

Requesting Organization :	United Nations Children's Fund				
Allocation Type :	Reserve Allocation 1				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Provision of Primary Health care interventions to conflict-affected populations in Western Bahr-EI-Ghazal				
Allocation Type Category :	Core pipeline				
OPS Details :					
Project Code :		Fund Project Code :	SSD-16/HSS10/RA1/H/UN/3162		
Cluster :		Project Budget in US\$:	\$61,632.00		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/08/2016	Planned End Date :	31/01/2017		
Actual Start Date:	01/08/2016	Actual End Date:	31/01/2017		
Project Summary :	This project is focusing on provision of preventive and curative integrated primary health care services, including both emergency and routine immunization to eliminate vaccine preventable diseases, and screening and treatment of childhood illnesses through health facilities, outreach and mobile services to reach the IDPs, through provision of core pipeline supplies and technical assistance.				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	0	3,000	14,382	13,818	31,200
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	6,426	6,174	12,600
Pregnant and Lactating Women	0	3,000	0	0	3,000
Indirect Beneficiaries :					
Catchment Population:					
Link with allocation strategy :					
This reserve allocation will provide resources in support of the time critical and implementable elements of the humanitarian operation in Wau Town, while focusing primarily on HRP Strategic Objective 1 - 'saving lives and alleviating suffering through safe access to services and resources with dignity'. The funds will be prioritised for activities that directly address life-saving needs and align with HRP SO1.					
<input type="checkbox"/>					
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		
Dr Chantal Umutoni	Primary Health Care Manager	cumutoni@unicef.org	211926123000		

BACKGROUND

1. Humanitarian context analysis

Clashes erupted in and around Wau town on 24 June, forcing tens of thousands of people from their homes and communities, including around 19,000 who have sought shelter near the UNMISS base. The exact number of casualties is presently unknown and displacement figures are still being verified. However, preliminary estimates indicate that more than 27,000 people have been displaced within Wau town, while an additional 35,000 to 50,000 people are estimated to be displaced in the Greater Baggari Area, including in Bringi, Ngo Halima, Tadu, Ngisa and Mboro. Prior to this latest round of fighting, there were already an estimated 100,000 people displaced in and around Wau town from previous incidents, including fighting in February 2016. Many people have been displaced multiple times and sexual and gender-based violence has reportedly been pervasive.

Humanitarian organizations are scaling-up their response to the humanitarian needs, including through the deployment of emergency staff, mobile teams, and supplies to reinforce the team on the ground. In light of the scale, scope and urgency of the humanitarian needs in and around Wau, humanitarian partners have expressed the urgent need for additional funding to be released in a timely manner.

2. Needs assessment

Prior to the latest round of fighting, humanitarian partners had undertaken Initial Rapid Needs Assessments (IRNAs) in and around Wau following the February 2016 fighting, including in Wau town (21-22 March), Mboro (7 April), Gette (12 April), and Greater Baggari (20 May). In Gette, the community reported that their top three needs were food, NFIs and clean water. In Greater Baggari, the most urgent needs identified by the population were food and agricultural inputs, shelter and non-food items, WASH and health services, and nutrition supplies. In Mboro, the community reported health and nutrition concerns, as well as rising food insecurity. In all locations, protection issues were highlighted as a major concern, particularly sexual and gender-based violence, and there was evidence and reports of damage and destruction to homes and crops.

Since the June fighting, humanitarian organizations have conducted multiple rapid needs assessments in Wau Town and the surrounding area to identify the most urgent needs. Amongst the most commonly reported needs are: medical treatment and vaccinations, access to clean water and sanitation, NFIs and Emergency Shelter, nutritional supplements and protection. An inter-agency security/access assessment visited the Baggari area on 28 June; in Biringi and Ngo Halima the community said they needed food, NFI/shelter and access to, and storage for, clean water. On 1 July, humanitarian partners undertook an assessment and response mission to Mboro, where protection concerns were highlighted as a major issue, along with NFI/ES, WASH, Health and Nutrition.

Even though the security situation remains volatile, humanitarian organizations on the ground are able to provide assistance to the affected population both within and outside the town of Wau. Several partners who were already present in Wau undertaking development programmes are shifting to first-line humanitarian assistance, and additional humanitarian partners have deployed mobile response teams.

3. Description Of Beneficiaries

The target population comprises:
- 28,200 children under 15 years
- 3,000 pregnant women

4. Grant Request Justification

The present humanitarian requirements in Wau and surrounding areas exceed the provisions made in the 2016 Humanitarian Response Plan. Additional financial support is urgently required for additional staffing and emergency supplies to support the delivery of life saving primary health care services including vaccination and access to skilled birth attendance. Pipelines stocks need to be replenished since they have diminished due to the urgent needs to divert stocks for the Wau response.

5. Complementarity

At the same time as this SSHF Reserve Allocation is taking place, UNICEF is working with its partners to secure additional funding sources to provide rapid funding for the Wau response, including the DFID HARISS Internal Risk Facility. UNICEF will ensure that the funds allocated through the Reserve are complementary to, and do not duplicate, funding through other mechanisms.

LOGICAL FRAMEWORK

Overall project objective

The planned interventions aim to ensure that boys, girls and women among vulnerable populations (IDPs, and the host population) have access to primary health care services and thus contribute to the reduction of mortality and morbidity of vulnerable people among IDPs affected by conflict in Wau and neighboring communities.

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 preventing malaria, pneumonia and diarrhea transmission among vulnerable people as well as development and transmission of vaccine preventable diseases. UNICEF will ensure the distribution of mosquito nets to children under-five and pregnant women and the provision of different health kits to health facilities.

Outcome 1

Provide essential package of emergency health services including treatment of common illnesses to the IDP in Wau and neighboring communities.

Output 1.1

Description

Ensure availability of essential medicines and supplies for health services delivery.

Assumptions & Risks

Deterioration of security entailing evacuation of UNICEF staff in charge of primary health care and implanting partners. Access denied to specific locations of the conflict affected area.

Activities

Activity 1.1.1

Procure and distribute essential medicines and commodities (PHCC, PHCU, mosquito net...) in Wau and neighboring areas affected by the conflict.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Core Pipeline # of kits distributed					15

Means of Verification : Way bill, stock card, Ware house monthly inventory.

Output 1.2

Description

Mosquito are provided for malaria prevention to vulnerable people

Assumptions & Risks

Deterioration of security entailing evacuation of UNICEF staff in charge of primary health care and implanting partners. Access denied to specific locations of the conflict affected area.

Activities

Activity 1.2.1

Distribution of mosquito net to health facilities and vulnerable people

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Core Pipeline # of direct beneficiaries from emergency health supplies (IEHK / trauma kit / RH kit)	0	1,800	3,144	3,406	8,350

Means of Verification : Mosquito net distribution report, way bill, stock card

Additional Targets:

M & R

Monitoring & Reporting plan

The project activities will be monitored on a regular basis (through joint monitoring with partners wherever possible). All monitoring activities will be based on the agreed project results framework and standard toolkits based on the MoH and Health Cluster approved indicators. The overall project objectives and expected outcomes will be measured against the key indicators and targets.

Means of verification will be supported by a number of tools for the regular collection, recording and reporting of data and activities. Formal data reporting tools (HMIS, OPD registers, EWARN reports, way bills, training reports, attendance sheets, support supervision reports and morbidity and mortality surveillance data) will be used.

Management, coordination, procurement and financial administration will be evaluated at the end of the project.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procure and distribute essential medicines and commodities (PHCC, PHCU, mosquito net...) in Wau and neighboring areas affected by the conflict.	2016								X	X	X	X	X
	2017	X											

OTHER INFO

Accountability to Affected Populations

UNICEF will support the implementation of the Community Health Committees including representatives from all sides e.g. women, youth, disabled people who will be elected from their communities. These committees will work closely with UNICEF and its implementing partners to ensure that agreed upon activities had been implemented as per the planning. The committees will also be the interface between the communities and the health facilities. The feedback from the communities would be incorporated into the project design. Community based monitoring of services, receiving and appropriate complaint redressal mechanisms will be put in place to ensure accountability to affected populations.

Implementation Plan

UNICEF will implement this project through its implementing partners International Medical Corps and IOM who are providing primary health care services. UNICEF will provide the core pipe line supplies so that the planned activities can be implemented. UNICEF will also support additional partners providing mobile clinics outside UNMISS for additional services, and has identified two areas with high concentrations of IDPs within Wau town. A general integrated response package will be provided. A programme cooperation agreement (PCA) with IMC is being amended to facilitate the provision of primary health care kits; discussions with IMC are also underway to resume immunisation activities. An Emergency Health Specialist based in Wu will be following up and supervising the implementation of UNICEF supported activities.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
IMC	Provision of primary health care

Environment Marker Of The Project

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

Gender Marker Of The Project

1-The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code

All UNICEF supported programme are designed to reach boys and girls who are most at risk by aligning programme strategies against internationally and nationally agreed minimum standards and by adopting explicit age and gender sensitive strategies. The total need population of boys, girls and women were determined based on the various assessment 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 in the isolated areas, rehabilitation of the existing health facilities after being looted, direct implementation of health services in the IDP camp (PoC) or support to implementing partners where applicable.

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
Supplies, Commodities, Materials							
2.1	LLIN,110-150d,w/b/g,180x160x150cm LxWxH	D	3	9,000.00	1	100%	27,000.00
	<i>Rectangular mosquito net (bed net), polyethylene 110-150 DENIER, treated with WHOPES recommended insecticide, color white/blue/green, dimensions 180 x 160 x 150cm (length x width x height)</i>						
2.2	PHCU	D	10	400.00	1	100%	4,000.00
	<i>The IEHK2011 kit, basic unit, contains essential medicines and medical devices (consumables and equipment) for a population of 1000 persons for a period of three (3) months.</i>						
2.3	PHCC Kit	D	5	800.00	1	100%	4,000.00
	<i>The kit is designed to meet the initial primary health care needs of a population (10.000 persons for 3 months), or a displaced population without medical facilities.</i>						
2.4	Transportation (off share and in land)	D	1	22,600.00	1	100%	22,600.00
	<i>The calculation of the freight plus the transport in the country is estimated at 40% of the items cost</i>						
	Section Total						57,600.00
SubTotal			19.00				57,600.00
Direct							57,600.00
Support							
PSC Cost							
PSC Cost Percent							7%
PSC Amount							4,032.00
Total Cost							61,632.00
Grand Total CHF Cost							61,632.00

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Western Bahr el Ghazal -> Wau	100		3,000	14,382	13,818	31,200	

Documents

Category Name	Document Description