

Requesting Organization :	United Nations Children's Fund				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Improved emergency Health preparedness and response in South Sudan through the supplies core pipeline				
Allocation Type Category :	Core pipeline				
OPS Details					
Project Code :		Fund Project Code :	SSD-16/HSS10/SA2/H/UN/3560		
Cluster :		Project Budget in US\$:	314,991.59		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/10/2016	Planned End Date :	31/03/2017		
Actual Start Date:	01/10/2016	Actual End Date:	31/03/2017		
Project Summary :	The planned interventions aim to mitigate impact of essential medicines and supplies stock out through the core pipeline in areas affected by the conflict to ensure that boys, girls and women among vulnerable populations (IDPs, and the host population) have access to Humanitarian basic health services.				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	55,120	50,880	48,880	45,120	200,000
Other Beneficiaries :					
	Men	Women	Boys	Girls	Total
Internally Displaced People	38,584	35,616	34,216	31,584	140,000
People in Host Communities	16,536	15,264	14,664	13,536	60,000
<u>Indirect Beneficiaries :</u>					
<u>Catchment Population:</u>					
<u>Link with allocation strategy :</u>					

The project will contribute to Health Cluster Objective 1 of decreasing excess mortality and morbidity by strengthening the quality of emergency health care. This will include vaccination to prevent communicable diseases which account for a substantial percentage of the burden of morbidity and mortality in children under five, and the provision of preventive and curative primary health care services. The project will raise awareness at the community level on the importance of early care seeking behavior and the importance of vaccination for children and pregnant women. It will also contribute to Objective 2 by enhancing health system capacity to adequately respond to outbreaks due to vaccine-preventable and other diseases, with a particular focus on diseases that most affect children including measles and malaria but also cholera where needed.

For the last 3 years, malaria has been leading the morbidity in South Sudan with a particular high number of cases reported: in 2016, the ministry of health reported a total of 909,968 cases as of week 31, against a total of 2,068,133 cases in 2015 and 1,401,447 in 2014. Malaria cases represent 38% of the total consultations in 2016, while Acute Watery Diarrhea accounts for 9.5%.

A rapid assessment conducted in Kajo Keji in June 2016 allowed UNICEF to visit two health facilities (Kansuk and Gadaru PHCC) affected by lack of drugs and qualified staff, as health workers have also left the areas. Only one health worker was found in Kansuk PHCC. Major causes of morbidity in Kansuk are malaria, respiratory tract infection, and watery diarrhoea (in particular among young children).

Unicef has the representative in the 10 states of the country which also contribute to a regular monitoring of the humanitarian need confirming the lack of services in remote areas.

The cold chain is non-functional due to the lack of kerosene to operate the refrigerators; the vaccines in the cold chain have been spoiled due to high temperatures in the cold chain. The country doesn't have other source of electricity. In the remote area we are using solar fridge. But at state and national cold chain we are using this kerosene 100% provided by UNICEF with donor support. Given the increased number of displaced population with the recent crisis, poor sanitation, lack of clean water, and reported cholera suspected cases in the many location in the country, the situation may worsen in coming days if adequate measures are not taken.

CHF funding is critical to ensure availability of core pipeline immunization and primary health care (PHC) supplies. The current stock of measles vaccines as well as PHC (PHCU) kits, malaria drugs, malaria rapid diagnostic tests, and long lasting insecticide-treated nets (LLITNs) cannot accommodate the response over the next season as well as required prepositioning for the ongoing 2016 rainy season and subsequent dry season. We are targeting 55,1120 mens;50,880 womens ,48,880 boyes and 45,120 girls

UNICEF will preposition PHC/PHCU kits, malaria drugs, rapid diagnostic tests, and LLITN in the different states. Vaccines will be prepositioned in its hubs of Bentiu, Bor and Malakal, Wau, Yambio and Juba as well as with partners prior to each campaigns. Due to lack of cold chain facilities in the three conflict-affected states, flights are chartered through close coordination with the health cluster and the Expanded Program of Immunization technical working group, to send vaccines to implementing partners on the ground just prior to campaigns, as soon as the outbreak is confirmed.

In addition, vaccines are required for the National Measles Follow-up Campaign planned for November 2016 targeting 3,278,013 children. With the anticipated essential drugs and equipment shortage in the first quarter of the year, these supplies are critically needed.

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
Chantal Umutoni	Primary Health Care Manager	cumutoni@unicef.org	+211926123000
Jean Luc Kagayo	Health Specialist	jlkagayo@unicef.org	+211955151928
Lydie Minguiel	Immunization Manager	lmminguiel@unicef.org	+211922188195

BACKGROUND

1. Humanitarian context analysis

It's almost 3 years since the first clash between SPLA fraction started forcing hundred thousand of people to flee their home and moved either inside the country or outside in neighbours countries such as Ethiopia, Kenya, Uganda and DR Congo. The arrival of the opposition in the capital April 2016 and tentative of coalition government was welcome with both side with many hopes, but nowadays the number of violence seems to increase after Juba incident beginning July 2016, with a consequence of more people displaced with a limited access to humanitarian aid. This man-made humanitarian disaster has left more than 1.66 million people internally displaced. The number of people seeking shelter in overcrowded Protection of Civilian (PoC) sites in UN bases has risen to over 185,000; over 751,397 South Sudanese have taken refuge in neighbouring countries such as Ethiopia, Sudan, Uganda and Kenya, putting additional strain on these countries. In addition, South Sudan hosts around 259,796 refugees from neighbouring countries, mainly Sudan. According to the HRP of South Sudan, it is estimated that if the planned second round of provision of essential medicines through the Essential Medicines Fund (EMF) is not replaced by government procured system, the country may face a serious national stock out, with estimated 768,400 people served by 1,400 health facilities at risk of not having access to lifesaving essential medicines in the last quarter of the year.

Health service capacity and infrastructure, including immunization services, is weak countrywide, this is now worsened by the increase number of counties affected by the conflict. According to the HMIS South Sudan of 2015, in the seven less-affected states, 77% children had received measles vaccine before one year of age, 69% had received polio vaccine before one year, 57% of children had received Penta 3 before one year, and 58% of women were immunized against tetanus during antenatal consultations. However, in Greater Upper Nile, only 11% of targeted children have received polio vaccine before one year, 10% Penta 3 before one year, 6% of women were immunized against tetanus 2+ during antenatal consultations. Immunity against vaccine-preventable diseases is ensured with a routine immunization coverage of at least 80%. The risk of outbreaks of vaccine-preventable disease has been heightened among affected populations with the already poor routine immunization coverage in the country compounded by increasing risk factors such as high population displacement and overcrowding in IDP camps.

The current crisis has resulted in destruction of health facilities, cold chain equipment and the immunization supply chain, but also recurrent vandalism of equipment re-established in certain areas by humanitarian such as Pibor, Leer, Koch pushed humanitarian to find alternative way to deliver services to beneficiaries such as outreach strategies with fast cold chain for immunization. This is set against the background of an already fragile health system, compromising access to quality health services for the affected populations. The under-five mortality rate is estimated at 108 per 1,000 live births. The percentage of women receiving antiretroviral treatment for the prevention of mother to child transmission of HIV is estimated at 18%, children receiving antibiotic for pneumonia at 48%, and children suffering for malaria accessing to treatment at 46%, while children with diarrhoea receiving oral rehydration salts is estimated at 39%.

2. Needs assessment

The last comprehensive cold chain inventory was conducted in South Sudan in 2012, however the humanitarian assessment As of September 2015, some 55 per cent of the health facilities in Unity State, Upper Nile State and Jonglei were no longer functioning this include Cold chain System. A recent analysis of the cold chain coverage showed that only 459 out of 1936 health facility are equipped with cold chain system either 24%. About 56 per cent of the population in South Sudan does not access public health facilities and, exacerbated by conflict and population displacement, there is an increased risk of epidemic prone, endemic, vaccine preventable and other diseases. Displacement has caused severe shortage of human resources to respond to frontline health needs. The sector is experiencing shortages of essential medicines, skilled human resources and supplies in key healthcare facilities and outreach emergency response. Health facilities have been destroyed, damaged and closed and are unavailable to provide effective surveillance or serve as referral mechanisms, especially for maternal obstetric complications.

As per a rapid assessment conducted at Bentiu in Aug 2016, There is no health service provider in the hospital The health personnel were scattered all over the country and some of them have left the country and the few who are present now joined the NGOs. There are a few technical staff in Juba including doctors, Clinical Officers and Nurses, who can come in case the situation stabilizes, therefore unlikely to come back to Bentiu in the near future.

A few fridges were found in place but not sure of their functionality. Immunization cards and registers scattered all over the place. Some equipment from the main operating room were seen damaged and scattered outside the operating room (between the OR and the OPD building), indicating the extent of damage done during the crisis. Equipment such as autoclave machines, cauterization machines, oxygen cylinders, anesthetic machines and other equipment were found damaged and scattered outside in front of the operating theatre.

3. Description Of Beneficiaries

The target population comprises:
55,120 Mens ;50,880 Womens, 45,120 girls and 48,880 Boys

4. Grant Request Justification

The risk of disease outbreaks including vaccine-preventable diseases remains high amongst displaced populations. This project aims to improve access to, and responsiveness of, essential and emergency health care by ensuring timely provision of primary health care include cold chain equipment. In order to prevent malaria transmission among vulnerable populations, UNICEF will procure and distribute mosquito nets to children under-five and pregnant women and ensure that children and women have access to malaria treatment by providing malaria kit to health facilities.

To improve access to quality immunization services for boys and girls under 5 and pregnant women, to prevent outbreaks of vaccine-preventable diseases, UNICEF will ensure the provision of safe and potent measles vaccines and related injection materials. UNICEF is entirely responsible for the procurement, storage, and distribution of all vaccines and injection materials for routine, supplementary, and emergency immunization activities, and establishment and maintenance of the cold chain system across the country through procurement installation, repair, renovation, rehabilitation and maintenance of cold-chain equipment.

Electricity system is non-existent and all the cold chain system relies on electricity generators. The fuel used to be funded by GPEI but from the second half of 2016 the funds provided will not cover the gap as expected putting the country cold chain system into risk. As a result of the poor road network throughout the country partners are obliged to transport vaccines by air. While in the seven stable states the rotation agreement with the flight companies is per state, in the three state most affected by the 2013 conflict it is per county (32) and sometimes per payam (219). South Sudan doesn't have infrastructure, to bring items to the field. This require a charter flight. Given the number of location to be covered especially in the conflict affected areas the cost become high up to 60% of the items prices. This cost is compared to 20% which we normally pay for the transportation from the manufacturer to the country.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

This project will contribute to the cluster objective by providing essential drugs, basic Health kit and Cold Chain equipment to implementing partners and health facilities.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	100

Contribution to Cluster/Sector Objectives : This project will contribute to the cluster objective by providing essential immunization services , re-establishment of the cold chain , fuel for national and state vaccines stores, maintenance of cold chain system in the conflict affected areas.

Outcome 1

Girls, boys, and pregnant and lactating women have improved access to preventive and curative health services though the strengthened cold chain system, social mobilization, provision of essential medicines, mosquito nets and other core health pipeline supplies without stock out.

Output 1.1

Description

Cold chain system is reestablished at health facilities level

Assumptions & Risks

Security and logistics arrangement allowing UNICEF to transport vaccines and other commodities to hard-to-reach areas. UNICEF has engaged with an additional charter flight company to improve the transport.

Activities

Activity 1.1.1

Distribution and installation of cold chain equipments

Activity 1.1.2

maintenance of cold chain equipment installed

Activity 1.1.3

Purchase fuel and of cold chain equipment

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Frontline # of facilities with functioning Cold chain in conflict states					13

Means of Verification : Supervision , way bill, stock card

Output 1.2

Description

Children under 5 and pregnant women are immunized against vaccines preventable diseases

Assumptions & Risks

Deterioration of security entailing evacuation of UNICEF staff in charge of primary health care and implementing partners. Charter flights not allowed to fly to specific locations of the Greater Upper Nile region.

Activities

Activity 1.2.1

provision of vaccines to the health facilities

Activity 1.2.2

Monitoring of activities and supportive supervision to implementing partners

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			1,920	2,080	4,000

Means of Verification : Supervision , activities report

Output 1.3

Description														
Awareness of people on diseases prevention is increased														
Assumptions & Risks														
Access to beneficiaries , acceptance of the community														
Activities														
Activity 1.3.1														
Conduct the community leader meeting for community engagment														
Activity 1.3.2														
Display of IEC material (Cholera, Polio, measles) to the communities														
Indicators														
			End cycle beneficiaries				End cycle							
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target							
Indicator 1.3.1	HEALTH	Frontline # of health education and promotion sessions conducted before and during outbreaks					50,000							
Means of Verification : Activities report , supervision , interview of beneficiaries														
Additional Targets :														
M & R														
Monitoring & Reporting plan														
<p>The UNICEF Office structure has been significantly strengthened since Jan 2014 with -the current staffing stands at 285 with more than 50% based in the field. In the first months of the crisis, the office had expanded its capacity through surge staff from various UNICEF offices as well as through standby partners. The field presence has been strengthened in the field offices of Malakal, Bor, and Bentiu with the field hub offices (Kwajok, Aweil, Rumbek, Yambio and Torit) reporting to the field offices.</p> <p>UNICEF is responsible for ensuring regular monitoring and evaluation of this project, with a view to ensuring efficient utilization of resources. The reports received from partners will be analyzed by UNICEF, and emerging issues feed into the internal and cluster reporting systems. The information is also used to improve the subsequent planning of service delivery. Staff based in the field provide on-going monitoring of activities through regular interactions with implementing partners and local Government entities (as applicable). There is regular communication between the staff based in the field and Juba to ensure that any issues being faced are resolved as soon as possible. Regular discussions on achievements, opportunities and challenges in sector activity implementation are held within various fora, such as the Emergency Coordination Management Team (ECMT) as well as the HQ level EMT committee, which provide direction and guidance for timely, effective and coordinated implementation of UNICEF's EPR activities in the country, within the framework of the Core Commitment for Children in Humanitarian Action.</p> <p>During cluster meetings, UNICEF and partners look at the expectations of each other's role, how to improve co-ordination and how to identify and manage risks relating to cluster coordination (and pipeline management), also in terms of activities implemented.</p>														
Workplan														
	Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
	Activity 1.1.1: Distribution and installation of cold chain equipments	2016										X	X	X
		2017	X	X	X									
	Activity 1.1.2: maintenance of cold chain equipment installed	2016										X	X	X
		2017	X	X	X									
	Activity 1.1.3: Purchase fuel and of cold chain equipment	2016										X	X	
		2017												
	Activity 1.2.1: provision of vaccines to the health facilities	2016										X	X	X
		2017	X	X	X									
	Activity 1.2.2: Monitoring of activities and supportive supervision to implementing partners	2016										X	X	X
		2017	X	X	X									
OTHER INFO														
Accountability to Affected Populations														
Unicef will always ensure that beneficiaries are involved in the need identification and actively participate in the project implementation														
Implementation Plan														

This project will be implemented during the next 12 months from Sept 2016 to Aug 2017, as soon as the money will be transferred to UNICEF account the purchase order will be raised for items purchase. The Rapid Response Mechanism (RRM) strategy will be the key strategy to deliver services to the remote location upon security situation. UNICEF will continue to focus on reaching inaccessible populations with urgent, life-saving interventions with improved targeting criteria through RRM mechanisms.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

2b-The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code

All UNICEF supported programmes are designed to reach boys and girls who are most at risk by aligning program strategies against internationally and nationally agreed minimum standards and by adopting explicit age and gender sensitive strategies.

The total population of boys, girls and women at need were determined based on the various surveys and assessments conducted across the country. Accordingly, the programs were designed according to the needs of both boys, girls and women disaggregating results by age and sex and incorporating beneficiary feedback into regular programme reviews. The setup of these programme consider the need of under five children (boys and girls), pregnant women and lactating mothers through end user monitoring and feedback. In order to protect the mothers who bring their children to the health facilities for treatment, UNICEF works also to ensure services are brought closer to the communities either through Rapid Response Mechanism or Direct Implementing partners and provided to all as well.

Protection Mainstreaming

Country Specific Information

Safety and Security

Access

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Core Pipeline Manager P4	D	1	23,609.00	6	20.00	28,330.80
	<i>Support on the management of program and support to implementing partners</i>						
	Section Total						28,330.80
Supplies, Commodities, Materials							
2.1	Cold chain Spare part lumpsum	D	1	2,000.00	1	100.00	2,000.00
	<i>Purchase of spare part for solar fridges and generator maintenance</i>						
	Section Total						2,000.00
Equipment							
3.1	Solar fridge, Dometic TCW 2000 SDD	D	16	9,528.96	1	100.00	152,463.36
	<i>Solar fridge for cold chain rehabilitation in the vandalized Health Facilities</i>						
3.2	Contribution to Freight estimate at 20% of the items value	D	1	30,490.00	1	100.00	30,490.00
	<i>20% of items value</i>						
	Section Total						182,953.36

Contractual Services							
4.1	Solar fridge installation	D	13	500.00	1	100.00	6,500.00
	<i>Installation of procured Solar fridges in the areas affected by the conflict</i>						
	Section Total						6,500.00
Travel							
5.1	Program evaluation and monitoring	D	2	400.00	10	100.00	8,000.00
	<i>2 trip to the field per month for supervision and technical support to partners</i>						
	Section Total						8,000.00
General Operating and Other Direct Costs							
7.1	Fuel for Cold chain	D	22435	2.30	1	100.00	51,600.50
	<i>Cold chain fuel for a period of 2 weeks</i>						
7.2	ICT	D	1	15,000.00	1	100.00	15,000.00
	<i>Contribution to the internet connection</i>						
	Section Total						66,600.50
SubTotal			22,470.00				294,384.66
Direct							294,384.66
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							20,606.93
Total Cost							314,991.59
Grand Total CHF Cost							314,991.59
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Akobo	3	1,653	1,526	1,466	1,358	6,003	
Jonglei -> Ayod	3	1,654	1,526	1,466	1,358	6,004	
Jonglei -> Bor South	2	1,102	1,017	977	902	3,998	
Jonglei -> Duk	3	1,653	1,526	1,466	1,358	6,003	
Jonglei -> Fangak	4	2,204	2,035	1,955	1,804	7,998	
Jonglei -> Nyirol	3	1,654	1,526	1,466	1,358	6,004	
Jonglei -> Pibor	3	1,653	1,526	1,466	1,358	6,003	
Jonglei -> Pochalla	3	1,653	1,526	1,466	1,358	6,003	
Jonglei -> Twic East	3	1,653	1,526	1,466	1,358	6,003	
Northern Bahr el Ghazal -> Aweil Centre	3	1,653	1,526	1,466	1,358	6,003	
Northern Bahr el Ghazal -> Aweil North	1	551	508	488	451	1,998	
Unity -> Koch	4	2,204	2,035	1,955	1,804	7,998	
Unity -> Leer	3	1,653	1,526	1,466	1,358	6,003	

Unity -> Mayendit	3	1,653	1,526	1,466	1,358	6,003
Unity -> Mayom	2	1,102	1,017	977	902	3,998
Unity -> Panyijiar	3	1,653	1,526	1,466	1,353	5,998
Unity -> Rubkona	3	1,653	1,526	1,466	1,353	5,998
Upper Nile -> Baliat	5	2,756	2,544	2,444	2,256	10,000
Upper Nile -> Luakpiny/Nasir	4	2,204	2,035	1,955	1,804	7,998
Upper Nile -> Malakal	5	2,756	2,544	2,444	2,256	10,000
Upper Nile -> Melut	5	2,756	2,544	2,444	2,256	10,000
Upper Nile -> Renk	2	1,102	1,017	977	902	3,998
Upper Nile -> Ulang	2	1,102	1,017	977	902	3,998
Warrap -> Gogrial East	5	2,756	2,544	2,444	2,256	10,000
Warrap -> Tonj East	2	1,102	1,017	977	902	3,998
Western Equatoria -> Maridi	3	1,653	1,526	1,466	1,353	5,998
Western Equatoria -> Mundri East	4	2,204	2,035	1,955	1,804	7,998
Western Equatoria -> Mundri West	4	2,204	2,035	1,955	1,804	7,998
Western Equatoria -> Nzara	5	2,756	2,544	2,444	2,256	10,000
Central Equatoria -> Juba	3	1,653	1,526	1,466	1,353	5,998
Central Equatoria -> Terekeka	2	1,102	1,017	977	902	3,998

Documents

Category Name	Document Description
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