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 :	Provision of quality life saving health services and responding to health related emergencies (Corepipeline supplies, enhancing outbreak preparedness and response,Trauma management), affecting the vulnurable populations of South Sudan
Allocation Type Category :	Core pipeline

OPS Details

Project Code :	SSD-16/H/89661	**Fund Project Code :**	SSD-16/HSS10/SA2/H/UN/3636
Cluster :	Health	**Project Budget in US$:**	399,998.84
Planned project duration :	6 months	**Priority:**	1
Planned Start Date :	01/09/2016	**Planned End Date :**	28/02/2017
Actual Start Date:	01/09/2016	**Actual End Date:**	28/02/2017

Project Summary :

The proposed project will contribute to the life saving interventions within the health sector strategic priorities. Procurement and distribution of these items is a top priority in the Health Cluster, in order to prevent common childhood diseases and common morbidities, epidemics and responding mass causalities from conflict areas. Emergency drug supplies will contribute to continuation of basic curative services as a measure of maintaining the front line services.
Currently the available pipeline supplies are not adequate to cover the next six months and there will be a rupture/break in the pipeline by mid October in the event more funding is not availed. The current stock amounts to only 30% of the target for 2016. Lack of pipeline supplies will translate to about 1.4 million people not reached with life saving supplies and hence excess mortality and morbidity that would have been averted. It is very critical to have funding through CHF to enable WHO procure the much needed corepipeline supplies otherwise we will be dealing with a major humanitarian gap to support the humanitarian response. Eight key states(Unity, Upper Nile,Warrap,Northern Bahr el Ghazal,Lakes,Jonglei,CES and EES) are ear marked to benefit from the strategic prepositioning as top priority

Direct beneficiaries :

Men	Women	Boys	Girls	Total
78,540	75,460	7,464	7,173	168,637

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	78,540	75,460	7,464	7,173	168,637

Indirect Beneficiaries :

Catchment Population:

The catchment population will all be the populations that are displaced due to conflict and other hazzard. Health cluster partners supporting health services in these areas of need will be able to access the supplies form the central and subnational hubs

Link with allocation strategy :

The CHF funding will be used to enhance the response capacity at state, county levels in order to reduce morbidity and mortality associated with humanitarian emergencies and mitigate the impact of the emergencies by having a quick and prompt response.
Main components to be supported through the CHF funding include procuring and rapid distribution of inter-agency emergency kits, stand-alone emergency medical supplies including emergency vaccines. Other activities include, prompt deployment of trained and competent technical officers and technical support to the health cluster members in areas regarding emergency response. These funded components will improve and increase the 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 :

Partner Name	Partner Type	Budget in US$

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

Other Funding Source	Other Funding Amount
ECHO,Japan,CERF,CHF	4,271,553.00
	4,271,553.00

Organization focal point :

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

BACKGROUND

1. Humanitarian context analysis

The current crisis in South Sudan has caused a major public health crisis with extensive disruption of essential primary and secondary health care services including physical and social infrastructure. Over 65health facilities remain functioning at minimal capacity Humanitarian needs among displaced people and other vulnerable groups continue to grow, and the humanitarian operations in South Sudan remain precarious, complex and uncertain due to a number of factors. The cost of implementing humanitarian programmes is particularly high due to insecurity, economic downturn, poor infrastructure and low national capacity. Emergency health care needs are on the rise, and many health partners have left the country or have minimum staffing. The funding situation for humanitarian operations in South Sudan remain grim..

The total affected population requiring humanitarian assistance is estimated to be 4.8 million and of these 2.3 M are in urgent need of emergency health services. Prior to the conflict, South Sudan had one of the worst health indicators in the world. The hugest burden of displaced persons is in the greater Upper Nile states followed by the greater Equatorial states.

The majority of service delivery points have been vandalized and are now operating at a minimum capacity. There are currently over 1.6 million displaced people across Jonglei, Unity, Upper Nile, Western Baher-Gaszel, Lakes, central Western and Eastern Equatorial. Over 200 000 are sheltered in the UN compounds and the rest have integrated into the host communities. (OCHA 2016)

With the increase in the population in the POCs, following the recent crisis, the displaced live in rudimentary conditions, with limited and sometimes no sanitation services, making them prone to an increased risk of communicable disease epidemics. Over 825 947 patients have been treated in sentinel and IDP sites since January 2016 which is much higher that the consultations over the same period last year. Malaria, Acute Watery Diarrhoea and RTI remain the top causes of morbidity and Mortality.

Communicable diseases remain a concern due to poor sanitation, shortages of water, crowded living conditions, malnutrition, and poor immunity, with young children and pregnant women particularly vulnerable. The situation is compounded by gaps in the Early Warning Alert Response Network coverage and low routine vaccine coverage (26% DPT 3 coverage according to official estimates)..
Mortality has been exacerbated by acute malnutrition and disease, including a malaria upsurge in 2016 that is similar in magnitude to the unprecedented 2015 season. All counties in Northern Bahergazel, Warrap, Lakes and Southern Unity have all crossed the alert and action threshold for Malaria. Cholera has been confirmed in three OF Juba,Duk and Terekeka. Alerts have been response to in Mingkaman, Nimule, Kajokeji,Wau and Old fangak. A total of 1207cases and 23 deaths (CFR 2%) have been managed to date. Measles has been confirmed in 12 counties and still remains a public health problem due to the low vaccination coverage. Since the beginning of the year, over 1591 cases have been reported across South Sudan (IDSR 2016) .

Hepatitis E Virus (HEV) remains a major public health challenge in IDP populations and to date over 754 cases have been managed in the health facilities. Malaria is endemic in the country, with IDPs at particular risk as they lack proper shelter or mosquito nets, and access to timely diagnosis and treatment is very limited.. Other common threats to people's health include acute respiratory infections, acute watery diarrhoea, malaria, malnutrition and measles. As the country is in the meningitis belt of Africa, the dry season may see outbreaks of meningococcal meningitis. In 2016, it is vital to continue to strengthen disease surveillance, outbreak response and controlling the spread of communicable diseases.

2. Needs assessment

The crisis in South Sudan has caused a major public health crisis with extensive disruption of essential primary and secondary health care services. As of August 2016 only 16% of health facilities were affected by the conflict and were functioning at minimal level.. This also hampers preventative care including vaccination campaigns, malnutrition screening and antenatal care. Healthcare coverage across the country is poor with only 40%(MOH 2015) estimated able to access health care within in 5km radius; Access to health care is variable throughout the country ranging from 34,807 persons per facility (Eastern Equatoria State) to 4000 persons per facility (Western Bahr el Ghazal) and is further hindered by geographical constraints and poor transport infrastructure. Only 1 person out of 5 utilizes health care facilities per year (SPHERE standard is one consultation per person per year). The actual expenditure on health by the government is at 4% and is likely to decline. Transition in health sector funding mechanisms which started in 2012 will continue into 2017, and until full implementation is completed ,gaps in support for basic health care are anticipated to continue further worsening access to health care. Infant Mortality Rate (IMR) and under-five Mortality Rate (UMR) are very high at 102 per 1000 live births and 135 per 1000 live births, respectively. South Sudan has one of the highest Maternal Mortality Rates (MMR) in the world, estimated at 2054/100,000 live births. Although close to 46.7% of pregnant women attend at least one ANC visit, only 14.7% of deliveries are attended by skilled health professionals Communicable diseases remain a concern in the country due to various predisposing factors. These include poor sanitation, shortage of water, crowded living conditions, malnutrition, and poor immunity, with young children and pregnant women particularly vulnerable. The situation is compounded by gaps in the EWARN coverage and low routine vaccine coverage (26% DPT 3 coverage according to official estimates). Outbreaks of cholera,malaria,measles and kala-azar have affected an estimated 2.4Million people across the country(MOH projections 2016). The pattern is likely to continue in 2016 given the prevalence of predisposing factors. Other common threats to people's health include acute respiratory infections, acute watery diarrhea, malaria, malnutrition and measles. The country being in the meningitis belt of Africa, the dry season may see outbreaks of meningococcal meningitis Due to weak logistic systems, poor infrastructure, and environmental access constraints, distribution of drugs to health facilities is often challenging, resulting in ruptures at facility level. PHC services in the greater Upper Nile are operating at 50% due to the delayed release of resources by the IMA-World Bank funded project and this is compounded by the concern of the limited availability of essential medicines by the central government supply systems that will greatly affect service delivery. Health partners are often called upon to mobilize and assist during extraordinary efforts to help in procurement as well as transport and distribution.

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 154000 beneficiaries will be targeted of which over 70,000 will be of the female sex. These are a fraction of the target population form the health cluster response plan based on the estimated utilization rate of the previous years. All the targeted beneficiaries will access the lifesaving supplies in OPD and treatment points through the health providing health services in the areas hosting populations of humanitarian concern.

4. Grant Request Justification

Humanitarian needs among displaced people and other vulnerable groups continue to grow, and the humanitarian operations in South Sudan remain precarious. Many of the displaced people and many communities in conflict affect areas do not have access to life-saving primary and secondary health care services. 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. Communicable diseases remain a challenge in South Sudan, and outbreaks are common in all the ten states of South Sudan.
The risk of communicable disease epidemics is greatly increased among populations affected by ongoing humanitarian emergencies due to increased population movement, poor living conditions among displaced people, poor sanitation and hygiene, shortage of water, overcrowded camps, malnutrition, and low immunity, with young children and pregnant women are particularly vulnerable. In early days of the crisis, measles outbreaks were confirmed in all IDP camps as well as other counties hosting displaced camps, and emergency vaccination campaigns were implemented in order to contain the measles outbreak hence need to have easily readily and accessible amount of lifesaving supplies.
The current supply mechanism that exists is not adequate and faces a lot of challenges. Often more than not, the push system of the government ends up with irregular supply of drugs and medicines at facility level and reports of stock outs are quite alarming. In the last six months, almost 80% of the states have reported stock out of essential medicines and this often has a negative impact on the supply and pipeline capacity of the health and humanitarian pipelines. These were not designed to cover the regular and PHC needs in regards to essential medicines. Enormous gaps in life-saving surgical intervention remain evident, especially in state and county hospitals that serve the population in the affected areas. 90% of all state hospitals do not have adequate capacity to effectively manage surgical patients due to lack of surgical kits. Effective emergency preparedness and response is critical in mitigating the impact of humanitarian emergencies to the vulnerable population In South Sudan. Since January 2014, WHO has pre-positioned and donated 48 various types of emergency health kits (core pipeline) with State Ministries of Health and frontline partners in high-risk areas. Over 15 health partners and all state health authorities have benefited the core pipeline, and many health partners operating in conflict affected areas are dependent to the core pipeline. With the current disruption to the routine drug supplies by the Ministry of Health and development partners, health cluster will have to bear the biggest brunt of providing and gap stopping of health partners with lifesaving emergency drugs.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To reduce avoidable morbidity and mortality among displaced people and Host community, and respond to the rapidly deteriorating health situation in high risk and hotspot areas

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 : The CHF funding will avail emergency kits to the health cluster partners as part of support to SO 1 of the of the health cluster response plan that will in turn contribute to SO1 of the overall HRP. This will reduce the response time of the emergency teams and further mitigate the impact of the emergencies by having a quick and prompt response. One of the biggest challenges of the pipeline has been the non availability of life saving supplies to support treatment of the common and potentially fatal illnesses. In addition WHO will procure life saving outbreak supplies that will supported the reduction of the verification time to less that the anticipated 78 hours and as such reducing the un avoidable mortality and morbidity that would otherwise have been registered in the absence of the pipeline. Main components to be supported through the CHF funding include procuring and strategically prepositioning inter agency emergency kits, stand alone emergency medical supplies including specialize kala azar drugs. 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

Outcome 1

Emergency supplies (inter-agency emergency health kits, Emergency Vaccines,) strategically pre-positioned and distributed to health care service providers operating in areas of need.

Output 1.1

Description

Life saving emergency supplies(,350 Basic Unit Kits,100,000 Vaccines) procured and availed for strategic distribution distibution

Assumptions & Risks

Funds are availed on time,security situation allow and remains stable,weather permits transportation of the supplies and MOH willing to implement the planned activities and presence of a well motivated network of health workers

Activities

Activity 1.1.1

Procurement of 350 IEHK(basic Unit) and 100,000 vaccine reactive vaccination of epidemic prone diseases

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Core Pipeline # of kits distributed					350

Means of Verification : Funds are availed on time,security situation allow and remains stable,weather permits transportation of the supplies and MOH willing to implement the planned activities and presence of a well motivated network of health workers

Outcome 2

Basic health care needs of displaced people are improved and met, including treatment of common but fatal illnesses

Output 2.1

Description

60 health facilities that received emergency medical supplies through core pipeline provide OPD treatment services to manage common illnesses.

Assumptions & Risks

Corepipeline has no rapture,procurement of the supplies done on time,security remains stabel and allows humnaitarina access

Activities

Activity 2.1.1

Distribution and donation of life saving kits to health cluster partners operating OPD stations in areas reporting high health needs

Activity 2.1.2

Support Supervision and monitoring visits to operational hubs ans health facilities to ensure the pipeline supplies are effectively utilized and support reporting mechanisms

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Core Pipeline # of direct beneficiaries from emergency health supplies (IEHK / trauma kit / RH kit)	78,540	75,460	7,464	7,173	168,637

Means of Verification : HMIS record and Inpatients records,IDSR records

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring and Evaluation officer from OCHA will support the cluster internal monitoring of the cluster as support to the implementation of the CHF project .The monitoring process will aim at tracking the implementation of planned activities. The regular (weekly, monthly) tracking of the level of implementation will be done by the WHO focal points with the technical support by the expertise from the regional and headquarter offices. The core pipelines will be monitored by the technical officers and logistic assistants in the WHO sub offices in the states. The tracking will be done against the indicators through the indicated means of verification mainly weekly and monthly reports as well as some deliverables like the health cluster or epidemiological bulletin, and regular field visit of the EHA focal point, Health Cluster Coordinator and senior supervisor (WR). The tracking will be done against the set indicators and verified through HMIS, way bills, training reports, attendance sheets, regular cluster meetings, support supervision reports and Morbidity and mortality reports as well as routine support supervision visits by the EHA team. 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 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

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procurement of 350 IEHK(basic Unit) and 100,000 vaccine reactive vaccination of epidemic prone diseases	2016									X			
	2017												
Activity 2.1.1: Distribution and donation of life saving kits to health cluster partners operating OPD stations in areas reporting high health needs	2016									X	X		
	2017												
Activity 2.1.2: Support Supervision and monitoring visits to operational hubs ans health facilities to ensure the pipeline supplies are effectively utilized and support reporting mechanisms	2016									X	X	X	X
	2017												

OTHER INFO

Accountability to Affected Populations

The affected population 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 cluster. Existing Community structures like the 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 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

Implementation Plan

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. Mobile health units will provide live-saving health services to displaced people in affected areas. 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 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, common transport system and private transporters. The focus of the interventions will be in the high risk states of Warrap, Jonglei, Upper Nile, Unity, Northern Bahergazal, some areas of Central and Eastern equatorial states and Lakes. As part of the synchronization of filling in critical gaps, WHO will continue to work with other actors including logistics cluster, UNICEF 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

Environment Marker Of The Project

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

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Health does not dessriminate beneficiaries in regard to access to life saving medicines. All beneficiaries irrespective of gender will access the medicines form the OPD locations supported by the cluster partners who access the kits

Protection Mainstreaming

Country Specific Information

Safety and Security

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

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 acess 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 asssets

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Supplies, Commodities, Materials							
2.1	Procure inter-agency kits, IEHK(Basic unit kits-Malaria module)	D	350	1,700.00	1	35.00	208,250.00
	One kit serves a population of 1000 for three months						
2.2	Procure 100000 vaccines (menigites,Yellow fever ,OCV)	D	100000	10.29	1	5.00	51,450.00
	Vaccines for reactive vaccination						
2.3	Pharmaceutical Kits to support medical complication of SAM	D	0	0.00	1	100.00	0.00
	Drug kit to support treatments of medical complications of SAM						
	Section Total						**259,700.00**
Equipment							
3.1	Emergency tents for expansion of admission space in areas of displacement and also to support deep front areas to re-establish treatment points/facility level	D	20	1,750.00	1	30.10	10,535.00
	Emergency Tents						
	Section Total						**10,535.00**
Contractual Services							
4.1	Hiring of Local transporter to distribute supplies	D	2	16,000.00	6	20.44	39,244.80
	Hire of local transporters in the wet season, each quarter for a regular distribution of the pipeline supplies. @ Month estimated to send two contracts each at 8000USD for a period of six months						
	Section Total						**39,244.80**
Travel							
5.1	Conduct regular field monitoring and Support Supervision missions to the affected areas to ensure quality and equitable provision of the emergency health services	D	4	1,660.00	10	20.90	13,877.60
	Monitoring visits to ensure pipeline supplies are well utilised						
	Section Total						**13,877.60**
General Operating and Other Direct Costs							
7.1	Operational support to field offices in ten hubs	D	10	6,000.00	6	15.00	54,000.00

	Fuels,IT,airtime,casuals,vehicle maintenance,security,minor repairs and warehousing payements			
	Section Total			**54,000.00**
SubTotal		100,386.00		**377,357.40**
Direct				377,357.40
Support				
PSC Cost				
PSC Cost Percent				6.00
PSC Amount				22,641.44
Total Cost				**399,998.84**
Grand Total CHF Cost				**399,998.84**

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	5	3,850	3,850			7,700	
Jonglei	20	23,408	15,092			38,500	
Northern Bahr el Ghazal	30	23,562	22,639			46,201	
Unity	20	23,408	15,092			38,500	
Upper Nile	10	7,454	7,564			15,018	
Warrap	5	3,850	3,850			7,700	
Central Equatoria	10	7,454	7,564			15,018	

Documents

Category Name	Document Description