

South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2014

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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SECTION II

Project details		Project Location(s)																						
Requesting Organization		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">State</th> <th style="width: 5%;">%</th> <th style="width: 80%;">County/ies (include payam when possible)</th> </tr> </thead> <tbody> <tr> <td>Jonglei</td> <td>15</td> <td>Bor, Pibor, Pochalla, Ayod, Akobo, Fangak, Canal, Twic East</td> </tr> <tr> <td>Warrap</td> <td>10</td> <td>Twic, Gogrial East, Tonj North, Tonj South and Tonj East</td> </tr> <tr> <td>Central Equatoria</td> <td>20</td> <td>Juba, Yei and Mangalla</td> </tr> <tr> <td>Lakes</td> <td>25</td> <td>Awerial, Rumbek North, Cueibet, Yirol East</td> </tr> <tr> <td>Unity</td> <td>10</td> <td>Bentiu, Abiemnhom, Leer, Mayendit, Rubkona, Mayom, Koch, Panyijar and Pariang</td> </tr> <tr> <td>Upper Nile</td> <td>20</td> <td>Renk, Ulang, Nasir, and Maban, Longechuk, Baliet and Malakal, Melut</td> </tr> </tbody> </table>		State	%	County/ies (include payam when possible)	Jonglei	15	Bor, Pibor, Pochalla, Ayod, Akobo, Fangak, Canal, Twic East	Warrap	10	Twic, Gogrial East, Tonj North, Tonj South and Tonj East	Central Equatoria	20	Juba, Yei and Mangalla	Lakes	25	Awerial, Rumbek North, Cueibet, Yirol East	Unity	10	Bentiu, Abiemnhom, Leer, Mayendit, Rubkona, Mayom, Koch, Panyijar and Pariang	Upper Nile	20	Renk, Ulang, Nasir, and Maban, Longechuk, Baliet and Malakal, Melut
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UNFPA																								
Project CAP Code	CAP Gender Code																							
SSD-14/H/60451	2b																							
CAP Project Title (please write exact name as in the CAP)																								
Maintaining and scaling up access to quality Reproductive Health (RH) services for IDPs, Returnees, Refugees and other Vulnerable Populations in South Sudan																								
Total Project Budget requested in the in South Sudan CAP		US\$2,750,000																						
Total funding secured for the CAP project (to date)		US\$0																						
Funding requested from CHF for this project proposal		US\$700,000																						
Are some activities in this project proposal co-funded (including in-kind)? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)																								
Direct Beneficiaries		Indirect Beneficiaries / Catchment Population (if applicable)																						
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP	Over 5 million south Sudanese in affected states in rural areas																					
Women:	100,000	630,000																						
Girls:	75,000	400,000																						
Men:	10,000	450,000																						
Boys:	15,000	320,000																						
Total:	200,000	1,800,000																						
Targeted population: Conflict affected women, newborns, men, and young people in Juba (Central Equatoria), Bor (Jonglei), Awerial (Lakes), Malakal (Upper Nile), Bentiu (Unity), Warrap and Eastern Equatoria states.		CHF Project Duration (3 months max., earliest starting date will be Allocation approval date)																						
Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)		Indicate number of months: 6 months 1 January to 30 June 2014																						
Contact details Organization's Country Office		Contact details Organization's HQ																						
Organization's Address	UNFPA, UN house, Juba III, Yei Road	Organization's Address	605 3rd Avenue, New York, 10158																					
Project Focal Person	Mr Ibrahim Sambuli, sambuli@unfpa.org, +211 956275402	Desk officer	Nixon Obia obia@unfpa.org																					
Country Director	Mr. Barnabas Yisa, Yisa@unfpa.org, +211-956444486	Finance Officer	Name, Email, telephone Sara Abranyos-Mogos abranayos@unfpa.org																					
Finance Officer	Manase Kimbo, kimbo@unfpa.org, +211-955856267																							
Monitoring & Reporting focal person	Dr. James Okara Wanyama, wanyama@unfpa.org, +211-954 134962																							

CHF Cluster Priorities for 2014 First Round Standard Allocation

Cluster Priority Activities for this CHF Round

- Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies
- Support to key hospitals for key surgical interventions to trauma
- Provision and repositioning of core pipelines (drug kits, RH kits, vaccines and supplies)
- Communicable disease control and outbreak response including supplies
- Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns
- Maintain surge capacity to respond to any emergencies
- Capacity building interventions will include
 - a. Emergency preparedness and communicable disease control and outbreak response
 - b. Emergency obstetrical care, and MISP (minimum initial service package-MISP)
 - c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues
 - d. Trauma management for key health staff
- Support to referral system for emergency health care including medivacs.
- Support to minor rehabilitation and repairs of health facilities
- HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions.

Cluster Geographic Priorities for this CHF Round

1. Jonglei (Pibor, Pochalla, Ayod, Akobo, Fangak, Canal, Twic East)
2. Warrap (Twic, Gogrial East, Tonj North, Tonj South and Tonj East)
3. Northern Bahr El Ghazal (Aweil North, Aweil East, Aweil South and Aweil Central)
4. Western Bahr El Ghazal (Raja)
5. Lakes (Awerial, Rumbek North, Cueibet, Yiroi East)
6. Unity (Abiemnhom, Leer, Mayendit, Rubkona, Mayom, Koch, Panyijar and Pariang)
7. Upper Nile (Renk, Ulang, Nasir, and Maban, Longechuk, Baliet and Malakal)

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. Hostilities broke out recently again on December 15, 2013 and involved Juba (Central Equatoria), Jonglei, Unity and Upper Nile States. The security situation has since improved remaining relatively calm but unpredictable as well as in many other areas of the country. However, reports speak of people continuing to flee their original locations to safety in multiple locations across South Sudan. At least 199,186 persons (OCHA report, 5 January 2014) have been displaced since the hostilities started 15 December, 2013, including some 59,552 sheltering in 10 UN peacekeeping bases, and 74,051 in Minkamon in Awerial (Lakes State); majority IDPs in the Awerial area majority are thought to have fled from Jonglei State. The consequences of breakdown of law and order and resulting forced displacement is having devastating impact on health service delivery, including lifesaving Reproductive Health (RH) services. The health situation in South Sudan remains fragile with most health indicators among the worst in the world. Maternal mortality ratio stands at 2054, and under 5 mortality rate at 106 per 1000 live births. Due to the economic difficulties coupled with austerity measures the government is not yet set to fully take over delivery of basic services to its people. Obviously some expectant pregnant mothers must have been stranded, unable to access quality health services in a timely manner in some conflict affected areas; though GBV has not been documented on the wide scale, this has probably been associated with underreporting due to socio-cultural factors and community ignorance. Grievous consequences of sexual violence, unwanted pregnancy, HIV transmission, psychological trauma and eventually death cannot be underestimated. Lawlessness and overcrowding in areas of IDP sites also predispose to high risk sexual behavior with risk of STI/HIV transmission.

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. 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.

This project targets most vulnerable women, girls, boys and men in the conflict affected areas in Central Equatoria, Jonglei, Upper Nile, Unity and Lakes states where over 199,000 forcibly displaced persons due to outbreak of hostilities since December 15, 2014. The priority interventions will contribute to improving access to and accessibility of quality essential and emergency reproductive health services under the minimum initial service package (MISP) for reproductive health. These interventions include essential and emergency obstetrical and new born care, prevention and response to survivors of sexual violence and HIV transmission prevention. 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.

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 has scaled up its country office (CO) capacity and through its work and in partnership seeks to ensure that the right of affected women, men and children enjoy a right to health care with equal opportunity. The project will reduce and cater for any complications associated with pregnancy and delivery and sexual violence. The project implementation will be founded on UNFPA's

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.



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.

The paucity of reproductive health services, early pregnancies, and weak referral system puts pregnant mothers at high risk of morbidity and mortality. Coverage with comprehensive emergency obstetrical and neonatal care remains weak. Major focus in 2014 will be to strengthen emergency obstetrical care and improve availability of reproductive health commodities up to county and facility level after realization of the minimum initial service packages. Mobilization of communities to utilize RH services will also be scaled up.

Referral system remains weak and sometimes disrupted in most conflict affected parts of the country. Insecurity and lack of access to humanitarian workers, poor road network, insufficient ambulances, poor communication, human resource constraint and poorly functional health facilities are the major contributors to the weak referral system and the overall access to services.

The CHF funds will be used to bolster UNFPAs work to address the urgent humanitarian needs. UNFPA will continue to work with implementing partners and the Ministry of health, besides directly fielding trained midwives to increase access to availability of quality maternal health and other RH services for the displaced and host populations including those inside UN compounds. Therefore to ensure continuous access to life saving services including reproductive health, there is an urgent need to mobilize resources to maintain ongoing RH humanitarian response while also working with partners to support community mobilization efforts.

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 significantly to various cluster priorities; maintain emergency primary health care services in targeted areas through provision of basic RH equipment, drugs, medical supplies, basic lab equipment and supplies; Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies); Capacity building interventions will include a) Emergency preparedness and communicable disease control and outbreak response; b) Emergency obstetrical care, and MISP (minimum initial service package-MISP); c) Community based interventions including awareness raising to ensure skilled care during pregnancy and birth, hygiene promotion, education and participation in health-related issues; Support to referral system for emergency health care including medivacs.; Support to minor rehabilitation and repairs of health facilities and HIV/AIDS awareness raising information dissemination, condom provision, PMTCT, PEP and standard precautions

ii) Project Objective

State the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

- To scale up provision of emergency RH supplies and equipment in order to meet the requirements for the partners working in the conflict affected areas.
- To strengthen technical support to partners providing RH services through coordination and capacity building;
- To monitor MISP implementation including the rationale use of RH kits to save lives
- To support community mobilization for improved access to RH services.

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.

List the main activities and results 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).

- Procure and distribute RH kits to various main locations which are conflict affected.
- Provide support to deployed surge capacity personnel;
- Organize refresher courses on Training on Clinical management of rape survivors, RH service providers on emergency obstetric care , Training on rational use of RH commodities and Kits and other topics identified among gaps
- Conduct Community social mobilization on RH, HIV, ASTH and GBV to increase service uptake through different approaches
- Procure and install prefabs for commodity warehousing
- Vehicle running and maintenance cost
- Coordinate RH in Emergencies at the state level for more effective service delivery and avoidance of duplication.
- monitor and supervise MISP Implementation

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

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

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are 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. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard 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 RH kits procured and distributed	850 (please see budget for details on type of kits)
X	2.	Number of direct beneficiaries from emergency RH kits	200,000 (50000 males and 150,000 females)

X	3.	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	100 (60 males and 40 females) on MISP 40 (10 males and 30 females on CMR
X	4.	Number of deliveries attended by skilled attendant	1000
	5.	Number of C-section operations	100
	6.	percentage of reported survivors accessing medical care	90%
	7.	number of condom pieces distributed per 10,000 population	60,000 pieces for 6 months

vi). Cross Cutting Issues

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

Gender issues continue to adversely affect the vulnerable communities. Of particular note in the health cluster are young women getting socially disadvantaged with increase in cases of SGBV, early pregnancy and poor coping mechanisms. The situation is compounded by poor documentation and weak referral pathways for the victims. The cluster will focus on advocacy to strengthen disaggregation of data by sex, especially on supplementary immunization. Gender sensitive needs analysis processes to capture the different gender health needs will be supported; a revision of assessment tools, a robust investigation of intra-household issues and strengthen partnership with the GBV sub-sub cluster to provide immediate primary care to GBV survivors. HIV has been integrated on the prevention approach through sensitization and condom availability.

vii) 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 execute this project through implementing partners operating in the targeted states. These partners comprise local and international nongovernmental organization, United Nation Organizations and government (Ministry of Health).

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. 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 request for supplies based on inter-cluster rapid needs assessments; UNFPA will provide the medical supplies, equipment including RH kits, based on availability. Where information is scanty, UNFPA will rely on existing demographic data to estimate needs and gaps to ensure the supplied goods meet the priority needs of affected and targeted populations. Some amount of prepositioning of RH kits in the field is anticipated in view of the upcoming rainy season and possible flooding.

The assessments on service will identify capacity gaps which will be strengthened through refresher training and orientation sessions. Community mobilization initiatives will be used to reach out to expectant pregnant and lactating mothers to access quality preventive and curative services. Tents and prefabs will be used to create additional space for the anticipated increase in service uptake and warehousing.

UNFPA will work with partners to create awareness about the RH kits thereby increasing proper and rational utilization of the kits.

UNFPA will lead the implementation of the project through the technical leadership of UNFPA's surge capacity and CO staff 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.

viii) 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 are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)².

The project will be monitored by UNFPA and partner agencies on the ground on a regular basis, Monthly collection of data on RH morbidity and mortality using facility registers and records and other standard MoH tools will be carried out and analysed; findings will be shared with stakeholders to inform future programming. The project will also be monitored through the GBV MIS to track the number of survivors accessing medical care. The training and follow up reports records on refresher courses for health workers will be used to assess the quality of service delivery by the health facilities.

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)
Pledges for the CAP project	

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:

This section is **NOT** required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK				Organisation: UNFPA
CHF ref./CAP Code: SSD-14/H/60451		Project title: Maintaining and scaling up access to quality Reproductive Health (RH) services for IDPs, Returnees, Refugees and other Vulnerable Populations in South Sudan		
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
Goal/Impact (cluster priorities) <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i>	<i>What are the key indicators related to the achievement of</i>	<i>What are the sources of information on these indicators?</i>		
CHF project Objective TO maintain and scale up access to quality Reproductive Health (RH) services for IDPs, Returnees, Refugees and other Vulnerable Populations in the crisis affected areas of South Sudan	Number of RH kits procured and distributed Number of direct beneficiaries from emergency RH kits Number of health workers trained in MISP and CMR	Project Reports Field reports Facility reports Partner reports	Security remains stable Access to affected population in some locations is improved	
Outcome 1 Increased access to RH, HIV and GBV services by humanitarian populations	Proportion of affected population reached by RH, HIV and GBV services % of staff serving affected populations trained in MISP % of facilities serving affected populations accessing RH kits Number of people reached with community mobilization	Activity reports Training reports Service availability assessments RH kits distribution reports	Most primary health care facilities remain functional Security is improved in some locations	
Output 1.1 RH kits available Staff skilled in implementation of MISP available More facilities serving affected populations are able to provide RH, HIV and GBV services	Numbers of service providers trained on MISP aspects, Number of RH kits procured and distributed Number of deliveries attended by skilled attendant Percentage of reported survivors of sexual violence accessing medical care	Training reports Procurement reports Facility registers/ records Activity reports	Increased service use by beneficiaries Insecurity does not deteriorate further; Service providers available in sufficient numbers not to disrupt service provision	
Activity 1.1.1	Procure and distribute RH kits to various location in conflict affected parts of the country			
Activity 1.1.2	Rapid assessment in the established IDP sites and surrounding areas			
Activity 1.1.3	Provide support to surge capacity personnel			
Activity 1.1.4	Refresher trainings MISP, CMR, EmOC, rational use of RH kits			
Activity 1.1.8	Continuous Community sensitization and mobilization on RH, HIV, ASTH and GBV to ensure sustained service uptake in the affected areas			
Activity 1.1.9	Transportation and installation of the procured prefabs for commodity warehousing			
Activity 1.1.10	Vehicle running and maintenance cost			
Activity 1.1.11	Procurement and installation of Tents for service delivery in the camps			



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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date: **1 January 2014** Project end date: **30 June 2014**

Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Procure and distribute RH kits to the conflict affected location in the country	X	X	X	X	X	X						
2. Rapid assessment in the established camps and surrounding areas	X	X	X	X	X	X						
3. Provide support to surge capacity personnel	X	X	X	X	X	X						
4. MISP refresher training, using the new MISP curriculum	X	X	X	X	X	X						
5. Refresher training on Clinical management of rape survivors	X	X	X	X	X	X						
6. Refresher Training on rational use of RH commodities and Kits	X	X	X	X	X	X						
7. Refresher training on RH service providers on emergency obstetric care components	X	X	X	X	X	X						
8. Continuous Community sensitization and mobilization on RH, HIV, ASTH and GBV to ensure sustained service uptake in the affected areas	X	X	X	X	X	X						
9. Transportation and installation of the procured prefabs for commodity warehousing	X	X	X	X	X	X						
10. Vehicle running and maintenance cost	X	X	X	X	X	X						
11. Procurement and installation of Tents for service provision in the camps	X	X	X	X	X	X						
12. Monitoring and supervision	X	X	X	X	X	X						

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



CAP Project code: SSD-14/H/60451

Project title: Maintaining and scaling up access to quality Reproductive Health (RH) services for IDPs, Returnees, Refugees and other Vulnerable Populations in South Sudan

Organization: UNFPA

Total Estimated Budget USD

700,000

PART I									
(a) Items Description (Insert more budget line rows as needed)	(b) Location	(c) Cost Type	(d) Unit of measurement	(e) Percentage/ FTE	(f) Quantity	(g) Unit Cost	(h) Total CHF Cost	(i) Other funding to this project including in-kind	
		D or I							
1 RELIEF ITEMS and TRANSPORTATION (please separate relief items and transportation budget lines)									
1.1	kit 1 A (Male Condoms, 14,400)	Juba	D	Kit	100%	60.0	599.9	35,992	
1.2	Kit 1 B (female condoms, 450)	Juba	D	Kit	100%	20.0	372	7,440	
1.3	Kit 2 A(clean delivery, individual, 200)	Juba	D	Kit	100%	50.0	641	32,050	
1.4	Kit 2 B (clean delivery birth attendance)	Juba	D	Kit	100%	19.0	128	2,423	
1.5	Kit 3 (Rape treatment)	Juba	D	Kit	100%	50.0	800	40,000	
1.6	Kit 4 (Oral & injectable contraception)	Juba	D	Kit	100%	10.0	672	6,720	
1.7	kit 5 (Treatment of sexual transmitted infections)	Juba	D	Kit	100%	30.0	478	14,340	
1.8	Kit 6 (clinical Delivery Assistance)	Juba	D	Kit	100%	21.0	956	20,076	
1.9	Kit 7 (Intrauterine Device (IUDs))	Juba	D	Kit	100%	5.0	253	1,265	
1.1	kit 8 (Management of Miscarriage and complications of Abortion)	Juba	D	Kit	100%	30.0	573	17,190	
1.11	Kit 9 (Suture of tears (cervical and vagina)	Juba	D	Kit	100%	30.0	377	11,310	
1.12	Kit 10 (Vacuum Extraction Delivery)	Juba	D	Kit	100%	5.0	74	368	
1.13	Kit 11A (Referral level Kits for RH, reusable equipment)	Juba	D	Kit	100%	11.0	516	5,676	
1.14	Kit 11B (Referral level kits for RH, Drugs & Disposable)	Juba	D	Kit	100%	10.0	3,769	37,690	
1.15	Kit 12 (Blood Transfusion)	Juba	D	Kit	100%	10.0	1,080	10,800	
1.16	Kit handling Charges (airflight, insurance and 5% handling fee)	Juba	D	charge	100%	0.2	243,339	48,668	
1.17	Transportation and local distribution (pre- positioned at 7 states)	States	D	locations	100%	8.0	10,000	80,000	
Sub-total								372,007	-
2 PERSONNEL (provide detailed information on responsibility/title, post location and the percentage dedicated to the CHF project)									
2.1	Humanitarian RH Specialist (each at 16,000)	Juba	D	months	50%	6.0	16,000	48,000	
2.2	Humanitarian RH Officer (2 @ 2500)	Juba	D	months	50%	6.0	5,000	15,000	
2.4	Programme Assistants (2 @ at 1500USDs)	Malakal	D	months	50%	6.0	3,000	9,000	
2.4	Driver (2@ at 700 USD)	Malakal	D	months	50%	6.0	1,400	4,200	
2.5	Warehouse assistant (2 @ at 1000 USDs, malakal and Juba)	Malakal	D	months	50%	6.0	2,000	6,000	
Sub-total								82,200	-
3 STAFF TRAVEL (Flights, DSA, Perdlum, Terminals - Describe the nature of the travel and staff members responsibility/title)									
3.1	Flights	states	D	Persons	100%	12.0	400	4,800	
3.2	DSA & terminals	states	D	Persons	100%	8.0	150	1,200	
Sub-total								6,000	-
4 TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS - (Describe type of training, number of participants, duration)									
4.1	MISP refresher training, using the new MISP curriculum (1 trainings for 2 days refresher training for 25 staff in Juba @ \$2500 each)	states	D	Training	100%	2.0	2,500	5,000	
4.2	Training on Clinical management of rape survivors (1 trainings , 2 days for 20 staff at 2500USDs/ each)	States	D	Training	100%	2.0	2,500	5,000	
5.2	Training on RH service providers on emergency obstetric care in one location for 3 days targeting 20 staff, @ training at 4000USDs)	States	D	Training	100%	3.0	4,000	12,000	
8.1	Coordination of RH in Emergencies at the state level (in 7 states each month costing \$2000 for allowances, lunch and refreshments)	States	D	Lumpsum	100%	7.0	2,000	14,000	
4.3	Training on rational use of RH commodities and kits (2 trainings, 3 days for 20 staff @ 15,000USDs)	States	D	Training	100%	2.0	15,000	30,000	
Sub-total								66,000	-
5 CONTRACTS/SUB GRANTS (Specialized services for the project provided by outside contractors or partners/NGOs)									
5.3	Conduct Community social mobilisation on RH, HIV, ASTH and GBV to increase service uptake through different approaches (Upper Nile and Jonglei will sub grant to NGOs @ at \$25,000)	States	D	Lumpsum	100%	1.0	50,000	50,000	
5.5	Procure and install prefabs and installing keep cool section (prefab and keep cool @ \$15,000 for commodity warehousing (2 prefabs @10,000USDs)	States	D	Lumpsum	100%	2.0	15,000	30,000	
	Procure and install tents for SRH and GBV service delivery to include health education, antenatal care, family planning, HIV prevention, medical and psychological care for sexual violence survivors.		D	lumpsum	100%	10.0	3,000	30,000	
Sub-total								110,000	-
6 VEHICLE OPERATING & MAINTENANCE COSTS (provide detailed information on item/activity)									
6.1	Vehicle running and maintenance cost (2 vehicles @ \$1500)	Malakal	D	Lumpsum	100%	12.0	1,500	18,000	
6.2								0	
Sub-total VEHICLE OPERATING & MAINTENANCE COSTS								18,000	-
7 OFFICE EQUIPMENT & COMMUNICATIONS (provide detailed information on item/activity)									
7.1								0	
Sub-total								0	-
8 OTHER COSTS (e.g. bank charges) - provide itemized description of costs.									
8.2								0	
Sub-total								0	-
(i) SUBTOTAL Project Costs								654,207	-
(ii) Programme Support Costs NOT TO EXCEED 7% of Project Costs(i)			I		% PSC rate>>		7%	45,793	
(iii) AUDIT COSTS for NGO implemented projects NOT LESS THAN 1% of the Project Costs(i) and PSC(ii)			I		% NGO Audit costs rate>>			0	
GRAND TOTAL ((i)+(ii)+(iii))								700,000	-