Project Proposal

Organization	WHO (World Health Organization)			
Project Title	Provision of life-saving emergency medical supplies through the core pipeline to improve the primary health care services for the populations of humanitarian concern in high risk areas			
Fund Code	SSD-15/SA1/H/UN/255			
Cluster	**Primary cluster**: HEALTH; **Sub cluster**: None			
Project Allocation	1st Round Standard Allocation		Allocation Category Type	Core pipeline
Project budget in US$	800,095.71		Planned project duration	6 months
Planned Start Date	01/01/2015		Planned End Date	31/12/2015
OPS Details	OPS Code	SSD-15/H/73136	OPS Budget	0.00
	OPS Project Ranking		OPS Gender Marker	

Project Summary

The proposed project will contribute to the life saving interventions within the health sector strategic priorities. Procurement and distribution of these items is a top priority in the Health Cluster, in order to prevent common childhood diseases and common morbidities, epidemics and responding mass causalities from conflict areas. Emergency drug supplies will contribute to continuation of basic curative services as a measure of maintaining the front line services.
Currently the available pipeline supplies are not adequate to cover the next year and there will be a rupture/break in the pipeline by mid January 2015 in the event more funding is not availed. The current stock amounts to only 6% of the target for 2015. Lack of pipeline supplies will translate to about 1.47 million people not reached with life saving supplies and hence excess mortality and morbidity that would have been averted. It is very critical to have funding through CHF to enable WHO procure the much needed corepipeline supplies for the first quarter of 2015 otherwise we will be dealing with a major humanitarian gap to support the humanitarian response. Six key states(Unity, Upper Nile,Warrap,Northern Bahelgazel,Lakes,Jonglei) are ear marked to benefit from the strategic prepositioning as top priority although all the ten state in the country will have life saving item prepositioned and minimal stock at an acceptable level. The pipeline management was greatly affected in the year ending 2014 especially by the insecurity were ware houses were looted/vandalized and emergency supplies taken. This greatly affected the response times in these affected states of Jonglei, Unity and Upper Nile). As mitigation measure WHO has coordinated with the other humanitarian partners WFP and IOM for common storage of a minimal stock. Most of the bulk of the pipeline supplies are kept at juba level(Central Warehouse) and provided to the key states as when needed and hence need of having available fund to support private charters and hire of private companies for road transport as a reliable means for rapid response and as such making delivery of the pipeline services expensive. CHF funding will be critical to ensure reliable transport means to respond to partner requests from the states. Health partners that are included in the SRP will be eligible for the core-pipeline supplies support and this will be after a clearly demonstrated and documented gap of health needs and supplies rapture within their area of operation. The health cluster partners will request the supplies through the health cluster for verification of existence of particular projects in the mentioned area and this will also strengthen involvement of the HCC in the management of the pipeline and enable tracking of responses. No special agreement will be needed with the pipeline manager for the Health cluster partners to access the supplies however recommendation of the health cluster will be needed. Transportation of medical supplies to the states or counties will be contracted by logistic, common transport system and private transporters. The focus of the interventions will be in the high risk states of Warrap, Jonglei, Upper Nile, Unity, Northern Bahergazal and Lakes. In 2014 over 24 health Cluster partners and observes and associates benefited from the pipeline supplies especially in Unity, Jonglei ,Juba and Upper Nile and this trend will continue in 2015 were over 50% of the health cluster partners involved in humanitarian response will greatly deepend on WHO for pipeline supplies. As such CHF funding for the pipeline is very critical and needed to avert the potential humanitarian crisis(pipeline break) and improve the response times for the humanitarian community to the increasing health needs and this will reduce the excess morbidity and mortality that would have otherwise been encounterd.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	31457	30223	27896	26803	**116,379**
Total beneficiaries include the following:					
Internally Displaced People	31451	31457	0	0	62908
People in Host Communities	0	0	0	0	0
Pregnant and Lactating Women	0	0	0	0	0
Children under 5	27896	26803	0	0	54699

Indirect Beneficiaries		Catchment Population	

Link with the Allocation Strategy

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 inter agency emergency 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

Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)	

Organization focal point contact details

Name	Title	Phone	Email
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BACKGROUND INFORMATION

1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

South Sudan is facing its worst humanitarian crisis in many years, which is characterized by open internal conflict between government and opposition groups, major internal displacement and refugees, increasing food insecurity and high malnutrition rates, limited access to basic services, disease outbreak and access challenges to crisis affected areas. Humanitarian operations in South Sudan remain precarious, complex and uncertain.
Over 43% of the health facilities in the conflict affected states remain non operational and over 3.98 million people will be targeted for emergency health assistance in 2015(Health Cluster SRP 2015), this is compounded by the fact that only 40% of population in South Sudan access health services (MOH 2011). Key hazards of public health concern remain conflict, floods, disease outbreaks and massive population movement/displacement and these
Heavy fighting broke out in Juba on 15 December, 2013 and has since then affected delivery of health services in the states of of Jonglei, Unity, Upper Nile and Lakes. Despite the signing of a number of agreements for the cessation of hostilities by both parties, the clashes continue to be reported in the states of Jonglei, Unity, Warrap, Lakes and Upper Nile, and access and delivery of humanitarian assistance are becoming a major challenge. Exact number of displaced people is difficult to establish but initial estimates indicate that as November 2014 over 1.4 million people have been displaced by the conflict. Given the scale and intensity of the violence, the real number is likely to be much higher, with hundreds of thousands of people impacted by the crisis. Over 90,000 people have so far sought protection from the violence in UN peacekeeping bases, with the largest concentrations in Bentiu, Bor, Juba and Malakal. Another estimated 92,000 people have sought refuge in areas of Awerial County, where aid agencies are responding to the needs.

South Sudan is affected by floods on a seasonal basis and it's important to note that strategic prepositioning of life saving supplies in the first quarter is important before the heavy rains cut off 60% of the counties. The living conditions in the POCs detoriate once the heavy rains set in- increasing the likelihood of further

	displacement The floods also negatively impact the ability of the humanitarian community to reach the population in need with potentially devastating consequences for the communities relying on humanitarian assistance for their survival. The overall humanitarian situation among the displaced people has further deteriorated, and basic services including food, shelter, water and sanitation and health are in great demand. Despite the diligent effort by the humanitarian actors in the country to meet the basic necessities among displaced people, the living conditions inside and outside UN compounds is appalling. The displaced people are sheltering in makeshift and overcrowded camps with limited access to food, water or sanitation, and the risk of disease outbreaks is a serious concern. In the past two weeks, more humanitarian actors have returned into the county and are making efforts to respond to the humanitarian crisis by providing food, water health and other essential services to the displaced people. Nonetheless, access to affected communities or counties is becoming a major challenge due to unpredictable security situation. Through the core pipeline WHO continues to provide assistance to Health authorities and cluster partners with essential emergency supplies to sustain the provision of primary health care services to returnees, refugee and IDPs. Since January 2014, WHO has pre-positioned 68 various types of emergency health kits (Trauma Kints, IEHK, DDKs and Outbreak Investigation Kits) with State Ministries of Health and frontline partners in high-risk areas to support over 540,000 consultations. This has further supported excesses of 7110 of victims and fatalities. Having significan
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	The crisis in South Sudan has caused a major public health crisis with extensive disruption of essential primary and secondary health care services. As of July 2014 only 41% of health facilities in Unity were functioning, 57% in Upper Nile and 68% in Jonglei. 184 of 425 health facilities in conflict-affected states are not functioning. This also hampers preventative care including vaccination campaigns, malnutrition screening and antenatal care The Health situation in the Republic of South Sudan is fragile and the recent crisis in South Sudan has caused a major public health crisis with extensive disruption of essential primary and secondary health care services. Healthcare coverage across the country is poor with only 40% estimated able to access health care within in 5km radius; Access to health care is variable throughout the country ranging from 34,807 persons per facility (Eastern Equatoria State) to 4000 persons per facility (Western Bahr el Ghazal) and is further hindered by geographical constraints and poor transport infrastructure. Only 1 person out of 5 utilizes health care facilities per year (SPHERE standard is one consultation per person per year). The health sector budget as a proportion of the national budget has declined from 7.9% in 2006 to about 4.2% in 2014. Following the crisis , only 41% of health facilities in Unity were functioning, 57% in Upper Nile and 68% in Jonglei. 184 of 425 health facilities in conflict-affected states are not functioning. This also hampers preventative care including vaccination campaigns, malnutrition screening and antenatal care Health Cluster CAP partners provide at least 80% of countrywide services and consultations. Transition in health sector funding mechanisms which started in 2012 will continue into 2015, and until full implementation is completed gaps in support for basic health care are anticipated to continue further worsening access to health care. Infant Mortality Rate (IMR) and under-five Mortality Rate (UMR) are very high at 102 per 1000 live births and 135 per 1000 live births, respectively. South Sudan has one of the highest Maternal Mortality Rates (MMR) in the world, estimated at 2054/100,000 live births. Although close to 46.7% of pregnant women attend at least one ANC visit, only 14.7% of deliveries are attended by skilled health professionals Communicable diseases remain a concern in the country due to various predisposing factors. These include poor sanitation, shortage of water, crowded living conditions, malnutrition, and poor immunity, with young children and pregnant women particularly vulnerable. The situation is compounded by gaps in the EWARN coverage and low routine vaccine coverage (26% DPT 3 coverage according to official estimates). Outbreaks of cholera and kala-azar have affected some 6,100 and 4,100 people respectively so far in 2014. The pattern is likely to continue in 2015 given the prevalence of predisposing factors. Other common threats to people's health include acute respiratory infections, acute watery diarrhea, malaria, malnutrition and measles. The country being in the meningitis belt of Africa, the dry season may see outbreaks of meningococcal meningitis Due to weak logistic systems, poor infrastructure, and environmental access constraints, distribution of drugs to health facilities is often challenging, resulting in ruptures at facility level. During period of transition there is concern that the new drug procurement system will not be available in time to ensure a continued supply. Upsurge in malaria cases, and improved case reporting have reflected insufficient antimalarials in country, resulting in emergency procurement of anti malarial supplies to ensure treatment capacity. Health partners are often called upon to mobilize and assist during extraordinary efforts to help in procurement as well as transport and distribution.
3. Description Of Beneficiaries	The target population is based on the amout of corepipeline supplies that will be procured using CHF support. A total of 116380 beneficiaries will be targeted of which 57,026 will be of the female sex. These are a fraction of the target population form the health cluster response plan based on the estimated utilization rate of the previous years. its estimated that 40% of the vulnerable groups will attend OPD consultations and will benefit from the pipeline supplies. In addition to this 54699 children will be targeted by the response for OPD consultations and emergency measles vaccination and other life saving interventions. All the targeted beneficiaries will access the life saving supplies in OPD and treatment points through the health providing health services in the areas hosting populations of humanitarian concern
4. Grant Request Justification.	Humanitarian needs among displaced people and other vulnerable groups continue to grow, and the humanitarian operations in South Sudan remain precarious. Many of the displaced people and many communities in conflict affect areas do not have access to life-saving primary and secondary health care services. This is exacerbated by already very fragile health systems (lack of skilled staff, drugs, medical supplies and equipment, leadership, etc. at all levels) that have further affected the humanitarian response. Many health facilities in conflict affected areas and other stable areas are almost non-functional (46%) as the health personnel fail to report due to insecurity, unpaid salary for months and shortage of drugs. Bor, Bentiu and Malakal State Hospitals and other primary health care facilities were looted and operational at bare minimum, while Juba hospital continues to be overwhelmed The Ministry of Health has limited capacity to manage the current health emergencies such as cholera, and any public health risks. Communicable diseases remain a challenge in South Sudan, and outbreaks are common in all the ten states of South Sudan. The risk of communicable disease epidemics is greatly increased among populations affected by ongoing humanitarian emergencies due to increased population movement, poor living conditions among displaced people, poor sanitation and hygiene, shortage of water, overcrowded camps, malnutrition, and low immunity, with young children and pregnant women are particularly vulnerable. In early days of the crisis, measles outbreaks were confirmed in all IDP camps as well as other counties hosting displaced camps, and emergency vaccination campaigns were implemented in order to contain the measles outbreak. The incidence of acute watery, respiratory tract infection and malaria also increased across all IDP camps and other conflict affected areas due to the rainy season and flooding in some areas. Hepatitis E Virus (HEV) outbreak has been laboratory confirmed in Minkaman IDP camps, and over 92,000 people are at risk of contracting within the camp and surrounding host communities. In the last eleven months, outbreaks of, measles, cholera, kala azar and hepatitis were officially declared. More than 44% of all reported and investigated outbreak rumors were measles followed by acute flaccid paralysis (41%), Guinea worm (5.9%) and kala azar (2,4 %), acute jaundice syndrome (3.1%), cholera (0.9). The crude immunization coverage is at 46% across the affected states and hence a large proportion of the community is at risk of vaccine preventable diseases. Severe malnutrition among children was recorded in all camps and conflict affected areas South Sudan's current surgical services reflect the nationwide lack of skilled health Human resources to meet the needs of the population. The tremendous lack of surgical capacity both in skill and other resources has necessitated medical evacuations nationwide to access skilled care. In the last 11 months, over 7110 people received surgical treatment for gunshot wounds across 18 facilities, and an additional 540 were medivac to Juba or other referral hospitals for further treatment. Enormous gaps in life-saving surgical intervention remain evident, especially in state and county hospitals that serve the population in the affected areas Effective emergency preparedness and response is critical in mitigating the impact of humanitarian emergencies to the vulnerable population In South Sudan. Since January 2014, WHO has pre-positioned 68 various types of emergency health kits (core pipeline) with State Ministries of Health and frontline partners in high-risk areas. Over 21 health partners and all state health authorities have benefited the core pipeline, and many health partners operating in conflict affected areas are dependent to the core pipeline. With the current disruption to the routine drug supplies by the Ministry of Health and development partners, health clus
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	

LOGICAL FRAMEWORK

Overall project objective	To reduce avoidable morbidity and mortality among displaced people, returnees, refugees and host communities, and respond to the rapidly deteriorating health situation in high risk and hotspot areas

Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	50
2015 SSO 2: Enhance existing systems to prevent, detect and respond to disease outbreaks	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	50

Outcome 1	Emergency supplies (inter-agency emergency health kits, trauma, diarrhea disease and PEP kits) strategically pre-positioned and distributed to health care service providers in the six key states(Unity,UpperNile,Jonglei,Warrap,Lakes,Northern Bahergazel) including the strengthening of Supply chain management and improved warehouse capacity improved.	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Life saving emergency supplies(20 IEHK,20 Trauma Kits,200 Basic Unit Kits,15 Diarhea Disease Kits) procured and availed for strategic distribution distibution	Funds are availed on time,security situation allow and remains stable,weather permits transportation of the supplies and MOH willing to implement the planned activities and presence of a well motivated network of health workers

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Core pipeline] % of the states/MOH hubs with emergency kits prepositioned					100
	Means of Verification:	Stock Cards,Ledger books way bills and monthy stock out reports					
Indicator 1.1.2	HEALTH	[Frontline services] # of states with outbreak investigation materials prepositioned					6
	Means of Verification:	way blls,monthly log reports form the field,stck cards and ware houses ledgers					

Activities

Activity 1.1.1	Procure inter-agency kits, Trauma Kits,Diarhea Disease Kits, Surgical Kits
Activity 1.1.2	Acquire and rent ware housing space to enable management of corepipeline services
Activity 1.1.3	Facilitation of transportation of supplies by land,charter flights of corepipeline supplies to high risk and hot spot areas
Activity 1.1.4	Payement of salaries of technical officers to manage the corepiepline are maintained
Activity 1.1.5	Strategically preposition nter-agency kits, Trauma Kits,Diarhea Disease Kits, Surgical Kits for easy accessed at state level
Activity 1.1.6	Conduct monitoring and reporting visitis to the key states to ensure appropriate utilisation of pipeline supplies

Outcome 2	Basic health care needs of displaced people, returnees, and refugees are met, including treatment of common but fatal illnesses	
Code	**Description**	**Assumptions & Risks**
Output 2.1	200 health facilities that received emergency medical supplies through core pipeline provide OPD treatment services to manage common illnesses.	Corepipeline has no rapture,procurement of the supplies done on time,security remains stabel and allows humnaitarina access

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	[Core pipeline] # of implementing partners receiving supplies from the pipeline					30
	Means of Verification:	Way blls,requisition memos,stock cards and signed way bills					
Indicator 2.1.2	HEALTH	[Core pipeline] # of estimated beneficiaries reached by the supplies from the pipeline (emergency supplies and kits)					400000
	Means of Verification:	OPD records,HMIS reports,EWARS reports					
Indicator 2.1.3	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	0	0			0
	Means of Verification:	Trainng reports,attendance sheets ,OPD records					

Activities

Activity 2.1.1	Training of health workers and health NGOs in the management and use of the IEHKs in health emergencies
Activity 2.1.2	Facilitation of the health cluster partners with the direct delivery of the much needed supplies to the NGO supported heallth facilities serving the populations of humanitarian concern
Activity 2.1.3	Provide OPD/Health facility kits to the trained health workers to ensure they are able to carry out OPD consultations in the affected populations
Activity 2.1.4	Facitiate health assesments in the keyhigh risk areas identifed to be able to document the critical health need and be able to giude health cluster team to have focused health interventions
Activity 2.1.5	Conduct regular field monitoring and Support Supervision missions to the affected areas to ensure quality and equitable provision of the emergency health services

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Procure inter-agency kits, Trauma Kits,Diarhea Disease Kits, Surgical Kits	2015	X	X	X									
Activity 1.1.2 Acquire and rent ware housing space to enable management of corepipeline services	2015	X	X	X	X	X	X						
Activity 1.1.3 Facilitation of transportation of supplies by land,charter flights of corepipeline supplies to high risk and hot spot areas	2015		X	X	X	X	X						
Activity 1.1.4 Payement of salaries of technical officers to manage the corepiepline are maintained	2015	X	X	X	X	X	X						
Activity 2.1.1 Training of health workers and health NGOs in the management and use of the IEHKs in health emergencies	2015			X	X	X							

	Activity 2.1.2 Facilitation of the health cluster partners with the direct delivery of the much needed supplies to the NGO supported heallth facilities serving the populations of humanitarian concern	2015		X	X	X	X	X						
	Activity 2.1.3 Provide OPD/Health facility kits to the trained health workers to ensure they are able to carry out OPD consultations in the affected populations	2015	X	X		X	X	X						
	Activity 2.1.4 Facitiate health assesments in the keyhigh risk areas identifed to be able to document the critical health need and be able to giude health cluster team to have focused health interventions	2015	X	X	X	X	X	X						
	Activity 2.1.5 Conduct regular field monitoring and Support Supervision missions to the affected areas to ensure quality and equitable provision of the emergency health services	2015	X	X	X	X	X	X						
	Activity 1.1.5 Strategically preposition nter-agency kits, Trauma Kits,Diarhea Disease Kits, Surgical Kits for easy accessed at state level	2015		X	X	X	X							
	Activity 1.1.6 Conduct monitoring and reporting visitis to the key states to ensure appropriate utilisation of pipeline supplies	2015	X	X	X	X	X	X						

M & R DETAILS

Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .	Monitoring and Evaluation officer from OCHA will support the cluster in directly monitoring the implementation of the CHF project .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 routine support supervision visits by the EHA team. Data collected will be compiled by the WHO data manager, supported by the information manager of the health cluster, in collaboration with the monitoring and reporting officer of the health cluster. WHO standard templates will be provided to the partners both at state and field level, while the CHF reporting templates will be used for the interim and final reports to the CHF secretariat. Health cluster partners will provide reports on the utilization and distribution of the pipeline supplies received from the pipeline manner on a regular basis. WHO will provide the CHF secretariat monthly reports on the distribution and updated balances of the core pipeline supplies. In addition midterm project reports that include utilization and remaining balances reflecting funds balances will be shared on quarterly basis while interim, final quantitative and narrative reports will be provided to the humanitarian coordinator and CHF secretariat. Based on the Monitoring and Reporting framework, the health cluster will support the monitoring process and data collection and reporting against the set and identified CHF indicators on a quarterly basis

OTHER INFORMATION

Accountability to Affected Populations	The affected population will be engaged in the needs analysis through provision of the much needed information during assessments and surveys. Key opinion holders in the community will be consulted on pertinent issues in coordination with the cluster. Existing Community structures like the surveillance systems will also be engaged in the response especially community based interventions like integrated community case management where a number of volunteers are trained to be able to handle and refer cases of most common causes of morbidity include malaria, acute respiratory tract infections and malaria. Likewise community resource persons will be involved in mitigation measures for major health hazard and also as first responders in the major humanitarian emergencies
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	The duration for implementing of the CHF funded activities will be 6 months. The project will be implemented through WHO state offices, 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 life saving emergency drugs 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. Health partners that are included in the SRP will be eligible for the core pipeline supplies support and this will be after a clearly demonstrated and documented gap of health needs and supplies rapture with their area of operation. The health cluster partners will request the supplies through the health cluster to get recommendation and easy tracking of responses. No special agreement will be needed with the pipeline manager to access the supplies however recommendation of the health cluster will be needed. Transportation of medical supplies to the states or counties will be contracted by logistic, common transport system and private transporters. The focus of the interventions will be in the high risk states of Warrap, Jonglei, Upper Nile, Unity, Northern Bahergazal and Lakes. As part of the synchronization of filling in critical gaps, 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 health services in need. Monitoring of the activities will be done by the WHO technical officers on a monthly basis with provision of regular situation reports with support and leadership of the representative of the World Health Organization
Coordination with other Organizations in project area	
Environmental Marker Code	
Gender Marker Code	1-The project is designed to contribute in some limited way to gender equality
Justify Chosen Gender Marker Code	
Protection Mainstreaming	
Safety and Security	
Access	

BUDGET

1 **Staff and Other Personnel Costs** *(please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015 Q1	2015 Q2	2015 Q3	2015 Q4	Quarterly Total
1.1	Techincal officer for Pipeline management	D	1	24000	6	40.00%	57,600.00	0.00	0.00	0.00	0.00	
	Technical officer forthe pipeline management at P4 level@24000 per month(inclusive of salary,DSA,R and R,insurance,medical)											
1.2	Logistician to support monitoring and reporting for the pipeline	D	1	18000	4	40.00%	28,800.00	0.00	0.00	0.00	0.00	
	Logistic officer for the pipeline management at P3 level@18000 per month(inclusive of salary,DSA,R and R,insurance,medical)											
1.3	Emergency Health officer(Roving) for the pipeline management(Uppernile,Unity,Jonglei)	D	1	18000	6	30.00%	32,400.00	0.00	0.00	0.00	0.00	
	Emergency Health officer(Roving) for the pipeline management at P3 level@18000 per month(inclusive of salary,DSA,R and R,insurance,medical)											
1.4	Nationla Public Health Officers at front line states	S	6	3200	6	20.00%	23,040.00	0.00	0.00	0.00	0.00	
	National officer on the gorund to provide direct techincal support to manage the pipeline servises in the hot spots@3900 usd per month for a period of six months											
	Section Total						141,840.00	0.00	0.00	0.00	0.00	0.00

2 **Supplies, Commodities, Materials** *(please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015	Quarterly Total

								Q1	Q2	Q3	Q4	
2.1	Interagency Health Kits	D	6	22710	1	55.00%	74,943.00	0.00	0.00	0.00	0.00	
	One interagency health kit serves a population of 10,000 for three months.@ costs 22710 based on the WHO internal catalouge											
2.2	Trauma Kit for life saving surgeries	D	5	21000	1	60.00%	63,000.00	0.00	0.00	0.00	0.00	
	Full kit consits of Kit A,B and supply Kit total cost of 21000usd. Each kit is suffieict for 100 persons											
2.3	Basic Unit Kits for frontline PHCCs	D	200	350	1	70.00%	49,000.00	0.00	0.00	0.00	0.00	
	Each basic unit kit serves a population of 1000 for three months,these complement the full IEHK											
2.4	Diarhea Disease Kits	D	5	12000	1	80.00%	48,000.00	0.00	0.00	0.00	0.00	
	DDK is sufficient for 700 people sudffering for Diareha Disease/Cholera,@ costs 1200,15											
2.5	Outbreak Investigation Kits/Ebola Kits/Kahalzar Kits/Cholera Kits	D	30	2500	1	80.00%	60,000.00	0.00	0.00	0.00	0.00	
	Outbreak investigation kit,adequate for 10 severe pateints for ten days.											
	Section Total						294,943.00	0.00	0.00	0.00	0.00	0.00

3 **Equipment** *(please itemize costs of non-consumables to be purchased under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
3.1	Emergency tents for clinics and isolation facitlities	S	10	2300	1	80.00%	18,400.00	0.00	0.00	0.00	0.00	
	Tents used in areas that have had facilites destroyed or vandalised,used to expand admision space and used in areas where infrustructure isnt avaialble											
	Section Total						18,400.00	0.00	0.00	0.00	0.00	0.00

4 **Contractual Services** *(please list works and services to be contracted under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
	Section Total						0.00	0	0	0	0	0.00

5 **Travel** *(please itemize travel costs of staff, consultants and other personnel for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
5.1	Air lift of Kits to state and county level	D	24	6000	1	30.00%	43,200.00	0.00	0.00	0.00	0.00	
	Use of charter flights by UNHAS or private companies to deliver supplies in hot spots@ rotation costs about 6000usd and two charters per montn for twelve montnts											
5.2	Local transporters of supplies to the field locations that are accessible	D	4	6000	10	30.00%	72,000.00	0.00	0.00	0.00	0.00	
	Hire of local trasportes in the dry season,each qualter for a regular prepositiong of the pipeline supplies. Transport to ten states each quater(Common transport has not be so relaible and has alot of delays . the common transport tends to wait for consolidated cargo that may not neccesary be the same timing with health cargo,however on syncronised timing we use the common transport)											
	Section Total						115,200.00	0.00	0.00	0.00	0.00	0.00

6 **Transfers and Grants to Counterparts** *(please list transfers and sub-grants to project implementing partners)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
	Section Total						0.00	0	0	0	0	0.00

7 **General Operating and Other Direct Costs** *(please include general operating expenses and other direct costs for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015				Quarterly Total
								Q1	Q2	Q3	Q4	
7.1	Support to health coordination, Rapid assesments at field and State level	D	5	800	12	45.00%	21,600.00	0.00	0.00	0.00	0.00	
	Anticipated two assesments per month for twelve months,DSA for two officers for five days per month for twelve month. Each day @80usd for two pple =160US*5 =800 USD per month for 12 months											
7.2	Support to maintainace of field vehicles to support pipeline management	D	10	1000	6	50.00%	30,000.00	0.00	0.00	0.00	0.00	
	Vehicle maintainance at state levels(10 states each at 1000 USD per month making it 10000 permonth for six months)											
7.3	Fuel support for health assesment and event veirifcation	D	10	2400	6	40.00%	57,600.00	0.00	0.00	0.00	0.00	
	Fuel for assesment and outbreak missions in 10 states(6 drums in each state@ 400$ each drum)											
7.4	Monitoring and reporting Field interventions	D	1	1	170000	40.10%	68,170.00	0.00	0.00	0.00	0.00	
	Total M and R costs for the emergency program is 177000,making it 29500 per month,CHF will contirbute 40% toward the costs(stationary, reportimg tools,IT support,DSA for staff,support from the HQ and regionls office,field monitoring)											
	Section Total						177,370.00	0.00	0.00	0.00	0.00	0.00

Sub Total Direct Cost	747,753.00
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	
PSC Amount	52,342.71

Quarterly Budget Details for PSC Amount	2015				Total
	Q1	Q2	Q3	Q4	
	0.00	0.00	0.00	0.00	0.00

Total Fund Project Cost	800,095.71

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Eastern Equatoria	6					0	
Jonglei	15					0	
Lakes	10					0	
Northern Bahr el Ghazal	6					0	
Unity	15					0	
Upper Nile	20					0	
Warrap	10					0	
Western Bahr el Ghazal	6					0	
Western Equatoria	6					0	
Central Equatoria	6					0	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

Admin Location1	Percentage
Eastern Equatoria	6
Jonglei	15
Lakes	10
Northern Bahr el Ghazal	6
Unity	15
Upper Nile	20
Warrap	10
Western Bahr el Ghazal	6
Western Equatoria	6
Central Equatoria	6

DOCUMENTS