

<b>Requesting Organization :</b>	United Nations Population Fund				
<b>Allocation Type :</b>	Reserve Allocation 1				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
HEALTH		100.00			
		<b>100</b>			
<b>Project Title :</b>	Provision of lifesaving Emergency Reproductive Health Pipeline supplies for conflict-affected population in South Sudan				
<b>Allocation Type Category :</b>	Core pipeline				
<b>OPS Details</b>					
<b>Project Code :</b>	SSD-17/H/103018	<b>Fund Project Code :</b>	SSD-17/HSS10/RA1/H/UN/7624		
<b>Cluster :</b>	Health	<b>Project Budget in US\$ :</b>	500,000.09		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/12/2017	<b>Planned End Date :</b>	31/05/2018		
<b>Actual Start Date:</b>	01/12/2017	<b>Actual End Date:</b>	31/05/2018		
<b>Project Summary :</b>	The primary purpose of this core pipeline project is to ensure availability of emergency reproductive health supplies and commodities at all health facilities providing lifesaving reproductive health services such as emergency obstetric care, clean delivery, management of complications of abortions among other services.				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	9,000	60,304	1,000	5,000	75,304
<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	9,000	29,304	1,000	5,000	44,304
Pregnant and Lactating Women	0	31,000	0	0	31,000
People in Host Communities	0	0	0	0	0
Refugee Returnees	0	0	0	0	0
<b>Indirect Beneficiaries :</b>					
The indirect beneficiaries are women and men in the POC and IDPS where the project will be implemented.					
<b>Catchment Population:</b>					
The project will be implemented in 8 counties with POC and formal IDP camps: Juba, Kajokeji, Bor South, Rubkona, Fashoda, Malakal, Melut and Wau					
<b>Link with allocation strategy :</b>					
This core pipeline project has increasingly become the only source of life-saving RH supplies and commodities for services providers and its one the prioritised intervention for the health cluster during this allocation					
<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>			

**Organization focal point :**

Name	Title	Email	Phone
James Okara wanyama	Emergency Coordinator	wanyama@unfpa.org	0954134962

**BACKGROUND****1. Humanitarian context analysis**

The Humanitarian context in South Sudan remains quite dire. While the ongoing conflict in several parts of the country has caused tremendous suffering and resulted into massive displacement and vast numbers of the population in need lifesaving services, the service delivery systems, on the other hand, have been completely crippled. Less than half of health facilities are functional, most have been looted, and or destroyed and lack essential human resources. Insecurity has worsened access to some of the services. Government allocation to critical supplies has stopped. With the dry season available to us starting January to May 2018, this is the time to mobilise resource, procure and pre-position supplies.

**2. Needs assessment**

This pipeline project has been prioritized by the health cluster for funding in 2018. It is one of the key complimentary health core pipelines. Prioritization of health responses is conducted at the health cluster, and it is based on health statistics on disease trends as reported by partners, recent displacement, nutrition levels and health partner capacity to operate in these locations. Data on reproductive health continue to show low uptake of RH services, despite the poor RH and Maternal health indicators.

**3. Description Of Beneficiaries**

In the prioritised locations, the project will target 75,304 women of reproductive age group, pregnant women, girls, boys, and men in Juba, Kajokeji, Bor South, Rubkona, Fashoda, Malakal, Melut, Wau, with nearly a catchment population of 500,000 people in both POC and other IDP collection centres. It will also target survivors of sexual violence and GBV, in general, to ensure they have access to treatment and care. These beneficiaries were identified by the health cluster partners as the most vulnerable and therefore deserve particular attention.

**4. Grant Request Justification**

Before the current crisis, South Sudan had some of the world's worst RH indicators, particularly among women. Only 14.7 percent of births were attended by skilled birth attendants, only 11.5 percent of deliveries took place at a health facility, 80 percent of births happened at home accompanied by unskilled birth attendants, and GBV was highly prevalent ( these data is sourced from the health cluster strategy and UNFPA country programme documents). The maternal mortality ratio is estimated at 2,054 women dying for every 100,000 live births. Young mothers continue to die due to preventable causes such as unsafe abortion, prolonged obstructed labour, haemorrhage/ bleeding, infection, eclampsia / high blood pressure. If RH services are not initiated urgently to reach the growing caseload affected by the current crisis, we will witness more maternal deaths, and many vulnerable young women and boys exposed to live threatening conditions such as HIV and rapes will go unassisted. UNFPA through its work and in partnership seeks to ensure that the affected women and men 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 mobilise resources to maintain ongoing RH humanitarian response.

**5. Complementarity**

Medical supplies are a vital input in the delivery of any health service, without which service delivery will come to a halt. Several types of medical supplies are required for this purpose, among which reproductive health commodities supplies are critical in a country with the highest maternal mortality ratio in the world. Emergency reproductive health (ERH) kits are designed globally to complement the primary health care kits and other supplies such as vaccines, trauma kits etc. The ERH provides supplies which cannot be obtained in these other Pipelines for the health cluster. Therefore, this project complements other frontline projects for the health cluster. The project seeks to provide much needed reproductive health supplies to health actors implementing primary and secondary care reproductive health services.

**LOGICAL FRAMEWORK****Overall project objective**

This project aims to reduce maternal and newborn mortality and morbidity among populations affected by humanitarian emergencies in South Sudan. It is intended to cover the core pipeline reproductive health needs of the partners serving the targeted population. The RH kits obtained under this programme will be used for both prepositioning and direct service delivery

**HEALTH**

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

**Contribution to Cluster/Sector Objectives :** This is a core pipeline project, which provides lifesaving Reproductive Health Supplies to partners involved in the provision of lifesaving reproductive health services. The pipeline will boost delivery of reproductive health services as one of the significant causes of morbidity and mortality. The pipeline will support the delivery of obstetric care and other community and health facility related reproductive health services, from antenatal care to facility delivery, to post-abortion care, voluntary family planning, and many others that lead to unnecessary loss of lives.

**Outcome 1**

Reduction in maternal morbidity and mortality

**Output 1.1****Description**

Improved availability of RH supplies and commodities to deliver RH services

Assumptions & Risks													
security situations improves to allow access to beneficiaries													
Indicators													
Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 1.1.1	HEALTH	[Core Pipeline] Number of direct beneficiaries from emergency health supplies (IEHK / trauma kit / RH kit/Emergency vaccines/SAM kits with medical modules)	9,000	60,304	1,000	5,000	75,304						
<b>Means of Verification</b> : Partner supply consumption reports													
Indicator 1.1.2	HEALTH	[Core Pipeline] Number of implementing partners receiving supplies from the pipeline					10						
<b>Means of Verification</b> : partner reports													
Activities													
Activity 1.1.1													
Procure Emergency Reproductive Health Kits													
Activity 1.1.2													
Pre-position( Bentiu, Malakal and Wau) and distribute ERH kits to partners													
Activity 1.1.3													
Conduct quarterly field monitoring visits partners receiving supplies													
Activity 1.1.4													
Provide monthly briefings to the health cluster and core pipeline managers meeting on the status of the pipeline													
Activity 1.1.5													
Train Health service providers on rational use of RH kits													
<b>Additional Targets :</b>													
M & R													
<u>Monitoring &amp; Reporting plan</u>													
The project will be monitored by UNFPA staff at the country office in Juba and field-based staff in various locations in the affected states. All partners receiving and using the supplies under the project will provide monthly reports to UNFPA, using templates provided by UNFPA. The reports will be analysed and shared with various stakeholders including the health cluster. UNFPA will also provide timely reports to the SSHF technical secretariat on the implementation of the project. We also conduct regular field visits to outlet sites to monitor the use of supplies.													
Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procure Emergency Reproductive Health Kits	2017												X
	2018	X	X										
Activity 1.1.2: Pre-position( Bentiu, Malakal and Wau) and distribute ERH kits to partners	2017												X
	2018	X	X	X									
Activity 1.1.3: Conduct quarterly field monitoring visits partners receiving supplies	2017												
	2018	X	X	X	X	X							
Activity 1.1.4: Provide monthly briefings to the health cluster and core pipeline managers meeting on the status of the pipeline	2017												X
	2018	X	X	X	X								
Activity 1.1.5: Train Health service providers on rational use of RH kits	2017												
	2018		X	X									
OTHER INFO													
<u>Accountability to Affected Populations</u>													
All the supplies to be procured under this allocation are based on real field experiences and the needs as expressed by affected people in the different locations. Ensuring increased access to reproductive health services in high demand is reflective of the needs of the affected population.													
<u>Implementation Plan</u>													

This core pipeline has two main activities; procuring supplies and distributing them. The supplies will be procured as soon as the funds are available are allocated to partners. The beneficiary's partners are already partnering with UNFPA.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
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**Environment Marker Of The Project**

B+: Medium environmental impact with mitigation(sector guidance)

**Gender Marker Of The Project**

2a-The project is designed to contribute significantly to gender equality

**Justify Chosen Gender Marker Code**

The purpose of this project is to ensure vulnerable women, girls, boys and men have access to critical Reproductive Health Services

**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>1. Staff and Other Personnel Costs</b>							
1.1	Procurement and Logistics Associate	D	1	3,500.00	6	50.00	10,500.00
	<i>Responsible for procurement and distribution of supplies to different locations</i>						
1.2	Warehouse Assistants	D	4	2,500.00	6	50.00	30,000.00
	<i>Staff responsible for warehouse day to day operations</i>						
1.3	Emergency Officer	D	1	4,500.00	6	35.00	9,450.00
	<i>this a national officer responsible for monitoring of the project</i>						
	<b>Section Total</b>						<b>49,950.00</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Clean Delivery Kits ( 2A)	D	100	526.50	1	100.00	52,650.00
2.2	Rape Treatment kit ( 3)	D	100	594.50	1	100.00	59,450.00
2.3	Sexually Transmitted Infections (STI) kit ( 5)	D	100	588.69	1	100.00	58,869.00
2.4	Clinical Delivery Assistance kit - Drugs and Disposable Equipment (6B)	D	33	512.00	1	100.00	16,896.00
2.5	Management of Miscarriage and Complications of Abortions (8)	D	31	572.82	1	100.00	17,757.42
2.6	Suture of Tears and Vaginal Examination kit (9)	D	31	376.85	1	100.00	11,682.35

2.7	Referral Level, Drugs and Disposable Equipment(11B)	D	10	3,801.00	1	100.00	38,010.00
2.8	Blood Transfusion kit(12)	D	10	1,088.20	1	100.00	10,882.00
2.9	Handling Charges (5%)	D	1	12,622.33	1	100.00	12,622.33
2.10	Air shipment and local distribution of supplies (30%)	D	1	319,069.00	1	30.00	95,720.70
<b>Section Total</b>							<b>374,539.80</b>
<b>3. Equipment</b>							
NA	NA	NA	0	0.00	0	0	0.00
NA							
<b>Section Total</b>							<b>0.00</b>
<b>4. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
NA							
<b>Section Total</b>							<b>0.00</b>
<b>5. Travel</b>							
5.1	Conduct Monitoring visits	D	2	600.00	4	100.00	4,800.00
<b>Section Total</b>							<b>4,800.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
NA							
<b>Section Total</b>							<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>							
7.1	Vehicle maintenance and operations	D	2	2,500.00	6	50.00	15,000.00
7.2	Train health workers on rational use of RH kits	D	20	1,150.00	1	100.00	23,000.00
<i>the training will target 20 health workers and will be executed by UNFPA directly-the cost includes transport and DSA in Juba</i>							
<b>Section Total</b>							<b>38,000.00</b>
<b>SubTotal</b>			447.00				<b>467,289.80</b>
Direct							467,289.80
Support							
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							32,710.29
<b>Total Cost</b>							<b>500,000.09</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	
Jonglei -> Bor South	10	904	6,024	151	452	7,531	
Unity -> Rubkona	20	1,808	12,048	302	904	15,062	
Upper Nile -> Fashoda	10	903	6,024	151	452	7,530	
Upper Nile -> Malakal	15	1,356	9,036	227	678	11,297	
Upper Nile -> Melut	10	904	6,024	150	452	7,530	
Western Bahr el Ghazal -> Wau	15	1,356	9,036	226	678	11,296	
Central Equatoria -> Juba	10	904	6,024	151	451	7,530	
Central Equatoria -> Kajo-Keji	10	904	6,024	150	450	7,528	

**Documents**

Category Name	Document Description