

ANNEX A

DESCRIPTION OF THE PROJECT

1.0 Project Description

The *Maternal Mortality Survey and Emergency Obstetric and Newborn Care (EmONC) Needs Assessment in South Sudan* Project is an initiative of the United Nations Population Fund (UNFPA), in partnership with the United Nations Children Fund (UNICEF) and the South Sudan Ministry of Health (MOH).

The **Maternal Mortality Ratio** survey (MMR) and an **EmONC Needs Assessment (ENA)** will provide information critical to mounting effective efforts towards the reduction of maternal and infant mortality.

In addition to supporting the establishment of a national baseline on maternal mortality that can be used to track progress towards achieving Millennium Development Goal number Five (MDG5), the **MMR survey** will provide critical information on:

- major causes of maternal and non-maternal deaths to adult women in South Sudan;
- circumstances around maternal death and the factors that influence the use of maternal health services in near miss cases;
- birth planning and women's experiences with antenatal, delivery, post-natal, and emergency obstetric care; and
- maternal and newborn care services utilization in South Sudan

Alternatively, the **ENA** will provide indicators on the quality, availability and utilization of EmONC services in South Sudan. Furthermore, the ENA will provide baseline data on essential and emergency obstetric and newborn care and services to assist in:

- program prioritization, planning and budgeting;
- monitoring the short term effects of interventions design to reduce maternal and newborn deaths; and
- making policy and program adjustments in the areas of newborn and maternal health

Both studies will generate complementary baseline data on maternal and newborn health that will guide South Sudan in the development of strategic and situation-based cost-effective interventions to reduce maternal and newborn deaths. Also, measuring both maternal deaths (MMR) and these process indicators (ENA) are an important way to assess the effectiveness of the country's overall health system.

2.0 Project Beneficiaries

The immediate beneficiary of the two studies is the Government of South Sudan and ultimately benefiting all the women of reproductive age and newborns of South Sudan through implementation of sound responsive program on maternal and newborn health care with strong emergency obstetric and newborn care component including family planning and PMTCT services. Baseline data on maternal and newborn health both for sound programming and laying down of valid baseline data on the overall status of maternal deaths and maternal and newborn services coverage in the country that is comparable to global norms will be generated. These baseline data will guide the government, the primary duty bearer to develop context-specific and equity-based national program and investment plans to reduce maternal and newborn deaths, harmonize and tighten partnership and collaboration among supporting development partners and monitor progress of implementation ultimately resulting to improved survival and quality of life of women and their young children.

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3.0 Gender Equality

The *2010 South Sudan Household Survey* indicates that the literacy rate for women in South Sudan is 14 percent, with only 21.8 percent of women 15-49 having attended primary or secondary school. Low levels of literacy and education continue to have a negative impact on the number of young women seeking entry into midwifery education programs when compared to young men. The prevalence of early marriage and early pregnancy also contributes to high dropout levels for education or disruptions in the work life of many young women. Given high levels of insecurity and incidence of localized violence, security challenges also have an impact on the deployment and placement of trained midwives in rural communities and counties – particularly in volatile regions such as Jonglei.

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This Project indirectly benefits women of reproductive age and newborns through the implementation of sound responsive government programming informed by accurate information on maternal & newborn mortality and emergency obstetric and newborn care services in South Sudan.

CIDA is currently in discussions with UNFPA on integrating questions in the Maternal Mortality Ratio Survey that uncover gender-based causes of maternal mortality, which could include issues such as early marriage, birth spacing, incidence of female genital mutilation/cutting and other forms of sexual and gender-based violence and women's ability to make decisions about health care. These issues are widely accepted as direct and indirect causes of maternal mortality, and have relevance to the South Sudanese context. In addition, CIDA is exploring with UNFPA the possibilities of building the South Sudanese Ministry of Health and Bureau of Statistics' capacities to undertake gender-sensitive health surveillance, surveys and research as part of this initiative.

4.0 Expected Project Results

Ultimate Outcome: Reduced maternal and newborn deaths in South Sudan.

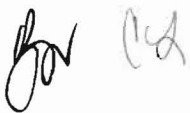
Intermediate Outcomes/Results:

Improved evidence-based decision making by the Government of South Sudan to reduce maternal and newborn mortality and morbidity in South Sudan

Immediate Outcomes

100 A Maternal Mortality Survey Report for South Sudan. Report will include:

- Updated estimates for the maternal mortality ratio for South Sudan.
- Estimates for the major causes of deaths of women (16-49 years old) in South Sudan;
- Information on birth planning, and women's experience with antenatal, delivery, post-natal and emergency obstetric and newborn care;
- Indicators for maternal and newborn health service utilization in the nation; and
- Qualitative information on the circumstances surrounding maternal and prenatal deaths, including factors that influence the use of maternal health services in near-miss cases.



200 An Emergency Obstetric and Newborn Care (EmONC) Needs Assessment Report for South Sudan. Report will include an assessment of the:

- Availability and distribution of infrastructure providing EmONC services;
- Range of factors and practices related to women's access to and utilization of obstetric and newborn care services;
- Availability of equipment, supplies and essential drugs for EmONC services;
- Availability of human resources to perform EmONC functions and other essential services; and
- Knowledge and competency levels of human resources on EmONC.

The Emergency Obstetric and Newborn Care (EmONC) Needs Assessment Report will also lay the basis for the development of:

- 10 Five-year EmONC Program Implementation Plans (one per state).
- 1 Five-year National EmONC Program Implementation Plan developed.

5.0 Project Management and Field Operations

The management and implementation of the two studies will be through two structures- the Steering Committee and the Technical Working Group. There will be one steering committee and two distinct Technical Working Groups—one for the Maternal Mortality Ratio survey(MMR) and one for EmONC Needs Assessment (ENA). In addition, a management team will also be organized at the state level.

The National Steering Committee (NSC):

The National Steering Committee (NSC) will be chaired by the Ministry of Health (MoH) and members are representative from the Ministry of Presidential Affairs, NBS Chairperson, relevant Director Generals from the MoH and Heads of Agencies of UNFPA, UNICEF, WHO, USAID, and representatives from CIDA.

The NSC will oversee the whole survey/assessment processes by ensuring political commitment, advocate for the effective participation of all stakeholders in the process, responsible for ensuring timely availability of funds, including supporting one on one advocacy with donors and relevant government institutions and conducting mass advocacy events with participation of high level stakeholders, launch the ENA and the MMR survey process, ensure that both surveys are successfully implemented, lead in the resolution and settlement of unresolved issues, endorse the agreements and final decisions of the Technical Working Group, including endorsement of the survey report.

The NSC will conduct two main meetings, unless there is an urgent issue that necessitates a call for an additional/special meeting. The first meeting is to officially endorse the ENA and the MMR plus Survey and to agree on the advocacy and fund raising strategy and processes and the second meeting is generally to endorse survey results. The Steering Committee may be called for an emergency meeting to make decisions on any major issues or obstacles affecting the implementation of the ENA and MMR Survey.

The Technical Working Group (TWG): Maternal Mortality Ratio Survey (MMR)

The Technical Working Group (TWG) will comprise the experts and technical persons from the MoH and the various partners involved in the survey including UN agencies, MACRO and NBSC and chaired by NBSC. The TWG will oversee all technical issues during the survey process including finalizing the survey tools and guidelines and monitoring the quality of the survey implementation throughout the



survey. Work jointly with TWG on ENA to facilitate the NSC meetings and prepare for the launch of the ENA/MMR plus survey and advocacy events/activities for fund mobilization, decide on the indicators, modules and questionnaires to employ for the MMR plus survey, finalize all other tools and guidelines, responsible for ensuring efficiency and effectiveness of the overall implementation process and management, including providing adequate and timely logistical support, availability of adequate and skilled staff for different cadres involved at different levels of the implementation structure, monitor the quality of the data including putting in place and operationalization of quality assurance systems, responsible for necessary technical consultation to secure effective participation of all primary stakeholders toward ensuring a broad-based acceptability and use of the MMS data, to put in place system to ensure transparency and accountability for the implementation and management of the MMS and with support of a consultant, will be responsible for preparation and dissemination of national MMS report and proper archiving of the data. The TWG will conduct monthly meetings during the preparatory phase and fortnightly during the field work phase.

The Technical Working Group (TWG): EmONC Needs Assessment (ENA)

The Technical Working Group (TWG) will comprise the experts and technical persons from the MoH, NBS and the various partners involved in the survey including UN agencies, AMDD and relevant development partners. The TWG will oversee all technical issues during the survey process including finalizing the needs assessment tools and guidelines and monitoring the quality of the assessment implementation throughout the survey. Work jointly with TWG on MMR plus survey to facilitate the NSC meetings and prepare for the launch of the ENA and MMR plus survey and advocacy events/activities for fund mobilization, decide on the indicators, modules and questionnaires to employ for the assessment and survey, finalize all other tools and guidelines, responsible for ensuring efficiency and effectiveness of the overall implementation process and management, including providing adequate and timely logistical support, availability of adequate and skilled staff for different cadres involved at different levels of the implementation structure, monitor the quality of the data including putting in place and operationalization of quality assurance systems, responsible for necessary technical consultation to secure effective participation of all primary stakeholders toward ensuring a broad-based acceptability and use of the assessment data, to put in place system to ensure transparency and accountability for the implementation and management of the assessment and with support of a consultant, will be responsible for preparation and dissemination of national Assessment report and proper archiving of the data. The TWG will conduct monthly meetings during the preparatory phase and fortnightly during the field work phase.

The State Coordination Team (SCT):

The State Coordination Team (SCT) will be co-chaired by the Director General of the State MoH and Head of the NBS and experts from the two offices or UN/Development agencies at state level to manage and coordinate the processes, logistics. In addition to specific functions of state manager, state coordinator and logistician, the team is task to screen and select qualified collection team members based on approved TOR, in close collaboration with the national TWG; oversee the implementation of the two studies at the state level while ensuring strong political support and technical assistance to the teams conducting the studies at household and health facility levels.

Data Collection team:

There will be two teams composed of a supervisor, an editor and two field collectors, one team for the ENA and another team for the MMR plus survey.

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6.0 Monitoring, Evaluation and Knowledge Development

Supervision of the data collection will be conducted by staff at the MOH, UNFPA, UNICEF, WHO, and AMDD, MCHIP as appropriate. UNFPA also intends to engage the services of an international consultant to conduct interim assessments of results, as well as a final evaluation of the entire Project.

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ANNEX B

SCHEDULE OF PAYMENT

Schedule of Grant Payment:

Amount: CAN\$3,000,000

1. By March 31, 2013 for the Donor's fiscal year 2012/2013, an amount of three million Canadian dollars (CAN\$3,000,000);

Any change to the Schedule of Grant Payment above, will be agreed to in writing between the Donor and the Administrative Agent.

Any payment to be made under this Arrangement is subject to there being an appropriation by the Parliament of Canada for the fiscal year in which the payment is to be made. If CIDA's appropriation is changed by the Parliament of Canada, CIDA may reduce the Contribution, or terminate this Arrangement.

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Maternal Mortality Survey and EmONC Needs Assessment Project- South Sudan
Funded by CIDA

Project Component	UNFPA C\$	UNICEF C\$	TOTAL C\$
Preparations and Training (MMR includes Data Collections costs)	219,450	835,212	1,054,662
Equipment and Stationery	28,258	149,307	177,565
Data Collection Costs (EmONC Needs Assessment Only)	545,885	0	545,885
Data Analysis and Report Writing	60,563	91,915	152,478
Dissemination of Results and Action Planning Workshops	157,282	63,365	220,647
Project Management and Operational Costs	282,735	341,729	624,464
Total Project Direct Costs	1,294,173	1,481,528	2,775,701
Project Support Costs (7%)	90,592	103,707	194,299
Total	1,384,765	1,585,235	2,970,000
Administrative Agent 1%	30,000	-	30,000
Total Project Costs	1,414,765	1,585,235	3,000,000
Per cent per Agency	47%	53%	100%