

<b>Requesting Organization :</b>	World Health Organization	
<b>Allocation Type :</b>	Reserve Allocation 1	
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>
HEALTH		100.00
		<b>100</b>

<b>Project Title :</b>	Provision of quality lifesaving health services including responding to health related emergencies(Core pipeline supplies, health coordination and outbreak response) in the displaced population in Wau, Western Bahr el Ghazal State
<b>Allocation Type Category :</b>	Core pipeline

<b>OPS Details :</b>			
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-16/HSS10/RA1/H/UN/3166
<b>Cluster :</b>		<b>Project Budget in US\$:</b>	\$204,618.24
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	15/08/2016	<b>Planned End Date :</b>	15/02/2017
<b>Actual Start Date:</b>	15/08/2016	<b>Actual End Date:</b>	15/02/2017

**Project Summary :** Following the clashed in Wau a couple of weeks ago,health need in the displaced people in Wau continue to rise. 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 will be Western Bahr El Ghazal state specifically the displaced population in Wau cCunty and the surrounding areas. In addition emphasis will be put in the payams that are mapped as high risk for outbreaks and epidemics. South Sudan is currently faced with the outbreaks of Malaria, Measles, and Cholera, and lots of re-emerging diseases including un-diagnosed hemorrhagic fevers are being reported. This project will enhance the technical aspect of WHO response 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. Key focus will be to rapidly deploying rapid response teams to respond to acute emergencies, support outbreak response and disease surveillance in identified payams in Wau County, 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.

<b>Direct beneficiaries :</b>				
Men	Women	Boys	Girls	Total
23,205	22,295	15,435	19,065	80,000

<b>Other Beneficiaries :</b>					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	15,435	19,065	34,500
Other	23,205	22,295	0	0	45,500

**Indirect Beneficiaries :**

**Catchment Population:**  
 populations of humanitarian concern that are served by the health facilities in the Wau are and its neighborhood. An estimated 80,000 IDPS

**Link with allocation strategy :**  
 The CHF funding will be used to enhance the emergency 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 strategically prepositioning inter- agency emergency kits, in addition to support outbreak response. Other activities include conducting rapid health assessments, distribution and transportation of the lifesaving drugs, 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 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\$
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**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount
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**Organization focal point :**

Name	Title	Email	Phone
Allan Mpairwe	Emergency Coordinator	mpairwea@who.int	0955372370

**BACKGROUND****1. Humanitarian context analysis**

Fighting broke out a month ago leading to massive destruction and displacement of people in Wau County of Western Bahr El Ghazal State. The crisis in Wau 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 37 per cent of health facilities in Wau are not functioning. The break in the provision of essential medicines through the Essential Medicines Fund (EMF) will have humanitarian consequences throughout the country, and over 600,00 people served by 101 health facilities will not have access to lifesaving drugs and medicines in the last two quarters of 2016. 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 800 people in three counties. The emergency health needs of the populations of humanitarian concern continue to rise due to the coupled with high level of malnutrition and poor sanitation conditions especially in the greater Bahr el Ghazal of which Wau County is located. 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.

The recent crisis in Wau has resulted in over 80,000 displaced persons with 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 mobidities that could be experienced in the state of Wau.

**2. Needs assessment****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 population of 80,000 beneficiaries will be targeted of which 40,800 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.

**4. Grant Request Justification**

Currently the health core pipeline is not well funded despite the increasing health needs across ten states of South Sudan. The health situation remains fragile, with health service delivery greatly affected and the on-going crisis. Effective epidemic response is critical in mitigating and reducing the impact of humanitarian emergencies on the vulnerable population In South Sudan, the Ministry of Health has very limited capacity to manage public health risks and reduce morbidity and mortality for common epidemic prone diseases. The Health cluster is targeting 80,000 people of those in need with lifesaving health services in Wau. Humanitarian needs among displaced people and other vulnerable groups continue to grow, and the humanitarian operations in Wau remain precarious. Many health facilities in conflict affected areas and other stable areas are almost non-functional as the health personnel fail to report on duty due to insecurity, unpaid salary and shortage of drugs. This is exacerbated by already very fragile health systems (lack of skilled staff, drugs, medical supplies and equipment, leadership, etc. at all levels) that have further affected the humanitarian response TheState Ministry of Health(WAU) 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 professional health staff, most notably epidemiologists, surveillance officers and trained epidemic nurses. 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 corepipeline 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****LOGICAL FRAMEWORK****Overall project objective**

To enhance response capacity to attend to the critical health situation in order to reduce excess mortality and morbidity among the population of humanitarian concern in Wau and the surrounding areas

## HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	100

**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 CHF 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 CHF 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 Wau County Western Bahergazel, State

#### Output 1.1

##### Description

Inter-agency health kits procured and strategically distributed to targeted Health Facilities in WAU

##### Assumptions & Risks

Funds availed on time, security and political situation allow an enabling environment for work

##### Activities

###### Activity 1.1.1

Procurement of 80 IEHK –Basic Units and 10 Diarrhoea Disease Kit (DDK)

###### Activity 1.1.2

Transportation and distribution of IEHK to key identified areas in Wau and surrounding areas

###### 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 )	38,400	41,600	0	0	80,000

**Means of Verification :** Core Pipeline # of implementing partners receiving supplies from the pipeline

#### Output 1.2

##### Description

Health cluster coordination mechanisms sustained and strengthened at State level to ensure adequate gap analysis focused interventions

##### Assumptions & Risks

Health cluster partners on the ground, MOH provided an enabling environment

##### Activities

###### Activity 1.2.1

Support health cluster meetings at Wau level

###### Activity 1.2.2

Support information management- information products, update of 4Ws matrix and health cluster capacity mapping at state level

##### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Core Pipeline # of implementing partners receiving supplies from the pipeline					5

**Means of Verification :** Wage bills, logistic details and dispatched

#### Output 1.3

##### Description

Outbreaks reported are effectively managed and responded to

Assumptions & Risks													
MOH counterparts available, outbreak kits are strategically prepositioned													
Activities													
Activity 1.3.1													
Rapid response teams are rapidly deployed to verify all outbreak alerts													
Activity 1.3.2													
Strategic prepositioning of outbreak kits in health facilities in WAU													
Indicators													
Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 1.3.1	HEALTH	Frontline # of epidemic prone disease alerts verified and responded to within 48 hours					80						
<b>Means of Verification</b> : outbreak log, HMIS data and IDSR data													
<b>Additional Targets:</b>													
M & R													
Monitoring & Reporting plan													
<p>Monitoring and Evaluation officer from Health Cluster will support WHO in directly monitoring the implementation of the CHF project .The monitoring process will aim at tracking the implementation of planned activities. The regular (weekly, monthly) tracking of the level of implementation will be done by the WHO focal points with the technical support by the expertise from the regional and headquarter offices. The 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, casebased 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 CHF 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: Procurement of 80 IEHK –Basic Units and 10 Diarrhoea Disease Kit (DDK)	2016								X	X			
	2017												
Activity 1.1.2: Transportation and distribution of IEHK to key identified areas in Wau and surrounding areas	2016										X		
	2017												
Activity 1.1.3: Monitoring and evaluation of field interventions regarding the management of the corepipeline	2016								X	X	X	X	X
	2017	X											
Activity 1.2.1: Support health cluster meetings at Wau level	2016								X	X	X	X	X
	2017	X											
Activity 1.2.2: Support information management- information products, update of 4Ws matrix and health cluster capacity mapping at state level	2016								X	X	X	X	X
	2017	X											
Activity 1.3.1: Rapid response teams are rapidly deployed to verify all outbreak alerts	2016								X	X	X	X	X
	2017	X											
Activity 1.3.2: Strategic prepositioning of outbreak kits in health facilities in WAU	2016									X	X		
	2017												
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													

The duration for implementing of the CHF funded activities will be 6 months. The project will be implemented through WHO state office in WAU, 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 life saving 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 Western Baherazel. As part of the synchronization of filling in critical gaps, WHO will continue to work with other actors including logistics cluster ( WFP ) , UNICEF,OCHA and NGOs to ensure a coordinated, systematic and efficient delivery of the emergency health services in need. Monitoring of the activities will be done by the WHO technical officers on a monthly basis with provision of regular situation reports with support and leadership of the representative of the World Health Organization

**Coordination with other Organizations in project area**

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

**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
<b>Supplies, Commodities, Materials</b>							
2.1	Inter Agency Health Kits(Basic Unit Kits)	D	80	1,200.00	1	80%	76,800.00
	<i>One interagency health kit(Basic Unit) serves a population of 1,000 for three months. @ costs 1200USD based on the WHO internal catalogue</i>						
2.2	Inter Agency Diarrhoea Diseases Kit	D	10	8,600.00	1	50%	43,000.00
	<i>One interagency DDK serves a population of 700 (100 severe cholera and 400 moderate cholera) plus 200 persons with Shigella Dysentery for three months. @ costs based on the WHO internal catalogue</i>						
	<b>Section Total</b>						<b>119,800.00</b>
<b>Contractual Services</b>							
4.1	Charter Flights for delivery of Core Pipeline supplies and outbreak Kits	D	2	6,000.00	1	95%	11,400.00
	<i>Use of charter flights by UNHAS or private companies to deliver supplies in hot spots @ rotation costs about 6000usd and two charters per month for twelve months</i>						
4.2	Private road transporters for distribution of life saving supplies	D	3	3,000.00	1	100%	9,000.00
	<i>Contracting 20 ton vehicles to deliver supplies in six states</i>						
	<b>Section Total</b>						<b>20,400.00</b>
<b>Travel</b>							
5.1	Monitoring field interventions	D	1	4,920.00	3	70%	10,332.00
	<i>Regular support and monitoring visits in hot spots @ lumpsum of 4920usd per trip</i>						
5.2	DSA for rapid response teams to verify outbreak alerts	D	1	3,500.00	6	78%	16,380.00
	<i>Team of five @ 140USD per day for five days on each mission</i>						

5.3	Fuel for surveillance teams	D	10	190.00	1	80%	1,520.00
	<i>10 burrows of Gasoline @ 190 USD per burrow</i>						
	<b>Section Total</b>						<b>28,232.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Heath cluster meetings/forum	D	6	2,000.00	1	50%	6,000.00
	<i>Operational support health cluster meetings</i>						
7.2	Support to information management	D	6	1,500.00	1	80%	7,200.00
	<i>Health assessments, information gathering, gap analysis, updating 4 matrix and data collection</i>						
7.3	Stationary, IT support/internet support/airtime	D	6	2,000.00	1	80%	9,600.00
	<i>Operational support to the field activities</i>						
	<b>Section Total</b>						<b>22,800.00</b>
<b>SubTotal</b>			125.00				<b>191,232.00</b>
Direct							191,232.00
Support							
<b>PSC Cost</b>							
PSC Cost Percent							7%
PSC Amount							13,386.24
<b>Total Cost</b>							<b>204,618.24</b>
<b>Grand Total CHF Cost</b>							<b>204,618.24</b>

#### 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	38,400	41,600			80,000	Activity 1.1.1 : Procurement of 80 IEHK –Basic Units and 10 Diarrhoea Disease Kit (DDK) Activity 1.1.2 : Transportation and distribution of IEHK to key identified areas in Wau and surrounding areas Activity 1.1.3 : Monitoring and evaluation of field interventions regarding the management of the corepiepline Activity 1.2.1 : Support health cluster meetings at Wau level Activity 1.2.2 : Support information management- information products, update of 4Ws matrix and health cluster capacity mapping at state level Activity 1.3.1 : Rapid response teams are rapidly deployed to verify all outbreak alerts Activity 1.3.2 : Strategic prepositioning of outbreak kits in health facilities in WAU

#### Documents

Category Name	Document Description
Project Supporting Documents	ConceptNote.doc