

## Annex A

### 1.0 Scope

The *Deploying Midwives to South Sudan* project is a four-year initiative of the United Nations Population Fund (UNFPA) that aims to reduce maternal and newborn mortality and morbidity in South Sudan by increasing women's access to high quality midwifery services through the deployment of 30 international and 15 national UN volunteer (UNV) midwives across the 10 states of South Sudan. UNFPA will implement the project in close partnership with the South Sudan Ministry of Health, state-level Ministries of Health and County Health Departments in South Sudan.

The primary beneficiaries are women of reproductive age and their families who will have increased access to midwifery services and emergency obstetric and newborn care. Improved midwifery at facilities will contribute greatly to improved health outcomes for mothers, their babies and families. For every mother that is saved or is spared from long-term illness due to complications in pregnancy, there are other children, families and communities who benefit. Families will also benefit from counselling and support services from midwives.

The project aims to achieve the following outcome-level targets:

- At least 300,000 women provided with quality services by the international and national midwives and health facility staff to promote healthy pregnancies at facilities across all 10 states.
- At least 150,000 women have had safe deliveries with the assistance or oversight of an international or national midwife in all 10 states.<sup>1</sup>
- At least 700 midwifery and nursing students effectively deliver services related to midwifery and maternal health.
- 150,000 newborns provided with quality newborn care.
- At least 1000 health workers mentored and instructed on comprehensive reproductive<sup>2</sup> health and emergency obstetrics.

Midwifery managers and hospital administration will also benefit from technical assistance provided by midwives to manage midwifery services including establishing inventory system, managing shift system and documentation and reporting.

Indirect beneficiaries of the programme will include MOH and State MOH, other service providers including local midwives and nurses, and NGOs as international and national UNV midwives will continue to provide support and assistance in the coordination and improved delivery of midwifery services.

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<sup>1</sup> The 150,000 deliveries would include deliveries by existing midwives in South Sudan of all cadres – Registered, Diploma, Enrolled, or Community midwives, under the supervision of international midwives.

<sup>2</sup> Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore includes all care and services related to midwifery, maternal and infant health (extracted from SS RH Policy & Strategy).

## **2.0 Expected Results**

The expected results at the outcome level are outlined in the revised Logic Model and Performance Measurement Framework. This logic model with all the expected results and activities will be revised and agreed upon between DFATD and UNFPA by **May 31, 2015**.

## **3.0 Implementing strategies**

### **3.1 National UNV Midwives**

UNFPA will deploy an additional 15 qualified national UNV midwives drawn from recent graduates from the national health science training institutes. This will increase the total number of qualified midwives deployed across the country to 45 and enable the provision of more reproductive health services to a greater number of pregnant women and newborns. In addition, it would allow the international volunteer midwives to mentor national UNV midwives and build their capacity to mentor and coach midwifery and nursing students. Under the guidance and with support of international midwives, some of the tasks to be performed by national UNV midwives will include:

- Providing ante natal/ post natal clinic and services for women
- Support Prevention of Mother to Child Transmission (PMTCT) of HIV services including providing HIV counseling and testing services
- Establishing (where none exist) and strengthening family planning services
- Supporting and providing comprehensive reproductive health (RH) services particularly for youth and other vulnerable groups including internally displaced persons, refugees and returnees.
- Providing direct services including conduct of safe deliveries and basic emergency obstetric and new born care (EmONC)
- Supporting and establishing systems for management of reproductive health commodities, supplies, sterilization of equipment and supplies and maintenance of hygiene, documenting and reporting on RH services
- Provide capacity building and clinical mentorship of midwifery students and health workers on midwifery practice
- Provide support for victims of gender based violence and clinical management of rape

National UNV midwives will be selected through the UNV programme. There will be an advertisement placed throughout South Sudan using media, state Ministries of Health, and UN vacancy boards to recruit UNV midwives. This vacancy will present the description, terms and conditions of assignment. National UNV midwives will apply through the national roster for UNV office in South Sudan. Interviews will be conducted with all shortlisted candidates by an interviewing panel comprised of UNFPA, UNV, and Ministry of Health. Once selected, UNV midwives will undergo the necessary medical and induction process as national UNVs. This will also include UNV orientation and an induction workshop to be hosted by UNFPA Country Office. Deployment of UNV midwives to hospitals and health facilities will be done by UNFPA and MoH.

### **3.2 Government and national partners**

UNFPA will work closely with the national Ministry of Health, State Ministries of Health, and County Health Departments in the deployment and work of both national and international midwives. The national Ministry of Health through the Directorate of Medical Services will participate in the selection, orientation and facilitate the work of the national UNV midwives. State Ministries of Health, County health departments, and hospital administration across the ten states where UNV midwives are based will continue to support and facilitate their deployment and work at the health facilities. These government partners will ensure that midwives have the requisite tools, provide support with materials, ensure availability of local midwives for capacity building, and share guidelines and policies being used.

### **3.3 Canadian Association of Midwives**

UNFPA will collaborate with the Canadian Association of Midwives in the implementation of this cost increase project for “deploying midwives in South Sudan” through a special request for technical assistance. Canadian Midwives will visit South Sudan under the auspices of UNFPA and will therefore benefit from the UN system services and coverage. The Canadian Association of Midwives will be responsible for the following activities during this phase of the project:

- Facilitate peer to peer exchange through remote knowledge sharing between 15 young graduate Canadian midwives and the 15 National (South Sudanese) UNV midwives.
- Share information, handouts, booklets, brochures, policy statements, and guidelines developed by Canadian Association of Midwives with the South Sudan Nurses and Midwives association international and national UNV midwives, Ministry of Health and other partners
- During 2015, three senior Canadian midwives will visit South Sudan for 10 days as part of the induction and orientation programme of the national UNV midwives. During this visit the senior Canadian midwives will also be involved in the following activities:
  - Facilitate a knowledge sharing session with UNV national midwives covering areas related to being a graduate midwife, professional ethics, ICM basic essential midwifery competencies, experiences, and value of professional associations.
  - Meet with South Sudan Nurses and Midwives Association, Ministry of Health, and other partners working in midwifery to understand the needs, challenges and context of South Sudan
- During 2016, two senior Canadian midwives will visit South Sudan for 10 days as part of the planning and training workshop for all UNV midwives. CAM midwives will participate and facilitate the training and planning workshop

### **3.4 Gender Equality**

UNFPA will utilize the findings from the recently completed Report on Gender Assessment of Midwifery Programme in South Sudan produced in 2014 by UNFPA through Strengthening Midwifery Services in South Sudan to develop a gender equality strategy in collaboration with the national Ministry of Health, state Ministries of Health, and County Health Departments. This strategy will help guide the ongoing work of the country office including international and national UNV midwives, the Canadian Association

of Midwives and other implementing partners to ensure that this project promotes gender equality in all aspects of the programme including:

- Ensuring that gender-based violence services including clinical management of rape and post abortion care are included among reproductive health services provided at hospitals and health facilities where UNV midwives are based.
- Capacity building and supporting state level entities to ensure that gender issues raised in the Gender Assessment<sup>3</sup> are addressed in in-service training programmes, counselling sessions and in community awareness activities.
- Promoting policies that consider issues faced by women and girls and/ or address disparities in vulnerability between women and men including access to maternity leave and mechanisms for women who need to attend antenatal clinics.
- Ensure data collected is disaggregated by gender and age and promote gender sensitivity reporting. UNFPA will work with partners including DFATD to review all forms and reports to be submitted takes into consideration gender issues.
- Additional training and capacity building will also be provided for UNV midwives so that they could work with counterparts and local health care providers to ensure gender sensitive issues are included in all aspects of midwifery programming.
- At least 1000 health workers and 700 midwifery students will be mentored and instructed on the provision of gender-responsive midwifery services.

### **3.5 Environment**

Environmental issues associated with this project include the generation of medical waste and its management, the capacity of health staff and volunteers to manage medical waste and environmental health risks (such as waterborne diseases), and the sustainable management of water resources at the facilities where the volunteers would be based. UNFPA has explicitly committed to addressing these issues by providing mentoring and instruction to 1000 health workers and 700 midwifery students on proper waste disposal including sharp instrument, blood and blood products. The UNV midwives will also promote hand washing and management of water resources at facilities where they are based.

### **3.6 Sustainability**

In the short term, this project fulfills a critical gap and is a priority area for the Government. The South Sudan Ministry of Health's *Health Sector Development Plan 2012-2016* identifies the severe human resources gap for midwifery. The Interim Scaling Up Taskforce, led by the Ministry of Health, and co-chaired by Canada with other key partners including UNFPA has recommended a strategy for implementing the Ministerial orders to scale up (increase intake and transition from certificate to diploma program) the training of mid-level cadre including midwives, nurses and clinical officers, and is working to ensure that this strategy links with other health systems strengthening priorities and policies. The deployment of additional UNV midwives therefore further strengthens local capacity and provides

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<sup>3</sup> Findings from the Report on Gender Assessment of Midwifery Programme in South Sudan produced in 2014 by UNFPA through Strengthening Midwifery Services in South Sudan.

additional resources towards clinical mentorship of the increasing numbers of students from the national health science institutes. This project will therefore contribute to addressing this gap by increasing the number of skilled birth attendants serving within the public health care system in South Sudan.

The sustainability of this project lies in the increased potential of national UN volunteer midwives being able to continue to provide services and capacity building after international midwives have left and project concludes. It is expected that the capacity building efforts and mentoring of the national midwives by international midwives will ensure continuous improvement in midwifery service delivery and continue to support the better preparation of midwifery students so that they could provide quality reproductive health services to the people of South Sudan.

UNFPA is also currently supporting initiatives related to midwifery strategic planning, regulations, policies, midwifery ethics and standards as well as the overall health human resources planning for the Ministry of Health. It is therefore anticipated that this component related to national UNV Midwives deployed within government health facilities will be included as part of the identified and projected needs of the health human resource development which will entail the eventual take over the continued deployment of these midwives within the public health sector system and health workforce.

#### **4.0 Project Management and Field Operations**

##### **4.1 Project Management**

The Project will be implemented by and under the technical and administrative supervision of UNFPA, following UNFPA's rules and procedures regarding the procurement and acquisition of program services, supplies and works. The overall coordinator and manager for the project will be the UNFPA Midwifery Specialist, under the overall supervision and guidance of the Deputy Representative and UNFPA Representative for South Sudan and in close collaboration with other reproductive health, midwifery and gender team members in the UNFPA Country Office.

UN volunteer midwives will be contractually obligated to the UN Volunteer (UNV) Programme and will be guided by the new Conditions of Services for UN volunteers revised and updated from 1 March 2015. UNFPA will therefore work in close collaboration with the UNV programme in South Sudan and UNV headquarters in Bonn, Germany for the management and supervision of all UNV midwives.

UNFPA South Sudan will also work closely with the national Ministry of Health, State Ministries of Health, and county health departments as outlined above. The Department of Nursing and Midwifery of the national Ministry of Health is the key lead unit from the Ministry providing oversight for this project. Coordination and collaboration will also be done with other partners in the field including non-governmental organizations managing health facilities in particular training of health workers, conduct of needs assessments, other capacity building initiatives, and supportive supervision.

UNFPA and Ministry of Health will also jointly host programme technical committee meetings to discuss Canada-funded projects with the Ministry of Health. These technical committee meetings will comprise

of technical staff of the Ministry of Health, UNFPA, DFATD and implementing partners as necessary. Technical meetings will discuss key project implementation issues including the work of midwives in the field, reporting, and progress in capacity building, challenges and issues to be addressed in the field. The Technical team is also expected to implement decisions of the Project Steering Committee and will also report on progress and other key issues to the Project Steering Committee.

#### **4.2 Project Steering Committee**

Regular Project Steering Committee (PSC) meetings will be held with UNFPA, DFATD and the South Sudan Ministry of Health at least twice per year to review progress and recommend action where necessary. The PSC will be co-chaired by the Ministry of Health and UNFPA. The PSC is a joint meeting providing oversight for all Canada-funded projects with the Ministry of Health. The PSC will also include other key representatives from Ministry of Health, UNFPA, and Canada. The PSC will provide oversight, direction and guidance to the Project. The PSC will have direct responsibility for ensuring that the Project is implemented as designed, efficiently and effectively according to agreed work plans, particularly through full co-ordination with all relevant agencies. In this respect, PSC will approve work plans and review progress and results achieved. The PSC will have no role in the day-to-day operations of the Project.

To the extent possible and practical, the PSC meetings for the *Deploying Midwives to South Sudan* project will be held together with the PSC meeting for the DFATD-funded *Strengthening Midwifery Services in South Sudan* project to ensure that the two projects are planned together and complementary. The representation for both PSCs is the same as outlined above. Where possible, the PSC will also seek to create synergies with other DFATD-funded projects in the health sector, such as the project entitled *Strengthening Emergency Obstetrics Care in Hospitals in South Sudan and the Health Pooled Fund*. Representatives from these projects would be invited to attend the PSC meetings described above as determined by the Ministry of Health and where possible.

#### **4.4 Monitoring and Evaluation**

UNFPA South Sudan Office will carry out regular field monitoring visits to states where international and national UNV midwives are based. Visits will be done together with the national Ministry of Health and will include discussions with counterparts, state officials and administration of facilities. UNV midwives will submit monthly reports on their work at facilities. The Project Monitoring and Evaluation Officer will be responsible for collating and analyzing reports submitted by UNV midwives. Further collaboration will be done with the M&E Technical Working Group which is chaired by the Ministry of Health. The project M&E Officer participates and is a member of the M&E Technical Working Group. UNFPA will ensure integration of reports from UNV midwives with the health Information management system for harmonization and better analysis of results from state healthy facilities.

UNFPA will also arrange review meetings to review progress in implementation and identify challenges and make changes to strengthen the project and achieve results. Review meetings would include all partners/stakeholders including the Ministry of Health, Reproductive Health thematic group and all related personnel at all levels.

Towards the end of the program, UNFPA South Sudan Office will compile and prepare an end-of-project report. The completion report would provide lead to an end-of-program evaluation. An independent midterm evaluation will be undertaken in 2015.

#### **4.5 Procurement Strategy**

It is not expected that there will be major procurement of equipment or supplies under this project. However, equipment purchased to enhance the work of UNV midwives, will be done utilizing UNFPA policies and procedures. These will be small-scale procurement of consumables for the use of midwives in the field. UNFPA HQ procurement services in Copenhagen are part of the integrated UN procurement system and will utilize long-term agreements with the suppliers established under overall umbrella of the UN system.

## 5. Estimated budget

Description	Year 1 Completed	Year 2 completed	Year 3 Revised	Year 4 Revised	Grand Total Can\$	Budget Details
UNV Volunteer Living Allowance	1,094,400	1,203,840	1,864,224	1,996,646	<b>6,159,110</b>	Estimated gross living allowance paid monthly to national and international UNV midwives
Rental/ accommodation subsidy (monthly/ yearly)	273,600	300,960	481,056	514,162	<b>1,569,778</b>	Rental subsidy paid for UN minimum security standard for resident accommodation - max. 800USD monthly per midwife
Airtime phone and internet	17,100	18,810	56,691	58,760	<b>151,361</b>	Estimated phone & internet airtime -monthly payments of 100 USD to service providers and for airtime
Uniforms and shoes, gumb boots, aprons, gowns	14,250	15,675	32,243	33,967	<b>96,135</b>	Uniform + others 1,000 USD per midwife annually
Travel to and from field	63,840	70,224	177,246	184,971	<b>496,281</b>	Estimated lump sum derived - 400USD per return travel - possible 5-7 travels per yr for midwives outside Juba
F10 claims – DSA, stationery	85,500	94,050	203,455	213,801	<b>596,806</b>	Estimated lump sum derived - 2,600 X 15 midwives; additional 2,000 X 30 midwives
settle-in and end of assignment grant	79,875	30,000	60,000	124,838	<b>294,713</b>	estimated 5,667 every time a new UNV enter or exit the assignment
Monitoring and Evaluation	25,000	100,000	75,000	250,000	<b>450,000</b>	1 staff - 36,000 per annum; lump sum and travel for monitoring visits, review meetings, evaluation
RnR allowance (lump sum)	234,270	257,697	283,467	311,814	<b>1,087,248</b>	RnR allowance only provided to international UNV
Gender equality results	60,000	40,000	80,240	97,734	<b>277,974</b>	Lump sum covering training cost for UNVs and counterparts in field
Operations, programme management, coordination and security support	403,760	170,000	370,000	370,000	<b>1,313,760</b>	Equipment; Staff (Midwifery Specialist, Program Support staff, drivers) cost; operations and common services; cost for CAM visits
CAM activities & visit			50,470	20,000	<b>70,470</b>	Covers cost for peer to peer exchange remote program
Vehicles for field extension services to primary health care centres and units			160,000	0	<b>160,000</b>	3 vehicles in keeping with UN standard requirements 53,300 per vehicles (must have HF radio & other security requirement)
Entry & exit medical examinations and other depending on case by case	65,056		30,000		<b>95,056</b>	Estimated - 2,000 per midwife
<b>Total Direct Project Costs</b>	<b>2,416,651</b>	<b>2,301,256</b>	<b>3,924,092</b>	<b>4,176,693</b>	<b>12,818,692</b>	
7% Indirect Costs for UNFPA HQ	169,166	161,088	274,686	292,369	897,308	This is particularly charged by UNFPA HQ
<b>GRAND TOTAL</b>	<b>2,585,817</b>	<b>2,462,344</b>	<b>4,198,778</b>	<b>4,469,062</b>	<b>13,716,000</b>	



**Notes to Budget:**

1. UNV Volunteer Living Allowance - This is the estimated gross living allowance for UNV midwives includes cost for UNV assessment, dependent allowance, UNV training, insurance and other costs (it is the gross estimate and not the net payable to NUNVs). It now includes well-being differential and other entitlements
2. Rental/ accommodation subsidy - Monthly or annual subsidy paid for accommodation facilities in UN or NGO compounds in the field. Paid directly or through UNVs to the agencies/ compounds
3. Airtime (phone and internet) - Provision of airtime for cell phone and modem for internet connection in the field
4. Uniforms, shoes and gumbo boots provided for midwives work in the field
5. Travel - This caters for midwives travel to and from the field for assignment selection, leave, induction, training and is dependent on the field location as some locations no flights are available - convoys or charters have to be used. It also covers evacuation/ relocation travel. It also covers additional cost for international UNVs travel because of changes in RnR period and security situation; also covers relocation/ evacuation travel.
6. F10 claim - DSA, stationary - This caters for any claims associated with travel in the field, subsistence allowance, photocopying/ stationary supplies in the field; It also covers additional cost for international UNVs subsistence because of changes in RnR period and security situation; also covers relocation/ evacuation subsistence.
7. UNVs are provided with a settle in grant and end of assignment grant at the start and end of their contracts.
8. Monitoring and evaluation cost - cost for one additional staff to assist in project monitoring and evaluation. More regular monitoring visits to the field. Training and capacity building for national UNV in monitoring and reporting, monitoring and planning meeting of UNVs;
9. RnR allowance is only payable to international UNV midwives and is a lump sum provided. RnR is given every 6 to 8 weeks depending on duty station
10. Gender equality results - include cost associated with training national UNVs on gender and GBV issues, as well as integrating gender in midwifery services
11. CAM activities and visit include cost for travel flights, per diem and terminals for CAM midwives, supplies and operation for remote mentoring by young Canadian graduate midwives
12. Operations and Programme management cost - covers one additional admin/ logistic staff and 3 drivers operations and maintenance costs for vehicles; equipment including security equipment in keeping with minimum standards for UN personnel, books and training materials for midwives (lap top, thuraya, protective equipment, VHF radio are all required), UN common services charges - agencies pay per staff)
13. Vehicles - three will be procured under the project to provide transport for midwives in the field to and from work as per security requirement, and for any field extension work. Un vehicles must meet UN minimum security standards including having high frequency radio
14. Entry and exit medical examinations - all UNVs are required to have a comprehensive entry and exit medical examinations and may also need an examination again during the assignment if UNV becomes ill often on recommendation of the UN Medical Board
- 15: Indirect cost is charged by UNFPA headquarters for all donor funded projects. This covers all HQ related indirect cost associated with managing these funds