

## South Sudan 2014 CHF Standard Allocation Project Proposal

*for CHF funding against Consolidated Appeal 2014*

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>  
or contact the CHF Technical Secretariat [chfsouthsudan@un.org](mailto: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 2014 First 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 2014.

#### Cluster Priority Activities for this CHF Round

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

#### Cluster Geographic Priorities for this CHF Round

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

### 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**

SSD-14/H/60212

**CAP Gender Code**

1

#### 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 Agok and Twic Counties, Warrap State and Baliet and Ulang Counties, Upper Nile State.

#### Project Location(s) -

State	%	County/ies (include payam when possible)
Warrap	44	Twic; Ajak Kuac, Akoc, Aweng, Panyok, Turalei and Wunrok Payams Agok; Abyei Town, Mijak, Alal and Rumameer Payams
Upper Nile State	56	Baliet; Adong, Abwong and Nyongrial and Nyankwach Payams Ulang; Kurmut, Barmach, ying, Nyangora, Ulang, Yomding, Kierochot and Makat Payam Akoka county; the payam depend on where there are IDPs displaced from Baliet.

**Total Project Budget requested in the in South Sudan CAP**

US\$8,510,137

**Total funding secured for the CAP project (to date)**

US\$2,161,630

**Funding requested from CHF for this project proposal**

US450,000

**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)

<b>Direct Beneficiaries</b> (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)		
	<b>Number of direct beneficiaries targeted in CHF Project</b>	<b>Number of direct beneficiaries targeted in the CAP</b>
Women:	9207	161,544
Girls:	2448	53,694
Men:	8846	99,734
Boys:	2352	50,738
<b>Total:</b>	22,853	365,710

<b>Indirect Beneficiaries / Catchment Population (if applicable)</b>
Total Catchment: 509,183 Twic: 258,980 Agok: 86,269 Baliet: 49,265 Ulang: 114,669
Displaced population: Twic and Agok: 5,500 Ulang: estimated at 5,000 Baliet/Akoka: estimated at 6,000

**Targeted population:**  
Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

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

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

Indicate number of months: 3  
1 Jan – 31 Mar 2014

<b>Contact details Organization's Country Office</b>	
Organization's Address	GOAL South Sudan, P.o. Box 166, Munuki, Juba
Project Focal Person	Gashaw Mekonnen, <a href="mailto:gmekonnen@ss.goal.ie">gmekonnen@ss.goal.ie</a> , 0959 462505
Country Director	Jean Shaw Smith, <a href="mailto:jshawsmith@ss.goal.ie">jshawsmith@ss.goal.ie</a> , 0959462501
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Monitoring & Reporting focal person	Anne O'Brien, <a href="mailto:aobrien@ss.goal.ie">aobrien@ss.goal.ie</a> , 0913504703

<b>Contact details Organization's HQ</b>	
Organization's Address	GOAL, 12 Cumberland Street, Dun Laoghaire, Co. Dublin
Desk officer	Jane Dunne, <a href="mailto:jdunne@goal.ie">jdunne@goal.ie</a> , 00353 (0)1 2809779
Finance Officer	Bridget Lane, <a href="mailto:blane@goal.ie">blane@goal.ie</a> , 00353 (0)1 2809779

### 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<sup>1</sup>

The humanitarian situation in South Sudan has deteriorated sharply since violence erupted in the country's capital, Juba on the 15<sup>th</sup> of December 2013. Conflict quickly spread to seven of the country's ten states. Two states in which GOAL is operational in; Upper Nile State and Warrap have been affected with heaving fighting and displacement reported in the former whilst the latter has been indirectly affected by violence, as people displaced from neighbouring states have arrived there seeking safety.

In Upper Nile State, GOAL is the lead healthcare provider in two counties which have experienced heaving fighting; Baliet and Ulang Counties. Their proximity to conflict hotspots such as Malakal and Nasir and adjacent counties located in northern Jonglei increases the likelihood of internally displaced people's (IDP) camps forming. Already, UNOCHA<sup>2</sup> has reported that 12,000 people are seeking refuge at the UN compound in Malakal and 600 people are located at an IDP camp in Akobo County, Jonglei state.

In Warrap State, Agok and Twic Counties are host to IDPs who have fled violence from Bentiu in adjacent Unity State. As of the 4<sup>th</sup> of January, 2013, UNOCHA<sup>3</sup> reported that 3,200 IDPs have moved to Twic County and a further 2,000 persons have reportedly arrived in Abyei since the start of violence.

The current crisis, and its impact on the health situation in areas directly and indirectly affected by violence, comes on top of already major health needs in Agok, Twic, Baliet and Ulang Counties. Furthermore, outbreaks of infectious disease such as cholera and measles are likely to occur if health, water and sanitation needs are not met. It is therefore essential that GOAL continues to maintain health services that it currently provides in all four counties to host communities affected by violence whilst scaling up its emergency response health services for IDPs seeking refuge in GOAL's operational areas.

### 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 all four counties, GOAL is the lead health agency and is therefore ideally placed to ensure current health services are maintained whilst simultaneously responding to the health needs of IDPs through mobile units as the crisis unfolds.

GOAL is currently running one PHCC, seven PHCUs and one mobile unit in Agok County and nine PHCCs and 15 PHCUs in Twic County. GOAL plans to operate a mobile health unit(s) in each county to respond to the IDP crisis. It is essential that services in these two counties are maintained and emergency response capacity is supported as there is also a strong possibility of further displacement occurring as conflict could flare up with the seasonal migration of the Misseriya tribe deeper into the Abyei Administrative Area in the coming months.

In Baliet and Ulang Counties, GOAL supports two PHCCs and five PHCUs in each area and plans scale up its emergency response by running a mobile clinic in each county to treat people affected by the continued heavy fighting as well as IDPs who have moved there from Malakal and the northern counties of Jonglei.

External support is essential to support information gathering and coordination with other healthcare providers in all four counties. Integral to this process will be the collection of data and information for weekly IDSR and EWARNS reports which will allow GOAL to prioritise the treatment of communicable diseases such as malaria, pneumonia and diarrhoea as well as organising vaccinations through EPI outreach to targeted populations that are vulnerable to disease outbreaks. This will also ensure that mobile units are deployed to populations in need whilst alleviating pressure on current health services for host communities.

In terms of funding, GOAL has already secured co-funding from OFDA for its health facilities in Agok and was recently awarded a HPF grant to support all health facilities in Twic. GOAL has applied to IMA for a six month cost extension for its facilities in Baliet and Ulang Counties. However, external support is essential to ensure stocks of medicines and vaccines are available for the anticipated increase in people accessing health facilities and to run mobile emergency response units. Funding is also required to ensure timely collection of data and submission of IDSR and EWARNS reports as monitoring of key illnesses and health risks is essential as this crisis unfolds. As part of the response, GOAL needs assistance to scale up EPI activities to increase measles and vaccinations to all children younger than five years as well as other antigens (BCG and DPT) based on vaccination status of the targeted population. EPI activities will be conducted in tandem with the distribution of LLINs to children who have received vaccinations, particularly those of IDP status. Integral to the response is ensuring the inclusion of the Minimum Initial Service Package (MISP) in reproductive health activities as well as the distribution of clean delivery kits (CDKs).

### C. Project Description (For CHF Component only)

<sup>1</sup> To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

<sup>2</sup> UN OCHA 'South Sudan Crisis Situation report as of 4 January 2014 Report number 7'

<sup>3</sup> UN OCHA 'South Sudan Crisis Situation report as of 4 January 2014 Report number 7'

**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.

CHF funding will be used by GOAL to ensure the organization has surge capacity to respond to current crisis as it unfolds. It will ensure that GOAL clinics are staffed with key personnel that are trained on the minimum initial service package (MISP) and EPI. These staff can be deployed to provide mobile emergency response and to conduct outreach activities to IDPs and will have the capacity to respond to the greatest health risks to vulnerable women and children. CHF funding will ensure that staffing levels at health facilities are sufficient to ensure that deployment of key personnel has minimal impact on primary healthcare delivery. Funding will ensure that basic equipment, drugs, medical supplies, basic lab equipment and supplies are in place to conduct emergency outreach activities. CHF support will enable the provision and repositioning of essential drugs, vaccines, LLINs and CDKs as part of the emergency response.

Emergency activities will be complemented by community awareness and mobilization sessions on communicable diseases, sexual and reproductive health, nutrition and infant and young child feeding (IYCF) (funded by other donors). To support referrals in emergency cases, GOAL is requesting funds for a vehicle in Warrap to conduct same and an allocation for two referrals per month in Sobat. These locations were chosen for this service provision due to their increased vulnerability to displacements as a result of conflict.

**ii) Project Objective**

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

To improve access to primary health care for 509,183 from host populations and 16,500 IDPs located in Agok and Twic Counties, Warrap State and Baliet and Ulang Counties, with a particular focus on the needs of vulnerable groups (IDPs, returnees, children and pregnant and lactating women) and strengthening preparedness to respond to health related emergencies. In addition GOAL would also respond to IDPs who were displaced from Baliet to Akoka county. The numbers are yet to be confirmed but it is believed that a big portion of the Baliet population has been displaced to Akoka.

**iii) Project Strategy and proposed Activities**

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

List the main activities and results to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

GOAL's approach to primary healthcare includes the provision of an integrated package of care which focuses on both curative care and community based health activities. GOAL ensures health services are adapted to the needs of vulnerable groups such as Internally Displaced People (IDPs), returnees, refugees, nomads, pastoralists and minorities. GOAL supported facilities provide curative consultations, antenatal care, post natal care, family planning, expanded programme for immunisation (EPI) and health promotion. In all counties, primary healthcare provision is integrated with nutrition, water, sanitation and hygiene (WASH), food security and livelihoods and emergency response programming. GOAL has gained the confidence and cooperation of the communities it operates in and the support and partnership of the County Health Department (CHD), local authorities and the State Ministry of Health (SMoH). This extends to working with these actors to develop emergency plans and coordination mechanisms which promote partnership, learning and participation.

Operate primary health care services accessible to men women and children five days a week in 46 clinics (14 PHCCs, 32 PHCUs and one mobile clinic) in line with the Basic Package of Health Services, with laboratory services in all PHCCs and referral services to secondary facilities in place;	<ul style="list-style-type: none"> <li>Warrap State (Twic County and Agok)</li> <li>Upper Nile State ((Ulang and Baliet – (and support Baliet population displaced to Akoka county) Counties))</li> </ul>	Host Communities Total beneficiaries: 6,353 Men: 2459 Women: 2560 Girls: 680 Boys: 654
Operate five mobile units to provide emergency health services to IDPs (Agok (1), Twic (2), Baliet (1) and Ulang (1))	<ul style="list-style-type: none"> <li>Warrap State (Twic County and Agok)</li> <li>Upper Nile State (Ulang and Baliet Counties)</li> </ul>	Total Beneficiaries: Currently 16,500 and expected to rise as crisis unfolds. Agok: 2,000 Twic: 3,500 Ulang: 5,000 (estimation) Baliet/ Akoka: 6,000 (estimation)
Oversee the procurement, supply and distribution of drugs, medical supplies and equipment.	<ul style="list-style-type: none"> <li>Warrap State (Twic and Agok County)</li> <li>Upper Nile State (Ulang and Baliet Counties)</li> </ul>	Host and IDP Communities: 22,853 Women: 9,207 Girls: 2,448 Men: 8,846 Boys 2,352
Run EPI services through facilities and community outreach programmes	<ul style="list-style-type: none"> <li>Warrap State (Twic and Agok County)</li> <li>Upper Nile State (Ulang and Baliet Counties)</li> </ul>	Total beneficiaries: Children <1: 960(DPT3) 4779 (Measles)
Conduct regular outreach and support community TBAs in mobilizing women to attend the clinic during pregnancy, for	<ul style="list-style-type: none"> <li>Warrap State (Twic County and Agok)</li> </ul>	Pregnant and lactating women: 234

delivery and for PNC	<ul style="list-style-type: none"> <li>Upper Nile State (Ulang and Baliet Counties)</li> </ul>	
Strengthen 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;	<ul style="list-style-type: none"> <li>Warrap State (Twic County and Agok)</li> <li>Upper Nile State (Ulang and Baliet Counties)</li> </ul>	Total Catchment: 509,183
Submit weekly Integrated Disease and Surveillance Reports (IDSR) and EWARN Reports.	<ul style="list-style-type: none"> <li>Warrap State (Twic County and Agok)</li> <li>Upper Nile State (Ulang and Baliet Counties)</li> </ul>	Total Catchment: 509,183
Conduct health promotion with locally appropriate IEC materials in clinics and in the community addressing priority diseases including recognition and referral for diarrhea, malaria and ARIs, key health behaviors are also promoted including, the use of LLITNs particularly for pregnant women and children <5, hand washing, breastfeeding and health seeking behavior. All community health messages have a particular focus on mothers of children <5.	<ul style="list-style-type: none"> <li>Warrap State (Twic County and Agok)</li> <li>Upper Nile State (Ulang and Baliet Counties)</li> </ul>	Total catchment: 509,183
Conduct training on MISP and EPI for Mobile teams	<ul style="list-style-type: none"> <li>Warrap State (Twic County and Agok)</li> <li>Upper Nile State (Ulang and Baliet Counties)</li> </ul>	Total Beneficiaries : 70 Male: 42 Female: 28
Provide measles and polio vaccinations to all children under five at IDP camps	<ul style="list-style-type: none"> <li>Warrap State (Twic County and Agok)</li> <li>Upper Nile State (Ulang and Baliet Counties)</li> </ul>	# of children vaccinated against measles # of children vaccinated against polio
Distribute Clean Delivery Kits to pregnant women at IDP camps	<ul style="list-style-type: none"> <li>Warrap State (Twic County and Agok)</li> <li>Upper Nile State (Ulang and Baliet Counties)</li> </ul>	# of pregnant women receiving CDKs in an emergency setting

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

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

The CHF funds will be used to ensure that adequate PHC services are available to ensure that host communities and displaced or returning populations are given lifesaving services. Emergency preparedness and response interventions will reduce the incidence of disease outbreaks and contribute to a reduction in deaths due to preventable common illnesses. GOAL aims to ensure that static and mobile health facilities continue to operate despite any influx or crisis, with additional support to ensure that the current levels of population health status is maintained. By working to strengthen capacity at county and state MoH level, GOAL will ensure health services maintain sustainable improvements and service delivery.

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
x	1.	Total direct beneficiaries	22,853 direct beneficiaries
x	2.	Number of consultations, 5 years or older	# of consultations, 5years and older = 4,799
x	3.	Number of <5 consultations	# of consultations of IDPs, <5 years = 18,054
x	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.	Number of polio vaccinations given to under 5s in emergency or returnee situation	90% children <5 within identified returnee/refugee/IDP communities are vaccinated against polio.
x	6.	Number of births attended by skilled birth attendants	# of births attended by SBAs= 28
	7.	Delivery in facility by TBA MCHW CHW CM or Village Midwife	# of births attended by non SBAs= 206
	8.	Number of births at health facilities	No of births: 234
x	9.	Proportion of communicable diseases detected and responded to within 48 hours	% of communicable diseases outbreaks detected and responded to within 48 hours.

x	10.	Number of disease outbreaks detected	# of disease outbreaks detected
x	11.	Number of disease outbreaks responded within 48 hours	# of disease outbreaks responded to within 48 hours
x	12.	Number of emergencies	# of emergencies recorded
x	13.	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR	(28 Women, 42 Men)
x	14.	Number of health workers trained on EPI	(28 Women, 42 Men)
	15.	Number of pregnant women receiving CDKs in an emergency situation	# of pregnant women receiving CDKs in an emergency situation

#### vi). Cross Cutting Issues

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

**HIV**  
GOAL has taken a number of actions to integrate HIV awareness, prevention and treatment into its services. At a community-level, health education sessions continue to promote awareness of HIV and STI prevention.. Within GOAL South Sudan, a series of checklists have been developed by GOAL's Global Advisor to be utilised by all programme staff to understand how each sector can minimise the risk of HIV transmission, reduce physical risks to women and girls, and ensure services are accessible to people vulnerable or affected by HIV. At all GOAL health facilities, condoms are available and routinely distributed. This is done in tandem with awareness sessions on safe sex and HIV prevention.

**Gender**  
GOAL has continued to promote gender mainstreaming through a range of methods. For example, through the inclusion of women in FGDs in its annual programme planning review and identifying of female key informants who will play a longer-term role in the process. Additionally, the inclusion of women in community-based initiatives such as Water User Committees, Boma Health Committees, School Health Clubs and its newer initiative, the Care Group Model has led to their increased involvement in programming.

**Environment**  
GOAL continues to be mindful of its environmental impact and include measures to mitigate any negative impact from project activities with actions focusing on the installation of environmentally friendly facilities and continued training of staff on the safe disposal of waste products. The use of solar-powered fridges has continued to provide an energy efficient and sustainable cold chain management method. GOAL has finalised its Global Environment Policy and Checklists roll out is to begin in late 2013.

**Child Protection**  
In May 2013, GOAL South Sudan (GOAL SS) hosted the GOAL Global Child Protection (CP) Advisor whose guidance significantly assisted in the planning of how to strengthen mainstreaming of child protection across all programmes. A number of activities were undertaken including training and support to two CP focal points. A key part of their initial work will be the conducting of Risk Self-Assessments at each of the three major programme sites, planned for September- November 2013. These assessments will also facilitate the nomination of local CP focal points at each of the field sites. The Risk Self-Assessments will ultimately form the basis of the 2014 Annual National Plan and Programme-level Plans which will detail how all sites and departments can improve practice to minimise risks to children. Review of progress against plans will be made on a quarterly basis at the field sites and an annual basis for the overall programme and included in the submission of tri-annual Audits.

#### vii) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

**Implementation**  
GOAL plans to coordinate with the MoH at County and State level in the implementation of this programme. This will be done through timely submission of weekly IDSR and EWARN reports and monthly DHIS reports. GOAL will support the CHDs through the secondment of additional staff to ensure that data submitted by health facilities is verified, analyzed and managed. Attendance at cluster meetings both as field and Juba level as well as continued support to the health forum will ensure developments in health issues are fed downward to implementing staff. A Rapid County Health Assessment was also undertaken in June 2013 in preparation of GOAL's funding request to the Health Pooled Fund (HPF). GOAL 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 Boma 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 Boma Health Committees (BHCs) but that they assume management positions within the committees.

#### 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. The cold chain systems will be checked routinely and updated as necessary. Additionally, regular training will be provided to EPI teams on fridge maintenance and monitoring.

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 deworming treatment; distribution of LLITNs at first ANC visit 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 communicable diseases, nutrition and hygiene. With technical, administrative and resource based support from GOAL, community health promoters, home health promoters and

**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.

**viii) Monitoring and Reporting Plan**

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met.
2. Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)<sup>4</sup>.

GOAL South Sudan utilises a range of formal and informal comprehensive monitoring and evaluation tools which are central to ensuring the appropriate delivery of effective and sustainable Primary Health Care (PHC) services. GOAL South Sudan has now a full time Monitoring, Evaluation and Learning (MEL) Coordinator responsible for all MEL activities across all GOAL operational areas in South Sudan providing comprehensive oversight and coordination. The MEL team (see Fig. 1) is being expanded and an Assistant Monitoring and Evaluation Coordinator has now been recruited, with recruitment for two officer-level positions currently ongoing. GOAL also has an M&E Global Advisor who provides additional technical guidance on periodic visits to South Sudan.

GOAL will support facility staff to record health information from clinics in the MoH registers, and the subsequent collating of this information in to paper forms. These forms will then be uploaded in to the DHIS with the assistance of GOAL's technical support staff where necessary. GOAL will also continue to support regular EWARNS and IDSR reporting from each facility, particularly in facilities which were not previously supported by GOAL, who have been reporting less regularly to date. In order to reduce reporting load on the CHD and to ensure integration, all health facilities will be required to submit health data only in the MoH format (as opposed to any other formats being used previously for reporting). DHIS and IDSR data will be submitted to the CHD from the health facilities and this data will be submitted in to the DHIS at the County level; this data will also be used by GOAL for reporting purposes. Other routine monitoring tools will be used, such as the quarterly Diagnosis vs. Treatment survey (DxTx), training registers, and community health monitoring.

**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 2013 to July 2014)	739,722
HPF (January 2014 to December 2014)	1,421,908
<b>Pledges for the CAP project</b>	

<sup>4</sup> CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

### SECTION III:

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

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

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

LOGICAL FRAMEWORK			
CHF ref./CAP Code: SSD-14/H/60212	<b>Project title:</b> Provision of Integrated Primary Health Care services for vulnerable populations and strengthened health emergency response capacity in Agok and Twic Counties, Warrap State and Baliet and Ulang Counties, Upper Nile State.	<b>Organisation:</b>	GOAL
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p><b>Goal/Impact (cluster priorities)</b></p> <p><i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i></p> <ul style="list-style-type: none"> <li>• Maintain emergency primary health care services in targeted areas through provision basic equipment, drugs, medical supplies, basic lab equipment and supplies</li> <li>• Provision and prepositioning of core pipelines (drug kits, RH kits, vaccines and supplies)</li> <li>• Communicable disease control and outbreak response including supplies</li> <li>• Support immunizations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns</li> <li>• Maintain surge capacity to respond to any emergencies</li> <li>• Capacity building interventions will include <ul style="list-style-type: none"> <li>a. Emergency preparedness and communicable disease control and outbreak response</li> <li>b. Emergency obstetrical care, and MISP (minimum initial service package-MISP)</li> <li>c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues</li> </ul> </li> </ul> <p>Support to referral system for emergency health care including medivacs.</p>	<p><i>What are the key indicators related to the achievement of</i></p> <ul style="list-style-type: none"> <li>• CMR&lt;1/10,000/day</li> <li>• U5MR&lt;2/10,000/day</li> </ul>	<p><i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>• Anthropometric and health survey</li> <li>• DHIS</li> </ul>	<ul style="list-style-type: none"> <li>• Security situation does not impede humanitarian access</li> <li>• Climatic disasters (unusually severe flooding for example) do not occur</li> <li>• Funding for operations is obtained</li> </ul>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>CHF project Objective</b>	<p><i>What is the result the project will contribute to by the end of this CHF funded project?</i></p> <p>Enhanced the quality of life for target populations in Agok and Twic Counties, Warrap State and Baliet and Ulang Counties, Upper Nile State through the provision of quality primary health services and strengthening preparedness to respond to health related emergencies.</p>	<p><i>What indicators will be used to measure whether the CHF Project Objective are achieved?</i></p> <p>Utilisation Rate = 0.5-1</p>	<p><i>What sources of information will be collected/already exist to measure this indicator?</i></p> <p>DHIS data</p>	<p><i>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?</i></p> <ul style="list-style-type: none"> <li>• Mass displacement causing sudden population increases in targeted counties</li> <li>• Access to health facilities and emergency outreach activities negatively affected by insecurity and flooding</li> </ul>
<b>Outcome 1</b>	<p><i>What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries?</i></p> <p>Improved access to health facilities providing quality primary healthcare and emergency response for 22,853 people</p>	<p><i>What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> <li>• # of consultations (including &lt;5 and &gt;5)</li> <li>• # of emergencies responded to</li> </ul>	<p><i>What are the sources of information collected for these indicators?</i></p> <p>DHIS data IDSR data</p>	<p><i>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?</i></p> <ul style="list-style-type: none"> <li>• Mass displacement causing sudden population increases in targeted counties</li> <li>• Access to health facilities and emergency outreach activities negatively affected by insecurity and flooding</li> </ul>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Output 1.1</b>	<p><i>List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.</i></p> <p>Improved access to sustainable Primary Health Care Services in target locations</p>	<p><i>What are the indicator(s) to measure whether and to what extent the project achieves the output?</i> <i>Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <p>Total direct beneficiaries Total beneficiaries: 22,853 Men: 8,846 Women: 9,207 Girls: 2,448 Boys: 2,352</p> <p>Number of consultations, 5 years or older (8,846 Men, 9,207 Women)</p> <p>Number of &lt;5 consultations (2,447 Girls, 2,352 Boys)</p> <p>Number of births attended by skilled birth attendants (28)</p> <p>Delivery in facility by TBA MCHW CHW CM or Village Midwife (206)</p> <p>Number of births at health facilities 234</p>	<p><i>What are the sources of information on these indicators?</i></p> <p>DHIS data</p>	<p><i>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?</i></p> <ul style="list-style-type: none"> <li>• Access to clinics is not impeded</li> <li>• Procurement chain operates effectively</li> <li>• Staffing requirements met</li> </ul>
<b>Activity 1.1.1</b>	<p><i>List the key activity to be carried out for achieving output 1.1</i> Operate primary health care services accessible to men women and children five days a week in 46 clinics (14 PHCCs, 32 PHCUs and one mobile clinic) in line with the Basic Package of Health Services, with laboratory services in all PHCCs and referral services to secondary facilities in place;</p>			
<b>Activity 1.1.2</b>	<p><i>List the key activity to be carried out for achieving output 1.1</i> Oversee the procurement, supply and distribution of drugs, medical supplies and equipment.</p>			
<b>Activity 1.1.3</b>	<p><i>If required, insert other lines to add activities necessary to achieve output 1.1</i> Conduct regular outreach and support community TBAs in mobilizing women to attend the clinic during pregnancy, for delivery and for PNC</p>			
<b>Activity 1.1.4</b>	<p>Conduct health promotion with locally appropriate IEC materials in clinics and in the community addressing priority diseases including recognition and referral for diarrhoea, malaria and ARIs, key health behaviours are also promoted including, the use of LLITNs particularly for pregnant women and children &lt;5, hand washing, breastfeeding and health seeking behaviour. All community health messages have a particular focus on mothers of children &lt;5.</p>			
<b>Activity 1.1.5</b>	<p>Operate mobile emergency health services in Agok (1), Twic (2), Baliet (1) and Ulang (1) for IDPs affected by conflict</p>			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
<b>Output 1.2</b>	Respond to health related emergencies including controlling the spread of communicable diseases.	<p>Number of measles vaccinations given to under 5 in emergency or returnee situation 90% children &lt;5 within identified returnee/refugee/IDP communities are vaccinated against measles.</p> <p>Proportion of communicable diseases detected and responded to within 48 hours</p> <p>% of communicable diseases outbreaks detected and responded to within 48 hours.</p> <p>Number of disease outbreaks detected</p> <p>Number of disease outbreaks responded to and responded to within 48 hours</p> <p>Number of direct beneficiaries from emergency drugs supplies (RH kit)</p> <p>Number of kits (Meningitis and Cholera) distributed</p>	<p>IDSR data</p> <p>EWARN Reports</p>	<ul style="list-style-type: none"> <li>• Access to emergency sites is not impeded by insecurity and flooding</li> <li>• Staffing requirements met</li> </ul>
<b>Activity 1.2.1</b>	Strengthen 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;			
<b>Activity 1.2.2</b>	Submit weekly Integrated Disease and Surveillance Reports (IDSR) and EWARN Reports.			
<b>Activity 1.2.3</b>	Coordinate with other health care actors in information gathering and dissemination of timely information as the crisis unfold in each county			
<b>Output 1.3</b>	Increase the capacity of staff to respond to health emergencies	<p>Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR (28 Women, 42 Men)</p> <p>Number of health workers trained on EPI (28 Women, 42 Men)</p>	<p>Training Reports</p>	<ul style="list-style-type: none"> <li>• Staff are available for training at schedule dates</li> </ul>
<b>Activity 1.3.1</b>	Conduct training on MISP and EPI for Health facility staff			

## PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).

The workplan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

<b>Project start date:</b>	<b>01/01/2014</b>	<b>Project end date:</b>	<b>31/03/2014</b>
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Activities		Q1/2014		
		Jan	Feb	Mar
Activity 1	Operate primary health care services accessible to men women and children five days a week in 46 clinics (14 PHCCs, 32 PHCUs and one mobile clinic) in line with the Basic Package of Health Services, with laboratory services in all PHCCs and referral services to secondary facilities in place;	x	x	x
Activity 2	Operate six mobile units to provide emergency health services to IDPs (Agok (1), Twic (2), Baiet (1) and Ulang (1))	x	x	x
Activity 3	Oversee the procurement, supply and distribution of drugs, medical supplies and equipment.	x	x	x
Activity 4	Run EPI services through facilities and community outreach programmes	x	x	x
Activity 5	Conduct regular outreach and support community TBAs in mobilizing women to attend the clinic during pregnancy, for delivery and for PNC	x	x	x
Activity 6	Strengthen 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;	x	x	x
Activity 7	Submit weekly Integrated Disease and Surveillance Reports (IDSR) and EWARN Reports.	x	x	x
Activity 8	Conduct health promotion with locally appropriate IEC materials in clinics and in the community addressing priority diseases including recognition and referral for diarrhoea, malaria and ARIs, key health behaviours are also promoted including, the use of LLITNs particularly for pregnant women and children <5, hand washing, breastfeeding and health seeking behaviour. All community health messages have a particular focus on mothers of children <5.	x	x	x
Activity 9	Conduct training on MISP and EPI for Health facility staff		x	x
Activity 10	Provide measles and polio vaccinations to all children under five at IDP camps	x	x	x
Activity 11	Distribute Clean Delivery Kits to pregnant women at IDP camps	x	x	x

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