OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	World Health Organization
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Delivery of life saving emergency health and nutrition services to the populations affected by famine in South Sudan		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :	SSD-17/H/103809	**Fund Project Code :**	SSD-17/HSS10/SA1/H/UN/5232
Cluster :	Health	**Project Budget in US$:**	547,947.00
Planned project duration :	6 months	**Priority:**	Not Applicable
Planned Start Date :	15/04/2017	**Planned End Date :**	31/08/2018
Actual Start Date:	15/04/2017	**Actual End Date:**	31/08/2018

Project Summary :

The ongoing man-made crisis in South Sudan has led to famine in some of the worse affected states. Over 100,000 are facing starvation if humanitarian response is not delivered. This project will support front line services in the famine affected areas with key emphasis on support to the treatment of severe acute malnutrition (SAM) cases with medical complications in hospitals or stabilization centers (SCs) with the appropriate medicines as well as treatment of complications. We shall expedite the delivery of the WHO SAM kits that are in the pipeline and prioritize the SCs that are in the most affected counties. Provision of standard treatment protocols in health facilities with agreed upon first-line drugs that are crucial to ensure effective diagnosis and treatment for acute respiratory infections, main epidemic prone diseases (including cholera, shigellosis, typhoid, measles, malaria, meningitis)-this is an ongoing activity. We shall Work closely with the WASH cluster to ensure uninterrupted provision of safe drinking-water as this is the most important preventive measure to reduce the outbreak risk of waterborne diseases. Complement and enhance existing surveillance structures and ensure prompt investigation of reports/alerts of epidemic-prone diseases in the targeted areas-this is an ongoing activity link up with the nutrition cluster to ensure continuous monitoring of the nutritional status of the population. Conduct anIn-depth analysis of the humanitarian and public health situation, gaps, status and location of the vulnerable population and clearly identify the public health threats- Currently based on the information we have we shall respond to the high levels of malnutrition(acute), water and food borne diseases (Cholera, AWD, ABD), vaccine preventable diseases(Measles),Malaria and RTI among others. Strengthen the linkages with the three clusters of Nutrition, FSL and WASH for effective response and progressively expand access, coverage and quality of the Basic Package of Health care Services to populations at risk-strengthen the static response capacities of the health facilities(Work with the CHD)-this is an ongoing activity as part of the humanitarian response

Direct beneficiaries :

Men	Women	Boys	Girls	Total
48,693	45,936	3,675	3,825	102,129

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	3,675	3,825	7,500
Internally Displaced People	48,693	40,723	0	0	89,416
Pregnant and Lactating Women	0	5,213	0	0	5,213

Indirect Beneficiaries :

Catchment Population:

The total 102129 is the catchment population the mentioned areas of operation that will benefit from management of SAM with medical complications and will be under surveillance for any potential epidemic prone diseases.The population being served in the counties of Koch,Panijar,Mayendit, and Leer and any other areas in Phase 4 and 3 of IPC.

Link with allocation strategy :

Main components to be supported through the SSHF funding include procuring and strategically prepositioning SAM kits for management of SAM with medical complications, supporting surveillance including nutritional surveillance, in addition to supporting outbreak response. Other activities include distribution and transportation of the lifesaving drugs and support to monitoring of health service delivery at deep frontline 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 famine 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
IDSR USAID grant(Proportion of the current grant being implemented as part of the overall response	100,000.00
	100,000.00

Organization focal point :

Name	Title	Email	Phone
Mpairwe Allan	Emergency Coordinator	mpairwea@who.int	+256772510026
Otim Patrick	Emergency Officer	ramadano@who.int	+211916097828

BACKGROUND

1. Humanitarian context analysis

Famine is currently affecting parts of Unity State in the northern-central part of the country. A formal famine declaration means people have already started dying of hunger. The situation is the worst due to the hunger catastrophe since fighting erupted more than three years ago. The population of South Sudan has limited access to optimal health services due to bouts of conflicts and under-developed health infrastructure before and after independence. The country has one of the worst health indicators in the world with resultant impact on the health and wellbeing of the entire population with women and children being worst affected. Maternal mortality ratio stands at 789/100,000 live births, infant mortality rate is 75/1000 live births, and child mortality rate 105/1000. The high mortality rates could be attributed to a multiplicity of factors. This includes the persistent exposure to epidemics of cholera, malaria, measles, meningitis and Severe Malnutrition. War and a collapsing economy have left some 100,000 people facing starvation in parts of South Sudan where famine has been declared. The total number of food insecure people is expected to rise to 5.5 million at the height of the lean season in July if nothing is done to curb the severity and spread of the food crisis. According to the Integrated Food Security Phase Classification (IPC) update released by the government, 4.9 million people – more than 40 percent of South Sudan's population – are in need of urgent food, agriculture and nutrition assistance. Acute malnutrition remains a major public health emergency in South Sudan. Out of 23 counties with recent data, 14 have Global Acute Malnutrition (GAM) at or above 15%. GAM of above 30% is observed in Leer and Panyijar while Mayendit had GAM levels of 27.3 %Similarly, a worsening nutrition situation atypical to the post-harvest season is observed in the Greater Equatoria region – particularly in Greater Central Equatorial – a deterioration associated with widespread insecurity, lack of physical access, disruption of the 2016 agricultural season and the ongoing economic crisis. Areas in the Greater Bahr el Ghazal show higher than usual levels of acute malnutrition expected for the post-harvest season, indicating a worsening situation. Insecurity, displacement, poor access to services, extremely poor diet (in terms of both quality and quantity), low coverage of sanitation facilities and poor hygiene practices are underlying the high levels of acute malnutrition.

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 1st March only 30% of health facilities in the southern unity 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 southern unity and some parts of greater equatorial. This translated to about 80% of the affected population not having access to lifesaving drugs (MOH 2017). Malaria accounts for 51% and 37 % of the consultation and morbidities in OPD consultations. Three counties in the southern unity region have reported cholera cases with the highest number being in Panyijar and Leer state .The most recent assessment and IPC report established that there is a general deteriorating health and nutrition situation across the region 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.. Low vaccination coverage was also established to be one of the major health need to be urgently attended to. Yei County continues to face enormous health needs and over 54,000 people remain displaced with lack of health services. A monitoring visit by WHO 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(WHO 2016). Other common threats to people's health included acute respiratory infections, acute watery diarrhea, malaria, malnutrition and measles.. 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 second 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 14 health cluster partners have benefited from WHO pipeline during the first quarter 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.

3. Description Of Beneficiaries

The total population that is stressed under the food and nutrition crisis is 4.9 million. The population that will benefit from the interventions will be 102129 that will include both those under surveillance and those admitted for SAM with complications(7500). Over 102129 people will be under surveillance for common illnesses and epidemic prone diseases. The beneficiaries are both host and displaced communities in the areas targeted for the response.

4. Grant Request Justification

No other funding is available for WHO to support the famine response. WHO has a key role to play in the famine response and will majorly support the provision of emergency medical care to ensure that SAM cases are managed for medical complications. Procurement of life saving supplies (SAM Kits) , enhancing event based surveillance and outbreak response are critical for the effective response to the current health emergencies caused by the famine situation. WHO remains the only agency that provided support to outbreak response and management of common illnesses through the core pipeline supplies and lifesaving supplies.

5. Complementarity

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

LOGICAL FRAMEWORK

Overall project objective

By the end of October 2017, to mitigate excess mortality and morbidity through ensuring equitable access life-saving health services for Famine affected populations Unity State

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	100

Contribution to Cluster/Sector Objectives : The project will contribute to the three health cluster objectives by ensuring lifesaving emergency services are available and easily accessed to respond to common but potentially fatal illness. Communicable diseases account for more than 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 and Payam levels in order to reduce morbidity and mortality associated with the famine and mitigate the impact of the emergencies by having quick and prompt responses. Main components to be supported through the SSHF funding include conducting rapid health assessments, procurement distribution and transportation of the lifesaving 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 famine affected areas

Output 1.1

Description

SAM kits procured and strategically distributed to targeted Health Facilities in the states of affected by the famine

Assumptions & Risks

Access is granted and good intercolaboration with the nutrition actors in the areas

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Core Pipeline] Number of kits including SAM kits distributed					150

Means of Verification : Way bills,log frames,procurement ledgers

Activities

Activity 1.1.1

Procurement and distribution of the SAM kits to the identified stabilization centers

Activity 1.1.2

Scale up nutrition services in health facilities and ensure scale up at community level through close coordination and joint planning with Nutrition Cluster;

Outcome 2

Expanded access, coverage and quality of a basic package of health and nutrition services to populations at risk

Output 2.1

Description

5 mobile response teams and 5 corresponding health facilities are supported to deliver the much needed life saving supplies and services (management of common illness) in the famine stricken areas

Assumptions & Risks

Access is granted and government committment is guranteed

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Core Pipeline] Number of implementing partners receiving supplies from the pipeline					5
Means of Verification : OPD records and ledger record for the ware house							
Indicator 2.1.2	HEALTH	[Core Pipeline] Number of direct beneficiaries from emergency health supplies (IEHK / trauma kit / RH kit/Emergency vaccines/SAM kits with medical modules)	0	0	3,575	3,925	7,500
Means of Verification : OPD,HMIS,IDSR records and patient registers							

Activities

Activity 2.1.1

Support the health cluster partners and the county health departments effectively offer treatment for the common illness that are potentially fatal at facility level

Activity 2.1.2

Provision of standard treatment protocols in health facilities with agreed upon first-line drugs that are crucial to ensure effective diagnosis and treatment for acute respiratory infections, main epidemic prone diseases (including cholera, shigellosis, typhoid, measles, malaria and meningitis)-

Activity 2.1.3

Link up with the nutrition cluster to ensure continuous monitoring of the nutritional status of the population

Outcome 3

Strengthened early warning detection surveillance and response system for rapid detection and response to epidemic- prone diseases

Output 3.1

Description

15 Health Facilities are equipped to detect and promptly report epidemic prone diseases

Assumptions & Risks

Security situation remains stable and supplies for surveillance submited

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	[Frontline services] Proportion of epidemic prone disease alerts verified and responded to within 48 hours					95
Means of Verification : Outbreak Log,HMIS and IDSR REPORTS							
Indicator 3.1.2	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	50,044	52,085	0	0	102,129
Means of Verification : HMIS,DHIS,IDSR,EWARN reports							

Activities

Activity 3.1.1

Set up and expand disease Early Warning Systems and Outbreak Detection and Management systems in the most affected counties;

Activity 3.1.2

Train staff, RRT on EWARS and case management and deploy staff at sub-national/county levels

Activity 3.1.3

Strengthen malaria, Mental Health ,TB and HIV prevention and control and response interventions in the affected counties

Activity 3.1.4

Develop laboratory capacity for basic testing of prevalent diseases at national and sub national levels.

Activity 3.1.5

Deploy senior and mid-level support from AFRO, HQ and by pooling from other countries to fill gaps as needed (in case of resurge of emergencies, outbreaks)

Additional Targets :

M & R

Monitoring & Reporting plan

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 Health Management Information System,DHIS1, Integrated District Surveillance and Response 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. WHO will provide an interim report to the SSHF Secretariat and a monthly progress report to the health cluster M and E officer. The field officers in collaboration with the operational partners will regularly have discussion with community leaders on a regular basis to ensure that the satisfaction of the offered services to the affected population is at an acceptable level

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procurement and distribution of the SAM kits to the identified stabilization centers	2017				X	X							
	2018												
Activity 1.1.2: Scale up nutrition services in health facilities and ensure scale up at community level through close coordination and joint planning with Nutrition Cluster;	2017				X	X	X	X	X	X	X		
	2018												
Activity 2.1.1: Support the health cluster partners and the county health departments effectively offer treatment for the common illness that are potentially fatal at facility level	2017				X	X	X	X	X	X	X		
	2018												
Activity 2.1.2: Provision of standard treatment protocols in health facilities with agreed upon first-line drugs that are crucial to ensure effective diagnosis and treatment for acute respiratory infections, main epidemic prone diseases (including cholera, shigellosis, typhoid, measles, malaria and meningitis)-	2017				X	X	X	X	X	X	X		
	2018												
Activity 2.1.3: Link up with the nutrition cluster to ensure continuous monitoring of the nutritional status of the population	2017				X	X	X	X	X	X	X		
	2018												
Activity 3.1.1: Set up and expand disease Early Warning Systems and Outbreak Detection and Management systems in the most affected counties;	2017				X	X	X						
	2018												
Activity 3.1.2: Train staff, RRT on EWARS and case management and deploy staff at sub-national/county levels	2017				X	X							
	2018												
Activity 3.1.3: Strengthen malaria, Mental Health ,TB and HIV prevention and control and response interventions in the affected counties	2017				X	X	X	X	X	X	X		
	2018												
Activity 3.1.4: Develop laboratory capacity for basic testing of prevalent diseases at national and sub national levels.	2017				X	X	X						
	2018												
Activity 3.1.5: Deploy senior and mid-level support from AFRO, HQ and by pooling from other countries to fill gaps as needed (in case of resurge of emergencies, outbreaks)	2017				X	X	X	X	X	X	X		
	2018												

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 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 SAM kits 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 Southern Unity. 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

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

Health does not discriminate beneficiaries in regard to access to life saving services. All beneficiaries irrespective of gender will access the services and medicines from the OPD and treatment locations supported by the cluster partners who access the kits and the support

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 likewise they collaborate with health cluster partners who have access to these areas to pick supplies and ensure they are delivered at any opportunity that is available. Logistics cluster will support with air assets to transport drugs and rapid response teams to areas that are not accessible by the fixed wing air assets.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Public health officers for emergency response and field interventions	D	2	22,000.00	6	40.00	105,600.00
	PHO@ P4 to support the response operations for six months, one in Bentiu and one in support the equatorial regions.-Two PHOS @ Monthly figure of 22,000 payable for six months at 40%						
1.2	National Public Health officers	D	4	3,500.00	6	40.00	33,600.00
	Four National PHOs @NOC level payable at 3500usd per month for six months at 40%.						
1.3	Support staff@G6	D	6	2,000.00	6	40.00	28,800.00
	Six support staff for field operations at G6 payable at 2000usd per month for six months at 40%						
	Section Total						**168,000.00**
Supplies, Commodities, Materials							
2.1	Procurement of 150 SAM kits	D	150	850.00	1	60.00	76,500.00
	Prepacked kits for delivery treating 50 people per kit. Each kit costs 850usd and CHF will contribute 60%						
	Section Total						**76,500.00**
Contractual Services							
4.1	Private road and air transporters for distribution of life saving supplies and Private charter for rapid response teams for outbreak response	D	10	4,800.00	6	35.00	100,800.00

	Use of both Charters and Road transport to deliver as last and Outbreak missions to the deep front areas and hot spots resort,@rotation is 4800usd per trip-anticipate to do 10 trips each month for six months and SSHF will pay for 35%						
4.2	Provision of technical guidelines and tool for outbreak response ,case management	D	10	2,000.00	6	50.00	60,000.00
	Tools and treatment for common illnesses, outbreak and flow diagrams for epidemic prone diseases(we shall support with 10 sets of modules for the policy and treatment guidelines costing 2000usd each month for a period of six months).SSHF will contribute 50% of the overall cost						
	Section Total						**160,800.00**
Travel							
5.1	Support to field travel for rapid response missions and interventions	D	20	400.00	6	85.00	40,800.00
	Use of TAF account and UNHAS services (will send a team of 20 officers and experts for mission in any of the five counties each month for six months. Each flight costs 400 USD for a round trip.						
	Section Total						**40,800.00**
General Operating and Other Direct Costs							
7.1	Support to field operations for outbreak response missions and interventions	D	1	1.00	300000	22.00	66,000.00
	(Fuel, IT, security, stationary, casuals, repairs of vehicles and equipment, insurance, office maintenance, office equipment, DSA, Allowances). The WHO lump sum cost of the program to support field operations for six months is 300000USD. SSHF will contribute 22% of the cost for the next six months.						
	Section Total						**66,000.00**
SubTotal			203.00				**512,100.00**
Direct							512,100.00
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							35,847.00
Total Cost							**547,947.00**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Koch	40	13,616	13,074	734	765	28,189	
Unity -> Leer	20	7,567	8,249	840	920	17,576	
Unity -> Mayendit	20	13,609	13,075	735	764	28,183	
Unity -> Panyijiar	20	13,608	13,074	734	765	28,181	

Documents

Category Name	Document Description