the cold chain systems. The additional costs are not covered with the available funding. CHF support will also be used for technical support through deployment of staff with technical skills in immunization service delivery as well as cold chain technician to support in strengthening the cold chain system. **Out of the estimated CAP needs of nearly 12 million US\$, UNICEF has only secured about 4.5million US\$ from CERF, CHF, internal resources and other donors. Although the available funds are not enough to cater for the increased needs.**

#### iii) Objective

- To ensure that 643,000 children 6 months – 15 years years of age are protected against measles and 235,000 children will receive at least 3-4 doses of polio vaccines at various intervals.
- To ensure that at least 85,000 children less than one year of ages in refugees camps, IDPs, returnees and host communities receive all recommended 6 antigens before their first birth day.

#### iii) Proposed Activities

1. Procurement of measles, polio and injection materials for provision of emergency EPI services among children in the affected refugees, returnees, IDPs and host communities.
2. Provide technical support through recruitment of Health officers and Logistics Experts to coordinate the planning and implementation of the emergency immunization interventions and strengthening the capacity of health workers and SMOH staff.
3. Strengthening the cold chain through installation of about 20 solar fridges in the hot spot areas with high numbers of returnees and refugees to ensure continued provision of immunization services through recruitment of 3 cold chain technicians.
4. Improve the capacity of cold storage sufficient enough to meet the current demand particularly during emergencies through continuation of rehabilitation of vaccine stores in Upper Nile and Unity state. There still pending work to be completed due to increased cost. The CHF round 1 supported the rehabilitation but due to increased cost especially high transportation cost the budget was not enough and hence the need for additional funds.

#### iv) Cross Cutting Issues

This proposal is addressing the most vulnerable children both boys and girls below 5 years of age exposed to the risk of vaccine preventable diseases. This proposal will contribute in raising awareness among caregivers and services to ensure that rights of boys and girls to health care specifically to immunization services are realized. During implementation of the project, more female health workers will be enrolled, trained and encouraged to participate in immunization service provision. The project will also mobilize and advocate for increased male involvement in immunization service provision. In addressing the environmental issues, the project will ensure that injection safety and immunization waste disposal are given first priority and will be in accordance with the MOH and international agreed standards. The EPI injection safety will also address the issue of HIV/AIDS prevention among health workers.

#### v) Expected Results

##### Expected Outcomes/Results

- a. 643,000 children aged 6 months – 15 years particularly among returnee, refugee and IDP populations are immunized against measles.
- b. 235,000 children aged 0 months – 59 months are protected against wild polio virus.
- c. 2 vaccine stores in Unity and Upper Nile are rehabilitated and fully equipped to increase vaccine storage capacity and are fully functional.
- d. Cold chain equipment installed, maintained and repaired in Warrap, Upper Nile, Jonglei, Unity and Northern Bahr El Ghazal states.

	Indicator	Target (Indicate numbers or percentages)
1	Number of measles vaccinations given to under 5 in emergency or returnee situation	Attain over 50% coverage among the returnees, refugees and IDP children
2	Polio coverage at each SIA	95% of children reached at each SIA (by administrative coverage) and over 90% through finger marking
3	Number of health facilities, Counties and state with functional cold chain systems (repair, installed and replaced) based on the cold chain inventory report	150 health workers (80 male and 70 female) trained in vaccine/cold chain management, social mobilization and appropriate immunization practices
4	Total direct beneficiaries	643,000 children 6 months to 15 years of age for measles vaccine and 235,000 children 0 months – 5 months for polio vaccination.



**v) Implementation Mechanism**

The implementation of planned activities will be based on the agreed work plan between UNICEF and the government at central and state level and is accordance with the UNICEF and Republic of South Sudan joint programme of cooperation 2012-2013. Therefore the implementation will be carried out by the Ministry of Health at ROSS and state level with the support of various NGOs implementing immunization activities.

All vaccines, injection materials and cold chain equipment procured through UNICEF will be distributed through Government at central and state MOH. NGOs will access most of these supplies through the state cold chain stores. NGOs operating in hard to reach areas with limited access to state headquarters will sign a project cooperation agreement with UNICEF and they will be provided with supplies directly from UNICEF warehouse and the central vaccine stores in Juba. Rehabilitation of the cold chain stores will be done through fund disbursements to the respective state ministers of health and installation, maintenance and repair of cold chain equipment through internal and externally contracted technicians.

Training of health workers will be done in line with MOH and international guidelines and will be done jointly by UNICEF and the MOH at central and state levels.

**vii) Monitoring Plan**

To ensure monitoring of the progress towards attainment of the result set towards strengthening of immunization services, various monitoring and evaluation mechanisms will be instituted. The following will be carried out as part of the monitoring of progress:

- a) Continuous documentation of the best practices will take place to facilitate the scaling up of the initiative and a set of indicators as stipulated in the Government strategies and UN work plan will be used to ensure that there is synergy between the proposed activities and the government plans for sustainability purpose.
- b) All state and counties will be supported to improve on data quality starting from collection and reporting. This will include training, provision of various data collection and reporting tools. Also quality control will be enhanced through periodic data auditing at health facility, Payam, County and State level.
- c) Joint monitoring of project activities between UNICEF, NGOs and Government at central and state level will be carried regularly and quarterly review meetings will be conducted and necessary adjustments will be made to deliver the results.
- d) Reports on the progress and results will be prepared quarterly and biannually to ensure that there is continuous feedback and ensures project accountability.

**Reporting plan:** the reporting will be based on the regular weekly, monthly and quarterly monitoring reports from the 5 states and the technical guidance and support from UNICEF zonal offices in Malakal and Wau as well as UNICEF staff stationed in the five states.

**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)
CERF	\$ 1,574,678
CHF	\$ 560,748
Other sources (Donor funds from: OFDA, Rotary International, BMGF)	\$ 2,350,000
<b>Total secured funding</b>	<b>\$ 4,485,426</b>



### SECTION III:

LOGFRAME					
<b>CHF ref. Code:</b> SSD-12/H/46251/R124		<b>Project title:</b> Vaccine Preventable Disease Control through Routine and Supplementary Immunization Interventions		<b>Organisation:</b> UNICEF	
<b>Overall Objective:</b> <ul style="list-style-type: none"> <li>To interrupt the outbreak of vaccine preventable diseases such as measles, and polio.</li> </ul>		<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>Number of confirmed wild polio case</li> <li>Number of confirmed measles cases</li> </ul>		<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>Vaccine Preventable Diseases (VPD) Weekly reports</li> </ul>	
<b>Specific Project Objective/s:</b> <ul style="list-style-type: none"> <li>To protect all children below five years of age against vaccine preventable diseases with special focus on measles and wild polio.</li> </ul>		<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>Number of children vaccinated against wild polio and measles.</li> </ul>		<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>Tally sheets by immunization teams</li> <li>Payam, County and State administrative coverage reports.</li> <li>Post campaign monitoring of finger markings of children immunized.</li> </ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>Immunization teams are recording their activities correctly and accurately.</li> </ul>
<b>Results - Outputs (tangible) and Outcomes (intangible):</b>		<b>Indicators of progress:</b>		<b>How indicators will be measured:</b>	<b>Assumptions &amp; risks:</b>
1	Measles vaccination coverage in high risk areas	Number and % of children 6-59 months who received measles vaccination among the returnees' children and in host communities.		Tally sheets and data compiled by SMOH and NGOs following the emergency immunization campaigns.	Immunization teams are recording their activities correctly and accurately.
2	Polio coverage at each NIDs	Number and % of children reached at each NID (by administrative coverage) and over 90% through finger marking among the high risk populations.		Tally sheets and data compiled by SMOH and NGOs following the emergency immunization campaigns.	Immunization teams are recording their activities correctly and accurately.
<b>Activities:</b>		<b>Inputs:</b>		<b>How indicators will be measured:</b>	<b>Assumptions, risks and pre-conditions:</b>
1	<b>Procurement of vaccines and injection materials</b>				
1.1	Procurement measles and polio vaccines as well injection materials to support implementation of emergency immunization interventions	Number of doses of measles, polio vaccines and injection materials procured and distributed		UNICEF supply & logistic reports	No significant delays in procurement and transportation of solar fridges from UNICEF supply division.
2	<b>Continue with Rehabilitation of vaccine cold stores and installation, repair and maintenance of cold chain equipment</b>				
2.1	Rehabilitation of vaccine stores in unity and Upper Nile states.	The volume of space available at Upper Nile and Unity state vaccine stores for storage of additional vaccines for rapid response.		Monthly stock reports, UNICEF supply and logistics reports	The contractor to carry out the rehabilitation will start and complete the work within agreed timelines



2.2	Installation, repair and maintenance of cold chain equipment in Warrap, Unity, Upper Nile, Jonglei and Northern Bahr El Ghazal states.	The number and type of equipments installed, repaired and replaced based on the cold chain equipment inventory.	Monthly stock reports, UNICEF supply and logistics reports	The contractor to carry out the installation, repair and maintenance will start and complete the work within agreed timelines.
3	<b>Technical support provided for implementation of accelerated immunization activities</b>	<b>Number of staff recruited to provide technical support to key partners in implementing emergency immunization responses.</b>	<b>UNICEF HR Records</b>	<b>Timely recruitment of technical staff with adequate skills and knowledge to facilitate processes.</b>
3.1	Technical support provided at central level to effectively respond to vaccine preventable disease outbreaks and emergency response through immunization.	Availability of clear micro-plans, guidelines and strategies for responding to vaccine preventable disease out-breaks.	MOH/GOSS Records and guidelines, protocols and tools disseminated to state and county level	Timely recruitment of technical staff with adequate skills and knowledge to facilitate processes
3.2	Technical support provided in 5 high risk states to effectively respond to vaccine preventable disease outbreaks and emergency response through immunization among returnees, IDPs and host communities	Number of state supported to increase their capacity in planning	State EPI reports, micro-plans for responding to outbreaks.	Timely recruitment of technical staff with adequate skills and knowledge to facilitate processes

## PROJECT WORK PLAN

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

Activity	Q4 / 2012			Q1 / 2013			Q2 / 2013			Q3 / 2013			Q4 / 2013		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Result 1 – Distribution of Vaccines and Injection Materials</b>															
• Activity 1.1: Procurement of measles and polio vaccines and injection materials	X	X	X	X	X										
<b>Result 2 – Rehabilitation of vaccine cold stores and installation, repair and maintenance of cold chain equipment</b>															
• Activity 2.1: Rehabilitation of vaccine stores in Unity and Upper Nile states	X	X	X	X	X	X									
• Activity 2.2: Installation, repair and maintenance of cold chain equipment in Warrap, Unity, Upper Nile, Jonglei and Northern Bahr El Ghazal states (contracts for cold chain technicians).	X	X	X	X	X	X	X	X	X						
• Activity 2.3 Provide technical support through recruitment of Health offices and Logistics Experts to coordinate the planning and implementation of the emergency immunization interventions and strengthening the capacity of health workers and sMOH staff				X	X	X									
<b>Result 4 – Technical support provided for implementation of accelerated immunization activities</b>															
• Activity 3.1: Technical support provided at central level to effectively respond to vaccine preventable disease outbreaks and emergency response through immunization.	X	X	X	X	X	X	X	X	X						
• Activity 3.2: Technical support provided in 5 high risk states to effectively respond to vaccine preventable disease outbreaks and emergency response through immunization among returnees, refugees, IDP populations as well as host communities.	X	X	X	X	X	X	X	X	X						



CHF reference code:

SSD-12/H/46251/R/124

Project title: Vaccine Preventable Disease Control through Routine  
and Supplementary Immunization Interventions

Implementing Partner: UNICEF

Total Estimated Budget USD

665,014

1	Items Description (insert more budget line rows as needed)	Cost	Unit	Qty	Unit Cost	Total Cost (USD)	Other secured funding
		Type D or I					
<b>1</b>	<b>SUPPLIES/COMMODITIES/EQUIPMENT/TRANSPORT (please itemize expendable operational inputs including asset purchases)</b>						
1.1	Measles vaccine (10 dose vial)	D	EACH	54,750	2.90	187,775	256,875
1.2	Oral polio vaccine (20 dose vial)	D	EACH	21,350	3.12	66,612	627,500
1.3	AD syringes (BOX/100)	D	BOX/100	6,430	12.45	80,054	187,000
1.4	Mixing syringes	D	BOX/100	548	6.85	4,435	15,763
1.5	Operational costs for managing warehouses in Juba, Rumbek and in Malakal (4% of value of goods)	D	lumpsum	1	13,450	13,555	43,486
1.6	Clearance of Procured Items (2% of value of goods)	D	each	1	6,848	6,778	21,743
	<b>Sub-total SUPPLIES, COMMODITIES...</b>					<b>359,208</b>	<b>1,152,366</b>
<b>2</b>	<b>PERSONNEL (Staff/consultants salaries, entitlements...)</b>						
2.1	National Staff - EPI officers (7 months)	D	person	1	35,000	35,000	100,000.00
2.2	Logistics and Procurement Support (6 months)	D	person	1	40,000	40,000	60,000.00
	<b>Sub-total PERSONNEL COSTS</b>					<b>75,000</b>	<b>160,000</b>
<b>3</b>	<b>STAFF TRAVEL (Flights, DSA, Perdiem, Terminals)</b>						
3.1	Travel for field monitoring (2 staff each at 700 per month for 7 months) = 2 X 700 x 7 months	D	lumpsum per staff	2	4,900	9,800	20,000.00
	<b>Sub-total STAFF TRAVEL</b>					<b>9,800</b>	<b>20,000</b>
<b>4</b>	<b>TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS</b>						
	<b>Sub-total TRAINING, WORKSHOPS...</b>					<b>0</b>	
<b>5</b>	<b>CONTRACTS (Specialized services for the project provided by outside contractors or partners/NGOs)</b>						
5.1	Continue with the rehabilitation of vaccine stores in Unity and Upper Nile state	D	lumpsum per state	2	30,000	60,000	100,000.00
5.2	Contracts for installation, repair and maintenance of cold chain equipments in Warrap, Unity, Jonglei, Upper Nile and Northern Bahr El Ghazal states (3 Technicians for 5 months - each estimated at 5,000 per months; therefore for 5 months - each consultant will cost about 25,000).	D	lumpsum per state	3	25,000	75,000	51,000.00
	<b>Sub-total CONTRACTS</b>					<b>135,000</b>	
<b>6</b>	<b>VEHICLE OPERATING &amp; MAINTENANCE COSTS</b>						
6.1	Vehicle Maintenance and Insurance	D	lumpsum			20,000	65,750.00
	<b>Sub-total VEHICLE OPERATING &amp; MAINTENANCE COSTS</b>					<b>20,000</b>	<b>65,750</b>
<b>7</b>	<b>OFFICE EQUIPMENT &amp; COMMUNICATIONS</b>						
	<b>Sub-total OFFICE EQUIP. &amp; COMMUNICATIONS</b>					<b>0.00</b>	
<b>8</b>	<b>OTHER COSTS (e.g. bank charges, fuel for office generator)</b>						
8.1	Fuel for Zonal Office Operations	I	lumpsum			12,500	76,500.00
8.1	Security and MOSS Compliance of Office Premise	I	lumpsum			10,000	50,000.00
	<b>Sub-total OTHER COSTS</b>					<b>22,500</b>	<b>126,500</b>
	<b>(A) SUBTOTAL Project Costs</b>					<b>621,508</b>	<b>1,524,616.28</b>
	<b>(B) Programme Support costs</b>						
	7% of subtotal project cost	I				43,506	106,723
	<b>(C) AUDIT COSTS for NGO implemented projects</b>						
	<b>NOT LESS THAN 1% of the Project Costs(A) and PSC(B)</b>						
	<b>GRAND TOTAL (A+B+C)</b>					<b>665,014</b>	<b>1,631,339.42</b>