

## 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](mailto:chfsouthsudan@un.org)

**SECTION I:**

<b>CAP Cluster</b>	<b>Health</b>																																	
<b>Cluster Priority Activities for this CHF Round</b> <ul style="list-style-type: none"> <li>Maintain the existing safety net by providing basic health packages and emergency referral services</li> <li>Strengthen emergency preparedness including surgical interventions</li> <li>Respond to health related emergencies including controlling the spread of communicable diseases</li> </ul>	<b>Cluster Geographic Priorities for this CHF Round</b> All states. Grossly underserved counties in the equatorial states (Western, Eastern and Central Equatorial)																																	
<b>Project details</b> The sections from this point onwards are to be filled by the organization requesting CHF funding.																																		
<b>Requesting Organization</b> UNICEF	<b>Project Location(s)</b> (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)																																	
<b>Project CAP Code</b> SSD-13/H/55197/124	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>State</th> <th>%</th> <th>County</th> </tr> </thead> <tbody> <tr> <td>Unity</td> <td>20%</td> <td>All counties with special focus bordering Sudan</td> </tr> <tr> <td>Upper Nile</td> <td>20%</td> <td>All counties with special focus to Maban, Renk, Nasir</td> </tr> <tr> <td>Jonglei</td> <td>15%</td> <td>All counties mainly focusing Pibor, Akobo</td> </tr> <tr> <td>Warrap</td> <td>10%</td> <td>All counties</td> </tr> <tr> <td>NBEG</td> <td>10%</td> <td>All counties</td> </tr> <tr> <td>WBEG</td> <td>2%</td> <td>All counties</td> </tr> <tr> <td>Lakes</td> <td>5%</td> <td>All counties</td> </tr> <tr> <td>EES</td> <td>5%</td> <td>All counties with special focus to 3 Kapoetas</td> </tr> <tr> <td>WES</td> <td>3%</td> <td>All counties</td> </tr> <tr> <td>CES</td> <td>10%</td> <td>All counties special focus to Juba, Yei, Morobo</td> </tr> </tbody> </table>	State	%	County	Unity	20%	All counties with special focus bordering Sudan	Upper Nile	20%	All counties with special focus to Maban, Renk, Nasir	Jonglei	15%	All counties mainly focusing Pibor, Akobo	Warrap	10%	All counties	NBEG	10%	All counties	WBEG	2%	All counties	Lakes	5%	All counties	EES	5%	All counties with special focus to 3 Kapoetas	WES	3%	All counties	CES	10%	All counties special focus to Juba, Yei, Morobo
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<b>CAP Project Title</b> (please write exact name as in the CAP) Support to Emergency Immunization Interventions through provision of vaccines and strengthening cold chain systems to Prevent Outbreak of Vaccine Preventable Diseases in South Sudan.																																		
<b>Total CAP Project Budget</b> US\$ 11,891,351.59 <b>Total funding secured</b> US\$ 3,250,000.00	<b>CHF requested Funding</b> US\$ 1,600,000.00 <b>Are some activities in this project proposal co-funded?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)																																	
<b>Direct Beneficiaries</b> (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)	<b>Indirect Beneficiaries</b>																																	
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<b>Implementing Partner/s</b> (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts) Ministry of Health/RSS, SMOHs in all 10 states and various health NGOs partners (Medair, MC, GOAL, MSF-B-H -S and F, Merlin, RI, SciSS)	<b>CHF Project Duration</b> (12 months max., earliest starting date will be Allocation approval date)  Indicate number of months: 12 (1 May 2013 – 30 April 2014)																																	
<b>Contact details Organization's Country Office</b>	<b>Contact details Organization's HQ</b>																																	
Organization's Address: UNICEF South Sudan Totto Chan Compound P.O. Box 45, Juba, South Sudan	Organization's Address:																																	
Project Focal Person: Dr Daniel Ngemera <a href="mailto:dngemera@unicef.org">dngemera@unicef.org</a> ; +211955355890	Desk officer: Name, Email, telephone																																	
Country Director: Dr Yasmin Haque <a href="mailto:yhaque@unicef.org">yhaque@unicef.org</a>	Finance Officer: Name, Email, telephone																																	
Finance Officer: Mable Ngandu <a href="mailto:mngandu@unicef.org">mngandu@unicef.org</a>																																		

## 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<sup>1</sup>

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). Routine immunization coverage according to the 2012 Coverage Survey is still low – DPT3 (24%), Measles (10%), TT2+ (20%) and Fully Immunized Child (9%). This prevailing low population immunity explains the continuing high numbers of reported measles cases starting from late 2010 with the beginning of the influx of returnees prior to the independence events. Despite the various outbreak response vaccination interventions and the country wide follow-up campaigns conducted in 2011- 2012 (with average coverage of 90%), different measles outbreaks were reported in about 22 counties, with 10 confirmed by laboratory throughout 2012. A total of 2,026 suspect measles cases were reported (as of end November 2012) of which 1,395 (69%) were under 5 years old and just over 200 had a history of vaccination (source: *WHO measles surveillance update*). Though the cases in the last 3 months of 2012 were mainly from 4 counties – Nzara, Yambio, Kapoeta South and Aweil Centre, the preponderance of cases in the younger age groups (<5years) across the country indicates the failure of the vaccination interventions (routine and supplemental) and the risk of future outbreaks if not closely addressed to reduce this immunity gap. This is especially critical in the states that continue to receive refugees and other groups of new arrivals to communities with low herd immunity against measles and other VPDs.

The country has gone 42 months since the last case of wild polio virus was reported in South Sudan, largely due to intensive implementation of mass polio immunization campaigns in all 10 states during this period. Unfortunately the numbers of these campaigns have been reducing as a result of perceived reducing risk and declining funding from the global partners. South Sudan by its location in the track of migration from north west Africa to the horn of Africa remains at risk of imported wild viruses from polio sanctuaries that remain in areas such as northern Nigeria, Niger and Chad Republic. This risk is accentuated by the poor indicators for routine immunization and surveillance gaps in parts of South Sudan that are periodically in-accessible due to terrain, weather and insecurity. Some of these places also host refugees and returnees from the conflicts affecting the southern States of (north) Sudan.

Hence it is important that efforts be made to attain and sustain high coverage among these groups and at the same time continuing protecting children from host communities who are served through a rather fragile immunization and health system. The reality is that 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 and the general population of around 2.9 million in need of humanitarian assistance, providing immunization to ensure that children are protected against vaccine preventable diseases is critical.

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 Sudan 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.

UNICEF is committed in ensuring that gender equality and equity issues are well addressed in all projects in South Sudan. The analysis of various reports and surveys indicated data disaggregated by sex of children does not show major worrying discrepancies in terms of access and utilization of immunization services. However, children born to women who are illiterate or those with low level of education and those residing in rural poor communities have inadequate access compared to literate and urban communities. Maternal and neonatal tetanus is still a threat in South Sudan, due to the fact that many women (nearly 80% as per MOH data) do not have access to safe and clean deliveries as they still deliver at home and this project will advocate for increased deliveries in health facilities especially in high risk states to ensure that children and women are protected against neonatal tetanus. Likewise, all data collected will take in to consideration gender issues to examine whether young boys and girls have equal access to immunization services and also all immunization related trainings and other community events will promote equal participation of women and men. This is due to the fact that most of the activities supported in immunization service delivery has noted low participation of females at all level – for example most of the trainings supported in 2012 the female participation ranged between 20-30% in some places was as low as 10%; efforts will be made to bridge the existing gap.

### 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.

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 through most 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. UNICEF is responsible for providing vaccines, injection materials and cold chain equipment to the Ministry of Health and NGOs implementing immunization activities among the displaced person groups, resulting in all eligible children less than five years of age benefiting from measles and polio vaccinations. In addition, some measles vaccination interventions has extended coverage for up to 15 years among the high risk groups especially refugees whereas the initial forecasts were based on populations

<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 situation/data/indicators to national and/or global standards.

under 5 years, thereby placing pressure on the available resources in the regular program, which has to be replaced to guarantee vaccine security and sustainability of services for the general population

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 counties 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).

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.

### 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.

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 2013 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.

#### 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 ensure that children and women among the vulnerable groups (IDPs, refugees, IDPs and host population) have access to quality immunization services through provision of safe and potent vaccines and prevent outbreak of vaccine preventable diseases.

#### 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).

1. Procurement of 1.5 million doses of measles vaccines for outbreak responses and follow campaigns among the high risk groups.
2. Procurement of 2.2 million doses of oral polio vaccines (OPV) for supporting returnees, IDPs and refugee children as well as for polio campaigns to boost the immunization profile among children below 5 years of age (1.5 million doses for host population, and 0.84 million doses for refugees, returnees and IDPs).
3. Procurement and distribution of injection materials and safety boxes for supporting immunization service provision (1,527,900 pcs of 0.5 mls, 152,000 mixing syringes of 5 mls and 42,025 pcs of safety boxes).
4. Ensure that children < 1 year of age (infants) among the refugees, returnees, IDPs and host population are protected against 6 vaccine preventable disease through procurement and distribution of additional routine EPI vaccines to ensure that routine immunization services are revived in all areas affected by emergencies. UNICEF will procure and distribute 444,000 doses of BCG, 650,000 doses of DPT vaccine and 380,000 doses of TT.
5. Strengthen vaccine storage capacity at central, state and county level including procurement, distribution, installation, repair and maintenance of various cold chain equipments (solar fridges, electrical fridges/freezers, vaccine carriers and cold boxes). Increasing the service point closer to the rural remote areas will improve access and utilization of services and women and children will not have to walk for long distance in search of services.
6. Improve the skills of health workers in cold chain and vaccine management in areas with high numbers of refugees, returnees and IDPs with emphasis on the implementation of the key recommendation from the cold chain equipment inventory, effective vaccine management assessment and National EPI coverage survey. At least 400 health workers will be trained (and out of these 180 – 48% will be female health workers and vaccinators).
7. Increase demand for emergency immunization services among the vulnerable populations through social mobilization and advocacy targeting men and women to increase their understanding and participation in the immunization services provision. Also the main focus will be on increasing male participation in seeking for immunization services of their children.
8. Technical support and capacity building of Ministry of Health at central level and state level and county health departments in planning and implementation of emergency immunization interventions including collection and analysis of gender focused data disaggregated by sex, location and education level of caregivers

#### iv) Cross Cutting Issues

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

### Addressing Gender 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.

UNICEF is committed in ensuring that gender equality and equity issues are well addressed in all projects in South Sudan. The analysis of various reports and surveys indicated data disaggregated by sex of children does not show major worrying discrepancies in terms of access and utilization of immunization services. However, children born to women who are illiterate or those with low level of education and those residing in rural poor communities have inadequate access compared to literate and urban communities. Maternal and neonatal tetanus is still a threat in South Sudan, due to the fact that many women (nearly 80% as per MOH data) do not have access to safe and clean deliveries as they still deliver at home and this project will advocate for increased deliveries in health facilities especially in high risk states to ensure that children and women are protected against neonatal tetanus. Likewise, all data collected will take in to consideration gender issues to examine whether young boys and girls have equal access to immunization services and also all immunization related trainings and other community events will promote equal participation of women and men. This is due to the fact that most of the activities supported in immunization service delivery has noted low participation of females at all level – for example most of the trainings supported in 2012 the female participation ranged between 20-30% in some places was as low as 10%; efforts will be made to bridge the existing gap.

### Environment issues

In addressing the environmental issues, the project will ensure that injection safety and immunization waste disposal are given first priority in accordance with the MOH and international agreed standards. The EPI injection safety practices will also address the issue of HIV/AIDS prevention among health workers.

### HIV/AIDS issues

UNICEF in all of the programmes advocates for multi and inter sectoral collaboration. Efforts are currently being made to ensure that HIV/AIDS message are integrated in to all immunization communication materials. In addition, safe injection practices as one of the strategies to ensure that health workers and children and women are protected from HIV/AIDS which might result from needle injuries during immunization injections.

### 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.

The support from CHF will enable UNICEF support immunization services and ensure 1,363,000 children aged 6 months – 15 years particularly among returnee, refugee and IDP populations are immunized against measles; and 609,000 children aged 0 months – 59 months are protected against wild polio virus. In addition, about 232,000 children below one year of age among the returnees, refugees, IDPs and host communities will be protected against all six major vaccine preventable diseases.

The other major results include the completion of rehabilitation works in the 2 vaccine stores in Unity and Upper Nile, provision of adequate equipment to increase vaccine storage capacity and are full functionality. It will also support cold chain equipment installation, maintenance and repair in Warrap, Upper Nile, Jonglei, Unity and Northern Bahr El Ghazal states, as well as improving skills amongst health workers for vaccine management through technical support including mentoring and training of staff.

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.	Number of measles vaccinations given to under 5 in emergency or returnee situation	Attain over 90% coverage among the returnees, refugees and IDP children ( <b>at least 1,226,700 children will be vaccinated of these 637,884 are girls and 588,816 are boys</b> ).
	2.	Polio coverage at each SIA among the population affected by emergencies	95% of children reached at each SIA (by administrative coverage) and over 90% through finger marking ( <b>at least 609,000 children are vaccinated, of these 316,680 are girls and 292,320 are boys</b> ).
X	3.	Number of health workers trained in emergency immunization interventions (vaccine/cold chain management and basic immunization practices)	400 health workers (180 female and 220 male) trained in vaccine/cold chain management, social mobilization and appropriate immunization practices
	4.	Number of health facilities, Counties and state with functional cold chain systems (repair, installed and replaced) based on the periodic update of cold chain inventory report	All 20 counties which reported high number of measles cases, 10 states (prioritizing 3 states of Jonglei, Upper Nile and Unity) and at least 135 health facilities.
X	5.	Number of direct beneficiaries from emergency drugs supplies (vaccines and injection materials)	<ul style="list-style-type: none"> <li>Supplies for measles vaccination: 1,363,000 children 6 month – 15 years (of these 704,760 are girls and 654,240 are boys)</li> <li>Supplies for polio vaccination: 609,000 children are vaccinated, of these 316,680 are girls and 292,320 are boys</li> </ul>
X	6.	Proportion of emergencies supplied with core pipeline kits ( <b>in this case for UNICEF are vaccines and injection materials</b> ) - Number of doses of measles vaccines procured,	All 2013 emergencies according to humanitarian situation report in need of emergency immunization interventions. - 1.5 million doses of measles will be procured and distributed.

	<p>transported and distributed for emergency measles vaccination campaign</p> <ul style="list-style-type: none"> <li>- Number of doses of oral polio vaccine procured, transported and distributed to affected population for immunization campaign.</li> <li>- Number of doses of routine EPI vaccines (TT, BCG and DPT) procured and distributed for strengthening routine immunization among the affected population.</li> <li>- Number and type of injection materials procured and distributed to the affected population to support immunization service delivery</li> </ul>	<ul style="list-style-type: none"> <li>- 2.2 million doses of oral polio vaccine will be procured and distributed (1.5 million doses for the host population and 0.84 for the IDP, returnees and refugees).</li> <li>- A total of 444,000 doses of BCG, 650,00 doses of DPT and 380,000 doses of TT will be procured and distributed.</li> <li>- A total of 1,527,900 AD syringes of 0.5 mls, 152,000 mixing syringes of 5 mls and 42,025 safety boxes will be procured and transported for emergency immunization response.</li> </ul>
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**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 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 ministries 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 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)<sup>2</sup>.

To ensure monitoring of the progress towards attainment of the result set for strengthening of immunization services, 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 out 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. 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)
UNICEF Internal resources – set aside 7% - Other Regular Resources	1,500,000.00
Rotary International	1,000,000.00
Government of Japan	750,000

<sup>2</sup> 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:

This section is **NOT required** at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

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: <b>SSD-13/H/55197</b>		<b>Project title:</b> Support to Emergency Immunization Interventions through provision of vaccines and strengthening cold chain systems to Prevent Outbreak of Vaccine Preventable Diseases in South Sudan		<b>Organisation:</b> <b>UNICEF</b>
Overall Objective	<b>Cluster Priority Activities for this CHF Allocation:</b> <ul style="list-style-type: none"> <li>Maintain the existing safety net by providing basic health packages and emergency referral services</li> <li>Strengthen emergency preparedness including surgical interventions</li> <li>Respond to health related emergencies including controlling the spread of communicable diseases</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> Vaccine Preventable Diseases (VPD) Weekly reports	
	<b>Purpose</b>	<b>CHF Project Objective:</b> <ul style="list-style-type: none"> <li>To ensure that children and women among the vulnerable groups (IDPs, refugees, IDPs and host population) have access to quality immunization services through provision of safe and potent vaccines and prevent outbreak of vaccine preventable diseases.</li> </ul>	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>Number of measles vaccinations given to under 5 in emergency or returnee situation</li> <li>Polio coverage at each SIA among the population affected by emergencies</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>
Results	<b>Results - Outcomes (intangible):</b> <ul style="list-style-type: none"> <li>Reduced incidences of vaccine preventable diseases (measles cases will be reduced compared to the same period in the previous year).</li> <li>No wild polio cases reported.</li> <li>Increase in the number of health facilities with functional cold chain equipments</li> </ul>	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>Number and % of children 6-59 months who received measles vaccination among the returnees' children and in host communities.</li> <li>Number and % of children reached at each NID (by administrative coverage) and over 90% through finger marking.</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>Tally sheets and data compiled by SMOH and NGOs following the emergency immunization campaign</li> <li>Immunization registers</li> <li>Monthly and quarterly progress reports</li> </ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>Immunization teams are recording their activities correctly and accurately.</li> <li>Security situation improves in conflict prone areas</li> </ul>
	<b>Immediate-Results - Outputs (tangible):</b> <i>List the products, goods and services (<b>grouped per areas of work</b>)</i>	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>Number of measles vaccinations given to under 5 in emergency or returnee situation</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>Inventory reports</li> <li>Implementation reports submitted on monthly and quarterly basis.</li> </ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>No significant delays in transportation and distribution of vaccines and injection materials.</li> <li>Improved accessibility throughout the year.</li> </ul>

	<p>vaccinated of these 637,884 are girls and 588,816 are boys). .</p> <ul style="list-style-type: none"> <li>●95% of children reached at each SIA (by administrative coverage) and over 90% through finger marking (at least 609,000 children are vaccinated, of these 316,680 are girls and 292,320 are boys).</li> <li>●400 health workers (180 female and 220 male) trained in vaccine/cold chain management, social mobilization and appropriate immunization practices</li> <li>●. All 20 counties which reported high number of measles cases, 10 states (prioritizing 3 states of Jonglei, Upper Nile and Unity) and at least 135 health facilities.</li> <li>●t</li> <li>●Supplies for measles vaccination: 1,363,000 children 6 month – 15 years (of these 704,760 are girls and 654,240 are boys)</li> <li>●Supplies for polio vaccination: 609,000 children are vaccinated, of these 316,680 are girls and 292,320 are boys.</li> <li>●Number of direct beneficiaries from emergency drugs supplies (vaccines and injection materials)</li> </ul>	<ul style="list-style-type: none"> <li>● Polio coverage at each SIA among the population affected by emergencies</li> <li>● Health workers trained in the provision of essential immunization services in high risk areas</li> <li>● Number of health facilities, Counties and state with functional cold chain systems (repair, installed and replaced) based on the periodic update of cold chain inventory report.</li> <li>● Number of direct beneficiaries from emergency drugs supplies (vaccines and injection materials)</li> </ul>		
	<p><b>Activities</b></p> <ol style="list-style-type: none"> <li>1. <i>Procurement of vaccines and injection materials to support the implementation of emergency immunization interventions.</i></li> <li>2. <i>Strengthen vaccine storage capacity at state and county level</i></li> <li>3. <i>Improve skills of health workers in immunization service provision</i></li> </ol>	<p><b>Inputs:</b></p> <p><i>Input for activity 1</i></p> <ul style="list-style-type: none"> <li>● Measles vaccines: 1.5 million doses</li> <li>● Polio vaccine: 2.2 million doses.</li> <li>● AD syringes (0.5 mls):1,527,900 pcs, mixing syringes: 152,000 pcs and 40,000 safety boxes.</li> <li>● BCG, TT and DPT vaccines</li> </ul> <p><i>Inputs for activity 2</i></p> <ul style="list-style-type: none"> <li>● Cold chain technicians</li> <li>● Solar fridges</li> <li>● Installation kits</li> <li>● Transport allowances</li> </ul> <p><i>Inputs for activity 3</i></p> <ul style="list-style-type: none"> <li>● Facilitators</li> <li>● Training venue</li> <li>● Allowances and accommodation for participants</li> <li>● Transport cost</li> </ul>	<ol style="list-style-type: none"> <li>a) <i>Procurement reports</i></li> <li>b) <i>Implementation reports</i></li> <li>c) <i>Contact reports from UNICEF</i></li> <li>d) <i>Field monitoring report</i></li> <li>e) <i>UNICEF Management Reports</i></li> </ol>	<ul style="list-style-type: none"> <li>● No significant delays in procurement and transportation of solar fridges from UNICEF supply division.</li> <li>● The contractor to carry out the rehabilitation will start and complete the work within agreed timelines.</li> <li>● The contractor to carry out the installation, repair and maintenance will start and complete the work within agreed timelines.</li> <li>● Timely recruitment of technical staff with adequate skills and knowledge to facilitate processes.</li> <li>● Timely recruitment of technical staff with adequate skills and knowledge to facilitate processes</li> <li>● Timely recruitment of technical staff with adequate skills and knowledge to facilitate processes</li> </ul>

## 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
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Activity 1: Procurement of 1.5 million doses of measles vaccines for outbreak responses and follow campaigns among the high risk groups				X	X										
Activity 2: Procurement of 2.2 million doses of oral polio vaccines (OPV) for supporting returnees, IDPs and refugee children as well as for polio campaigns to boost the immunization profile among children below 5 years of age (1.5 million doses for host population, and 0.84 million doses for refugees, returnees and IDPs).				X	X			X	X	X	X	X	X	X	X
Activity 3: Procurement and distribution of injection materials and safety for supporting immunization service provision (1,527,900 pcs of 0.5 mls, 152,000 mixing syringes of 5 mls and 42,025 pcs of safety boxes).				X	X	X	X	X	X	X	X	X	X	X	X
Activity 4: Ensure that children < 1 year of age (infants) among the refugees, returnees, IDPs and host population are protected against 6 vaccine preventable disease through procurement and distribution of additional routine EPI vaccines to ensure that routine immunization services are revived in all areas affected by emergencies. UNICEF will procure and distribute 444,000 doses of BCG, 650,000 doses of DPT vaccine and 380,000 doses of TT.				X	X	X	X	X	X	X	X	X	X	X	X
Activity 5: Strengthen vaccine storage capacity at central, state and county level including procurement, distribution, installation, repair and maintenance of various cold chain equipments (solar fridges, electrical fridges/freezers, vaccine carriers and cold boxes). Increasing the service point closer to the rural remote areas will improve access and utilization of services and women and children will not have to walk for long distance in search of services.				X	X	X	X	X	X	X	X	X	X	X	X
Activity 6: Improve the skills of health workers in cold chain and vaccine management in areas with high numbers of refugees, returnees and IDPs with emphasis on the implementation of the key recommendation from the cold chain equipment inventory, effective vaccine management assessment and National EPI coverage survey. At least 400 health workers will be trained (and out of these 180 – 48% will be female health workers and vaccinators).					X	X	X	X	X	X	X	X	X	X	X
Activity 7: Increase demand for emergency immunization services among the vulnerable populations through social mobilization and advocacy targeting men and women to increase their understanding and participation in the immunization services provision. Also the main focus will be on increasing male participation in seeking for immunization services of their children.				X	X	X	X	X	X	X	X	X	X	X	X
Activity 8: Technical support and capacity building of Ministry of Health at central level and state level and county health departments in planning and implementation of emergency immunization interventions including collection and analysis of gender focused data disaggregated by sex, location and education level of caregivers				X	X	X	X	X	X	X	X	X	X	X	X
Activity 9: Ongoing monitoring of implementation, reporting and evaluation				X	X	X	X	X	X	X	X	X	X	X	X

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