

## 2012 Common Humanitarian Fund for South Sudan

### CHF Reserve Application Template

For further CHF information please visit <http://unpocha.org/south-sudan/financing/common-humanitarian-fund>  
or contact the CHF Technical Secretariat [CHFsouthsudan@un.org](mailto:CHFsouthsudan@un.org)

**Note:**

This application shall be submitted to the cluster coordinator and co-coordinator for the relevant cluster with copy to the CHF Technical Secretariat.

If the project is not already in the CAP a project sheet must also be prepared and submitted into OPS.

CHF Reserve No.	
Date Received:	25/07/2012
CAP Project	<input type="checkbox"/> Yes <input type="checkbox"/> No
Focal point:	

To be filled in by the CHF Technical Secretariat

#### CHF Reserve Grant Request Summary

Requesting Organisation:	UNFPA (United Nations Population Fund)	
Project Title:	Implementing the Minimum Initial Services Package(MISP) for Reproductive Health in Emergencies in South Sudan	
CAP Project Code (if CAP project):	SSD-12/H/4621/1/171	
CAP Cluster/Sector:	Health Cluster	
Geographic areas of implementation (list state, county and payam):	<ul style="list-style-type: none"> <li>• Jonglei State</li> <li>• Unity State</li> <li>• Upper Nile</li> <li>• Northern Bahr el Ghazal State</li> </ul>	
Total project budget:	\$ 1,010,000	
Amount requested from CHF Reserve:	\$ 450,100.	
Project Duration (indicate number of months, starting date will be Allocation approval date):	12 months	
Total number of beneficiaries targeted by the CHF Reserve grant request (disaggregated by sex/age):	Total of 300,000 IDPs, returnees and other vulnerable populations Females of reproductive age group (12-49years) Sexually active males age group (15 years upwards)	
Implementing partners (include those that will benefit/ sub-grant from CHF funding):	Ministry of Health(MOH) State Ministries of Health in Jonglei, Unity, Warrap and Northern Bahr el Ghazal states (SMOH) Other Humanitarian agencies providing services in those states including: American Refugee Committee (ARC), International Rescue Committee(IRC) and International Medical Corps (IMC)	
Project Contact Details (Provide names, phone numbers, and emails of head of your organization, and the project focal person)	<p>Mr. Barnabas Yisa UNFPA Representative UN House Compound, Building No. 1, Yei Road Juba, South Sudan Tel: +211-956444486 <a href="mailto:visa@unfpa.org">visa@unfpa.org</a></p> <p>Project Focal Person: Dr. Bannet Ndyanabangi <a href="mailto:ndyanabangi@unfpa.org">ndyanabangi@unfpa.org</a></p>	

**A. Humanitarian Context (Context Analysis)**

- In approximately 1,000 words briefly describe the humanitarian situation in the specific region/area where CHF Reserve activities are planned for with reference to assessments and key data, including the number and type of the affected population<sup>1</sup>.
- Also explain relation to the work of other partners in the area.

The new country of South Sudan is experiencing increased internal conflict incidents resulting into displacement of populations of people since 2011. According to a recent UNOCHA report, by end of May 2012, there were 164 conflict incidents in Jonglei, Upper Nile, Unity, Northern Bahr el Ghazal and Central Equatorial States combined. These have resulted into over 160,000 people displaced and living in Internally Displaced People's (IDPs) camps. Jonglei state alone, one of the hardest hit states, has over 110,000 IDPs. Unity state has over 30,000, while Upper Nile and Central Equatorial have about 25, 000 IDPs combined.

Moreover the situation is increasingly multifarious; with some of these states also being recipients of the huge numbers of un expected returnees and refugees from the Republic of Sudan. The boarder states of Unity, Upper Nile, Northern Bahr el Ghazal and Central Equatorial have each received an average of over 70,000 returnees, while the rest have received an average of 20,000 each. In total from October 2010 to end of May 2012, over 390,000 returnees have been received in south Sudan.

This un-expected combination of increasing internal displacement and increasing number of returnees is putting tremendous burden on already overstretched service delivery systems. Whereas a majority of returnees have been re-integrated into the communities all over the country, a significant portion are still leaving in returnee camps requiring additional and significant resources to put in place a comprehensive minimum package of services.

Additionally, the UNHCR in South Sudan indicates a continuing increase in the influx of refugees every other day. By June 12 2012, South Sudan was hosting over 160,000 refugees from Sudan. Over 110,000 of these are in Upper Nile state, while a further 50,000 are in settlements further west in Unity state. Unconfirmed reports, mainly from refugees themselves, indicate that up 15,000 new arrivals could enter Upper Nile state shortly. Moreover, these humanitarian incidents are happening within a backdrop of poor pre-existing health infrastructure and indicators. The host communities are equally extremely vulnerable to internal and external shocks.

UNFPA has been providing support to implementing partners to provide RH services to affected populations; however, UNFPA is unable to meet the current increased demand due to overwhelming increase in the number of beneficiaries. To compound the issue further, UNFPA did not get any funding from CHF and CERF standard windows. Therefore to ensure access to life saving services including reproductive health, there is an urgent need to mobilise additional resources to cater for additional beneficiaries and maintain ongoing RH humanitarian response.

**B. Grant Request Justification**

- In approximately 500 words describe why CHF Reserve funding is sought for this project, and why this particular activity is important. Explain why the activity is time critical and need rapid funding through the CHF Reserve.
- Confirm that your organization's internal reserves or other donor funds are not immediately available and/or appropriate to fund the proposed activities. Please provide information on which donors or what other funding sources have been approached.
- Briefly describe the value added by your organization
- Describe why this activity was not funded through the CHF standard allocation process, and what has changed since that process was completed to make this project emerge as a priority.

Through this proposal, UNFPA seeks to enhance availability of RH kits and timely technical support to frontline RH service providers for currently underserved 300,000 IDPs, returnees and other vulnerable populations in 4 flashpoint states (Jonglei, Upper Nile, Unity and Northern Bahr el Ghazal) in South Sudan. UNFPA will seek to support the current influx of refugees under separate CERF rapid response window.

Through collaboration and partnership, partners such as the International Rescue Committee and American Refugee Council and using internal resources, UNFPA is currently reaching frontline service providers in these states with, trainings in MISIP, clinical management of rape survivors, rational use of RH kits, and establishing community based interventions such awareness raising to create demand for services, etc.

But internal UNFPA resources are currently far surpassed by the current increased demand and therefore unable to make available adequate technical support and RH kits. UNFPA hopes, through this proposal, to leverage on these current collaborations and partnership to make RH services available through provision of RH kits and timely technical support. Therefore these funding will be complementary, but critical in making MISIP services are available at the outlet levels.

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.

<sup>1</sup> 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.



The MISP is a set of life saving priority activities designed to: prevent excess neonatal and maternal morbidity and mortality; reduce HIV transmission; prevent and manage the consequences of sexual violence; and plan for comprehensive reproductive health services. The MISP includes a kit of equipment and supplies to complement a set of priority activities that must be implemented in the early days and weeks of an emergency in a coordinated manner by trained staff

Lack of or inadequate implementation of MISP in emergencies has serious consequences leading to preventable maternal and infant deaths, unwanted pregnancies and subsequent unsafe abortions; and the spread of sexually transmitted infections, including HIV.

Therefore with support from this application and in collaboration with other health actor's through the health cluster coordination mechanism UNFPA will ensure RH kits and technical support are available for the roll out of MISP to the affected population.

### C. Project Description

**i) Purpose of the Grant**  
In approximately 500 words , briefly describe how CHF funding will be used to support core humanitarian activities

Increasing availability of reproductive health kits and provision of timely technical support to partners on the MISP for the SRH in South Sudan

#### ii) Objective

The objective should be specific, measurable, achievable, relevant and time-bound.

1. Increase national and local capacity to implement the MISP for SRH in 4 Crises flashpoint through provision of timely technical support.
2. Prevent excess loss of maternal lives, manage rape survivors, prevent HIV and manage sexually transmitted diseases(STI) by ensuring availability of reproductive health kits including guaranteeing the availability of free condom and post exposure prophylaxis for survivors of rape

#### iii) Proposed Activities

List the main activities to be implemented with CHF Reserve funding. State the exact location of the operation (provide map if relevant). As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

1. Increase national and local capacity to implement the MISP for SRH in 4 Crises flashpoint through provision of timely technical support
  - a) Hire a dedicated consultant Emergency RH Coordinator to provide timely technical and coordination support to scale up reproductive health services in emergencies (support 4 months consultancy fees)
  - b) Support to staff travel to provide on job mentoring on rational use of kits and related RH technical support.
2. *Prevent excess loss of maternal lives, manage rape survivors, prevent HIV and manage sexually transmitted diseases(STI) by ensuring availability of reproductive health kits including guaranteeing the availability of free condom and post exposure prophylaxis for survivors of rape*
  - c) Procure Reproductive Health kits-all categories from kit1 to kit 12( see details in budget)
  - d) Support the transportation and distribution costs of RH kits(see budget for details)
  - e) Support running and maintenance costs of 1 vehicle for one year used for management, coordination and warehousing/storage activities in Juba.

#### iv) Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

MISP for SRH is the most innovative and integrated health strategies that ensure that minimum, but holistic interventions such as 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 Outcomes

List the results you expect to have at the end of the CHF grant period, and provide no more than three measurable indicators you will use to measure your achievement. Please use the defined CHF Standard/Output Indicators whenever possible.

- Available and timely technical support on Reproductive Health in emergencies
- 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 programmes

	<i>Indicator</i>	<i>Target</i>
<b>1</b>	Number of beneficiaries from Reproductive health kits	300, 000 ( women, men, girls)

<b>2</b>	
----------	--

**v) Implementation Plan**

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 and government (Ministry of Health in collaboration with Ministry of Humanitarian Affairs).

UNFPA will lead the implementation of the project through the technical leadership of UNFPA's Emergency RH Coordinator and in close collaboration with the State Ministers 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.

Initially, UNFPA will Identify and recruit an Emergency RH Coordinator to work with existing UNFPA staff and lead the project execution. 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 level, with funding from other ongoing projects.

Emergency RH coordinator together with the state RH officer in conjunction with the designated NGO lead agency in the state will coordinate the trainings, warehousing, and distribution of RH supplies to the health facilities as well as receive report from implementing institution on the number of beneficiaries from this project.

**vii) Monitoring Plan**

Describe how you will monitor progress and achievements of the project.

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 reports and UNFPA will continue to make monthly core pipeline reports and provide updates on the implementation of MISP including to use of RH kits are 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. Secured funding**

Please provide details of secured funds for the project from other sources. Indicate the date (month and year) when the funding was secured.

Source/donor and date	Amount (USD)
AUSAID	<b>\$186,000-</b>
UNFPA	<b>\$200,000-</b>
	-

Summary Project Budget -FPA-CHF reserve 2012		
Item/Activity	Sub total cost	% of overall cost
1. Procure and distribute RH Kits	360,426	80%
2. Support to Personnel	36,000	8%
3. Support to staff travel	9,828	2%
4. Support to vehicle operations and Maintenance	14,400	3%
5. support to other costs (7% indirect cost	29,446	7%
<b>Total project budget</b>	<b>\$450, 100</b>	<b>100%</b>



SECTION III:

LOGFRAME

<p>CHF Ref. No. or CAP code: .....</p>	<p><b>Project title:</b> Increasing availability of reproductive health kits and provision of timely technical support to partners on the Minimum Initial Services Package(MISP) for the sexual and Reproductive Health in South Sudan</p>	<p><b>Organisation:</b> UNFPA</p>
--	--	-----------------------------------

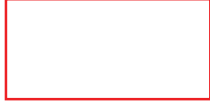
<p><b>Overall Objective:</b></p> <ul style="list-style-type: none"> <li>• Reduce maternal morbidity and mortality</li> </ul>	<p><b>Indicators of progress:</b></p> <ul style="list-style-type: none"> <li>- Number of pregnant women delivering under supervision of skilled attendant</li> <li>- % of women of reproductive age group able to access SRH services</li> <li>- % of young people able to access SRH services</li> </ul>	<p><b>How indicators will be measured</b></p> <ul style="list-style-type: none"> <li>• Partner service delivery reports</li> </ul>
<p><b>Specific Project Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Increase national and local capacity to implement the Minimum Initial Service Package (MISP) for SRH in Crises in 4 flashpoint through provision of timely technical support for SRH needs in crisis</li> <li>2. Prevent excess loss of maternal lives, manage rape survivors, prevent HIV and manage sexually transmitted diseases(STI) by ensuring availability of reproductive health kits including guaranteeing the availability of free condom and post exposure prophylaxis for survivors of rape</li> </ol>	<p><b>Indicators of progress:</b></p> <ul style="list-style-type: none"> <li>- Number of Health workers trained in MISP</li> <li>- Number of health workers trained in CMR</li> <li>- Number of beneficiaries from Reproductive health kits</li> </ul>	<p><b>How indicators will be measured:</b></p> <ul style="list-style-type: none"> <li>• Training reports</li> <li>• IP monthly reports</li> <li>• Facility reports</li> <li>• Distribution reports</li> </ul> <p><b>Assumptions &amp; risks:</b></p> <ul style="list-style-type: none"> <li>• Security in the states remains stable to allow the trainees and trainers to conduct the trainings.</li> </ul>
<p><b>Results - Outputs (tangible) and Outcomes (intangible):</b></p> <ul style="list-style-type: none"> <li>- Available and timely technical support on Reproductive Health in emergencies</li> <li>- Increased availability of RH kits at the community and facilities to provide SRH services</li> <li>- Increased capacity of staff at the national and local levels to implement MISP</li> <li>- MISP integrated into humanitarian response programmes</li> </ul>	<p><b>Indicators of progress:</b></p> <ul style="list-style-type: none"> <li>• Number of service points in the affected populations with adequate supplies of RH kits</li> <li>• Number and % of service points with MISP services</li> <li>• Number and % of health staff trained on MISP</li> </ul>	<p><b>How indicators will be measured:</b></p> <ul style="list-style-type: none"> <li>• Partner reports</li> <li>• Service delivery assessments</li> <li>• Training reports</li> </ul>
<p><b>Assumptions &amp; risks:</b></p> <ul style="list-style-type: none"> <li>• Security allows implementation of MISP</li> <li>• Staff are available for training</li> </ul>		



		<p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>a) Hire a dedicated consultant Emergency RH Coordinator to provide timely technical and coordination support to scale up reproductive health services in emergencies (support 4 months consultancy fees)</li> <li>b) Support to staff travel to provide on job mentoring on rational use of kits and related RH technical support.</li> <li>c) Procure Reproductive Health kits-all categories from kit1 to kit 12( see details in budget)</li> <li>d) Support the transportation and distribution costs of RH kits(see budget for details)</li> <li>e) Support running and maintenance costs of 1 vehicle for one year used for management, coordination and warehousing/storage activities in Juba.</li> </ul> <p><b>Inputs:</b></p> <ul style="list-style-type: none"> <li>• Emergency RH coordinator</li> <li>• RH Kits</li> <li>• Vehicle operations</li> <li>• Stationary</li> </ul>
<p><b>Assumptions, risks and pre-conditions:</b></p> <ul style="list-style-type: none"> <li>• Security situation allows</li> </ul>		

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	Q3 /2012	Q4 / 2012	Q1 /2013	Q2 /2013	Q3 /2013	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
<b>Result 1</b> Increased national and local capacity to implement the MISP																					
<b>Activity(a)</b> Hire a dedicated consultant Emergency RH Coordinator	X																				
<b>Activity (b)</b> Support to staff travel to provide on job mentoring on rational use of kits and related RH technical support	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>Result 2</b> RH kits available to prevent excess loss of maternal lives, manage rape survivors, prevent HIV and manage sexually transmitted diseases(STI)																					
<b>Activity (c)</b> procure Reproductive Health kits-all categories from kit1 to kit 12( see details in budget)										X											
<b>Activity(d)</b> support the transportation and distribution costs of RH kits(see budget for details)																				X	X
<b>Activity (e)</b> support running and maintenance costs of 1 vehicle for one year used for management, coordination and warehousing/storage activities in Juba																				X	X

\*. TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY



**CHF Reserve Grant Request Review Section – Internal**

Reviewer	Function/Title:	Name:	Organisation:	Date:	Recommendation:	Grant recommended : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Cluster Coordinator or co-coordinator	Eba Pasha				
Justification/clarification/recommendations	This is overall approved by the Health Cluster. However there are 2 or 3 very small comments in the document attached which the submission would benefit from amending. There needs to be some stronger language with regard to RH Kits being part of the Health Cluster Core pipeline and thus an essential commodity, but also that as such in acute emergencies UNFPA will work with Health Cluster and partners to determine gaps and ensure timely response.					
	State-level focal point					
	CHF Technical Secretariat					
All technical comment from the cluster/PRT and the Advisory Board are addressed.						



CHF reference code:  
Project title:  
Implementing Partner:

SSD-12/H/46211/1171  
Implementing the Minimum Initial Services Package(MISP) for  
Reproductive Health in Emergencies in South Sudan  
UNFPA

Total Estimated Budget USD

450,100

	Items Description (insert more budget line rows as needed)	** Cost		Unit	Qty	Unit Cost	Total Cost (USD)	*Other secured funding
		Type	D or I					
1	<b>SUPPLIES/COMMODITIES/EQUIPMENT/TRANSPORT (please itemize expendable operational inputs including asset purchases)</b>							
	Kit 1 A (Male Condoms, 14,400)	D	Kit	60.0		566	33,960	
	Kit 1B (Female Condoms, 450)	D	Kit	5.0		371	1,855	
	Kit 2A (Clean Delivery, individual, 200 ind Kits.)	D	Kit	60.0		641	38,460	
	Kit 2B (Clean Delivery)	D	Kit	20.0		127	2,540	
	Kit 3A (Rape Treatment)	D	Kit	10.0		801	8,010	
	Kit 3B (Rape Treatment- PEP for HIV including treatment for children)	D	Kit	64.0		427	27,328	
	Kit 4 (Oral and injectable contraception)	D	Kit	60.0		672	40,320	
	Kit 5 (Treatment of sexually transmitted infections)	D	Kit	94.0		478	44,932	
	Kit 6 (Clinical Delivery Assistance)	D	Kit	40.0		956	38,240	
	Kit 7 (Intrauterine Devices (IUDs))	D	Kit	10.0		253	2,530	
	Kit 8 (Management of miscarriage and complications of abortion)	D	Kit	40.0		573	22,920	
	Kit 9 (Suture of tears (cervical and vaginal) and vaginal examination)	D	Kit	40.0		377	15,080	
	Kit 10 (Vacuum extraction delivery)	D	Kit	10.0		76	760	
	Kit 11 A (Referral level kit for reproductive health, Reusable equipment)	D	Kit	5.0		518	2,590	
	Kit 11 B (Referral level kit for reproductive health, Drugs & Disposable Equipment)	D	Kit	10.0		3,769	37,690	
	Kit 12 (Blood transfusion)	D	Kit	10.0		1,081	10,810	
	Kit handling charges (5% of the total cost of kits)	D	charge	0.1		328,025	16,401	
	Transport and local distribution (pre-positioned at 4 state MGH and then distributed further)	D	locations	8.0		2,000	16,000	
	<b>Sub-total SUPPLIES, COMMODITIES...</b>						360,426	-
2	<b>PERSONNEL (Staff/consultants salaries, entitlements...)</b>							
2.1	Emergency RH Coordinator/ Consultant)	D	1	4.0		9,000	36,000	
	<b>Sub-total PERSONNEL COSTS</b>						36,000	-
3	<b>STAFF TRAVEL (Flights, DSA, Perdiem, Terminals)</b>							
3.1	Flights	D	3	12.0		200	7,200	
3.2	DSA for staff	D	3	12.0		73	2,628	
	<b>Sub-total STAFF TRAVEL</b>						9,828	-
4	<b>TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS</b>							
	<b>Sub-total TRAINING, WORKSHOPS...</b>						0	-
5	<b>CONTRACTS (Specialized services for the project provided by outside contractors or partners/NGOs)</b>							
	<b>Sub-total CONTRACTS</b>						0	
6	<b>VEHICLE OPERATING &amp; MAINTENANCE COSTS</b>							
6.1	Vehicle running costs and maintenance costs	D	1	12.0		1,200	14,400	
	<b>Sub-total VEHICLE OPERATING &amp; MAINTENANCE COSTS</b>						14,400	
7	<b>OFFICE EQUIPMENT &amp; COMMUNICATIONS</b>							
7.2	<b>Sub-total OFFICE EQUIP. &amp; COMMUNICATIONS</b>						0	
8	<b>OTHER COSTS (e.g. bank charges, fuel for office generator)</b>							
8.1	<b>Sub-total OTHER COSTS</b>						0	
	<b>(A) SUBTOTAL Project Costs</b>						420,654	0
	<b>(B) Programme Support costs</b>				% PSC rate=>	0	29,446	-
	<b>(C) AUDIT COSTS for NGO implemented projects</b>							
	<b>GRAND TOTAL (A+B+C)</b>						450,100	

\* Other secured funding: please indicate if there is any other funding or resources (cash or in-kind) received toward activities of this project

\*\* Pls indicate D or I against each budget line to indicate whether cost is direct (D) or indirect project cost

\*Total Direct (D) Cost 420,654 93%  
\*Total Indirect (I) Cost 29,446 7%