

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
CHF Cluster Priorities for 2013 Second Round Standard Allocation	
Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<ul style="list-style-type: none"> i) Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas ii) Strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services iii) Maintain or strengthen medical referral services for emergency cases iv) Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization v) Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff vi) Maintain surge capacity for emergencies and surgical interventions vii) Conduct training on emergency preparedness and response at all levels viii) Provide logistical support to prepositioning of core pipeline supplies to high risk states 	<ol style="list-style-type: none"> 1. Jonglei (Pibor, Pochalla, Ayod, Akobo, Fangak, Canal, Twic East) 2. Warrap (Twic, Gogrial East, Tonj North, Tonj East, Tonj South) 3. NBeG (Aweil North, Aweil East, Central, Aweil South) 4. WBeG (Raja) 5. Lakes (Awerial, Rumbek North, Cueibet, Yirof East) 6. Unity (Abiemnhom, Leer, Rubkona, Mayom, Koch, Mayendit, Pariang, Panyijar) 7. Upper Nile (Renk, Ulang, Nassir, Maban, Longechuck, Baliet) 8. Eastern Equatoria (Kapoeta North, East, Lopa)

SECTION II

Project details		Project Location(s) -	
Requesting Organization		State % <i>County/ies (include payam when possible)</i>	
UNFPA		Jonglie, 12.5%	Akobo, Ayod, Bor South, Canal, Duk, Fangak, Nyirol, Pibor, Pochalla, Twic East, Uror
Project CAP Code	CAP Gender Code	Unity, 25%	Abiemnhom, Guit, Koch, Leer, Mayendit, Mayom, Panyijar, Pariang, and Rubkona
SSD-13/H/55251/R/1171	2b	Upper Nile 25%	Baliet, Fashoda, Longochuk, Luakpiny (Nasir), Maban, Maiwut, Malakal, Manyo, Melut, Panyikang, Renk, Ulang
CAP Project Title <i>(please write exact name as in the CAP)</i>		NBEG 25%	Aweil Centre, Aweil East, Aweil North, Aweil South and Aweil West
Maintaining and scaling up access to quality reproductive health (RH) services for IDPs, returnees, refugees and other vulnerable populations in South Sudan		Warrap 12.5%	Gogrial East, Gogrial West, Tonj East, Tonj North, Tonj South and Twic
Total Project Budget requested in the in South Sudan CAP		Funding requested from CHF for this project proposal	
US\$ 2,912,616		US\$ 300,000	
Total funding secured for the CAP project (to date)		Are some activities in this project proposal co-funded (including in-kind)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
US\$ 865,000			
Direct Beneficiaries		Indirect Beneficiaries	
	Number of direct beneficiaries targeted in CHF Project	Over 6million south Sudanese in affected states in rural areas	
	Number of direct beneficiaries targeted in the CAP	Catchment Population (if applicable)	
Women:	250,000		
Girls:	302,500		
Men:	200,000		
Boys:	247,500		
Total:	1000,000		
		2.9 Million	
Implementing Partner/s		CHF Project Duration	
		Indicate number of months: 12 (1 Oct 2013 to 31 Sep 2014)	
Contact details Organization's Country Office		Contact details Organization's HQ	
Address	UNFPA, UN house, Juballl, Yei Road	Address	605 3rd Avenue, New York, 10158
Project Focal Person	Dr. James Okara Wanyama, wanyama@unfpa.org , +211-954 134962	Desk officer	Nixon Obia Achieng, obia@unfpa.org , Cell +1 (917)412-2944, Office: +1 (212)297-5154,
Country Director	Mr. Barnabas Yisa, Yisa@unfpa.org , +211-956444486	Finance Officer	
Finance Officer	Manase Kimbo, Kimbo@unfpa.org , +211-955856267		

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 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 builds on the RH interventions that have been initiated with funding from CHF standard allocation first round. It will too, 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, such as is ongoing in Jonglei, 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 300 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.

With the first round allocation at the beginning of 2013, UNFPA devoted a significant part of that funding to procure RH kits, however, there are glaring gaps in support to distribution of kits from the national warehouse to field level users; lack of funding to support staff who provide day to day support to RH Kits and RH programming in humanitarian settings; and lack of day to day operations costs. ; moreover there are also still exists gaps with the current stock available which may not be sufficient to cover the entire year, especially with the upsurge in the needs in Jonglei. Therefore, UNFPA seeks funding to cover these critical gaps.

These supply of RH kits will build on its collaboration and partnership with state Ministries of Health (SMoH) and many other partners, both local and international NGOs, 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 Priorities

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 both directly and indirectly to 7 out of the 8 cluster priorities; (I) provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas; (ii) strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services; (iii) maintain or strengthen medical referral services for emergency cases; (iv) strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff; (v) maintain surge capacity for emergencies and surgical interventions; (vi)conduct training on emergency preparedness and response at all levels; (vii) and provide logistical support to prepositioning of core pipeline supplies to high risk states

ii) Project Objective

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

1. To maintain current availability of RH kits to meet the RH service provision requirements for the partners serving refugees, IDPs, returnees and the host populations.

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.

2. To strengthen provision of technical support to partners providing RH services
3. To strengthen capacity to deliver MISP for RH for affected populations

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).

1. Procure Reproductive Health kits-
2. Support local transportation and distribution costs of RH kits
3. Support to pay for core staff for the implementation of this project
4. Provide support to coordination of RH in emergencies at the state level

iv). Cross Cutting Issues

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

The Minimum Initial Services Package (MISP) for SRH has five objectives (i) strengthen coordination (ii) prevent sexual violence and assist survivors (iii) reduce transmission of HIV and manage AIDS (iv) Prevent excess maternal and newborn morbidity & mortality (v) Plan for COMPREHENSIVE RH services, integrated into primary health care. MISP 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 100 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.	Stock distributed to partners	110
X	2.	Implementing partners receiving supplies from pipeline	20
X	3.	Estimated beneficiaries reached by supplies from pipeline	1,000,000 (250,000 women, 302,500 girls, 200,000 men and 247,500 boys)
	4.	Number of staff mentored/refreshed on MISP	50 (25 men and 25 women)

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.

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.

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.

D. 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)
CHF first round 2013	865,000
Pledges for the CAP project	

SECTION III:

LOGICAL FRAMEWORK						
CHF ref./CAP Code: SSD-13/H/55251/R/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: <ul style="list-style-type: none"> - provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas; - strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services; - investigation materials and training of key staff; - maintain surge capacity for emergencies and surgical interventions; - conduct training on emergency preparedness and response at all levels; - and provide logistical support to prepositioning of core pipeline supplies to high risk states 		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"> a) To maintain current availability of RH kits to meet the RH service provision requirements for the partners serving refugees, IDPs, returnees and the host populations. b) To strengthen provision of technical support to partners providing RH services 		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 prepositioned in all states. 		How indicators will be measured: <ul style="list-style-type: none"> - Partner reports - State stock reports - Supervision reports
Results		Results - Outcomes (intangible): <ul style="list-style-type: none"> - 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 		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: Partner reports
	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 - 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"> - Number of RH kits are procured - Number of staff retained and hired to support project implementation - Number of coordination meetings 		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: Security situation remains stable
Activities: <ol style="list-style-type: none"> a) Procure Reproductive Health kits- b) Support the transportation and c) Support to distribution costs of RH kits d) Support to pay for core staff for the implementation of this project e) Support coordination of RH in emergencies at the state level 		Inputs: <ul style="list-style-type: none"> - Staff, - RH kits, - Training materials - Fuel - Vehicles 		<ul style="list-style-type: none"> - <i>Partner report</i> - <i>Activity report</i> 	Assumptions, risks and pre-conditions: Security situation remains stable	

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.

Project start date: 1 October 2013 **Project end date:** 31 September 2014

Activities	Q4/2013			Q1/2014			Q2/2014			Q3/2014		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Activity 1. Procure Reproductive Health kits-	X	X	X									
Activity 2. Support the transportation of kits to state MoH warehouses for prepositioning		X	X	X								
Activity 3: Support the distribution of kits to implanting partners		X	X	X	X	X	X	X	X	X	X	X
Activity 4. Support to pay for core staff for the implementation of this project	X	X	X	X	X	X						
Activity 5. Support coordination of RH in emergencies at the state level	X	X	X	X	X	X	X	X	X	X	X	X