

South Sudan 2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat chfsouthsudan@un.org

SECTION I:

CAP Cluster	HEALTH	
Cluster Priority Activities	Cluster Geographic Priorities	
<ol style="list-style-type: none"> 1. To maintain the existing safety net by providing basic health packages and emergency referral services. 2. To strengthen emergency preparedness including surgical interventions. 3. To respond to health related emergencies including controlling the spread of communicable diseases. 	Unity, Warrap, Upper Nile, Jonglei, Northern Bahr el Ghazal and Lakes States.	
Requesting Organization	Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)	
UNICEF	Upper Nile, Unity, Northern Bahr El Ghazal, Jonglei, and Warrap States <i>(these focus states have high numbers of refugees, returnees and internally displaced persons)</i>	
Project CAP Code		
SSD-12/H/46271/R		
CAP Project Title		
Delivery of minimum response package of child health services to all newly displaced and vulnerable populations in South Sudan		
Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US\$ 3,095,000	US\$ 400,000	0
Direct Beneficiaries	Total Indirect Beneficiary	
Women: 132,096 women of child bearing age	200 health workers (100 female and 100 male)	
Men:	Catchment Population (if applicable)	
Girls: 96,456 (6 to 59months)		
Boys: 100,393 (6 to 59months)		
Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)	Project Duration (max. of 12 months, starting from allocation date)	
<ul style="list-style-type: none"> • Ministry of Health – Republic of South Sudan: Supplies worth of US\$ 50,000 • State Ministries of Health (in the focus states): Supplies worth of US\$ 50,000 • Various NGOs implementing PHC activities (they will mainly receive PHC supplies procured through UNICEF) 	Start Date: 15 th March, 2012 End Date: 14 th March, 2013	
Address of Country Office	Address of HQ	
Project Focal Person: Dr. Daniel Ngemera	e-mail desk officer	
Email & Tel: dngemera@unicef.org ; +211955355890	e-mail finance officer:	
e-mail country Representative: yhaque@unicef.org		
e-mail finance officer: mngandu@unicef.org	Address:	
Address: UNICEF South Sudan Country Office Totto Chan Compound P.O. Box 45, Juba, South Sudan		

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population¹

Infant and Under-Five Mortality Rates remain high in South Sudan at 75 and 105 per 1,000 live births respectively (Sudan Household Health Survey 2010). The three main causes of morbidity and mortality among children under-five in South Sudan are malaria, diarrhea and pneumonia. Disparities in terms of gender, education and location among populations in South Sudan play a significant role in the access and utilization of health services. Therefore, populations affected by emergencies such as internally displaced persons, returnees, refugees and other vulnerable groups are likely to suffer and die from these diseases. According to the 2010 Sudan Household Health Survey (SHHS), only 24% of children with suspected malaria received anti-malarial drugs within 24 hours of onset of symptoms. It is interesting to note that only 9% of children received ACT. Only 30% of children were tested and the largest percentage was in the highest wealth quintile (60.3%) and the lowest in the lowest quintile (15.1%). Urban children were twice as likely to be tested for malaria as rural children (57.7 versus 23%) and children whose mothers have a secondary education compared to those with no formal education (56% versus 26%).

There also still challenges in the management of diarrhoea. With regard to the home management of diarrhoea according to 2010 SHHS, one in ten mothers gave nothing to drink and stopped giving food; one in three reduced both drinks and food whereas more educated mothers were more likely to give increased drinks. Pneumonia remains one of the killer diseases for children and according to 2010 SHHS 47.2% of caregivers with children with pneumonia saw an appropriate provider. Antibiotic treatment increased dramatically with level of maternal education, from 27.5% in the lowest quintile to 100% in the highest. Mothers' knowledge of the danger signs of pneumonia is an important determinant of care-seeking behaviour. In South Sudan, only one out of five mothers recognized the two danger signs of pneumonia.

During emergencies, there is a high risk of increased morbidity and mortality from these diseases and this therefore requires high level of preparedness and response. The existing disparities need to be addressed to ensure equity and access to health care services.

UNICEF has supported the Republic of South Sudan in addressing the above mentioned challenges especially in the 5 states of Warrap, Unity, Upper Nile, Jonglei and Northern Bahr El Ghazal through:

- Provision of nearly 100,000 long-lasting nets distributed in areas with high influx of returnees (Warrap, Upper Nile-Renk, Northern Bahr El Ghazal and Unity).
- Procurement and distribution of about 200 PHCU and PHCC drugs kits to the emergency affected areas (the kits contained various drugs including antibiotics, ORS and anti-malarial drugs).
- Distribution of inter-agency emergency drugs kits including the 20 basic kits for malaria.
- Distribution of nearly 500,000 sachets of ORS and diarrhea/cholera treatment kits benefiting nearly 200,000 cases of diarrhea.
- Supported safe deliveries through provision of 120,000 clean deliveries kits.
- Supported IEC strategies through provision of flyers, posters and media campaigns through local FM radios.

There is still a continuous influx of returnees and refugees from the North, as well as internally displaced persons in the priority states. The current numbers of returnees and IDPs in the five focus states of Warrap, Jonglei, Unity, Upper Nile and Northern Bahr El Ghazal as at the end of January 2012 are: 264,428 returnees and 426,162 IDPs with a majority of the displaced persons being in Jonglei state following the Pibor clashes between December 2011 and January 2012. There is therefore need to continue providing the minimum basic package of health services in emergency situations and UNICEF is committed to continue supporting the Ministry of Health and other implementing partners by provision, distribution of essential supplies and training of health workers.

B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

Refugees, returnees and IDP populations are prone to outbreaks of communicable diseases as health care facilities are limited and there is shortage of supplies in emergency situations. It is therefore important to ensure that sufficient quantities life-saving supplies are pre-positioned to meet the increased demands during emergencies. The proposed interventions under this proposal are in line with the agreed sector priorities for 2012. This project is directly contributing to the following health cluster overarching objectives:

Objective 1: To maintain the existing safety net by providing basic health packages and emergency referral services.

Objective 2: To strengthen emergency preparedness including surgical interventions.

Objective 3: To respond to health related emergencies including controlling the spread of communicable diseases.

South Sudan has received a high influx of returnees and internally displaced person over the past twelve months. The number of girls, boys, women and men in need of primary health care services has therefore increased and hence depleting the already

¹ To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

available resources. Many contributing factors affect service delivery, including inadequate and poorly equipped health facilities, inadequate staffing in the existing facilities, lack of funds for workers' incentives, lack of transport facilities for outreach activities and inaccessibility during rainy season.

Despite these challenges, some progress has been made in the provision of the basic package of health and nutrition services in some of these high risk areas with refugee and returnee populations. This has been achieved through the UNICEF Accelerated Child Survival Initiative jumpstart phase in 2011. These campaigns were conducted in all counties in the five high risk states with high coverage attained for measles and TT vaccination, vitamin A supplementation, deworming, MUAC screening and referral of malnourished children and dissemination of key messages on breastfeeding, use of insecticide treated nets and hand washing. This was of benefit particularly among the refugee and returnee populations, reducing the risk of outbreaks of communicable diseases.

There is therefore need to sustain the gains achieved and to continue providing essential primary health care services to the boys, girls, men and women affected by emergencies in Warrap, Unity, Upper Nile, Jonglei and Northern Bahr El Ghazal states where there are large populations of refugees, returnees and internally displaced persons.

C. Project Description (For CHF Component only)

i) Purpose of the grant

The funding obtained from this grant will be utilized to continue providing primary health care services amongst refugee, IDP and returnee populations who are exposed to high risk of communicable diseases due to poor health conditions in areas where these vulnerable groups are normally settled. This will be through provision of essential emergency drugs kits, essential drugs for use at Primary Health Care Clinics (PHCC) and Primary Health Care Units (PHCU) and LLINs for distribution to the vulnerable boys, girls, women and men.

This project will also focus on building the capacity of health workers to improve their skills in the integrated management of childhood illnesses therefore addressing the morbidity and mortality resulting from malaria, diarrhea and pneumonia.

Pre-positioning of children's and women's related health supplies is one of the UNICEF core responsibilities to fulfill its mandate of reaching boys, girls, men and women during emergencies. The project will focus on high risk communities to ensure that girls, boys, women and men have equal access and benefit from the services.

ii) Objective

- To ensure that 196,849 children (96,456 girls and 100,393 boys) less than 5 years of age and 132,096 women of child bearing age affected by emergencies (returnees, refugees and internally displaced persons) in Upper Nile, Unity, Northern Bahr El Ghazal, Jonglei, and Warrap States are provided with the minimum basic package of health services.

iii) Proposed Activities

1. Procurement and distribution of essential emergency supplies (20 PHCC kits, 15,000 LLINs for emergency response and 200,000 sachets/200 cartons of ORS): UNICEF will also be responsible for clearance, transportation and distribution of these supplies to states and counties.
 - Location: returnees, refugees and IDPs in NBEG, Upper Nile, Unity Jonglei and Warrap states
 - Direct Beneficiaries: Children < 5 years of age: 96,456 girls and 100,393 boys; 132,096 women of child bearing age
2. Train 200 health staff (100 male and 100 female) on integrated management of childhood illnesses with special focus on prevention and recognizing danger signs.
 - Location: Warrap, Upper Nile, Jonglei, Unity and Northern Bahr El Ghazal states
 - Direct Beneficiaries: 200 health staff (100 male, 100 female)
3. Increase demand for utilization of health services during emergencies through social mobilization, targeting men and women to increase their understanding on the prevention and management of childhood illnesses, with special emphasis on male involvement in care seeking behaviour. This will include of production of various types of IEC materials such as brochures, flyers and posters as well media activities.
 - Location: Warrap, Unity and Northern Bahr El Ghazal cold chain stores
 - Direct Beneficiaries: Children < 5 years of age: 96,456 girls and 100,393 boys
4. Supportive supervision and Logistical support at operational levels on emergency preparedness and response to ensure adequate delivery of health services to the vulnerable populations of children and women returnees and refugees upon arrival at entry points in South Sudan.
 - Location: Warrap, Upper Nile, Jonglei, Unity and Northern Bahr El Ghazal states
 - Direct Beneficiaries: Children < 5 years of age: 96,456 girls and 100,393 boys; 132,096 women of child bearing age

iv). Cross Cutting Issues

Cross-cutting issues such as environmental concerns (proper disposal of infectious medical wastes such as used sharps) will be addressed through training and full participation of the community members. Health workers will be trained on HIV prevention in the workplace as regards to safe handling of needles and sharps during campaigns and routine health service provision. During selection of participants for training and service provision, staff will be selected in a manner to address the gender disparity in the service provision. The tally sheet for the data collection will be modified to capture data on gender receiving services. Similar improvements will be reflected in other data collection and reporting instruments.

v) Expected Result/s

Expected Outcomes/Results

1. At least 196,849 children (96,456 girls and 100,393 boys) less than 5 years of age and 132,096 women of child bearing age affected by emergencies receive essential interventions during routine health services in the five high risk states of Warrap, Jonglei, Upper Nile, Unity and Northern Bahr El Ghazal.
2. No stock out of essentials drugs and supplies (ORS, drugs kits for PHCC and LLINs) to ensure that facilities have adequate stock to respond to emergencies and outbreaks.
3. Increased access to essential basic curative health services: at least 80% of children in high risk areas receive appropriate treatment for common childhood illnesses – diarrhea, malaria and pneumonia with 24 hours of onset.
4. At least 50% of caregivers are able to identify at least 2 dangers signs for the malaria, pneumonia and diarrhea.

	<i>Indicator</i>	<i>Target (indicate numbers or percentages)</i>
1	Number of direct beneficiaries from emergency drug supplies	96,456 girls less than 5 years of age 100,393 boys less than 5 years of age 132,096 women of child bearing age
2	Number of health workers trained on integrated management of childhood illnesses with special focus on prevention and recognizing danger signs	200 health workers: 100 male, 100 female
3	Number of caregivers able to identify at least two danger signs of malaria, pneumonia and diarrhea	50% of care givers
4	Number of children receiving appropriate treatment for common childhood illnesses	80% of children in the high risk areas

vi) Implementation Mechanism

The implementation of planned activities will be based on the agreed work plan between UNICEF and the government at central and state level and is accordance with the UNICEF and Republic of South Sudan joint programme of cooperation 2012 -2013. Therefore the implementation will be carried out by the Ministry of Health at ROSS and state level with the support of various NGOs implementing immunization activities.

All PHCC kits, ORS and LLINs procured through UNICEF will be distributed through Government at central and state MOH. NGOs will access most of these supplies through the state Ministries of Health. NGOs operating in hard to reach areas with limited access to state headquarters will sign a project cooperation agreement with UNICEF and they will be provided with supplies directly from UNICEF central and zonal warehouses.

Training of health workers will be done in line with MOH and international guidelines and will be done jointly by UNICEF and the MOH at central and state levels.

vii) Monitoring Plan

To ensure monitoring of the progress towards ensuring provision of the minimum basic package of health services to boys, girls and women in emergency situations, various monitoring and evaluation mechanisms will be instituted. The following will be carried out as part of the monitoring of progress:

- a) All state and counties will be supported to improve on data quality starting from collection and reporting. This will include training, provision of various data collection and reporting tools. Also quality control will be enhanced through periodic data auditing at health facility, Payam, County and State level.
- b) Joint monitoring of project activities between UNICEF, NGOs and Government at central and state level will be carried regularly and quarterly review meetings will be conducted and necessary adjustments will be made to deliver the results.
- c) Reports on the progress and results will be prepared quarterly and biannually to ensure that there is continuous feedback and ensures project accountability.

Reporting plan: the reporting will be based on the regular weekly, monthly and quarterly monitoring reports from the 5 states and the technical guidance and support from UNICEF zonal offices in Malakal and Wau as well as UNICEF staff stationed in the five states.

E. Committed funding

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

Source/donor and date (month, year)	Amount (USD)
o funds secured from other sources	

SECTION III:

LOGFRAME			
CHF ref. Code: <u>SSD-12/H/46271/R</u>		Project title: <u>Delivery of minimum response package of child health services to all newly displaced and vulnerable populations in South Sudan</u>	Organisation: <u>UNICEF</u>
Overall Objective: <ul style="list-style-type: none"> To ensure that 196,849 children (96,456 girls and 100,393 boys) less than 5 years of age and 132,096 women of child bearing age affected by emergencies (returnees, refugees and internally displaced persons) in Upper Nile, Unity, Northern Bahr El Ghazal, Jonglei, and Warrap States are provided with the minimum basic package of health services. 		Indicators of progress: <ul style="list-style-type: none"> Number of children receiving appropriate treatment for common childhood illnesses. 	How Indicators will be measured: <ul style="list-style-type: none"> Health Facility weekly reports and HMIS.
Specific Project Objective/s: <ul style="list-style-type: none"> To ensure that at least 196,849 children (96,456 girls and 100,393 boys) less than 5 years of age and 132,096 women of child bearing age affected by emergencies receive essential interventions during routine health services in the five high risk states of Warrap, Jonglei, Upper Nile, Unity and Northern Bahr El Ghazal. To ensure that there is no stock out of essentials drugs and supplies (ORS, drugs kits for PHCC and LLINs) to ensure that facilities have adequate stock to respond to emergencies and outbreaks. To ensure increased access to essential basic curative health services: at least 80% of children in high risk areas receive appropriate treatment for common childhood illnesses – diarrhea, malaria and pneumonia with 24 hours of onset. To ensure that at least 50% of caregivers are able to identify at least 2 dangers signs for the malaria, pneumonia and diarrhea. 		Indicators of progress: <ul style="list-style-type: none"> Number of direct beneficiaries from emergency drug supplies Number of health workers trained on integrated management of childhood illnesses with special focus on prevention and recognizing danger signs Number of caregivers able to identify at least two danger signs of malaria, pneumonia and diarrhea Number of children receiving appropriate treatment for common childhood illnesses 	How indicators will be measured: <ul style="list-style-type: none"> Health Facility reports
Results - Outputs (tangible) and Outcomes (intangible):		Indicators of progress:	How indicators will be measured:
1	At least 196,849 children (96,456 girls and 100,393 boys) less than 5 years of age and 132,096 women of child bearing age affected by emergencies receive essential interventions during routine health services in the five high risk states of Warrap, Jonglei, Upper Nile, Unity and Northern Bahr El Ghazal.	Number and % of children 6-59 months and women of child bearing age affected by emergencies receiving essential interventions during routine health services.	Health facility data compiled by SMOH and NGOs
			Health staff are recording their activities correctly and accurately.

2	No stock out of essentials drugs and supplies (ORS, drugs kits for PHCC and LLINs) to ensure that facilities have adequate stock to respond to emergencies and outbreaks.	Number and % of health facilities with no stock out of essential drugs.	Health facility data compiled by SMOH and NGOs	Health staff are recording their activities correctly and accurately.
3	Increased access to essential basic curative health services: at least 80% of children in high risk areas receive appropriate treatment for common childhood illnesses – diarrhea, malaria and pneumonia with 24 hours of onset.	Number and % of children 6-59 months and women of child bearing age affected by emergencies receiving appropriate treatment for common childhood illnesses – diarrhea, malaria and pneumonia with 24 hours of onset.	Health facility data compiled by SMOH and NGOs	Health staff are recording their activities correctly and accurately.
4	At least 50% of caregivers are able to identify at least 2 dangers signs for the malaria, pneumonia and diarrhea.	Number and % of caregivers are able to identify at least 2 dangers signs for the malaria, pneumonia and diarrhea.	Health facility data compiled by SMOH and NGOs	Health staff are recording their activities correctly and accurately.
Activities:		Inputs:	How indicators will be measured:	Assumptions, risks and pre-conditions:
1	Procurement and distribution of supplies			
1.1	Procurement of essential emergency PHC supplies	Number of PHCC kits, LLINs and ORS sachets procured from UNICEF supply division.	UNICEF supply & logistic reports	All the PHC supplies are available from UNICEF supply division.
1.2	Distribution of essential emergency PHC supplies to Juba and respective states	Number of PHCC kits, LLINs and ORS sachets transported from Nairobi to Juba then to the states.	UNICEF supply & logistic reports	No significant delays during the transportation of PHC supplies from Nairobi to Juba by land.
2	Capacity building of health workers			
2.1	Training of 200 health staff (100 male and 100 female) on integrated management of childhood illnesses with special focus on prevention and recognizing danger signs.	The number of health staff trained on integrated management of childhood illnesses with special focus on prevention and recognizing danger signs.	Records on number of health staff trained on IMCI	Health staff will be available for training on IMCI
3	Increased demand for utilization of health services during emergencies			
3.1	Production of IEC materials such as brochures, flyers and posters as well as media activities	Number of IEC materials produced	UNICEF supply and logistic report	No significant delays in the production and distribution of the IEC materials
3	Technical support provided for provision of the minimum basic package of health services in emergencies			
3.1	Technical support provided at central level to ensure provision of the minimum basic package of health services in emergencies.	Availability of clear micro-plans, guidelines and strategies for provision of the minimum basic package of health services in emergencies.	MOH/GOSS Records and guidelines, protocols and tools disseminated to state and county level.	Timely recruitment of technical staff with adequate skills and knowledge to facilitate processes.

3.2	Technical support provided in 5 high risk states to effectively respond to the need for basic health services returnees, refugees and IDP populations.	Number of state supported to increase their capacity in planning.	State health department reports, micro-plans for responding to outbreaks.	Timely recruitment of technical staff with adequate skills and knowledge to facilitate processes.
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PROJECT WORK PLAN

This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable). The work plan must be outlined with reference to the quarters of the calendar year.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Result 1 – Procurement and distribution of supplies															
• Activity 1.1: Procurement and distribution of essential emergency PHC supplies			X	X	X		X	X							
• Activity 1.2: Distribution of essential emergency PHC supplies to Juba and respective states				X	X	X	X	X	X	X					
Result 2 – Capacity building of health workers															
• Activity 2.1: Training of 200 health staff (100 male and 100 female) and 30 community groups on integrated management of childhood illnesses with special focus on prevention and recognizing danger signs.				X	X	X				X	X	X			
Result 3 – Increased demand for utilization of health services during emergencies															
• Activity 3.1: Production of IEC materials such as brochures, flyers and posters as well as media activities				X	X	X				X	X	X			
Result 4 – Technical support provided for provision of the minimum basic package of health services in emergencies															
• Activity 4.1: Technical support provided at central level			X	X	X	X	X	X	X	X	X	X	X	X	X
• Activity 4.2: Technical support provided in 5 high risk states to effectively respond to the need for basic health services returnees, refugees and IDP populations			X	X	X	X	X	X	X	X	X	X	X	X	X