



Eritrea		06-WHO-003: 06-WHO-027	Health	003: 01.04.06- 30.06.06  027: 24.05.2006- 23.08.2006	350,000	<p>1. To reduce avoidable mortality and suffering due to life threatening health conditions resulting from food insecurity</p> <p>2. To strengthen the capacity of the health system to deliver required services to the affected populations.</p>	<p>1. Strengthening the immunisation response (focusing on measles, polio, Vit A).</p> <p>2. Improving detection and response to disease outbreak through strengthened surveillance and surge capacity.</p> <p>3. Maintaining essential health services to affected populations, particularly reproductive health services and essential obstetric care, and preventive child health interventions.</p> <p>4. Training health workers using the WHO kit on therapeutic and supplementary feeding.</p> <p>5. Improving access to primary health care for the most vulnerable by extending outreach services to villages.</p> <p>6. Increasing the capacities of local and national health systems, by training staff (IMCI and management of severe malnutrition) and replenishing stocks of essential medicines and materials.</p>	<p>1. Immunization campaigns conducted.</p> <p>2. Rapid assessments, households surveys and compilation of regional health profiles for identification of health needs and proposal of long term response strategy.</p> <p>Strengthening of the routine integrated surveillance and response (IDSR) system.</p>	<p>1. Raising measles coverage of targeted population (406, 873) from 63.5% to 95% and Vit A from 9.8% to 95% (in Southern Red Sea district).</p> <p>2. Weekly IDSR reports. Weekly health information bulletin. District health profiles of the affected regions.</p> <p>3. Emergency kits were procured to enable rapid response to save lives. The kits have been donated to the MOH with a distribution plan made based on rapid assessment.</p> <p>4. 63 health workers trained in IMCI and 74 clinicians sensitized about major causes of morbidity and mortality in the region.</p> <p>5. Plan for outreach developed following assessment conducted in North Red Sea.</p> <p>6. 63 health workers trained in IMCI and 74 clinicians sensitized about major causes of morbidity and mortality in the region.</p>		003: 450,000  027: 890,000	003: 450,000  027: 890,000	003: 450,000  027: 471,744	0
Ethiopia		06-WHO-004: 06-WHO-029:	Health	004: 01.04.06- 30.06.06  029: 24.05.2006- 23.08.2006	1,700,000	<p>1. Improve networking in emergency preparedness and response.</p> <p>2. To strengthen the emergency capacities of the federal MOH, regional health bureaus and Woreda health offices.</p> <p>3. Improve communication and data management through technical support to regional health bureau, Woreda health offices and health institutions.</p>	<p>1. Training and technical support.</p> <p>2. Support MOH and other ministries and partners in monitoring the response to emergencies and analyse gaps in the response.</p> <p>3. Strengthening the early warning system.</p> <p>4. Reactivating the rapid Woreda response teams with the provision of logistics and financial support.</p> <p>5. Provision of essential drugs.</p>	<p>1. Training on rapid health status/epidemiology assessment in the field for interagency assessment teams.</p> <p>2. Collaboration with the MOH: guidelines distributed, regular assessment of major developments, advising MOH and health bureaus as appropriate.</p> <p>3. Documentation of the pattern of major communicable diseases through sentinel surveillance sites. Training of health professionals in surveillance and provision of guidelines. Redeployment of health workers to severely affected Woredas.</p> <p>4. 36 health professionals were trained in disease surveillance, management of major communicable diseases and emergency preparedness and response. 300 health professionals trained in the management of the most prevalent infectious diseases by on the spot training taking place in health centres. Provision and rental to enable on the spot training, deliver essential drugs to the clinics and support indoor residual spraying.</p> <p>5. KITS and drugs</p>	<p>1. Redeployment of health workers to severely affected Woredas and reopening of seven health stations.</p> <p>2. Overall 336 health professionals trained in surveillance and management of the major infectious diseases.</p>	Dissolution of Zonal administrative structures as part of the decentralisation process hampers the delivery of supportive supervision and monitoring.	004: 350,000  029: 463,600	004: 350,000  029: 463,600	004: 350,000  029: 141,902	0

WHO		Kenya		Somalia		Djibouti						
Rapid Response												
06-WHO-005: 06-WHO-036:	Health	005: 01.04.06- 30.06.06  036: 24.05.2006- 23.08.2006	3,500,000	<p>1. To reduce avoidable mortality and morbidity resulting from food insecurity that is due to life threatening health conditions.</p> <p>2. To strengthen the capacity of the system to deliver required services to affected populations.</p> <p>3. To strengthen health coordination in order to identify gaps and better target population in need of health services.</p> <p>4. To provide necessary technical and logistic support for health life saving activities in 9 most affected districts.</p>	<p>1. Strengthening the immunisation response (ensuring protection from measles, polio and vit A deficiency).</p> <p>2. Improving detection and response to disease outbreak through strengthened surveillance and surge capacity.</p> <p>3. Increasing capacities of local and national health systems by training staff (IMCI, management of severe malnutrition, surveillance and minimum initial service package for reproductive health).</p> <p>4. Strengthening health health stakeholders and activities coordination (health cluster) at provincial and district level, providing health information including stakeholder mapping.</p>	<p>1. Measles, Vit A and Polio immunisation days in 5 districts. Reactivation of the cold chain has started.</p> <p>2. Integrated disease surveillance tools prepared. Field capacity building activities commenced under CERF 2.</p> <p>3. Health focal point transferred to Kenya office. Sub office established in Garissa and additional human resources employed (data manager, communication officer, driver).</p> <p>4. Procurement and distribution of health kits (emergency and reproductive health). Provision of antimalarials and rapid diagnostic test kits for malaria in addition to insecticides for indoor residual spraying.</p>	<p>1. 14 health workers trained in management of severe malnutrition.</p> <p>2. Technical coordination improved at national and district level. WHO is developing projects with UNICEF for Kala Azar intervention with emphasis on sustainability of these interventions.</p> <p>3. Health Emergency kits: 90 basic kits with supplementary kits. 36 reproductive health kits. Malaria drugs: 996 Coartem, 3 639744 ACT units. 13 tons of insecticides/con. 42 300 malaria rapid diagnostic kits, 140 000 Quinine ampullae, 10 000 arthemeter ampullae, 63 000 quinine tablets.</p>	<p>1. Real capacity of health infrastructure was only completely determined after the rapid assessment financed by CERF funds. Disease outbreaks altered the immediate life-saving needs of the affected population. Increased flexibility and adaptation of activities to the health situation in the field, which can change rapidly, would be useful.</p> <p>2. Capacity building at different levels of the health sector needed to allow sustainable surveillance and infectious disease outbreak control.</p>	005: 430,000  036: 300,000	005: 430,000  036: 300,000	005: 430,000  036: 114,231	0
06-WHO-006: Humanitarian Assistance for the Drought Affected	Health	06.04.06 - 30.06.06	72,700 families	<p>1. Improve quality of polio supplementary immunization activities and significantly reduce number of children missed &amp; strengthen cold chain for measles and polio immunization</p> <p>2. Improve surveillance &amp; access to essential drugs</p> <p>3. Improved monitoring &amp; coordination with health partners</p>	<p>1. Purchase, delivery and distribution of cold chain equipment, essential drugs/supplies and laboratory supplies</p> <p>2. Supervision and on the job training for surveillance and strengthening of laboratory services</p>	<p>1. Reception (in pipeline) &amp; distribution to drought affected areas cold chain equipment/supplies immunization (1,000 large vaccine carriers, each with 4 large ice packs and 15,075 ice packs, 0.3 liters each) &amp; laboratory supplies to support disease surveillance activities</p> <p>2. Four New Emergency Health Kits and four Diarrheal Disease Kits purchased and distributed to health delivery partners in the drought affected areas</p> <p>3. Two trainings held to build the capacity of the existing system</p>	<p>1. Supplies purchased, immunization supplies in pipeline, lab supplies pending.</p> <p>2. Ongoing distribution of kits inside country;</p> <p>3. Two trainings held (CDC and lab) for 50 Somali health workers</p>	<p>1. Security of staff in the field; specific areas &amp; difficulty of access to populations in certain areas with &amp; without conflict as well as IDP camps/ settlements</p> <p>2. Recently the Minister of Health of TFG resigned and we await the formation of a new cabinet</p> <p>3. Islamic Courts are the latest new emerging partners now for Mogadishu &amp; other south and central regions where their influence is being extended to</p>	\$404,540	\$404,540	\$403,279	0
06-WHO-023: Delivery of Life-Saving Medical Services Through Mobile Units to the Drought Affected Population	Health	08.06.06 - 23.08.06	68,000	<p>Improve basic health services coverage and delivery in affected areas</p>	<p>1. Procurement of necessary equipment, essential drugs and supplies</p> <p>2. Select essential health care interventions to be delivered by outreach units</p> <p>3. Develop appropriate guidelines for the health personnel and provide in-service training, monitoring and supervision</p> <p>4. Health education and promotion, community mobilization</p> <p>5. Operational support for disease surveillance and early warning system related to malnutrition and epidemiologic-prone diseases</p>	<p>1. Procurement of one mobile unit, as well as necessary equipment, essential drugs and supplies</p> <p>2. Appropriate guidelines for the health personnel and outreach services developed</p> <p>3. Health education and promotion at community level implemented</p> <p>4. Operational support for disease surveillance and early warning system related to malnutrition and epidemiologic-prone diseases provided</p>	<p>1. Essential health services reached by outreach units</p> <p>2. Disease surveillance and early warning system functional</p>	Absence of NGOs at the field level for implementation of field activities	\$150,000	\$150,000	\$92,984	0

Somalia	06-WHO-041: Delivery of Life-Saving Medical Services Through Mobile Units to the Drought Affected Population	Health	08.06.06 - 23.08.06	110,000 persons	To reduce excessive morbidity and mortality related to the current drought to vulnerable population without access to fixed/permanent health care facilities.	1. Support strengthening human resources through training & deployment of health workers; 2. Improving communications & logistics needed on the ground; 3. Monitoring and supervision of emergency health activities; 4. Purchase essentials drugs & supplies for mobile health care with assistance from UNICEF.	1. Purchase of supplies/medical items for mobile outreach teams not supplied by UNICEF; 2. Hiring of vehicles and drivers for a 3 month period; 3. Four National Training Events	1. Training on outreach held for 35 Somali health workers.	1. Security of staff in the field; specific areas & difficulty of access to populations in certain areas with & without conflict as well as IDP camps/settlements; 2. Recently the Minister of Health of TFG resigned and we await the formation of a new cabinet; 3. Islamic Courts are the latest new emerging partners now for Mogadishu & other south and central regions where their influence is being extended to.	300,000	300,000	162,153	0
	06-WHO-050: To sustain life saving health activities	Health	10.07.06 - 09.10.06	900,000: 260,000 in West Darfur, 371,000 in North Darfur, and 270,000 in South Darfur.	1. Increase IDP access to health care 2. Detect epidemics on time and contain at source 3. Initiate vaccination campaigns, when needed	1. Replenishing medical stocks in selected centres 2. Adjusting and activating preparedness and response plans to reflect the current situation 3. Supporting capacity building and upgrading service delivery to cope with the increased demand 4. Supporting	1. Preparedness and response plans have been adjusted and operationalised to reflect the current situation 2. Capacity building supported, to upgrade service delivery to cope with the increased demand 3. Hospitals have been supported to deliver free care	1. Epidemics are being detected and controlled 2. IDPs have free access to hospitals 3. Improved quality of health care to all	Security constraints, and the delay in the arrival of funds	1,600,000	1,200,000	251,339	0
	06-WHO-051: Rapid Response to Cholera Outbreak in Southern Sudan	Health	03.08.06-02.11.06	10,000 direct beneficiaries and 100,000 at risk population	Promote containment of cholera outbreak through verification, diagnosis and treatment of suspected cases	1. Investigate & verify suspect cases and carry out training in diagnosis and case management of epidemics 2. Monitor case reports & identify disease trends 3. Procure & distribute cholera kits to partners, in order to prevent and control outbreaks	All planned activities were implemented and of the suspected cases investigated, 5,109 reported cases of cholera were diagnosed and treated in the 3-month period	1. Of the targeted three, nine cholera investigations were implemented, in conjunction with training on diagnosis and management and continued monitoring 2. Of the targeted ten, all ten kits have been procured and seven have been distributed with three re	The delay in the funds being transferred and received; and the communication regarding the grant has been incomplete and not received in a timely manner	1,024,699	\$0 (as of the 31st July)	The activities have been completed borrowing from funding received through other sources	0
Haiti	06-WHO-092	Health	07.04.06-07.01.07	200,000	1. Rehabilitation of the public water system 2. Increase water quality through its disinfection survey on water quality 3. Reorganization of the public water managerial model to increase community participation	1. Supply of reagents and disinfectants for the chemical and biological control of drinking water 2. Repair of 2.5 km of water system 3. Purchase of drilling equipment 4. Replacement of 300 meters of pipes and accessories to prevent leaks 5. Supply two measuring pumps for chlorination, and guarantee combustible to the generator.	Though the project has just begun, approximately 40% (US\$ 200,000) was disbursed. Most of the planned achievements have been obtained.	1. To increase by 100% the water production through: 2.5 km of pumping system repaired, 300 meters of pipes replaced and accessories, 2 measuring pumps for chlorination and combustible for generator 2. Implement a chlorination room: supply reagents and disinfectants for chemical and bacteriological control 3. Revitalize the management system of the drinking water: a) 200,000 community people will make aware concerning the project and water topics.		500,000	500,000	176,364	1. CAMEP-current agreement (US\$ 25,000) 2. State University of Haiti : 12,000 US\$ from the total (US\$ 20,220.81)

