# South Sudan
# 2013 CHF Standard Allocation Project Proposal

*for CHF funding against Consolidated Appeal 2013*

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

## SECTION I:

| CAP Cluster | Health |
|---|---|

**CHF Cluster Priorities for 2013 First Round Standard Allocation**

**Cluster Priority Activities for this CHF Round**

- Maintain the existing safety net by providing basic health packages and emergency referral services
- Strengthen emergency preparedness including surgical interventions
- Respond to health related emergencies including controlling the spread of communicable diseases

**Cluster Geographic Priorities for this CHF Round**

Warrap, Upper Nile, Unity, Lakes, Jonglei, Northern Bahr el Ghazal, Western Bahr el Ghazal

**Project details**
The sections from this point onwards are to be filled by the organization requesting CHF funding.

**Requesting Organization**

WHO

**Project CAP Code**

SSD-13/H/55471/122

**CAP Project Title** *(please write exact name as in the CAP)*

Responding to health-related emergencies in populations of humanitarian concern in the Republic of South Sudan.

**Project Location(s)** (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)

| State | % | County |
|---|---|---|
| Warrap | 10 | All counties |
| Upper Nile | 20 | All counties |
| Unity | 20 | All counties |
| Lakes | 10 | All counties |
| Jonglei | 20 | All counties |
| NBeG | 10 | All counties |
| WBeG | 10 | Al counties |

| | |
|---|---|
| **Total CAP Project Budget** | US$ 10,604,040 |
| **Total funding secured for the CAP project** *(to date)* | US$ 1.000,000 |

| | |
|---|---|
| **CHF Requested Funding** | US$ 1,477,024 |

**Are some activities in this project proposal co-funded?**
Yes ☒ No ☐ *(if yes, list the item and indicate the amount under column i of the budget sheet)*

**Direct Beneficiaries** *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*

| | Number of direct beneficiaries targeted in CHF Project | Number of direct beneficiaries targeted in the CAP |
|---|---|---|
| Women: | 197,929 | 1,508,000 |
| Girls: | | |
| Men: | 206,008 | 1,392,000 |
| Boys: | | |
| **Total:** | **403,937** Note: to be implemented thru gov't and NGO partners | **2,900,000** |

**Indirect Beneficiaries**

2,900,000

**Catchment Population (if applicable)**

**Implementing Partner/s** (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

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

12 months (1 May 2013 – 30 April 2014)

**Contact details Organization's Country Office**

| | |
|---|---|
| Organization's Address | WHO |
| Project Focal Person | Dr Mpairwe Allan, mpairwea@nbo.emro.who.int ,+211955372370 |
| Country Director | Dr Abdi Aden Mohamed, mohameda@nbo.emro.who.int +211954169578 |
| Finance Officer | Youssef Nejib,nejib01youssef@yahoo.fr *+211954103285* |

**Contact details Organization's HQ**

| | |
|---|---|
| Organization's Address | WHO |
| Desk officer | SOPER Pauline, soperp@who.int |

## SECTION II

### A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

Humanitarian operations in South Sudan remain precarious, complex, expensive and challenging. During the rainy season over 60% of the country is inaccessible because of either flooding or the continuing conflict, which hampers humanitarian access and increases the cost of implementing emergency operations. This is exacerbated by very fragile health systems (lack of skilled staff, supplies and equipment, leadership, etc. at all levels) that have further affected the humanitarian response. Although over 4.6 million people will need emergency health services in 2013, only 40% of the population has access to health services (MOH 2011).

Since June 2011, heavy fighting in South Kordofan and Blue Nile states has driven over 180,000 Sudanese refugees into the Unity (68,000) and Upper Nile (112,000) States of South Sudan. With renewed security threats in the bordering states, it is anticipated that there will be an increased refugee influx of another 340,000 in 2013 (UNHCR/OCHA 2013). Tribal conflict continues to be one of the major causes of internal displacement and over 250,000 people were displaced in 2012. Over 110,000 people still remain displaced from Abyei in North Warrap and Agok areas.

Communicable diseases are highly prevalent in South Sudan, and many of the displaced, returnees, refugees and other vulnerable groups are at high risk of contracting common epidemic prone diseases. Currently South Sudan is battling with a Hepatitis E outbreak since September 2012 that has recorded over 2549 cases with a CFR of 2.5% (MOH) . Malaria remains a major public health problem causing high morbidity and mortality, while the acute water diarrheal and measles incidence increased since the beginning of the year to date as compared to the previous years. The current kala azar epidemic continues to threaten thousands of lives of people in the states of Upper Nile. Jonglei, Unity and Eastern Equatorial, and the cases are on the rise since 2009.

There are glaring gaps in life-saving medical and surgical interventions. From January to December 2012, over 314 conflicts related incidents were reported in nine states with a considerable number of causalities and 1328 fatalities with 170,709 related displacements (OCHA 2013). The State hospitals continue to be overburdened and are not in position to cope up with trauma surge as their capacity to handle mass casualties is in dire need to be strengthened.

The emergency health needs of the populations of humanitarian concern continue to rise due to the population explosion, coupled with malnutrition and poor sanitation conditions especially in the critical states of Lakes, Warrap, Upper Nile, Unity, Jonglei and Northern Bahr El Gazel( which bear the highest burden of IDPs, refugees, returnees and other vulnerable segments (such as children and women of childbearing age, who account for 25% of the population) . This has stretched the already fragile health system that face an enormous task of coping with the increasing need for life saving emergency health services and as such it is of utmost importance that the cluster lead for health has adequate corepipleine supplies to preposition and respond to any potential emergencies

### B. Grant Request Justification

Briefly describe (in no more than 500 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

WHO continues to play a key role in the coordination of health services and as such this will remain a critical function given the fact that a considerable number of emergencies continues to be in play. Adequate preparedness including training of health personnel on health in acute emergencies including basic surgical and trauma skills, communicable disease in emergencies, health facility preparedness and standard operating procedures is key in ensuring appropriate response and timely surge capacity. The health cluster being one of the largest in Southern Sudan requires a strong and consistent coordination mechanism both at central and state level and requires strong support and resources to ensure that the humanitarian strategy for health is rolled out

Effective emergency preparedness and response is critical in mitigation and reducing the impact of humanitarian emergencies on the vulnerable population In South Sudan, the Ministry of Health has very limited capacity to manage public health risks and reduce morbidity and mortality for common epidemic prone diseases. Evidence also has it that, immediate availability of up to data and reliable information on health risks, vulnerability, morbidity, mortality and other health indicators is essential in order to assess and monitor developments in complex emergency settings, as well as to evaluate the impact of actions taken. There is therefore urgency to strengthen preparedness through prepositioning of supplies and training of the core teams to respond. Trauma and surgical kits, Diarrhea Disease Kits, Interagency Health Kits, Outbreak investigation kits, Yellow vaccines and cold chain supplies, meningitis vaccines, are considered a top priority in the sector and need to be urgently procured and prepositioned.

South Sudan's current surgical services do not meet the needs of the population. Considering the current humanitarian situation, there is a tremendous lack of professional health staff, most notably medical doctors and trained nurses.with the increasing tribal, ethinic and conflict related incidents; the gap for emergency surgical interventions will remain glarirng.WHO remains the only agency involved in such interventions. It identifies needs in hospitals (such as training for male and female health workers) and supports training courses designed to ensure they have the knowledge and skills to perform emergency surgical care. WHO also donates emergency surgical equipment and supplies to ensure they are readily available. 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

Most of the epidemics in South Sudan arise because the level of readiness and preparedness is not sufficient to cope up with relative hazards. The weaknesses of essential social services like health are the major causes of epidemics. Based on the statistics of the previous years, the biggest contributor of morbidity and mortality in the population is epidemic prone diseases as a result of low level of epidemic preparedness and response capacity by the government institutions at all level

Since January 2012, WHO has pre-positioned donated 80 various types of emergency health kits (core pipeline) with State Ministries of Health and frontline partners in high-risk areas. Other health agencies rely heavily on WHO to procure and distribute supplies to meet increased humanitarian needs. With funding constraints and austerity measures in place, the health partners and MOH will continue to rely heavily on WHO for emergency medical supplies in 2013

MOH anticipate that the current stock piles of drugs will rapture midyear and are short of the requirements for the projections of 2013. Currently the funding for WHO is minimal and expires between March and June 2013 and no commitments have yet been given for continued funding for emergency health response

[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.

There is a possibility of receiving a grant from USAID OFDA to support emergency response activities but the amount is not expected to be high and it's not yet confirmed. The availability of the funding from CHF will enable and establish a clear system of leadership and accountability of international response in the health cluster under the overall leadership of the health lead agency. CHF funding will enable availability of essential life saving drugs to ensure prompt and swift response to the increasing health needs of the vulnerable population. It will further 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 funds will also enable the prompt and rapid response to potential outbreaks so as to contain them as early as possible.

With adequate preparedness and response capacity, the negative impact and consequences of emergencies and disasters will be minimized

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

### i) Contribution to Cluster Objectives

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

The CHF funding will be used to enhance the emergency preparedness and response capacity at state, county levels in order to reduce morbidity and mortality associated with humanitarian emergencies and mitigate the impact of the emergencies by having a quick and prompt response.
Main components to be supported through the CHF funding include procuring and strategically prepositioning emergency kits(Trauma Kits,Dairhea Disease Kits, Interagency Health Kits), stand alone emergency medical supplies including specialize kala azar drugs. Other activities include conducting rapid health assessments, distribution and transportation of the life saving drugs, capacity building activities for emergency preparedness and response activities, health cluster coordination activities, health information systems in emergencies, prompt deployment of trained and competent technical officers and technical support to the health cluster members in areas regarding emergency preparedness and response. These funded components will improve and increase the preparedness and response levels of the health cluster and as such will reduce the negative impact of the emergencies on the health of the affected population. Special attention will be directed towards the special needs of the elderly, children, women, disabled, and returnees, IDPs, refugees and people living with HIV/AIDS

### ii) Project Objective

State the objective/s of this CHF project will achieve. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To strengthen emergency response capacity at all levels and as such be able to respond to the critical health situation in order to reduce excess mortality and morbidity among the populations affected by the humanitarian crisis in South Sudan

### 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 (broken down by age and gender to the extent possible).

- Procure and strategically pre-position inter-agency emergency health kits(10), diarrhea disease kits(10), trauma kits(7), anti-malaria drugs, Kala-Azar drugs, assorted medicines and sundries to health service providers in the six priority states.
- Facilitate the logistics (transportation, monitoring, distribution, utilization and warehousing) of emergency medical supplies at central, state and county levels to ensure they are used appropriately and equitably
- Maintain payment of salaries for the emergency staff for health coordination, communication/ information management to support emergency coordination and and response activities
- Support the MOH to strengthen the health cluster coordination at all levels through refresher trainings on emergency health assessments and sphere standards, instituting standards, guidelines and filling critical gaps both at state and central levels
- Review and update health emergency preparedness, contingency and response plans based on the evolving humanitarian situation in the country.
- Support the MOH in strengthening health cluster coordination at all levels by conducting refresher trainings, instituting standards and guidelines, filling critical gaps, through regular meetings with health partners and health authorities, and information collection and dissemination,.
- Facilitate and undertake health assessments in areas of humanitarian concern, understanding the needs of men, women, children and other vulnerable groups.
- Organize and conduct training courses for at least 300 health care workers (men and women) on health care in emergencies, epidemic disease outbreak, case management, emergency preparedness and response, disaster risk reduction and health cluster coordination mechanisms.
- Deploy short-term emergency public health officers, epidemiologists, technical officers, surgeons and anesthesiologist to MOH establishments in acute emergencies.
- Provide technical assistance to improve trauma and mass casualty treatment services in hospitals.
- Health tracking and communicable disease surveillance enhanced in areas of concern and appropriate action taken by detecting, responding to and containing potential outbreaks.
- Improve warehousing and supply chain management at central and state levels
- Operational support to the state to ensure emergency preparedness, epidemic preparedness and response capacity improved at central and state levels and timely response and containment measures implemented

### iv). Cross Cutting Issues :

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

Emergency health response is inclusive and takes into consideration all the implementing partners that operate in all areas that impact on health of the population and contribute to the sector goals and objectives. Women and children are more vulnerable to epidemic prone diseases, and priorities will be given to specific interventions that will address their needs and reduce morbidity and mortality among women and children. All emergency health data will be disaggregated by age and sex in order to measure the magnitude of the problem and take appropriate action.WHO will support the WASH cluster partners to ensure coverage, equity and standards of safe drinking water and strengthen inter cluster collaboration especially with WASH to respond to AWD outbreaks and vector control intervention. One area that WHO will support is the coordination of the prepositioning of the PEP kits for HIV in emergencies .Environmental health and infection control will be the cornerstones of preventing the spread of epidemic prone disease such as cholera, malaria, kala azar, yellow fever, acute watery diarrhea, and HIV at facility level

### v) Expected Result/s

Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.

- Emergency Supplies (Inter-agency Emergency Health Kits, trauma kits and diarrheal kits, PEP kits prepositioned and distributed to health service providers in the ten states.
- Health cluster coordination and emergency preparedness and response is strengthened and critical gaps filled promptly and timely with minimal duplication of services being delivered in areas of need
- Basic health care needs of displaced people, returnees are met, including treatment of common illnesses in the IDP camps
- Local Health authorities trained on emergency health management
- Humanitarian health emergencies are responded to in a timely manner

- Timely detection and containment of common communicable disease outbreaks
- Improved early warning surveillance and response capacity for communicable disease control at state and county level
- Strengthened national early warning and response systems, including institutional structures, community, staff, and hospital preparedness, and laboratory services.
- Reduce excess mortality and morbidity from common epidemic prone diseases such as cholera, meningitis, hemorrhagic fever, Kala azar, rift valley, hepatitis E and others
- 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 state hospitals have surgical kits and supplies prepositioned to respond to potential emergencies
- Seven state hospitals with standard SOP for mass casualty management

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.

| SOI (X) | # | Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal). | Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1) |
|---|---|---|---|
| x | 1. | Percentage of the states/MOH hubs with emergency kits and prepositioned(Uppernile,Unity,Jonglie,Warrap,Northern Bahergazel,Western Bahergazel,Lakes state)Number of kits are 24(7 Trauma kits,7 IEHK,10 Diarrhea Kits) | 100% |
| x | 2. | Percentage of communicable disease outbreaks investigated and responded to within 72 hours of notification | 80% |
| | 3. | Number of disease outbreaks detected(anticipated) | Total number 40 |
| | 4. | Number of disease outbreaks responded within 72 hours | Total number 32 |
| | 5. | Percentage of Counties sending in timely and complete disease surveillance reports(79 counties targeted across the ten states) | 80% |
| | 6. | Number of persons/OPD consultations reached and treated for the common illnesses/conflict related injuries using the emergency kits/supplies | 100,000 (Under 5-21,000, Women-49,000,Men-51,000) |
| x | 7. | Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/Trauma management | 300 |

### 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.

The duration for implementing of the CHF funded activities will be 12 months. The project will be implemented through health cluster partners and local health authorities. WHO being a technical agency supports responses for health through the existing structures which are the local health authorities and members of the cluster. All procurement of the emergency drugs, diarrhea kits, and supplies will be undertaken by WHO through the international procurement unit at both regional and headquarter level. Coordination, led by the Ministry of Health and WHO in close collaboration with other partners, will be optimized to ensure maximum effectiveness of assistance, avoid overlapping and reprogram activities in due time. Mobile health units will provide live-saving health services to displaced people in affected areas. Transportation of medical supplies to the states or counties will be contracted by logistic cluster and private transporters. The interagency kits, Trauma Kits, diarrheal kits and assorted medicines will be delivered to the frontline health partners implementing emergency health services in the states of Warrap, Jonglei, Upper Nile, Unity, Northern Bahergazal and Lakes. As part of the synchronization of all core pipelines, WHO will continue to work with other actors including logistics cluster (IOM and WFP), UNICEF,OCHA and NGOs to ensure a coordinated, systematic and efficient delivery of the emergency drugs and supplies to communities in need. Monitoring of the activities will be done by the WHO technical officers on a monthly basis with provision of regular situation reports

### vii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)[2].

The monitoring process will aim at tracking the implementation of planned activities. The regular (weekly, monthly) tracking of the level of implementation will be done by the WHO focal points with the technical support by the expertise from the regional and headquarter offices. The core pipelines will be monitored by the technical officers and logistic assistants in the WHO sub offices in the states. The tracking will be done against the indicators through 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, Health Cluster Coordinator and senior supervisor (WR).
The tracking will be done against the set indicators and verified through HMIS, way bills, training reports, attendance sheets, regular cluster meetings, support supervision reports and Morbidity and mortality reports as well as routing support supervision visits by the M and E officer for the CHF secretariat

**E. Total funding secured for the CAP project:** Please add details of secured funds from other sources for the project in the CAP.

| Source/donor and date (month, year) | Amount (USD) |
|---|---|
| USAID | 300,000 |
| ECHO | 250,000 |
| SPANISH GRANT | 450,000 |

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

## SECTION III:

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.
Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

| LOGICAL FRAMEWORK | | |
|---|---|---|
| **CHF ref./CAP Code:** SSD-13/H/55471/122 | **Project title:** Provision of immediate life-saving health services among vulnerable groups, and response to communicable disease outbreaks and other health-related emergencies | **Organisation:** WHO |

| | | | | |
|---|---|---|---|---|
| **Overall Objective** | **Cluster Priority Activities for this CHF Allocation:**<br>• Maintain the existing safety net by providing basic health packages and emergency referral services<br>• Strengthen emergency preparedness including surgical interventions<br>• Respond to health related emergencies including controlling the spread of communicable diseases | **Indicators of progress:**<br>• Percentage of the states/MOH hubs with emergency kits and prepositioned<br>• Number of Outbreaks responded to and contained within 72 hrs<br>• Number of health workers trained in life saving skills and deployed in emergency states<br>• Number of OPD consultations attended to in areas reporting high numbers of populations of humanitarian concern | **How indicators will be measured:**<br>• Outbreak investigation and verification reports<br>• Log of outbreaks and lab investigations<br>• Weekly and monthly surveillance reports<br>• Coordination committee meeting minutes<br>• Training reports<br>• Supply distribution plans, stock cards and Way bills | |
| **Purpose** | **CHF Project Objective:**<br>*What are the specific objectives to be achieved by the end of this CHF funded project?*<br>• To strengthen emergency response capacity at all levels and as such be able to respond to the critical health situation in order to reduce excess mortality and morbidity among the populations affected by the humanitarian crisis in South Sudan | **Indicators of progress:**<br>• *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative*<br>• 100% of the high risk targets states have supplies prepositioned<br>• 7IEHK,10DDK,7TKits,5 OI kits procured and delivered to Juba<br>• All ten states have functional and effective rapid response teams<br>• 80% of outbreak rumors responded to within 72 hours<br>• Timeliness and Completeness of the reports by counties at 80%<br>• Number of front line health workers trained on case management of epidemic prone diseases | **How indicators will be measured:**<br>• Procurement ledgers form the international procurement<br>• Stock cards, way bills and distribution plans<br>• EPR coordination minutes from meetings<br>• Mass vaccination campaigns<br>• Outbreak investigation and verification reports<br>• Weekly and monthly surveillance reports<br>• HMIS | **Assumptions & risks:**<br>• Weather conditions remain favorable<br>• Market forces are stable<br>• Security situation in the field remains constant<br>• MOH and government institutions willing t o implement major activities<br>• Available and motivated network of health workers |
| **Results** | **Results - Outcomes (intangible):**<br>*State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*.<br>• Increased OPD consultations in IDP settings and hard to reach areas<br>• Improved quality of case management of outbreak prone disease<br>• Prompt confirmation of diseases causing outbreaks | **Indicators of progress:**<br>*What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?*<br>• Number of OPD consultations in Populations of humanitarian concern<br>• CFR of outbreak disease reduce and are below the acceptable range<br>• All detected outbreaks are confirmed and contained | **How indicators will be measured:**<br>• HMIS<br>• Case report forms and outbreak investigation audits<br>• Outbreak log | **Assumptions & risks:**<br>• Health seeking behaviour of the communities<br>• Accessibility of the affected populations<br>• Insecurity and humanitarian access |

| | | | | |
|---|---|---|---|---|
| | **Immediate-Results - Outputs (tangible):**<br>*List the products, goods and services **(grouped per areas of work)** that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.*<br>• Strengthened emergency preparedness and response capacities at all levels<br>• Adequate emergency supplies and interagency kits prepositioned and accessible at state level<br>• enhanced existing EWARN, especially in high-risk states<br>• Timely detection and containment of common outbreaks,<br>• Surgeons and Anesthesiologists are deployed in hospitals with high volume of causalities<br>• Mass causality patients and the vulnerable population injured due to conflicts are treated and access life saving surgery<br>• Seven state hospitals have surgical kits and supplies prepositioned to respond to potential emergencies<br>• Reduced excess mortality and morbidity from common epidemic prone diseases such as cholera, meningitis, hemorrhagic fever, Kala azar, rift valley, hepatitis E and others | **Indicators of progress:**<br>*What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?*<br>*Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.*<br>• Percentage of the states/MOH hubs with emergency kits and prepositioned (100%)-Seven states targeted to benefit from the prepositioning a total of 24 kits<br>• Percentage of communicable disease outbreaks investigated and responded to within 72 hours of notification (80%)<br>• Number of persons/OPD consultations reached and treated for the common illnesses/conflict related injuries using the emergency kits/supplies(100,000)<br>• Percentage of Counties sending in timely and complete disease surveillance reports-79 counties targets and target is 80%<br>• Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/Trauma management(300) | **How indicators will be measured:**<br>*What are the sources of information on these indicators?*<br>• Training reports<br>• Procurement and delivery ledgers<br>• Outbreak log and corresponding reports<br>• Health Management Information System<br>• Ware housing stock balances and balancing sheets | **Assumptions & risks:**<br>*What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?*<br>• Weather and Security factors remain constant |
| | **Activities:**<br>*List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.*<br>• Procure and strategically pre-position inter-agency emergency health kits(10), diarrhea disease kits(10), trauma kits(7), anti-malaria drugs, Kala-Azar drugs, assorted medicines and sundries to health service providers in the six priority states.<br>• Facilitate the logistics (transportation, monitoring, distribution, utilization and warehousing) of emergency medical supplies at central, state and county levels to ensure they are used appropriately and equitably<br>• Maintain payment of salaries for the emergency staff for health coordination, communication/ information management to support emergency coordination and and response activities<br>• Support the MOH to strengthen the health cluster coordination at all levels through refresher trainings on emergency health assessments and sphere standards, instituting standards, guidelines and filling critical gaps both at state and central levels<br>• Review and update health emergency preparedness, contingency and response plans based on the evolving humanitarian situation in the country.<br>• Support the MOH in strengthening health cluster coordination at all levels by conducting refresher trainings, instituting standards and guidelines, filling critical gaps, through regular meetings with health partners and health authorities, and information collection and dissemination,.<br>• Facilitate and undertake health assessments in areas of humanitarian concern, understanding the needs of men, women, children and other vulnerable groups. | **Inputs:**<br>*What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?*<br>• Technical Officers and public health experts<br>• Technical Guidelines<br>• Interagency kits,drugs, and sundries<br>• Outbreak investigation kits<br>• Fleet of vehicles, well maintained<br>• Charter flights, private transporters<br>• Fuels for support supervision and surveillance officer<br>• Ware housing space for storage and safety.<br>• Data bases/Ledgers/HMIS forms etc<br>• Strong network of trained heath workers | • Regular reports on a quarterly basis<br>• HMIS data bases and IDSR data bases<br>• Logistics tracking sheet<br>• Way bills and stock cards<br>• Assessment reports from the field visits<br>• Outbreak investigation reports | **Assumptions, risks and pre-conditions:**<br>*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?*<br>• Technical officers in place to manage the pipeline.<br>• Good and motivated network of health workers<br>• Warehousing space that is adequate and acceptable<br>• Security is acceptable and environment not hostile convenient<br>• Governments leadership role and political will in implementing of the activities<br>• Strengthened partnership between the health cluster members |

| | | | | |
|---|---|---|---|---|
| | • Organize and conduct training courses for at least 300 health care workers (men and women) on health care in emergencies, epidemic disease outbreak, case management, emergency preparedness and response, disaster risk reduction and health cluster coordination mechanisms.<br>• Deploy short-term emergency public health officers, epidemiologists, technical officers, surgeons and anesthesiologist to MOH establishments in acute emergencies.<br>• Provide technical assistance to improve trauma and mass casualty treatment services in hospitals.<br>• Health tracking and communicable disease surveillance enhanced in areas of concern and appropriate action taken by detecting, responding to and containing potential outbreaks.<br>• Operational support to the state to ensure emergency preparedness, epidemic preparedness and response capacity improved at central and state levels and timely response and containment measures implemented | | | |

## 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.

| Activities | Q1/2013 | | | Q2/2013 | | | Q3/2013 | | | Q4/2013 | | | Q1/2014 | | | Q2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr |
| Activity 1: Immediate procurement of emergency medical supplies (IEHK, DDK,Vacines(Yellow Fever and Meningitis) Outbreak investigation kits and other assorted drugs) | | | | | X | | | | | | | | | | | |
| Activity 2: Procurement of kala azar drugs and diagnostics kits | | | | | X | | | | | | | | | | | |
| Activity 3: Transportation and Storage of the core pipeline supplies in the states and frontline counties | | | | | X | X | X | X | X | X | X | | | | | |
| Activity 4: Enhancing cluster and Humanitarian response | | | | | X | X | X | X | X | X | X | X | | | | |
| Activity 5: Responding to health related emergencies | | | | | X | X | X | X | X | X | X | X | X | X | X | X |
| Activity 6:Timely detect, respond and contain any infectious disease outbreaks | | | | | X | X | X | X | X | X | X | X | X | X | X | X |
| Activity 7: Monitor distributions and utilization of emergency medical supplies to ensure that medical supplies are used properly with the intended purpose of saving lives. | | | | | X | X | X | | | | X | X | | | | |
| Activity 8: Coordinate the cluster response and manage the pipeline, and synchronization of the emergency health kit pipeline with other pipelines | | | | | X | X | X | X | X | X | X | X | X | X | X | X |
| Activity 9: Training of health workers on case management, Outbreak response and investigation at central, state and county level. | | | | | | X | X | X | X | X | | | X | X | X | X |
| Activity 10: Deploy short-term emergency public health officers, epidemiologists, technical officers, surgeons and anesthesiologist to MOH establishments in acute emergencies. | | | | | X | X | X | X | X | X | X | X | X | X | X | X |
| Activity 11: Provide technical assistance to improve trauma and mass casualty treatment services in hospitals | | | | | X | X | | | | | X | X | X | X | X | X |
| Activity 12: Improving the ware housing and strengthening the ware house capacity | | | | | | X | X | X | X | X | X | X | | | | |