

Requesting Organization :	World Health Organization				
Allocation Type :	Reserve Allocation 1				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Provision of lifesaving Emergency Health services core pipeline supplies for the most vulnerable conflict affected population in South Sudan				
Allocation Type Category :	Core pipeline				
OPS Details					
Project Code :		Fund Project Code :	SSD-17/HSS10/RA1/H/UN/7625		
Cluster :		Project Budget in US\$:	899,943.83		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/12/2017	Planned End Date :	31/05/2018		
Actual Start Date:	01/12/2017	Actual End Date:	31/05/2018		
Project Summary :	The reason for this core pipeline project is to make sure that emergency health services kits and commodities are available at health facility level providing much needed lifesaving medical and surgical services to the population affected by conflict among the targeted states and counties. Among the activities include the following: Procure Emergency IEHK, cholera, SAM+MC and Trauma kits, Pre-position the kits to Bentiu, Malakal, Wau and Bor and distribute them to partners, Conduct quarterly field monitoring visits partners receiving supplies, Provide monthly briefings to the health cluster and core pipeline managers meeting on the status of the pipeline and Conduct training for partners on the use of Emergency Health kits				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	12,000	14,400	3,000	3,600	33,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	12,000	14,400	3,000	3,600	33,000
Indirect Beneficiaries :					
Catchment Population:					
Link with allocation strategy :					
<p>WHO have been supporting implementing partners with core pipeline which has become a lifeline for many deep front areas with acute emergencies.</p> <p>It is a high priority area for health cluster as the provider of the last resort. As the year begins, and the dry season sets in the core pipeline is an urgency since it is optimum time to preposition in the states hubs.</p> <p>We also are experiencing on-going outbreak of cholera which also requires continued availability of cholera kits which can only be purchased through this core pipeline. In the absence of this core pipeline we will experience breakdown and may lead to avoidable morbidity and mortality.</p>					
Sub-Grants to Implementing Partners :					
Partner Name	Partner Type		Budget in US\$		
Other funding secured for the same project (to date) :					
Other Funding Source			Other Funding Amount		

Organization focal point :

Name	Title	Email	Phone
Dr Argata Guracha	Emergency officer	guyoa@who.int	+211956268932

BACKGROUND**1. Humanitarian context analysis**

South Sudan has experienced constant conflicts, poverty and socio-economic deprivation, which have hugely impacted on the social wellbeing and health of the population. According to UNDP, more than 50% of the population lives below the poverty line, especially those in the rural areas. It is estimated that 7.5 million are in need of humanitarian assistance, including 1.9 million internally displaced persons (IDPs). The active conflict still ongoing across the country especially in former Unity, Jonglei, Upper Nile and Equatoria states.

Access by aid workers to the population in need remains one of the major challenges due to insecurity, besides bureaucratic impediments. The majority of the counties have inadequate, limited or no health services due to destruction or closure of health facilities, lack of trained medical personnel, and disruption in supply chains.

Communicable diseases continue to be the primary cause of morbidity and mortality, especially in children under-5, with malaria, diarrhoea and respiratory tract infections the leading causes. The high burden of diarrhoea and other waterborne diseases is mainly due to poor hygiene, since less than 50% of the population have access to improved sources of drinking water and more than 50% have no access to a toilet. Although the general trend of cholera is on the decline, active transmission was reported in three counties (Juba, Budi and Kapoeta East) in the last 4 weeks. In week 43 (week ending 29 October 2017), 40 new cholera cases and three deaths (case fatality rate 7.5%) were reported. The cumulative total of cholera cases since the start of the current outbreak on 18 June 2016 is 21 419 cases and 441 deaths (overall case fatality rate 2%). Since early July 2017, 144 cases of measles and three deaths (case fatality rate 2.1%) have been reported. Seventy-eight percent (110) of the cases are below 5 years of age.

Less than half of health facilities are functional, most have been looted, and or destroyed and lack essential human resources. Insecurity has worsened access to some of the facilities. Government allocation to essential supplies has stopped. The core pipeline has traditionally become the only source of much needed life saving medical commodities. With the dry season setting in, it will be an opportunity to purchase the medical and surgical kits and reposition them.

In terms of nutrition, the IPC report projects a bleak picture for the nutrition status in the country. The outlook for October-December 2017 is that 4.8 million people are food insecure with 25,000 in humanitarian catastrophe. The projection of January to March 2018 portrays even a worse nutrition scenario of 5.1million (48% of total population) and 20,000 in humanitarian catastrophe (attached report). The SAM cases with medical complication are expected to increase in areas worst affected. At least 10% of the 45,000 combined population under humanitarian catastrophe is expected to develop complication following severe acute malnutrition hence 4500 of which we can target 2000 with life saving SAM kits with medical complications.

The timing of this core pipeline is crucial because it is the beginning of dry season where main roads are passable and this will create ease with which the road transport can be used for easier repositioning.

2. Needs assessment

The health cluster have prioritized this core pipeline support since it is going to compliment what is already available in the field. The dire morbidity and mortality trends due to communicable disease and malnutrition reported by partners have contributed to this pipeline being prioritized at this point in time.

The basis of needs assessment is the weekly Integrated Disease Surveillance and Response data that reports on all consultations in primary health care facilities aggregated in the common morbidities and the age group: above five and under-five. The trend consistently shows that the leading causes of morbidity and mortality remains malaria, acute watery diarrhoea, respiratory tract infection, severe acute malnutrition with medical complication and trauma.

The health partners also developed health component of Humanitarian needs overview which led to agreed upon strategy and objectives which is the basis of this allocation strategy.

3. Description Of Beneficiaries

The project will target 33,000 most vulnerable men, women, girls and boys in Juba, Kajokeji, Bor South, Rubkona, Fashoda, Malakal, Melut, Wau, with nearly a catchment population of 500,000 people in both POC and other IDP collection centers. The main focus will be the displaced populations in this areas. These areas are currently experiencing protracted armed conflict which has led to displacements.

4. Grant Request Justification

WHO have been running core pipeline to support MoH and partners. Currently there is recurrent shortage of drugs and commodities in areas with active conflict. At the same time, the malaria, pneumonia and acute watery diarrhoea is high. Majority of health facilities are non-functional due to lack of personnel and drugs. If drugs are available then mobile clinics can be used to reach the displaced population. At the same time, the dry season has started and it is the right time to reposition the lifesaving kits across the target areas.

WHO will supplement the core pipeline stock with ECHO funding which will be available beginning of second quarter of 2018 to ensure that stock out of drugs and commodities are minimized.

5. Complementarity

The core pipeline will supplement what the partners are currently getting regularly but erratically. The kits will be deployed in areas where the health facilities are not functioning with mobile outreach teams. The kits will also be repositioned in strategic locations so as to ensure that they are available in a short notice once population displacement occurs

LOGICAL FRAMEWORK**Overall project objective**

This project aims to reduce mortality and morbidity among populations affected by humanitarian emergencies in South Sudan. It is intended to cover the core pipeline emergency health needs of the partners serving the targeted population. The medical and surgical kits requested will be used for both prepositioning in strategic hubs in the states and directly deployed to mobile teams

HEALTH		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve access to essential health care for conflict-affected and vulnerable populations.	2017 - SO1: Protect the rights and uphold the dignity of the most vulnerable	100

Contribution to Cluster/Sector Objectives : This is a core pipeline project, which provides lifesaving emergency Health Supplies to partners. The pipeline will be used to support partners as the last resort to reduce avoidable morbidity and mortality due to communicable diseases and medical complication of SAM

Outcome 1

Quality emergency health services and case management is promptly and effectively delivered to the populations affected by communicable diseases and SAM with medical complication

Output 1.1

Description

Improved availability of medical and SAM kits at the point of use in health facilities and to deep front areas

Assumptions & Risks

security situations improves to allow access to beneficiaries

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Core Pipeline] Number of health kits distributed to partners [IEHK / trauma kit / RH kit/Emergency vaccines/SAM kits with medical modules, DD Kits, cholera management kits]					340

Means of Verification : Warehouse reports.

Indicator 1.1.2	HEALTH	[Core Pipeline] Number of direct beneficiaries from emergency health supplies (IEHK / trauma kit / RH kit/Emergency vaccines/SAM kits with medical modules)	12,000	14,400	3,000	3,600	33,000
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Means of Verification : Total consultation reported through IDSR

Activities

Activity 1.1.1

Procure Emergency IEHK, cholera, SAM+MC and Trauma kits

Activity 1.1.2

Pre-position the kits to Bentiu, Malakal, Wau and Bor and distribute them to partners

Activity 1.1.3

Conduct quarterly field monitoring visits partners receiving supplies

Activity 1.1.4

Provide monthly briefings to the health cluster and core pipeline managers meeting on the status of the pipeline

Activity 1.1.5

Conduct training for partners on the use of Emergency Health kits

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring will be done by WHO field offices and and country office in Juba. All partners receiving the supplies will report weekly consultation through the IDSR surveillance system. The report is shared out as weekly bulletin to all health cluster partners. Implementation report will also be provided to SSHF technical secretariat on the implementation of the project. Support supervision will be done to the field by country office and field office staff to monitor the use of supplies. The distribution reports from the warehouse will also be used.

Workplan	Year	Activitydescription											
		1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procure Emergency IEHK, cholera, SAM+MC and Trauma kits	2017												X
	2018	X	X										
Activity 1.1.2: Pre-position the kits to Bentiu, Malakal, Wau and Bor and distribute them to partners	2017												
	2018		X	X									

Activity 1.1.3: Conduct quarterly field monitoring visits partners receiving supplies	2017																				
	2018		X		X																
Activity 1.1.4: Provide monthly briefings to the health cluster and core pipeline managers meeting on the status of the pipeline	2017																				
	2018		X	X	X	X															
Activity 1.1.5: Conduct training for partners on the use of Emergency Health kits	2017																				
	2018		X	X																	

OTHER INFO

Accountability to Affected Populations

Supplies will be provided to partners on the ground who have been working in those localities making use of the health care workers from the area and involving the beneficiaries by informing them and interacting with them. During the support supervision visits, the community will be engaged in form of focused group discussions to get feedback from them.

Implementation Plan

This core pipeline has three main activities; procuring supplies, prepositioning and distributing them. The supplies will be procured once the funds are received. The prepositioning to state hubs starts afterwards with some reserve kits in Juba to allow those areas that can be reached only from Juba to be supported. The distribution will be done based on the pull system where implementing partners request for kits as per needs. Also the implementing partners will be trained on how to use the kits.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Health cluster	WHO would be active in regular National and sub-national coordination mechanism involving all implementing partners.

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

The purpose of this project is to ensure vulnerable women, girls, boys and men have access to life saving medical supplies

Protection Mainstreaming

Supplies for treatment of rape survivors are included in this pipeline.

Country Specific Information

Safety and Security

The implementing partners include both INGOs and National NGOs who have local presence which make it easier for them to work and reach the beneficiaries

Access

Prepositioning of medical emergency kits will be done during the dry season to selected state hubs.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	SSA contracts to support field ops	D	2	10,000.00	6	40.00	48,000.00
1.2	one Public Health officer for field monitoring and coordination	D	1	7,000.00	6	50.00	21,000.00
	Section Total						69,000.00
2. Supplies, Commodities, Materials							
2.1	IEHK Basic	D	50	810.00	1	100.00	40,500.00

2.2	IEHK consumable	D	30	769.00	1	100.00	23,070.00
2.3	IEHK supplementary	D	40	2,078.00	1	100.00	83,120.00
2.4	Cholera 1.1 Central drugs	D	40	1,415.00	1	100.00	56,600.00
2.5	Cholera 1.2 Central supplies	D	30	681.00	1	100.00	20,430.00
2.6	Cholera 2.1 peripheral drugs	D	30	822.00	1	100.00	24,660.00
2.7	cholera 2.2 peripheral supplies	D	30	470.00	1	100.00	14,100.00
2.8	Trauma A	D	20	5,044.00	1	100.00	100,880.00
2.9	Traum B	D	19	5,761.00	1	100.00	109,459.00
2.10	SAM+MC	D	50	1,177.00	1	100.00	58,850.00
	Section Total						531,669.00
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Cost of airfreight from the source to Juba (30% of total kits cost)	D	1	160,000.00	1	100.00	160,000.00

7.2	Other costs of moving the goods inland for prepositioning	D	1	70,000.00	1	100.00	70,000.00
<i>Both by chartered flights and by land costs of moving the kits</i>							
7.3	Training of implementing partners on the emergency health kits contents	D	1	200.00	52	100.00	10,400.00
Section Total							240,400.00
SubTotal			345.00				841,069.00
Direct							841,069.00
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							58,874.83
Total Cost							899,943.83

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Bor South	20	3,000	3,600			6,600	Activity 1.1.2 : Pre-position the kits to Bentiu, Malakal, Wau and Bor and distribute them to partners
Unity -> Rubkona	10	1,300	2,000			3,300	Activity 1.1.2 : Pre-position the kits to Bentiu, Malakal, Wau and Bor and distribute them to partners Activity 1.1.3 : Conduct quarterly field monitoring visits partners receiving supplies Activity 1.1.5 : Conduct training for partners on the use of Emergency Health kits
Upper Nile -> Fashoda	10	1,300	2,000			3,300	Activity 1.1.2 : Pre-position the kits to Bentiu, Malakal, Wau and Bor and distribute them to partners Activity 1.1.3 : Conduct quarterly field monitoring visits partners receiving supplies
Upper Nile -> Malakal	20	3,000	3,600			6,600	Activity 1.1.2 : Pre-position the kits to Bentiu, Malakal, Wau and Bor and distribute them to partners Activity 1.1.3 : Conduct quarterly field monitoring visits partners receiving supplies
Upper Nile -> Melut	10	1,300	2,000			3,300	Activity 1.1.2 : Pre-position the kits to Bentiu, Malakal, Wau and Bor and distribute them to partners Activity 1.1.3 : Conduct quarterly field monitoring visits partners receiving supplies
Western Bahr el Ghazal -> Wau	10	1,300	2,000			3,300	Activity 1.1.2 : Pre-position the kits to Bentiu, Malakal, Wau and Bor and distribute them to partners Activity 1.1.3 : Conduct quarterly field monitoring visits partners receiving supplies
Central Equatoria -> Juba	10	1,300	2,000			3,300	Activity 1.1.1 : Procure Emergency IEHK, cholera, SAM+MC and Trauma kits Activity 1.1.2 : Pre-position the kits to Bentiu, Malakal, Wau and Bor and distribute them to partners Activity 1.1.4 : Provide monthly briefings to the health cluster and core pipeline managers meeting on the status of the pipeline

Central Equatoria -> Kajo-Keji	10	1,300	2,000	3,300	Activity 1.1.2 : Pre-position the kits to Bentiu, Malakal, Wau and Bor and distribute them to partners Activity 1.1.3 : Conduct quarterly field monitoring visits partners receiving supplies Activity 1.1.5 : Conduct training for partners on the use of Emergency Health kits
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Documents

Category Name	Document Description