South Sudan
2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund
or contact the CHF Technical Secretariat chfsouthsudan@un.org

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

SECTION I:

CAP Cluster	Health

CHF Cluster Priorities for 2013 Second Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2013.

Cluster Priority Activities for this CHF Round

i) Provision of drugs/drug kits, medical supplies, reproductive health kits, vaccines and related supplies to facilities in high risk areas
ii) Strengthen or reestablish PHCC s and PHCUs in the affected areas including provision of basic equipment and related supplies to ensure essential basic curative services
iii) Maintain or strengthen medical referral services for emergency cases
iv) Support vaccination campaigns to the vulnerable communities while maintaining the expanded program for immunization
v) Strengthen communicable disease control, prevention, and emergency response capacity including provision of outbreak investigation materials and training of key staff
vi) Maintain surge capacity for emergencies and surgical interventions
vii) Conduct training on emergency preparedness and response at all levels
viii) Provide logistical support to prepositioning of core pipeline supplies to high risk states

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 East, Tonj South)
3. NBeG (Aweil North, Aweil East, Central, Aweil South)
4. WBeG (Raja)
5. Lakes (Awerial, Rumbek North, Cueibet, Yirol East)
6. Unity (Abiemnhom, Leer, Rubkona, Mayom, Koch, Mayendit, Pariang, Panyijar)
7. Upper Nile (Renk, Ulang, Nassir, Maban, Longechuck, Baliet)
8. Eastern Equatoria (Kapoeta North, East, Lopa)

SECTION II

Project details
The sections from this point onwards are to be filled by the organization requesting CHF funding.

Requesting Organization

GOAL

Project CAP Code	CAP Gender Code
SSD-13/H/55405/R/7790	2a

CAP Project Title *(please write exact name as in the CAP)*

Provision of Integrated Primary Health Care services for vulnerable populations and strengthened health emergency response capacity in Twic County, Warrap State; Agok, Abyei Administrative Area and Ulang, Baliet and Maban Counties, Upper Nile State.

Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State

State	%	*County/ies (include payam when possible)*
Upper Nile State	23%	Baliet
Upper Nile State	23%	Ulang
Warrap	35%	Twic
Warrap	19%	Abyei

Total Project Budget requested in South Sudan CAP	US$ 9,620,539
Total funding secured for the CAP project ***(to date)***	US $5,685,613

Funding requested from CHF for this project proposal	US$300,000
Are some activities in this project proposal co-funded (including in-kind)? Yes ☒ No ☐ *(if yes, list the item and indicate the amount under column i of the budget sheet)*	

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*

	Number of direct beneficiaries	Number of direct	Number of direct

Indirect Beneficiaries

	targeted in CHF Project (3.1%)[1]	beneficiaries in revised target catchment areas[2]	beneficiaries targeted in the CAP
Women:	2081	96,127	112,918
Girls:	553	25,230	31,241
Men:	1999	,92,357	117,527
Boys:	531	24,241	30,016
Total:	5164[3]	237,955	291,702

Catchment Population (if applicable)

Catchment populations = 237,955

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

N/A

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

Indicate number of months: 6 (1 Oct 2013 to 31 Mar 2014)

Contact details Organization's Country Office	
Organization's Address	GOAL South Sudan, Munuki, PO Box 166, Juba, Sudan.
Project Focal Person	*Gashaw Mekonnen; gmekonnen@ss.goal.ie, 00211 959 462 505*
Country Director	*Jean Shaw Smith jshawsmith@ss.goal.ie 00211 959 163 537*
Finance Officer	*Sarah Tyther stypher@goal.ie 00211 921 493 191*

Contact details Organization's HQ	
Organization's Address	12-13 Cumberland St Dun Laoghaire, Dublin, Ireland
Desk officer	*Jane Dunne jdunne@.goal.ie 00 353 1 2809779*
Finance Officer	*Bridget Lane blane@goal.ie 00 353 1 2809779*

[1] 3.1% of GOAL's of GOALs funding gap and target beneficiaries would be allocated to CHF funds. Please see the below note.

[2] At the interim review of GOALs current CHF Round 1 allocation, it was identified that the number of beneficiaries stated in GOAL's CAP project is significantly higher than it should be, hence raising beneficiary and indicator targets to levels that are less appropriate. The inflated figure is inclusive of GOAL's Maban health programme which has now ended and incorrect figures for three new facilities in Abyei, in addition to these catchment areas for Twic, Ulang and Baliet counties have been revised as per new developments donors and MoH. GOAL has subsequently asked to amend targets based on a revised catchment area In light of this, these details have been included here and targets are now based on this revised catchment area as opposed to the CAP project figure.

[3] This target is based on an overall target of a utilisation rate of 0.7 visits per person per year in the revised catchment area which would equate to 166,569 consultations. From this, GOAL has then allocated 3.1% of this targeted population to receive health services funded by this second CHF allocation, given that a $300,000 grant would account for 3.1% of GOAL's funding gap.

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 population[4]

Health indicators in Twic County, Agok and the Sobat Corridor continue to reflect a fragile situation. Both Agok and Twic have been impacted by significant mass population movements. The largest in recent years was seen in May 2011 in Abyei when an estimated 105,000 people[5] were displaced to Agok and neighbouring Twic following conflict. Tensions are expected to progressively rise ahead of the proposed referendum in October 2013, with the eligibility of voters still disputed between Sudan and South Sudan. Of current returnees in Abyei, an estimated 57,000 are likely to be displaced to Unity, Warrap and Northern Bahr-el-Ghazal states[6]. At the beginning of February, IOM conducted a comprehensive re-verification and found that 56% of returnees in Abyei resided in one place, while the remainder moved within Abyei or to other states to be able to services such as health care. Continued population movements in 2013 have challenged over-stretched, ill equipped and under-staffed basic services and placed further strain on host communities. Women are often most significantly affected by displacement with over 60% of all households returning to Abyei reported to be led by women[7]. In 2013, both Baliet and Ulang Counties have experienced population movements from within or from neighbouring counties as a result of conflict. In February 2013, 10,620 IDPS were displaced to Ulang County from Akobo County, Jonglei State, with screenings and treatment for severe acute malnutrition in children provided by GOAL. Furthermore, in Baliet County, GOAL responded to the health needs of 2,500 IDPs in Adong following a cattle raiding incident in June 2013.

The threat of disease outbreaks remains high in all sites, as seen in the meningitis outbreak in the Upper Nile State capital of Malakal in May 2013, with two suspected cases reported in Baliet County. Measles and cholera also remain a real threat across all sites due to poor vaccination coverage, lack of water and sanitation infrastructure and ongoing population movement.

External support is essential to ensure provision of basic lifesaving health services and the maintenance of emergency response capacity for unpredictable health needs in these under-served populations. GOAL's programmes have a focus on pregnant and lactating women and children under-5s as these are the groups most vulnerable to poor health. GOAL's 2012 MICS found GAM rates of 32.0% and SAM at 7.5% in Twic, 32.4% GAM and 11.6% SAM in Ulang County, 30.0% GAM and 9.1% SAM in Baliet County and 20.6% GAM and 2.5% SAM in Agok (WHO Ref.); all GAM rates exceed the emergency threshold of 15%. Malnutrition underlies a large proportion of the high levels of child morbidity and mortality in Twic, Agok, Baliet and Ulang where Under 5 mortality rates were estimated at 1.22, 1.02, 0.75 and 0.94 (deaths per 10,000 per day) respectively. 36.9% (Agok), 50.3% (Twic), 58.7% (Baliet) and 64.9% (Ulang) of children under 5 were reported as suffering an illness in the two weeks prior to the survey, with malaria, ARIs and diarrhoea the most prevalent. EPI coverage in all sites remains low, which combined with frequent population movements, results in the high risk of disease outbreaks.

Reproductive health indicators remain low, with FGD's highlighting barriers for women in accessing planning and antenatal care given the greater decision-making power of their male partners. 2012 MICS reported ANC2 attendance in Sobat at 51.2%, Twic at 75.7% and Agok at just 34.0[8]%, with clinic deliveries estimated at 45.1% in Agok but only 17.1% in Twic and 10.2% in Sobat. Community awareness of STIs including HIV is low. The minimal initial service package (MISP) remains critical for all pregnant women and women of childbearing age and GOAL will work to ensure the provision of all ANC services stipulated in the BPHS.

Given ongoing instability in South Sudan and the current political crisis, GOAL is committed to maintaining a flexible emergency response capacity to respond to needs in existing and new operational areas. This is particularly vital given the limited capacity of the county-level MoH that persists.

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.

In collaboration with the Ministry of Health (MoH), GOAL supports a network of 31 health facilities (11 in Twic, six in Agok, seven in Baliet and seven in Ulang) in the delivery of the Basic Package of Health Services for South Sudan providing a safety net for 475,910[9] vulnerable people. GOAL is also planning to expand services to an additional three facilities in Abyei (Marial Ajak, Rumamer and Mijak) by mid-2014. GOAL has significant experience in South Sudan, having implemented PHC programmes since 1998, and is the lead partner for health in its supported counties.

Partial funding for 2013 - 14 has been secured from ECHO, OFDA, Irish Aid and World Bank, with CHF funding able to partially fill a funding gap of $3,934,926. Further CHF funds are requested by GOAL, in addition to the first round allocation of $330,000, to strengthen and fill existing gaps in GOAL's capacity in the provision of essential health services and to prepare and respond to emergency health needs. Beneficiaries within this project will be those from within the above existing catchment areas: which are areas highly characterised by the continued population movements of IDPs and returnees.

GOAL maintains the existing safety net of services by supporting comprehensive PHC services to ensure provision of life-saving

[4] To the extent specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.
[5] Abyei Dry Season Assistance Plan, 11th December 2012 – UNOCHA.
[6] East Africa: Food Security Outlook Update: July 2013, FEWSNET
[7] Abyei Tracking Report – July – August 2012, IOM
[8] This figure also reflects ANC provision outside of GOALs catchments with ANC services also provided by MSF-Suisse in Agok.
[9] Please note GOAL has increased its catchment area estimated population since the initial CAP submission to reflect estimated annual population growth in Abyei, the increased coverage in Sobat after the integration of new facilities and new population data for Twic County as circulated by HPF.

curative and preventive care, including EPI, ante- and post natal care (ANC/PNC) and safe delivery, in addition to facilitating referrals to secondary facilities. In 2013-14, GOAL plans to expand its services in Twic County from 11 to 24 facilities (15 PHCUs and 9 PHCCs) and has applied to the Health Pooled Fund to continue as lead health agency for the coming three years, supporting those facilities with some level of functionality. If secured, the transition to this larger programme would commence in September 2013. A comprehensive assessment by GOAL in June 2013 indicated that of these 13 additional facilities (currently supported by the MoH or IOM): supplies of drugs and medical equipment are severely inadequate. GOAL requests CHF funds to fill these essential gaps, particularly ahead of the period in which tensions in Abyei prior to the referendum could result in further displacements into Twic County. GOAL is also applying for funds to become the lead health agency in Gogrial West, an area which is also affected by mass population displacement.

GOAL anticipates shortages in drug supplies in 2013 - 14, based on experiences to date of irregular, late and inadequate supplies. Within health pooled funding mechanisms, there is limited funding for drugs, this is of particular concern in Twic, Ulang and Baliet counties, where prepositioned stocks must be maintained in order to ensure emergency response capacity. Although, GOAL are able to access drugs from the MoH system, this is very weak and may not be able to deal with increases in demand due to outbreak of disease or increase in utilization. GOAL requests funds to procure and transport three months supplies for these sites to prevent stock ruptures. Funding via OFDA and ECHO has been gained to support this in the Abyei programme.

GOAL will continue to respond to communicable disease outbreaks and strengthen emergency preparedness. GOAL works closely with the county health department (CHD) in assessing, planning and implementing activities, including emergency response and preparedness actions. Outbreak surveillance will remain priority for GOAL to ensure a response launch within the first 48 – 72 hours. EWARN reports are submitted weekly across all sites. GOAL will maintain cholera and meningitis kits in each field site coordinating closely with MoH and WHO should an outbreak occur.

GOAL will maintain emergency response capacity in all sites, providing mobile clinic services and EPI teams for displaced populations and emergency referrals in times of crisis. In Abyei, GOAL currently provides a thrice weekly mobile clinic service to populations in Abyei town. GOAL's IDP response in Ulang County in February 2013 was made possible due to the immediate utilisation of CHF funds . Emergency EPI response includes vaccinations against measles, polio[10] and other antigens (DPT and BCG) as part of outbreak campaigns, with CHF funding sought to support these services in Twic and Sobat.

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.

Improved access to sustainable Primary Health Care Services in target locations

For 2013-14, GOAL continues to prioritise the maintaining of a safety net for the provision of free basic health services in clinics and communities, including emergency referral services to secondary facilities. Preventative care services will be available in all facilities for a minimum of five days a week (apart from Abyei mobile clinic which offers services three times a week) and will include EPI, reproductive health, ANC, PNC, Growth Monitoring and health and nutrition education, in addition to routine curative consultations in all GOAL-supported clinics. These services are complemented by a comprehensive community health programme which is now adequately funded due to UN-CHF funds (first allocation), Irish Aid, OFDA and ECHO. CHF funding will contribute to filling other essential gaps within these services and ensuring capacity for emergency responses, where the expansion of primary health care services to crisis-affected populations requires flexible and immediate funding

Strengthen emergency preparedness

GOAL will focus on strengthening the capacity of GOAL and MoH staff to deliver effective health outcomes, particularly in emergency contexts. Training which is funded via other donors will continue, specifically refresher and on-the job training. With the assistance of CHF funds, EWARN supplies such as cholera and meningitis kits will be pre-positioned in all GOAL-supported facilities.

Respond to health related emergencies including controlling the spread of communicable diseases.

GOAL will support facilities in the establishment of EWARN/emergency plans in conjunction with the MoH. Support will be given to facility staff in the detection, recording and response to infectious disease outbreaks through ensuring the submission of weekly Integrated Disease Surveillance and Response (IDSR). GOAL will focus on strengthening vaccination coverage including supporting MoH immunization campaigns and building local capacity to support communicable disease control, in line with health cluster priorities. Emergency EPI response and outbreak surveillance for outbreak borne diseases such as measles, remain a major priority for GOAL, with capacity to ensure that any outbreak is responded to within the first 48–72 hours.

ii) Project Objective

State the objective/s of this CHF project. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To improve access to, and utilisation of health services for 237, 955highly vulnerable men, women girls and boys in Twic, Agok and the Sobat Corridor, with a particular focus on the needs of vulnerable groups (IDPs, returnees, children and pregnant and lactating women).

iii) Proposed Activities

List the main activities 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).

• Operate curative care services accessible to men women and children	• Warrap State (Twic County and Agok)	**Total beneficiaries:** 5,164

[10] Measles vaccinations in an emergency setting would be administered to all children between 6 and 59 months, and polio for all children < 5 years of age. Other antigens (BCG and DPT) would be administered as per immunisation schedule.

five days a week in 31 clinics (11 PHCCs and 20 PHCU's) in line with the Basic Package of Health Services, with laboratory services in all PHCCs and emergency referral services to secondary facilities in place;	• Upper Nile State (Ulang and Baliet Counties)	Men: 1,999 Women: 2,081 Girls: 553 Boys: 553
• Oversee the procurement, supply and distribution of drugs, medical supplies and equipment.	• Warrap State (Twic County) • Upper Nile State (Ulang and Baliet Counties)	**Total beneficiaries:** 4,183 Men: 1619 Women: 1686 Girls: 448 Boys: 430
• EPI services run through facilities and community outreach programmes	• Warrap State (Twic County) • Upper Nile State (Ulang and Baliet Counties)	90% children <5 within identified returnee/refugee/IDP communities are vaccinated against measles.
• Conduct regular outreach and support community TBAs in mobilizing women to attend the clinic during pregnancy, for delivery and for PNC	• Warrap State (Twic County and Agok) • Upper Nile State (Ulang and Baliet Counties)	Pregnant women: 78
• Establish EWARN/emergency plans in conjunction with the MoH; ensure the pre-positioning of EWARN supplies (such as cholera and meningitis kits) to all supported health facilities;	• Warrap State (Twic County and Agok) • Upper Nile State (Ulang and Baliet Counties)	Total Catchment: 237,955
• Support facility staff in the detection, recording and response to infectious disease outbreaks through ensuring the submission of weekly Integrated Surveillance and Detection Reports (ISDR).	• Warrap State (Twic County and Agok) • Upper Nile State (Ulang and Baliet Counties)	Total Catchment: 237,955

iv). Cross Cutting Issues

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

Gender

Key developments in GOAL's gender strategy include a comprehensive gender audit in 2010 and the drafting of the GOAL South Sudan Country Gender Plan in 2011 following a visit from the Global Gender Advisor. Key actions to follow include further training to Gender Focal Points (GFP's) at each field site to support all staff to integrate gender sensitivity into their work. Adapted Gender checklists were circulated to all field teams in late 2012 to provide specific guidance to each site and programme. GOAL will continue to seek to move beyond the conception of gender as ensuring men and women benefit equally, to ensuring that GOAL's activities are not maintaining existing gender inequalities, but are facilitating and encouraging women and men to redefine their gendered roles and inequalities, for the benefit of the whole communities. The gender plan puts in place specific guidelines to improve recruitment, retention and promotion of women. HR Officers of each site will be prioritised for training to enable them to support line managers to put these guidelines into practice.

GOAL aims to improve well-being of women, girls, boys and men, through ensuring that women and men are consulted during programme planning and implementation. Promoting gender equitable access and utilisation of, health services remains a key aim for GOAL South Sudan. An example of where GOAL is addressing gender directly through its health programming is with the aim of having 30% of key decision making roles given to women, for example in the management of Community Health Committees (CHCs), and equal numbers of boys and girls in School Health Clubs. Since late 2012, GOAL has started a new initiative called the Care Group Model where women act as volunteer facilitators. Following training on key health issues, they then disseminate these messages to their peers, with a focus on reaching women who have children aged under two years. Women in remote and rural communities are now at the core of a participatory method, which recognizes the role of women as community mobilisers and primary care givers.

GOAL's supported health services are largely utilised by women and children. However, GOAL aims to improve well-being of women, girls, boys and men, through consultation with all groups during planning, for example through women- and men-only FGDs. GOAL has been able to adapt programmes following feedback to increase equitable access. Female-only FGD's indicated that a barrier to accessing family planning and antenatal care was the greater decision-making power of their male partners. Consequently, men were actively included in ANC education sessions. GOAL recognises that gender inequality is a key factor in vulnerability to HIV, with mainstreaming of HIV activities incorporating gender-sensitivity training.

GOAL recognises that despite low community reports of Sexual and Gender-Based Violence in its operational areas, it is possibly masked by low community awareness. In 2013, actions will be taken: the first in coordinating with local protection actors such as Intersos and Save the Children to refer any patients with signs of sexual violence for continued management and follow-up. The second will be conducting refresher training for health facility staff on the clinical management of sexual violence by UNFPA or another specialised provider.

HIV

The response to the HIV in South Sudan is still at an early stage with very low levels of understanding and low access to treatment

and counselling services. GOALs 2013 MICS found only 15.9% of respondents in Twic, 30.4% in Sobat and 38.6% in Agok were able to indicate two or more methods of HIV prevention. HIV prevention is generally limited to information provision and condom distribution. GOAL's strategy has generally mirrored this and has focused on awareness raising and the free availability of condoms for staff in GOAL compounds, at facilities and within the community via peer educators and the demonstration of their correct use.. In 2010, GOAL received a technical support visit from the HIV Advisor who was able to look at the current programme and advise on improvement. There is scope for GOAL to work to engage with the MoH on integrating HIV services into PHC, where possible and appropriate. In 2012, in collaboration with the CHD and State MoH, GOAL has been able to establish its first Voluntary Counselling and Testing (VCT) service in Upper Nile State at Baliet PHCC, with referrals made to Malakal Teaching hospital into Prevention of Mother to Child Transmission (PMTCT) of HIV and AIDS and ARV therapy programmes, if required. Pregnant women and their spouses are encouraged to opt for HIV testing with post-test counseling and referral provided for those with positive results. Although, low community awareness on HIV transmission and strong cultural attitudes persist against testing: this is a positive step forward in the detection and treatment management of HIV and AIDS and can serve as a model for services to be rolled out across other GOAL sites.

Environment

Organisationally, GOAL takes in to account environmental issues when planning programmes, and tries to ensure that activities do not cause avoidable adverse environmental impact. This includes appropriate disposal (incineration and burial of the ashes remaining) of clinic supplies, including drugs and used medical items complemented with training of staff on universal precautions and a preference for newer models which are more efficient. Initial environmental reviews are undertaken of all the hardware related WASH activities, a process which analyses the potential negative impacts of the project and sets mitigation measures and adequate monitoring systems to guard against them. GOAL also looks to utilize sustainable energy. A number of GOAL supported clinics hold solar-powered fridges to support cold chains storage. As well as being more practical in areas without electricity, these are more environmentally friendly than the use of fuel-powered generators.

Accountability to beneficiaries

At all stages of the programme design and intervention GOAL works to engage communities and ensure that accountability standards can be met. Regular community and PHC staff meetings are held and contribute to GOAL's strategic planning approach, with the Community Health Committees taking a pivotal role. A network of Community Health and Nutrition Promoters, Home Health Promoters and Peer Group volunteers ensure that there are open communication lines in place to hear feedback from beneficiaries and to discuss how to adapt programmes to best suit real needs.

v) Expected Result/s

Briefly describe (in no more than 100 words) the results you expect to achieve at the end of the CHF grant period.

CHF funds will be used to ensure that essential lifesaving PHC services are available to crisis affected host communities and displaced or returning populations, with a wide coverage facilitated through facility and community-level services to ensure the current levels of population health status are maintained or improved. Emergency preparedness and response interventions will reduce the incidence and impact of disease outbreaks. By working to strengthen capacity at county and state MoH level, GOAL ensures health services and local authorities maintain the ability to respond to emergency health needs.

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be 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.

SOI (X)	#	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)
x1	1.	Total direct beneficiaries	Total direct beneficiaries; 5,164 Women: 2,081 Girls: 53 Men: 1999 Boys 531
2	2.	Number of consultations, 5 year or older	No of over-5 year consultations: 4080 Men: 1999 Women:2081
3	3.	Number of under 5 consultations (male and female)	No of children (consultations): 1084 Total: 1084 Agok: 206 (101 boys, 105 girls) Twic: 585 (287 boys, 298girls) Sobat: 293 (117 boys; 176 girls)
4	4.	Number of measles vaccinations given to under 5 in emergency or returnee situation	90% children <5 within identified returnee/refugee/IDP communities are vaccinated against measles.
5	5.	Number of births attended by skilled birth attendants	No of births: 78 Twic: 42 Agok: 15 Sobat: 21

6	6.	Communicable disease outbreaks detected and responded to within 48 hours	% of communicable diseases outbreaks detected and responded to within 48 hours. # of disease outbreaks detected # of disease outbreaks responded to within 48 hours
7	7.	Number of antenatal clients receiving IPT2 second dose	No. of antenatal clients: 148 Agok: 28Twic: 80 Sobat: 40

vi) 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.

Implementation

GOAL plans to jointly implement this programme throughout 2013-14 with the MoH at GoSS, State and County levels. GOAL will continue to provide support to County MoH structures, which includes the secondment of a clinical officer (CO) to the CHD in Twic. In 2012, the seconded CO in Twic led a whole county-facility assessment which identified key strategic areas for support from GOAL. A comprehensive County Health assessment was also undertaken in June 2013 ahead of GOALs funding request to the Health Pooled Fund (HPF) GOALs has proposed to build on current progress and expand the support given to Twic CHD in a comprehensive long-term plan for 2013-2016. In Baliet and Ulang, given the change in funding mechanisms, under World Bank funding, GOAL is working within a Performance Based Contract model where the CHD takes on the majority of responsibility for the management of health services, GOAL also supports the election and training of Community Health Committees, attached to each facility, who are responsible for ensuring communities are able to hold CHD accountable for health services, representing the needs of the community in health decision making and input on management of the health facilities when necessary and appropriate. GOAL aims to ensure that not only are females represented in the CHCs but that they assume management positions within the committees.

Logistical challenges occur in all of GOAL's operational areas, particularly in Ulang and Baliet Counties. In these counties, GOAL relies heavily on boat transportation to access these clinics, which are predominantly based on the Sobat River. In the rainy season, the facilities become completely inaccessible by road, which severely threatens routine and emergency response activities. GOAL currently has one functional boat which is responsible for transporting staff, prepositioning drug supplies and equipment and moving patients requiring emergency referrals to secondary facilities in Malakal and Nassir. Therefore, GOAL are requesting CHF funds to purchase an additional boat. In light of the serious nature of caseloads seen in Ulang County following inter-tribal skirmishes and the IDP influxes in February 2013, the quick and efficient transportation of referral cases, equipment and staff is vital.

Primary Health Care

Throughout 2013, all GOAL-supported facilities will continue to follow GOSS-MoH diagnosis, treatment and prescription protocols, and will be supplied with drugs according to MoH approved essential drug lists using a consumption based drug management system. GOAL will complement the supply of drugs with equipment and essential supplies and conduct physical pharmacy stock checks every month. GOAL will provide routine, static vaccination at all PHCCs and PHCUs, and outreach EPI services at least once a month to villages more than two hours walk from health facilities, when access allows. Functional cold chains will be maintained in all health facilities with routine maintenance an ongoing activity. CHF funds are requested to maintain this capacity in light of the essential EPI outreach required, in the prevention of and response to disease outbreaks. .

GOAL will continue to provide the following routine Antenatal Care (ANC) services: early detection of complications leading to appropriate referral; malaria prophylaxis (IPT); anemia prophylaxis (FeFol); administration of tetanus toxoid; administration of de-worming treatment and health education during pregnancy. Basic Emergency Obstetric and Neonatal Care (EmONC) training and distribution of equipment will continue in 2013-14 to ensure that all PHCCs are able to provide services and will promote appropriate EmONC referral protocols at all locations. GOAL will maintain and strengthen its current capacity to report health information and respond to communicable disease outbreaks by maintaining and improving a functioning Health Information System (HIS) in each health facility to strengthen surveillance and detect any potential outbreaks. All HIS data will be shared with MoH representatives who will be facilitated by GOAL to disseminate this information to higher MoH/WHO/UNICEF structures and all local stakeholders.

Community Health

GOAL PHC services include an integrated comprehensive community health programme which encourages utilization of reproductive health services and increased awareness of key health issues such as HIV, malaria, the use of LLITNs, breastfeeding and hygiene within a 'Designing for Behaviour Change' Approach. GOAL's community health programme continues to move towards community owned behavior change models utilizing a range of facility-based education and community based initiatives such as the Care Group model, with community health education targeted towards mothers under the age of five. This programme is also instrumental in emergency situations where GOAL is able to promote positive health behaviours to displaced and host populations. These are currently funded with funds from the CHF first allocation and other donors.

With technical, administrative and resource based support from GOAL, community health promoters, home health promoters and Care Group volunteers will undertake priority health promotion within their respective facility catchments throughout the course of the proposed intervention. During 2013-14, health promotion sessions will also be conducted in clinics. The community health promotion will be through the use of care group model, School Health Clubs, NIPP circles, Community Led Total Sanitation (CLTS) for effective behavior change promotion. GOAL will maintain its network of community volunteer cadres, including EPI volunteers, School Health Clubs and Care Group facilitators, who will also be used for community mobilisation for EPI services and defaulter tracing.

Strengthening capacity

On the job training will be provided on an ongoing basis addressing topics such as C-IMCI/IECHC, syndromic management of STIs,

dressing, treatment of common diseases and malnutrition, rational use of medicines, IV and IM injection, and rational use of laboratory services. It is intended that in each location 90% of key clinical staff will be trained in the treatment of common diseases and malnutrition, according to MoH Prevention and Treatment Guidelines. In addition, on the job training and supervision on HIS documentation for improved data reporting will be carried out.

GOAL will focus on co-ordination and information sharing among all stakeholders ensuring better linkages between the County Health Office and the VHCs.

vii) 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 monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)[11].

GOAL utilises a comprehensive M&E system to monitor the implementation, progress and achievements of all its projects with the aim of delivering effective and sustainable services. Key tools used by GOAL include: clinic HMIS data, anthropometric, morbidity and mortality surveys, IDSR reports and a range of monitoring tools such as Quarterly DxTx surveys, training reports, community health reports and joint supervisions of clinics with MoH staff also present. MoH reporting tools are used whereever possible to avoid duplication of data collection and to support the MoH reporting systems.

Clinic HMIS data incorporates the use of MOH DHIS and exit surveys. Anthropometric, morbidity and mortality surveys will be completed for these GOAL's operational areas during 2013 -14, which will be shared with the Health Cluster, the MoH and all other interested parties. These will assist in monitoring trends at a county level and help us to monitor the overall progress of GOAL and other actors in the area. Other means of verification, as outlined in the below logframe will be carried out with the local community, partner NGOs and the MoH. In addition, the Primary Health Care Coordinator and other members of the Senior Management Team and Programmes make regular visits to the project sites to meet with project staff and assess overall implementation. An M&E team provides specialized technical guidance and coordination in the collection and analysis of the wide bank of information gathered.

GOAL conducts ongoing supervision of staff to confirm activities are being conducted and to GOAL standards. Tools such as quarterly diagnosis/treatment assessments (DxTx surveys) are the main tool for monitoring improved capacity of health care service delivery across programme sites; this will be continued in 2013-14. GOAL feeds all information to government partners and is an active participant of the Monitoring and Evaluation technical working group of the MoH/GOSS. GOAL submits weekly surveillance/IDSR to GOSS and SMOH and monthly DHIS reports to SMoH. Continued work on gender and HIV checklist will offer a clear way of assessing whether issues are being addressed, data collected is disaggregated by gender.

A monthly field report is sent to Juba with analysis and explanations for results and trends within the health programme. Weekly field reports are submitted to Juba which identifies any general issues which may impact operations. In addition, GOAL technical advisors will provide program evaluations, assistance, recommendations and advice on all sectors of programming. The results of these evaluations can be made available to CHF. GOAL also regularly provides reports as requested by state and central-level clusters and the Health NGO Forum, in the support of agency coordination efforts. GOAL ensures the timely submission of all CHF financial and narrative reports, as directed by the Health cluster and UNDP.

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)
OFDA – August 2012	$1,003,570
ECHO – March 2012	$1,558,108
HPF – March 2013	$997,340
World Bank – January 2013	$934,579
Irish Aid- IAPF – January 2012	$828,016
GOAL – January 2013	$364,000
Pledges for the CAP project	
OFDA – August 2013	$405,287

[11] 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:

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.

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/H/55405/R/7790	**Project title:** Provision of Integrated Primary Health Care services for vulnerable populations and strengthened health emergency response capacity in Twic County, Warrap State; Agok, Abyei Administrative Area and Ulang Baliet and Maban Counties, Upper Nile State..	**Organisation:** ..GOAL.....

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* • Maintain the existing safety net by providing basic health packages and emergency referral services • Strengthen emergency preparedness including surgical interventions • Respond to health related emergencies including controlling the spread of communicable diseases	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* • CMR<1/10,000/day • U5MR<2/10,000/day	**How indicators will be measured:** *What are the sources of information on these indicators?* • Anthro-mortality and health survey • HMIS	• Security situation does not impede humanitarian access • Climatic disasters (unusually severe flooding for example) do not occur • Funding for operations is obtained
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* • To improve access to, and utilisation of, health services for 237,955 highly vulnerable men, women girls and boys in Twic, Agok and the Sobat Corridor, with a particular focus on the needs of vulnerable groups (IDPs, returnees, children and pregnant and lactating women)	**Indicators of progress:** Utilisation rate amongst the population is 0.5-1.0 new visits/per person/per year across all GOAL supported PHC services for those aged <5 and>5 (HIS and MICS - <5) >70% of population within coverage of health services in targeted counties	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • Anthro-mortality and health survey • Clinic HIS Data	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?* Security situation does not impede humanitarian access Climatic disasters (unusually severe flooding for example) do not occur Funding for operations is obtained
Results	**Results - Outputs (tangible) and Outcomes (intangible)** *Improved access to sustainable Primary Health Care Services in target locations*	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* Total direct beneficiaries; 5,164 Men: 1999 Women: 2081	**How indicators will be measured:** *What are the sources of information on these indicators?* • Clinic HMIS data	**Assumptions & risks:** *What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?* • Access to clinics is not

		Girls: 553 Boys: 531 No of children <5s (consultations) Target : 1084 Total: 1084 Agok: 206 (101 boys, 105 girls) Twic: 585 (287 boys, 298 girls) Sobat: 293 (117 boys; 176 girls) Number of births attended by a skilled attendant. Target: 78 Twic: 42 Agok: 15 Sobat: 21 Number of antenatal clients receiving IPT2 second dose No. of antenatal clients: 148 Agok: 28 Twic: 80 Sobat: 40 •Number of measles vaccinations given to under 5 in emergency or returnee situation: Target: 90% children <5		impeded • Procurement chain operates effectively • Staffing requirements met
	Respond to health related emergencies including controlling the spread of communicable diseases.	% of communicable diseases outbreaks detected and responded to within 48 hours. # of disease outbreaks detected # of disease outbreaks responded to within 48 hours	• Weekly ISDR reports	Mass population movements GOAL and other agencies capacity
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* ***Improved access to sustainable Primary Health Care Services in target locations*** • Operate curative care services accessible to men women and children five days a week in 31 clinics with night and weekend cover for the PHCCs. • Oversee the procurement, supply and	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* • Staff time (Direct supervision staff, Field and Juba based support staff) • Medical Equipment • Drugs • GOAL facilities / Office / compounds • Visibility materials • Vehicles • Flights		**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?* • State and local government authorities remain engaged and committed to the intervention • Staff turnover / recruitment remains stable • Ability to secure funding • Community can access community health services

	distribution of drugs, medical supplies and equipment. • Provide routine ANC services, including TT, IPT, iron/folic acid, de-worming in all health facilities, and basic EmOC services in PHCCs with EmOC referral systems in place for PHCUs; PNC and family planning services. • Conduct regular outreach and support community TBAs in mobilizing women • EPI services run through facilities and community outreach programmes • Conduct health promotion with locally appropriate IEC materials ***Strengthen emergency preparedness*** • Establish EWARN/emergency plans in conjunction with the MoH; ensure the pre-positioning of EWARN supplies (such as cholera and meningitis kits) to all supported health facilities;; ***Respond to health related emergencies including controlling the spread of communicable diseases.*** • Support facility staff in the detection, recording and response to infectious disease outbreaks through ensuring the submission of weekly Integrated Surveillance and Detection Reports (ISDR***).***	• Computer and office equipment		• Uninterrupted procurement chain maintained; no ruptures of stock in GOAL supported health services • HIV activities are accepted by community leaders • Community are motivated to participate in activities/campaigns • Lack of knowledge is the limiting factor and constraint to improving infant feeding practices

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.

Project start date:	**1st October 2013**	**Project end date:**	**31st March 2014**

Activities	**Q3/2013**			**Q4/2013**			**Q1/2014**			**Q2/2014**			**Q3/2014**		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Result 1: ***Improved access to sustainable Primary Health Care Services in target locations***															
Activity 1 Operate curative care services accessible to men women and children five days a week in 31 clinics				x	x	x	x	x	x						
Activity 2 Oversee the procurement, supply and distribution of drugs, medical supplies and equipment.				x	x	x	x	x	x						
Activity 3 Provide routine ANC services, including TT, IPT, iron/folic acid, de-worming in all health facilities, PNC and family planning services.				x	x	x	x	x	x						
Activity 4 EPI services run through facilities and community outreach programmes				x	x	x	x	x	x						
Activity 5 Provide clean delivery kits to women at labour; conduct regular outreach and support community TBAs in mobilizing women to attend ANC and deliveries in the health facilities				x	x	x	x	x	x						
Result 2: Strengthen emergency preparedness															
Activity 1: Establish EWARN/emergency plans in conjunction with the MoH and ensure the pre-positioning of EWARN supplies (such as cholera and meningitis kits) to all supported health facilities;				x	x	x	x	x	x						
Result 3*:* ***Respond to health related emergencies including controlling the spread of communicable diseases.***															
Activity 1: Support facility staff in the detection, recording and response to infectious disease outbreaks through ensuring the submission of weekly Integrated Surveillance and Detection Reports (ISDR).				x	x	x	x	x	x						
Monitoring and reporting															
Narrative and financial reports to CHF							x			x					
DHIS data collection and submission to MoH				x	x	x	x	x	x						

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