South Sudan
2012 CHF Standard Allocation Project Proposal
Proposal for CHF funding against Consolidated Appeal

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 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 proposal should explain and justify the activities for which CHF funding is requested and it 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. 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

SECTION I:

CAP Cluster	**Health**

CHF Cluster Priorities for 2012 First Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities	**Cluster Geographic Activities**
➢ Continuation of basic frontline services in high risk counties ➢ Increased emergency preparedness activities ➢ Continuation of support for agencies able to provide surge capacity	High risk/hotspot counties

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

Requesting Organization

GOAL

Project CAP Code

SSD-12/H/46232

CAP Project Title

Provision of integrated primary health care for vulnerable populations in Twic County, Warrap state; Agok, Abyei Administrative Area; Ulang and Baliet Counties in Upper Nile State.

Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)

Warrap State,
Twic County (Payams: Aweng, Panyok, Ajak-Kuac, Akoc, Turalei, Wunrok).
Agok (Payam: Rumamer)

Upper Nile State:
Baliet County (Payams: Nyongkuach, Abwong, Adong, Nyongrial),
Ulang County (Payams: Doma, Ulang, Yomding

Total Project Budget in South Sudan CAP	**Amount Requested from CHF**	**Other Resources Secured**
US$7,703,958	US$500,000	US$986,826

Direct Beneficiaries	
TOTAL	**275,862**
Women:	112,134
Men:	73,762
Girls:	44,120
Boys	45,847

Total Indirect Beneficiary

473,398

Catchment Population (if applicable)

473,398

	% (Health Cluster agreed estimate)	Catchment
Total		473,398
0-11 months	4%	18,936
Pregnant women	4%	18,936
6-59 months	19%	89,946
0-59 months	21%	99,414
15-49 years (WCBA)	25%	118,350
6mths - 15years	45%	213,029
Returnees	N/A	23,127
Pregnant and Lactating Women	N/A	36,948

Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)	**Project Duration** (max. of 12 months, starting from allocation date)
No implementing partners.	**Start Date 03/10/12** **End Date 03/09/13**

Address of Country Office	**Address of HQ**
Project Focal Person: Fay Ballard Email & Tel: 00211 959462505; fballard@ss.goal.ie e-mail country director: Fay Ballard, Acting Country Director; fballard@ss.goal.ie e-mail finance officer: jshawsmith@ss.goal.ie Address: GOAL South Sudan, Munuki, Juba, Sudan.	e-mail desk officer: cboucher@goal.ie e-mail finance officer: blane@goal.ie Address: 12-13 Cumberland St Dun Laoghaire, Dublin, Ireland

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population[1]

Health indicators in Twic County, Agok and the Sobat Corridor are amongst the most alarming in South Sudan. Significant displacement due to conflict in the Abyei area throughout 2011 overwhelmed any emerging local capacity to deliver services, with over 100,000 displaced from Abeyi and Agok, predominantly in to Twic and neighbouring counties[2]. Despite an agreement which stated that SAF and SPLA forces would withdraw from the area on the arrival of UNISFA peacekeepers, SAF forces remain in Abyei, and very few of the former 50,000 inhabitants have returned to Abyei town. Twic County has also received at least 16,799[3] returnees since the process of organised returns from Sudan began in late 2010 in anticipation of the 2011 Referendum on secession. This created a complex situation of services stretched beyond capacity by the successive waves of returnees and IDPs, leaving Agok and Twic areas host to crisis-affected populations for the foreseeable future. Basic services are inadequate, access to secondary health care facilities is limited, and unsupported[4] health facilities suffer from a severe lack of staff, equipment and infrastructure. Local populations have also been negatively affected by rebel militia movements in Upper Nile, and the recent insecurity in Jonglei State,resulted in IDPs fleeing to Baliet and Ulang. External support is essential to ensure provision of basic lifesaving health services, and maintenance of emergency response capacity to unpredictable health needs in these marginalised and vulnerable populations.

GOAL's 2011 MICS found high GAM rates of 24.9% and SAM at 6.2% in Twic, 26.6% GAM and 5.2% SAM in Sobat, and 16.5% GAM and 2.4% SAM in Abyei (WHO Ref.). Malnutrition underlies a large proportion of the unacceptable levels of child morbidity and mortality in Twic, Agok and Sobat, where U5 mortality rates were estimated at 1.32, 0.99, 0.83 (deaths per 10,000 per day) respectively. In Sobat, over 50% of children under five, 45.2% in Agok and 33.1% Twic were reported as suffering an illness in the two weeks prior to the survey, with malaria, acute respiratory infections and diarrhoeal illness the most prevalent.

Given the ongoing instability in the region, maintaining flexible emergency response capacity will be a key component of GOAL programmes in 2012. EPI coverage in all sites below the WHO target of 80% which, combined with frequent population movements, and associated difficulties with tracing defaulters, will result in the risk of disease outbreaks remaining high in 2012. Emergency EPI response and outbreak surveillance remain major priorities to ensure that any outbreak is detected and responded to within the first 48–72 hours.

Reproductive health indicators also remain low; the 2011 MICS estimated ANC2 attendance in Sobat at 51.2% and Agok at 34.0%, and uptake of clinic deliveries was estimated at 17.1% in Twic and 10.2% in Sobat. The minimal initial service package (MISP) remains critical for all pregnant women and women of childbearing age, and GOAL aims to ensure pregnant women receive all ANC services stipulated in the BPHS for South Sudan.

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

[2] UNCHR, IOM and the SSRRC all estimate that over 100,000 people were displaced by the violence in Abyei during May 2011. The population of Abyei town itself was estimated at 50,000, the vast majority of whom remain displaced due to continued SAF presence in the area. Large numbers of IDPs remain in the Agok area, south of the River Kiir, particularly in Mading Jokthiang, close to Agok town. At the height of the IDP crisis, over 50,000 IDPs were registed in Twic County alone (IOM update on IDPs, 8th June 2011) and some estimated that up to 80,000 IDPs were displaced in to Twic at this time.

[3] UNOCHA Map: Number of returnees by county arriving at their final destination, 30th October 2010 – 21st February 2012.

[4] "Unsupported" here refers to facilities which are MoH run; currently County Health Departments have little budgetary support,where they are present, and are often extremely stretched in terms of human resources for supervision.

B. Grant Request Justification
Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

In collaboration with the Ministry of Health (MoH), GOAL supports a network of 24 health facilities (11 clinics in Twic, five in Agok, four in Baliet and four in Ulang) in the delivery of the Basic Package of Health Services for South Sudan providing a safety net for 461,851 highly vulnerable people living in these areas. GOAL has significant experience in South Sudan, having implemented PHC programmes since 1998, and is the lead partner for health in supported counties.

In line with cluster priorities, GOAL aims to maintain the existing safety net of services in Twic, Agok, Baliet and Ulang, with support to comprehensive PHC services in all locations, providing life-saving curative and preventive care, including EPI, ANC, PNC and safe delivery, in addition to facilitating referrals to secondary facilities. GOAL also aims to improve access to family planning services and to increase awareness of STIs including HIV. Health Promotion sessions will be complemented by the celebration of events such as Breastfeeding Week, World Malaria Day and World AIDS Day, and annual campaigns on Health and Hygiene, EPI, Malaria and HIV awareness. GOAL will expand its community health outreach by strengthening the network of volunteer cadres, such as Peer Educators, and Care Group facilitators who will be trained and supported to disseminate key community health messages.

GOAL will continue to respond to communicable disease outbreaks and strengthen emergency preparedness in line with health cluster priorities for 2012. The current capacity of the MoH, particularly at the County level, remains limited, necessitating continued external support within the framework of a realistic exit strategy. GOAL works closely with the county health department in assessing, planning and implementing activities, including in emergency response, focusing on increasing vaccination coverage and building local capacity to support communicable disease control, in line with health cluster priorities. Emergency EPI response will include vaccination against measles and polio[5], vaccination of other antigens (DPT and BCG). Outbreak surveillance will remain a major priority for GOAL during this period to ensure that any outbreak is detected and responded to within the first 48 – 72 hours. EWARN reports are submitted weekly across all sites. GOAL will ensure that immunisation schedules adhere to the MoH guidelines on immunisation for children under five during emergencies.

GOAL maintains emergency response capacity in all sites, providing mobile clinic services for displaced populations where appropriate. At the time of writing, GOAL continued to provide mobile clinic services to populations displaced from Abyei town, who have settled in Mading Jokthiang, close to Agok town. As it is unlikely that there will be a rapid resettlement in to Abyei town, GOAL plans to establish a more permanent structure in Mading Jokthiang early in 2012. GOAL also maintains cholera and meningitis kits in each field site to ensure preparedness, and coordinates closely with MoH and WHO should an outbreak occur.

GOAL also aims improve capacity of facility staff and MoH staff, on case management of communicable and other common diseases and malnutrition, emergency preparedness and response. In addition, on the job training and supervision on HIS documentation for improved data reporting will be carried out, and where possible staff are supported to undertake registered qualifications endorsed by the MoH.

C. Project Description (For CHF Component only)

i) Purpose of the grant
Briefly describe how CHF funding will be used to support core humanitarian activities

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, to reduce the incidence of disease outbreaks and contribute to a reduction in deaths due to preventable common illnesses. GOAL proposes to ensure that static and mobile health facilities continue to operate despite the influx and that there is additional support to ensure that the current standard of health status is maintained. CHF funding would partially fill an identified funding gap of $3,454,205, for this intervention which will also be funded by Irish Aid, DG ECHO, OFDA and the Basic Services Fund.

ii) Objective
State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

To improve access to, and utilisation of, health services for 473,398 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)

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.

• Operate curative care services accessible to men women and children 5 days a week in 24 clinics (9 PHCCs and 13 PHCUs and one mobile clinic[6]) in line with the Basic Package of Health Services, with laboratory services in all PHCCs and emergency referral services in place;	• Warrap State (Twic County and Agok) • Upper Nile State (Ulang and Baliet Counties)	**Total beneficiaries: 275,862** Men: 73,761 Women: 112,134 Girls:44,120 Boys: 45,847
• Ensure the provision and timely	• Warrap State (Twic County and	**Total beneficiaries: 275,862**

[5] 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.
[6] Mobile clinic is currently in Mading Jokthiang, however a more permanent structure is being constructed, and this would be classed as a PHCU in 2012.

distribution of medicines, equipment and other essential supplies;	Agok) • Upper Nile State (Ulang and Baliet Counties)	Men: 73,761 Women:112,134 Girls:44,120 Boys:45,847
• Provide Routine ANC services, including TT, IPT, LLITN, iron/folic acid, de-worming in all health facilities, and basic EmOC services in PHCCs with EmOC referral systems in place for PHCUs;	• Warrap State (Twic County and Agok) • Upper Nile State (Ulang and Baliet Counties)	Pregnant women: 18,474
• Provide home delivery kits to women at ANC2 visits or in third trimester; conduct regular outreach and support community TBAs in mobilizing women to attend the clinic during pregnancy and for delivery	• Warrap State (Twic County and Agok) • Upper Nile State (Ulang and Baliet Counties)	Pregnant women: 18,474
• Conduct routine EPI services in all clinics including EPI outreach to more remote areas and EPI defaulter tracing as well as supporting MoH vaccination campaigns and ensuring provision of Vitamin A and de-worming tablets; children completing their 3rd dose of DPT will also receive LLITN.	• Warrap State (Twic County and Agok) • Upper Nile State (Ulang and Baliet Counties)	Children < 1: 18,474 (EPI) Children <5: 96,989 (Deworming and Vitamin A)
• Establish EWARN/emergency plans in conjunction with the MoH and provide training in order to strengthen emergency response capacity of health staff; ensure the pre-positioning of EWARN supplies to all supported health facilities;	• Warrap State (Twic County and Agok) • Upper Nile State (Ulang and Baliet Counties)	Total Catchment: 473,398
•Conduct formal and on-the-job training for male and female health staff, community health staff and community volunteers on topics which aim to address key causes of poor health in communities (IECHC, emergency preparedness and response, Reproductive Health, EPI)	• Warrap State (Twic County and Agok) • Upper Nile State (Ulang and Baliet Counties)	Total beneficiaries: 340 clinic staff and community volunteers including home health promoters and community TBAs.
• Conduct Quarterly Diagnosis Vs Treatment Vs Prescription audits in all supported health facilities in order to improve the quality of service delivery and collect and analyze Health Information System data each month for ongoing monitoring of population health;	• Warrap State (Twic County and Agok) • Upper Nile State (Ulang and Baliet Counties)	N/A (Indirectly, all consultations: 275,862
• 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.	• Warrap State (Twic County and Agok) • Upper Nile State (Ulang and Baliet Counties)	Total catchment: 473,398
• Pilot Care Group Model	Warrap State (Twic County)	240 ll female)
• Peer Education Pilot	Warrap State (Twic County) Upper Nile State (Ulang and Baliet Counties)	60 adult peers (30 per site) (including at least 18 female)
• Community Led Total Sanitation	Upper Nile State (Ulang County)	2,000 people (980 male, 1020 female) (4 villages approximately)
iv). Cross Cutting Issues Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)		

Gender

GOAL conducted a comprehensive gender audit in 2010. This was a substantial piece of research which sought the opinions of beneficiaries as well as staff at all levels within GOAL from the cleaners to the senior management. It found that GOAL staff are aware of gender but many feel they lack the specific knowledge on how to make it relevant for their work. In 2011 GOAL's Global Gender Advisor visited the programme to facilitate trainings on gender mainstreaming for all staff and to draft the GOAL South Sudan Country Gender Plan. 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 community. GOAL does not have gender balance in staffing, especially in senior national positions. 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. The strategic plan will be followed by training of Gender Focal Points (GFPs) at each field site to support all staff to integrate gender sensitivity into their work.

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, and that both are able to have access and control over opportunities and resources. Promoting gender equitable access to, 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 through the inclusion of women in key decision making roles, for example in the management of Village Health Committees (VHCs), which are elected for each supported facility.

HIV

The response to the HIV pandemic in South Sudan is still at an early stage with no agreed prevalence baseline, very low levels of understanding and low access to treatment and counseling services. 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 and the demonstration of their correct use in GOAL-supported facilities. 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 a low resource and low prevalence setting like South Sudan, the most appropriate strategy for addressing HIV vulnerability is through gender mainstreaming. As a result, GOAL has focused on conducting a gender audit and gender strategic plan, as detailed above.

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 would include appropriate disposal (burial, incineration) of clinic supplies, including drugs and used medical items, and undertaking initial environmental reviews 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.

Accountability to beneficiaries
At all stages of the programmed design and intervention GOAL works to engage communities and ensure that there are open communication lines in place to hear feedback from beneficiaries and to discuss how to adapt programmers to best suit real needs. Regular community and PHC staff meetings are held and contribute to GOAL's strategic planning approach.

v) Expected Result/s
List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

Improved access to sustainable Primary Health Care Services in target locations

In 2012, GOAL will concentrate on improving the quality of the curative and preventative service given in all clinics. The preventative care services available in the clinics a minimum of 5 days a week will include EPI, Reproductive Health, ANC, Growth Monitoring and health and nutrition messaging, in addition to routine curative consultations in all GOAL-supported clinics.

Improved knowledge of health/hygiene practices amongst target population

In 2012, GOAL will focus on raising awareness and effecting positive behavior change in relation to the major causes of morbidity and mortality in the target area. GOAL is moving from provision of health messaging, towards community owned behavior change models, including Peer Group education, a Community Led Total Sanitation pilot, Care Group Models in areas which fall outside of clinic catchments and Nutrition Impact and Positive Practice (NIPP) circles, designed to address moderate acute malnutrition (MAM) in children and pregnant and lactating women through a preventative approach.

Strengthened Capacity to deliver sustainable PHC services

Throughout 2012 GOAL will focus on strengthening the capacity of the community and existing staff to deliver effective health outcomes while continuing to develop closer links and coordination structures with the Ministry of Health. GOAL will place a particular emphasis on increasing the numbers of qualified health staff in all locations and key programmed activities will include the provision of on the job and refresher training and external training where possible

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	Indicator	**Target (indicate numbers or percentages)**
1	Number of births attended by skilled birth attendants	No of births: Twic: 1,250

		Agok: 193 Sobat: 434
2	Number of under 5 consultations	No of children (consultations): Agok: 16,657 (8403 male, 8,255 female) Twic: 49,921 (25,544 male, 24,377 female) Sobat 29,235 (14,875 male; 14,860 female)
3	Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR (Male and Female)	No of workers trained (Male and Female) All sites: 80 (55 male,25 female)
4	Number of children <5 vaccinated against measles in emergency or returnee situation	90% children <5 within identified returnee/refugee/IDP communities are vaccinated against measles.
5	Communicable disease outbreaks detected and responded to within 72 hours	# Communicable diseases outbreaks detected and responded to within 72 hours.

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 directly implement this programme throughout 2011, in coordination with the MoH at GoSS, State and County levels. GOAL will provide support to County MoH structures, which includes the secondment of a clinical officer (CO) to the CHD in Twic, which will be replicated in Ulang during 2012 and possibly also in Baliet. The seconded CO in Twic is currently supporting the completion of an inventory of MoH supported facilities in the county, and identifying key strategic areas for support from GOAL. This may include training, or facilitating the management of a small operating budget by the CHD. GOAL also supports the election and training of Village 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 not only that females are represented in the VHCs but that they assume management positions within the committees.

Primary Health Care

Throughout 2011, all GOAL-supported facilities will continue to follow GOSS-MoH diagnosis, treatment and prescription protocols, and will be continuously 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 2 hours walk from health facilities, when access allows. Functional cold chains will be maintained in all PHCCs and GOAL is focusing efforts at establishing static cold chain capacity at all supported 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 de-worming 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 2012 to ensure that all clinics are able to provide this service 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

With technical, administrative and resource based support from GOAL, community health promoters, home health promoters and peer educators will deliver priority health promotion messages within their respective facility catchments throughout the course of the proposed intervention. During 2012 health promotion sessions will be conducted in clinics and community locations such as schools and markets, in addition to the celebration of awareness raising events such as International Malaria Day, World Health Day and World AIDS Day and the development and distribution of community appropriate Information Education & Communication (IEC) materials.

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 Plan
Describe how you will monitor progress and achievements of the project.

GOAL utilises a comprehensive M&E system to ensure the appropriate delivery of effective and sustainable services. These will include: Multi Indicator Cluster Surveys, KABP surveys, clinic HIS data and exit surveys, and other means of verification as outlined in the Logframe to be carried out with local community and partner NGOs and the MoH. In addition, the Primary Health Care Coordinator and other members of the Senior Management Team will make regular visits to the project sites to meet with project staff and assess overall implementation.
GOAL conducts ongoing supervision of staff and quarterly diagnosis/treatment assessments which are the main tool for monitoring improved capacity of health care service delivery across programme sites; this will be continued in 2012. 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/EWARN to GOSS and SMOH and monthly HIS reports to SMoH.
Health Promotion and Community Health teams will conduct annual pre and post campaign surveys on hygiene, malaria and breastfeeding as these areas have been identified as key areas for measuring levels of improved practice in community behavior.
A monthly field report is sent to Juba with analysis and explanations for results and trends and GOAL provides regular reports as per donor request. The Multi Indicator Cluster Survey is conducted annually and provides for comparative review and monitoring. 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.

E. Committed funding
Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

Source/donor and date (month, year)	**Amount** (USD)
OFDA	$210,415
Basic Services Fund	$792,560

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.

LOGFRAME		
CHF ref. Code: SSD-12/H-46232	**Project title: Provision of Sustainable and Integrated Primary Health Care Services to Vulnerable Populations in Twic County and Agok (Warrap State), Baliet and Ulang Counties (Upper Nile State)**	**Organisation: GOAL South Sudan**

Overall Objective: • To improve access to, and utilisation of, health services for 473,398 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:** • CMR<1/10,000/day • U5MR<2/10,000/day •	**How indicators will be measured:** • GOAL Multi Indicator Cluster Survey (MICS)	• Security situation does not impede humanitarian access • Climatic disasters (unusually severe flooding for example) do not occur • Funding for operations is obtained
Specific Project Objective/s: *To increase access to basic, integrated primary health care services in the target area*	**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 (HIS and MICS) • >70% of population within coverage of health services in targeted counties	**How indicators will be measured:** • Annual GOAL Multi Indicator Cluster Survey (MICS) • Clinic HIS Data	**Assumptions & risks:** • Security situation does not impede humanitarian access • Climatic disasters (unusually severe flooding for example) do not occur • Funding for operations is obtained
Results - Outputs (tangible) and Outcomes (intangible): *Increased access to sustainable Primary Health Care Services in target locations*	**Indicators of progress:** Number of consultations for <5sTarget: • Agok: 16,657 (8403 boys, 8,255 girls) • Twic: 49,921 (25,544 Boys, 24,377 girls)Sobat 29,235 (14,875 boys; 14,860 girls Number of births attended by a skilled attendant. Target: • Twic: 1,250 • Agok: 193, Sobat: 434 • 80% DPT3 coverage in all sites	**How indicators will be measured:** • Clinic HIS data	**Assumptions & risks:** • Access to clinics is not impeded • Procurement chain operates effectively • Staffing requirements met

	• Number of children 6 - 59 months vaccinated against measles in emergency or returnee situation Target: 90% children <5		
Improved knowledge of health/hygiene practices amongst target population	• 4,000 health/hygiene promotion sessions per qtr (across 3 sites) • >15% increase in healthy practices[7] in annual M&E surveys among target beneficiaries	• GOAL Community Health Data • GOAL Annual MICS	• Community acceptance and interest maintained • Community leaders supportive • Programme areas are accessible
Strengthened Capacity to deliver sustainable PHC services	• Number of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR (Male and Female) • Communicable disease outbreaks detected and responded to within 72 hours • > 90% < 5s treated correctly for Malaria, Diarrhoea, ARI	• Training records • Clinic HIS Data • Quarterly DxTx Data	• Relationship with MoH remains strong • MoH capacity does not diminish
Activities: ***Improved provision of PHC services in target locations*** • Operate curative care services 5 days a week in all clinics • Provide routine ANC services, including TT, IPT, LLITN, iron/folic acid, de-worming, and basic EmOC services in PHCCs and referral services in PHCUs • Provide and distribute medicines, equipment and other essential supplies • Operate mobile clinics where necessary, in response to significant population influx ***Improved knowledge of health/hygiene practices amongst target population*** • Conduct quarterly training sessions for	**Inputs:** • Staff time (Direct supervision staff, Field and Juba based support staff) • Medical Equipment • Drugs • GOAL facilities / Office / compounds • Training materials (stationery, etc) • IEC materials • Visibility materials • Vehicles • Flights • Computer and office equipment		**Assumptions, risks and pre-conditions:** • 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 • Uninterrupted procurement chain maintained; no ruptures of stock in GOAL supported health services • HIV activities are

[7] Mothers with children <5 reporting clinic use when a child has an episode of fever, diarrhoea or RTI,

community health staff • Pilot Care Group Model / Peer Education / CLTS • Deliver routine health messages in clinics and in the community addressing priority diseases ***Strengthened Capacity to deliver sustainable PHC services*** • Conduct formal and on-the-job training and supervision for clinic staff • Collaborate with MoH and County Health Department in planning and evaluation of programmes through training and capacity building • Strengthen EWARN/Emergency plans in conjunction with MOH across all field locations			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.

Activity	**Q1 / 2012**			**Q2 / 2012**			**Q3 / 2012**			**Q4 / 2012**			**Q1. / 2013**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Result 1: ***Improved provision of PHC services in target locations***	N/A														
Activity (1.1) Operate curative care services 5 days a week in all clinics			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.2) Provide routine ANC services, including TT, IPT, LLITN, iron/folic acid, de-worming, and basic EmOC services in PHCCs and referral services in PHCUs			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.2) Provide and distribute medicines, equipment and other essential supplies			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.3) Provide home delivery kits to women at ANC2 visits or in third trimester			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.4) Conduct routine EPI services and conduct Defaulter tracing for EPI			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.5) Conduct growth monitoring and operate OTPs in PHCCs			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.6) Operate mobile clinics where necessary, in response to significant population influx			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.7) Operate curative care services 5 days a week in all clinics			X	X	X	X	X	X	X	X	X	X	X	X	X
Result 2: Improved ***knowledge of health/hygiene practices amongst target population***															
Activity (2.1) Conduct quarterly training sessions for community health staff, which aim to address key causes of poor health in communities: (Malaria, diarrhoeal diseases, ARIs, IECHC) and community mobilisation techniques			X			x			X			X			X
Activity (2.2) Deliver key nutrition education sessions			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (2.3) Develop and distribute community appropriate IEC materials			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (2.4) Deliver routine health messages in clinics and in the community addressing priority diseases			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (2.5) Pilot Care Group Model, CLTS, Peer Education in selected locations			X	X	X	X	X	X	X	X	X	X	X	X	X
Result 3: Strengthened Capacity to deliver sustainable PHC services															
Activity (3.1) Conduct formal and on-the-job training and supervision for clinic staff			X	X	X	X	X	X	X	X	X	X	X	X	
Activity (3.2) Collaborate with MoH and County Health Department in planning and evaluation of programmes through training and capacity building (and secondment of Clinical Officer to CHD where appropriate)			X	X	X	X	X	X	X	X	X	X	X	X	
Activity (3.3) Strengthen EWARN/Emergency plans in conjunction with MOH across all field locations			X	X	X	X	X	X	X	X	X	X	X	X	
Activity (3.4) Conduct Quarterly DxTxPx survey/clinic audit				X			X			X			X		
Activity (3.5) Collect and analyse HIS data each month															

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