

Requesting Organization :	World Health Organization	
Allocation Type :	Reserve Allocation 2	
Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100
Project Title :	Provision of lifesaving emergency health supplies to the most affected and vulnerable population in the Greater Equatoria region.	
Allocation Type Category :	Core pipeline	

OPS Details

Project Code :	SSD-16/H/89661	Fund Project Code :	SSD-16/HSS10/RA 2/H/UN/4441
Cluster :	Health	Project Budget in US\$:	1,224,388.74
Planned project duration :	6 months	Priority:	1
Planned Start Date :	09/01/2017	Planned End Date :	09/07/2017
Actual Start Date:	09/01/2017	Actual End Date:	09/07/2017

Project Summary : The current clashes have devastated the equatorial regions and the health needs continue to increase. Outbreak response 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 area of focus of the project will be in the areas of WES, CES and EES specifically targeting the displaced population in the most affected counties and the surrounding areas. In addition emphasis will be put in the payams that are mapped as high risk for outbreaks and epidemics. This project will enhance the response capacity of WHO to the current L3 emergency with focus on epidemic response and provision of other frontline services like emergency primary health care, support to outbreak response, mobile clinics and will further support the health cluster to perform its role as provider of last resort. In addition the project will support the distribution of the lifesaving supplies and ensure strategic pre-positioning of the much needed drugs in key locations reporting the high needs of health and critical gaps.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
76,500	73,500	0	0	150,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	0	0	0	0	0
Internally Displaced People	76,500	73,500	0	0	150,000

Indirect Beneficiaries :
Catchment Population:
Link with allocation strategy :

Main components to be supported through the SSHF funding include procuring and strategically prepositioning inter- agency emergency kits, in addition to support outbreak response. Other activities include distribution and transportation of the lifesaving drugs and support to monitoring of health service delivery at deep front areas with highest need. 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	
Organization focal point :			
Name	Title	Email	Phone
Mpairwe Allan	Emergency Coordinator	mpairwea@who.int	+2111955372370
BACKGROUND			
<u>1. Humanitarian context analysis</u>			
<p>Fighting broke out a five months ago leading to massive destruction and displacement of people in greater equatorial region affecting a total of 14 counties. The crisis in the equatorial region has had dire consequences still persisted. South Sudan continues to face one of the most expensive humanitarian operations in the world. This is compounded by major internal displacement from the previous clashes, increasing food insecurity and high malnutrition rates, limited access to basic services, disease outbreak and access challenges to crisis affected areas. The current humanitarian crisis in South Sudan is widespread and severe, with more than 6.4 million people in need of emergency assistance,. 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 65 per cent of health facilities in the equatorial region are not functioning. The break in the provision of essential medicines through the CAIPA supply- chain will have humanitarian consequences throughout the three states,. The humanitarian pipeline is not designed to replace or cover routine primary health care essential medicines and hence high mobility and mortality expected. Even if funding for the essential medicines were to be availed by early January, the procurement delays and mechanism for delivering drugs to facilities would not allow the drugs to be in country by the last quarter of 2016 and this will cause a gap/stock out of six months, likely driving an accelerated spread of disease and illness to which health partners will need to respond. Communicable diseases remain prevalent in South Sudan, and appear to be on the increase including a re-emergence of vaccine preventable diseases (i.e. measles, polio, & meningitis. . Acute respiratory infections & bloody diarrhea are the leading causes of morbidity, especially among children under five. Currently South Sudan local health authorities are battling with a cholera outbreak that has already affected 3300 people in nine states of which CES reported the highest numbers. This has stretched the already fragile health system that face an enormous task of coping with the increasing need for lifesaving emergency health services and as such it is of utmost importance that the cluster lead for health has adequate funds to support front line services especially in time when WHO has to perform its role as a provider of last resort and hence respond to any potential epidemics. Over 277,610 persons are believed to have fled the three states of the equatorial region and this affected population has limited access to live saving interventions including basic emergency health services. Majority of the population are living in extremely deplorable conditions, with limited shelter, food and water. The overcrowded environment is extremely precarious. The risk of communicable diseases outbreak escalation cannot be underestimated and hence need for urgent funding for the pipeline to avert the possible mortalities and morbidities that could be experienced in the state of CES,WES and EES.</p>			
<u>2. Needs assessment</u>			
<p>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 November 2016 only 30% of health facilities in the states of EES,WES and CES are functional ,the rest being affected and damaged due to the conflict. 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; In addition to the limited level of service delivery,86% of the health facility have reported drug stock outs in the greater equatorial. This translated to about 80% of the affected population not having access to lifesaving drugs (MOH 2016). Malaria accounts for 40% and 27 % of the consultation and morbidities in OPD consultations. Three counties in the greater equatorial region have reported cholera cases with the highest number being in CES state that has reported over 3300 cases (WHO 2016). The most recent assessment in Mundiri and Mvolo established that there is a general deteriorating health situation across the Greater Mundiri area, aggravated by lack of basic drugs, equipment, adequate health facilities and health personnel as a result of the conflict. The community relies on traditional herbs to treat common ailments life fewer and diarrhea. An estimated 33% of the health facilities in the Mundiri area remain closed and not operational. Low vaccination coverage was also established to be one of the major health need to be urgently attended to (ICWG Inter Agency Assessment, 2016). Hepatitis E remains a public health threat as 12 suspected cases have been reported in Yambio (MOH 2016). Yei County continues to face enormous health needs and over 50,000 people remain displaced with lack of health services. A joint assessment by WHO and UNHCR in November 2016, established that the only hospital at county level is in dire need of Human resources and lifesaving drugs to support treatment and management of the common illnesses. Other common threats to people's health included acute respiratory infections, acute watery diarrhea, malaria, malnutrition and measles. The Equatorial region states 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 and this trend will continue in the first quarter of 2017. Health partners are often called upon to mobilize and assist during extraordinary efforts to help in procurement as well as transport and distribution. Over 12 health cluster partners in the equatorial region have benefited from WHO pipeline and this will continue in the coming two quarters of 2017 and as such it is imperative for the pipeline to have adequate resources to enable WHO promptly respond to the critical health needs.</p>			
<u>3. Description Of Beneficiaries</u>			
<p>The target population is based on the amount of core pipeline supplies that will be procured using SSHF support. A total population 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 will benefit from this pipeline</p>			
<u>4. Grant Request Justification</u>			

Cluster is targeting 277,610 people of those in need with lifesaving health services in CES, WES, and EES. Humanitarian needs among displaced people and other vulnerable groups continue to grow, and the humanitarian operations in Equatorial region remain precarious. Many health facilities (47%) 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 State Ministry of Health in Yambio, Torit and most counties are 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. . Considering the current humanitarian situation, there is a tremendous lack of medical drugs to support the high impact interventions. WHO remains the only agency involved in such interventions. The weaknesses of essential social services like health are the major causes of epidemics. Based on the statistics of the previous years, the biggest contributor of morbidity and mortality in the population is epidemic prone diseases as a result of low level of epidemic preparedness and response capacity by the government institutions at all level. 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.. 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 and sustain the support to outbreak response efforts.

5. Complementarity

the kits procured will be provided at the facility level, and these will be accessed by the clients that are being managed for SGBV in addition to the children who are receiving immunization services and are reported with medical complications. Note that the drug component in the IEKK are not found in the RH kits provided to managed RH cases hence these will complement the management of these patients to ensure they get a holistic care

LOGICAL FRAMEWORK

Overall project objective

To contribute to the overall reduction of the morbidity and mortality due to avoidable illnesses in the vulnerable population in the greater Equatoria region

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	50
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	50

Contribution to Cluster/Sector Objectives : The project will contribute to the three health cluster objectives by ensuring life saving supplies are available and easily accessed to respond to common but potential fatal illness. Communicable disease account for more 80% of the mortality and morbidity in the population and hence strengthening the capacity of the health system to control and prevent this avoidable mortality is paramount. The SSHF funding will be used to enhance the response capacity at state, Payam 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 SSHF funding include conducting rapid health assessments, distribution and transportation of the life saving drugs, capacity building activities for emergency preparedness and response activities, health cluster coordination activities, health information systems in emergencies, prompt deployment of trained and competent technical officers and technical support to the health cluster members in areas regarding emergency preparedness and response. 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

Outcome 1

Quality emergency health services are promptly and effectively delivered to the displaced populations in Greater Equatorial Regions

Output 1.1

Description

Inter-agency health kits procured and strategically distributed to targeted Health Facilities in the states of WES, ESS and CES

Assumptions & Risks

Activities

Activity 1.1.1

Immediate procurement of life saving inter agency kits

Activity 1.1.2

Transportation and distribution of IEHK to key identified areas in WES, EES, and CES

Activity 1.1.3

Monitoring and evaluation of field interventions regarding the management of the core pipeline

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle								
			Men	Women	Boys	Girls	Target								
Indicator 1.1.1	HEALTH	Core Pipeline # of direct beneficiaries from emergency health supplies (IEHK / trauma kit / RH kit)	100,000	100,000	0	0	200,000								
Means of Verification : warehousing bills, procurement records, distribution plan															
Indicator 1.1.2	HEALTH	Core Pipeline # of implementing partners receiving supplies from the pipeline					6								
Means of Verification : Log of events, way bills, receipts form warehouses, goods received notes															
Additional Targets :															
M & R															
Monitoring & Reporting plan															
<p>Monitoring and Evaluation officer from Health Cluster will support WHO in directly monitoring the implementation of the SSHF 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 front line activities will be monitored by the technical officers and logistic assistants in the WHO sub offices in the state. The tracking will be done against the 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, IDSR weekly reporting tool, line lists, case-based investigation forms, way bills, training reports, attendance sheets, regular cluster meetings, support supervision reports and Morbidity and mortality reports as well as routine support supervision visits by the EHA team. 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 SSHF indicators on a quarterly basis. Key reports generated will be Weekly WHO situation reports, Epidemiological bulletins on a weekly basis,health cluster bulletin,quarterly reports and surveillance reports that will be shares with health cluster partners on a periodic basis.</p>															
Workplan															
Activitydescription			Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Immediate procurement of life saving inter agency kits			2017	X	X										
Activity 1.1.2: Transportation and distribution of IEHK to key identified areas in WES, EES, and CES			2017			X	X								
Activity 1.1.3: Monitoring and evaluation of field interventions regarding the management of the core pipeline			2017			X	X	X	X	X					
OTHER INFO															
Accountability to Affected Populations															
<p>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</p>															
Implementation Plan															
<p>The duration for implementing of the CHF funded activities will be 6 months. The project will be implemented through the established sub office to response to the equatorial regions, health cluster partners and local health authorities. WHO being a technical agency supports responses for health through the existing structures which are the local health authorities and members of the cluster. All distribution of the lifesaving emergency drugs and supplies will be undertaken by WHO through the logistics unit at both field and national level. Coordination, led by the Ministry of Health and WHO in close collaboration with other partners, will be optimized to ensure maximum effectiveness of assistance, avoid overlapping and reprogram activities in due time. Mobile health units will provide live-saving health services to displaced people in affected areas.. The focus of the interventions will be in the high risk payams of greater equatorial regions. 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</p>															
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															

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	2 emergency short term technical staff to support pipeline management and monitoring the effective utilisation of the stock	D	3	18,000.00	6	35.00	113,400.00
	<i>2 staff @ P3 level to support the pipeline management in the states of EES,WES,CES(One roving to support and one based in Juba specifically handle these supplies and follow up)</i>						
	Section Total						113,400.00
Supplies, Commodities, Materials							
2.1	Inter Inter Health Kits	D	15	20,671.00	1	100.00	310,065.00
	<i>Full Kits with antimalarial component</i>						
2.2	Trauma kits	D	14	6,712.51	1	100.00	93,975.14
	<i>KIT A</i>						
2.3	Trauma kits	D	10	6,230.84	1	100.00	62,308.40
	<i>Kit B</i>						
2.4	Surgical KIT minor and major	D	200	450.00	1	100.00	90,000.00
	<i>support to kit A and B</i>						
2.5	Anesthetic Kit	D	100	1,139.60	1	100.00	113,960.00
	<i>kit</i>						
2.6	Pnuemonia kit	D	200	443.90	1	100.00	88,780.00
	<i>Kit A and B</i>						
	Section Total						759,088.54
Contractual Services							
4.1	Charter Flights for delivery of Core Pipeline supplies and outbreak Kits	D	6	6,000.00	2	100.00	72,000.00
	<i>Uslze of charter flights by UNHAS or private companies to deliver supplies in hot spots@ rotation costs about 6000usd and two charters per month for 6 months</i>						
4.2	Private road transporters for distribution of life saving supplies	D	3	6,000.00	3	100.00	54,000.00
	<i>Contracting 20 ton vehicles to deliver supplies in three states</i>						
4.3	UNHAS flights to the three affected states	D	12	550.00	3	100.00	19,800.00
	<i>Monthly supervision in the three states by two staff every month</i>						
4.4	Ensuring adequate ware housing space for the core pipeline supplies	D	3	6,000.00	6	100.00	108,000.00
	<i>Maintenance and procurement of ware housing space 300 sq meters in each of the three states per month at 25usd per sqm =300x20x3x6=108000</i>						
	Section Total						253,800.00

General Operating and Other Direct Costs							
7.1	Fuel to support field delivered from the state to areas of need	D	3	500.00	6	100.00	9,000.00
<i>Standard monthly support to each states is five drums of fuel=0.5usdx200x 5x3=9000usd</i>							
7.2	Support to IT services to enable monitoring at field level in the three states	D	3	1,500.00	2	100.00	9,000.00
<i>1500 USD per state(servicing and availing equipment) in each state per quarter =(1500x3x2)</i>							
Section Total							18,000.00
SubTotal			572.00				1,144,288.54
Direct							1,144,288.54
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							80,100.20
Total Cost							1,224,388.74
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	33	24,255	22,245			46,500	Activity 1.1.1 : Immediate procurement of life saving inter agency kits Activity 1.1.2 : Transportation and distribution of IEHK to key identified areas in WES, EES, and CES Activity 1.1.3 : Monitoring and evaluation of field interventions regarding the management of the core pipeline
Western Equatoria	32	27,500	23,520			51,020	Activity 1.1.1 : Immediate procurement of life saving inter agency kits Activity 1.1.2 : Transportation and distribution of IEHK to key identified areas in WES, EES, and CES Activity 1.1.3 : Monitoring and evaluation of field interventions regarding the management of the core pipeline
Central Equatoria	35	25,725	26,755			52,480	Activity 1.1.1 : Immediate procurement of life saving inter agency kits Activity 1.1.2 : Transportation and distribution of IEHK to key identified areas in WES, EES, and CES Activity 1.1.3 : Monitoring and evaluation of field interventions regarding the management of the core pipeline
Documents							
Category Name				Document Description			