

Boys:	5,000	33,040
Total:	19,500	118,000

Targeted population:
Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

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

Contact details Organization's Country Office

Organization's Address	Hai Matara, Airport View Juba
Project Focal Person	Dr. Trina Helderman, medicaladvisor-sds@medair.org , +211 0911 830 060
Country Director	Caroline Boyd, cd-southsudan@medair.org , +211 924 143 746
Finance Manager	Lisa Poulsen, finance-southsudan@medair.org , +211 911 383 615
Monitoring & Reporting focal person	Evelyn Winkler funding-southsudan@medair.org +211 927 058 148

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

Indicate number of months: 6 months: January 1st to June 30th

Contact details Organization's HQ

Organization's Address	Chemin du Croset 9 CH-1024 Ecublens Switzerland
Desk officer	Anne Reitsema anne.reitsema@medair.org +41 (0) 21 694 35 35
Finance Officer	Ann Lomole Budget-HQ-FIN@medair.org +41 (0) 21 694 35 35

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 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 population¹

The humanitarian situation in South Sudan showed moderate improvements in 2013; however, the situation quickly deteriorated after the 15th of December when violence struck Juba and then scattered to involve six of the country's ten states and displacing over 180,000 men, women, boys and girls. IDP camps were established within UNMISS bases in Juba, Bor, Malakal and Bentiu hosting 10-30,000 IDPs without preparations or facilities to provide lifesaving and essential health, water, sanitation services and lack of food. The history of measles outbreaks in South Sudan in 2013 and threats for 2014 intensified with the close proximity of IDPs in various locations. Poor sanitation and lack of water have left IDPs at risk for water borne outbreaks such as shigella and cholera. All of this on a foundation of major transition in health that had occurred in late 2012 and 2013 shifting primary health care to development partners, many of which are not prepared for a rapid transition back to emergency response. Prior to the new onset violence, South Sudan continues to have some of the worst health indicators in the world with a maternal mortality rate of 205, an infant mortality rate of 75 per 1,000 live births and only 6 % of children under 2 years are fully immunized (South Sudan Household Survey 2006,2010). 2013 noted outbreaks of illnesses within children including measles, meningitis, and polio. Hepatitis E outbreaks also presented special risks to pregnant women in Upper Nile and Unity States. Kala Azar outbreaks have continued in 2013 and there is an expectation that additional cases may arise in 2014. Renk County in Upper Nile State remains in need of ongoing emergency support as returnees stay in transit sites with limited basic services provided by the government as they await onward transport to their final destinations.

B. Grant Request Justification

Briefly describe (in no more than 300 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.

Medair has been implementing a multisectoral emergency preparedness and response programme in South Sudan providing life-saving services to girls, boys, women and men vulnerable to or suffering from public health emergencies for over 10 years. Medair operates flexible rapid response teams that meet acute life-saving emergency health needs in potentially any of the 10 states of South Sudan. Medair works to support the Ministry of Health and other relevant authorities in emergency response capacity at all levels. Medair trains local health workers to respond to health emergencies and conducts trainings for both women and men in disease surveillance, outbreak response, case management, reporting systems, and awareness of various health gender needs based on current disease trends. In 2013, Medair conducted assessments and responded to outbreaks and emergency health needs in over 10 locations where the local Ministry of Health or other NGO partners did not have capacity to respond due to lack of technical expertise, funding, or support structures. In Renk County, Medair has been providing emergency health services to girls, boys, women and men in returnee sites and host communities and will continue this support throughout 2014. Currently, Medair is the primary focal point and referral centre for the treatment of sexual gender based violence and will plan to continue these services in 2014 for both returnees and host community. CHF funding will help to ensure that Medair is able to continue mobilizing an emergency response team at short notice in any of the 10 states in South Sudan providing life-saving health services to emergency affected populations. Additional funding applications will be put forward to ECHO.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

CHF funding will be used to contribute to the achievement of eight out of the ten identified cluster priority activities and respond to the current humanitarian crisis:

- Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
- Communicable disease control and outbreak response including supplies
- Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- Maintain surge capacity to respond to any emergencies including potential outbreaks such as measles or kala azar
- Capacity building interventions for emergency preparedness and communicable disease control and outbreak response, community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
- Support to referral system for emergency health care including medivacs.
- Support to minor rehabilitation and repairs of health facilities
- HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions

ii) Project Objective

State the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To improve access to quality essential lifesaving health services for vulnerable, emergency affected populations and to prevent and mitigate public health emergencies across South Sudan while supporting capacity building of local communities and the Ministry of Health in 2014.
This objective links directly to Medair's CAP project.

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities

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

should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective. List the main activities and results 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).

Medair will maintain a health rapid emergency response team to respond to acute health related emergencies in any of the 10 states as well as maintain an emergency health team in Renk County to provide emergency health care for returnees and host populations in transit sites.

Key activities may include based on the emergencies arising:

- Carrying-out rapid health assessments in event of public health emergencies
- Carrying-out mass vaccination campaigns in response to vaccine preventable outbreaks such as measles or meningitis
- Provision of emergency outpatient health services including both preventive and curative care for returnees in Renk and in other appropriate emergency interventions
- Establish routine EPI services in areas of mass displacement where feasible providing routine vaccinations to boys and girls, and tetanus to women of child bearing age and those adults with acute injuries
- Provision of reproductive health services including perinatal care, treatment or referral for gender based violence, and HIV mapping and referrals for returnee and host communities in Renk and in other appropriate emergency interventions
- Maintenance of emergency preparedness and response systems in project locations alongside local health staff and the County Health Department
- Respond to disease outbreaks with case management programmes such as outbreaks of kala azar
- Procurement and prepositioning of emergency drugs stocks and medical supplies in line with MoH guidelines
- Conduct trainings of health workers in EWARN, IDSR, IECHC, rational drug use, and correct diagnosis and treatment of malaria, diarrhea and pneumonia
- Provision of community health education to promote behavior change through training and support to local community health promoters
- Coordination with health cluster and other stakeholders at local, state, and national level

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

Outcomes

1. Increased access to lifesaving health services for people in acute emergency situations
2. Increased access to quality lifesaving health services for returnees and host communities in Renk County

Outputs

- 1.1 People affected by emergencies are provided with quality preventive and curative emergency health services
- 1.2 People affected by emergencies receive health education
- 2.1 Returnees and host communities in Renk County are provided with quality preventive and curative health services
- 2.2 Returnees and host communities in Renk County are provided with community health education

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are 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. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard Output Indicators <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(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)</small>
X	1.	# of consultations 5 years or older (men, women)	Men: 4,500 Women: 4,500
X	2.	# of <5 consultations (girls, boys)	Girls: 3,000 Boys: 3,000
X	3.	# of measles vaccinations given to under 5 in emergency or returnee situation (girls, boys)	Girls: 2,000 Boys: 2,000
X	4.	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	Men: 15 Women: 15

vi). Cross Cutting Issues

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

Gender

During assessments of health related emergencies, the special needs of men, women, girls and boys will be identified. Men and women will be consulted in the design, implementation and evaluation of the programmes to ensure their needs are taken into account. Medair will utilize both men and women from the local communities to staff health facilities and implement emergency interventions. Interventions will be monitored through data review as well as exit interviews of patients in health facilities to ensure both males and females are being treated equally as well as determine and overcome any obstacle that may exist preventing care to men or women, boys or girls. In outbreaks or emergencies more severely affecting certain groups (i.e. pregnant women with hepatitis E), that gender group will be sought out to ensure reduced risk for morbidity and mortality.

Environment

Medair strives to implement activities which have as little detrimental impact on the natural environment as possible. During health related interventions, Medair trains health workers in appropriate medical waste management. Health promotion is also directed at environmental issues, Medair strongly promotes the use of clean water and proper sanitation habits, through health and hygiene promotion activities at all levels in the community.

HIV/AIDS

During interventions, Medair trains relevant staff in universal precautions. Medair supported health care staff are made aware of HIV transmission and symptoms. HIV services in the area are mapped upon arrival to a new intervention area. Patients with suspected HIV infection are referred to the nearest voluntary counselling and testing (VCT) centre. Treatment is provided for opportunistic

infections during case management interventions.

vii) 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.

Medair directly implements the programme activities and strives to build capacity of local partners and link programming with longer term sustainability. Upon arrival in a location and throughout the intervention, Medair works with the local community to ensure both men and women have equal access to employment with Medair as well as access to services. Medair has established bases, staff and resources in place to successfully implement the activities, given adequate funding. Medair has an emergency response team of Health Managers (clinical officers and nurses), nutritionists, logisticians and health & hygiene promotion officers skilled in community health education. Medair actively participates in OCHA’s regular emergency response meetings, health cluster meetings and conducts assessments on which it bases the decision to respond. Local health workers and volunteer staff will be utilized and trained for all interventions to work alongside Medair’s emergency response team.

Medair staff will work in collaboration and coordination with the County Health Departments in all interventions to improve the local emergency response capacity. Medair also works in partnership with other local NGOs and international NGOs within the same area of emergency to ensure gaps are filled and there is no overlap of services.

In all responses and activities, Medair liaises and coordinates with national, state, county and local government officials and authorities. Medair also liaises with Unicef, WHO and UNFPA to acquire health items which support our activities.

viii) 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 are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)².

Medair will conduct post-intervention assessments – or alternatively take part in assessments with other partners that will allow Medair to monitor activities appropriately. This may include qualitative or quantitative follow-ups such as focus group discussions or household surveys. Interventions targeted for follow-up will be determined by the monitoring and evaluation officer, technical advisors, and managers, based on accessibility of project sites and the ability to measure impact of activities. A summary report will be written and disseminated for each post-intervention assessment.

Follow-up assessments for health may include measuring immunization coverage rates disaggregated by sex and age or qualitative and quantitative evaluations of supported health facilities. Medair will contribute to all national reporting mechanisms relevant to the activities being implemented, and will build capacity of local healthcare workers to continue using those mechanisms. All data presented in weekly and monthly reports is monitored by local project managers as well as the medical advisor based in Juba to determine any areas of concern, identify vulnerable populations or gender disparities in access to health services or note preparations needed for changes in disease trends.

Medair will use representative sampling methods such as Lot Quality Assurance Sampling (LQAS) or cluster sampling methodologies to conduct household surveys for interventions at the discretion of the monitoring and evaluation officer and technical advisors. These methods have been successfully used in other programmes in South Sudan and will be utilized in the emergency response programme when appropriate.

Project Managers are responsible for monitoring of activities and tracking all required indicators during implementation and upon completion of assessments and interventions. Medair disseminates summary reports for assessments and interventions to external actors, remaining accountable to government, donors, and the humanitarian community through that process. The ERT projects coordinator is responsible for ensuring quality of interventions, through oversight of the project managers and field visits. In addition, the medical advisor will provide technical input and quality assurance for this program. The monitoring and evaluation officer supports the project managers assumes responsibility for survey design, in consultation with sector advisors at country and HQ levels.

D. 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)
OFDA (Sept 2013)	819,000
Pledges for the CAP project	
ECHO proposal submitted – all proposals currently on hold for further review following recent crisis	

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:

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. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-14/H/60439		Project title: Emergency preparedness and response to acute and protracted health related emergencies in South Sudan		Organisation: Medair
Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	<i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i>	<i>What are the key indicators related to the achievement of</i>	<i>What are the sources of information on these indicators?</i>	
CHF project Objective	To improve access to quality essential lifesaving health services for vulnerable, emergency affected populations and to prevent and mitigate public health emergencies across South Sudan while supporting capacity building of local communities and the Ministry of Health in 2014	<ul style="list-style-type: none"> - Crude mortality rate - Under 5 mortality rate 	<ul style="list-style-type: none"> - National data sources 	<ul style="list-style-type: none"> - Public health emergencies occur in South Sudan - Security is sufficiently in place to allow for an emergency response - MoH and government support to allow for activities to be carried out in South Sudan
Outcome 1	Increased access to life saving health services for people in acute emergency situations	<ul style="list-style-type: none"> - # of rapid onset health emergencies responded to within South Sudan - # of rapid onset health emergencies assessed within South Sudan 	<ul style="list-style-type: none"> - Intervention reports – circulated following completion 	<ul style="list-style-type: none"> - Security is maintained to allow for safe interventions - Communities are accessible - Logistical support is available to provide transport of staff and supplies - Drug suppliers have sufficient stock
Output 1.1	People affected by emergencies are provided with quality preventive and curative emergency health services	<ul style="list-style-type: none"> - # of consultations 5 years or older (men, women) - # of <5 consultations (girls, boys) - # of measles vaccinations given to under 5 in emergency situation (girls, boys) 	<ul style="list-style-type: none"> - Clinic registers - Monthly DHIS reports - Vaccination campaign tally sheets 	<ul style="list-style-type: none"> - Vaccines are available from UNICEF or MoH in sufficient supply and timely manner
Activity 1.1.1	Carry-out rapid health assessments in event of public health emergencies			
Activity 1.1.2	Carry-out mass vaccination campaigns in response to vaccine preventable outbreaks			
Activity 1.1.3	Provide emergency outpatient health services including both preventive and curative care			
Activity 1.1.4	Respond to disease outbreaks with case management programmes such as outbreaks of kala azar			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Output 1.2	People affected by emergencies receive health education	- # of local community health promoters trained and supported	- Training attendance sheets	- Health workers/promoters are available in local communities
Activity 1.2.1	Provide community health education to promote behaviour change			
Activity 1.2.2	Train and support local community health promoters			
Outcome 2	Increased access to quality life saving health services for returnees and host communities in Renk County	- % of most common illnesses (diarrhea, pneumonia, malaria) and outbreak diseases treated in line with MoH or international standards	- Clinic registers - Clinic supervision reports	- CHD support to allow for continued services to returnees - People seek medical care for illnesses
Output 2.1	Returnees and host communities in Renk County are provided with quality preventive and curative health services	- # of consultations 5 years or older (men, women) - # of <5 consultations (girls, boys) - # of children provided with measles vaccination (girls, boys) - # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	- Clinic registers - Monthly DHIS reports	- Vaccines are available from UNICEF or MoH - Drug suppliers have sufficient stock
Activity 2.1.1	Provide emergency outpatient health services including both preventive and curative care in Mina and Abayouk returnee sites			
Activity 2.1.2	Provide basic health equipment and supplies according to the MoH Basic Package of Health Services for two emergency health facilities in returnee sites			
Activity 2.1.3	Conduct formal and on-the-job training for health care staff			
Output 2.2	Returnees and host communities in Renk County are provided with community health education	- # of local community health promoters trained and supported	- Training attendance sheets	- Health workers/promoters are available in local communities -
Activity 2.2.1	Provide community health education to promote behaviour change			
Activity 2.2.2	Train and support local community health promoters			

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	1 January 2014	Project end date:	30 June 2014
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Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Carry-out rapid health assessments in event of public health emergencies	X	X	X	X	X	X						
Activity 1.1.2 Carry-out mass vaccination campaigns in response to vaccine preventable outbreaks	X	X	X	X	X	X						
Activity 1.1.3 Provide emergency outpatient health services including both preventive and curative care	X	X	X	X	X	X						
Activity 1.1.4 Respond to disease outbreaks with case management programmes such as outbreaks of kala azar	X	X	X	X	X	X						
Activity 1.2.1 Provide community health education to promote behaviour change	X	X	X	X	X	X						
Activity 1.2.2 Train and support local community health promoters	X	X	X	X	X	X						
Activity 2.1.1 Provide emergency outpatient health services including both preventive and curative care in Mina and Abayouk returnee sites	X	X	X	X	X	X						
Activity 2.1.2 Provide basic health equipment and supplies according to the MoH Basic Package of Health Services for two emergency health facilities in returnee sites	X	X	X	X	X	X						
Activity 2.1.3 Provide formal and on-the-job training for health care staff	X	X	X	X	X	X						
Activity 2.2.1 Provide community health education to promote behaviour change	X	X	X	X	X	X						
Activity 2.2.2 Conduct trainings of health workers in Renk County	X	X	X	X	X	X						

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