

Requesting Organization :	World Health Organization				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Provision of quality lifesaving health services including responding to health related emergencies(Core pipeline supplies, enhancing outbreak preparedness and response) affecting the vulnerable populations of South Sudan				
Allocation Type Category :	Core pipeline				
OPS Details					
Project Code :		Fund Project Code :	SSD-16/HSS10/SA1/H/UN/806		
Cluster :		Project Budget in US\$:	633,196.04		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/03/2016	Planned End Date :	01/08/2016		
Actual Start Date:	01/03/2016	Actual End Date:	01/08/2016		
Project Summary :	<p>Strategic distribution of life saving drugs is a top priority in the Health Cluster, in order to prevent common childhood diseases and common morbidities and mortality due to epidemics .The key areas of focus are Unity, Upper Nile and Jonglei, Lakes state, Western Equatorial State and Western Baher-gazel State. In addition emphasis will be put in the counties that are mapped as high risk for outbreaks and epidemics. South Sudan is currently faced with the outbreaks of Malaria, Measles, Polio and Hepatitis E and lots of re-emerging diseases are being reported. This project will enhance the technical aspect of WHO response to the current graded emergency with focus on epidemic response and provision of other front line services like emergency primary health care, support to outbreak response, mobile clinics and will further support the health cluster to perform its role as provider of last resort. Key focus will be to rapidly deploying rapid response teams in acute emergencies, support outbreak response and disease surveillance in identified counties, , operational support to mobile teams in the deep front areas and ensuring that treatment of the common but potentially fatal illnesses . In addition the project will support the distribution of the lifesaving supplies and ensure strategic prepositioning of the much needed drugs in key locations with the highest health need and documented critical health gaps</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	76,500	73,500	0	0	150,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	15,435	19,065	34,500
Children under 5	0	0	0	0	0
Internally Displaced People	56,595	58,905	0	0	115,500
Indirect Beneficiaries :					
Catchment Population:					
Population that is defined as of humanitarian concern but the Humanitarian country team.					
Link with allocation strategy :					

The CHF funding will be used to enhance the emergency preparedness and response capacity at state, county levels in order to reduce morbidity and mortality associated with humanitarian emergencies and mitigate the impact of the emergencies by having a quick and prompt response.

Main components to be supported through the CHF funding include procuring and strategically prepositioning inter agency emergency kits, in addition to support outbreak response. Other activities include conducting rapid health assessments, distribution and transportation of the lifesaving drugs, capacity building activities for emergency preparedness and response activities, health cluster coordination activities, health information systems in emergencies, prompt deployment of trained and competent technical officers and technical support to the health cluster members in areas regarding emergency preparedness and response. These funded components will improve and increase the preparedness and response levels of the health cluster and as such will reduce the negative impact of the emergencies on the health of the affected population. Special attention will be directed towards the special needs of the elderly, children, women, disabled, and returnees, IDPs, refugees and people living with HIV/AIDS

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Mpairwe Allan	Emergency Coordinicator	mpairwea@who.int	0955371370

BACKGROUND

1. Humanitarian context analysis

South Sudan continues to face one of the most expensive humanitarian operations in the world. This is compounded by major internal displacement, 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. The current humanitarian crisis in South Sudan is widespread and severe, with more than 6.1 million people in need of emergency assistance, 2.4 M in urgent need of health services with the most affected states being Unity, Upper Nile and Jonglei. The country's very fragile health system (lack of skilled staff, supplies, equipment and leadership at all levels) was negatively impacted by the crisis, and further hampered the humanitarian response. Over 57 per cent of health facilities in the three states most affected by conflict are not functioning. The break in the provision of essential medicines through the Essential Medicines Fund (EMF) will have humanitarian consequences throughout the country, and over a quarter a million people served by 1401 health facilities will not have access to lifesaving drugs and medicines in the first two quarters of 2016. The humanitarian pipeline is not designed to replace or cover routine primary health care essential medicines and hence high mobility and mortality expected. Even if funding for the essential medicines were to be availed by early January, the procurement delays and mechanism for delivering drugs to facilities would not allow the drugs to be in country by the last quarter of 2016 and this will cause a gap/stock out of six months, likely driving an accelerated spread of disease and illness to which health partners will need to respond. Communicable diseases remain prevalent in South Sudan, and appear to be on the increase including a re-emergence of vaccine preventable diseases (i.e. measles, polio, & meningitis. Malaria Outbreak was reported in the POCs, and in the states of Warrap, Northern Bahergazel, Unity and remote counties is linked to poor health conditions, environmental conditions, & lack of vector control. Acute respiratory infections & bloody diarrhea are the leading causes of morbidity, especially among children under five. Cholera is endemic in South Sudan and the neighboring countries with the most recent outbreak in 2015. The emergency health needs of the populations of humanitarian concern continue to rise due to the coupled with high level of malnutrition and poor sanitation conditions especially in the three states of Unity, Upper Nile, Jonglei Western Bahergazel and Warrap. This has stretched the already fragile health system that face an enormous task of coping with the increasing need for lifesaving emergency health services and as such it is of utmost importance that the cluster lead for health has adequate funds to support front line services especially in time when WHO has to perform its role as a provider of last resort and hence respond to any potential epidemics.

2. Needs assessment

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 December 31 2015, only 55% of health facilities in conflict-affected states are not functioning. Even prior to the conflict, healthcare was extremely difficult to access in South Sudan, with an estimated 0.15 doctors per 10,000 patients and 0.2 midwives/nurses per 10,000 people. This also hampers preventative care including vaccination campaigns, malnutrition screening and antenatal care. There remains an 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;(HSSP). Only 1 person out of 5 utilizes health care facilities per year (SPHERE standard is one consultation per person per year). Transition in health sector funding mechanisms which started in 2012 will continue into 2016, and until full implementation is completed gaps in support for basic health care are anticipated to continue further worsening access to health care. Most development funds are operation of bridging funds with a risk of them closing shop in some states. This will heavily impact on health service delivery. 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 EWARNS coverage and low routine vaccine coverage (26% DPT 3 coverage according to official estimates). Outbreaks of Cholera, Hepatitis, Measles and kala-azar continue to remain a public health concern and the pattern is likely to continue in 2016 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. The current procurement of the MOH is expected in the second quarter and this will lead to a huge stock out of essential drugs in most of the health facilities and this will greatly impact the humanitarian pipeline that is not designed to cover and replace the drug supplies for the routine primary health care system.

3. Description Of Beneficiaries

The target population is based on the amount of core pipeline supplies that will be procured using CHF support. A total population of 150,000 beneficiaries will be targeted of which 73,500 will be of the female sex. Approximately 34,500 children under the age of five will be target for a medical interventions Both the IDPs in the POCs and those that are mobile due to recurrent displacement and a fraction of the host community in the three identified states will benefit from this pipeline. 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. All the targeted beneficiaries will, through the health partners access life saving supplies at the OPD installments in the areas hosting populations of humanitarian concern

4. Grant Request Justification

Currently the health core pipeline is not funded despite the increasing health needs across ten states of South Sudan. The health situation remains fragile, with health service delivery greatly affected and the on-going crisis. Effective epidemic preparedness and response is critical in mitigation and reducing the impact of humanitarian emergencies on the vulnerable population In South Sudan, the Ministry of Health has very limited capacity to manage public health risks and reduce morbidity and mortality for common epidemic prone diseases. The Health cluster is targeting 2.4 M people of those in need with lifesaving health services. Humanitarian needs among displaced people and other vulnerable groups continue to grow, and the humanitarian operations in South Sudan remain precarious. Many health facilities in conflict affected areas and other stable areas are almost non-functional as the health personnel fail to report on duty due to insecurity, unpaid salary and shortage of drugs. 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 The Ministry of Health has limited capacity to manage the current health emergencies such as cholera, and any public health risks and will greatly rely on WHO for its support in these areas. . Considering the current humanitarian situation, there is a tremendous lack of professional health staff, most notably epidemiologists, surveillance officers and trained epidemic nurses. WHO remains the only agency involved in such interventions.. The weaknesses of essential social services like health are the major causes of epidemics. Based on the statistics of the previous years, the biggest contributor of morbidity and mortality in the population is epidemic prone diseases as a result of low level of epidemic preparedness and response capacity by the government institutions at all level Over 1401 health facilities will not have access to lifesaving drugs and medicines in the first quarter of the year following delayed and procurement process that should have taken place last year. In the last six months health cluster partners have greatly relied on WHO emergency kits to support their response operations at field level, and they will continue to rely on the WHO corepline for the next six months.. This trend is set to continue and hence it's very important for WHO as a health lead to have adequate stock piles of life saving drugs and sustain the support to outbreak response efforts

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To enhance epidemic and response capacity to respond to the critical health situation in order to reduce excess mortality and morbidity among the population of humanitarian concern in South Sudan

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity			100		
<p>Contribution to Cluster/Sector Objectives : The project will contribute to the three health cluster objectives by ensuring life saving supplies are available and easily accessed to respond to common but potential fatal illness. Communicable disease account for more 80% of the mortality and morbidity in the population and hence strengthening the capacity of the health system to control and prevent this avoidable mortality is paramount. The CHF funding will be used to enhance the emergency preparedness and response capacity at state, county levels in order to reduce morbidity and mortality associated with humanitarian emergencies and mitigate the impact of the emergencies by having a quick and prompt response. Main components to be supported through the CHF funding include conducting rapid health assessments, distribution and transportation of the life saving drugs, capacity building activities for emergency preparedness and response activities, health cluster coordination activities, health information systems in emergencies, prompt deployment of trained and competent technical officers and technical support to the health cluster members in areas regarding emergency preparedness and response. These funded components will improve and increase the preparedness and response levels of the health cluster and as such will reduce the negative impact of the emergencies on the health of the affected population. Special attention will be directed towards the special needs of the elderly, children, women, disabled, and returnees, IDPs, refugees and people living with HIV/AIDS</p>							
Outcome 1							
Emergency supplies-inter-agency emergency health kits strategically pre-positioned and distributed to health care service providers in the six key state capitals and such these will act as supply locations to the deep front areas of southern unity,Mundri,Renk,Malakal ,all major POCs,Bor, among others							
Output 1.1							
Description							
Interagency health kits procured and strategically distributed to targeted states							
Assumptions & Risks							
Funds availed on time, security and political situation allow an enabling environment for work							
Activities							
Activity 1.1.1							
Procurement of 150 IEHK –Basic Units							
Activity 1.1.2							
Transportation and distribution of IEHK to key identified areas in Upper-Nile Unity,WES,Western Bahergazel,Lakes ,Jonglei and hots spots							
Activity 1.1.3							
Monitoring and evaluation of field interventions regarding the management of the corepipeline							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Core Pipeline # of kits distributed					150
Means of Verification : Way Bill.,ware housing records,Stock Cards,procurement records							
Indicator 1.1.2	HEALTH	Core Pipeline # of implementing partners receiving supplies from the pipeline					32
Means of Verification : ware housing records,way bills,procurement records							
Indicator 1.1.3	HEALTH	Core Pipeline # of direct beneficiaries from emergency health supplies (IEHK / trauma kit / RH kit)	56,59 5	58,905	16,9 05	17,5 95	150,000
Means of Verification : HMIS,OPD records,IDSR REPORTS,DHIS							
Outcome 2							
Improved early warning surveillance and response capacity for communicable disease control and epidemic response at state level							
Output 2.1							
Description							
80% of all outbreak alerts are responded to by the trained Rapid Response Teams at state level							
Assumptions & Risks							
Funding is available, MOH provides a critical mass of health workers to support outbreak management, security situation allows deployments							
Activities							
Activity 2.1.1							
Technical support to the national ministry of health to enhance the response capacities in the areas of surveillance by providing technical guidelines, on job training, data amalysis,surveillance and policy guidance							
Activity 2.1.2							
Support rapid deployment of RRTs and technical officers to areas with outbreaks to support epidemic response efforts							
Activity 2.1.3							

Operational Support to field teams to effectively and promptly respond to potential outbreaks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	(Frontline services): proportion of epidemic prone disease alerts verified and responded to within 48 hours					85
Means of Verification : Outbreak investigation reports,Outbreak Log							
Indicator 2.1.2	HEALTH	Number of state with outbreak investigation materials and kits prepositioned					10
Means of Verification : Way bills,distribution lists,RRT records,stock cards,monitoring visits and reports							
Indicator 2.1.3	HEALTH	Number of states with functional and operational RRT available for rapid deployment					10

Means of Verification : Outbreak investigation reports,monitoring reports

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring and Evaluation officer from Health Cluster will support WHO in directly monitoring the implementation of the CHF project .The monitoring process will aim at tracking the implementation of planned activities. The regular (weekly, monthly) tracking of the level of implementation will be done by the WHO focal points with the technical support by the expertise from the regional and headquarter offices. The front line activities of outbreak response will be monitored by the technical officers and logistic assistants in the WHO sub offices in the states. The tracking will be done against the indicators through the indicated means of verification mainly weekly and monthly reports as well as some deliverables like the health cluster or epidemiological bulletin, and regular field visit of the core pipeline manager, Health Cluster Coordinator and senior supervisor (WR). The tracking will be done against the set indicators and verified through HMIS,IDSR,EWARN weekly reporting tool,line lists,case-based investigation forms, way bills, training reports, attendance sheets, regular cluster meetings, support supervision reports and morbidity and mortality reports as well as routine support supervision visits by the emergency team. Based on the Monitoring and Reporting framework, the health cluster will support the monitoring process and data collection and reporting against the set and identified CHF indicators on a quarterly basis. Key reports generated will be Weekly WHO situation reports,epidemiological bulletins on a weekly basis,health cluster bulletin,quarterly reports and surveillance reports that will be shared with health cluster partners on a periodic and regular basis.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procurement of 150 IEHK –Basic Units	2016			X									
Activity 1.1.2: Transportation and distribution of IEHK to key identified areas in Upper-Nile Unity,WES,Western Bahergazel,Lakes ,Jonglei and hots spots	2016			X									
Activity 1.1.3: Monitoring and evaluation of field interventions regarding the management of the corepipeline	2016			X	X	X	X	X	X				
Activity 2.1.1: Technical support to the national ministry of health to enhance the response capacities in the areas of surveillance by providing technical guidelines, on job training, data amalysis,surveilliance and policy guidance	2016			X	X	X	X	X	X				
Activity 2.1.2: Support rapid deployment of RRTs and technical officers to areas with outbreaks to support epidemic response efforts	2016			X	X	X	X	X	X				
Activity 2.1.3: Operational Support to field teams to effectively and promptly respond to potential outbreaks	2016			X	X	X	X	X	X				

OTHER INFO

Accountability to Affected Populations

The affected population will be engaged in the needs analysis through provision of the much needed information during assessments and surveys. Key opinion holders in the community will be consulted on pertinent issues in coordination with the cluster. Existing Community structures like the surveillance systems will also be engaged in the response especially community based interventions like integrated community case management where a number of volunteers are trained to be able to handle and refer cases of most common causes of morbidity include malaria, acute respiratory tract infections and malaria. Likewise community resource persons will be involved in mitigation measures for major health hazard and also as first respondents in the major humanitarian emergencies.emergencies. Community volunteers and the affected population will be first responders during outbreak response. All community interventions will be in line with the new strategy of the Boma Health Initiative that involved community change agents

Implementation Plan

The duration for implementing of the CHF funded activities will be 6 months. The project will be implemented through WHO state offices, health cluster partners and local health authorities. WHO being a technical agency supports responses for health through the existing structures which are the local health authorities and members of the cluster. All distribution of the lifesaving emergency drugs and supplies will be undertaken by WHO through the logistics unit at both field and national level. Coordination, led by the Ministry of Health and WHO in close collaboration with other partners, will be optimized to ensure maximum effectiveness of assistance, avoid overlapping and reprogram activities in due time. Mobile health units will provide live-saving health services to displaced people in affected areas. Transportation of medical supplies to the states or counties will be contracted by logistic, common transport system and private transporters. The focus of the interventions will be in the high risk states of Upper Nile,Unity,,Jonglie and Western Equatorial. As part of the synchronization of filling in critical gaps, WHO will continue to work with other actors including logistics cluster , UNICEF,OCHA and NGOs to ensure a coordinated, systematic and efficient delivery of the emergency health services in need. Monitoring of the activities will be done by the WHO technical officers on a monthly basis with provision of regular situation reports with support and leadership of the representative of the World Health Organization..

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Pipeline management to ensure that no duplication of services is possible
UNFPA	Pipeline management and delegation of management of RH kits
Health Cluster Partners	Providing them with supplies to support front line services and health services deliverly

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

During assessments of health related emergencies, the needs of men, women, girls and boys are to be identified, including their requirements to access health care. Where possible WHO through the heath cluster will hold single sex, age segmented FGDs to encourage participation, particularly of women, in health service design. Both men and women from targeted communities will be considered for adequate training and used to staff health facilities and implement emergency interventions wherever possible. Interventions will be monitored through reviewing health facility data to ensure quality services and identify and attend to challenges to equitable access. In all situations, mortality and morbidity data will lead the focus of the intervention

Protection Mainstreaming

WHO will incorporate protection principles through emergency preparedness and response programming. This will be all through the initial phase of assessment to needs prioritization and to the time of implementation. Regarding SGBV, WHO will ensure to coordinate with other pipeline managers to include rape survival and SGBV treatment kits in the procurement and supplies that are prepositioned in the targets states. WHO will support the delivery of current essential lifesaving services to continue protecting the lives of the most vulnerable groups in South Sudan. Women and Children will be if high importance and shall ensure equitable access to the emergency health services to promote and protect the interest of the most vulnerable groups in health

Country Specific Information

Safety and Security

Armed conflict remains a key factor affecting implementation of the WHO activities in South Sudan and this remains critical threat to the staff and partners of WHO at field level
To mitigate these risks, WHO is a member of the UN Department of Safety and Security (UNDSS) which includes local field structures that support the staff welfare and coordination of the overall security arrangements for staff in the field. WHO is also a member of the SMT under the leadership of the SRSG who is responsible for the security of all UN staff, WHO inclusive. In addition WHO has a security and medevac plan that guides the security team at agency level. In addition all staff undergoes trainings to build and have them equipped with security basics that are important for their operations at sub national level. WHO follows the MOSS recommended and benchmarks to ensure the staff at both field and Juba level is safe.

Access

WHO emergency program will work within the structures of the Health Cluster, Inter- Cluster Working Group,HCT, and Operational Working Group to ensure safety of staff and beneficiaries, while aiming to respond quickly tot he identifies needs of the humanitarian community

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1.1	National Officers for outbreak management and core pipeline management	D	6	4,000.00	6	4000.00 %	57,600.00
	<i>6 National officers emergency and humanitarian response(@4000 usd per month for six months in six states)</i>						
1.2	Consultant and surge support to respond to outbreaks and enhance response capacities	D	2	14,000.00	4	4000.00 %	44,800.00

	2 consultants in public health response at P3 level for 4 months-monthly cost of 14,000 @ month to support outbreak response in the targets states							
	Section Total							102,400.00
Supplies, Commodities, Materials								
2.1	Inter Agency Health Kits(Basic Unit Kits/Malarial Module)	D	150	1,840.00	1	6100.00%		168,360.00
	<i>One inter agency health kit serves a population of 1,000 for three months. @ costs 22710 based on the WHO internal and procurement catalogue</i>							
2.2	Charter Flights for delivery of CorePipeline supplies and outbreak Kits	D	2	6,000.00	6	4000.00%		28,800.00
	<i>Use of charter flights by UNHAS or private companies to deliver supplies in hot spots @ rotation costs about 6000usd and two charters per month for six montnts</i>							
2.3	Monitoring and evaluation of field interventions regarding the management of the corepiepline	D	6	800.00	1	4000.00%		1,920.00
	<i>DSA for two officers to one field location per month for five days for six months(80x2x5x6=2400USD)</i>							
2.4	Yellow fever vaccines(10,000 doses)	D	10000	3.30	1	5000.00%		16,500.00
	<i>Procurement of 10,000 doses of YFV @3.30 \$per dose</i>							
2.5	Procurement of Menigitis vaccines	D	20000	1.70	1	5000.00%		17,000.00
	<i>Meningitis vaccine A ,20,000 doses @1.7usd per vaccine</i>							
	Section Total							232,580.00
Contractual Services								
4.1	Private contractors to support the ware housing expansion and renting ware housing	D	400	25.00	6	5000.00%		30,000.00
	<i>400 square meters per month @ square meter at 25 USD for six months</i>							
4.2	Private road transporters for distribution of life saving supplies	D	6	6,000.00	6	2000.00%		43,200.00
	<i>Contracting 20 ton vehicles to deliver supplies in six state capitals and operational hubs</i>							
	Section Total							73,200.00
Travel								
5.1	Local Travel to the deep front areas in the conflict affected states	D	6	400.00	6	10000.00%		14,400.00
	<i>Local travel cost by TAF account,six officers per month to the field for assesments and outbreak investigation for five days, @400 per UNHAS flight for six months=400x6x6=14000usd</i>							
	Section Total							14,400.00
General Operating and Other Direct Costs								
7.1	Operational cost to outbreak response	D	2	35,500.00	1	6000.00%		42,600.00
	<i>Support to mass measles/meningitis campaign in at least two counties as a response to confirmed outbreaks,estimates of a quality campaing cost of each county including establishment of a community surveillance system is at 35,500\$</i>							
7.2	Hub running costs	D	6	3,000.00	6	3540.00%		38,232.00
	<i>Office and Hub running costs(Generator-500\$,stationary-600\$,maintenance-1000\$,welfare-400\$,casuals-500\$) in six key locations</i>							
7.3	Support to health coordination, Rapid assesments at field and State level	D	6	800.00	6	6000.00%		17,280.00
	<i>Anticipated two assesments per month for 6 months,DSA for two officers for five days per month for 6 month. Each day @80usd for two pple =160US*5 =800 USD per month for 6 months</i>							
7.4	Monitoring and Evaluation of field interventions	D	1	177,700.00	1	4000.00%		71,080.00

Total M and R costs for the emergency program is 177000, making it 29500 per month, CHF will contribute 40% toward the costs (stationary, reporting tools, IT support, DSA for staff, support from the HQ and regions office, field monitoring)			
Section Total			169,192.00
SubTotal	30,593.00		591,772.00
Direct			591,772.00
Support			
PSC Cost			
PSC Cost Percent			7%
PSC Amount			41,424.04
Total Cost			633,196.04
Grand Total CHF Cost			633,196.04

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Bor South	20						Activity 1.1.1 : Procurement of 150 IEHK –Basic Units Activity 1.1.2 : Transportation and distribution of IEHK to key identified areas in Upper-Nile Unity, WES, Western Bahergazel, Lakes ,Jonglei and hots spots Activity 1.1.3 : Monitoring and evaluation of field interventions regarding the management of the corepiepline Activity 2.1.1 : Technical support to the national ministry of health to enhance the response capacities in the areas of surveillance by providing technical guidelines, on job training, data amalysis, surveillance and policy guidance Activity 2.1.2 : Support rapid deployment of RRTs and technical officers to areas with outbreaks to support epidemic response efforts Activity 2.1.3 : Operational Support to field teams to effectively and promptly respond to potential outbreaks
Lakes	5						Activity 1.1.1 : Procurement of 150 IEHK –Basic Units Activity 1.1.2 : Transportation and distribution of IEHK to key identified areas in Upper-Nile Unity, WES, Western Bahergazel, Lakes ,Jonglei and hots spots Activity 1.1.3 : Monitoring and evaluation of field interventions regarding the management of the corepiepline Activity 2.1.1 : Technical support to the national ministry of health to enhance the response capacities in the areas of surveillance by providing technical guidelines, on job training, data amalysis, surveillance and policy guidance Activity 2.1.2 : Support rapid deployment of RRTs and technical officers to areas with outbreaks to support epidemic response efforts Activity 2.1.3 : Operational Support to field teams to effectively and promptly respond to potential outbreaks

Unity -> Koch	20					<p>Activity 1.1.1 : Procurement of 150 IEHK –Basic Units</p> <p>Activity 1.1.2 : Transportation and distribution of IEHK to key identified areas in Upper-Nile Unity,WES,Western Bahergazel,Lakes ,Jonglei and hots spots</p> <p>Activity 1.1.3 : Monitoring and evaluation of field interventions regarding the management of the corepiepline</p> <p>Activity 2.1.1 : Technical support to the national ministry of health to enhance the response capacities in the areas of surveillance by providing technical guidelines, on job training, data amalysis,surveillance and policy guidance</p> <p>Activity 2.1.2 : Support rapid deployment of RRTs and technical officers to areas with outbreaks to support epidemic response efforts</p> <p>Activity 2.1.3 : Operational Support to field teams to effectively and promptly respond to potential outbreaks</p>
Upper Nile -> Malakal	30					<p>Activity 1.1.2 : Transportation and distribution of IEHK to key identified areas in Upper-Nile Unity,WES,Western Bahergazel,Lakes ,Jonglei and hots spots</p> <p>Activity 1.1.3 : Monitoring and evaluation of field interventions regarding the management of the corepiepline</p> <p>Activity 2.1.1 : Technical support to the national ministry of health to enhance the response capacities in the areas of surveillance by providing technical guidelines, on job training, data amalysis,surveillance and policy guidance</p> <p>Activity 2.1.2 : Support rapid deployment of RRTs and technical officers to areas with outbreaks to support epidemic response efforts</p> <p>Activity 2.1.3 : Operational Support to field teams to effectively and promptly respond to potential outbreaks</p>
Western Equatoria -> Mundri East	15					<p>Activity 1.1.1 : Procurement of 150 IEHK –Basic Units</p> <p>Activity 1.1.2 : Transportation and distribution of IEHK to key identified areas in Upper-Nile Unity,WES,Western Bahergazel,Lakes ,Jonglei and hots spots</p> <p>Activity 1.1.3 : Monitoring and evaluation of field interventions regarding the management of the corepiepline</p> <p>Activity 2.1.1 : Technical support to the national ministry of health to enhance the response capacities in the areas of surveillance by providing technical guidelines, on job training, data amalysis,surveillance and policy guidance</p> <p>Activity 2.1.2 : Support rapid deployment of RRTs and technical officers to areas with outbreaks to support epidemic response efforts</p> <p>Activity 2.1.3 : Operational Support to field teams to effectively and promptly respond to potential outbreaks</p>
Central Equatoria -> Juba	10					<p>Activity 1.1.1 : Procurement of 150 IEHK –Basic Units</p> <p>Activity 2.1.3 : Operational Support to field teams to effectively and promptly respond to potential outbreaks</p>

Documents

Category Name	Document Description
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