South Sudan
2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

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

SECTION I:

CAP Cluster	Health

CHF Cluster Priorities for 2013 Second Round Standard Allocation

Cluster Priority Activities for this CHF Round

i) Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas
ii) Strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services
iii) Maintain or strengthen medical referral services for emergency cases
iv) Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization
v) Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff
vi) Maintain surge capacity for emergencies and surgical interventions
vii) Conduct training on emergency preparedness and response at all levels
viii) Provide logistical support to prepositioning of core pipeline supplies to high risk states

Cluster Geographic Priorities for this CHF Round

1. Jonglei (Pibor, Pochalla, Ayod, Akobo, Fangak, Canal, Twic East)
2. Warrap (Twic, Gogrial East, Tonj North, Tonj East, Tonj South)
3. NBeG (Aweil North, Aweil East, Central, Aweil South)
4. WBeG (Raja)
5. Lakes (Awerial, Rumbek North, Cueibet, Yirol East)
6. Unity (Abiemnhom, Leer, Rubkona, Mayom, Koch, Mayendit, Pariang, Panyijar)
7. Upper Nile (Renk, Ulang, Nassir, Maban, Longechuck, Baliet)
8. Eastern Equatoria (Kapoeta North, East, Lopa)

SECTION II

Project details

Requesting Organization	
WHO	
Project CAP Code	**CAP Gender Code**
SSD-13/H/55471/R/122	2a

CAP Project Title

Responding to health-related emergencies in populations of humanitarian concern in the Republic of South Sudan

Project Location(s)

State	%	*County/ies (include payam when possible)*
Jonglei	20	*All counties*
Upper Nile	20	All counties
Unity	20	All counties
Northern Bahr el Ghazal	10	All counties
Lakes	10	All counties
Warrap	20	

Total Project Budget requested in the in South Sudan CAP	US$ 10,604,040
Total funding secured for the CAP project *(to date)*	US$ 6,329,232

Funding requested from CHF for this project proposal	US$400,000
Are some activities in this project proposal co-funded (including in-kind)? Yes ☒ No ☐	

Direct Beneficiaries

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	12,316	
Men:	13,343	
Total:	25,660	

Indirect Beneficiaries

Catchment Population (if applicable)

Implementing Partner/s

CHF Project Duration

6 months

Contact details Organization's Country Office

Organization's Address	WHO
Project Focal Person	Dr Mpairwe Allan, mpairwea@nbo.emro.who.int, +211955372370
Country Director	Dr Abdi Aden Mohamed, mohameda@nbo.emro.who.int +211954169578
Finance Officer	Youssef Nejib, nejib01youssef@yahoo.fr +211954103285

Contact details Organization's HQ

Organization's Address	WHO
Desk officer	SOPER Pauline, soperp@who.int

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population[1]

Humanitarian operations in South Sudan remain precarious, complex and among the most expensive in the region and the emergency health needs continue to be in the increase..The current conflict in the areas of greater uppernile and the tripartite states will continue to hamper humanitarian access and increases the cost of implementing emergency operations. This is exacerbated by very fragile health systems (lack of skilled staff, supplies and equipment, leadership, etc. at all levels) that have further affected the humanitarian response. Although majority of host population will need emergency health services in 2013, only 40% of the population continues to have access to health services (HSDP 2012). With the flooding season on, it is envisaged that over 60% of the counties will not be accessed making delivery of health services challenging and access difficulties becoming more acute
More health needs continue to rise especially in the front line (high-risk) states of Upper Nile, Unity, Jonglei, Warrap, Northern and Lakes which bear the highest burden of IDPs, refugees, returnees and other vulnerable segments (such as children and women of childbearing age, who account for 25% of the population. Currently there is a huge crisis in Jonglei state due to hostilities between warring parties. The people within Jonglei who have been displaced by violence between the SPLA and SSDA and other non-state armed actors (NSAA), had their property destroyed, and have had their assets looted and vandalised, risk becoming isolated from essential and life-saving assistance. Furthermore, populations who have been displaced from Jonglei into neighbouring states and countries continue to be separated from their families and homes and will require sustained support. The sole primary health facility available in Pibor town - normally serving approximately 120,000 people - was destroyed and looted in late May. With the systematic looting of healthcare facilities that also targeted the only health facility in Boma, there are currently no functional healthcare facilities in all of Pibor County, with the exception of a very basic primary health post in Gumuruk.

Since the beginning of the year, over 54,635 people are newly displaced due to hostilities across the ten states with the majority being in Jonglei state(OCHA 2013). An estimated 38,236 returnees have returned to South Sudan since the beginning of the year and an estimated 300,000 are expected to return in the next 12 months. Over 18,978 returnees are stranded in the transit points and way stations are in need of emergency health services(IOM 2013). Over 110,000 people still remain displaced from Abyei in North Warrap and Agok areas and have persistently strained the thin and fragile health services in the area. Uppernile and Unity state host an estimate 200,000 refugess that fled the fighting in North Sudan. These are living in poor sanitation conditions and face public health risks of potential epidemics.

Communicable diseases remain a major public health threat and prevalent in South Sudan, with disease outbreaks being on the Since Jan 2013, WHO has responded to 14 outbreaks across the ten states (Hepatitis E in Uppernile and Unity states, Measles in 10 counties in Central Equatorial State, Western Equatorial State, Jonglei, Upper Nile, Eastern Equatorial State, Northern Bahr el Ghazal, and Meningitis outbreak in Malalakal county, Upper Nile state. Khalazar, Malaria and Anthrax continue to be reported across the states (HMIS 2013).

Enormous gaps in the life saving surgical intervention remain quite evident especially the limited capacity of the county hospitals to respond and provide life-saving surgical interventions. From January to May 2013, over 191conflicts related incidents, with over 496 fatalities have been recorded and this has led to management of with 756 causalities form the health facilities with support of WHO. The number of injured and war wounded exceeded expectations from the beginning of the year putting the health core pipeline under significant stress especially with the tribal conflict in Jonglei.

The unresolved CPA issues and border disagreements between Sudan and South Sudan is expected to result in large displaced populations in Warrap and Northern Bahr El Ghazal state. All locations of large displaced populations thus far in 2013 have been at spots with inadequate or limited health services; displaced populations in South Sudan are in critical need of emergency health services. Furthermore, the potential impact of the government austerity measures will further increase vulnerability of the most affected population in the states and as well the capacity of the RSS Government Health sector will significantly remain reduced due to its fragility.

B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

WHO continues to play a key role in the provision and coordination of emergency health services and as such this will remain a critical function given the fact that south Sudan continues to be faced with a considerable number of humanitarian emergnecies. 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

Effective emergency 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

[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.

morbidity and mortality for common epidemic prone diseases. There is therefore urgency to strengthen preparedness through prepositioning of life saving supplies and training of the emergency core teams to respond. Trauma and surgical kits, Diarrheal Disease Kits, Interagency Health Kits, Outbreak investigation kits, are considered a top priority in the sector and need to be urgently procured, distributed and prepositioned.

Most of the epidemics in South Sudan arise because the level of readiness and preparedness is not sufficient to cope up with relative hazards. 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

Since January 2013, WHO has pre-positioned donated 43 various types of emergency health kits (core pipeline) with State Ministries of Health and frontline partners in high-risk areas. Other health agencies rely heavily on WHO to procure and distribute supplies to meet increased humanitarian needs. With funding constraints and austerity measures in place, the health partners and MOH will continue to rely heavily on WHO for emergency medical supplies in next half of 2013 and first half of 2014.The funding from this round of CHF will ensure continuation and sustainability of the response that is currently going on with specific emphasis on the beneficiaries that are projected in the CAP.

The availability of the funding from CHF grant will enable and establish a clear system of leadership and accountability of international response in the health cluster under the overall leadership of WHO as the health lead agency. CHF funding will enable availability of essential life saving drugs to ensure prompt and swift response to the increasing health needs of the vulnerable population. It will further address the human resource gap in all referral hospitals by supporting the deployment of technical officers for emergency health response provide refresher training on emergency health care services .The funds will also enable the prompt and rapid response to potential outbreaks so as to contain them as early as possible.

With adequate preparedness and response capacity, the negative impact and consequences of health emergencies and public health risks will be minimized

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

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

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

ii) Project Objective

State the objective/s of this CHF project. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To strengthen emergency response capacity at all levels and as such be able to respond to the critical and fragile health situation in order to reduce excess mortality and morbidity among the populations affected by the humanitarian crisis in South 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 (broken down by age and gender to the extent possible).

1. Facilitate the logistics to strategically preposition (procure, transportation, monitoring, distribution, utilization) of emergency medical supplies at central, state and county levels to ensure they are used appropriately and equitably
2. Maintain payment of salaries for the emergency staff for health coordination, communication/ information management to support emergency coordination and and response activities
3. Support the MOH in strengthening health cluster coordination at all levels by conducting refresher trainings, instituting standards and guidelines, filling critical gaps, through regular meetings with health partners and health authorities, and information collection and dissemination,.
4. Facilitate and undertake health assessments in areas of humanitarian concern, understanding the needs of men, women, children and other vulnerable groups.
5. Deploy short-term emergency public health officers, epidemiologists, and technical officers, to MOH establishments in acute emergencies.
6. Health tracking and communicable disease surveillance enhanced in areas of concern and appropriate action taken by detecting, responding to and containing potential outbreaks.
7. Operational support(trainings,DSA to health workers,logisitics in transportation, outbreak verification) to mass vaccination campaigns for Measles outbreaks and other vaccine preventable diseases as an emergency measure to contain the outbreaks

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

v) Expected Result/s

Briefly describe (in no more than 100 words) the results you expect to achieve at the end of the CHF grant period.

1. Emergency Supplies (Inter-agency Emergency Health Kits, strategically prepositioned and distributed to health service providers in the ten states.
2. Health Assessments are conducted and critical health needs are documents and clearly defined to guide focused interventions
3. 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
4. Basic health care needs of displaced people, returnees, and refugees are met, including treatment of common but fatal illnesses.
5. Technical Officers are rapidly deployed in acute health emergencies to ensure effective responses
6. Timely detection and containment of common communicable disease outbreaks
7. Improved early warning surveillance and response capacity for communicable disease control at state and county level
8. Reduce excess mortality and morbidity from common epidemic prone diseases such as cholera, meningitis, hemorrhagic fever, Kala azar, rift valley, hepatitis E among others

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
	1.	Percentage of the states/MOH hubs with emergency kits and prepositioned (Warrap, Upper Nile, Unity, Jonglie, Northern Bahr el Ghazal, and Lakes states)	100%
	2.	Percentage of communicable disease outbreaks investigated and responded to within 48 hours of notification	80%
	3.	Number of disease outbreaks detected(anticipated)	Total number 20
	4.	Number of disease outbreaks responded within 48 hours	Total number 16
	5.	Percentage of Counties sending in timely and complete disease surveillance reports	80%
	6.	Estimated beneficiaries reached by the supplies from the pipeline	25,660

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.

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

vii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)[2].

[2] CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

The monitoring process will aim at tracking the implementation of planned activities. The regular (weekly, monthly) tracking of the level of implementation will be done by the WHO focal points with the technical support by the expertise from the regional and headquarter offices. The core pipelines will be monitored by the technical officers and logistic assistants in the WHO sub offices in the states. The tracking will be done against the indicators through the indicated means of verification mainly weekly and monthly reports as well as some deliverables like the health cluster or epidemiological bulletin, and regular field visit of the EHA focal point, Health Cluster Coordinator and senior supervisor (WR). The tracking will be done against the set indicators and verified through HMIS, way bills, training reports, attendance sheets, regular cluster meetings, support supervision reports and Morbidity and mortality reports as well as routine support supervision visits by the EHA team. 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.

D. Total funding secured for the CAP project
Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	**Amount** (USD)
CERF	1,746,060
USAID	2,000,000
CHF Round One	1,477,020
ECHO	1,000,000
Pledges for the CAP project	
SPANISH GOVERNMENT	336,000

SECTION III:

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.
Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/H/55471/R/122	**Project title:** Responding to health-related emergencies in populations of humanitarian concern in the Republic of South Sudan	**Organisation:** WHO

	Cluster Priority Activities for this CHF Allocation:	**Indicators of progress:**	**How indicators will be measured:** *What are the sources of information on these indicators?*	
Overall Objective	i) Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas ii) Strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services iii) Maintain or strengthen medical referral services for emergency cases iv) Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization v) Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff vi) Maintain surge capacity for emergencies and surgical interventions vii) Conduct training on emergency preparedness and response at all levels viii) Provide logistical support to prepositioning of core pipeline supplies to high risk states	• Percentage of the states/MOH hubs with emergency kits and prepositioned • Number of Outbreaks responded to and contained within 48 hrs • Number of health workers trained in life saving skills and deployed in emergency states • Number of OPD consultations attended to in areas reporting high numbers of populations of humanitarian concern • %age of counties sending in timely and complete reports for disease surveillance	• Outbreak investigation and verification reports • Log of outbreaks and lab investigations • Weekly and monthly surveillance reports • Coordination committee meeting minutes • Training reports • Supply distribution plans, stock cards and Way bills	

Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* • To strengthen emergency response capacity at all levels and as such be able to respond to the critical health situation in order to reduce excess mortality and morbidity among the populations affected by the humanitarian crisis in South Sudan	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* • 100% of the high risk targets states have supplies prepositioned • 100 Basic Unit-IEHK,15 Supplementary Kits,150 malaria Kits,10 Outbreak Investigation kits,15 Infection Control Kits procured and delivered to Juba • All ten states have functional and effective rapid response teams • 80% of outbreak rumors responded to within 48 hours • Timeliness and Completeness of the reports by counties at 80% • Number of front line health workers trained on case management of epidemic prone diseases. • Vulnerable population access prompt treatments and management for common illnesses	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • Procurement ledgers form the international procurement • Stock cards, way bills and distribution plans • EPR coordination minutes from meetings • Mass vaccination campaigns • Outbreak investigation and verification reports • Weekly and monthly surveillance reports • HMIS and OPD registers and records	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* • Weather conditions remain favorable • Market forces are stable • Security situation in the field remains constant • MOH and government institutions willing t o implement major activities • Available and motivated network of health workers
Results	**Results - Outcomes (intangible):** *State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*. • Increased OPD consultations in IDP settings and hard to reach areas • Improved quality of case management of outbreak prone disease • Prompt confirmation of diseases causing outbreaks	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • Number of OPD consultations in Populations of humanitarian concern • CFR of outbreak disease reduce and are below the acceptable range • All detected outbreaks are confirmed and contained	**How indicators will be measured:** *What are the sources of information on these indicators?* • HMIS • Case report forms and outbreak investigation audits • Outbreak log	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • Health seeking behaviour of the communities • Accessibility of the affected populations • Insecurity and humanitarian access
	Immediate-Results - Outputs (tangible): *List the products, goods and services **(grouped per areas of work)** that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.* • Strengthened emergency preparedness and response capacities at all levels • Adequate emergency supplies and interagency kits prepositioned and accessible at state level • enhanced existing EWARN, especially in high-risk states • Timely detection and containment of common outbreaks, • Mass causality patients and the vulnerable	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* • Percentage of the states/MOH hubs with emergency kits and prepositioned (100%)- Seven states targeted to benefit from the prepositioning a total of procured kits • Percentage of communicable disease outbreaks investigated and responded to within 48 hours of notification (80%) • Number of persons/OPD consultations reached and treated for the common	**How indicators will be measured:** *What are the sources of information on these indicators?* • Training reports • Procurement and delivery ledgers • Outbreak log and corresponding reports • Health Management Information System • Ware housing stock balances and balancing	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • Weather and Security factors remain constant

	population injured due to conflicts are treated and access life saving surgery • Seven state hospitals have emergency kits and supplies prepositioned to respond to potential emergencies • Reduced excess mortality and morbidity from common epidemic prone diseases such as cholera, meningitis, hemorrhagic fever, Kala azar, rift valley, hepatitis E and others	illnesses/conflict related injuries using the emergency kits/supplies(88,000) • Percentage of Counties sending in timely and complete disease surveillance reports-79 counties targets and target is 80% • Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI	sheets	
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* 1. Facilitate the logistics to strategically preposition (procure, transportation, monitoring, distribution, utilization) of emergency medical supplies at central, state and county levels to ensure they are used appropriately and equitably 2. Maintain payment of salaries for the emergency staff for health coordination, communication/ information management to support emergency coordination and and response activities 3. Support the MOH in strengthening health cluster coordination at all levels by conducting refresher trainings, instituting standards and guidelines, filling critical gaps, through regular meetings with health partners and health authorities, and information collection and dissemination,. 4. Facilitate and undertake health assessments in areas of humanitarian concern, understanding the needs of men, women, children and other vulnerable groups. 5. Deploy short-term emergency public health officers, epidemiologists, and technical officers, to MOH establishments in acute emergencies. 6. Health tracking and communicable disease surveillance enhanced in areas of concern and appropriate action taken by detecting, responding to and containing potential outbreaks. 7. Operational support to mass vaccination campaigns for Measles outbreaks and other vaccine preventable diseases as an emergency measure to contain the outbreaks	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* • Technical Officers and public health experts • Technical Guidelines • Interagency kits, drugs, and sundries • Outbreak investigation kits • Fleet of vehicles, well maintained • Charter flights, private transporters • Fuels for support supervision and surveillance officer • Ware housing space for storage and safety. • Data bases/Ledgers/HMIS forms etc • Strong network of trained heath workers	• Regular reports on a quarterly basis • HMIS data bases and IDSR data bases • Logistics tracking sheet • Way bills and stock cards • Assessment reports from the field visits • Outbreak investigation reports	**Assumptions, risks and pre-conditions:** *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?* • Technical officers in place to manage the pipeline. • Good and motivated network of health workers • Warehousing space that is adequate and acceptable • Security is acceptable and environment not hostile convenient • Governments leadership role and political will in implementing of the activities • Strengthened partnership between the health cluster members

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.

Project start date:	**1 October 2013**	**Project end date:**	**31 March 2014**

Activities	**Q3/2013**			**Q4/2013**			**Q1/2014**			**Q2/2014**			**Q/2014**		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Activity 1 ; Facilitate the logistics to strategically preposition (procure, transportation, monitoring, distribution, utilization) of emergency medical supplies at central, state and county levels to ensure they are used appropriately and equitably			X	X	X	X									
Activity 2; Maintain payment of salaries for the emergency staff for health coordination, communication/ information management to support emergency coordination and and response activities				X	X	X	X	X	X						
Activity 3; Support the MOH in strengthening health cluster coordination at all levels by conducting refresher trainings, instituting standards and guidelines, filling critical gaps, through regular meetings with health partners and health authorities, and information collection and dissemination				X	X	X	X	X	X						
Activity 4: Facilitate and undertake health assessments in areas of humanitarian concern, understanding the needs of men, women, children and other vulnerable groups.				X	X	X	X	X	X						
Activity 5; Deploy short-term emergency public health officers, epidemiologists, and technical officers, to MOH establishments in acute emergencies.				X	X	X	X	X	X						
Activity 6 ; Health tracking and communicable disease surveillance enhanced in areas of concern and appropriate action taken by detecting, responding to and containing potential outbreaks.				X	X	X	X	X	X						
Activity 7; Operational support to mass vaccination campaigns for Measles outbreaks and other vaccine preventable diseases as an emergency measure to contain the outbreaks			X	X	X	X	X	X							