## **Project Proposal**

Organization  Project Title	WHO (World Health Organiza	ency medical supplies through the	noro ninolino to impre	the primary bealth	a convicto for the marris	tions of humanitaria-
Project Title	concern in high risk areas	ency medical supplies through the d	core pipeline to improve	the primary health care	e services for the popula	ations of numanitarian
Fund Code	SSD-15/SA1/H/UN/255					
Cluster	Primary cluster			Sub cluster		
	HEALTH			None		
Project Allocation	1st Round Standard Allocation		Allocation Category	Туре	Core pipeline	
Project budget in US\$	800,095.71		Planned project dura	ation	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 Marke	er		
	humanitarian response. Six ke top priority although all the ten greatly affected in the year en the response times in these at WFP and IOM for common sto states as when needed and hi rapid response and as such in requests from the states. Hea	ad corepipeline supplies for the first y states (Unity, Upper Nile,Warrap, state in the country will have life sa ding 2014 especially by the insecur fected states of Jonglei, Unity and orage of a minimal stock. Most of the hence need of having available fund naking delivery of the pipeline servic th partners that are included in the	Northern Bahelgazel, La iving item prepositioned ity were ware houses w Upper Nile). As mitigatic ie bulk of the pipeline su to support private chart ces expensive. CHF fur SRP will be eligible for t	akes, Jonglei) are ear ma and minimal stock at a were looted/vandalized in measure WHO has applies are kept at juba ers and hire of private anding will be critical to e he core-pipeline supplie	arked to benefit from the n acceptable level. The and emergency supplies coordinated with the othe evel(Central Warehouse companies for road trans sure reliable transport in se support and this will b	strategic prepositioning pipeline management wat taken. This greatly affer humanitarian partners and provided to the kesport as a reliable meanmeans to respond to pare after a clearly
	the health cluster for verification the pipeline and enable trackin however recommendation of transport system and private and Lakes. In 2014 over 24 ht Nile and this trend will continue supplies. As such CHF funding	d gap of health needs and supplies on of existence of particular projects of responses. No special agreeme health cluster will be needed. Transporters. The focus of the intervalth Cluster partners and observes in 2015 were over 50% of the heag for the pipeline is very critical and y to the increasing health needs and	s in the mentioned area nent will be needed with ansportation of medical ventions will be in the high s and associates benefit lith cluster partners involuted I needed to avert the po	and this will also streng the pipeline manager for supplies to the states of gh risk states of Warra ted from the pipeline sublyed in humanitarian re- tential humanitarian cris	othen involvement of the or the Health cluster part or counties will be contra o, Jonglei, Upper Nile, U pplies especially in Unity sponse will greatly deep ois(pipeline break) and in	HCC in the managemer ners to access the supported by logistic, common nity, Northern Bahergaz /, Jonglei, Juba and Uppend on WHO for pipeline nprove the response time
Direct beneficiaries	the health cluster for verification the pipeline and enable trackin however recommendation of transport system and private and Lakes. In 2014 over 24 ht Nile and this trend will continue supplies. As such CHF funding	on of existence of particular projects or responses. No special agreem he health cluster will be needed. Tr. ransporters. The focus of the interbalth Cluster partners and observes in 2015 were over 50% of the heag for the pipeline is very critical and	s in the mentioned area nent will be needed with ansportation of medical ventions will be in the high s and associates benefit lith cluster partners involuted I needed to avert the po	and this will also streng the pipeline manager for supplies to the states of gh risk states of Warra ted from the pipeline sublyed in humanitarian re- tential humanitarian cris	othen involvement of the or the Health cluster part or counties will be contra o, Jonglei, Upper Nile, U pplies especially in Unity sponse will greatly deep ois(pipeline break) and in	HCC in the managemer ners to access the supported by logistic, common nity, Northern Bahergaz /, Jonglei, Juba and Uppend on WHO for pipeline nprove the response time
Direct beneficiaries	the health cluster for verification the pipeline and enable trackin however recommendation of transport system and private and Lakes. In 2014 over 24 ht Nile and this trend will continue supplies. As such CHF funding	on of existence of particular projects g of responses. No special agreen he health cluster will be needed. Tr. ransporters. The focus of the inter- salth Cluster partners and observes in 2015 were over 50% of the hea g for the pipeline is very critical and y to the increasing health needs an	s in the mentioned area nent will be needed with ansportation of medical ventions will be in the his a and associates benefi lith cluster partners invo needed to avert the po d this will reduce the ex	and this will also streng the pipeline manager for supplies to the states of gh risk states of Warra ted from the pipeline sub- olved in humanitarian re- tectes morbidity and mo-	then involvement of the ir the Health cluster part or counties will be contra o, Jonglei, Upper Nile, U pplies especially in Unity sponse will greatly deep is(pipeline break) and in rtality that would have of	HCC in the managemer ners to access the suproted by logistic, commo nity, Northern Bahergaz /, Jonglei Juba and Upp end on WHO for pipeline nprove the response tind therwise been encounte
Direct beneficiaries	the health cluster for verificatic the pipeline and enable trackin however recommendation of t transport system and private and Lakes. In 2014 over 24 he Nile and this trend will continue supplies. As such CHF fundin for the humanitarian communit	on of existence of particular projects go fresponses. No special agreem he health cluster will be needed. Tr. ransporters. The focus of the intervalth Cluster partners and observes in 2015 were over 50% of the heag for the pipeline is very critical and y to the increasing health needs an Men  Men  31457	s in the mentioned area ient will be needed with ansportation of medical ventions will be in the his and associates benefit thic cluster partners invo- needed to avert the po d this will reduce the ex	and this will also streng the pipeline manager fo supplies to the states of gh risk states of Warra ted from the pipeline su loved in humanitarian re- tential humanitarian cris coess morbidity and mo	other involvement of the right the Health cluster part or counties will be contrated. Jonglei, Upper Nile, Upplies especially in Unity sponse will greatly deep cis(pipeline break) and in rtality that would have of	HCC in the managemer ners to access the supp cted by logistic, commo nity, Northern Bahergaz , Jonglei ,Juba and Upp end on WHO for pipeline nprove the response tin therwise been encounte
Direct beneficiaries	the health cluster for verificatic the pipeline and enable trackin however recommendation of t transport system and private and Lakes. In 2014 over 24 he Nile and this trend will continue supplies. As such CHF fundin for the humanitarian communit	on of existence of particular projects go fresponses. No special agreem he health cluster will be needed. Tr. ransporters. The focus of the intervalth Cluster partners and observes in 2015 were over 50% of the heag for the pipeline is very critical and y to the increasing health needs an Men  Men  31457	s in the mentioned area ient will be needed with ansportation of medical ventions will be in the his and associates benefit thic cluster partners invo- needed to avert the po d this will reduce the ex	and this will also streng the pipeline manager fo supplies to the states of gh risk states of Warra ted from the pipeline su loved in humanitarian re- tential humanitarian cris coess morbidity and mo	other involvement of the right the Health cluster part or counties will be contrated. Jonglei, Upper Nile, Upplies especially in Unity sponse will greatly deep cis(pipeline break) and in rtality that would have of	HCC in the managemer ners to access the supp cted by logistic, commo nity, Northern Bahergaz , Jonglei ,Juba and Upp end on WHO for pipeline nprove the response tin therwise been encounte
Direct beneficiaries	the health cluster for verificatic the pipeline and enable trackin however recommendation of t transport system and private and Lakes. In 2014 over 24 h Nile and this trend will continue supplies. As such CHF fundin for the humanitarian communit	on of existence of particular projects g of responses. No special agreem he health cluster will be needed. Transporters. The focus of the interestin course and observes in 2015 were over 50% of the heag for the pipeline is very critical and y to the increasing health needs an Men  31457  Me the following:	s in the mentioned area neent will be needed with ansportation of medical ventions will be in the his and associates benefilth cluster partners involved to avert the poid this will reduce the ex Women 30223	and this will also stren, the pipeline manager for supplies to the states of phrisk states of Warra tied from the pipeline subved in humanitarian retential humanitarian criscoss morbidity and morbid	then involvement of the ir the Health cluster part or counties will be contra o, Jonglei, Upper Nile, U pplies especially in Unity sponse will greatly deep sis(pipeline break) and ir rtality that would have of Girls  26803	HCC in the managemer ners to access the suproted by logistic, commonity, Northern Bahergaz (, Jonglei, Juba and Uppend on WHO for pipeline mprove the response time therwise been encounted.  Total  116,379
Direct beneficiaries	the health cluster for verificatic the pipeline and enable trackin however recommendation of t transport system and private and Lakes. In 2014 over 24 he Nile and this trend will continue supplies. As such CHF fundin for the humanitarian communit Beneficiary Summary  Total beneficiaries include Internally Displaced People	on of existence of particular projects go fresponses. No special agreem he health cluster will be needed. Transporters. The focus of the intervalth Cluster partners and observes in 2015 were over 50% of the heag for the pipeline is very critical and y to the increasing health needs an Men  Men  31457  de the following:  31451	s in the mentioned area inent will be needed with ansportation of medical ventions will be in the his and associates benefith cluster partners involunced to avert the poid this will reduce the extended to avert the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the point of	and this will also strengthe pipeline manager for supplies to the states of his states of the states	pthen involvement of the return the Health cluster part or counties will be contrated. Jonglei, Upper Nile, Upplies especially in Unity sponse will greatly deep is (pipeline break) and in retality that would have of Girls  26803	HCC in the managemen ners to access the supreted by logistic, commonity, Northern Bahergaz, Jonglei Juba and Uppendo nwHO for pipeline inprove the response time therwise been encounted.  Total  116,379  62908
Direct beneficiaries	the health cluster for verificatic the pipeline and enable trackin however recommendation of t transport system and private and Lakes. In 2014 over 24 he Nile and this trend will continue supplies. As such CHF fundin for the humanitarian communit Beneficiary Summary  Total beneficiaries include Internally Displaced People  People in Host Communities	on of existence of particular projects go fresponses. No special agreem he health cluster will be needed. Transporters. The focus of the intervalth Cluster partners and observes in 2015 were over 50% of the heag for the pipeline is very critical and y to the increasing health needs an Men  Men  31457  de the following:  31451	s in the mentioned area neent will be needed with ansportation of medical ventions will be in the his and associates benefith cluster partners involved the extension of the control of th	and this will also stren, the pipeline manager fr supplies to the states of prisk states of Warra ted from the pipeline subved in humanitarian criscoess morbidity and more supplies of the states of Warra ted from the pipeline subved in humanitarian criscoess morbidity and more supplies of the state of t	then involvement of the return the Health cluster part or counties will be contra or, Jonglei, Upper Nile, Upplies especially in Unity sponse will greatly deep sis (pipeline break) and in rtality that would have of Girls  26803	HCC in the managemer ners to access the supreted by logistic, commonity, Northern Bahergaz (, Jonglei , Juba and Uppend on WHO for pipeline nprove the response time therwise been encounted.  Total  116,379  62908  0
Direct beneficiaries	the health cluster for verificatic the pipeline and enable trackin however recommendation of t transport system and private and Lakes. In 2014 over 24 he Nile and this trend will continue supplies. As such CHF fundin for the humanitarian communit Beneficiary Summary  Total beneficiaries included Internally Displaced People People in Host Communities  Pregnant and Lactating Wom	on of existence of particular projects go fresponses. No special agreem he health cluster will be needed. Transporters. The focus of the intervalth Cluster partners and observes in 2015 were over 50% of the heag for the pipeline is very critical and y to the increasing health needs an Men  Men  31457  de the following:  31451  0 en 0	s in the mentioned area neent will be needed with ansportation of medical ventions will be in the his and associates benefit the cluster partners involved needed to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will be provided the point th	and this will also stren, the pipeline manager fr supplies to the states of prisk states of Warra ted from the pipeline subved in humanitarian criscess morbidity and mo	then involvement of the ir the Health cluster part or counties will be contra o, Jonglei, Upper Nile, Upplies especially in Unity sponse will greatly deep is (pipeline break) and in rtality that would have of Girls  26803  0 0 0 0	HCC in the managemer ners to access the suproted by logistic, common nity, Northern Bahergaz /, Jonglei , Juba and Uppend on WHO for pipeline nprove the response time therwise been encounte Total  116,379  62908  0 0
Indirect Beneficiaries	the health cluster for verificatic the pipeline and enable trackin however recommendation of t transport system and private and Lakes. In 2014 over 24 he Nile and this trend will continue supplies. As such CHF fundin for the humanitarian communit Beneficiary Summary  Total beneficiaries included Internally Displaced People People in Host Communities Pregnant and Lactating Worm Children under 5  The CHF funding will be used associated with humanitarian Main components to be suppomedical supplies including spedrugs, capacity building activit emergencies, prompt deploym preparedness and response. reduce the negative impact of	on of existence of particular projects go fresponses. No special agreem he health cluster will be needed. Transporters. The focus of the intervalth Cluster partners and observes in 2015 were over 50% of the heag for the pipeline is very critical and y to the increasing health needs an Men  Men  31457  de the following:  31451  0 en 0	s in the mentioned area neent will be needed with ansportation of medical ventions will be in the his and associates benefit the cluster partners involved needed to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the point and the point and the point and response activities, include conducting and response activities, and response activities are activities and response activiti	and this will also stren, the pipeline manager for supplies to the states of prisk states of Warra ted from the pipeline subved in humanitarian crist coess morbidity and more supplies and the states of the states	then involvement of the ir the Health cluster part or counties will be contra o, Jonglei, Upper Nile, Upplies especially in Unity sponse will greatly deep sis(pipeline break) and ir rtality that would have of the county of the	HCC in the managemer ners to access the supreted by logistic, commonity, Northern Bahergaz (, Jonglei Juba and Uprend on WHO for pipeline mprove the response time therwise been encounted.  Total  116,379  62908  0  0  54699  e morbidity and mortality and
Indirect Beneficiaries Link with the Allocation Strategy	the health cluster for verificatic the pipeline and enable trackin however recommendation of t transport system and private and Lakes. In 2014 over 24 he Nile and this trend will continue supplies. As such CHF fundin for the humanitarian communit Beneficiary Summary  Total beneficiaries included Internally Displaced People People in Host Communities Pregnant and Lactating Worm Children under 5  The CHF funding will be used associated with humanitarian Main components to be suppomedical supplies including spedrugs, capacity building activit emergencies, prompt deploym preparedness and response. reduce the negative impact of	on of existence of particular projects go fresponses. No special agreem he health cluster will be needed. Transporters. The focus of the intervalth Cluster partners and observes in 2015 were over 50% of the heag for the pipeline is very critical and y to the increasing health needs an Men 31457  Men 31457  Men 0  27896  to enhance the emergency preparemented through the CHF funding inclucialize kala azar drugs. Other actives for emergency preparedness a ent of trained and competent techn These funded components will imprete emergencies on the health of the mental for the mergencies on the health of the mental for the mergencies on the health of the mental for the mergencies on the health of the mergencies on the mergencies on the health of the mergencies on the mergenci	s in the mentioned area neent will be needed with ansportation of medical ventions will be in the his and associates benefilth cluster partners involved needed to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended to avert the poid this will reduce the extended the extended the poid this will reduce the poid this will reduce the poid response activities, include conducting and response activities, include conducting and response activities, include officers and technic over and increase the pie affected population. Sopple living with HIV/AIDs	and this will also stren, the pipeline manager for supplies to the states of prisk states of Warra ted from the pipeline subved in humanitarian crist coess morbidity and more supplies and the states of the states	then involvement of the ir the Health cluster part or counties will be contra o, Jonglei, Upper Nile, Upplies especially in Unity sponse will greatly deep is (pipeline break) and in rtality that would have of the county of the	HCC in the managemer ners to access the supreted by logistic, commonity, Northern Bahergaz (, Jonglei Juba and Uprend on WHO for pipeline mprove the response time therwise been encounted.  Total  116,379  62908  0  0  54699  e morbidity and mortality and
	the health cluster for verificatic the pipeline and enable trackin however recommendation of t transport system and private and Lakes. In 2014 over 24 he Nile and this trend will continue supplies. As such CHF fundin for the humanitarian communit Beneficiary Summary  Total beneficiaries included Internally Displaced People People in Host Communities Pregnant and Lactating Worm Children under 5  The CHF funding will be used associated with humanitarian Main components to be suppomedical supplies including spedrugs, capacity building activit emergencies, prompt deploym preparedness and response. reduce the negative impact of	on of existence of particular projects go fresponses. No special agreem he health cluster will be needed. Transporters. The focus of the intervalth Cluster partners and observes in 2015 were over 50% of the heag for the pipeline is very critical and y to the increasing health needs an Men 31457  Men 31457  Men 0  27896  to enhance the emergency preparemented through the CHF funding inclucialize kala azar drugs. Other actives for emergency preparedness a ent of trained and competent techn These funded components will imprete emergencies on the health of the mental for the mergencies on the health of the mental for the mergencies on the health of the mental for the mergencies on the health of the mergencies on the mergencies on the health of the mergencies on the mergenci	s in the mentioned area neent will be needed with ansportation of medical ventions will be in the his and associates benefit s and associates benefit the cluster partners involved needed to avert the poid this will reduce the exit work of the wor	and this will also stren, the pipeline manager for supplies to the states of prisk states of Warra ted from the pipeline subved in humanitarian crist coess morbidity and more supplies of the	then involvement of the ir the Health cluster part or counties will be contra o, Jonglei, Upper Nile, Upplies especially in Unity sponse will greatly deep is (pipeline break) and in rtality that would have of the county of the	HCC in the managemer ners to access the supreted by logistic, commonity, Northern Bahergaz (, Jonglei Juba and Uprend on WHO for pipeline mprove the response time therwise been encounted.  Total  116,379  62908  0  0  54699  e morbidity and mortality and

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 malarial 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) six key states(Unity,UpperNile,Jonglei,Warrap,Lakes,Northern Bahergazel) including the strengther	
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
			Men	Women	Boys	Girls	Target
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 bils 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	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	<b>.</b>		End- Cycle
			Men	Women	Boys	Girls	Target
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 health 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 assessments in the keyhigh risk areas identified to be able to document the critical health need and be able to glude 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

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2015	Х	х	Х									
2015	Х	Х	Х	Х	Х	Х						
2015		Х	Х	Х	Х	Х						
2015	Х	Х	Х	Х	Х	Х						
2015			Х	Х	Х							
	2015 2015 2015 2015	2015 X 2015 X 2015 2015 X	2015 X X X 2015 X X 2015 X X 2015 X X	2015 X X X X 2015 X X X 2015 X X X 2015 X X X	2015 X X X X X 2015 X X X X X X X X X X X X X X X X X X X	2015 X X X X X X X X X X X X X X X X X X X	2015 X X X X X X X X X X X X X X X X X X X	2015 X X X X X X X X X X X X X X X X X X X	2015 X X X X X X X X X X X X X X X X X X X	2015 X X X X X X X X X X X X X X X X X X X	2015       X	2015 X X X X X X X X X X X X X X X X X X X

					000 10/0/	41/H/UN/255										
		Activity 2.1.2 Factoring of the modelivery of the modelities serving to	uch needed	supplies to	the NGO supp	orted heallth	2015		X	X	X	X				
		Activity 2.1.3 Pro workers to ensur affected population	e they are a				2015	X	Х	Х	Х	Х				
		Activity 2.1.4 Factidentifed to be ab giude health cluster	le to docum	nent the critic	cal health need	and be able to	2015	Х	X	X	X	Х				
		Activity 2.1.5 Cormissions to the a of the emergency	ffected area	as to ensure			2015	X	X	X	Х	Х				
		Activity 1.1.5 Stra Kits, Diarhea Dise					2015		X	X	х					
		Activity 1.1.6 Cor to ensure approp				the key states	2015	X	X	X	X	Х				
1 & R E	DETAILS															
Describ- checkli- nterview order to store da and prof ou repostate if,	entation of each activity.  e the tools you plan to use st, photo, questionnaires, ws, suggestion box etc.) in collect data and how you will sta. Explain the frequency type tocol of reporting (how often do ort about what to whom?). when and how you plan to e your project.	technical support I the WHO sub offic well as some deliv supervisor (WR)." meetings, support compiled by the W health cluster. WH and final reports to pipeline manner or addition midterm p quantitative and na health cluster will s	es in the sterables like The tracking supervision (HO data maile) of the CHF serables a regular troject reportantive repor	tates. The treather the the health or the he	acking will be dicluster or epide the against the sind Morbidity and ported by the inwill be provided dealth cluster piece will provide the de utilization and provided to the least of the	one against the in miological bulletin indicators and mortality reports formation manag to the partners b artners will provid CHF secretariat d remaining balar numanitarian cool	dicators to and regu- verified the as well as er of the hoth at state e reports monthly reces reflect dinator ar	nrough lar field rough Fouting lealth cealth ceand fire ports of the leaf fund CHF	the indid I visit of HMIS, we support cluster, in ield leven utilization on the conds balants secreta	cated me the EHA ay bills, t ort superv n collabo I, while th n and dis distributio ances will ariat. Bas	eans of voltage and for the control of the control	erification int, Healti eports, a sits by the th the mo eporting of the pi dated ba ed on qu e Monito	n mainl th Clust ttendar e EHA onitoring templar peline s alances uarterly ring an	ly week! ter Coor nce she team. D g and re ites will I supplies of the c basis w id Repor	y and modinator a dinator a ets, regulata colle- eporting of oe used receive core pipe while inter- ting fran	onthly report and senior ular cluster cted will be officer of the for the inter d from the eline supplie rim, final nework, the
THER	INFORMATION						-p9	J						- 1	.,	
ccount	tability to Affected Populations	The affected popul holders in the combe engaged in the able to handle and persons will be inv	munity will be response e refer cases	be consulted especially co es of most co	d on pertinent is ommunity based ommon causes	sues in coordina interventions like of morbidity inclu	ion with the integrated integrated in the integr	e clust d comr , acute	ter. Exis munity c respira	ting Com ase man tory trac	munity s agemen t infection	structures t where a ns and m	s like th a numb nalaria.	ne surve er of vo Likewis	illance s lunteers e comm	ystems will are trained
ach ac	entation Plan: Describe for tivity how you plan to ent it and who is carrying out	The duration for in local health author members of the cl	ities. WHO uster. All pr	being a tech ocurement	nnical agency s	upports response emergency drug	s for heals and sup	th throu plies w NHO ir	ugh the vill be un n close o	existing s dertaker collabora	structure by WH0 tion with	s which a O through other pa	are the h the ir rtners,	local he nternatio	ealth aut nal proc	horities and urement un
		maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF, OCHA ard done by the WHO Health Organization	eness of as n affected a documente to get recon endation of t and private t of the syn nd NGOs to technical or	sistance, avareas. Health ed gap of he mmendation the health cl transporters achronization o ensure a c	roid overlapping n partners that a latth needs and and easy track luster will be ne s. The focus of n of filling in criti- coordinated, sys	and reprogram a are included in the supplies rapture in ing of responses eded. Transporta the interventions cal gaps, WHO w tematic and effici	activities in a SRP will with their a No specition of me will be in t ill continue ent delive	be eligii area of al agredical su he high e to wor y of the	ible for the operation ope	ne core point. The hours of the startes of Worther actor of the startes of which is the startes of the startes	pipeline sealth clueded with tes or colarrap, Jonath services at the services included the services in services included the services included the services included the service	ster part the pipe ounties w onglei, Up ding logis ices in ne	support ners weline ma rill be co pper Ni stics clu eed. Me	aving he t and this ill reques anager t ontracte ile, Unity uster (IC onitoring	ealth series will be st the suo acces d by logon, Norther and \( \) of the a	vices to after a clea applies throus the supplies istic, commern Baherga WFP), activities will
vhat.	ation with other Organizations ct area	maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF,OCHA ar done by the WHO	eness of as n affected a documente to get recon endation of t and private t of the syn nd NGOs to technical or	sistance, avareas. Health ed gap of he mmendation the health cl transporters achronization o ensure a c	roid overlapping n partners that a latth needs and and easy track luster will be ne s. The focus of n of filling in criti- coordinated, sys	and reprogram a are included in the supplies rapture in ing of responses eded. Transporta the interventions cal gaps, WHO w tematic and effici	activities in a SRP will with their a No specition of me will be in t ill continue ent delive	be eligii area of al agredical su he high e to wor y of the	ible for the operation ope	ne core point. The hours of the startes of Worther actor of the startes of which is the startes of the startes	pipeline sealth clueded with tes or colarrap, Jonath services at the services included the services in services included the services included the services included the service	ster part the pipe ounties w onglei, Up ding logis ices in ne	support ners weline ma rill be co pper Ni stics clu eed. Me	aving he t and this ill reques anager t ontracte ile, Unity uster (IC onitoring	ealth series will be st the suo acces d by logon, Norther and \( \) of the a	vices to after a clea applies throus the supplies istic, commern Baherga WFP), activities will
coordina n projec		maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF,OCHA ar done by the WHO	eness of as n affected a documente to get recon endation of t and private t of the syn nd NGOs to technical or	sistance, avareas. Health ed gap of he mmendation the health cl transporters achronization o ensure a c	roid overlapping n partners that a latth needs and and easy track luster will be ne s. The focus of n of filling in criti- coordinated, sys	and reprogram a are included in the supplies rapture in ing of responses eded. Transporta the interventions cal gaps, WHO w tematic and effici	activities in a SRP will with their a No specition of me will be in t ill continue ent delive	be eligii area of al agredical su he high e to wor y of the	ible for the operation ope	ne core point. The hours of the startes of Worther actor of the startes of which is the startes of the startes	pipeline sealth clueded with tes or colarrap, Jonath services at the services included the services in services included the services included the services included the service	ster part the pipe ounties w onglei, Up ding logis ices in ne	support ners weline ma rill be co pper Ni stics clu eed. Me	aving he t and this ill reques anager t ontracte ile, Unity uster (IC onitoring	ealth series will be st the suo acces d by logon, Norther and \( \) of the a	vices to after a clea applies throus the supplies istic, commern Baherga WFP), activities will
oordin projec	ct area	maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF,OCHA ar done by the WHO	eness of as: n affected a documente to get recon endation of t and private t of the syn d NGOs to technical or n	sistance, avareas. Health ed gap of he mmendation the health clitransporter achronization o ensure a c	void overlapping in partners that a latth needs and and easy track tuster will be ne s. The focus of n of filling in critic oordinated, sys monthly basis v	and reprogram; are included in the supplies rapture ing of responses ded. Transporta the interventions cal gaps, WHO we tematic and efficivith provision of r	ictivities in SRP will with their a No specition of me will be in tail continue ent delive egular situ	be eligii area of al agredical su he high e to wor y of the	ible for the operation ope	ne core point. The hours of the startes of Worther actor of the startes of which is the startes of the startes	pipeline sealth clueded with tes or colarrap, Jonath services at the services included the services in services included the services included the services included the service	ster part the pipe ounties w onglei, Up ding logis ices in ne	support ners weline ma rill be co pper Ni stics clu eed. Me	aving he t and this ill reques anager t ontracte ile, Unity uster (IC onitoring	ealth series will be st the suo acces d by logon, Norther and \( \) of the a	vices to after a clea applies throus the supplies istic, commern Baherga WFP), activities will
coordina n projec invironi Gender	ct area mental Marker Code	maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF,OCHA ar done by the WHO Health Organization	eness of as: n affected a documente to get recon endation of t and private t of the syn d NGOs to technical or n	sistance, avareas. Health ed gap of he mmendation the health clitransporter achronization o ensure a c	void overlapping in partners that a latth needs and and easy track tuster will be ne s. The focus of n of filling in critic oordinated, sys monthly basis v	and reprogram; are included in the supplies rapture ing of responses ded. Transporta the interventions cal gaps, WHO we tematic and efficivith provision of r	ictivities in SRP will with their a No specition of me will be in tail continue ent delive egular situ	be eligii area of al agredical su he high e to wor y of the	ible for the operation ope	ne core point. The hours of the startes of Worther actor of the startes of which is the startes of the startes	pipeline sealth clueded with tes or colarrap, Jonath services at the services included the services in services included the services included the services included the service	ster part the pipe ounties w onglei, Up ding logis ices in ne	support ners weline ma rill be co pper Ni stics clu eed. Me	aving he t and this ill reques anager t ontracte ile, Unity uster (IC onitoring	ealth series will be st the suo acces d by logon, Norther and \( \) of the a	vices to after a clea applies throus the supplies istic, commern Baherga WFP), activities will
Coordin n projec Environi Gender ustify (	ct area mental Marker Code Marker Code	maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF,OCHA ar done by the WHO Health Organization	eness of as: n affected a documente to get recon endation of t and private t of the syn d NGOs to technical or n	sistance, avareas. Health ed gap of he mmendation the health clitransporter achronization o ensure a c	void overlapping in partners that a latth needs and and easy track tuster will be ne s. The focus of n of filling in critic oordinated, sys monthly basis v	and reprogram; are included in the supplies rapture ing of responses ded. Transporta the interventions cal gaps, WHO we tematic and efficivith provision of r	ictivities in SRP will with their a No specition of me will be in tail continue ent delive egular situ	be eligii area of al agredical su he high e to wor y of the	ible for the operation ope	ne core point. The hours of the startes of Worther actor of the startes of which is the startes of the startes	pipeline sealth clueded with tes or colarrap, Jonath services at the services included the services in services included the services included the services included the service	ster part the pipe ounties w onglei, Up ding logis ices in ne	support ners weline ma rill be co pper Ni stics clu eed. Me	aving he t and this ill reques anager t ontracte ile, Unity uster (IC onitoring	ealth series will be st the suo acces d by logon, Norther and \( \) of the a	vices to after a clea applies throus the supplies istic, commern Baherga WFP), activities will
Coordina n project Environi Gender Justify ( Protectio	ct area mental Marker Code Marker Code Chosen Gender Marker Code	maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF,OCHA ar done by the WHO Health Organization	eness of as: n affected a documente to get recon endation of t and private t of the syn d NGOs to technical or n	sistance, avareas. Health ed gap of he mmendation the health clitransporter achronization o ensure a c	void overlapping in partners that a latth needs and and easy track tuster will be ne s. The focus of n of filling in critic oordinated, sys monthly basis v	and reprogram; are included in the supplies rapture ing of responses ded. Transporta the interventions cal gaps, WHO we tematic and efficivith provision of r	ictivities in SRP will with their a No specition of me will be in tail continue ent delive egular situ	be eligii area of al agredical su he high e to wor y of the	ible for the operation ope	ne core point. The hours of the startes of Worther actor of the startes of which is the startes of the startes	pipeline sealth clueded with tes or colarrap, Jonath services at the services included t	ster part the pipe ounties w onglei, Up ding logis ices in ne	support ners weline ma rill be co pper Ni stics clu eed. Me	aving he t and this ill reques anager t ontracte ile, Unity uster (IC onitoring	ealth series will be st the suo acces d by logon, Norther and \( \) of the a	vices to after a clea applies throus the supplies istic, commern Baherga WFP), activities will
riat.  coordin, projection in	ct area mental Marker Code Marker Code Chosen Gender Marker Code on Mainstreaming and Security	maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF,OCHA ar done by the WHO Health Organization	eness of as: n affected a documente to get recon endation of t and private t of the syn d NGOs to technical or n	sistance, avareas. Health ed gap of he mmendation the health clitransporter achronization o ensure a c	void overlapping in partners that a latth needs and and easy track tuster will be ne s. The focus of n of filling in critic oordinated, sys monthly basis v	and reprogram; are included in the supplies rapture ing of responses ded. Transporta the interventions cal gaps, WHO we tematic and efficivith provision of r	ictivities in SRP will with their a No specition of me will be in tail continue ent delive egular situ	be eligii area of al agredical su he high e to wor y of the	ible for the operation ope	ne core point. The hours of the startes of Worther actor of the startes of which is the startes of the startes	pipeline sealth clueded with tes or colarrap, Jonath services at the services included t	ster part the pipe ounties w onglei, Up ding logis ices in ne	support ners weline ma rill be co pper Ni stics clu eed. Me	aving he t and this ill reques anager t ontracte ile, Unity uster (IC onitoring	ealth series will be st the suo acces d by logon, Norther and \( \) of the a	vices to after a clea applies throus the supplies istic, commern Baherga WFP), activities will
nat.	ct area mental Marker Code Marker Code Chosen Gender Marker Code on Mainstreaming and Security	maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF,OCHA ar done by the WHO Health Organization	eness of as: n affected a documente to get recon endation of t and private t of the syn d NGOs to technical or n	sistance, avareas. Health ed gap of he mmendation the health clitransporter achronization o ensure a c	void overlapping in partners that a latth needs and and easy track tuster will be ne s. The focus of n of filling in critic oordinated, sys monthly basis v	and reprogram; are included in the supplies rapture ing of responses ded. Transporta the interventions cal gaps, WHO we tematic and efficivith provision of r	ictivities in SRP will with their a No specition of me will be in tail continue ent delive egular situ	be eligii area of al agredical su he high e to wor y of the	ible for the operation ope	ne core point. The hours of the startes of Worther actor of the startes of which is the startes of the startes	pipeline sealth clueded with tes or colarrap, Jonath services at the services included t	ster part the pipe ounties w onglei, Up ding logis ices in ne	support ners weline ma rill be co pper Ni stics clu eed. Me	aving he t and this ill reques anager t ontracte ile, Unity uster (IC onitoring	ealth series will be st the suo acces d by logon, Norther and \( \) of the a	vices to after a clea applies throus the supplies istic, commern Baherga WFP), activities will
nat.  coordini projec nvironi sender ustify ( rotectik afety a ccess	ct area mental Marker Code Marker Code Chosen Gender Marker Code on Mainstreaming and Security	maximum effective displaced people in demonstrated and the health cluster in however recomme transport system and Lakes. As par UNICEF, OCHA ard done by the WHO Health Organization.	eness of asin affected a documente to get recone endation of the and private to fet he synd in the synd of the syn	sistance, avarreas. Health ed gap of he mmendation the health citransporterschronization o ensure a conflicers on a	oid overlapping in partners that a lath needs and and easy track luster will be ne s. The focus of n of filing in criticoordinated, sysmonthly basis was some limited w	and reprogram a rer included in the supplies rapture ing of responses dedd. Transporta the interventions cal gaps, WHO w tematic and effici yith provision of re	ctivities ir s SRP will with their s No specition of me will be in t ill continue ent delive egular situ	be eligii rrea of di al agre dical su, e high e to won y of the	ible for ti operation operation ement v upplies ta i risk stark with c e emerge eports w	ne core ron. The h vill be need the states of W there are the states of the states of W there are the states of the	pipeline seatth cluded with the condition of the conditio	upplies s ster part n the pipe punties w pnglei, U ding logis ices in n eadership	support ners w will be compared to the compare	aving het tand this it and this it and this it and this it request anager to ontracte lile, Unity uster (IC onitoring e represe	ealth sens a will be st the su, o acces do by loggry, Northe DM and \( \) g of the a entative	vices to after a clea repplies throus to she supplies throus the supplies throus the strick, commern Baherga WFP), activities will of the Work
coordin n projection invironi sender ustify ( crotection seafety a success BUDGE	ct area mental Marker Code Marker Code Chosen Gender Marker Code on Mainstreaming and Security  T and Other Personnel Costs	maximum effective displaced people in demonstrated and the health cluster in however recomme transport system and Lakes. As par UNICEF, OCHA ard done by the WHO Health Organization.	eness of asin affected a documente in affected a documente to get recone indation of the and private it of the synd individual of the syn	sistance, avarreas. Health care of the health color transporters chronization or ensure a contribute in the health color of th	oid overlapping in partners that alth needs and and easy track luster will be ne so The focus of no filling in criticoordinated, sysmonthly basis was some limited we some limited we ants and other Unit Durati	and reprogram a rer included in the supplies rapture ing of responses dedd. Transporta the interventions all gaps, WHO we tematic and efficiently in the provision of responses and the interventions all gaps, who we tematic and efficiently in the provision of response to gender equal to	ctivities ir services ir servi	be eligi rrea of all agree dical sue high to be with the work of the control of the control dical sue high to work of the control dical sue high t	ible for it with the form of t	ne core ron. The h vill be need the states of W there are the states of W there are the states the states of W there are the states the states of W there are the states the states of W the s	pipeline seatth cluded with the condition of the conditio	upplies s ster part n the pipe punties w pnglei, U ding logis ices in n eadership	support ners w will be compared to the compare	aving het tand this it and this it and this it and this it request anager to ontracte lile, Unity uster (IC onitoring e represe	implem	vices to after a clea upplies through the supplies through the strict, commern Baherga WFP), activities will of the Work when the supplies will of the Work when the supplies will be supplied to the work when the
riat.  riodordini projectorovironi protectic p	ct area mental Marker Code Marker Code Chosen Gender Marker Code on Mainstreaming and Security  T and Other Personnel Costs	maximum effective displaced people in demonstrated and the health cluster in however recomme transport system and Lakes. As par UNICEF, OCHA ard done by the WHO Health Organization.	eness of asin affected a documente in affected a documente to get recone indation of the and private it of the synd individual of the syn	sistance, avarreas. Health careas. Health care as the health color transporters chronization or ensure a contribute in the health care and the hea	oid overlapping in partners that a lath needs and and easy track luster will be ne s. The focus of n of filling in criticoordinated, sysmonthly basis when the same limited we hants and other ants and other ants and other	and reprogram a rer included in the supplies rapture ing of responses dedd. Transporta the interventions cal gaps, WHO we tematic and efficiently in the provision of responses and the interventions and pages, who we then according to the provision of response to the provision of the provi	ctivities ir services ir servi	be eligid read of the control of the	ible for it in operation o	ne core pon. The hill be need to the state of the state o	pipeline seatth cluded with the condition of the conditio	upplies s ster part n the pipe punties w ponglei, U <sub>I</sub> ding logis ices in n eadership	support ners w will be compared to the compare	aving he tand this ill reques anager to ontracte letter le	implem	vices to after a clear a clear a clear a clear a clear applies through the common common common common common common clear a c
nat.  Coordin projectioninorinorinorinorinorinorinorinorinori	ct area mental Marker Code Marker Code Chosen Gender Marker Code on Mainstreaming and Security  T  and Other Personnel Costs Budget Line Description	maximum effective displaced people in demonstrated and the health cluster in however recomme transport system and Lakes. As par UNICEF, OCHA ardone by the WHO Health Organization.	eness of as in affected a documente to get recone motation of the syndian of the	sistance, avareas. Health careas. Health careas areas areas. Health charth care areas areas areas areas. Health care areas are	oid overlapping in partners that a lath needs and and easy track luster will be ne less. The focus of no filling in criticoordinated, sys monthly basis when the limited with th	and reprogram a rer included in the supplies rapture ing of responses deded. Transporta the interventions all gaps, WHO we tematic and efficiently with provision of responses and the interventions all gaps, who we then all the interventions of responses to the intervention of responses to the intervention of responses to the intervention of the	ctivities ir services ir servi	d direction of the control of the co	ible for it with the form of t	me core pon. The hill be need to the states of Worther actor ency hearth support the implementation of the imp	pipeline sealth cluded with tes or coarrap, Jors included the server arrap, Jors included the server and le	upplies s ster part n the pipe punties w pnglei, U ding logis ices in n eadership	support on rers w mers	aving het tand this it and this it and this it and this it request anager to ontracte lile, Unity uster (IC onitoring e represe	ialth sens a will be st the su o acces do by log of the a entative	vices to after a clea upplies through the supplies through the strict, commern Baherga WFP), activities will of the Work when the supplies will of the Work when the supplies will be supplied to the work when the
nat.  Noordin project project protectic	ct area mental Marker Code Marker Code Chosen Gender Marker Code on Mainstreaming and Security  T and Other Personnel Costs Budget Line Description  Techincal officer for Pipeline m	maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF,OCHA ard done by the WHO Health Organization.	eness of as in affected a documente to get recon endation of the synd of the s	sistance, avarreas. Health arreas. Health arreas. Health the health of transporters chronization or ensure a conficers on a second contribute in the health of the health	yold overlapping in partners that a lath needs and and easy track fuster will be new in of filling in critic ordinaries with the coordinated, sysmonthly basis wants and other Unit Cost  Duratic 24000 6	and reprogram a rer included in the supplies rapture ing of responses ded. Transporta the interventions all gaps, WHO we tematic and efficiently with provision of responses and the interventions all gaps, who we then all the provision of response to the provision of response to the present the	ctivities in establic street with their son the specific of the will be in the wi	be eligid for the property of	ible for it in operation o	me core pon. The hill be need to the states of Worther actor ency hearth support the implementation of the imp	pipeline seatth cluded with the condition of the conditio	upplies s ster part n the pipe punties w ponglei, U <sub>I</sub> ding logis ices in n eadership	support ners w will be compared to the compare	aving he tand this ill reques anager to ontracte letter le	implem	vices to after a clea upplies through the supplies through the strict, commern Baherga WFP), activities will of the Work when the supplies will of the Work when the supplies will be supplied to the work when the
oordin. projec nvironi ender ustify ( rotectic afety a ccess UDGE Staff Code	ct area mental Marker Code Marker Code Chosen Gender Marker Code on Mainstreaming and Security  T and Other Personnel Costs Budget Line Description  Technical officer for Pipeline m Technical officer forthe pipeline	maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF, OCHA ard done by the WHO Health Organization.	eness of as in affected a documente to get reconsination of the syndholic technical or	sistance, avarreas. Health arreas. Health ed gap of he mmendation the health cl transporters chronization or ensure a conflicers on a softicers on a softice	yold overlapping in partners that a lath needs and and easy track tuster will be ne s. The focus of no filling in critic ordinary monthly basis with the partners of the partners and other late. The focus of the partners and other late. The partners are late. The partners a	and reprogram a rer included in the supplies rapture ing of responses sided. Transporta the interventions all gaps, WHO we tematic and efficiently with provision of responses and the interventions all gaps, who we then all the interventions of responses to the provision of re	ctivities ir e sRP will with their a No specition of mee will be in t ill continue ent delive egular situ	be eligid read of the control of the	ible for it in operation o	me core pon. The hill be need to the state of the state o	ementir  0.00	upplies s ster part n the pipe punties w ponglei, U <sub>I</sub> ding logis ices in n eadership	support inners we will be a support in a sup	aving he tand this ill reques anager to ontracte letter le	alth sens a will be st the su o acces d by log or the su o acces d by log or the su o acces d by log or the su or acces or the su	vices to after a clea upplies through the supplies through the strict, commern Baherga WFP), activities will of the Work when the supplies will of the Work when the supplies will be supplied to the work when the
Ariat.  Coordin.  projec  projec  protectify (  protectify	ct area mental Marker Code Marker Code Chosen Gender Marker Code on Mainstreaming and Security  ET and Other Personnel Costs Budget Line Description  Techincal officer for Pipeline m Technical officer forthe pipeline Logistician to support monitorir for the pipeline	maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF, OCHA ard done by the WHO Health Organization.	eness of as in affected a documente to get reach to get reach to get reach and private to fit the syn divided to get reach and private to fit the syn divided to get reach and private to fit the syn divided to the syn divid	sistance, avarreas. Health arreas. Health arreas. Health the health of transporters chronization or ensure a conficers on a second difference of the health	yold overlapping in partners that a lath needs and and easy track luster will be ne s. The focus of no filling in critic ordinated, sys monthly basis when the same limited w.  some limited w.  lants and other lunit Cost  24000 6  th(inclusive of s.)	and reprogram a rer included in the supplies rapture ing of responses ded. Transporta the interventions all gaps, WHO we tenatic and efficiently with provision of responses and the interventions all gaps, who with provision of response to the provi	ctivities ir services ir servi	be eliging read of the property of the propert	ible for trible operatio opera	me core pon. The hill be need to the state of the state o	pipeline sealth cluded with tes or coarrap, Jors included the server arrap, Jors included the server and le	upplies s ster part n the pipe punties w ponglei, U <sub>I</sub> ding logis ices in n eadership	support on rers w mers	aving he tand this ill reques anager to ontracte letter le	ialth sens a will be st the su o acces do by log of the a entative	vices to after a clea upplies through the supplies through the strict, commern Baherga WFP), activities will of the Work when the supplies will of the Work when the supplies will be supplied to the work when the
Coordin n projec Environ Justify ( Protectik Safety a Access	ct area mental Marker Code Marker Code Chosen Gender Marker Code on Mainstreaming and Security  T and Other Personnel Costs Budget Line Description  Technical officer for Pipeline m Technical officer forthe pipeline Logistician to support monitorir	maximum effective displaced people in demonstrated and the health cluster thowever recomme transport system and Lakes. As par UNICEF, OCHA ard done by the WHO Health Organization.  1-The project is defined by the work of the project of the projec	eness of as in affected a documente to get reach to get reach to get reach and private to fit the syn divided to get reach and private to fit the syn divided to get reach and private to fit the syn divided to the syn divid	sistance, avarreas. Health arreas. Health ed gap of he mmendation the health of transporters chronization or ensure a conflicers on a contribute in the health of the heal	yold overlapping in partners that a lath needs and and easy track luster will be ne s. The focus of no filling in critic ordinated, sys monthly basis when the same limited w.  some limited w.  lants and other lunit Cost  24000 6  th(inclusive of s.)	and reprogram a rer included in the supplies rapture ing of responses ded. Transporta the interventions all gaps, WHO we tenatic and efficiently with provision of responses and the interventions all gaps, who with provision of response to the provi	ctivities ir services ir servi	be eliging read of the property of the propert	ible for trible operatio opera	the core point. The hill be need to the states of We stat	ementir  0.00	upplies s ster part not the pipe punties when the punties whe	support inners we will be a support in a sup	aving he tand this ill reques anager to ontracte letter le	alth sens a will be st the su o acces d by log or the su o acces d by log or the su o acces d by log or the su or acces or the su or acces or the su or acces or the su or the s	vices to after a clea upplies through the supplies through the strict, commern Baherga WFP), activities will of the Work when the supplies will of the Work when the supplies will be supplied to the work when the

Code	Budget Line Description	D/S	Unit Quantity	Unit Cost	Duration	Percent Charged to	Total Cost	2015				Quarterly Total
			<b></b>			CHF / ERF		Q1	Q2	Q3	Q4	
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@24	1000 per mo	nth(inclu	sive of sala	ry,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@180	000 per mon	th(inclus	ive of salary	,DSA,R and R	,insurance,n	nedical)				
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	managem	ent at P3 lev	/el@1800	00 per mont	h(inclusive of s	salary,DSA,F	R and R,insura	nce,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 tec	hincal sup	port to man	age the p	oipeline serv	ises in the hot	spots@3900	0 usd per mon	th for a period	of six months		
	Section Total						141,840.00	0.00	0.00	0.00	0.00	0.00
	olies, Commodities, Materials (please itemize stribution costs)	direct an	nd indirect (	costs of	consumab	les to be pur	chased und	der the projec	ct, including a	ssociated tra	nsportation, fi	reight, storage

Duration Percent Charged to CHF / ERF

Total 2015 Cost

D/S

Code Budget Line Description

Unit Quantity Cost

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 o	f 10,000 for	three mont	hs.@ cc	sts 22710 b	ased on the V	VHO 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 21000us	sd. Each kit	is suffie	ict for 100 p	ersons						
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 fo	or three mo	nths,these o	omplem	ent the full I	EHK						
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 Dia	areha Disea	ase/Cholera	,@ cost	s 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 sever	e pateints f	or ten days.									
	Section Total						294,943.00	0.00	0.00	0.00	0.00	0.
Equip	oment (please itemize costs of non-consuma	bles to be	purchased	d under	the projec	t)						
Code	Budget Line Description	D/S	Unit	Unit	Duration	Percent		2015				Quarterly
			Quantity	Cost		Charged to CHF / ERF	Cost	Q1	Q2	Q3	Q4	Total
								Q1	Q2	ų,	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 destre	oved or var	ndalised.use	d to exp	and admisio	on space and	used in areas	where infrust	ructure isnt ava	aialble		
	Section Total	-,					18,400.00	0.00	0.00	0.00	0.00	0.
Contr	ractual Services (please list works and servi	ices to be	contracted	under	the project	)	10,100.00	0.00	0.00	0.00	0.00	0.
	Budget Line Description	D/S	Unit	Unit		Percent	Total	2015				Quarterly
	_uuguto _cocp.to	1.0	Quantity		24.4	Charged to CHF / ERF	Cost					Total
						OIII / LIG		Q1	Q2	Q3	Q4	
	Section Total						0.00	0	0	0	0	0.
Trave	el (please itemize travel costs of staff, consult	ants and o	other perso	nnel fo	r project in	plementatio	n)					
Code	Budget Line Description	D/S	Unit Quantity	Unit Cost	Duration	Percent Charged to	Total Cost	2015				Quarterly Total
			Quantity	Cost		CHF / ERF	Cost	Q1	Q2	Q3	Q4	IOtal
<b>5</b> 4	Air life of life to state and accept level	D	04	0000	4	20.000/	40,000,00	0.00	0.00	0.00	0.00	
5.1	Air lift of Kits to state and county level		24			30.00%	43,200.00	0.00	0.00	0.00	0.00	
	Use of charter flights by UNHAS or private comp	anies to de	eliver supplie	s in hot	spots@ rota	ation costs abo	out 6000usd a	and two charte	ers per montn to	or twelve montr	its	
		_	· · · ·									
5.2	Local transporters of supplies to the field locations that are accessible  Hire of local transportes in the dry season.each or	D ualter for a	4 regular prep	6000		30.00% ne supplies. T	72,000.00	0.00	0.00	0.00	0.00 s not be so	
5.2	locations that are accessible  Hire of local trasportes in the dry season,each quelaible and has alot of delays. the common tran	ualter for a sport tends	regular prep	6000	of the pipel	ne supplies. T	72,000.00	en states each	quater(Comm	on transport ha	s not be so	
5.2	locations that are accessible  Hire of local trasportes in the dry season,each qi relaible and has alot of delays . the common tran syncronised timing we use the common transpor	ualter for a sport tends	regular prep	6000	of the pipel	ne supplies. T hat may not no	72,000.00 Fransport to te eccesary be	en states each the same timin	quater(Commo	on transport ha argo,however c	s not be so	0
	locations that are accessible  Hire of local trasportes in the dry season,each qi relaible and has alot of delays . the common tran syncronised timing we use the common transpoil  Section Total	ualter for a sport tends t)	regular prep to wait for o	6000 positiong consolid	of the pipel ated cargo t	ne supplies. T hat may not no	72,000.00  Transport to te eccesary be 115,200.00	en states each	quater(Comm	on transport ha	s not be so	0.
) Trans	locations that are accessible  Hire of local trasportes in the dry season,each qirelaible and has alot of delays. the common transyncronised timing we use the common transport  Section Total  sfers and Grants to Counterparts (please line)	ualter for a sport tends tt)	regular preps to wait for o	6000 constitiong	of the pipel ated cargo t	ne supplies. T hat may not no nplementing	72,000.00  Fransport to te eccesary be 115,200.00  Fransport to te partners	en states each the same timin 0.00	quater(Commo	on transport ha argo,however c	s not be so	
) Trans	locations that are accessible  Hire of local trasportes in the dry season,each qi relaible and has alot of delays . the common tran syncronised timing we use the common transpoil  Section Total	ualter for a sport tends t)	regular prep to wait for o	6000 positiong consolid	of the pipel ated cargo t	ne supplies. That may not	72,000.00  Transport to te eccesary be 115,200.00	en states each the same timin	quater(Commo	on transport ha argo,however c	s not be so	0. Quarterly Total
) Trans	locations that are accessible  Hire of local trasportes in the dry season,each qirelaible and has alot of delays. the common transyncronised timing we use the common transport  Section Total  sfers and Grants to Counterparts (please line)	ualter for a sport tends tt)	regular prep s to wait for c	6000 consolid	of the pipel ated cargo t	ne supplies. T hat may not no nplementing Percent	72,000.00  Transport to te eccesary be 115,200.00  It partners)  Total	en states each the same timin 0.00	quater(Commo	on transport ha argo,however c	s not be so	Quarterly
) Trans	locations that are accessible  Hire of local trasportes in the dry season,each qirelaible and has alot of delays. the common transyncronised timing we use the common transport  Section Total  sfers and Grants to Counterparts (please line)	ualter for a sport tends tt)	regular prep s to wait for c	6000 consolid	of the pipel ated cargo t	ne supplies. That may not	72,000.00  Transport to te eccesary be 115,200.00  It partners)  Total	en states each the same timin 0.00	quater(Comm g with health ca	on transport ha argo,however o	s not be so in	Quarterly Total
Trans	locations that are accessible  Hire of local trasportes in the dry season,each qirelaible and has alot of delays. the common transyncronised timing we use the common transport  Section Total  sfers and Grants to Counterparts (please liberation).  Budget Line Description	ualter for a sport tends t) st transfer.	regular prep to wait for o s and sub-t Unit Quantity	oositiong consolid	of the pipel ated cargo to project in Duration	ne supplies. That may not	72,000.00  Fransport to te eccesary be  115,200.00  Fransport of te eccesary be  15,200.00  Total Cost  0.00	en states each the same timin 0.00 2015 Q1	quater(Comming with health ca	on transport had argo, however of 0.00	s not be so n 0.00	
Trans Code	locations that are accessible  Hire of local trasportes in the dry season,each qirelaible and has alot of delays. the common transyncronised timing we use the common transport  Section Total  afers and Grants to Counterparts (please line)  Budget Line Description  Section Total	ualter for a sport tends t) st transfer.	regular preparent to wait for constant sub-quantity  Unit Quantity  general of	6000  consolid.  grants t  Unit Cost	of the pipel ated cargo to project in Duration	ne supplies. That may not	72,000.00  Fransport to te eccesary be  115,200.00  Fransport of the eccesary be  15,200.00  Fransport of the eccesary be  10,000  In partners)  Total  O.00  In partners  Total  Total	en states each the same timin 0.00 2015 Q1	quater(Comming with health ca	on transport had argo, however of 0.00	s not be so n 0.00	Quarterly Total 0.
Trans Code	locations that are accessible  Hire of local trasportes in the dry season,each qirelaible and has alot of delays . the common transyncronised timing we use the common transport Section Total  Sers and Grants to Counterparts (please line)  Budget Line Description  Section Total  ral Operating and Other Direct Costs (please)	ualter for a sport tends t) st transfer. D / S	regular prepared to wait for constant sub-specific quantity	6000 positiong consolid. grants t Unit Cost	of the pipel ated cargo to project in Duration	ne supplies. That may not	72,000.00  Fransport to te eccesary be  115,200.00  Fransport partners)  Total Cost  0.00	en states each the same timin 0.00  2015  Q1  0  for project im,	quater(Comming with health ca	on transport had argo, however of 0.00	s not be so n 0.00	Quarterly Total
Trans Code	locations that are accessible  Hire of local trasportes in the dry season,each qirelaible and has alot of delays . the common transyncronised timing we use the common transport Section Total  Sers and Grants to Counterparts (please line)  Budget Line Description  Section Total  ral Operating and Other Direct Costs (please)	ualter for a sport tends t) st transfer. D / S	regular preparent to wait for constant sub-quantity  Unit Quantity  general of	6000  consolid.  grants t  Unit Cost	of the pipel ated cargo to project in Duration  g expense Duration	ne supplies. That may not not may not not may not not maplementing  Percent Charged to CHF / ERF  Percent Charged to Charged to CHF / CHF	72,000.00  Fransport to te eccesary be  115,200.00  Fransport of the eccesary be  15,200.00  Fransport of the eccesary be  10,000  In partners)  Total  O.00  In partners  Total  Total	en states each the same timin 0.00  2015  Q1  0 for project im, 2015	quater(Comming with health ca	on transport ha	s not be so in 0.00	Quarterly Total 0.
Trans Code Gene Code	locations that are accessible  Hire of local trasportes in the dry season,each queen relaible and has alot of delays. The common transyncronised timing we use the common transport section Total  Section Total  Budget Line Description  Section Total  ral Operating and Other Direct Costs (please Budget Line Description  Support to health coordination, Rapid	st transfer  D/S  se include  D/S	regular preparent of the segment of	grants t Unit Cost Unit Cost	of the pipel ated cargo to project in Duration  g expense Duration	ne supplies. That may not not	72,000.00  Fransport to te eccesary be  115,200.00  Fransport to te eccesary be  115,200.00  Fransport  Total Cost  Total Cost  21,600.00	en states each the same timin 0.00  2015  Q1  0  for project imit 2015  Q1  0.00	quater(Comming with health care of the car	Q3 Q3 Q3 Q3	0.00 Q4 0.00	Quarterly Total 0.
Trans Code Gene Code	locations that are accessible  Hire of local trasportes in the dry season,each quelable and has alot of delays. the common transyncronised timing we use the common transported to the section Total  Section Total  Fall Operating and Other Direct Costs (pleat Budget Line Description  Support to health coordination, Rapid assesments at field and State level  Anticipated two assesments per month for twelver per month for 12 months  Support to maintainace of field vehicles to support pipeline management	ualter for a sport tends tt)  st transfer.  D/S  se include  D/S  D e months,D	regular preparent of the sand sub-quantity  Unit Quantity  General of the sand sub-quantity  Sand sub-quantity  Sand sub-quantity  Sand sub-quantity	consolid dependence of the consolid dependence o	of the pipel ated cargo to project in Duration  g expense Duration  12  or five days	ne supplies. That may not not complete the complete that the	72,000.00 Fransport to te eccesary be 115,200.00 In partners) Total Cost  0.00 Idirect costs if Cost 21,600.00 In twelve month 30,000.00	en states each the same timin  0.00  2015  Q1  0 for project im,  2015  Q1  0.00  h. Each day @  0.00	quater(Comming with health care of the car	Q3 Q3 Q3 Q3	0.00 Q4 0.00	Quarterly Total 0.
Gene Code	locations that are accessible  Hire of local trasportes in the dry season,each quelable and has alot of delays. the common transyncronised timing we use the common transport syncronised timing we use the common transport spectra for section Total  Section Total  ral Operating and Other Direct Costs (pleat Budget Line Description)  Support to health coordination, Rapid assesments at field and State level  Anticipated two assesments per month for twelve per month for 12 months  Support to maintainace of field vehicles to support pipeline management  Vehicle maintainance at state levels(10 states each)	st transfer.  D/S  se include  D/S  D ne months,D	regular preps to wait for constant sub-section of the cons	6000 constitiong consolid grants t Unit Cost  800 1000 1000 1000 1000 1000 1000	of the pipel ated cargo to project in Duration  g expense Duration  12  or five days  6  king it 10000	ne supplies. That may not not	72,000.00  Fransport to te eccesary be  115,200.00  Fransport to te eccesary be  115,200.00  Fransport to te eccesary be  100.00  Fransport to te eccesary be  115,200.00  Fransport to te eccesary be  1	en states each the same timin 0.00  2015  Q1  0 for project imit 2015  Q1  0.00  h. Each day @ 0.00	quater(Comming with health care of the car	Q3  Q3  0.00  Q3  0.00  Q3  0.00  Q3  0.00	Q4 0.00  =800 USD 0.00	Quarterly Total 0.
Trans Code Gene Code	locations that are accessible  Hire of local trasportes in the dry season,each quelable and has alot of delays. the common transyncronised timing we use the common transports fers and Grants to Counterparts (please line)  Budget Line Description  Section Total  ral Operating and Other Direct Costs (please line)  Budget Line Description  Support to health coordination, Rapid assessments at field and State level  Anticipated two assessments per month for twelve per month for 12 months  Support to maintainace of field vehicles to support pipeline management  Vehicle maintainance at state levels (10 states earlier support for health assessment and event veirification	bullter for a sport tends tt)  st transfer.  D/S  se include  D/S  D  ch at 1000	regular preparence to wait for constant sub-quantity  Unit Quantity  Expenses of the constant sub-quantity  Solar for two constant sub-quantity  10  USD per metal sub-quantity	6000 constitiong consolid grants to Unit Cost  Unit Cost  1000 conth ma	of the pipel ated cargo to project in Duration  12  or five days  6  king it 10000	ne supplies. That may not not complete the control of the	72,000.00 Fransport to te eccesary be 115,200.00 In partners) Total Cost  0.00 Idirect costs if Cost 21,600.00 In twelve month 30,000.00	en states each the same timin  0.00  2015  Q1  0 for project im,  2015  Q1  0.00  h. Each day @  0.00	quater(Comming with health care of the car	Q3  Q3  Q3  0.00  Q3  0.00	9 not be so not not not not not not not not not no	Quarterly Total 0
Gene Code 7.1 7.2	locations that are accessible  Hire of local trasportes in the dry season,each quelable and has alot of delays. the common transyncronised timing we use the common transport syncronised timing we use the common transport section Total  Section Total  Budget Line Description  Section Total  ral Operating and Other Direct Costs (pleat Budget Line Description)  Support to health coordination, Rapid assesments at field and State level  Anticipated two assesments per month for twelve per month for 12 months  Support to maintainace of field vehicles to support pipeline management  Vehicle maintainance at state levels (10 states eat Fuel support for health assesment and event veirification)  Fuel for assesment and outbreak missions in 10	ualter for a sport tends t)  st transfer.  D/S  se include  D/S  D  ce months,D  D  states(6 di	regular preps to wait for constant sub-section of the cons	6000 constitiong consolid grants t Unit Cost  800 1000 1000 1000 1000 1000 1000 100	of the pipel ated cargo to project in Duration  g expense Duration  12  or five days  6  king it 10000  6	ne supplies. That may not not	72,000.00  Fransport to te eccesary be 115,200.00	en states each the same timin  0.00  2015  Q1  0 for project imit  2015  Q1  0.00  h. Each day @  0.00  0.00	quater(Comming with health care of the car	Q3 0.00  Q3 0.00  Q3 0.00  Q0 0.00	s not be so n 0.00  Q4  0.00  Q4  0.00  =800 USD  0.00	Quarterly Total 0.
Gene Code	locations that are accessible  Hire of local trasportes in the dry season,each quelable and has alot of delays. the common transyncronised timing we use the common transports fers and Grants to Counterparts (please line)  Budget Line Description  Section Total  ral Operating and Other Direct Costs (please line)  Budget Line Description  Support to health coordination, Rapid assessments at field and State level  Anticipated two assessments per month for twelve per month for 12 months  Support to maintainace of field vehicles to support pipeline management  Vehicle maintainance at state levels (10 states ease field support for health assessment and event veirification  Fuel for assessment and outbreak missions in 10 Monitoring and reporting Field interventions  Total M and R costs for the emergency program	bualter for a sport tends tt)  st transfer.  D/S  se include  D/S  D  ch at 1000  D  states(6 di  D  is 177000,	regular preparence to wait for constant sub-quantity  Unit Quantity  Expenses of the constant sub-quantity  Solar for two constant sub-quantity  10  USD per metal sub-quantity  10  USD per metal sub-quantity  10  Tums in each	6000 consistiong grants to Unit Cost  Unit Cost  1000 1000 1	of the pipel ated cargo to project in Duration  g expense Duration  12  or five days  6  king it 10000  6  2 400\$ each	ne supplies. That may not not charged to CHF / ERF  45.00%  per month for 150.00%  drum)  40.10%	72,000.00  Fransport to te eccesary be 115,200.00  Fransport to the eccesary be 115,200.00  Fransport to te eccesary be 115,200.00  Fransport to the eccesary be 115,200.00  Fran	en states each the same timin 0.00  2015  Q1  0 for project imin 2015  Q1  0.00  h. Each day @ 0.00  0.00	quater(Comming with health care of the car	Q3 0.00  Q3 0.00  Q3 0.00  Q3 0.00  Q3 0.00  Q0 0.00	Q4 0.00  =800 USD 0.00 0.00	Quarterly Total 0
Gene Code 7.1 7.2	locations that are accessible  Hire of local trasportes in the dry season,each quelable and has alot of delays. the common transyncronised timing we use the common transported times and times to Counterparts (please like the badget Line Description)  Section Total  ral Operating and Other Direct Costs (please the badget Line Description)  Support to health coordination, Rapid assessments at field and State level  Anticipated two assessments per month for twelve per month for 12 months  Support to maintainace of field vehicles to support pipeline management  Vehicle maintainance at state levels (10 states ease the support to the health assessment and event veirification)  Fuel for assessment and outbreak missions in 10 Monitoring and reporting Field interventions	bualter for a sport tends tt)  st transfer.  D/S  se include  D/S  D  ch at 1000  D  states(6 di  D  is 177000,	regular preparence to wait for constant sub-quantity  Unit Quantity  Expenses of the constant sub-quantity  Solar for two constant sub-quantity  10  USD per metal sub-quantity  10  USD per metal sub-quantity  10  Tums in each	6000 consistiong grants to Unit Cost  Unit Cost  1000 1000 1	of the pipel ated cargo to project in Duration  g expense Duration  12  or five days  6  king it 10000  6  2 400\$ each	ne supplies. That may not not	72,000.00  Fransport to te eccesary be 115,200.00  Fransport to the eccesary be 115,200.00  Fransport to te eccesary be 115,200.00  Fransport to the eccesary be 115,200.00  Fran	en states each the same timin 0.00  2015  Q1  0 for project imin 2015  Q1  0.00  h. Each day @ 0.00  0.00	quater(Comming with health care of the car	Q3 0.00  Q3 0.00  Q3 0.00  Q3 0.00  Q3 0.00  Q0 0.00	Q4 0.00  =800 USD 0.00 0.00	Quarterly Total 0
7 Gene Code 7.1 7.2 7.3	locations that are accessible  Hire of local trasportes in the dry season,each quelable and has alot of delays. the common transyncronised timing we use the common transports fers and Grants to Counterparts (please line)  Budget Line Description  Section Total  ral Operating and Other Direct Costs (please line)  Budget Line Description  Support to health coordination, Rapid assesments at field and State level  Anticipated two assesments per month for twelve per month for 12 months  Support to maintainace of field vehicles to support pipeline management  Vehicle maintainance at state levels (10 states ease fuel support for health assesment and event veirification  Fuel for assesment and outbreak missions in 10  Monitoring and reporting Field interventions  Total M and R costs for the emergency program staff, support from the HQ and regions office, field Section Total	bualter for a sport tends tt)  st transfer.  D/S  se include  D/S  D  ch at 1000  D  states(6 di  D  is 177000,	regular preparence to wait for constant sub-quantity  Unit Quantity  Expenses of the constant sub-quantity  Solar for two constant sub-quantity  10  USD per metal sub-quantity  10  USD per metal sub-quantity  10  Tums in each	6000 consistiong grants to Unit Cost  Unit Cost  1000 1000 1	of the pipel ated cargo to project in Duration  g expense Duration  12  or five days  6  king it 10000  6  2 400\$ each	ne supplies. That may not not	72,000.00  Fransport to te eccesary be 115,200.00  Fransport to the eccess to eccess t	en states each the same timin 0.00  2015  Q1  0 for project imin 2015  Q1  0.00  h. Each day @ 0.00  0.00  0.00  the costs(states)	quater(Comming with health care of the car	Q3  Q3  0.00  Q3  0.00  Q3  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	Q4 0.00  =800 USD 0.00  0.00  0.00  0.00  0.00  0.00	Quarterly Total 0
7 Gene Code 7.1 7.2 7.3	locations that are accessible  Hire of local trasportes in the dry season,each quelable and has alot of delays. the common transyncronised timing we use the common transport syncronised timing we use the common transport syncronised timing we use the common transport section Total  Section Total  Budget Line Description  Section Total  ral Operating and Other Direct Costs (please line)  Budget Line Description  Support to health coordination, Rapid assesments at field and State level  Anticipated two assesments per month for twelve per month for 12 months  Support to maintainace of field vehicles to support pipeline management  Vehicle maintainance at state levels (10 states ease Fuel support for health assesment and event veirification  Fuel for assesment and outbreak missions in 10 Monitoring and reporting Field interventions  Total M and R costs for the emergency program staff, support from the HQ and regionls office, field	bualter for a sport tends tt)  st transfer.  D/S  se include  D/S  D  ch at 1000  D  states(6 di  D  is 177000,	regular preparence to wait for constant sub-quantity  Unit Quantity  Expenses of the constant sub-quantity  Solar for two constant sub-quantity  10  USD per metal sub-quantity  10  USD per metal sub-quantity  10  Tums in each	6000 consistiong grants to Unit Cost  Unit Cost  1000 1000 1	of the pipel ated cargo to project in Duration  g expense Duration  12  or five days  6  king it 10000  6  2 400\$ each	ne supplies. That may not not	72,000.00  Fransport to te eccesary be 115,200.00  Fransport to the eccess to eccess t	en states each the same timin 0.00  2015  Q1  0 for project imin 2015  Q1  0.00  h. Each day @ 0.00  0.00  the costs(states)	quater(Comming with health care of the car	Q3  Q3  0.00  Q3  0.00  Q3  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	Q4 0.00  =800 USD 0.00  0.00  0.00  0.00  0.00  0.00	Quarterly Total 0.

Central Equatoria DOCUMENTS

1/13/2015 SSD-15/SA1/H/UN/255-255-Proposal Quarterly Budget Details for PSC Amount Total 2015 Q1 Q2 Q4 Q3 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 Воу Girl Total Activity Eastern Equatoria 6 0 15 0 Jonglei 10 0 Lakes Northern Bahr el Ghazal 6 Unity 15 0 20 0 Upper Nile 10 0 Warrap Western Bahr el Ghazal 6 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 6 Eastern Equatoria Jonglei 15 Lakes 10 Northern Bahr el Ghazal 6 Unity 15 Upper Nile 20 Warrap 10 Western Bahr el Ghazal 6 6 Western Equatoria

6