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

SECTION II

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

Requesting Organization
World Health Organization

Project CAP Code	CAP Gender Code
SSD-14/H/60573	2a

CAP Project Title *(please write exact name as in the CAP)*
Support and provision of quality life-saving health services among vulnerable groups, including emergency surgical care, health-related emergencies and response to communicable disease outbreaks

Project Location(s)

State	%	County/ies *(include payam when possible)*
Jonglei	10	*All counties*
Uppernile	10	All counties
Unity	10	*All counties*
Warrap	10	*All counties*
Northern Bahergazel	10	*All counties*
Western Bahergazel	10	*All counties*
Lakes	10	*All counties*
Eastern Equatorial	10	*All counties*
Central Equatorial	10	*All counties*
Western Equatorial	10	*All counties*

Total Project Budget requested in the in South Sudan CAP	US$ 11,373,550
Total funding secured for the CAP project *(to date)*	US$647,000

Funding requested from CHF for this project proposal	US 1,550,000

Are some activities in this project proposal co-funded (including in-kind)? Yes ☐ No ☒ *(if yes, list the item and indicate the amount under column i of the budget sheet)*

Direct Beneficiaries *(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)*

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	89,647	996,087
Girls:		
Men:	93307	1,036,743
Boys:		
Total:	162,626	2,032,830

Indirect Beneficiaries / Catchment Population (if applicable)

Targeted population:
Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

CHF Project Duration

Indicate number of months: Eight months
1 March to 31 October 2014

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

Contact details Organization's Country Office

Organization's Address	WHO
Project Focal Person	Dr Mpairwe Allan, mpairwea@.who.int ,+211955372370
Country Director	Dr Abdi Aden Mohamed, mohame [redacted] 69578
Finance Officer	Youssef
Monitoring & Reporting focal person	*NA*

Contact details Organization's HQ

Organization's Address	WHO
Desk officer	SOPER Pauline, soperp@who.int
Finance Officer	*NA*

WORLD HEALTH ORGANISATION REPRESENTATIVE OFFICE
24 JAN 2014
WHO JUBA OFFICE

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	Cluster Geographic Priorities 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 prepositioning 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	1. Jonglei (Pibor, Pochalla, Ayod, Akobo, Fangak, Canal, Twic East) 2. Warrap (Twic, Gogrial East, Tonj North, Tonj South and Tonj East) 3. Northern Bahr El Ghazal (Aweil North, Aweil East, Aweil South and Aweil Central) 4. Western Bahr El Ghazal (Raja) 5. Lakes (Awerial, Rumbek North, Cueibet, Yirol East) 6. Unity (Abiemnhom, Leer, Mayendit, Rubkona, Mayom, Koch, Panyijar and Pariang) 7. Upper Nile (Renk, Ulang, Nasir, and Maban, Longechuk, Baliet and Malakal) 8. Juba,Yei(CES)

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 situation in South Sudan remains very fragile. This deteriorated further in 2013 due to increased intertribal clashes, rebellions, cattle rustling, widespread flooding, refugee influx, displacement, economic austerity and rising food insecurity. Although the humanitarian health emergency response in 2013 focused more on Jonglei state, other states or counties also experienced severe humanitarian challenges. According to the latest estimates from UNOCHA, the vulnerable population in need of humanitarian assistance remains very high including 159,000 internally displaced people (IDP), 226,000 refugees, 200,000 flood affected people, 70,000 returnees, and 4.1 million people at risk of food insecurity. Natural hazards like flooding, heavy rains and vulnerability to outbreak diseases result to increased humanitarian concerns compounded by food shortage, insecurity or displacement. Refugees, returnees and IDPs are vulnerable to epidemic prone diseases due malnutrition, poor sanitation and hygiene practices, low immunity among other factors.

Upper Nile, Unity, Jonglei, Warrap, Northern and Lakes state bear the highest burden of internally displaced people (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 the Sudan People's Liberation Army and non state actors and this has led to destruction of health facilities and in turn affecting access to health services.

Communicable diseases are prevalent in South Sudan. Since Jan 2013, WHO has responded to 25 outbreaks across the ten states (hepatitis E in Upper Nile and Unity states; Menigitis in Malakal and measles in the ten states)of which over 90% are confirmed measles outbreaks. Kala azar, malaria and anthrax continue to be reported across the country (HMIS 2013).

Enormous gaps in life-saving surgical interventions remain evident, especially in county hospitals. From January to date, over 242 conflict-related incidents with over 1000 fatalities were recorded. Over 1100 victims of violence have been treated in various health care facilities, with the support of WHO. The number of injured and war wounded has significantly exceeded estimates for 2013, jeopardizing the health core pipeline. Furthermore, health authorities and cluster partners provided primary health care services to returnees, refugee and IDPs through fixed and mobile clinics using essential emergency medical supplies received from WHO through the core pipeline

[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.

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 coordination of health services and as such this will remain a critical function given the fact that a considerable number of emergencies continues to be in play.. 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 morbidity and mortality for common epidemic prone diseases

South Sudan's current surgical services do not meet the needs of the population. And the gap remain glaring given the tremendous lack of resources to support surgical capacity..

Most of the epidemics in South Sudan arise because the level of readiness and preparedness is not sufficient to cope up with relative hazards. All health partners rely on WHO for the outbreak and response management and since Jan 2013,WHO has responded to 540 outbreak alerts

With potential breakage in pipelines and the chronic delay on the delivery of regular supplies for PHC,the health cluster partners will continue to rely on WHO for backstopping and supplies for life saving activities. Since January 2013, WHO has pre-positioned donated 70 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.

WHO emergency response requires 11M$ for 2013 and has mobilised only 800,000 to date which translates to 7% of the requirements. Another 1.5M$ is expected from USAID. The availability of the funding from CHF will enable and establish a clear system of leadership and accountability of international response in the health cluster under the overall leadership of 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. The funds will also enable the prompt and rapid response to potential outbreaks so as to contain them as early as possible.

There is therefore urgency to strengthen preparedness through prepositioning of supplies and training of the core teams to respond. Trauma and surgical kits, Diarrhea Disease Kits, Interagency Health Kits, Outbreak investigation kits, Yellow vaccines and cold chain supplies, meningitis vaccines, are considered a top priority in the sector and need to be urgently procured and prepositioned. With adequate preparedness and response capacity, the negative impact and consequences of emergencies and disasters will be minimized

C. Project Description (For CHF Component only)

i) 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 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 strengthen epidemic and emergency response capacity to respond to the critical health situation in order to reduce excess mortality and morbidity among displaced and host communities in areas affected by crisis

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. **Procuring life-saving medicines and supplies and pre-positioning them in "hot spots"; facilitating warehouse capacity and expanding storage space**

- Facilitate logistics related to the strategic pre-positioning (transportation, monitoring, distribution, utilization and warehousing) of emergency medical supplies at central, state and county levels to ensure they are used appropriately and equitably.
- Improve warehouse and supply chain management at central and state levels.

2. **Supporting field operations (including mobile and fixed health units operated by MOH and NGO partners),event verification and facilitating rapid health assessments**

- Facilitate and undertake health assessments in areas of humanitarian concern, understanding the needs of men, women, children and other vulnerable groups.
- Ensure that NGO partners and the MOH are regularly supplied with essential medicines, and there are no shortages reported.
- Support local health authorizes to extend access of emergency health services to the extremely vulnerable groups by operationlaising mobile clinics

3. **Strengthening overall coordination of the emergency health response**

- Support the MOH in strengthening health cluster coordination at all levels by instituting standards and guidelines and filling critical gaps, convening regular meetings with health partners and health authorities, and collecting and disseminating up to date health data to enable partners to adapt the emergency strategy to meet evolving needs on the ground.
- Enhance health tracking and communicable disease surveillance in areas of concern by supporting/strengthening the detection of, response to and containment of epidemic-prone diseases.

4. **Training and deploying technical staff for the emergency response**

- Organize and conduct training courses for at least 200 health care workers (men and women) on health care in emergencies, epidemic disease outbreaks, case management for specific diseases, emergency preparedness and response, disaster risk reduction and health cluster coordination mechanisms.
- Deploy short-term emergency public health officers, epidemiologists and technical officers to MOH facilities in acute emergencies as part of surge capacity
- Maintain payment of salaries for emergency staff for health coordination, communication/ information management to support emergency coordination and response activities.

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

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

1. Emergency supplies (inter-agency emergency health kits, trauma, diarrhea disease and PEP kits) strategically pre-positioned and distributed to health care service providers in the ten states including the strengthening of Supply chain management and improved warehouse capacity improved.
2. Basic health care needs of displaced people, returnees, and refugees are met, including treatment of common but fatal illnesses. Health Assessments conducted and critical health needs documented and clearly defined to guide focused interventions
3. Health cluster coordination and emergency preparedness and response strengthened and critical gaps filled promptly and timely with minimal duplication of services being delivered.
4. Timely detection and containment of common communicable disease outbreaks and improved early warning surveillance and response capacity for communicable disease control at state and county level
5. Front line health workers trained on emergency health management. Technical Officers rapidly deployed in acute health emergencies to ensure effective responses
6. Strengthened capacity for emergency preparedness and response capacity including enhancing early warning and alert response for potential outbreaks and epidemic prone diseases

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.

SOI (X)	#	Standard 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(Uppernile,Unity,Jonglie,Warrap,Northern Bahergazel,Western Bahergazel,Lakes state)	80%
	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
	4.	Number of disease outbreaks responded within 48 hours	Total number
X	5.	Number of health workers trained in emergency preparedness and response	300
X	6.	Estimated number of people reached using emergency supplies and kits	162,626
X	7.	Number of Implementing partners receiving supplies from the pipeline'	20

vi). Cross Cutting Issues

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

Emergency health response is inclusive and takes into consideration all the implementing partners that operate in all areas that impact on health of the population and contribute to the sector goals and objectives. 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. All emergency health data will be disaggregated by age and sex in order to measure the magnitude of the problem and take appropriate action.WHO will support the WASH cluster partners to ensure coverage, equity and standards of safe drinking water and strengthen inter cluster collaboration especially with WASH to respond to AWD outbreaks and vector control intervention. One area that WHO will support is the coordination of the prepositioning of the PEP kits for HIV in emergencies .Environmental health and infection control will be the cornerstones of preventing the spread of epidemic prone disease such as cholera, malaria, kala azar, yellow fever, acute watery diarrhea, and HIV at facility level

vii) 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 8 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 Bahergazal 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 with support and leadership of the representative of the World Health Organisation.

viii) 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 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 workplan (Section III)[2].

Monitoring and Evaluation officer from OCHA will support the cluster in directly monitoring the implementation of the CHF project .The monitoring process will aim at tracking the implementation of planned activities. The regular (weekly, monthly) tracking of the level of implementation will be done by the WHO focal points with the technical support by the expertise from the regional and headquarter offices. The 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)
CHF	647,000$
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		
CHF ref./CAP Code: SSD-14/H/60573	**Project title:** Support and provision of quality life-saving health services among vulnerable groups, including emergency surgical care, health-related emergencies and response to communicable disease outbreaks.	**Organisation:** ..WHO....

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	*What are the Cluster Priority activities for this CHF funding round this project is contributing to?* • 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 prepositioning of core pipelines 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.	*What are the key indicators related to the achievement of* • Percentage of the states/MOH hubs with emergency kits and prepositioned(Uppernile,Unity,Jonglie,Warrap,Northern Bahergazel,Western Bahergazel,Lakes state) • Percentage of communicable disease outbreaks investigated and responded to within 48 hours of notification • Number of health workers trained in Emergency Preparedness and Response • Estimated number of people reached using emergency supplies and kits • Number of health workers receiving emergency supplies form the corepipeline	*What are the sources of information on these indicators?* • Procurement ledgers form the international procurement • Availability of EPR plans at he states that are being operationlaised • Stock cards, way bills and distribution plans • Trainings reports at state level • EPR coordination minutes from meetings • Mass vaccination campaigns • Outbreak investigation and verification reports • Weekly and monthly surveillance reports • HMIS and OPD registers and records	• Weather conditions remain favourable • 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

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
CHF project Objective	*What is the result the project will contribute to by the end of this CHF funded project?* • To strengthen epidemic and emergency response capacity to respond to the critical health situation in order to reduce excess mortality and morbidity among displaced and host communities in areas affected by crisis	*What indicators will be used to measure whether the CHF Project Objective are achieved?* • Number of Emergency Preparedness and response plans available at state level • 80% of the high risk targets states have supplies prepositioned • 540 Basic Unit-IEHK, 18 IEHK full kits,20 Trauma Kits ,30 Diareah 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	*What sources of information will be collected/already exist to measure this indicator?* • Procurement ledgers form the international procurement • Availability of EPR plans at he states that are being operationlaised • Stock cards, way bills and distribution plans • Trainings reports at state level • EPR coordination minutes from meetings • Mass vaccination campaigns • Outbreak investigation and verification reports • Weekly and monthly surveillance reports • HMIS and OPD registers and records	*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 favourable • 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
Outcome 1	• Basic health care needs of displaced people, returnees, and refugees are met, including treatment of common but fatal illnesses	• 16,625 persons treated for common illnesses • 80% of all outbreak alerts are verified within 72 hours of notification • Number of Implementing partners receiving supplies from the core pipeline	• Weekly and monthly surveillance reports • HMIS and OPD registers and records • Stock record from the WHO ware houses	• Insecurity does not affect the access of the affected population • Tax exemptions are not delayed and supplies get in country • Weather does not affect the prepositioning od supplies at state level • MOH and government institutions willing t o implement major activities • Available and motivated network of health workers
Output 1.1	• Inter agency kits are procured prepositioned and accessible at state level • Ware housing space is acquired and rented • Logisticians and technical officer to manage the core pipeline are maintained • Increased OPD consultations in areas reporting population of humanitarian concern	• 80% of the states with life saving supplies prepositioned • Four ware houses maintained • Technical officer maintained to manage the pipeline	• Procurement ledgers from the international procurement • Stock cards, way bills and distribution plans	• Insecurity does not affect the acess of the affected population • Tax exemptions are not delayed and supplies get in country • Weather does not affect the prepositioning od supplies at state level • MOH and government institutions willing t o implement major activities • Available and motivated network of health workers
Activity 1.1.1	Facilitate logistics related to the strategic pre-positioning (transportation, monitoring, distribution, utilization and warehousing) of emergency medical supplies at central, state and county levels to ensure they are used appropriately and equitably			
Activity 1.1.2	Improve warehouse and supply chain management at central and state levels.			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Activity 1.1.3	Support local health authorities to extend access of emergency health services to the extremely vulnerable groups by operationlaising mobile clinics			
Outcome 2	• Enhances skills of frontline health workers in emergency preparedness and response	• Number of health workers trained and deployed in the hot spots	• Training reports • Attendance sheets for the training sessions • Payment sheets for the training conducted	
Output 2.1	• Improved quality of care given to affected population • Improved surgical care and life saving surgeries offered to injured patients • Prompt confirmation of disease that cause outbreaks	• Number of patients injured from gunshot wound that are treated • Number of health workers trained and deployed in the hot spots • Number of alerts that are verified within 48 hours	• Training reports • Attendance sheets for the training sessions • Payment sheets for the training conducted • Verification reports	• Insecurity does not affect the access of the affected population • Weather does not affect the prepositioning of supplies at state level • MOH and government institutions willing t o implement major activities • Available and motivated network of health workers
Activity 2.1.1	Support the training health workers in emergency preparedness and response including disease surveillance and response			
Activity 2.1.2	Support supervision missions carried out to the counties reporting emergencies			
Activity 2.1.3	Deploy short-term health workers ,emergency public health officers to MOH facilities in acute emergencies as part of surge capacity			
Outcome 3	• Strengthened capacity for emergency preparedness and response capacity including enhancing early warning and alert response for potential outbreaks and epidemic prone diseases	• Number of outbreaks responded to in 48 hours • Availability of emergency preparedness and response programs • Number of emergencies response within 72 hours at state level	• Assessment mission reports from the field operations • Number of preparedness plans,SOP,and guidelines available and are in use • Availability of surge plan for trained health workers at state level	• Insecurity does not affect the access of the affected population • Weather does not affect the prepositioning of supplies at state level • MOH and government institutions willing t o implement major activities • Available and motivated network of health workers
Output 3.1	• Rapid Response Teams functional • Outbreak investigation supplies and kits availed at the state level • Timely detection and containment of common communicable disease outbreaks and improved early warning surveillance and response capacity for communicable disease control at state and county level • Assessments to document real time needs for vulnerable population conducted	• %age of state with prepositioned kits • Number of functional RRT at state level • Number of outbreaks responded to within 72 hours • %age of state with outbreak investigation kits • Number of assessments in humanitarian situations conducted	• Training reports for RRT • Minutes for task force meetings for RRT • Verification reports for outbreak alerts • Rapid Health Assessment reports for	• Insecurity does not affect the access of the affected population • Weather does not affect the prepositioning of supplies at state level • MOH and government institutions willing t o implement major activities • Available and motivated network of health workers
Activity 3.1.1	Conduction out break investigation and response activities of potential out breaks			
Activity 3.1.2	Prepositioning of life saving supplies in the high risk states			
Activity 3.1.3	Deploy short-term emergency public health officers, epidemiologists and technical officers to MOH facilities in acute emergencies as part of surge capacity			
Activity 3.1.4	Facilitate and undertake health assessments in areas of humanitarian concern, understanding the needs of men, women, children and other vulnerable groups			

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. 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:	1/03/2014`	Project end date:	31/10/2014

Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1 Procuring life-saving medicines and supplies(health kits) and pre-positioning them in "hot spots"; facilitating warehouse capacity and expanding storage space			X	X	X							
Activity 2 Supporting field operations (including mobile and fixed health units operated by MOH and NGO partners),event verification and facilitating rapid health assessments			X	X	X	X	X	X	X	X		
Activity 3 Strengthening overall coordination of the emergency health response and enhance health tracking and communicable disease surveillance in areas of concern by supporting/strengthening the detection of, response to and containment of epidemic-prone diseases			X	X	X	X	X	X	X	X		
Activity 4 Training and deploying technical staff for the emergency response			X	X			X	X				

CAP Project code:	SSD-14/H/60573
Project title:	Support and provision of quality life-saving health services among vulnerable groups, including emergency surgical care, health-related emergencies and response to communicable disease outbreaks
Organization:	WHO

Total Estimated Budget USD	**1,550,000**

PART I

	(a) Items Description (Insert more budget line rows as needed)	(b) Location	(c) ** Cost Type D or I	(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
1	**RELIEF ITEMS and TRANSPORTATION (please seprate relief items and transportation budget lines)**								
1.1	Interagency Kits(Basic Units)	Field	D	Kit	75%	540.0	383	**155,115**	
1.2	Trauma kits(A AND B)	Field	D	Kit	80%	20.0	13,000	**208,000**	
1.3	Full IEHK adequate for 10,000 people for three months	Field	D	Kit	70%	18.0	21,000	**264,600**	
1.4	Diarhea Kits	Field	D	Kit	75%	30.0	6,700	**150,750**	
1.5	Transportation(Air charters and road trips)	Field	D	Trips	85%	20.0	4,000	**68,000**	
Sub-total								**846,465**	-
2	**PERSONNEL (provide detailed information on responsibility/title, post location and the percentage dedicated to the CHF project)**								
2.1	Technical officer for emergency and humanitarian response(P 4 @ 10,000 per months for 8 months) 40% of the 8 month salary	Kuajok	D	Person	40%	8.0	18,000	**57,600**	
2.2	Health Education and Communication specialist(P 2 @ 13000usd per months for 8 months) 40% of the 8 month salary	Juba	I	Person	40%	8.0	13,000	**41,600**	
2.3	Technical officer for emergency and humanitarian response(P 3 @ 16,000 per months for 8 months) 40%	Malakal	D	Person	40%	8.0	16,000	**51,200**	
2.4	Six National Public Health officers for emergency and humanitarian	Kuajok/Awei	D	Person	45%	8.0	18,000	**64,800**	
2.5	Surge support (5 the response(Information manager @ 4 for three months) 18,000	Unity state	D	Person	60%	3.0	18,000	**32,400**	
Sub-total								**247,600**	-
3	**STAFF TRAVEL (Flights, DSA, Perdium, Terminals - Describe the nature of the travel and staff members responsibility/title)**								
3.1	Local travel cost by UNHAS air flights	Field	D	Flights	70%	24.0	400	**6,720**	
3.2	DSA for technical officers deployed in humanitarian hot spots (40officers per months for five days @usd 350usd making it 1400usd)	Field	D	DSA	70%	6.0	1,400	**5,880**	
Sub-total								**12,600**	-
4	**TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS - (Describe type of training, number of participants, duration)**								
4.1	Support to mass measles campaing in at least two counties as a response to confirmed outbreaks estimates of a quality campaign cost of each county is at	Field	D	Campaing	70%	4.0	35,000	**98,000**	
4.2	Training of health workers on EPR at state level	Field	D	Trainings	70%	6.0	8,000	**33,600**	
4.3	Support to health coordination, Rapid assesments at field and State level	Field	D	Assesments	70%	60.0	1,000	**42,000**	
Sub-total								**173,600**	-
5	**CONTRACTS/SUB GRANTS (Specialized services for the project provided by outside contractors or partners/NGOs)**								
5.1	Renting of the core pipeline ware house in Juba ,Malakal and Wau@525 per equavaleter for a total of 530 equavaleters for six months	Field	D	Bids	10%	6.0	100,000	**60,000**	
Sub-total								**60,000**	-
6	**VEHICLE OPERATING & MAINTENANCE COSTS (provide detailed information on item/activity)**								
6.1	Vehicle maintainance at state levels(10 states each at 1000 USD per month making it 10000 an month for six months)	Field	D	Sparea	50%	6.0	10,000	**30,000**	
6.2	Fuel for assesment and outbreak missions in 10 states(6 drums in each state@ 400 each drum)	Field	D	Fuel	25%	6.0	24,000	**36,000**	
Sub-total VEHICLE OPERATING & MAINTENANCE COSTS								**66,000**	-
7	**OFFICE EQUIPMENT & COMMUNICATIONS (provide detailed information on item/activity)**								
7.1	Office and Hub running costs(Generator-3000$,stationary-3000$,maintainance-1000$,uniform-400$,equals-500$)	Field	D	Operational cost	60%	6.0	3,000	**10,800**	
Sub-total								**10,800**	-
8	**OTHER COSTS - provide itemized description of costs.**								
8.1	Monitoring,Evaluation and Reporting of field interventions,IT support for vsat connection@1500usd permonth for ten states for six months	Field	D	field trips	80%	6.0	15,000	**72,000**	
Sub-total								**72,000**	-
(i) SUBTOTAL Project Costs								**1,489,065**	-
(ii) Programme Support Costs NOT TO EXCEED 7% of Project Costs(i)			D		% PSC rate>>		4%	**60,935**	
(iii) AUDIT COSTS for NGO implemented projects NOT LESS THAN 1% of the Project Costs(I) and PSC(ii)					% NGO Audit costs rate>>			**0**	
GRAND TOTAL (i+ii+iii)								**1,550,000**	-