

South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2014

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
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SECTION II

Project details The sections from this point onwards are to be filled by the organization requesting CHF funding.	
Requesting Organization UNICEF	
Project CAP Code SSD-14/H/60339	CAP Gender Code 2a
CAP Project Title <i>(please write exact name as in the CAP)</i> Support to emergency and routine immunization interventions through vaccine provision, strengthening of cold chain systems and capacity building to prevent outbreaks of Vaccine Preventable Diseases in South Sudan.	
Project Location(s) -	
State	% County/ies <i>(include payam when possible)</i>
Jonglei	15% All counties with additional focus in Pibor, Pochalla, Ayod, Akobo, Fangak, Canal, Twic East
Warrap	8% All counties with additional focus in Twic, Gogrial East, Tonj North, Tonj South and Tonj East
Lakes	15% All counties with additional focus in Awerial, Rumbek North, Cueibet, Yirol East
Unity	15% All counties with additional focus in Abiemnhom, Leer, Mayendit, Rubkona, Mayom, Koch, Panyijar and Pariang
Upper Nile	15% All counties with additional focus in Renk, Ulang, Nasir, and Maban, Longechuk, Baliet and Malakal
Eastern Equatoria	12% All counties with additional focus in Magwi, Kapoeta East and North and Torit.
Central Equatoria	20% All counties with additional focus in Juba, Terekeka, Morobo and Yei.
Total Project Budget requested in the South Sudan CAP	US\$ 12,616,567
Total funding secured for the CAP project (to date)	US\$ 3,485,000
Funding requested from CHF for this project proposal	US\$ 1,350,000
Are some activities in this project proposal co-funded (including in-kind)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>(if yes, list the item and indicate the amount under column i of the budget sheet)</i>	
Direct Beneficiaries <i>(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)</i>	
	Number of direct beneficiaries targeted in CHF Project Number of direct beneficiaries targeted in the CAP
Women:	196,000
Girls:	644,147
Men:	
Boys:	726,379
Total:	1,370,526 2,499,000
Indirect Beneficiaries / Catchment Population <i>(if applicable)</i> 200 health workers (120 male, 80 female)	
Targeted population: Abyei conflict affected, IDPs, Returnees, Host communities, Refugees	
CHF Project Duration (6 months max., earliest starting date will be Allocation approval date) Indicate number of months: 6 months (1 January 2014 – 30 June 2014 – Duration indicated overlaps with CHF 2013 Round 2 allocation because this proposal has additional activities not indicated in CHF 2013 Round 2 allocation).	
Implementing Partner/s <i>(Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)</i> Ministry of Health/RSS, SMOHs in all 7 states and various health NGO partners depending on their area of operation and corresponding area of humanitarian emergency.	
Contact details Organization's Country Office	
Organization's Address	UNICEF South Sudan Country Office Toto Chan Compound P.O. Box 45, Juba, South Sudan
Project Focal Persons	Ms. Ranganai Matema, rmatema@unicef.org Dr. Joy Lomole, jlomole@unicef.org +44 20 3357 9223 Ext. 334
Country Representative	Dr. Iyorlumun J Uhaa iuhaa@unicef.org +44 20 3357 9224 Ext. 100
Finance Officer	Mable Ngandu, mngandu@unicef.org +44 20 3357 9223 Ext. 210
Monitoring & Reporting focal	Ms Faika Farzana, ffarzana@unicef.org +44 20 3357 9223 Ext. 301
Contact details Organization's HQ	
Organization's Address	UNICEF House, 3 United Nations Plaza New York, New York 10017, U.S.A.
Desk officer	Name, Email, telephone
Finance Officer	Name, Email, telephone

CHF Cluster Priorities for 2014 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2014.

Cluster Priority Activities for this CHF Round

- Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
- Support to key hospitals for key surgical interventions to trauma
- Provision and repositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
- Communicable disease control and outbreak response including supplies
- Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- Maintain surge capacity to respond to any emergencies
- Capacity building interventions will include
 - a. Emergency preparedness and communicable disease control and outbreak response
 - b. Emergency obstetrical care, and MISP (minimum initial service package- MISP)
 - c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
 - d. Trauma management for key health staff
- Support to referral system for emergency health care including medivacs.
- Support to minor rehabilitation and repairs of health facilities
HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions.

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 South and Tonj East)
3. Lakes (Awerial, Rumbek North, Cueibet, Yirrol East)
4. Unity (Abiemnhom, Leer, Mayendit, Rubkona, Mayom, Koch, Panyijar and Pariang)
5. Upper Nile (Renk, Ulang, Nasir, and Maban, Longechuk, Baliet and Malakal)
6. Central Equatoria (Juba, Terekeka, Yei and Morobo)
7. Eastern Equatoria (Magwi, Torit and Kapoeta)

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 population¹

South Sudan has relatively high child mortality with infant and under-five mortality rates estimated at 75 and 105 per 1,000 live births respectively according to the *2010 Sudan Household Health Survey*. Additionally routine immunization coverage is extremely low with valid coverage estimated at 24% for DPT3, 10% for MCV1 (Measles), 20% for TT2+ (Tetanus Toxoid) and 9% for 'fully immunized child' (*EPI Coverage Survey 2012*). This prevailing low population immunity explains the continuing high numbers of reported measles cases starting from late 2010 with the beginning of the influx of returnees, despite the various outbreak response vaccination interventions and the country wide follow-up campaigns conducted in 2011- 2012 (with average coverage of 90%). Based on the measles case based surveillance system established in 2011, at least 2037 suspected measles cases were reported in 2012 while in 2013 by week 40, a total of 20 counties in 8 out of the 10 states have reported measles outbreaks totaling to 526 suspected measles cases of which 113 have been confirmed by the laboratory. Analysis of the distribution of the measles cases by age group and immunity profile in 2013 showed that 79% of the cases were in children less than 5 years of age of whom only 14% had been vaccinated (source: *WHO measles surveillance update*). The preponderance of cases in the younger age groups (<5years) across the country indicates the failure of the vaccination interventions (routine and supplemental) and the risk of future outbreaks if not closely addressed to reduce this immunity gap.

This is especially critical in the states that continue to receive refugees and IDPs to communities with low herd immunity against measles and other Vaccine Preventable Diseases (VPDs). This situation is further compounded by the current crisis in the country following the internal clashes that took place on 15th December 2013 and the ongoing violence in Bor, Malakal and Bentiu resulting in displacement of an estimated 352,000 persons in several IDP camps across the country mainly in Awerial, Bentiu, Bor, Juba and Nimule.

South Sudan has been polio free since June 2009. This is largely attributed to the implementation of regular nationwide polio campaigns at least four times yearly and an intensive Acute Flaccid Paralysis (AFP) surveillance system. However, there have been confirmed wild polio virus (WPV) outbreaks in the neighboring Horn of Africa (HoA) countries of Somalia, Ethiopia and Kenya; putting the country at risk of importation of the wild polio virus particularly with the large movement of the population including returnees from the diaspora. There is therefore need to maintain quality surveillance of AFP for early detection of importation, of any WPV, strengthening routine immunization in counties with low coverage, with special attention to high risk populations such as IDPs, refugees and returnees. Hence it is important that efforts be made to attain and sustain high coverage among these groups and at the same time continuing protecting children from host communities who are served through a rather fragile immunization and health system.

A lot of global funding has been diverted to deal with the HoA polio outbreak resulting in dwindling resources globally for the continued support of the regular polio campaigns in the country which are still required given the weak routine immunization system. South Sudan by its location in the track of migration from north west Africa to the horn of Africa remains at risk of imported wild

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.

viruses. This risk is accentuated by the poor indicators for routine immunization and surveillance gaps in parts of South Sudan that are periodically inaccessible due to terrain, weather and insecurity. Some of these places also host refugees and returnees from the conflicts affecting the southern States of (north) Sudan. With increased number of refugees, returnees and internally displaced persons (IDPS) in need of humanitarian assistance, and the general population of around 2.9 million children, providing immunization to ensure that children are protected against vaccine preventable diseases is critical.

Despite these obvious needs, the existing EPI system is not strong enough to continue offering routine immunization services as well as respond to emergencies without additional resources. The cold chain system which is core to provision of immunization services requires substantial support. The *2012 Comprehensive Cold Chain Inventory and the Effective Vaccine Management Assessment* which were conducted with support from UNICEF indicate a major gap in cold chain coverage and functionality with 44 out of 79 counties not having a functional cold chain especially those counties hosting high numbers of returnees and refugees in Upper Nile, Jonglei and Unity state; and poor vaccine management practices by health workers. This makes it difficult for health workers at all levels within the ministry of health and NGOs to have access to sufficient quantities of potent and viable vaccines to enable them to respond immediately in case of any outbreaks of any vaccine preventable diseases.

UNICEF is committed in ensuring that gender equality and equity issues are well addressed in all projects in South Sudan. The analysis of various reports and surveys indicated data disaggregated by sex of children does not show major worrying discrepancies in terms of access and utilization of immunization services. Notwithstanding, all data collected will continue taking into consideration gender issues to ensure that young boys and girls have equal access to immunization services.

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.

UNICEF is solely responsible for providing vaccines, injection materials and cold chain equipment to the Ministry of Health and NGOs implementing immunization activities in South Sudan including among vulnerable groups of refugees, returnees and displaced person groups, for routine immunization as well as supplemental immunization activities. The project proposed for funding from CHF will enable UNICEF to fill in the highlighted gaps by ensuring that the vaccines and assorted supplies for supporting emergency immunization services in the high risk states of South Sudan are available throughout the year. This will enable UNICEF to fulfil her core commitments to cater for the increased needs of children less than 5 years of age following the continuous influx of refugees, returnees and internally displaced persons in the priority states.

In 2012 and 2013, some measles outbreaks have affected children older than five years of age, resulting in measles vaccination interventions extending coverage to children up to 15 years of age among the high risk groups whereas the initial forecasts were based on populations under 5 years. The polio outbreak in the Horn of Africa affecting Somalia, Ethiopia and Kenya resulted in additional sub-national NIDs being conducted in border counties in the country. The false alert on a polio outbreak in the country resulted in mop-up campaigns and Sub-National Immunization Days in state capitals being conducted targeting about 4.7 million children under 15 years of age. These unforeseen events placed pressure on the available resources in the regular program, which have to be replaced to guarantee vaccine security and sustainability of services for the general population.

With the funding from CHF UNICEF will continue to provide the essential vaccines and EPI supplies required to support implementation of immunization activities during emergencies and to continue strengthen the already over-burdened routine EPI system in South Sudan to be able to address emergencies as well. The funding will support the procurement of additional vaccines for emergency integrated measles and polio vaccination campaigns targeting all children less than 15 years of age in all IDP populations in the country following the ongoing clashes that has currently displaced an estimated 352,000 persons. These campaigns have already begun in some camps and vaccinations are continuing for newly displaced persons. In addition, new cold chain hubs in high risk counties and health facilities will be established and new cold chain equipment installed and existing equipment repaired and maintained. The special attention will be in areas with high number of IDPs, returnees and refugees.

The frequent measles outbreaks observed in the country since 2010 have highlighted a major immunity gap in vulnerable as well as host population. This is despite a mass measles catch-up campaign having been conducted in 2005 to 2007 and a mass follow-up campaign in 2011-2012. Quality of these supplementary immunization activities including measles outbreak response campaigns have been noted to be wanting, resulting in frequent measles outbreaks as effective herd immunity is not attained. The funding from this project will thus also contribute towards providing technical oversight for the proper planning, coordination, implementation, monitoring and evaluation of supplementary immunization activities; and strengthening of the cold chain system especially in areas that have been affected by the current crisis where cold chain facilities are not functional due to destruction of equipment and fuel shortages for running cold chain equipment where these exist.

It is also important to note that all vaccines, injection materials and cold chain equipment to support implementation of routine immunization and emergency immunization campaigns are procured by UNICEF and one of the major challenges has been on securing long term and predictable funding to ensure consistent supply of vaccines, injection materials and cold chain equipment. Funds to support immunization interventions are mobilised from various donors such as Bill and Melinda Gates Foundation, USAID/OFDA, Rotary International and Government of Japan. However, these funds are limited only to support few activities such as social mobilisation for polio eradication initiatives and procurement of vaccines mainly for routine immunization services leaving a major funding gap for procurement of vaccines for emergency interventions and strengthening of the cold chain systems at various levels to support the delivery immunization services in high risk states.

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.

To prevent outbreak of vaccine preventable diseases particularly measles and polio requires continued and sustained life-saving and urgent vaccination interventions to protect children (boys and girls) against the major vaccine preventable diseases. The proposed interventions under this proposal are in line with the agreed sector priorities for 2014 as immunization services through provision of vaccines and cold chain equipment for storage of vaccines is one of the core functions of the sector in an emergency context. Thus it will contribute towards supporting the following stipulated health cluster priorities:

- Provision and prepositioning of core pipelines (vaccines and supplies)
- Communicable disease control and outbreak response including supplies
- Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- Maintain surge capacity to respond to any emergencies
- Capacity building interventions will include
 - Emergency preparedness and communicable disease control and outbreak response
 - Community based interventions including awareness raising, education and participation in health-related issues

ii) Project Objective

State the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To ensure that boys, girls and women among vulnerable populations (IDPs, refugees, returnees and the host population) have access to quality immunization services through provision of safe and potent vaccines to prevent outbreaks of vaccine preventable diseases.

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective. List the main activities and results 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. Procurement of 1.4 million doses of measles vaccines for outbreak responses and follow-up campaigns for 6 to 59 months children both boys and girls among the high risk groups and the surrounding host community; as well as for children 6 months to 15 years among IDP populations.
2. Procurement of 3.25 million doses of oral polio vaccines (OPV) for at least two rounds of polio SIAs in children aged 0 to 5 years among vulnerable populations and affected host communities; with a special focus on children aged 0 to 15 years among IDP populations affected by the current crises.
3. Procurement and distribution of injection materials and safety for supporting immunization service provision both emergency and routine among refugees, returnees and IDP populations.
4. Strengthen vaccine storage capacity at central, state and county level including installation, repair and maintenance of cold chain equipment like solar fridges, electrical fridges/freezers, vaccine carriers and cold boxes. Increasing the service point closer to the rural remote areas will improve access and utilization of services and women and children will not have to walk for long distance in search of services.
5. Improve the skills of health workers in cold chain and vaccine management, and implementation of emergency immunization activities in areas with high numbers of refugees, returnees and IDPs with emphasis on the implementation of the key recommendation from the cold chain equipment inventory, effective vaccine management assessment and National EPI coverage survey. At least 200 health workers will be trained (120 male, 80 female).
6. Technical support to the Ministry of Health at central level, state level and county health departments in coordinating, planning, implementing, monitoring and evaluation of emergency immunization interventions including the mass measles follow-up campaign.
7. Support government and partners implement integrated immunization activities in populations affected by emergency (Returnees, IDPs etc)

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

The funding from CHF will enable UNICEF to support vaccination activities among returnee, refugee, IDPs and surrounding host populations and thus avert vaccine preventable disease outbreaks by ensuring that at least 95% of children aged 6 months to 15 years (957,894) and those aged 0 to 15 years (1,370,526), are vaccinated against measles and wild polio virus respectively. The supported activities will include: strengthening of the cold chain system through the adequate provision of potent vaccines; installation, maintenance and repair of cold chain equipment to increase vaccine storage capacity; and improving skills amongst health workers through training of 200 health workers (120 male and 80 female) in cold chain, effective vaccine management and implementation of emergency immunization activities.

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are 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. Ensure these indicators are further used in the logframe.

SO	#	Standard Output Indicators	Target (indicate numbers or percentages)
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I (X)		(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	(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)
X	1.	Number of measles vaccinations given to under 5 in emergency or returnee situation	At least 95% coverage among the returnees, refugees and IDP children (800,677 children; 376,318 girls and 424,359 boys).
	2.	Polio coverage at each SIA among the population affected by emergencies	At least 95% of children reached at each SIA (by administrative coverage) and over 90% through finger marking (1,370,526 children - 644,147 girls and 726,379 boys; this will include children less than 15 years vaccinated among currently displaced populations)
X	3.	Number of health workers trained in emergency immunization interventions (vaccine/cold chain management and basic immunization practices)	200 health workers (80 female and 120 male) trained in vaccine/cold chain management, social mobilization and appropriate immunization practices
	4.	Number of counties and states with functional cold chain systems (repair, installed and replaced) based on the periodic update of cold chain inventory report.	All 20 counties which reported high number of measles cases in 2013 in the 7 states.
X	5.	Number of direct beneficiaries from emergency drugs supplies (vaccines and injection materials).	Children aged 0 to 15 years: 1,370,526 (644,147 girls, 726,379 boys)
<p>vi). Cross Cutting Issues Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.</p>			
<p>Addressing Gender issues This proposal is addressing the most vulnerable children both boys and girls below 5 years of age exposed to the risk of vaccine preventable diseases. It will contribute in raising awareness among caregivers and health service providers to ensure that the rights of boys and girls to health care specifically to immunization services are realized.</p> <p>UNICEF is committed in ensuring that gender equality and equity issues are well addressed in all projects in South Sudan. The analysis of various reports and surveys indicated data disaggregated by sex of children does not show major worrying discrepancies in terms of access and utilization of immunization services. Nevertheless, all data collected will take into consideration gender issues to examine whether young boys and girls have equal access to immunization services and also all immunization related trainings and other community events will promote equal participation of women and men. This is due to the fact that most of the activities supported in immunization service delivery have noted low participation of females at all level.</p> <p>Environment issues In addressing the environmental issues, the project will ensure that injection safety and immunization waste disposal are given first priority in accordance with the MOH and international agreed standards. Health workers will additionally be trained on proper and safe disposal of EPI waste materials according to recommended guidelines and based on prevailing local conditions.</p> <p>HIV/AIDS issues UNICEF in all of its programs advocates for multi- and inter-sectoral collaboration. Efforts are currently being made to ensure that HIV/AIDS message are integrated into all immunization communication materials. In addition, safe injection practices as one of the strategies to ensure that health workers and children and women are protected from HIV/AIDS which might result from needle injuries during immunization injections.</p>			
<p>vii) Implementation Mechanism</p>			
<p>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.</p>			
<p>The implementation of planned activities will be based on the agreed work plan between UNICEF and the government at central and state level and is accordance with the UNICEF and Republic of South Sudan joint programme of cooperation 2014 -2016. Therefore the implementation will be carried out by the Ministry of Health at RSS and state level with the support of various NGOs implementing immunization activities.</p> <p>All vaccines, injection materials and cold chain equipment procured through UNICEF will be distributed through Government at central and state MOH. NGOs will access most of these supplies through the state cold chain stores. NGOs operating in hard to reach areas with limited access to state headquarters will sign a project cooperation agreement with UNICEF and they will be provided with supplies directly from UNICEF warehouse and the central vaccine stores in Juba. Installation, maintenance and repair of cold chain equipment will be done through internal and externally contracted technicians.</p> <p>Training of health workers will be done in line with MOH and international guidelines and will be done jointly by UNICEF and the MOH at central and state levels.</p>			
<p>viii) Monitoring and Reporting Plan</p>			
<p>Describe how you will monitor and report on the progress and achievements of the project. Notably:</p> <ol style="list-style-type: none"> 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 are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected. 			



3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project work plan (Section III)².

To ensure monitoring of the progress towards attainment of the result set for strengthening of immunization services, the following will be carried out as part of the monitoring of progress:

- a) Continuous documentation of the best practices will take place to facilitate the scaling up of the initiative and a set of indicators as stipulated in the Government strategies and UN work plan will be used to ensure that there is synergy between the proposed activities and the government plans for sustainability purpose.
- b) All state and counties will be supported to improve on data quality starting from collection and reporting. This will include training, provision of various data collection and reporting tools. Also quality control will be enhanced through periodic data auditing at health facility, Payam, County and State level.
- c) Joint monitoring of project activities between UNICEF, NGOs and Government at central and state level will be carried out regularly and quarterly review meetings will be conducted and necessary adjustments will be made to deliver the results.
- d) Reports on the progress and results will be prepared quarterly and biannually to ensure that there is continuous feedback and ensures project accountability.
- e) Reporting plan: the reporting will be based on the regular weekly, monthly and quarterly monitoring reports from the 7 states and the technical guidance and support from UNICEF zonal offices in Juba, Malakal and Wau as well as UNICEF staff stationed in the high risk states.

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)
UNICEF Internal resources (Other Regular Resources)	1,000,000.00
Malaria Rubella Initiative	500,000.00
Rotary International	1,000,000.00
Government of Japan	985,000.00
TOTAL	3,485,000.00
Pledges for the CAP project	

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.

SECTION III:

This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

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. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK		Project title: Support to emergency and routine immunization interventions through vaccine provision, strengthening of cold chain systems and capacity building to prevent outbreaks of Vaccine Preventable Diseases in South Sudan.		Organisation: UNICEF
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
<p><i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i></p> <ul style="list-style-type: none"> Provision and prepositioning of core pipelines (vaccines and supplies) Communicable disease control and outbreak response including supplies Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns Maintain surge capacity to respond to any emergencies Capacity building interventions will include <ul style="list-style-type: none"> Emergency preparedness and communicable disease control and outbreak response Community based interventions including awareness raising, education and participation in health-related issues 	<p><i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> Quantities of vaccines and injection materials procured and available at central level for pre-positioning. Quantity of vaccines and injection materials distributed to partners Percentage of high risk counties with no stock-out of EPI vaccines and injection materials Percentage of state cold chain stores prepositioned with emergency vaccines for outbreak response Estimated beneficiaries reached by the supplies from the pipeline (vaccines and injection materials) Percentage of immunizing health facilities in the high risk counties and states that have functional cold chain equipment throughout the year Number of health workers trained in communicable diseases/outbreaks 	<p><i>What sources of information will be collected/already exist to measure this indicator?</i></p> <ul style="list-style-type: none"> Reports on vaccine, injection materials and cold chain equipment, procured and distributed Vaccines and injection materials stock level reports Cold chain inventory reports Reports on number of cold chain equipment installed and repaired Health workers training reports Vaccination coverage reports 	<p><i>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?</i></p> <p>Assumptions:</p> <ul style="list-style-type: none"> Timely disbursement of funds Timely delivery of procured supplies Availability of human resource Access to project areas throughout the year <p>Risks:</p> <ul style="list-style-type: none"> Delay in disbursement of funds Delay in delivery of procured supplies Stock-out of vaccines and injection materials Bad weather that may affect access and result in untimely delivery of vaccines and supplies 	
<p>Goal/Impact (cluster priorities)</p>				



Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p><i>What is the result the project will contribute to by the end of this CHF funded project?</i></p> <p>To ensure that boys, girls and women among vulnerable populations (IDPs, refugees, returnees and the host population) have access to quality immunization services through provision of safe and potent vaccines to prevent outbreaks of vaccine preventable diseases.</p>	<p><i>What indicators will be used to measure whether the CHF Project Objective are achieved?</i></p> <ul style="list-style-type: none"> • Number of measles vaccinations given to under 5 in emergency or returnee situation • Polio coverage at each SIA among the population affected by emergencies • Number of health workers trained in emergency immunization interventions (vaccine/cold chain management and basic immunization practices) • Number of counties and states with functional cold chain systems (repaired, installed and replaced) • Number of direct beneficiaries from emergency drugs supplies (vaccines and injection materials) 	<p><i>What sources of information will be collected/already exist to measure this indicator?</i></p> <ul style="list-style-type: none"> • Measles and polio SIAs vaccination coverage reports both administrative and PCE • Health workers training reports • Coverage verification surveys • Cold chain inventory reports 	<p><i>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?</i></p> <p><u>Assumptions:</u></p> <ul style="list-style-type: none"> • Timely disbursement of funds • Timely delivery of procured supplies • Availability of human resource • Access to project areas throughout the year <p><u>Risks:</u></p> <ul style="list-style-type: none"> • Delay in disbursement of funds • Delay in delivery of procured supplies • Stock-out of vaccines and injection materials • Bad weather that may affect access and result in untimely delivery of vaccines and supplies
<p><i>What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries?</i></p> <p>Outbreaks from vaccine preventable diseases averted</p>	<p><i>What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> • Number of vaccine preventable disease outbreaks detected • Number of vaccine preventable disease outbreaks responded within 72 hours 	<p><i>What are the sources of information collected for these indicators?</i></p> <ul style="list-style-type: none"> • Integrated Disease Surveillance Reports (IDSR) • Outbreak response reports 	<p><i>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?</i></p> <p><u>Assumptions:</u></p> <ul style="list-style-type: none"> • Timely disbursement of funds • Timely delivery of procured supplies • Availability of human resource • Access to project areas throughout the year <p><u>Risks:</u></p> <ul style="list-style-type: none"> • Delay in disbursement of funds • Delay in delivery of procured supplies • Stock-out of vaccines and injection materials • Bad weather that may affect access and result in untimely delivery of vaccines and supplies

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>Output 1.1</p> <p>List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.</p> <p>Vaccinations (routine, SIAs, outbreak response) are conducted among vulnerable populations.</p>	<p>What are the indicator(s) to measure whether and to what extent the project achieves the output? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</p> <ul style="list-style-type: none"> Number of measles vaccinations given to under 5 in emergency or returnee situation Polio coverage at each SIA among the population affected by emergencies Number of health workers trained in emergency immunization interventions (vaccine/cold chain management and basic immunization practices) Number of counties and states with functional cold chain systems (repaired, installed and replaced) Number of direct beneficiaries from emergency drugs supplies (vaccines and injection materials) 	<p>What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> Measles and polio SIAs vaccination coverage reports both administrative and PCE Health workers training reports Coverage verification surveys Cold chain inventory reports 	<p>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?</p> <p>Assumptions:</p> <ul style="list-style-type: none"> Timely disbursement of funds Timely delivery of procured supplies Availability of human resource Access to project areas throughout the year <p>Risks:</p> <ul style="list-style-type: none"> Delay in disbursement of funds Delay in delivery of procured supplies Stock-out of vaccines and injection materials Bad weather that may affect access and result in untimely delivery of vaccines and supplies
<p>Activity 1.1.1</p>	<p>Procurement of 1.4 million doses of measles vaccines for outbreak responses and follow-up campaigns for 6 to 59 months children both boys and girls among the high risk groups and the surrounding host community; as well as for children 6 months to 15 years among IDP populations.</p>		
<p>Activity 1.1.2</p>	<p>Procurement of 3.25 million doses of oral polio vaccines (OPV) for at least two rounds of polio SIAs in children aged 0 to 5 years among vulnerable populations and affected host communities; with a special focus on children aged 0 to 15 years among IDP populations affected by the current crises.</p>		
<p>Activity 1.1.3</p>	<p>Procurement and distribution of injection materials and safety for supporting immunization service provision both emergency and routine among refugees, returnees and IDP populations.</p>		
<p>Activity 1.1.4</p>	<p>Strengthen vaccine storage capacity at central, state and county level including installation, repair and maintenance of cold chain equipment like solar fridges, electrical fridges/freezers, vaccine carriers and cold boxes. Increasing the service point closer to the rural remote areas will improve access and utilization of services and women and children will not have to walk for long distance in search of services.</p>		
<p>Activity 1.1.5</p>	<p>Improve the skills of health workers in cold chain and vaccine management, and implementation of emergency immunization activities in areas with high numbers of refugees, returnees and IDPs with emphasis on the implementation of the key recommendation from the cold chain equipment inventory, effective vaccine management assessment and National EPI coverage survey. At least 200 health workers will be trained (120 male, 80 female).</p>		
<p>Activity 1.1.6</p>	<p>Technical support to the Ministry of Health at central level, state level and county health departments in coordinating, planning, implementing, monitoring and evaluation of emergency immunization interventions including the mass measles follow-up campaign.</p>		



PROJECT WORK PLAN

This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable). The work plan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date: **01/01/2014** Project end date: **30/06/2014**

Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1 Procurement and distribution of measles vaccine	x	x	x	x	x	x						
Activity 2 Procurement and distribution of polio vaccines	x	x	x	x	x	x						
Activity 3 Procurement and distribution of injection materials	x	x	x	x	x	x						
Activity 4 Installation, repair and maintenance of cold chain equipment	x	x	x	x	x	x						
Activity 5 Training of health workers on cold chain, effective vaccine management and implementation of emergency immunization activities				x	x	x						
Activity 6 Technical support to the Ministry of Health at central level, state level and county health departments in coordinating, planning, implementing, monitoring and evaluation of emergency immunization interventions including the mass measles follow-up campaign.	x	x	x	x	x	x						

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



CAP Project code: SSD-14/H/60339

Project title: Support to emergency and routine immunization interventions through vaccine provision, strengthening of cold chain systems and capacity building to prevent outbreaks of Vaccine Preventable Diseases in South Sudan.

Organization: UNICEF

Total Estimated Budget USD 1,350,000

PART I								
(a) Items Description (Insert more budget line rows as needed)	(b) Location	(c) ** Cost Type	(d) Unit of measurement	(e) Percentage/ FTE	(f) Quantity	(g) Unit Cost	(h) Total CHF Cost	(i) *Other funding to this project including in-kind
		D or I						
1 RELIEF ITEMS and TRANSPORTATION (please separate relief items and transportation budget lines)								
1.1 Measles vaccine (10 dose vial)	JUBA	D	VIAL	35%	400,000	2.40	336,000	
1.2 Oral polio vaccine (20 dose vial)	JUBA	D	VIAL	35%	465,000	2.85	463,838	
1.3 AD-Syringe, 0.5 ml	JUBA	D	BOX/100	35%	60,000	4.90	102,900	
1.4 5.0ml Reconstitution Syringes:	JUBA	D	BOX/100	35%	4,700	3.38	5,560	
1.5 Safety Box, 5 Litre	JUBA	D	BOX/25	35%	2,500	13.49	11,804	
Sub-total							920,101	-
2 PERSONNEL (provide detailed information on responsibility/title, post location and the percentage dedicated to the CHF project)								
2.1 International Staff - Immunisation Specialist for Supplementary Immunisation (P3@18,300 per months for 6 months)	JUBA	D	Person	100%	6.0	18,300	109,800	
2.2 International Staff - Cold Chain Officer (P2 @16,000 per months 6 months)	JUBA	D	Person	100%	6.0	16,000	96,000	
Sub-total							205,800	-
3 STAFF TRAVEL (Flights, DSA, Perdiem, Terminals - Describe the nature of the travel and staff members responsibility/title)								
3.1 Travel for field monitoring (3 staff each at 1000 per month for 6 months)	STATES	D	LUMPsum/STAFF	60%	3.0	6,000	10,800	
Sub-total							10,800	-
4 TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS - (Describe type of training, number of participants, duration)								
4.1 Training of health workers on cold chain, effective vaccine management practices and implementation of emergency immunization activities in areas with high influx of refugees, returnees, IDPs and among host communities (200 health workers each estimated at a cost of 500 per health worker)	STATES	D	Lumpsum/training	25%	200.0	500	25,000	
Sub-total							25,000	-
5 CONTRACTS/SUB GRANTS (Specialized services for the project provided by outside contractors or partners/NGOs)								
5.1 Contracts for installation, repair and maintenance of cold chain equipments (3 Technicians for 6 months - each estimated at 6,000 per month)	STATES	D	lumpsum per state	25%	3.0	72,000	54,000	
Sub-total							54,000	-
6 VEHICLE OPERATING & MAINTENANCE COSTS (provide detailed information on item/activity)								
6.1 Vehicle Maintenance and Insurance	STATES	D	lumpsum	25%	1.0	100,000	25,000	
Sub-total VEHICLE OPERATING & MAINTENANCE COSTS							25,000	-
7 OFFICE EQUIPMENT & COMMUNICATIONS (provide detailed information on item/activity)								
Sub-total							0	-
8 OTHER COSTS (e.g. bank charges) - provide itemized description of costs.								
8.1 Fuel for Zonal Office Operations	STATES	I	lumpsum	30%	1.0	50,000	15,000	
8.2 Security and MoSS Compliance of Office Premise	STATES	I	lumpsum	30%	1.0	20,000	6,000	
Sub-total							21,000	-
(i) SUBTOTAL Project Costs							1,261,701	-
(ii) Programme Support Costs NOT TO EXCEED 7% of Project Costs(i)		I			% PSC rate>>	7%	88,299	
(iii) AUDIT COSTS for NGO implemented projects NOT LESS THAN 1% of the Project Costs(i) and PSC(ii)								
GRAND TOTAL (i+ii+iii)							1,350,000	-