

<b>Requesting Organization :</b>	United Nations Children's Fund				
<b>Allocation Type :</b>	Reserve Allocation 2				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
HEALTH		100.00			
		<b>100</b>			
<b>Project Title :</b>	Immunization core pipeline supplies provision and management for timely emergency preparedness and response in Equatorias regions				
<b>Allocation Type Category :</b>	Core pipeline				
<b>OPS Details</b>					
<b>Project Code :</b>	SSD-16/H/89763	<b>Fund Project Code :</b>	SSD-16/HSS10/RA 2/H/UN/4439		
<b>Cluster :</b>	Health	<b>Project Budget in US\$ :</b>	372,031.83		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	1		
<b>Planned Start Date :</b>	01/01/2017	<b>Planned End Date :</b>	30/06/2017		
<b>Actual Start Date:</b>	01/01/2017	<b>Actual End Date:</b>	30/06/2017		
<b>Project Summary :</b>	The planned interventions aim to mitigate impact of essential EPI supplies and equipment stock out through the core pipeline in Equatoria to ensure that boys, girls and women among vulnerable populations (IDPs, and the host population) have access to Humanitarian basic health services.				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	49,959	49,789	58,493	63,368	221,609
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Internally Displaced People	34,971	34,852	40,945	44,357	155,125
People in Host Communities	14,987	14,936	17,547	19,010	66,480
<b>Indirect Beneficiaries :</b>					
<b>Catchment Population:</b>					
<b>Link with allocation strategy :</b>					
The project will contribute to Health Cluster Objective 1 of decreasing excess mortality and morbidity by strengthening the quality of emergency health care. This will include vaccination to prevent communicable diseases which account for a substantial percentage of the burden of morbidity and mortality in children under five, and the provision of preventive and curative primary health care services. It will also contribute to Objective 2 by enhancing health system capacity to adequately respond to outbreaks due to vaccine preventable and other diseases, with a particular focus on diseases that most affect children including measles.					
<b>Sub-Grants to Implementing Partners :</b>					
	<b>Partner Name</b>	<b>Partner Type</b>	<b>Budget in US\$</b>		
<b>Other funding secured for the same project (to date) :</b>					
	<b>Other Funding Source</b>	<b>Other Funding Amount</b>			
<b>Organization focal point :</b>					
<b>Name</b>	<b>Title</b>	<b>Email</b>	<b>Phone</b>		
Jean Luc M Kagayo	Health Specialist	jlkagayo@unicef.org	0955151928		

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## BACKGROUND

### 1. Humanitarian context analysis

The conflict in South Sudan created disruptions in the availability of health services and exacerbate long-standing health problems, while simultaneously increasing acute morbidity and mortality.

The ongoing crisis in South Sudan is affecting the basic humanitarian services especially the routine immunization currently estimated at 27% for BCG; OPV3 at 22 %; Penta3: 23 %, IPV: 16%; Measles: 26% and TT+: 20% at national level.

This gap in immunity had put children into a risk of epidemic with a total of 1,842 suspected cases reported in south Sudan from Jan to Nov, 19 death which gives 1.03% of CFR.

Out of 324 samples tested 135 were confirmed measles positive, this brought to a total of 14 outbreak confirmed in South Sudan during 2016.

Moreover, according to data from the South Sudan count down to 2015 of the maternal, new born and child survival, the % of live birth attended by skilled health person is 19%, the HIV transmission from mother to child is estimate at 13%, the neonatal mortality is at 36/1000; the under-five mortality at 40/1000 while the maternal mortality is estimated at 3000/100,000

### 2. Needs assessment

The recent skirmishes in South Sudan particularly in the Greater Equatoria's and Upper Nile regions, is jeopardising urgently needed healthcare services reaching the affected population.

Health cluster partners in these locations have raised serious concerns about the difficult access in these regions to deliver lifesaving healthcare services.

The dramatic reduction in health workers, who are essential to care programmes, severely limits the capacity of providing such services in Central and Eastern Equatoria.

The recent data from state surveillance team in consultation with various county health departments (CHDs) in the former Central and Western Equatoria states, indicates that some health facilities are non-functional, due to conflict related destruction, damage and closure and are unavailable to provide primary health care services.

Unicef RRM team have conducted an assessment in February 2016 in western Equatoria, Ezo country, in which Health workers reported an increasing morbidity prevalence of malaria, upper respiratory infections and diarrhoea but also, 6 Maternal Deaths (5 in Ezo Payam, 1 in Madoro) and 5 infant deaths were reported. Of the Maternal deaths 5 are due to lack of immediate surgical intervention (Caesarean Section). One was due to a Postpartum Haemorrhage that was not treated, 7 child deaths and 1 adult death due to lack of medicines and skilled care combined with a severe reduction in access to and provision of health services across the county.

Another assessment conducted in Yubu , Western Equatoria in show a shortage of essential drugs but also of qualified staff which is seriously affecting the humanitarian basic services delivery.

### 3. Description Of Beneficiaries

The current SSHF standard allocation round follows some of the geographic priorities as identified by the health cluster. According to the 2017 a total of 277,610 IDP are targeted in Equatoria region bringing the number of children under five at 58,298 children under five but also 1,958 pregnant women for a period of 6 months.

The responses to potential outbreak of preventable diseases and the strengthening of cold chain system at National vaccines store, state and health facilities will be prioritized.

### 4. Grant Request Justification

The risk of disease outbreaks including vaccine preventable diseases remains high in displaced populations. This project aims to improve access to, and responsiveness of, essential and emergency health care by ensuring timely provision and prepositioning and distribution of primary health care and vaccination supplies. Additionally, in order to prevent malaria transmission among vulnerable populations, UNICEF will procure and distribute mosquito nets to children under-five and pregnant women, but also to ensure that children and women have access to malaria treatment by providing malaria kit to health facilities.

The coverage on cold chain in the Equatoria region remain sub optimal , out of 774 functional health facilities , only 154 are equipped with cold chain either a geographic coverage of 19%.

This poor coverage impacted as well the immunization coverage putting children in to risk. Note that during 2016 a total of 71 suspected cases were reported in Equatoria region mostly in the IDP site.

According to the national immunization data, the coverage on Penta in 2016 showed Penta at 30% in WE; 34% in EE and 49% in CE while measles is at 29 % in WE; 34 % in EE and 52% in CE.

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 vaccines and related injection materials. UNICEF is entirely responsible for the procurement, storage, and distribution of all vaccines and injection materials for 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.

### 5. Complementarity

The CHF fund will complement other fund UNICEF have received previously such as the July 2016 CERF allocation which allowed to purchase 50 fridges but the quantity was not enough to cover the need in South Sudan but also the fuel for the cold chain with 209,987 USD out of 419,974 needed per six months (The balance of 209,987 funded by GPEI) which used to be funded 100% by GPEI.

## LOGICAL FRAMEWORK

### Overall project objective

This project will contribute to the cluster objective by providing vaccines and Cold Chain equipment to implementing partners and health facilities.

HEALTH								
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities					
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity						60
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity						40
<b>Contribution to Cluster/Sector Objectives :</b> Improve access and scale-up responsiveness to an integrated essential lifesaving healthcare package focusing on the major causes of mortality among U5C (malaria, diarrhea, pneumonia and measles), SAM with complications, emergency HIV/AIDS and Tuberculosis, basic emergency obstetric and neonatal care and clinical management of SGBV in conflict affected and vulnerable populations but also "Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations".								
<b>Outcome 1</b>								
The immunization services is provided to vulnerable people								
<b>Output 1.1</b>								
<b>Description</b>								
Cold chain system is reestablished and maintained in the conflict affected area								
<b>Assumptions &amp; Risks</b>								
Deterioration of security entailing evacuation of UNICEF staff in charge of primary health care and implementing partners.								
<b>Activities</b>								
<b>Activity 1.1.1</b>								
Procurement and distribution of vaccines and injectable material								
<b>Activity 1.1.2</b>								
Procurement , distribution of cold chain equipments								
<b>Activity 1.1.3</b>								
Installation and maintenance of cold chain equipment								
<b>Activity 1.1.4</b>								
respond to potential measles outbreak								
<b>Indicators</b>								
			End cycle beneficiaries				End cycle	
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>	
Indicator 1.1.1	HEALTH	Core Pipeline # of implementing partners receiving supplies from the pipeline					9	
<b>Means of Verification :</b> Sales and purchase order raised in vision, Waybill for items delivered								
Indicator 1.1.2	HEALTH	Core Pipeline # of kits distributed					10	
<b>Means of Verification :</b> Sales and purchase order raised in vision, Waybill for items delivered Cold chain technician trip report								
<b>Additional Targets :</b>								
<b>M &amp; R</b>								
<b>Monitoring &amp; Reporting plan</b>								

The UNICEF Office structure has been significantly strengthened since Jan 2014 with the current staffing stands at 285 with more than 50% based in the field. In the first months of the crisis, the office had expanded its capacity through surge staff from various UNICEF offices as well as through standby partners. The field presence has been strengthened in the field offices of Malakal, Bor, and Bentiu with the field hub offices (wajok, Aweil, Rumbek, Yambio and Torit) reporting to the field offices.

UNICEF is responsible for ensuring regular monitoring and evaluation of this project, with a view to ensuring efficient utilization of resources. The reports received from partners will be analyzed by UNICEF, and emerging issues feed into the internal and cluster reporting systems. The information is also used to improve the subsequent planning of service delivery. Staff based in the field provide on-going monitoring of activities through regular interactions with implementing partners and local Government entities (as applicable). There is regular communication between the staff based in the field and Juba to ensure that any issues being faced are resolved as soon as possible. Regular discussions on achievements, opportunities and challenges in sector activity implementation are held within various fora, such as the Emergency Coordination Management Team (ECMT) as well as the HQ level EMT committee, which provide direction and guidance for timely, effective and coordinated implementation of UNICEF's EPR activities in the country, within the framework of the Core Commitment for Children in Humanitarian Action.

During cluster meetings, UNICEF and partners look at the expectations of each other's role, how to improve co-ordination and how to identify and manage risks relating to cluster coordination (and pipeline management), also in terms of activities implemented.

#### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procurement and distribution of vaccines and injectable material	2017	X	X	X	X								
Activity 1.1.2: Procurement , distribution of cold chain equipments	2017	X	X	X	X	X							
Activity 1.1.3: Installation and maintenance of cold chain equipment	2017			X	X	X							
Activity 1.1.4: respond to potential measles outbreak	2017	X	X	X	X	X	X						

#### OTHER INFO

##### Accountability to Affected Populations

UNICEF is responsible for ensuring regular monitoring and evaluation of this project, with a view to ensuring the efficient utilization of resources as well as accountability, transparency and integrity. The reports received from partners are analyzed by UNICEF, and emerging issues feed into the internal and cluster reporting systems. The information is also used to improve on the subsequent planning of service delivery. Staff based in the field provide on-going monitoring of activities through regular interactions with implementing partners and local Government entities (as applicable). There is regular communication between the staff based in the field and Juba to ensure that any issues being faced are resolved as soon as possible.

As per policy and mandate UNICEF insist on the accountability to affected population principle by

- Involving people in making decisions
- Ensure that a complaints procedure is in place and explain to all staff
- Ensure that attitudes of services provider are according to ethic and integrity this allowed the activities meet beneficiaries' real needs and through social mobilization activities to maximize the sense of ownership that beneficiaries feel towards and improved the chance of long-term impact.

##### Implementation Plan

This project will be implemented during the next 6 months of 2017, as soon as the money will be transferred to UNICEF account the purchase order will be raised for items purchase. Unicef will work with MoH, Local and international organization to ensure that services are provided to vulnerable people .The Rapid response mechanism strategy will be the key strategy to deliver services to the remote location upon security situation.

##### 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

##### Protection Mainstreaming

##### Country Specific Information

##### Safety and Security

##### Access

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Supplies, Commodities, Materials</b>							
2.1	bOPV,bivalent type 1+3,vial of 20 doses <i>For ongoing immunization for displaced people</i>	D	509	2.80	1	100.00	1,425.20
2.2	Measles vaccine, 10 doses vial <i>To contribute on the measles follow up campaign and outbreak responses</i>	D	25000	2.85	1	100.00	71,250.00
2.3	Pentavalent , 10 doses vial <i>For ongoing immunization for displaced people</i>	D	2000	1.97	1	100.00	3,940.00
2.4	Freight <i>Transportation from outside to Juba and to the field</i>	D	1	14,000.00	1	100.00	14,000.00
2.5	Fuel for cold chain <i>National cold chain and state level</i>	D	1	209,987.00	1	50.00	104,993.50
<b>Section Total</b>							<b>195,608.70</b>
<b>Equipment</b>							
3.1	Solar Fridges for health facilities level <i>reestablishment of the cold chain system</i>	D	10	10,086.86	1	100.00	100,868.60
3.2	Freight <i>Transportation from outside the country to Juba then to the field</i>	D	1	54,468.00	1	50.00	27,234.00
<b>Section Total</b>							<b>128,102.60</b>
<b>Contractual Services</b>							
4.1	Installation of the solar fridges <i>this include UNHAS transportation and technician</i>	D	10	900.00	1	100.00	9,000.00
<b>Section Total</b>							<b>9,000.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Computers for staff <i>One Computer Lenovo is 1,650*5 staff = 8,250 USD ,</i>	D	5	1,650.00	1	100.00	8,250.00
7.2	Internet costs <i>The monthly estimated cost of the internet connection in Torit and Yambio is : 1700*.33*6 Month x2 = 6,732 USD</i>	D	2	1,700.00	6	33.00	6,732.00
<b>Section Total</b>							<b>14,982.00</b>
<b>SubTotal</b>			27,539.00				<b>347,693.30</b>
Direct							347,693.30
Support							
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							24,338.53
<b>Total Cost</b>							<b>372,031.83</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Eastern Equatoria -> Kapoeta North	6	3,500	3,872	2,808	3,042	13,222	
Eastern Equatoria -> Kapoeta South	3	1,787	1,936	1,440	1,521	6,684	
Eastern Equatoria -> Lopa	3	1,787	1,936	1,440	1,521	6,684	
Eastern Equatoria -> Magwi	7	4,100	4,517	3,276	3,549	15,442	
Eastern Equatoria -> Torit	3	1,787	1,936	1,440	1,521	6,684	
Eastern Equatoria -> Budi	3	1,787	1,936	1,440	1,521	6,684	
Eastern Equatoria -> Ikotos	3	1,787	1,936	1,440	1,521	6,684	
Eastern Equatoria -> Kapoeta East	4	2,383	2,581	1,872	2,028	8,864	
Western Equatoria -> Ezo	6	3,500	3,872	2,808	3,042	13,222	
Western Equatoria -> Ibba	3	1,787	1,936	1,440	1,521	6,684	
Western Equatoria -> Maridi	6	3,500	3,872	2,808	3,042	13,222	
Western Equatoria -> Mundri East	6	3,574	3,872	2,808	3,042	13,296	
Western Equatoria -> Mundri West	6	3,510	3,872	2,808	3,042	13,232	
Western Equatoria -> Mvolo	6	3,575	3,872	2,808	3,042	13,297	
Western Equatoria -> Nagero	3	1,787	1,936	1,440	1,521	6,684	
Western Equatoria -> Nzara	3	1,787	1,936	1,440	1,521	6,684	
Western Equatoria -> Tambura	3	1,787	1,936	1,440	1,521	6,684	
Central Equatoria -> Juba	7	4,100	4,517	3,276	3,549	15,442	
Central Equatoria -> Kajo-Keji	3	1,787	1,936	1,440	1,521	6,684	
Central Equatoria -> Lainya	3	1,787	1,936	1,440	1,521	6,684	
Central Equatoria -> Morobo	3	1,787	1,936	1,440	1,521	6,684	
Central Equatoria -> Terekeka	6	3,574	3,872	2,808	3,042	13,296	
Central Equatoria -> Yei	4	2,385	2,581	1,872	2,028	8,866	

**Documents**

Category Name	Document Description