OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	United Nations Children's Fund
Allocation Type :	1st Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Improved emergency health preparedness and response in Southern Unity, Central Equatoria and Upper Nile States of South Sudan
Allocation Type Category :	Frontline services

OPS Details

Project Code :	SSD-17/H/104010	**Fund Project Code :**	SSD-17/HSS10/SA1/H/UN/5190
Cluster :	Health	**Project Budget in US$:**	400,102.96
Planned project duration :	12 months	**Priority:**	Not Applicable
Planned Start Date :	01/04/2017	**Planned End Date :**	31/03/2018
Actual Start Date:	01/04/2017	**Actual End Date:**	31/03/2018
Project Summary :	The planned interventions aim to mitigate impact of reduced immunity and common diseases in the southern of Unity State affected by the famine to ensure that boys, girls and women among vulnerable populations (IDPs, and the host population) have access to humanitarian basic preventive and curative health services as well as in the areas affected by conflict, hard to reach because of access issues, in the Great Equatoria region and Unity State. This project is targeting 47,112 people from whom 32,978 are IDPs and 14,134 are from the host communities. The services will be delivered through the Rapid Response Mechanism missions that will be deployed to the areas affected by famine and those affected by conflict or by both. .		

Direct beneficiaries :

Men	Women	Boys	Girls	Total
11,533	12,494	11,081	12,004	47,112

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	8,073	8,746	7,756	8,403	32,978
People in Host Communities	3,460	3,748	3,325	3,601	14,134

Indirect Beneficiaries :

Catchment Population:

Link with allocation strategy :

In 2016, the humanitarian crisis in South Sudan deepened and spread, causing tremendous pain and suffering for millions of people across the country. At the beginning of the year, the humanitarian community was responding to a crisis largely concentrated in the Greater Upper Nile region. However, at year's end, large additional areas in the country faced mounting humanitarian needs due to the cumulative impact of conflict, economic decline and a severe erosion in coping capacities. Food insecurity and malnutrition are at unprecedented levels, diseases are widespread, and destitution in urban areas is spiking. The eruption of fighting in the country's capital, Juba, in July 2016 served as a dreadful bellwether of large-scale displacement and violence that would follow. By mid- December 2016, more than 3 million South Sudanese had been forced to flee their homes. This means that one in four people in South Sudan have been uprooted - their lives disrupted, their homes destroyed, their livelihoods decimated.
There are more needs now, in more locations, than has ever been the case. The humanitarian community is stretched to its limits and facing mounting challenges.
After three years of conflict, the population is highly susceptible to disease, and more than 5 million people are in need of humanitarian healthcare services. Most health facilities are not functioning and those that are, provide minimal services due to drug and staff shortages. Communicable diseases have spread in 2016, there is a growing number of war wounded. Some 302,800 refugees will require health assistance in 2017 including immunization services and child and maternal health care.
Health service capacity and infrastructure, including immunization services, is weak countrywide, this is now worsened by the increase number of counties affected by the conflict. According to the HMIS South Sudan of 2016,while in south Sudan 52% children had received measles vaccine before one year of age, 45% had received polio vaccine before one year, 45% of children had received Penta 3 before one year, and 36 % of women were immunized against tetanus during antenatal consultations in Unity State only 18% of targeted children have received polio vaccine before one year, 20% Penta 3 before one year, 13% of women were immunized against tetanus 2+ during antenatal consultations. Immunity against vaccine-preventable diseases is ensured with a routine immunization coverage of at least 80%.
Note that during 2016, a total of 15 measles outbreak were reported in South Sudan with 2,084 suspected cases and 20 deaths which gives 0.96 % of CFR, Out of 322 samples tested, 148 were confirmed measles positive.
Meanwhile, from January 2017 to now a total of 341 measles suspected cases, were reported in 7 states out of 10 (WBEG, NBEG, Warrap, Western Equatoria, Central Equatoria and Jonglei). By the end of December ministry of health reported a total of 2,221,850 cases as of week 51, against a total of 2,322,852 cases in 2015 and 1,401,447 in 2014.Malaria cases represent 52% of the total consultations in 2016, while Acute Watery Diarrhea accounts for 18% and ARI accounted for 22.6% respectively.
This increase is probably due to the displacement that had increased vulnerability because of poor shelters and environmental conditions. Acute respiratory tract infections (ARI) was another significant cause of morbidity with 806,273 individuals treated countrywide
Since the eruption conflict in South Sudan in 2013, Southern unity has been one of the epicenters of conflict and violence. Consequently, thousands of civilians have been displaced in the surrounding areas and into UN PoC site in Bentiu, resulted in loss of livelihoods (e.g. livestock, household assets) and food sources.

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
Lydie Maoungou Minguiel	Immunization Manager	lmminguiel@unicef.org	+211922188195
Jean Luc Kagayo	Health Specialist	jlkagayo@unicef.org	+211955151928
Chantal Umutoni	Primary Health Care Manager	cumutoni@unicef.org	211926123000

BACKGROUND

1. Humanitarian context analysis

In 2016, the humanitarian crisis in South Sudan deepened and spread, causing tremendous pain and suffering for millions of people across the country. At the beginning of the year, the humanitarian community was responding to a crisis largely concentrated in the Greater Upper Nile region. However, at year's end, large additional areas in the country faced mounting humanitarian needs due to the cumulative impact of conflict, economic decline and a severe erosion in coping capacities. Food insecurity and malnutrition are at unprecedented levels, diseases are widespread, and destitution in urban areas is spiking. The eruption of fighting in the country's capital, Juba, in July 2016 served as a dreadful bellwether of large-scale displacement and violence that would follow. By mid- December 2016, more than 3 million South Sudanese had been forced to flee their homes. This means that one in four people in South Sudan have been uprooted - their lives disrupted, their homes destroyed, their livelihoods decimated.
There are more needs now, in more locations, than has ever been the case. The humanitarian community is stretched to its limits and facing mounting challenges.
After three years of conflict, the population is highly susceptible to disease, and more than 5 million people are in need of humanitarian healthcare services. Most health facilities are not functioning and those that are, provide minimal services due to drug and staff shortages. Communicable diseases have spread in 2016, there is a growing number of war wounded. Some 302,800 refugees will require health assistance in 2017 including immunization services and child and maternal health care.
Health service capacity and infrastructure, including immunization services, is weak countrywide, this is now worsened by the increase number of counties affected by the conflict. According to the HMIS South Sudan of 2016,while in south Sudan 52% children had received measles vaccine before one year of age, 45% had received polio vaccine before one year, 45% of children had received Penta 3 before one year, and 36 % of women were immunized against tetanus during antenatal consultations in Unity State only 18% of targeted children have received polio vaccine before one year, 20% Penta 3 before one year, 13% of women were immunized against tetanus 2+ during antenatal consultations. Immunity against vaccine-preventable diseases is ensured with a routine immunization coverage of at least 80%.
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Since the eruption conflict in South Sudan in 2013, Southern unity has been one of the epicenters of conflict and violence. Consequently, thousands of civilians have been displaced in the surrounding areas and into UN PoC site in Bentiu, resulted in loss of livelihoods (e.g. livestock, household assets) and food sources.

2. Needs assessment

1. Increased morbidity and mortality from disease outbreaks/upsurge (malaria, measles, cholera, kala azar), other common childhood illnesses, HIV/AIDS and Tuberculosis: 2016 data reports expansive figures- and increased concerns about outbreaks synopsis: 1678 cases of measles reported with 19 deaths (CFR 1.13%), malaria affected 36% of IDPs & 49% of population in non-conflict affected, cholera morbidity stood at 2908 cases (Nov 2016), with 42 deaths (CFR 1.51%).2017 data is even more alarming: a total of 223 measles cases have been reported form Wau, Malakal, Gogrial East and Gogrial West, Aweil South and Yambio while malaria morbidity is already at 19% for IDPs & 26% for non-conflict affected states. The cholera outbreak is continuing and by March 2017, the cumulative number of cases had risen to 5,398 cases including 127 deaths (CFR 2.35%).
2. Inadequate access to PHC services with limited number of functional health facilities resulting from conflict, insecurity, looting and destruction: 106 health facilities closed after conflict. The increased closure of health facilities in some counties is due to looting/vandalization as a result of the ongoing crises. For instance, Counties of Lanya (80%), Yei (77%) and Juba (41%) have reported to have their health facilities non-functional.
3. Access and utilization of health services is compromised: Prolonged disruption of services due to delayed and limited funding: as at October 2016, in Jonglei, 33.3 % of hospitals, 81.80% of Primary Healthcare Centers and 98.30 % of Primary Healthcare Units averaging 96.30% total of all Health Facilities in the location are closed. Similarly in Upper Nile, 50 % of hospitals, 95.75% of Primary Healthcare Centers and 86.60% of Primary Healthcare Units averaging 84.80% total of all Health Facilities in the location are closed.
4. Increased geographical scope of conflict resulting in displacement leading to the interruption of routine health services-up to 70% non-functionality recorded in the Equatoria's and to increased demand for health services (3 new IDP sites in Kajo Keji, pockets of newly displaced in Yei/Mundri and outside of Wau Town, Kodok)
5. Health partner response constrained by delayed/limited funding, insecurity and presence: by mid-year 2016, the conflict caused a mass exodus of seasoned partners. Some Counties have no humanitarian partners (Lainya, Kapoeta East, and Panyikang). Others have only one humanitarian partner (Movlo, Negro, Nzara and Tambura). The delivery of humanitarian assistance in these counties is possible only through mobile rapid response modality.
6. Declaration of Famine in Central Unity- there are public health oncerns of increase in SAM cases with medical complications and further health risks to vulnerable populations already immune compromised (under 5, disabled and fragile, people living with TB/HIV AIDs, pregnant and lactating mothers).

3. Description Of Beneficiaries

The total population targeted by the health cluster is 139,935 people. Through this grant, UNICEF will target the population in the counties of Kajo Keji, Guit, Koch, Leer, Mayendit, Mayom, Panyinjar Rubkona and Malakai. This project will target 50% of the total number of beneficiaries targeted by the health cluster, which brings the UNICEF target to 47,112 people with men at 11,533; women at 12,494, boys at 11,081 and girls at 12,004. The percentage of IDP is estimated at 70 of this total while that of the host community at 30%.

4. Grant Request Justification

The risk of disease outbreaks including vaccine-preventable diseases remains high amongst displaced populations. This project aims to improve access to preventive and curative health services for vulnerable populations affected by conflict, famine and nutrition crisis and malnourished children or at risk of malnutrition.
To improve access to quality immunization services for boys and girls under 5 and pregnant women, to prevent outbreaks of vaccine-preventable diseases, UNICEF will ensure the provision of safe and potent measles vaccines and related injection materials. UNICEF is entirely responsible for the procurement, storage, and distribution of all vaccines and injection materials for routine, supplementary, and emergency immunization activities, and establishment and maintenance of the cold chain system across the country through procurement installation, repair, renovation, rehabilitation and maintenance of cold-chain equipment.

As a result of the poor road network throughout the country partners are obliged to transport vaccines by air. While in the seven stable states, the rotation agreement with the flight companies is per state, in the three states most affected by the 2013 conflict it is per county (32) and sometimes per payam (219). South Sudan doesn't have infrastructure, to bring items to the field .This require a charter flight. Given the number of location to be covered especially in the conflict affected areas the cost become high up to 60% of the items prices.
This cost is compared to 20% which we normally pay for the transportation from the manufacturer to the country.

The food insecurity situation in Southern Unity State is at life threatening level and requires urgent humanitarian action. Experience shows that when dealing with a famine and nutrition crisis, it is paramount that interventions be scaled up immediately to save lives. There is now a narrow window of opportunity during the dry season to preposition and scale up interventions to meet the needs of the population. Furthermore, lessons from UNICEF's response to nutrition crises in Northern Bar El Ghazal (NBeG) have provided evidence that cross-sectoral and integrated humanitarian interventions can answer critical needs and prevent a deterioration of the health and nutrition situation. In South Sudan, UNICEF is working with over 100 partners nationwide to respond to critical needs of children and women through an integrated approach providing lifesaving nutrition, health, WASH and protection services. Health services include child health interventions such as immunization, treatment of childhood illnesses (malaria diarrhea and acute respiratory diseases) and basic maternal health services such as antenatal care, maternity, postnatal care, family planning and prevention of mother to child transmission of HIV.
A Rapid Response Mechanism mission was conducted in Koch in March 2017 which showed that Koch County was one of the most affected counties in unity state following the outbreak of the war between the two factions of SPLA in 2013 and July 2016. This war resulted in displacement of thousands of people and leaving other thousands homeless, food insecure and vulnerable to diseases. Most social infrastructures such as health facilities were looted and vandalized. World Relief with funding from UNICEF and HPF has started rebuilding what was left. Many places are not accessible due to security reasons and RRM missions are used to provide services to those hard to reach populations whenever there is a window of opportunity. Since January, the number of conducted RRM is increasing both in the Equatoria region and the Unity state and this modality will be used to reach the populations cut from health care and in inaccessible areas whenever security allows.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To increase access to health care for the population affected by the nutritional crisis and conflict in Southern Unity, Central Equatoria and Upper Nile states of South Sudan

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve access to essential health care for 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 :

Outcome 1

Girls, boys, and pregnant and lactating women have improved access to preventive and curative health services though the strengthened cold chain system, social mobilization, provision of essential medicines, mosquito nets and other core health pipeline supplies without stock out.

Output 1.1

Description

Primary Health Care services including health promotion, polio, measles and TT vaccination, curative consultations as well as ANC services are provided to the targeted population focusing on children under 5 years as well as pregnant and lactating women through RRM missions.

Assumptions & Risks

Security, administrative and logistics arrangements allowing UNICEF teams to provide the RRM services to the hard-to-reach areas.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			4,645	4,835	9,480
Means of Verification : Supervision , way bill, stock card							
Indicator 1.1.2	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	11,533	12,494	11,081	12,004	47,112
Means of Verification : Activities report, patient register , supervision							
Indicator 1.1.3	HEALTH	Number of children under 5 years treated for Malaria					9,894
Means of Verification : Activities report , supervision, interview of the beneficiaries							
Indicator 1.1.4	HEALTH	Number of RRM missions conducted					30
Means of Verification : RRM mission reports							

Activities

Activity 1.1.1

Organize and conduct Rapid Response Mechanism missions in the remote and hard to reach areas for health services delivery

Activity 1.1.2

Immunize children from 0 to 15 years old against polio and measles in the conflict affected area using fast cold chain (Cold boxes , vaccines carriers and frozen ice pack)

Activity 1.1.3

Provide health promotion, curative consultations and ANC services to the targeted population

Activity 1.1.4

Monitoring and support supervision to implementing partners

Additional Targets :

M & R

Monitoring & Reporting plan

The overal project monitoring will be performed by the P3 Emergency Health Specialist supported by the RRM team under the leadership of the PHC manager.
UNICEF has developed a simple monitoring and reporting tool that provide updates and feedback on the activities implemented during the RRM missions as well as information on the results reached
This tool captures the number of beneficiaries reached and the challenges encountered during the missions. .
Every RRM intervention is followed by a comprehensive report and this information will also feed into the UNICEF biweekly sitrep. Monthly reports will be produced and compiled.
Regular reports will be provided to UNOCHA on the implementation of this project, as per the OCHA reporting schedule, and a final cumulative report will be provided to OCHA at the end of the project.
UNICEF RRM team will provide field monitoring to sites visited in the previous months to follow up on the reinstatement of health activities and the actions taken on issues identified during the previous mission.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Organize and conduct Rapid Response Mechanism missions in the remote and hard to reach areas for health services delivery	2017				X	X	X	X	X	X	X	X	X
	2018	X	X	X									
Activity 1.1.2: Immunize children from 0 to 15 years old against polio and measles in the conflict affected area using fast cold chain (Cold boxes , vaccines carriers and frozen ice pack)	2017				X	X	X	X	X	X	X	X	X
	2018	X	X	X									
Activity 1.1.3: Provide health promotion, curative consultations and ANC services to the targeted population	2017				X	X	X	X	X	X	X	X	X
	2018	X	X	X									
Activity 1.1.4: Monitoring and support supervision to implementing partners	2017					X		X		X		X	
	2018	X		X									

OTHER INFO

Accountability to Affected Populations

UNICEF will work closely with community volunteers and beneficiaries to design and implement the most needed health delivery services delivery during every RRM mission to ensure it is owned and supported by the community. Communities, as volunteers and health workers, will also be actors of the health services delivery. Community values and positive practices in caring and supporting children will be incorporated into the process to promote community values and traditions and ensure continuity. By engaging and involving the community, accountability will be on the community as much as it is on UNICEF and this will ensure better dialogue and feedback processes.
However during every follow up support visits, UNICEF team will engage the beneficiaries and community members through focus group discussions to get feedback on the support provided and together find ways of improving on the support. UNICEF will ensure the community lead this process. Other service providers to the project, such as NGO partners present in the area, will also be engaged to get feedback on the services provided that will be shared with the beneficiaries and the community during the focus group discussions.
Beneficiaries will be informed about any process, changes and critical information that pertains to their health care

Implementation Plan

With this funding, UNICEF will directly implement effective /critical health services. UNICEF will be part of RRM missions to famine affected areas in Southern Unity and also in some counties affected by conflict in Central Equatoria and Upper Nile as prioritized by the health cluster.
Direct implementation modality will be used to access extremely vulnerable populations through RRMs. It is important for UNICEF to approach through RRM as that is best quickest way to reach out to very vulnerable groups.
UNICEF will also transport and pre-position emergency health supplies and will deploy health staff in the famine locations during RRM missions in IPC 4 and 5 areas and where famine has been announced and risks of diseases and mortality are high. These supplies provide immediate relief and support to malnourished children, separated and unaccompanied children and other vulnerable groups of children and families who need assistance.
The following services will be part of the package offered by UNICEF: health promotion, immunization of children and women, curative consultations, ANC services including distribution of clean delivery kits, referral of complicated cases. A special focus will be put on malnourished children who will also be systematically screened for malaria and immunized against measles.
In addition to the direct implementation through this programme, UNICEF will continue to provide information and technical support to other partners present in the targeted areas to ensure continuity of service delivery and promote the sharing of good practices and lessons learned.

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

UNICEF health programmes are designed to reach women, girls and boys who are most at risk of disease and death. The project takes into high consideration the fact that men, women, boys and girls are not affected in the same way by the crisis and do not develop identical coping mechanisms. In fact, both the prevention and response strategies of the project consider the specific needs of each category through gender-sensitive and age appropriate services in order to overcome the barriers of access to assistance. As per needs assessment analysis, the implementation phase will gather disaggregated data, considering age, sex, type and location in order to facilitate both the gender analysis and adjust activities according to the specific needs of each category.
Beneficiaries include 12,494 women, 11,533 men; 12,004 girls and 11,081 boys and programme activities are specifically designed to assess and meet the unique needs of women along with both girls and boys and their caregivers to ensure the most appropriate care and child, age and gender friendly services.

Protection Mainstreaming

UNICEF will ensure protection is mainstreamed in all health interventions of UNICEF sections during RRM missions and joint awareness messages is provided to all beneficiaries.

Country Specific Information

Safety and Security

This project will ensure the safety of all beneficiaries and targets through proper consultations and ensuring security issues are taken seriously. The do No harm principle will be applied at every stage of the project. Health interventions will be implemented taking into consideration the safety of children, women and volunteers at all times

Access

Access is key to the implementation of this project to most affected population and UNICEF and the RRM focal agencies will ensure access is secured for every mission.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Health Specialist P3	D	1	21,000.00	12	30.00	75,600.00
1.2	RRM National Officers 3	D	3	5,750.00	12	50.00	103,500.00
	Section Total						**179,100.00**
Equipment							
3.1	Cold boxes	D	200	140.00	1	100.00	28,000.00
	Equipment for passive cold chain to support immunizations activities in the remote area						
3.2	Vaccines Carriers	D	500	18.40	1	100.00	9,200.00
	Equipment for passive cold chain to support immunizations activities in the remote area						
3.3	Freight	D	1	22,320.00	1	100.00	22,320.00
	Transportation to Juba and inside the country						
3.4	Ice pack	D	5000	0.63	1	100.00	3,150.00
	Ensure the cold system in the isolate areas						
	Section Total						**62,670.00**
Travel							
5.1	RRM missions	D	2.5	1,660.00	12	100.00	49,800.00
	Direct implementation through RRM (DSA for 8 days as average mission, air tickets, incentives for local health workers and volunteers (33 people on average) , box for at least 2 CBD per location						
5.2	Field Visits	D	1.5	655.00	12	100.00	11,790.00

	Follow up monitoring and supportive supervision to RRM sites						
	Section Total						**61,590.00**
General Operating and Other Direct Costs							
7.1	ICT Costs	D	1	20,000.00	1	100.00	20,000.00
	5 computers and internet connection (1 computer at 1,500$ and a contribution of 7% to the office monthly internet costs of 15,000 US$)						
7.2	UNICEF logistic support to RRM missions	D	1	4,214.00	12	100.00	50,568.00
	Unicef vehicles, fuel, warehouses, generators						
	Section Total						**70,568.00**
SubTotal			5,711.00				**373,928.00**
Direct							373,928.00
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							26,174.96
Total Cost							**400,102.96**

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 -> Guit	2	199	216	191	207	813	
Unity -> Koch	12	1,336	1,447	1,283	1,390	5,456	
Unity -> Leer	21	2,422	2,623	2,327	2,520	9,892	
Unity -> Mayendit	15	1,726	1,870	1,658	1,797	7,051	
Unity -> Mayom	11	1,243	1,347	1,195	1,294	5,079	
Unity -> Panyijiar	8	904	980	869	941	3,694	
Unity -> Rubkona	15	1,806	1,957	1,736	1,880	7,379	
Upper Nile -> Malakal	13	1,529	1,657	1,470	1,592	6,248	
Central Equatoria -> Kajo-Keji	3	367	398	353	382	1,500	

Documents

Category Name	Document Description