

South Sudan 2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat chfsouthsudan@un.org

This proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

SECTION I:

CAP Cluster	Health
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CHF Cluster Priorities for 2012 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities	Cluster Geographic Priorities
<ul style="list-style-type: none"> Strengthen preparedness for emergencies including surgical interventions Respond to health related emergencies including control the spread of communicable diseases 	All ten states with more emphasis on Jonglei, Upper Nile, Unity, Warrap, NBeG and Lakes States

Project details

The sections from this point onwards are to be filled by the organization requesting for CHF.

Requesting Organization	Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)
WHO	All ten states with more emphasis on Jonglei(15%), Upper Nile(15%), Unity(15%), Warrap(15%), NBeG(10%) and Lakes(10%) States. Other states will cover 5 % each.
Project CAP Code	
SSD-12/H/46336/122	
CAP Project Title	
Enhancing emergency preparedness and response, health cluster coordination at national, state and county level	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Amount Resources Secured
US\$ 3,413,300	US\$ 299,980	US\$ Nil

Direct Beneficiaries	Total Indirect Beneficiary
Women: 294,000	1,500,000
Men: 306,000	Catchment Population (if applicable)
Girls:	
Boys	

Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)	Project Duration (max. of 12 months, starting from allocation date)
SMOH in the states	Start Date 4/1/2012
	End Date 3/31/2013

Address of Country Office	Address of HQ
Project Focal Person: Dr. Abdi Aden Mohamed Email & Tel: +211927361440 e-mail country director: Mohamed@nbo.emro.who.int e-mail finance officer: nejb01youssef@yahoo.fr Address: Ministry of Health Compound Juba, South Sudan	e-mail desk officer e-mail finance officer: Address:

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population¹

The current humanitarian situation in South Sudan remains fluid and unpredictable where 2011 has seen 488 incidents of conflict resulting in 3406 deaths and 350,473 IDPs (Ref: OCHA DEC 2011). This has resulted in severe need for health services for a population in which at least 3 million (1,530,000 female 1,470,000 male) are in urgent need, amongst a general population of which only 44% have access to health care (Ref: MOH Mapping 2010). Natural hazards such as flooding, heavy rains and vulnerability to outbreak diseases result increase humanitarian concerns which are compounded by insecurity or displacement. 2011 saw outbreaks of measles in three states of Unity, Warrap and Northern Bahr el Ghazal correlated to the influx of returnees who had unexpectedly low immunization status. Outbreaks continue with Kala azar, anthrax and malaria. Furthermore insecurity remains a main concern for humanitarian access in the states of Unity, Warrap, Uppernile and Jonglei. Following recent tribal clashes, health facilities in the affected areas were severely damaged or destroyed supplies vandalised, and subsequently closed. Health staff working in the affected areas also fled with the populations. At the height of the clashes, most of the victims and others with health needs may have been unable to seek health services due to the security situation fearing further attacks. It is anticipated that over 500,000 returnees are expected after the expiry of the deadline (citizenship) set by the government in the north that is due on 8th April. Over 350,000 returnees have come back to the south and are living in camps but a considerable number of the returnees, are settling near the state capitals in order to have better access to improved services hence increasing the demand for food commodities and overburdening the health services around those towns. The prevalence of severe malnutrition among the displaced people is very high, and aggravated by severe shortages of food commodities in the market, rising prices, and compounded by a trade/border blockage by the North Sudanese government.

WHO has played a key role in the prepositioning and delivery of medical supplies for which partners rely upon heavily to meet the increasing humanitarian needs need, for example barge movements from Kosti in Malakal, for health partners in Twic County during the Abyei emergency and the flood response, in Renk for returnees, in Pigi/Korflus for the Militia Attacks, in Guit County for the underserved areas, and for the management of common illnesses in the way stations. Further to this of the total 61 various kits dispatched in 2011 and 25% of the supplies were given to health partners in the frontline states to ensure continued response to humanitarian emergencies e.g. Lakes, Ngorom, Wau, Marialo, Mvolo, Twic County, Renk, Bentiu, Boma. It is thus recognized that health partners rely heavily on WHO for medical supply provision and it is anticipated this will continue in the next nine months of 2012.

The necessity for adequate emergency preparedness and response is thus a priority ensuring vulnerable populations such as children, women, elderly and people living with disabilities have access to care.

B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

WHO continues to remain as the designated cluster lead agency. As the health situation in South Sudan remains complex and challenging, with large number of partners, it is paramount to have a well organized and systematic coordination to ensure interventions are timely, effective and appropriately targeted. A successful response to emergencies depends on the availability of up-to-date information, while contingency planning is heavily dependent on accurate information gathering, dissemination and analysis. The health coordination approach aims at making the participating organization work together with local health authorities, harmonize efforts and effectively integrates crosscutting issues and use of the available resources efficiently within the framework of agreed objectives, priorities and strategies

WHO will work with the national health authorities and health partners to ensure a coordinated response to the needs of the people of Southern Sudan. State level coordination is to be given particular attention as it is currently very weak and needs a lot of support. WHO plays a lead role in both coordination and information-sharing, providing health partners in the field with guidelines and protocols on health interventions to ensure best practice. At the national level, partners share progress on ongoing activities to ensure a uniformity of approach across the country, to make strategic policy decisions and agree on guidelines and advocacy structures. Coordination and improved information management are crucial to maintaining and rehabilitating South Sudan health system, particularly when it comes to identifying and filling gaps in service provision. Capacity building of the Ministry of Health to manage the health services remains the core function of WHO. Timely prepositioning and availability of emergency response supplies will be ensured through this project as part of the contingency plan.

WHO continues to play a key role in the coordination of health services and as such this will remain a critical function given the fact that a considerable number of emergencies continues to be in play. Adequate preparedness including training of health personnel on health in acute emergencies including basic surgical and trauma skills, communicable disease in emergencies, health facility preparedness and standard operating procedures is key in ensuring appropriate response and timely surge capacity. The health cluster being one of the largest in Southern Sudan requires a strong and consistent coordination mechanism both at central and state level and requires strong support and resources to ensure that the humanitarian strategy for health is rolled out

WHO has not been able to secure funds from the regional office, or its headquarters in Geneva and the only possible fund to assist WHO as a lead agency for coordination would be from CHF. There is a possibility of receiving a grant from USAID OFDA to support emergency response activities but the amount is not expected to be high and it's not yet confirmed. The availability of the funding from CHF will enable and establish a clear system of leadership and accountability of international response in the health sector under the overall leadership of the health lead agency. With adequate preparedness and response capacity, the negative impact and consequences of emergencies and disasters will be minimized

C. Project Description (For CHF Component only)

i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

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 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 clusters and as such will reduce the negative

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

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, returnees, IDPs, refugees and people living with HIV/AIDS

ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

By the end of 2012, Emergency Preparedness and response, health cluster coordination and humanitarian response is strengthened at all levels so as to reduce the burden of avoidable death and illness through life-saving interventions among affected populations of Southern Sudan

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

- Operational support to transportation, prepositioning, monitoring of emergency health kits, PEP kits, drugs supplies, outbreak investigation kits, meningitis vaccines and yellow fever for distribution to the emergency health service providers in the six states (Uppernile, Jonglei, Northern Bahergazel, Lakes, Unity, Warrap)
- Facilitate warehousing of emergency medical supplies at central, state (Uppernile, Jonglei, Northern Bahergazel, Lakes, Unity, Warrap and CES)
- Monitor distributions and utilization of emergency medical supplies to ensure that medical supplies are used appropriately for humanitarian intervention
- Operational support to county health departments to initiate the mobile clinics as an avenue of ensuring access to life saving primary health care services in the areas of pibor, Agok, Kuajok, Awiel Center, Malakal, Renk, Maban, Pariang, Wau and Yirol Counties
- Support MoH (Uppernile, Jonglei, Northern Bahergazel, Lakes, Unity, Warrap) to strengthen and develop weekly HIS reporting in emergencies including mobilizing partners for reporting, data analysis and timely feedback
- Organize trainings and refresher trainings among health care workers on emergency preparedness and response, disaster risk reduction, health cluster coordination
- Maintain emergency staff for health coordination, communication, information management to support emergency coordination and response activities
- Support the MOH to strengthen the health cluster coordination at all levels through refresher trainings on emergency health assessments and sphere standards, instituting standards, guidelines and filling critical gaps both at state and central levels
- Support and coordinate humanitarian health response with health partners and health authorities through regular meetings, information collection (3Ws) and dissemination
- Facilitate and undertake health assessments in areas of humanitarian concern especially areas of conflict, high populations of returnees, IDPs and refugees
- Support WASH cluster partners by providing mortality and morbidity data on water related diseases to ensure coverage, equity and standards of safe drinking water and strengthen inter cluster collaboration especially with WASH to respond to AWD outbreaks and vector control intervention.

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

Health cluster coordination is inclusive and takes into consideration all the implementing partners that operate in all areas that impact on health of the population and contribute to the sector goals and objectives. WHO will support the WASH cluster partners to ensure coverage, equity and standards of safe drinking water and strengthen inter cluster collaboration especially with WASH to respond to AWD outbreaks and vector control intervention. One area that WHO will support is the coordination of the prepositioning of the PEP kits for HIV in emergencies

v) Expected Result/s

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

- Health cluster coordination and emergency preparedness and response is strengthened and critical gaps filled promptly and timely with minimal duplication of services being delivered in areas of need
- Emergency Supplies (Inter-agency Emergency Health Kits, trauma kits and diarrheal kits, PEP kits prepositioned and distributed to health service providers in the ten states.
- Basic health care needs of displaced people, returnees are met, including treatment of common illnesses in the IDP camps
- Local Health authorities trained on emergency health management
- Humanitarian health emergencies are responded to in a timely manner

	Indicator	Target (indicate numbers or percentages)
1	Beneficiaries reached and benefited from the emergency kits	100,000
2	Number of Health emergencies responded to in a timely manner	80%
3	Number of health cluster coordination meetings held	100%
4	Number of health workers trained on emergency health management	280

vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

WHO will have the overall responsibilities to lead and monitor the coordination activities in collaboration with Ministry of Health and health partners at all levels. The duration for implementing of the CHF funded activities will be 12 months. The project will be implemented by the emergency unit of WHO with close collaboration of health cluster partners as implementing partners. WHO will provide technical support to all the agencies and health partners involved in the response. The coordination of the health emergency supplies will be undertaken by WHO with support of EHA technical unit at both regional and headquarter level. Coordination, led by the Ministry of Health and WHO in close collaboration with other partners, will be optimized to ensure maximum effectiveness of assistance, avoid overlapping and reprogram activities in due time. Mobile health units will provide life-saving health services to displaced people in affected areas. Referral system for wounded patients will be strengthened in collaboration with ICRC and MSF. Transportation of medical supplies to the states or counties will be contracted by UNHAS, IOM and private charter planes. The interagency kits, trauma kits, diarrheal kits and assorted medicines will be delivered to the frontline health partners implementing emergency health services in the states of Warrap, Jonglei, Uppernile, Unity, Northern Bahergazel and Lakes.

WHO will support and facilitate joint monitoring missions with MoH officials and health partners so as to monitor the implementation of health projects and identify any gaps. WHO will share health cluster meeting minutes with all partners and health authorities. Midterm and final project reports will be submitted to CHD secretariat.

vii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

Monitoring of the activities will be done by the WHO technical officers on a routine basis with provision of periodic situation reports. 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 in the respective states with the technical support by the expertise from the country office headquarters (EHA unit). The core pipelines and other emergency supplies 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 set indicators and verified through HMIS, way bills, training reports, attendance sheets, regular cluster meetings, support supervision reports and Morbidity and mortality reports as well as some deliverables like the health cluster and epidemiological bulletin, and regular field visit of the EHA focal point, Health Cluster Coordinator and Senior supervisor (WR).

E. Committed funding

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

Source/donor and date (month, year)	Amount (USD)
NIL	

SECTION III:

LOGFRAME			
CHF ref. Code: SSD-12/H/46336/122	Project title: Enhancing emergency preparedness and response, health cluster coordination at national, state and county level	Organisation: <u>WHO</u>	
Overall Objective: To strengthen the emergency preparedness, coordination and response so as to reduce the burden of avoidable death and illness through life-saving interventions among affected populations of Southern Sudan	Indicators of progress: Number of rapid health assessments conducted Number of health cluster coordination meetings held Number of health managers trained in emergency preparedness	How indicators will be measured: Assessment reports from the field Training reports Minutes of the different health cluster forums Morbidity trends indication the reduction in mortality rates	
Specific Project Objective/s: To strengthen the capacity of MOH on emergency preparedness and response, health cluster coordination at all levels so as to promptly respond to humanitarian emergencies	Indicators of progress: Number of humanitarian emergencies responded to in a timely manner Number of emergency preparedness plans supported at state level	How indicators will be measured: <ul style="list-style-type: none"> • Humanitarian assessment reports • Assessment log frame from the data base • Level of involvement of local health authorities 	Assumptions & risks: <ul style="list-style-type: none"> • Technical officers are in place and deployed. • Security remains stable
Results - Outputs (tangible) and Outcomes (intangible): <ul style="list-style-type: none"> • Improved state and county capacity to respond to humanitarian emergencies • Enhanced emergency preparedness and response capacity at state and county level • Strengthened cluster coordination and emergency response at all levels • Improved availability and accessibility of emergency medical supplies and kits at state level 	Indicators of progress: <ul style="list-style-type: none"> • Number of health managers trained on principles of emergency response • Percentage of health emergencies responded to in a prompt and swift manner • Number of state with functioning emergency crisis committees that are regularly meeting • Number of state with acceptable 	How indicators will be measured: <ul style="list-style-type: none"> • Training report for the activities • Minutes of crisis committees • Number of states with emergency supplies prepositioned • HMIS data indication the number of beneficiaries reached • Way bills and distribution plans for the supply management 	Assumptions & risks: <ul style="list-style-type: none"> • Stable security environment • Good leadership from the MOH counterparts • Good partnership from the other health actors • Availability of the needed critical

	level of emergency supplies to respond to potential emergencies		health workers
<p>Activities:</p> <p>Operational support to prepositioning, monitoring of emergency health kits, PEP kits, drugs supplies, outbreak investigation kits, for distribution to the emergency health service providers in the six states(Uppernile,jonglei,Northern Bahergazel,Lakes,Unity,Warrap)</p> <ul style="list-style-type: none"> • Facilitate the warehousing of emergency medical supplies at central, state (Uppernile,jonglei,Northern Bahergazel,Lakes,Unity,Warrap and CES) • Monitor distributions and utilization of emergency medical supplies to ensure that medical supplies are used appropriately for humanitarian intervention • Operational support to county health departments to initiate the mobile clinics as an avenue of ensuring access to life saving primary health care services in the areas of pibor,Agok,Kuajok,Awiel Center,Malakal,Renk,Maban,Pariang,Wau and YiroI Counties • Support MoH (Uppernile,jonglei,Northern Bahergazel,Lakes,Unity,Warrap) to strengthen and develop weekly HIS reporting in emergencies including mobilizing partners for reporting, data analysis and timely feedback • Organize trainings and refresher trainings 	<p>Inputs:</p> <ul style="list-style-type: none"> • Technical officers for coordination and emergency response to coordinate the emergency preparedness activities • National public health officers to support the rapid health assessments • Logistics unit to coordinate the management of the core pipeline • Emergency kits • Essential drugs and sundries • Health workers from the county health departments and SMOH 		<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> • Stable security situation in the key state • Critical health workers and technical officers are available • Targeted areas are accessible

<p>among health care workers on emergency preparedness and response, disaster risk reduction, health cluster coordination</p> <ul style="list-style-type: none">• Support the response in measles immunization campaigns as an emergency measure of disease control and prevention through logistics support, mobilization of teams, trainings and post campaign evaluation• Maintain emergency staff for health coordination, communication ,information management to support emergency coordination and and response activities• Support the MOH to strengthen the health cluster coordination at all levels through refresher trainings on emergency health assessments and sphere standards, instituting standards , guidelines and filling critical gaps both at state and central levels• Support and coordinate humanitarian health response with health partners and health authorities through regular meetings, information collection(3Ws) and dissemination• Facilitate and undertake health assessments in areas of humanitarian concern especially areas of conflict, high populations of returnees, IDPs and refugees			
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