OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	World Health Organization
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Core pipeline and case management support to the current cholera outbreak in the hot spots with active transmission in the vulnerable and at risk populations in South Sudan
Allocation Type Category :	Core pipeline

OPS Details

Project Code :	SSD-17/H/103809	**Fund Project Code :**	SSD-17/HSS10/SA2/H/UN/6521
Cluster :	Health	**Project Budget in US$:**	659,441.00
Planned project duration :	6 months	**Priority:**	Not Applicable
Planned Start Date :	01/09/2017	**Planned End Date :**	28/02/2018
Actual Start Date:	01/09/2017	**Actual End Date:**	28/02/2018

Project Summary :

The proposed project will support the response efforts for the current cholera outbreak. It is in line with the health cluster strategic objectives outlined in the HRP. Procurement of cholera case management kits and investigation kits is a top priority of the health cluster and these remain a key strategy for the current cholera outbreak. This project will majorly support with the replenishing of the cholera pipeline and supplies in addition to supporting response teams, establishing ORPs at community level and rapid deployment for case management, surveillance teams and laboratory experts to support confirmation of the cases in the new hot spots. In addition WHO will support with Oral cholera vaccination in the areas that have been identifies as part of the new strategy to control cholera.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
6,000	6,000	1,500	1,500	15,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	5,500	5,500	1,500	1,500	14,000
Internally Displaced People	500	500	0	0	1,000

Indirect Beneficiaries :

Catchment Population:

Populations that are located in the areas that have active transmission in the deep front counties

Link with allocation strategy :

The SSHF funding will be used to enhance the current response capacities for the cholera outbreak at state and country level in order to reduce morbidity and mortality associated the current cholera outbreak. Main components to be supported through the SSHF funding include procuring and strategically prepositioning Cholera Kits and Infection Control supplies. Other activities include conducting outbreak investigation, training of case management teams, support of OCV in remote areas, prompt deployment of trained and competent technical officers and technical support to the health cluster members in areas regarding cholera response. These funded components will improve and increase the response levels of the partners and as such will reduce the negative impact of the cholera outbreak 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.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Mpairwe Allan	Emergency Coordinator	mpairwea@who.int	+211955372370

BACKGROUND

1. Humanitarian context analysis

The humanitarian situation in South Sudan remain the most complex .The upsurge in violence since July 2016, the deteriorating socio-economic conditions and decreasing humanitarian access has further impacted vulnerable populations, including in previously stable areas. There are now approximately 3.3 million people who have fled their homes for security reasons and of which 1.9 million IDPs are living in prolonged displacement, many in host communities and sharing already scarce resources. In the two quarters of 2017 South Sudan, humanitarian needs have continued to rise due disease outbreaks, population displacement due to intensification of conflict in multiple locations including Greater Equatorial(which has traditionally been stable), and worsening food insecurity .The Integrated Food Security Phase Classification (IPC) analysis update declared extreme levels of food insecurity and localized famine conditions in areas of South Sudan indicating that without access to timely humanitarian assistance 6M million people will face severe food insecurity (IPC 3-5) through to July 2017(FAO 2017). Health risk factors such as overcrowding, poor hygiene and sanitation practices, seasonal disease outbreaks, and chronic exposure to violence have made women, men, boys and girls, more vulnerable to ill health. With the current on-going fighting in many fronts, which will increase the number of persons seeking refuge and further stretch the capacity of essential health services. Continued conflict, combined with aforementioned risk factors illustrate the criticality of ensuring that acute, life-saving services are scaled up and supported.

The country's very fragile health system (lack of skilled staff, supplies, equipment and leadership at all levels) has been negatively impacted by the crisis, and further hampered the humanitarian response. Over 55 per cent of health facilities(WHO 2017) across the states remain functioning at suboptimal level. The break in the provision of essential medicines through the Central Medical Stores supply- chain had humanitarian consequences on the primary health care services,. The humanitarian pipeline is not designed to replace or cover routine primary health care essential medicines and hence high mobility and mortality expected. The absence of these routine supplies are driving an accelerated spread of disease and illness to which health partners needed to respond. Communicable diseases remained prevalent in South Sudan, and appear to be on the increase including a re-emergence of vaccine preventable diseases (i.e. measles, polio, & meningitis. Acute respiratory infections & bloody diarrhea are the leading causes of morbidity, especially among children under five. South Sudan officials continue to battle a cholera outbreak that has seen over 17,000 cases reported and managed(IDSR 2017) and this strained a lot of the resources form the limited resource envelop that was available for the humanitarian response. WHO remains the only source and agency that provided the cholera kits and the current protracted outbreak has drained and drawn into the supplies that were anticipated to have been adequate for the year and the response is currently facing a pipeline break.

2. Needs assessment

South Sudan is currently experiencing its longest and most widespread cholera outbreak since the onset of the 2013 crisis. In the 2014 outbreak, 6,421 cases including 167 deaths were reported in 16 counties over seven months, while in 2015, the cholera outbreak lasted four months and affected 1,818 people, including 47 deaths, in three counties (IDSR 2017).
The current outbreak began in June, 2016 and has lasted a little over one year (13 months) with 17,227 cases and 320 deaths (CFR 1.9%) reported to date. A total of 23 counties across the 10 states have reported and confirmed outbreak cholera since June 2016. The number of counties with active transmission continues to increase by the day and currently the response is in 23 counties including Duk, Kodok, Fangak, Ayod, Yirol East, Yirol West, Pigi and Kapoeta South, Kapoeta North, Kapoeta East in the Eastern Equatoria, Akobo in the Jonglei, Rumbek North Tonj East and North in Warrap state. Under the overall coordination of the National Cholera Taskforce chaired by the Minister of Health and WHO, humanitarian partners are responding in all the areas with active transmission in all the four key strategic control measures (including case management, surveillance and laboratory, WASH, and Social mobilization). Also, mass cholera vaccination campaigns in areas with and without active transmissions with special focus in protection of civilian sites (PoC) and IDP sites have been on-going. A total of 343,802 of population have been vaccinated from a target of 1,984, 564(WHO 2017).The current response remains challenging due to the locus of many outbreaks in cattle camps, isolated islands, remote and insecure locations, on-going population displacement, and insecurity in areas affected by the outbreak. With the rainy season already underway, and displacement continuing, it is expected that the disease will continue to spread.
With an average of nearly 230 cholera cases registered every week since June 2016, it is projected that at least 5,000 additional cases will be registered in the next five months, at which time transmission is expected to reduce with the onset of the dry season. With the coming of the heavy rains and limited capacities of interventions, poor water and sanitation levels and shrinking space for access to most of the high risk areas, it is projected that a worst case scenario with estimated 34,000 cases (CFR 2-4%) will be realized in the next six months. This will be compounded by the weak and fragile capacity of the current health system that will surely work against the control strategies for the Cholera.
Out of 23 cholera outbreaks 70% came from conflict affected states. Only a third of the health facilities remain functional and this implies that over 80% of the affected population will have limited access to a health intervention. With the global acute malnutrition rate being above 15% in these counties, the affected population will have reduced immunity to resist infections and diseases especially among women, elderly, children and people with underlying medical conditions
This has severely strained the existing limited resources in terms of medical supplies and human resources. With the coming of the rains, it's envisaged a doubling of the cholera cases and water related disease including Malaria, Hepatitis E and Watery Diarrhoea. Over 93% of the population practice open defecation and only 45% access clean and safe water.
Communities fleeing from conflict have settled in swampy areas in order to be able to access fresh grass for their cattle, taking them further away from static health facilities. This has greatly exposed them to water related disease including Malaria and AWD which remains the top caused of mortality in populations of humanitarian concern.

3. Description Of Beneficiaries

These will be patients who will present with symptoms of Acute Watery Diarrhea who have been exposed to poor environmental conditions and are form the high risk counties or sports with active transmission.Based on the current reported cases per week, it's estimated that about 5000 cases will be managed across the treatment centers. These will be both the confirmed and suspected cases of Cholera. In addition it is anticipated that an estimated 10,000 cases of AWD will be registered in the ORP and treatment centers. These will be treated based on the treatment guidelines for the cholera response in the designated places

4. Grant Request Justification

Over 17,000 cases of Cholera have been line listed since June last year. This has been the longest outbreak to be documented in South Sudan. All cluster partners heavily rely on WHO for the support of the response especially for life saving supplies, Cholera kits, investigation kits that are critical in the management of cases as well as infection prevention and Control. Since the beginning of the outbreak, over 22 cholera kits and associated sundries have been deployed to support partners in the response. Currently WHO is facing pipeline break and there is urgency need to have supplies shipped in country in addition to have strong and dependable technical teams to control the current outbreak. No other funding is available to support the Cholera outbreak control and hence need for urgent funding to support current and subsequent response activities.

5. Complementarity

This project will fill in the critical gaps on the ongoing response. Currently there is a gap in the pipeline supplies and this remains the key gap that need to complement the current response. Availability of the supplies will complement the four key strategic control measures (including case management, surveillance and laboratory, WASH, and Social mobilization)

LOGICAL FRAMEWORK

Overall project objective

To enhance response capacity for the health cluster partners and MOH to be able to rapidly contain the current outbreak of Cholera in order to reduce excess mortality and morbidity among the population of humanitarian concern in South Sudan

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	100

Contribution to Cluster/Sector Objectives : The project will contribute to the health cluster objective by ensuring lifesaving supplies are available and easily accessed to respond to the current outbreak of Cholera in addition to supporting the management of the common illness.
Over 17,000 cases have reported since the current outbreak was declared. This has affected over 22 counties in South Sudan and new areas of transmission continue to be reported. This continues to drain and draw in the planned pipeline supplies and this has greatly affected the response efforts. Cholera remains one of the major public health concerns in South Sudan and Acute Watery Diarrhea contributes to over 38% of the morbidities in the health facilities.
Communicable disease account for more 80% of the mortality and morbidity in the population and hence strengthening the capacity of the health system to control and prevent this avoidable mortality is paramount. Main components to be supported through the SSHF funding include Case management, provision of Cholera kits, deployment of epidemiologists and technical officers for Case management, infection control, surveillance, WASH, Laboratory surveillance in addition to operational support for the outbreak response.

Outcome 1

Quality emergency health services and case management is promptly and effectively delivered to the populations affected by Cholera and are at risk for Outbreaks

Output 1.1

Description

15 Cholera Kits are procured and promptly deployed in 15 locations reporting Cholera cases

Assumptions & Risks

Access is granted,supplies arrive on time,storage is available in key locations

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Core Pipeline] Number of direct beneficiaries from emergency health supplies (IEHK / trauma kit / RH kit/Emergency vaccines/SAM kits with medical modules)	6,000	6,000	1,500	1,500	15,000
Means of Verification : Line lisat,EWARS and IDSR reports,OPD records							
Indicator 1.1.2	HEALTH	[Core Pipeline] Number of health kits distributed to partners [IEHK / trauma kit / RH kit/Emergency vaccines/SAM kits with medical modules, DD Kits, cholera management kits]					85
Means of Verification : WAY BILLS,DISTRIBUTION REPORTS,REQUISITION REPORTS							
Indicator 1.1.3	HEALTH	[Core Pipeline] Number of health kits procured [IEHK / trauma kit / RH kit/Emergency vaccines/SAM kits with medical modules, DD Kits, cholera management kits]					85
Means of Verification : way bills, purchase requisitions, delivery notes							

Activities

Activity 1.1.1

Procurement of 15 Cholera Kits to support the current outbreak response

Activity 1.1.2

Four treatment centers are supported with Health workers,supplies,IPC,data collection and surveillance tools and guidelines,case management guideline

Output 1.2

Description

50 Cholera Investigation kits and 20 water quality surveillance kits procured and promptly deployed in 15 locations

Assumptions & Risks

Unlimited access is granted,security enabling the teams to reach the deep front areas

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	[Core Pipeline] Number of implementing partners receiving supplies from the pipeline					15
Means of Verification : Way bills,outbreak logs,requisition details and records							
Indicator 1.2.2	HEALTH	Number of water quality surveillance kits procured					20
Means of Verification : Way bills and procurement records							

Activities

Activity 1.2.1

Procurement of the 50 Cholera investigation Kits and rapidly deployed to key locations for easy access

Activity 1.2.2

Procurement of 20 Water quality surveillance kits for the cholera response

Output 1.3

Description

Four Outbreak Investigation teams deployed to support support with case management and infection prevention and control teams in 10 locations at the minimum

Assumptions & Risks

Teams assembled rapidly,availability of the teams,availability of the guidelines

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					80
Means of Verification : outbreak investigation reports,assessment reports							
Indicator 1.3.2	HEALTH	Number of CTC/CTU/ORP established in cholera locations					10
Means of Verification : Operational ORPs,assessment reports,way bills,monitoring visits							
Indicator 1.3.3	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	100	100			200
Means of Verification : Training Reports,community surveillance reports							
Indicator 1.3.4	HEALTH	[Frontline services] Number of people vaccinated with oral cholera vaccines in priority locations	44,000	52,000	10,000	14,000	120,000
Means of Verification : vaccination reports,post campaign reports							
Indicator 1.3.5	HEALTH	[Frontline services] Number of cholera cases treated in cholera treatment unit/ facility.	6,000	6,000	1,500	1,500	15,000
Means of Verification : line list,IPD/CTC Documentations							

Activities

Activity 1.3.1

Rapid and prompt deployment of outbreak response teams /rapid response teams to areas with active transmission of cholera to support outbreak management including reactive vaccination

Activity 1.3.2

Support the rapid establishment of the ORPs in the areas reporting cases of cholera.

Activity 1.3.3

Training of health workers in case management and community surveillance performance to improve case detection and referral

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring and Evaluation officer from Health Cluster will support WHO monitoring and evaluation team in directly monitoring the implementation of the SSHF project .The monitoring process will aim at tracking the implementation of planned activities against the agree indicators. Tools will be provided to the partners and the WHO teams supporting the implementation process .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 front line activities will be monitored by the technical officers and logistic assistants in the WHO sub offices in the state. The tracking will be done against the indicated means of verification mainly through the weekly and monthly reports as well as some deliverables like the health cluster or epidemiological bulletin, and regular field visit of the emergency focal point and the Health Cluster Coordinator. The tracking will be done against the set indicators and verified through HMIS, EWARS,IDSR weekly reporting tool, line lists, case-based investigation forms, 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 emergency team.. Key reports generated will be Weekly WHO situation reports, Epidemiological bulletins on a weekly basis, health cluster bulletin, quarterly reports and surveillance reports that will be shares with health cluster partners on a periodic basis

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procurement of 15 Cholera Kits to support the current outbreak response	2017									X	X		
	2018												
Activity 1.1.2: Four treatment centers are supported with Health workers,supplies,IPC,data collection and surveillance tools and guidelines,case management guideline	2017									X	X	X	X
	2018	X	X										
Activity 1.2.1: Procurement of the 50 Cholera investigation Kits and rapidly deployed to key locations for easy access	2017									X	X	X	
	2018												
Activity 1.2.2: Procurement of 20 Water quality surveillance kits for the cholera response	2017									X	X		
	2018												
Activity 1.3.1: Rapid and prompt deployment of outbreak response teams /rapid response teams to areas with active transmission of cholera to support outbreak management including reactive vaccination	2017									X	X	X	X
	2018	X	X										
Activity 1.3.2: Support the rapid establishment of the ORPs in the areas reporting cases of cholera.	2017									X	X	X	X
	2018	X	X										
Activity 1.3.3: Training of health workers in case management and community surveillance performance to improve case detection and referral	2017									X	X		
	2018												

OTHER INFO

Accountability to Affected Populations

The outbreak response will be coordinated by the county health department. The community will be engaged in the needs analysis through provision of the much needed information during assessments and surveys. Key opinion holders in the community will be consulted on pertinent issues in coordination with the health cluster. Existing Community structures like the community surveillance systems,boma health initiative will also be engaged in the response especially community based interventions like integrated community case management where a number of volunteers are trained to be able to handle and refer cases of most common causes of morbidity include malaria, acute respiratory tract infections and malaria. Likewise community resource persons will be involved in mitigation measures for major health hazard and also as first responders in the major humanitarian emergencies. Community health workers form the local community and areas of intervention will be recruited to ensure the implementation and follow up of the action is well streamlined.

Implementation Plan

The duration for implementing of the CHF funded activities will be 6 months. The project will be implemented through the established sub office to response to the cholera affected areas, 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 distribution of the lifesaving emergency drugs and supplies will be undertaken by WHO through the logistics unit at both field and national 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 and cattle camps. ORPs,CTUs and CTCs wil be supported directly through the supporting health cluster partners.. The focus of the interventions will be in the high risk payams with active transmission of the cholera. As part of the synchronization of filling in critical gaps, WHO will continue to work with other actors including logistics cluster (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 Organization

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Social Mobilisation and Health Promotion
UNICEF	Water and Sanitation and Infection Prevention and Control

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

Health does not discriminate beneficiaries in regard to access to life saving medicines. All beneficiaries irrespective of gender will access the medicines from the OPD/CTUs/ORPs/CTCs locations supported by the cluster partners who access the kits and medical supplies

Protection Mainstreaming

Country Specific Information

Safety and Security

Security situation in these areas remain unpredictable. WHO has a dedicated security officer who is responsible for ensuring the staff and WHO assets are in a secure environment. WHO works within the hospices of the UN security system and follow and adhere to MOSS recommendations when operation in South Sudan

Access

The local health providers are usually the first responders and they will support with the field operations and management of the cases of Cholera. Depending on the capacities available on abilities to cope,the health cluster and WHO will be called on to support and reinforce the response. WHO has designated focal points in these locations who provide the relevant strategic information needed. WHO will work closely with cluster partners in deep front areas to provide the services. WHO ensures supplies are prepositioned in the deep areas before the rainy seasons and like wise they collaborate with health cluster partners who have access to these areas to pick supplies and ensure they are delivered at any opportunity that is available. Logistics cluster will support with helicopters to transport drugs to areas that are not accessible by the fixed wing air assets.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Consultant and surge support to respond to cholera outbreak and enhance response capacities for case management	D	2	7,000.00	3	50.00	21,000.00
	2 Experts in public health response at P2 level for 6 months-monthly cost of 14,000 @ month to support outbreak response in the targets states						
1.2	National Public Health officers for cholera response	D	4	2,500.00	6	50.00	30,000.00
	Four public health officers to support he current Cholera response for fast deployment						
1.3	2 Laboratory techncologists to support cholera surveilance (APW)	D	2	1,500.00	6	50.00	9,000.00
	Two experts' to support with culture and sensitivity at the national public health lab and field locations with specimen handling and performing confirmation tests of culture and sensitivity (APW contracts @1500 per month for the six months)						
1.4	Public health expert for cholera response and public health interventions	D	1	18,000.00	5	70.00	63,000.00
	One expert to support case management and public health interventions @P3 for a period of six months						
	Section Total						**123,000.00**
2. Supplies, Commodities, Materials							
2.1	Cholera Investigation kits	D	50	1,000.00	1	100.00	50,000.00
	Adequate for 100 investigations /cases of cholera						
2.2	Cholera Management Kits(Hardware module,peripheral module,community module,central module,logistic module)	D	15	25,000.00	1	60.00	225,000.00
	@ kit adequate for 100 severe cases patients and						
2.3	Water Quality Surveillance Kits	D	20	340.00	1	100.00	6,800.00
	Adequate for 10,000 liters of water						
2.4	Small tents to support ORPs	D	15	1,000.00	1	100.00	15,000.00
	Support admission for the cholera case management						
	Section Total						**296,800.00**

3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Travel							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
7. General Operating and Other Direct Costs							
7.1	Training of health workers in case management community surveillance and active case search and referall	D	200	80.00	1	100.00	16,000.00
	200 health workers trained for two days.A unit cost for training of health workers is 40usd for the two days						
7.2	Support to community surveillance in 10 locations for a period of three months	D	150	7.00	30	100.00	31,500.00
	Each network of CBS involves 15 CHWs @7 USD per day for 90 man days						
7.3	Support to reactive campaingn for outbreak respoonse	D	4	5,500.00	4	50.00	44,000.00
	Support to reactive campaigns for outbreaks(OCV and Measles) campaign in counties as a response to confirmed outbreaks, estimates of a quality campaign cost of each county including establishment of a community surveillance system is at 5,500$						
7.4	Support to field operations for outbreak response missions and interventions	D	1	300,000.00	1	35.00	105,000.00
	(Custom clearance, fuel for field operations, IT-equipment and support, communication, Visibility, security and MOSS, support to ware housing management, stationary, Travel associated to program deliverables casual workers, enabling environment at field level, SSA contracts for field operations, admin support for field operations, repairs of vehicles and equipment, insurance, office maintenance, office equipment, DSA and allowances). The WHO lump sum cost of the program to support field operations for six months is 300,000USD. SSHF will contribute 35% of the cost for the next six months.						
	Section Total						**196,500.00**
SubTotal			464.00				**616,300.00**
Direct							616,300.00
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							43,141.00
Total Cost							**659,441.00**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Eastern Equatoria -> Kapoeta East	30	2,000	1,600	450	450	4,500	Activity 1.3.1 : Rapid and prompt deployment of outbreak response teams /rapid response teams to areas with active transmission of cholera to support outbreak management including reactive vaccination Activity 1.3.2 : Support the rapid establishment of the ORPs in the areas reporting cases of cholera. Activity 1.3.3 : Training of health workers in case management and community surveillance performance to improve case detection and referral
Jonglei -> Ayod	10	800	400	150	150	1,500	Activity 1.3.1 : Rapid and prompt deployment of outbreak response teams /rapid response teams to areas with active transmission of cholera to support outbreak management including reactive vaccination Activity 1.3.2 : Support the rapid establishment of the ORPs in the areas reporting cases of cholera.
Lakes -> Yirol East	10	800	400	150	150	1,500	Activity 1.2.2 : Procurement of 20 Water quality surveillance kits for the cholera response Activity 1.3.1 : Rapid and prompt deployment of outbreak response teams /rapid response teams to areas with active transmission of cholera to support outbreak management including reactive vaccination Activity 1.3.2 : Support the rapid establishment of the ORPs in the areas reporting cases of cholera. Activity 1.3.3 : Training of health workers in case management and community surveillance performance to improve case detection and referral
Warrap -> Tonj East	10	800	400	150	150	1,500	Activity 1.3.1 : Rapid and prompt deployment of outbreak response teams /rapid response teams to areas with active transmission of cholera to support outbreak management including reactive vaccination Activity 1.3.2 : Support the rapid establishment of the ORPs in the areas reporting cases of cholera. Activity 1.3.3 : Training of health workers in case management and community surveillance performance to improve case detection and referral
Central Equatoria -> Juba	40	2,400	2,200	700	700	6,000	Activity 1.1.1 : Procurement of 15 Cholera Kits to support the current outbreak response Activity 1.1.2 : Four treatment centers are supported with Health workers,supplies,IPC,data collection and surveillance tools and guidelines,case management guideline Activity 1.2.1 : Procurement of the 50 Cholera investigation Kits and rapidly deployed to key locations for easy access Activity 1.2.2 : Procurement of 20 Water quality surveillance kits for the cholera response

Documents

Category Name	Document Description