

# Project Proposal

Organization	WHO (World Health Organization)						
Project Title	Delivery of essential lifesaving health care services through the core pipeline to the populations of humanitarian concern in the states of Unity, Uppernile and Jonglei South Sudan						
Fund Code	SSD-15/HSS10/SA2/H/UN/570						
Cluster	<b>Primary cluster</b>		<b>Sub cluster</b>				
	HEALTH		None				
Project Allocation	2nd Round Standard Allocation	Allocation Category Type	Core pipeline				
Project budget in US\$	302,432.82	Planned project duration	6 months				
Planned Start Date	01/09/2015	Planned End Date	29/02/2016				
OPS Details	OPS Code	SSD-15/H/73136/R	OPS Budget				
	OPS Project Ranking		OPS Gender Marker				
Project Summary	<p>Procurement and strategic distribution of life saving drugs is a top priority in the Health Cluster, in order to prevent common childhood diseases and common morbidity and mortality due to epidemics. The key areas of focus are Unity, Upper Nile and Jonglei. The proposed project will contribute to the lifesaving interventions within the health sector strategic priorities. WHO will procure 15 interagency health kits that will contribute to service delivery for 150,000 people for three months. These supplies will be accessed by the health cluster partners who are operating in the three conflicts affected states. Emergency drug supplies will contribute to continuation of basic curative services as a measure of maintaining the front line services. These supplies will complement the existing supply of essential medicines from the MOH, however there is a likelihood that the regular essential medicines will not be available in the last quarter and this will heavily impact on the health core pipeline</p> <p>Currently the available pipeline supplies are not adequate to cover the next six months for the targeted 1.74 Million people of the 4.6 M in need. CHF funding will be critical to ensure reliable transport means to respond to partner requests from the states. Health partners that are included in the SRP will be eligible for the core-pipeline supplies support and this will be after a clearly demonstrated and documented gap of health needs and supplies rapture within their area of operation. The health cluster partners will request the supplies through the health cluster for purposes of verification of existence of particular projects in the mentioned area and this will also strengthen involvement of the Health Cluster Coordinator in the management of the pipeline and enable tracking of responses. No special agreement will be needed with the pipeline manager for the Health cluster partners to access the supplies however recommendation of the health cluster will be needed. As such CHF funding for the pipeline is very critical and needed to avert the potential humanitarian crisis (pipeline break) and improve the response times for the humanitarian community to the increasing health needs and this will reduce the excess morbidity and mortality that would have otherwise been encountered</p>						
Direct beneficiaries		<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
	Beneficiary Summary	73500	76500	0	0	150,000	
	<b>Total beneficiaries include the following:</b>						
	Children under 5	15190	15810	0	0	31000	
Internally Displaced People	60690	58310	0	0	119000		
Indirect Beneficiaries		Catchment Population	Catchment population are the general host community in the three states of Jonglei, Unity and Upper Nile				
Link with the Allocation Strategy	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. This activity is linked to the health cluster strategy and response approach; to increase access to and responsiveness of essential and emergency health care. Main components to be supported through the CHF funding include procuring and strategically prepositioning inter agency emergency kits. 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						
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)	Source	US\$				
		USAID	2,000,000.00				
		ECHO	1,186,580.00				
			3,186,580.00				
Organization focal point contact details	Name	Title	Phone	Email			
	Mpairwe Allan	Emergency Coordinator	0955372370	mpairwea@who.int			

## BACKGROUND INFORMATION

<p><b>1. Humanitarian context analysis..</b> Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>South Sudan continues to face a humanitarian crisis since for the last 18 months that is characterized by open conflict between the government and opposition forces. This is compounded by major internal displacement, increasing food insecurity and high malnutrition rates, limited access to basic services, disease outbreak and access challenges to crisis affected areas. Humanitarian operations in South Sudan remain precarious, complex and uncertain. The current humanitarian crisis in South Sudan is widespread and severe, with more than 4.6 million people in need of emergency assistance with the most affected states being Unity, Upper Nile and Jonglei. The country's very fragile health system (lack of skilled staff, supplies, equipment and leadership at all levels) was negatively impacted by the crisis, and further hampered the humanitarian response. Over 57 per cent of health facilities in the three states most affected by conflict are not functioning. The break in the provision of essential medicines through the Essential Medicines Fund (EMF) will have humanitarian consequences throughout the country, and some 768,400 people served by 1401 health facilities will not have access to lifesaving drugs and medicines in the last quarter of the year. The donor financed EMF was to be taken over by the MOH, but the financial crisis has created a gap. The humanitarian pipeline is not designed to replace or cover routine primary health care essential medicines and hence high morbidity and mortality expected. Even if funding for the essential medicines were to be availed by early June, the procurement delays and mechanism for delivering drugs to facilities would not allow the drugs to be in country by the last quarter of 2015 and this will cause a gap/stock out of six to nine months, likely driving an accelerated spread of disease and illness to which health partners will need to respond. The rainy season continues to cause hardship to the displaced persons and most vulnerable population. In addition, the living conditions in the PoCs, limited access to food, water or sanitation, and the risk of disease outbreaks is a serious concern. Currently south Sudan continues to face a cholera outbreak and over 985 cases (CFR=3.6%) have been responded to in Bor, Kajokeji and Juba. Based on the current humanitarian situation and economic crisis in relation to the water scarcity, scenario development has been carried out for Juba and other communities outside of Juba to forecast how many people may be affected in the coming six months. With a 1% attack rate up to 10,054 cases in Juba with 5% needing admission and intense treatment, in addition and 34900 cases (Fatality rate of 3400) in other states are projected if the adequate resources are not immediately availed to control the cholera epidemic that is straining the already over stretched primary health care system</p>
<p><b>2. Needs assessment.</b> Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicate references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)</p>	<p>The crisis continues to cause a major public health crisis with extensive disruption of essential primary and secondary health care services. As of July 2015 only 57% of health facilities in Unity, Upper Nile, Jonglei remain operational (10% increase and this continues to hamper provision of the much needed Primary Health Services in the deep front areas. There is an expected break in the provision of essential medicines from government. This will have a devastating consequence on the delivery of health services in the country and will further strain the core pipeline supplies procured with support from humanitarian funding. Essential medicines in South Sudan are currently procured by the Essential Medicines Fund (financed by USAID, DFID &amp; Norway). The EMF was set up for one year with the agreement that the Government of the Republic of South Sudan (GRSS) through the Ministry of Health (MOH) would take over procurement of essential medicines thereafter. However, due to the current financial crisis in the country, the MOH is clearly unable to take on this key responsibility. Therefore, over 1401 health facilities will have no medicines and essential drugs and supplies to treat the most common and major causes of morbidity and mortality in the country; malaria, diarrhea and respiratory tract infections that cause over 90% of the OPD consultations. Based on the passed trend s in OPD consultation, an estimated 768,442 people will not have access to lifesaving drugs and medicine in the last quarter and this is further translated into reduced access to health care</p>

by the already vulnerable population in both conflict and non-conflict states and hence increase in morbidity and mortality of the people of South Sudan. Even if funding for the essential medicines were to be availed by early June, the procurement delays and mechanism would not allow the drugs to be in country by the last quarter of 2015 and this will cause a gap/stock out of six to nine months. Based on the available resources the health cluster does not have the capacity to cover this huge gap of life saving drugs and the humanitarian pipeline is not designed to replace the regular PHC drug supply. Contingency plans are being made by donor pooled fund mechanisms and individual health partners to attempt to bridge this gap, although due to budgetary constraints and capacity these efforts are significantly limited. Essential medicines kits from WHO pipeline were an instrumental stopgap when EMF was delayed in 2013/14 and will be very critical for the last quarter of the year of 2015

**3. Description Of Beneficiaries** The target population is based on the amount of core pipeline supplies that will be procured using CHF support. A total of 150,000 beneficiaries will be targeted of which 73,500 will be of the female sex. Both the IDPs in the POCs and those that are mobile due to recurrent displacement and a fraction of the host community in the three identified states will benefit from this pipeline.

**4. Grant Request Justification.** Currently the health core pipeline is 31% funded despite the increasing health needs across ten states of South Sudan. The health situation remains fragile, with health service delivery greatly affected and the on-going crisis. Over 4.6 M of which 1,74M people being targeted are in urgent need of emergency health assistance. Humanitarian needs among displaced people and other vulnerable groups continue to grow, and the humanitarian operations in South Sudan remain precarious. Many health facilities in conflict affected areas and other stable areas are almost non-functional as the health personnel fail to report on duty due to insecurity, unpaid salary and shortage of drugs. This is exacerbated by already very fragile health systems (lack of skilled staff, drugs, medical supplies and equipment, leadership, etc. at all levels) that have further affected the humanitarian response. The Ministry of Health has limited capacity to manage the current health emergencies such as cholera, and any public health risks and will greatly rely on WHO for its support in these areas. The break in the provision of essential medicines through the Essential Medicines Fund (EMF) will have humanitarian consequences throughout the country, and some 768,400 people served by 1401 health facilities will not have access to lifesaving drugs and medicines in the last quarter of the year. In the last six months health cluster partners have greatly relied on WHO emergency kits to support their response operations at field level, and they will continue to rely on the WHO core pipeline for the next six months. In the last six months the WHO pipeline was very instrumental in supporting response operations in Southern Unity and Upper Nile following the continued clashes and destruction and looting of health facilities. This trend is set to continue and hence it's very important for WHO as a health lead to have adequate stock piles of life saving drugs

**5. Complementarity.** Explain how the project will complement previous or ongoing projects/activities implemented by your organization. The funds for this allocation will be used to procure a fraction of the planned kits as reflected in the budget. No running activities have been double funded and all activities reflect in the budgets are activities that were not funded in other programs. This fund will support activities within the frame work of WHO response frame work that guide the overall health emergency response

**LOGICAL FRAMEWORK**

**Overall project objective** To reduce avoidable morbidity and mortality among displaced people and host communities, and respond to the rapidly deteriorating health situation in the three conflict states of Unity, Upper Nile and Jonglei

**Logical Framework details for HEALTH**

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	100

**Outcome 1** Internally displaced, host community have access to life saving drugs from the targeted health facilities in Unity, Upper Nile and Jonglei

**Code** **Description** **Assumptions & Risks**

**Output 1.1** 15 Inter agency health kits are procured and strategically prepositioned in the three states Funds come on time, security allows for prepositioning

**Indicators**

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Core pipeline] % of the states/MOH hubs with emergency kits prepositioned					10
		<b>Means of Verification:</b> Stock Cards, Ledger books way bills and monthly stock out reports					
Indicator 1.1.2	HEALTH	[Core pipeline] # of implementing partners receiving supplies from the pipeline					10
		<b>Means of Verification:</b> way bills, delivery notes,					
Indicator 1.1.3	HEALTH	# of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)					60000
		<b>Means of Verification:</b> IDSR reports, HMIS reports, monthly reports					

**Activities**

Activity 1.1.1	Procurement of 15 Inter Agency Health Kits (IEHK)
Activity 1.1.2	Distribution and strategically preposition the inter-agency health kits in the states of Jonglei, Upper Nile and Unity
Activity 1.1.3	Monitoring and Evaluation of the field activities regarding the pipeline

**WORK PLAN**

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		Activity 1.1.1 Procurement of 15 Inter Agency Health Kits (IEHK)	2015										X	
	2016													
Activity 1.1.2 Distribution and strategically preposition the inter-agency health kits in the states of Jonglei, Upper Nile and Unity	2015											X		
	2016													
Activity 1.1.3 Monitoring and Evaluation of the field activities regarding the pipeline	2015											X	X	X
	2016	X	X											

**M & R DETAILS**

**Monitoring & Reporting Plan:** Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do 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 WHO Outbreaks and Disasters Management team. Data collected will be compiled by the WHO data manager, supported by the information manager of the health cluster, in collaboration with the monitoring and reporting officer of the health cluster. WHO standard templates will be provided to the partners both at state and field level, while the CHF reporting

you report about what to whom?). State if, when and how you plan to evaluate your project .

templates will be used for the interim and final reports to the CHF secretariat. Health cluster partners will provide reports on the utilization and distribution of the pipeline supplies received from the pipeline manner on a regular basis. WHO will provide the CHF secretariat monthly reports on the distribution and updated balances of the core pipeline supplies. In addition midterm project reports that include utilization and remaining balances reflecting funds balances will be shared on quarterly basis while interim, final quantitative and narrative reports will be provided to the humanitarian coordinator and CHF secretariat. 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

**OTHER INFORMATION**

**Accountability to Affected Populations**

The affected population will be engaged in the needs analysis through provision of the much needed information during health assessments and monitoring visits. Change agents in the community, local health authorities, and opinion holders in the community will be consulted on pertinent issues in coordination with the cluster. Existing Community structures like the community health care systems and Boma health teams surveillance systems 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 illnesses that would otherwise be fatal. Community resource persons will be involved in mitigation measures for major health hazard and also as first responders in the major humanitarian emergencies

**Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.**

The duration for implementing of the CHF funded activities will be 6 months. The project will be implemented through WHO state offices, health cluster partners and local health authorities. WHO being a technical agency supports responses for health through the existing structures which are the local health authorities and members of the cluster. All procurement of the life saving emergency drugs and supplies will be undertaken by WHO through the international procurement unit at both regional and headquarter level. Coordination, led by the Ministry of Health and WHO in close collaboration with other partners, will be optimized to ensure maximum effectiveness of assistance, avoid overlapping and reprogram activities in due time.. Health partners that are included in the Strategic Response Plan will be eligible for the core pipeline supplies support and this will be after a clearly demonstrated and documented gap of health needs and supplies rapture with their area of operation. The health cluster partners will request the supplies through the health cluster to get recommendation and easy tracking of responses. No special agreement will be needed with the pipeline manager to access the supplies however recommendation of the health cluster will be needed. Transportation of medical supplies to the states or counties will be contracted by logistic cluster common transport system and private transporters. The focus of the interventions will be in the high risk states of Jonglei, Upper Nile and Unity.. 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**

**Environmental Marker Code**

B+: Medium environmental impact with mitigation(sector guidance)

**Gender Marker Code**

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

**Justify Chosen Gender Marker Code**

Core pipeline supplies are accessed by both men and women,boys and girls at the facility level. . Health interventions at PHC level put into consideration all the kinds of categories of-the patient. special consideration has been provided to the children and women attending the health facilities,

**Protection Mainstreaming**

**Safety and Security**

Staff supporting this project in the selected areas are residing in UN .All movements and transportation of supplies related to the pipeline are subject to security clearance by the UNDS following various risk assessment in the area

**Access**

Strategically most of the prepositioning will be done at state levels in the humanitarian hub and this will be subject to the availability of security clearance. For the deep front areas,this will be handed on a case by case basis and all the transportation will be done in close consultation with the log cluster to ensure the much need supplies .

**BUDGET**

**1 Staff and Other Personnel Costs** (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total	
								Q3	Q4	Q1		
<b>Section Total</b>								0.00	0	0	0	0.00

**2 Supplies, Commodities, Materials** (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total	
								Q3	Q4	Q1		
2.1	Procure 15 inter Agency Health Kits Each kit is adequate for a population of 10,000 people for three months	D	15	22500	1	68.50%	231,187.50	0.00	0.00	0.00		
2.2	Six Charter flights to deliver the supplies at state level Private contractors to support delivery of these supplies on a need to need basis	D	6	6500	1	100.00%	39,000.00	0.00	0.00	0.00		
2.3	Monitoring and supervision of field interventions Monitoring field interventions - DSA @89 USD Per day for 14 days for 10 Technical staff to support supervision of pipeline supplies(89x14x10)=12460	D	10	1246	1	100.00%	12,460.00	0.00	0.00	0.00		
<b>Section Total</b>								282,647.50	0.00	0.00	0.00	0.00

**3 Equipment** (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total	
								Q3	Q4	Q1		
<b>Section Total</b>								0.00	0	0	0	0.00

**4 Contractual Services** (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total	
								Q3	Q4	Q1		
<b>Section Total</b>								0.00	0	0	0	0.00

**5 Travel** (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total	
								Q3	Q4	Q1		
<b>Section Total</b>								0.00	0	0	0	0.00

**6 Transfers and Grants to Counterparts** (please list transfers and sub-grants to project implementing partners)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total	
								Q3	Q4	Q1		
<b>Section Total</b>												

<b>Section Total</b>							0.00	0	0	0	0.00	
<b>7 General Operating and Other Direct Costs</b> (please include general operating expenses and other direct costs for project implementation)												
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total	
								Q3	Q4	Q1		
<b>Section Total</b>							0.00	0	0	0	0.00	
<b>Sub Total Direct Cost</b>												282,647.50
<b>Indirect Programme Support Cost</b> PSC rate (insert percentage, not to exceed 7 per cent)												7%
<b>Audit Cost</b> (For NGO, in percent)												
<b>PSC Amount</b>												19,785.33
Quarterly Budget Details for PSC Amount		2015		2016		Total						
		Q3	Q4	Q1								
		0.00	0.00	0.00	0.00							
<b>Total Fund Project Cost</b>												302,432.83
<b>Project Locations</b>												
Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity					
Jonglei -> Bor South	20	15300	14700			30000	Activity 1.1.2 : Distribution and strategically preposition the inter-agency health kits in the states of Jonglei, Upper Nile and Unity Activity 1.1.3 : Monitoring and Evaluation of the field activities regarding the pipeline					
Unity -> Rubkona	40	29400	30600			60000	Activity 1.1.2 : Distribution and strategically preposition the inter-agency health kits in the states of Jonglei, Upper Nile and Unity Activity 1.1.3 : Monitoring and Evaluation of the field activities regarding the pipeline					
Upper Nile -> Malakal	40	29400	30600			60000	Activity 1.1.2 : Distribution and strategically preposition the inter-agency health kits in the states of Jonglei, Upper Nile and Unity Activity 1.1.3 : Monitoring and Evaluation of the field activities regarding the pipeline					
<b>Project Locations</b> (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)												
<b>DOCUMENTS</b>												

