

South Sudan
2013 CHF Standard Allocation Project Proposal
for CHF funding against Consolidated Appeal 2013

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
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CHF Cluster Priorities for 2013 First Round Standard Allocation

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<ul style="list-style-type: none"> Maintain the existing safety net by providing basic health packages and emergency referral services Strengthen emergency preparedness including surgical interventions Respond to health related emergencies including controlling the spread of communicable diseases 	All states. Grossly underserved counties in the equatorial states (Western, Eastern and Central Equatorial)

Project details

The sections from this point onwards are to be filled by the organization requesting CHF funding.

Requesting Organization	Project Location(s)		
UNFPA	State	%	County
Project CAP Code	Jonglie,	12.5	Akobo, Ayod, Bor South, Canal, Duk, Fangak, Nyirol, Pibor, Pochalla, Twic East, Uror
SSD-13/H/55251/1171	Warrap	12.5	Gogrial East, Gogrial West, Tonj East, Tonj North, Tonj South and Twic
CAP Project Title <i>(please write exact name as in the CAP)</i>	Upper Nile	25	Baliet, Fashoda, Longochuk, Luakpiny (Nasir), Maban, Maiwut, Malakal, Manyo, Melut, Panyikang, Renk, Ulang
Maintaining and scaling up access to quality reproductive health (RH) services for IDPs, returnees, refugees and other vulnerable populations in South Sudan	Unity	25	Abiemnhom, Guit, Koch, Leer, Mayendit, Mayom, Panyijiar, Pariang, and Rubkona
	Northern Bahr El Ghazal	25	Aweil Centre, Aweil East, Aweil North, Aweil South and Aweil West

Total Project Budget in South Sudan CAP	US\$ 4,160,880
Total funding secured for the CAP project (to date)	US\$ 0

Funding requested from CHF	US\$865,000
Are some activities in this project proposal co-funded? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>(if yes, list the item and indicate the amount under column i of the budget sheet)</i>	

Direct Beneficiaries		
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	250,000	725,000
Girls:	302,500	877,250
Men:	200,000	580,000
Boys:	247,500	717,750
Total:	1,000,000	2.9 Million

Indirect Beneficiaries
Over 6million south Sudanese in affected states in rural areas
Catchment Population (if applicable)

Implementing Partner/s

CHF Project Duration
Indicate number of months: 12 (1 April 2013 – 31 March 2014)

Contact details Organization's Country Office	
Organization's Address	UNFPA, UN house, Jubail, Yei Road
Project Focal Person	Dr. James Okara Wanyama , wanyama@unfpa.org , +211-954 134962
Country Director	Mr. Barnabas Yisa, Yisa@unfpa.org , +211-956444486
Finance Officer	Manase Kimbo, Kimbo@unfpa.org , +211-955856267

Contact details Organization's HQ	
Organization's Address	
Desk officer	Name, obia@unfpa.org , Address: 605 3rd Avenue, New York, 10158 Cell +1 (917)412-2944;
Finance Officer	Name, Email, telephone

SECTION II

A. Humanitarian Context Analysis

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

South Sudan has experienced decades of marginalization and civil wars. The consequent infrastructural destruction and displacement has had devastating impact on health service delivery, above all Reproductive Health (RH) services.

This project targets the rural and flash point states of Upper Nile, Unity, Jonglei, Warrap, Northern and Western Bahr el Ghazal and Western Equatorial which bear the highest burden of one million IDPs, refugees, returnees and other vulnerable populations. These affected states are home to a majority of the South Sudan population and also have some of the worst health indicators in the country, with a Maternal Mortality Ratio (MMR) far higher than the national one.

According to the 2008 census, 81% of the 8.3 million inhabitants of this country are in rural areas, 70% are less than 30 years, and 25% are women of child bearing age (15-49 years), this is coupled with low literacy rates of 27%. Women and girls have the lowest literacy levels and this negatively affects their health seeking behaviors. The unpredictability and frequent occurrence of emergencies has had negating effect on efforts to provide services. Services are disrupted and where they exist is overstretched due to various reasons including lack of infrastructure, skilled staff, commodities and supplies. The challenges are even more acute for IDPs, returnees, including refugees and populations hosting them.

The disruptions and displacements have resulted into massive inequity and low access to health care services; with less 40% of the population able to access services. As is observed in most humanitarian emergencies of this nature, women and young people are the most affected. Since women and young people bear the highest burden of RH related morbidity and mortality, it is now recognized that these unending humanitarian crises are the most important factor contributing to the high MMR in South Sudan at 2,054 per 100,000 live births, therefore impeding the nations efforts to achieve health related MDGs by 2015.

Therefore, affected states have some of the worst RH indicators in the whole country; some of them are hard to reach, with lack of a health infrastructure able to provide services. According to South Sudan Household Survey (SSHHS) 2010, only 3.7% of rural women use contraceptives; 36% attend ANC at least once; less than 11% deliver from health facilities; while 83.0% delivered from home.

B. Grant Request Justification

Briefly describe (in no more than 500 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

UNFPA through its work and in partnership seeks to ensure that the right of affected women, men and children enjoy a life of health and equal opportunity. The project implementation will be founded on UNFPA's global leadership in ensuring that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect, even and especially those affected by humanitarian crisis.

UNFPA has been providing technical and RH commodities support to implementing partners to increase access to RH services for refugees, returnees, IDPs and host population in affected locations of the country. Therefore to ensure access to life saving services including reproductive health, there is an urgent need to mobilize resources to maintain ongoing RH humanitarian response. UNFPA estimates that the current available resources for RH kits are enough up to end of February 2013. After that additional resources for RH kits will be required, and therefore the basis for this application.

These supply of RH kits will build on its collaboration and partnership with state Ministries of Health (SMoH) International Rescue Committee and American Refugee Council and many other partners whose frontline staff have been trained on the Minimum Initial Services Package, , clinical management of rape survivors and rational use of RH kits.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

This application contributes significantly to the three cluster priorities; maintaining the existing safety net by providing basic health packages and emergency referral services; strengthening emergency preparedness including surgical interventions and responding to health related emergencies including controlling the spread of communicable diseases. The application will ensure availability of commodities and related technical resources for the provision of RH services.

ii) Project Objective

State the objective/s of this CHF project will achieve. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

1. To maintain current availability of RH kit to met RH requirements for the partners serving refugees, IDPs, returnees and the host populations for the next 5 months from March 2013.
2. To strengthen provision of technical support to partners providing RH services through mobilizing technical resources and

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.

support to technical staff costs

3. To strengthen capacity to deliver MISP for RH for affected populations through trainings and availability of requisite commodities and tools.

iii) Proposed Activities
 List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

- a) Procure Reproductive Health kits including for preposition and response at the field level - (see details in budget)
- b) Support to facilitating airfreight, insurance and storage of RH kits
- c) Support to local transportation and distribution costs of RH kits
- d) Support running and maintenance costs of 1 vehicle to be used for management, coordination and warehousing/storage activities in Juba.
- e) Support to contribute to the pay for a limited number of core staff for the implementation of this project
- f) Support minor rehabilitations of 2 maternity wards at separate PHCC in Aweil East County
- g) Training on ASRH for peer Educators (5 days targeting 50 peer educators in two locations)
- h) Conduct Community social mobilization on RH, HIV, ASTH and GBV to increase service uptake through different approaches
- i) Support to procure 1 motorbike ambulance for referral services for refugees and host populations in Yida
- j) Support to procure limited life saving maternal health equipment and supplies(2 delivery beds and 2 mattresses for maternity ward-one bed and one mattresses for maternity ward in Yida and the other for maternity ward in Aweil South)
- k) Support to conduct refresher trainings on MISP for RH (50 –(25 men and 25 women)

iv). Cross Cutting Issues
 Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

MISP for SRH is the most innovative and integrated health strategies that ensure that minimum, but holistic interventions such HIV/AIDS, gender and related crosscutting issues are implemented as a package of interventions. This project will ensure all these cross cutting issues are part of the implementation of the project as demonstrated in this proposal

v) Expected Result/s
 Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.

- Increased availability of RH kits at the community and facilities to provide SRH services
- increased capacity of staff at the national and local levels to implement MISP
- MISP integrated into humanitarian response programs

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
x	1.	Number of staff trained/refreshed on MISP	50 (25 men and 25 women)
	2.	Number of peer educators trained on ASRH	50(25 men and 25 women)
x	3.	Number of direct beneficiaries from emergency RH kits	1,000,000 (250,000 women, 302,500 girls, 200,000 men and 247,500 boys)
	4.	Percentage of facilities in the affected regions have capacity to provide RH services	100%
	5.	Number of coordination events	12
x	6.	Percentage of RH kits given to emergency situations(of all the 482 kits 1 to 12 procured, 96 will be transported and prepositioned by UNFPA at the state hospitals in 7 flash point states, while 386 kits will be distributed to partners for direct service provision)	80%

vi) Implementation Mechanism
 Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

UNFPA will implement this project through implementing partners in the operating in the target states. These partners comprise local and international nongovernmental organization, United Nation Organizations and government (Ministry of Health).

UNFPA will build on its experience working with State Ministries of Health and partner humanitarian agencies providing services to affected populations at the state level to clearly define facilities that serve these populations and the service and supply needs. Then, the SMOH and humanitarian agencies will make requisitions based on these pre-identified needs to UNFPA. The requisitions will be reviewed by UNFPA to ensure they serve the needs identified. However, in case of a sudden and acute emergency, UNFPA has pre-defined criteria that are followed to determine the amount of RH kits required while working with its partners to conduct assessments and determine actual needs.

In collaboration with partners. UNFPA will procure RH kits and work with partners to develop a cost effective distribution plan utilizing some of the existing distribution channels. The distribution of RH kits will in as much as possible rely on needs as identified by the frontline providers. Where information is scanty, UNFPA will rely on existing demographic data to estimate needs and preposition kits to the field. UNFPA will work with partners to create awareness about the RH kits thereby increasing proper and

rational utilization of the kits. The implementing partners will be empowered through training on MISP coordination and implementation at the state and county levels, with funding from other ongoing projects,

UNFPA will lead the implementation of the project through the technical leadership of UNFPA's Emergency RH Advisor and in close collaboration with the State Ministries of Health in the beneficiary states. As RH Kits are part of the Health Cluster Core Pipeline, UNFPA will work closely with the Health Cluster to determine needs and gaps to ensure quick and timely delivery of supplies and support to the implementing partners as needed.

vii) Monitoring and Reporting Plan
 Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)².

The project will be monitored through quarterly review meetings with implementing partners, monthly reports from implementing partners and field spot checks. The project will utilize the newly developed UNFPA IP reporting format for monthly RH kits utilization reports and UNFPA will continue to make monthly core pipeline reports and provide updates on the implementation of MISP including the use of RH kits at various fora including the Health cluster. Based on the distributed kits, UNFPA will be in a position to project the coverage of the population groups that are accessing the RH Kits. The project will also be monitoring through the GVB MIS and the records presented by the MISP trained health workers to track the number of incidents of sexual violence anonymously reported to health and protection services and security officers and link with the number of survivors of sexual violence who seek and receive health care through the project.

E. Total funding secured for the CAP project	
Please add details of secured funds from other sources for the project in the CAP.	
Source/donor and date (month, year)	Amount (USD)
Not applicable, since we have not secured any funding for the CAP project	0

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

SECTION III:

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/H/55251/1171		Project title: Maintaining and scaling up access to quality reproductive health (RH) services for IDPs, returnees, refugees and other vulnerable populations in South Sudan		Organisation: UNFPA
Overall Objective	Cluster Priority Activities for this CHF Allocation: <ol style="list-style-type: none"> Maintain the existing safety net by providing basic health packages and emergency referral services Strengthen emergency preparedness including surgical interventions Respond to health related emergencies including controlling the spread of communicable diseases 	Indicators of progress: <ul style="list-style-type: none"> Number of pregnant women delivering under supervision of skilled attendant % of women of reproductive age group able to access SRH services % of young people able to access SRH services 	How indicators will be measured: <ul style="list-style-type: none"> Partner service delivery reports Projects reports Support supervision reports 	
Purpose	CHF Project Objective: <ol style="list-style-type: none"> To maintain and scale up current availability of RH kit to met RH requirements for the partners serving refugees, IDPs, returnees and the host populations. To strengthen provision of technical support to partners providing RH services To strengthen capacity to deliver MISP for RH 	Indicators of progress: <ul style="list-style-type: none"> All partners have enough RH kits to respond to the needs of the affected population. RH kits are repositioned in all states. 	How indicators will be measured: <ul style="list-style-type: none"> Partner reports State stock reports Supervision reports 	Assumptions & risks: <ul style="list-style-type: none"> Security situation remains stable
Results	Results - Outcomes (intangible) <ul style="list-style-type: none"> Increased accessibility, availability and utilization of RH services by the affected population increased capacity of staff at the national and local levels to implement MISP Increased maternal lives saved 	Indicators of progress: <ul style="list-style-type: none"> Number of facilities with capacity to provide RH services Number of affected people using RH services 	How indicators will be measured: <ul style="list-style-type: none"> Partner reports 	Assumptions & risks: <ul style="list-style-type: none"> Security remains stable
	Immediate-Results - Outputs (tangible): <ul style="list-style-type: none"> RH kits available at all facilities delivering RH services to affected populations Coordination and technical support to RH services is strengthened Maternity facilities available to provide clean assisted delivery Peer educators are equipped with adequate knowledge on ASRH issues Community members become increasingly aware on issues concerning RH, HIV, GBV and ASRH Means available to move mothers with complications to referral sites Mothers with complicated deliveries are appropriately served 	Indicators of progress: <ul style="list-style-type: none"> All health facilities serving affected populations have of RH kits Number of coordination activities being conducted Number of peer educators trained on ASRH Number of community members mobilized and sensitized on RH, GBV, HIV and ASRH Number of mothers being referred appropriately Number of complicated deliveries being successfully handled 	How indicators will be measured: <ul style="list-style-type: none"> Training reports Partner reports Rapid assessments reports Community sensitization reports Facility reports 	Assumptions & risks: <ul style="list-style-type: none"> Security remains tstable to allow humanitarian workers to access more beneficiaries

<p>Activities:</p> <ul style="list-style-type: none"> a) Procure and distribute RH kits for preposition and response at the field level b) Support running and maintenance costs of 1 vehicle c) Support to contribute to staff costs for a limited number of core staff for the implementation of this project d) Support minor rehabilitations of 2 maternity wards at separate PHCC in Aweil East County e) Training on ASRH for peer Educators (5 days targeting 50 peer educators in two locations) l) Conduct Community social mobilization on RH, HIV, ASTH and GBV to increase service uptake through different approaches m) Support to procure motorbike ambulance n) Support to procure life saving maternal health equipments o) Support to conduct refresher trainings on MISP for RH in seven states 	<ul style="list-style-type: none"> - Number of RH kits are procured - Vehicle is maintained - Percentage of RH kits given to emergency situations - Number of direct beneficiaries from emergency RH kits - Number of staff retained and hired to support project implementation - Number of maternity wards repaired - Number of peer educators trained on ASRH - Number of community members sensitized and mobilized to utilize RH, HIV, GBV and ASRH services - One motorbike ambulance procured - Number of staff trained/refreshed on MISP 	<ul style="list-style-type: none"> - Procurement reports - Vehicle log - Partner report - Activity report 	<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> - Security remains stable
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PROJECT WORK PLAN
This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year.

Activities	Q1/2013			Q2/2013			Q3/2013			Q4/2013			Q1/2014		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Activity 1. Procure and distribute RH kits for preposition and response at the field level				X	X										
Activity 2. Support running and maintenance costs of 1 vehicle for field operations				X	X	X	X	X	X	X	X	X	X	X	X
Activity 3. Support to staff costs for a limited number of core staff for the implementation of this project				X	X	X	X	X							
Activity 4. Support minor rehabilitations of 2 maternity wards at separate PHCC in Aweil East County					X	X	X								
Activity 5. Training on ASRH for peer Educators (5 days targeting 50 peer educators in two locations)															
Activity 6. Conduct Community social mobilization on RH, HIV, ASTH and GBV				X	X	X	X	X	X	X	X	X	X	X	X
Activity 7. Support to procure motorbike ambulance				X											
Activity 8. Support to procure life saving maternal health equipment and supplies				X											
Activity 9. Conduct refresher trainings on MISP for RH in seven states				X				X							

*: TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%