

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 Activities
<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)
World Health Organization (WHO)	All ten states with more emphasis on Jonglei, Upper Nile, Unity, Warrap, NBeG and Lakes States
Project CAP Code	
SSD-12/H/46367/122	
CAP Project Title	
Strengthen epidemic preparedness and response capacity in high risk areas in South Sudan	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US\$ 11,594,627	US\$ 250,006	US\$ 5,065,576

Direct Beneficiaries	Total Indirect Beneficiary
Women: 350,320	4,500,000
Men: 239,910	Catchment Population (if applicable)
Girls: 190,721	
Boys: 176,543	

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)
<ul style="list-style-type: none"> State Ministries of Health 	Start Date (mm/dd/yy): 1st April 2012 End Date (mm/dd/yy): 31st March 2013

Address of Country Office	Address of HQ
Project Focal Person: Dr. Abdi Aden Mohamed Email & Tel: +211927361440 e-mail country director: Mohameda@nbo.emro.who.int e-mail finance officer: nejib01youssef@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, and this will continue to impact heavily on the ability of the government and partners to provide basic services and respond to the growing humanitarian needs. In 2011, over 440 incidents of conflict resulting in 3,239 deaths and 326,358 IDPs were recorded². In addition, over 350,000 South Sudanese returned from north Sudan, most of them living in camps; 130,000 people displaced from Abyei and another 100,000 refugees from north Sudan or DRC currently living in camps in Unity, Upper Nile and Western Equatoria States. The ongoing instability in Southern Kordofan and Blue Nile states has heightened tensions and triggered the displacement and refugees of thousands of people to South Sudan. The recent tribal clashes in Jonglei where over 120,000 were affected directly or indirectly raised concern for unpredictability of security situation in many part of the country.

Communicable diseases are highly prevalent in South Sudan, and many of the displaced, returnees, refugees and other vulnerable groups are at high risk of contracting common epidemic prone diseases. The possibility of emerging diseases with epidemic or pandemic potential is a major concern and the risk of outbreaks is heightened as a result of large population movement within the country compounded with food shortage, flooding and persistent insecurity. Malaria remains a major public health problem causing high morbidity and mortality, while the acute water diarrheal and measles incidence increased in 2011 as compared to the previous yearsⁱ. The recurrent kala azar epidemic continues to threaten thousands of lives of people in the new nation as cases continue to rise. The routine immunization programme in the country has made significant progress in the past five years; however the 2010 household health survey (SHHS) indicates that only 13.5% and 20% of children below 1 year are immunized with DPT3 and measles respectivelyⁱⁱ. HIV prevalence is estimated at 3% but most likely underestimated and on the increaseⁱⁱⁱ; and the annual incidence of tuberculosis in South Sudan is estimated at 325 per 100,000 population^{iv}. The food security and livelihood situation in South Sudan remains worrisome and over 35 per cent of the population is food insecure and requires assistance, even in periods when harvests are good^v. The prevalence of General Acute Malnutrition (GAM) amongst children under 5-years of age is 19%, whereas the prevalence of Severe Acute Malnutrition (SAM) is 3%^{vi}.

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

The principal burden of morbidity and mortality in emergency-affected populations is due to outbreak-prone communicable diseases, and it is well known that communicable diseases can spread easily in a camp situation. With the current humanitarian situation and increased population movement in South Sudan, it's imperative to strengthen disease surveillance and response to common outbreaks and other health emergencies in timely manner.

In 2011, South Sudan had experienced number of outbreaks, particularly measles, cutaneous anthrax, kala azar, malaria, rubella, nodding disease and others, yet the national surveillance system for early detection and prompt response is still very weak, and this heightens the vulnerability of people living in high risk states. The annual incidence rate of malaria increased from 612 per 10,000 in 2010 to 1,072 per 10,000 people in 2011, while the annual measles incidence rate increased from 1.5 per 10,000 children in 2010 to 8.1 per 10,000 in 2011^{vii}. In response the measles outbreak, over 850,000 children below 5 years of age were immunized against measles in 7 states. The current kala azar outbreak is one of the worst in the past three decades with over 22,000 new cases recorded with a case fatality rate of 4% being recorded from 26 treatment centres in four states. Over 70% of kala azar patients were children aged below 15 years who already suffer from concurrent malnutrition and other secondary illnesses. The number of new kala azar cases recorded in 2011 was ten times higher than case recorded in 2009, while the case fatality rate was reduced to 10 times lower than case fatality rate recorded in 2003 outbreak. Increased Meningitis is endemic in the country, and the likelihood of major outbreak in 2012 is very high due to the increased population movement, severe malnutrition, and others factors. Over 270 cases of meningitis cases with 30 deaths were recorded in 2011 across South Sudan. Other common epidemic prone disease in south Sudan include meningitis, hepatitis E, neonatal tetanus, guinea worm and others. Common factors contributing to the spread of communicable disease in high risk areas include increased population movement and high influxes of returnees compounded with malnutrition, food insecurity and poor water and sanitation conditions.

The proposed activities aim to improve the capacity of the surveillance and early-warning systems, contingency plans and response capacity to detect and respond to possible disease outbreaks, in order to reduce morbidity and mortality among vulnerable population, women and children in particular due to communicable diseases. The existing EWARN system will be strengthened for immediate detection of high morbidity/mortality epidemic-prone diseases among the emergency-affected population. State and county health authorities will be supported to focus on strengthening surveillance systems and, in particular, strengthening capacity to deal with outbreak detection and responses including the capacity to use laboratory-supported investigation and addressing the causes of outbreaks. In certain emergency

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.

² OCHA monthly update – October 2011)

situations, sentinel surveillance sites will be established to gauge disease trends when a more exhaustive approach is not feasible. Required tools will be distributed to ensure the flow of information with appropriate data management and dissemination.

WHO will deploy epidemiologists and consultants to support the local health authorities and partners to ensure timely outbreak detection, verification and response at all levels, while mentoring to the surveillance officers and rapid response team members on emergency preparedness and response.

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 epidemic preparedness and response capacity at state, county and facility levels in order to reduce morbidity and mortality associated with common epidemic prone diseases including malaria, measles, meningitis, AWD, kala azar and others. Main components to be supported through the CHF funding include outbreak investigation and response activities, supportive supervision for surveillance activities at county and facility level, procurement of laboratory supplies, capacity building for health personnel and laboratory technicians, printing reporting tools, logistical support for kala azar supply distribution, data management and dissemination, recruitment of epidemiologists and consultants, etc. All of the above components will contribute the overall improvement of national disease surveillance and outbreak management, and reduce the morbidity and mortality related to communicable disease, women and children in particular. More emphasis will be given to activities addressing the needs of women and children to reduce the morbidity and mortality associated with common epidemic prone diseases.

ii) Objective

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

To control the spread of communicable diseases through strengthening of early warning surveillance and epidemic preparedness and response capacity at all level, while prepositioning essential vaccines, medical and laboratory supplies.

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.

- Improve early warning and surveillance system including outbreak detection, verification, response, information gathering on priority communicable diseases, data management and information dissemination;
- Prepositioning emergency medical supplies to high risk states including vaccines, diarrhea kits, meningitis drugs, kala azar drugs, laboratory supplies and others;
- Procure kala azar drugs and laboratory diagnosis kits
- Provide logistics support for the distribution of kala azar drugs and other emergency supplies to target areas
- Capacity building of health workers on standard case management of priority diseases such as diarrheal diseases, meningitis, measles, malaria, kala azar, etc.
- Support the ongoing kala azar outbreak response in the Greater Upper Nile region and other areas
- Support and facilitate all outbreak investigation activities and curative services for endemic diseases
- Improve local capacity to detect, investigate and respond common outbreaks through continues technical support and refresher trainings at all levels.
- Review and update the disease specific epidemic preparedness and response plans for Southern Sudan including cholera, meningitis, yellow fever, hepatitis E, Influenza like illnesses, and others
- Development of health education materials and promotional campaigns on management of diarrhoea, meningitis, kala azar and other common illnesses;
- Strengthen the Health Management Information System
- Provide essential reagents, rapid test kits, equipments, and diagnostic tools to health facilities.

iv). Cross Cutting Issues

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

Women and children are more vulnerable to epidemic prone diseases, and priorities will be given to specific interventions that will address their needs and reduce morbidity and mortality among women and children. In 2011, 50% of all malaria and measles cases recorded were under 5 years of age. Therefore, the project activities will give more emphasis the prevention and control of communicable disease among women and children. Pregnant women and children living in kala azar endemic areas will be given mosquito nets for the prevention of sand fly bites. Also all

children below 5 years of age will be given measles and other vaccines to prevent high morbidity and mortality associated with vaccine preventable diseases. All surveillance and training data will be disaggregated by age and sex in order to measure the magnitude of the problem and take appropriate action

Vector control and improvement of environmental health will be the cornerstones of preventing the spread of epidemic prone disease such as cholera, malaria, kala azar, yellow fever, acute watery diarrhea, etc. HIV test kits will be provided to all kala azar treatment centers so to screen all suspected kala azar cases for HIV infection. Proper health education on HIV/AIDS will be provided to all kala azar patients receiving treatment in main treatment centers.

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.

- Timely detection and containment of common outbreaks
- Improved surveillance capacity for communicable disease control at state and county level
- Strengthened national early warning and response systems, including institutional structures, community, staff, and hospital preparedness, and laboratory services.
- Reduce excess mortality and morbidity from common epidemic prone diseases such as cholera, meningitis, hemorrhagic fever, Kala azar, rift valley, hepatitis E and others
- Prepositioning essential emergency health kits at central and state levels

	Indicator	Target (indicate numbers or percentages)
1	Percentage of communicable disease outbreaks detected and responded to within 72 hours	90%
2	Percentage of states with emergency preparedness and response plans.	100%
3	Number of kala azar treatment centers receiving drugs and diagnostics supplies	20

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 be implementing the planned activities in collaboration with health authorities and cluster partners. Technical officers stationed in all states will be working closely and providing technical support with state and county authorities, while mentoring surveillance officers. All WHO staff will actively participate in the outbreak investigation and response missions at all levels. Kala azar drugs will be distributed through the treatment centers and supporting agencies, while essential medical and laboratory supplies will be prepositioned at state level.

vii) Monitoring Plan

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

World Health Organization has offices in all ten states with full time technical officers and they will have the responsibility to monitor the project implementation and achievements. WHO will continue to provide support both financially and technically to the local health authorities to carry out regular monitoring and supervision visits to target health facilities. WHO technical officers and surveillance teams will conduct support supervision visits which are a powerful tool for monitoring and determining the quality of the implementation of project activities. All technical and surveillance officers are sending weekly and monthly reports to Juba offices, and these surveillance reports will give opportunity for senior officers to review the achievement and challenges of the project activities.

All health facilities and state surveillance officers will be required to submit weekly and monthly surveillance reports, and these reports will be compiled by Juba team then circulated to all partners.

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)
ECHO (2011/12)	\$560,000
CERF (2012)	\$2,005,576
Danish (2012)	\$2,500,000

SECTION III:

LOGFRAME			
CHF ref. Code: <u>SSD-12/H/46367/122</u>		Project title: Strengthening epidemic preparedness and response capacity in high risk areas in South Sudan	Organisation: <u>WHO</u>
Overall Objective: <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i> <ul style="list-style-type: none"> To control the spread of communicable diseases through strengthening of early warning surveillance and epidemic preparedness and response capacity at all level, while prepositioning essential vaccines, medical and laboratory supplies. 	Indicators of progress: <i>What are the key indicators related to the overall objective?</i> <ul style="list-style-type: none"> Percentage of communicable disease outbreaks detected and responded to within 72 hours Percentage of states with emergency preparedness and response plans. Number of kala azar treatment centers receiving drugs and diagnostics supplies 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> Log of outbreaks and lab investigations Weekly and monthly surveillance reports Coordination committee meeting minutes Training reports Data collected in a disaggregated by age and sex Supply distribution plan and Way bills 	
Specific Project Objective/s: <i>What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.</i> <ul style="list-style-type: none"> To enhance early detection and response to diseases outbreaks To strengthen the capacity of state and county rapid response teams on epidemic preparedness and response To improve coordination of outbreak investigation and response activities 	Indicators of progress: <i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i> <ul style="list-style-type: none"> # of outbreak rumours reported and investigated # of rapid response teams and surveillance officers trained # of EPR/cluster coordination meetings organized 	How indicators will be measured: <i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i> <ul style="list-style-type: none"> Log of outbreaks and lab investigations Weekly and monthly surveillance reports Coordination committee meeting minutes Training reports Data collected in a disaggregated by age and sex Supply distribution plan and Way bills 	Assumptions & risks: <i>What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?</i> <ul style="list-style-type: none"> Funds are made available timely MoH is able to provide qualified staff Health providers do not strike Continued cooperation with the MoH and the Government of South Sudan and local authorities All stakeholders including the NGOs actively participate in the implementation of the project activities Security situation remains stable

<p>Results - Outputs (tangible) and Outcomes (intangible):</p> <ul style="list-style-type: none"> • Please provide the list of concrete DELIVERABLES - outputs/outcomes (grouped in Workpackages), leading to the specific objective/s: • Enhanced early detection and response to diseases outbreaks in South Sudan • Improved state and county capacity to investigate and respond to outbreaks • Strengthen coordination of emergency and outbreak response at all levels • Improved availability and accessibility of emergency medical supplies including vaccines 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</i></p> <ul style="list-style-type: none"> • Percentage of communicable disease outbreaks detected and responded to within 72 hours • Number of states and counties with trained rapid response team members • Number of functioning epidemic preparedness and response task forces • Prepositioned emergency medical supplies in all states 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Log of outbreaks and lab investigations • Weekly and monthly surveillance reports • Coordination committee meeting minutes • Training reports • Data collected in a disaggregated by age and sex • Supply distribution plan and Way bills 	<p>Assumptions & risks: <i>What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?</i></p> <ul style="list-style-type: none"> • Funds are made available timely • MoH is able to provide qualified staff • Health providers do not strike • Continued cooperation with the MoH and the Government of South Sudan and local authorities • All stakeholders including the NGOs actively participate in the implementation of the project activities • Security situation remains stable
<p>Activities: <i>What are the key activities to be carried out (grouped in Workpackages) and in what sequence in order to produce the expected results?</i></p> <ul style="list-style-type: none"> • Improve early warning and surveillance system including outbreak detection, verification, response, information gathering on priority communicable diseases, data management and information dissemination; • Prepositioning emergency medical supplies to high risk states including vaccines, diarrhea kits, meningitis drugs, kala azar drugs, laboratory supplies and others; • Procure kala azar drugs and laboratory diagnosis kits • Provide logistics support for the distribution of kala azar drugs and other emergency supplies to target areas 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</i></p> <ul style="list-style-type: none"> • Epidemiologist to provide technical support • Logistics officers to facilitate the supply management and distribution • Surveillance officers and RRT member to undertake the timely investigation • Outbreak investigations kits • Laboratory reagents and supplies • Kala azar drugs • Two vehicles to facilitate the mobile clinics and outbreak responses • 		<p>Assumptions, risks and pre-conditions: <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> • Funds are made available timely • MoH is able to provide qualified staff • Health providers do not strike • Continued cooperation with the MoH and the Government of South Sudan and local authorities • All stakeholders including the NGOs actively participate in the implementation of the project activities

<ul style="list-style-type: none"> • Capacity building of health workers on standard case management of priority diseases such as diarrheal diseases, meningitis, measles, malaria, kala azar, etc. • Support the ongoing kala azar outbreak response in the Greater Upper Nile region and other areas • Support and facilitate all outbreak investigation activities and curative services for endemic diseases • Improve local capacity to detect, investigate and respond common outbreaks through continues technical support and refresher trainings at all levels. • Review and update the disease specific epidemic preparedness and response plans for Southern Sudan including cholera, meningitis, yellow fever, hepatitis E, Influenza like illnesses, and others • Development of health education materials and promotional campaigns on management of diarrhoea, meningitis, kala azar and other common illnesses; • Strengthen the Health Management Information System • Provide essential reagents, rapid test kits, equipments, and diagnostic tools to health facilities. 			<ul style="list-style-type: none"> • Security situation remains stable
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PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).

The workplan must be outlined with reference to the quarters of the calendar year.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Result 1: Enhanced early detection and response to diseases outbreaks in South Sudan															
Activity (1.1): Improve early warning and surveillance system including outbreak detection, verification, response, information gathering on priority communicable diseases, data management and information dissemination			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.2): Support and facilitate all outbreak investigation activities and curative services for endemic diseases			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.3): Improve local capacity to detect, investigate and respond common outbreaks through continues technical support and refresher trainings at all levels			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.4): Strengthen the Health Management Information System			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.5): Support the ongoing kala azar outbreak response in the Greater Upper Nile region and other areas			X	X	X	X	X	X	X	X	X	X	X	X	X
Result 2: Improved state and county capacity to investigate and respond to outbreaks															
Activity (2.1): Capacity building of health workers on standard case management of priority diseases such as diarrheal diseases, meningitis, measles, malaria, kala azar, etc			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (2.2): Development of health education materials and promotional campaigns on management of diarrhea,							X	X			X	X			
Activity (2.3): Support the ongoing kala azar outbreak response in the Greater			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (2.4): Review and update the disease specific epidemic preparedness and response plans for Southern Sudan including cholera, meningitis, yellow fever, hepatitis E, Influenza like illnesses, and others					X	X	X								
Result 3: Improved availability and accessibility of emergency medical supplies including vaccines															
Activity (3.1): Prepositioning emergency medical supplies to high risk states including vaccines, diarrhea kits, meningitis drugs, kala azar drugs, laboratory supplies and others;			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (3.2): Procure kala azar drugs and laboratory diagnosis kits			X	X	X										
Activity (3.3): Provide logistics support for the distribution of kala azar drugs and other emergency supplies to target areas			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (3.4): Provide essential reagents, rapid test kits, equipments, and diagnostic tools to health facilities			X	X	X	X	X	X	X	X	X	X	X	X	X

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

ⁱ Annual Integrated Disease Surveillance Report in 2011 (MoH)

ⁱⁱ South Sudan Household health survey (SHHS) Report, 2010 (MoH)

ⁱⁱⁱ HIV/AIDS Update by Southern Sudan AIDS Commission, 2010

^{iv} TB/Leprosy/Buruli Ulcer Annual report by the National Tuberculosis Programme, Ministry of Health, 2010

^v Crop and Food Supply Assessment Mission to Southern Sudan by FAO and WFP, 2011

^{vi} Sudan Household Health Survey, 2006

^{vii} Annual Integrated Disease Surveillance Report in 2011 (MoH)