

Project Proposal

Organization	GOAL (GOAL)																																
Project Title	The provision of integrated primary health care services and emergency response to IDP, host and returnee communities that have been directly and indirectly affected by the current crisis in Akoka, Baliet, Maiwut, Melut and Ulang Counties, Upper Nile State, South Sudan.																																
Fund Code	SSD-15/SA1/H/INGO/391																																
Primary Cluster	HEALTH	Secondary Cluster	None																														
Project Allocation	1st Round Standard Allocation	Allocation Category Type	Frontline services																														
Project budget in US\$	269,999.98	Planned project duration	6 months																														
Planned Start Date	01/01/2015	Planned End Date	30/06/2015																														
OPS Details	OPS Code	SSD-15/H/73107	OPS Budget																														
	OPS Project Ranking		OPS Gender Marker																														
Project Summary	<p>This programme seeks to address the Primary Health Care (PHC) needs of host, IDP and returnee populations in emergency contexts. GOAL will operate a total of 39 fixed and 13 mobile health clinics across Baliet, Longochuk, Maiwut, Melut and Ulang Counties in Upper Nile State (UNS). Mobile clinics will be deployed to provide emergency health response to displaced populations. Improving access to high quality health in GOAL's areas of operation in Upper Nile State includes all components of PHC, including: control of communicable diseases, community health prevention and control, curative care, Expanded Programme of Immunization (EPI), reproductive healthcare and nutrition. The majority of consultations conducted at GOAL clinics are with women and children. GOAL implements its EPI vaccination programme within supported facilities and through outreach activities in communities where access to PHC services is limited. GOAL provides the following reproductive health services in order to reduce neonatal and maternal mortality and morbidity: early detection of complications and appropriate referral, malaria and anaemia prophylaxis, administration of tetanus toxoid, ante natal care (ANC), post natal care (PNC), delivery by skilled birth attendants and the provision of clean delivery clinics. Children aged 6-59 months with severe acute malnutrition (SAM) are treated at outpatient therapeutic programmes (OTPs) that are operational in most of GOAL's health facilities. Defaulter tracing is conducted by community health staff to ensure immunization courses are completed, women attend ANC and children complete the SAM interventions. In 2015, rehabilitation works to be conducted at health facilities will include installing ramps for ease of access for disabled and elderly patients at all facilities as well as constructing disability friendly latrines at all primary healthcare centres (PHCCs).</p>																																
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>12542</td> <td>13054</td> <td>3401</td> <td>3539</td> <td>32,536</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>People in Host Communities</td> <td>11041</td> <td>11491</td> <td>3002</td> <td>3124</td> <td>28658</td> </tr> <tr> <td>Internally Displaced People</td> <td>1501</td> <td>1563</td> <td>399</td> <td>415</td> <td>3878</td> </tr> </tbody> </table>				Men	Women	Boys	Girls	Total	Beneficiary Summary	12542	13054	3401	3539	32,536	Total beneficiaries include the following:						People in Host Communities	11041	11491	3002	3124	28658	Internally Displaced People	1501	1563	399	415	3878
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Indirect Beneficiaries	270100	Catchment Population	396400																														
Link with the Allocation Strategy	<p>In line with the Health Cluster's objective to 'improve access to, and responsiveness of, essential and emergency health care, and emergency obstetric care services', GOAL has significantly expanded its programming from 34 clinics in 2013 to a total of 59 in 2014. GOAL is currently the lead healthcare provider in Baliet, Maiwut and Ulang Counties in UNS as well as running both mobile and fixed clinics in Akoka (Baliet) and Melut to meet the needs of people in IDP camps; GOAL has also submitted to IMA to become the lead healthcare provider in Longochuk County in UNS. Reproductive healthcare (RH) is integrated into primary healthcare provision at both fixed and mobile health facilities. Comprehensive RH care provided includes: ANC and delivery care (through Basic Emergency Obstetric Care (BEmOC) and referral to secondary facilities for women requiring comprehensive emergency obstetric care (CEmOC)); PNC for the new-born and the mother, breastfeeding support and post abortion care, medical care in response to gender based violence, family planning services, sexually transmitted infections (STI) prevention and management, HIV prevention, and supplementation with Vitamin A, iron and folates. In terms of disease outbreaks, GOAL submits Integrated Disease Surveillance Reports (IDSRs) to the Ministry of Health (MoH) on a weekly basis from all its facilities in order to support the detection of disease outbreaks. Additionally, GOAL staff also produce weekly EWARN reports. In terms of prevention, GOAL conducts vaccinations at health facilities and through outreach activities in difficult to reach communities. GOAL partners with the MoH, UNICEF and WHO to conduct mass vaccination campaigns in its operational areas when disease outbreaks are detected. GOAL provides on the job and refresher training to all diagnostic staff in GOAL-supported facilities on communicable diseases and appropriate treatment and care. Response is further supported through the provision of drugs and medical supplies in addition to technical expertise from GOAL South Sudan's Health Coordinator and GOAL's Global Health Advisor. Through this proposed action GOAL will support the Health Cluster's third objective: 'improve availability, access and demand for services targeting highly vulnerable people' through increasing the number of health facilities it supports and improving the quality of care offered by each of them. Increased availability and access is achieved through primary health care centres (PHCCs) being operational 24 hours a day, seven days a week, and Primary Health care units (PHCUs) being operational from 9am to 5pm on weekdays as well as GOAL supporting mobile health facilities to provide emergency response in IDP camps. GOAL also provides vaccinations through its outreach services, ensuring that children in difficult to reach and remote areas are immunized against common diseases. To improve demand, GOAL conducts health promotions sessions in communities on communicable diseases, reproductive healthcare, health and hygiene, STDs and HIV/AIDS to promote health seeking behaviour. GOAL also integrates nutrition programming with primary healthcare provision, and through its OTPs located at health facilities treats severe acute malnutrition (SAM). Attached to each clinic is a Boma Health Committee (BHC) that is responsible for informing the communities of developments at health facilities as well as dealing with complaints from patients about clinic staff and/services.</p>																																
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)		<table border="1"> <thead> <tr> <th>Source</th> <th>US\$</th> </tr> </thead> <tbody> <tr> <td>IMA Baliet</td> <td>250,100.00</td> </tr> <tr> <td>IMA Maiwut</td> <td>424,998.00</td> </tr> <tr> <td>IMA Ulang</td> <td>263,664.00</td> </tr> <tr> <td></td> <td>938,762.00</td> </tr> </tbody> </table>	Source	US\$	IMA Baliet	250,100.00	IMA Maiwut	424,998.00	IMA Ulang	263,664.00		938,762.00																				
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BACKGROUND INFORMATION

1. Humanitarian context

analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

In 2014, GOAL expanded its geographical coverage in terms of PHC provision from Agok and Twic Counties in Warrap State and Baliet and Ulang Counties in UNS to include Melut and Maiwut Counties. This expansion occurred as a result of population displacement from Baliet to Akoka and Melut Counties. GOAL also became the lead PHC provider in Maiwut County, a status it also has in Agok, Twic, Baliet and Ulang. Currently GOAL supports 65 health facilities (19 PHCCs, 40 PHCUs and six mobile units) and is also planning to submit to IMA to become the lead primary health care provider in Longochuk County and run four PHCCs and 10 PHCUs. GOAL's network of clinics, emergency response capacity and areas of operation in corridors of population movement (specifically in UNS) ensure the organization is uniquely placed to meet the health needs of IDPs, host and returnee communities. GOAL currently provides emergency health response in twelve IDP camps (five in Warrap and seven in UNS), meeting the needs of 55,567 people, while GOAL is also responding to 8,444 returnees in Ulang (figures taken from OCHA South Sudan Situation Map – Oct 2014). At all programme sites, GOAL integrates nutrition (including the treatment of SAM and MAM) and WASH programming to provide a multi sectoral response to improving health outcomes amongst targeted communities. Analysis of DHIS data from 2013 (Agok, Twic, Ulang and Baliet) found that women and children under five years make up 72% of all patients that presented for consultations (44% and 28% respectively) indicating the importance and need of GOAL's PHC services for these specific groups. Malaria, acute respiratory infections (ARIs) and acute watery diarrhoea continue to account for the highest proportion of the disease burden with prevalence rates across the aforementioned counties in 2013 found to be 23%, 14% and 17% respectively in children less than five years. Between February and September 2014, malaria, ARIs and diarrhoea accounted for 41% of all diagnosis for children less than five years that attended mobile units in IDP camps. Multi Indicator Cluster Surveys (MICS) conducted in 2014 in both Agok and Twic found that

measles coverage for children aged 9-59 months was not at herd immunity levels at 78% and 81.3% respectively. The same was the case amongst the same age group for DPT3 coverage at 85.8% and 84.7%. In both counties, there were dramatic reductions in the percentage of women who attended ANC2 and ANC4 from 61.8% to 23.6% in Agok and from 87.8% to 24.1% in Twic. Sustained efforts are required to improve maternal and child healthcare interventions. Initial Rapid Needs Assessments (IRNAs) carried out in Akoka/Melut (March 2014), Baliet (August 2014) and Ulang (September 2014) identified key gaps in healthcare provision. In Melut, Mabek and Akoka, it was observed that poor uptake exists amongst IDPs existing in terms of health facility delivery by skilled birth attendants (SBAs). Conflict in Baliet resulted in the looting of GOAL facilities and subsequently, there is a need to ensure drug supply, reinstate cold chain systems and provide warehousing and accommodation for storage and supervision of clinics. Similar needs were found to exist in Ulang as well as a need to support IDPs in Nyangora and Barmach with mobile health response units. In the affected counties, the rainy season and constant threat of insecurity have impacted the response but GOAL is establishing a dedicated RH unit in Melut, has supplied clinics in Baliet and Ulang with medical supplies and drugs with future plans to reinstate cold chain supply in both areas and to conduct mass immunization campaigns. Mobile response units have also been set up in Ulang. A rapid health assessment conducted in July by GOAL's Global Health Advisor in Maiwut identified the need to increase nutrition interventions from four to ten clinics, expand cold chain supply and to work on strengthening reporting systems at all facilities.

2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

3. Description Of Beneficiaries

GOAL uses UNICEF's recommended population breakdown to estimate the number of men (49%) and women (51%) and people aged above five years (79%) and below five years (21%). GOAL works with host, IDP and returnee communities. GOAL has worked in Twic County since 1998 and in Agok since 2003. Decades of conflict, damage to infrastructure and inequality in distribution of resources have rendered basic services in these counties among the least developed in the country. The lasting impact of the civil war with Sudan, in addition to the threat of land incursion along the Sudan/South Sudan border, combined with on-going internal insecurity has had a profound impact on these communities. GOAL has been operational since 2007 in two counties in UNS which have directly been affected by the conflict: Baliet and Ulang. Their geographical position and proximity to major flash points of the conflict, including the state capital, Malakal, and other major towns such as Nasir and Melut – as well as Akobo and Lankien in Jonglei State – render both vulnerable to attack and mass displacement. Ulang itself is predominantly Nuer and considered to be opposition held although it was attacked by government forces in April 2014. Baliet County is predominantly Dinka and has served as a corridor for opposition forces from Nasir and Ulang to travel through and launch attacks on Malakal and other areas. This has resulted in local infrastructure and villages being looted and destroyed, with all of GOAL's seven primary health care facilities suffering the same fate. The majority of Baliet's population fled to Akoka and Melut Counties. GOAL is committed to serving the beneficiaries it has traditionally worked with and as a result expanded its operations to these areas of displacement. In August, GOAL commenced operations in Maiwut after being awarded the contract to be the lead healthcare provider in the County. This was followed by GOAL securing OFDA funding to implement nutrition programming to treat SAM and MAM in Maiwut and adjoining Longochuk County. GOAL's operational presence in the latter as well as its vast experience of implementing PHC is what has prompted GOAL to apply to be the lead healthcare provider in the County. GOAL currently provides emergency health response in seven IDP camps in UNS, meeting the needs of 55,567 people and is also responding to 8,444 returnees in Ulang (IDP and returnee figures taken from UNOCHA South Sudan Situation Map – October 2014).

4. Grant Request Justification.

The funding will enable GOAL to deliver emergency health services, as well as prepare for and respond to disease outbreak including cholera in medium and high priority areas. GOAL through its years of experience of implementing emergency, recovery and development primary health care programmes has a strong understanding of the challenges and constraints that exist and has devised the strategy for this programme accordingly. Due to the volatility of the security situation in South Sudan, and specifically in the operational areas, GOAL will operate with flexibility, allowing for hibernation of programmes when insecurity spikes, as well as providing a rapid response when areas reopen. This strategy especially pertains to UNS where GOAL expanded its programming in 2014. GOAL has positioned itself so that it can respond to mass displacement in both government and opposition held areas and with bases in all Counties can concentrate activities in the areas IDPs relocate to. GOAL currently has a network of 65 fixed and mobile clinics across six Counties in South Sudan including 19 PHCCs, 40 PHCUs and six mobile health units. GOAL is the lead primary healthcare provider in Agok and Twic Counties, Warrap State and Baliet, Maiwut and Ulang Counties with plans to apply to be the same in Longochuk County. GOAL has successfully secured funds from IMA, HPF and OFDA for the provision of primary health care in 2014. GOAL is also in the process of applying to Irish Aid and ECHO to co-fund aspects of these grants. However, current funding streams are insufficient to cope with increased facilities to be supported and growing utilisation numbers. CHF funds greatly enable GOAL to augment and fill the gaps of its existing health programming and emergency response at all of its seven operational counties. GOAL is cognizant of the limited funding for drugs and the urgent need to preposition stocks to ensure better emergency response capacity and negate the impact of conflict and flooding have on transportation. Accessing drugs through the MoH system is difficult with supply being erratic and unpredictable. Funding is also required to ensure timely collection of data and submission of IDSR and EWARN 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 DPT 3 vaccinations and women who have attended their first ante natal care visit. 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).

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

LOGICAL FRAMEWORK

Overall project objective

To provide lifesaving and quality primary healthcare services through GOAL's network of fixed health facilities and emergency mobile health units to IDP, host and returnee communities that have been directly or indirectly affected by the current crisis in Baliet, Longochuk, Maiwut, Melut and Ulang Counties in Upper Nile State, South Sudan. GOAL aims to improve the health status of its targeted communities, especially women and children through the provision of a comprehensive primary health care package, including; diagnosis and treatment of communicable diseases, community health prevention and control, curative care, expanded programme of immunisation (EPI), reproductive healthcare and nutrition.

Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Improve access to, and responsiveness of, essential including emergency health care, and emergency obstetric care services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	60
2015 SSO 2: Enhance existing systems to prevent, detect and respond to disease outbreaks	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	10
2015 SSO 3: Improve availability, access and demand for Gender Based Violence and Mental Health and Psycho-Social Support services targeting highly vulnerable people	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	30

Outcome 1	Improved access to health facilities providing quality primary healthcare and emergency response for 45,026 people	
Code	Description	Assumptions & Risks
Output 1.1	Improved access to sustainable Primary Health Care Services in target locations	<ul style="list-style-type: none"> Security and political situation allow for humanitarian access No significant changes occur in target population Suitably qualified staff are identified, recruited and trained GOAL procurement and supply chains are maintained and uninterrupted Prepositioning of assets and supplies is completed before the onset of the rainy season Communities are motivated to participate in activities All necessary funding secured Climatic and weather conditions are as expected Exchange rates remain stable Localised conflict or emergencies do not result in inability to remotely monitor programme

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] Total # of outpatient consultations in conflict-affected and other vulnerable states	12542	13054	3401	3539	32536
		Means of Verification:	DHIS				
Indicator 1.1.2	HEALTH	[Frontline services] # of children under 5 who have received measles vaccinations in emergency or returnee situation			3401	3539	6940
		Means of Verification:	Emergency HIS				
Indicator 1.1.3	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					30
		Means of Verification:	DHIS				
Indicator 1.1.4	HEALTH	[Frontline services] # of children with 3 doses of pentavalent vaccine			646	672	1318
		Means of Verification:	DHIS				

Activities

Activity 1.1.1	Operate primary health care services accessible to men, women and children five days a week in 39clinics (9 PHCCs, 30 PHCUs and 13 mobile clinics) in line with the Basic Package of Health Services, with laboratory services in all PHCCs and referral services to secondary facilities in place;
Activity 1.1.2	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.
Activity 1.1.3	Operate mobile emergency health services in Baliet, Longochuk, Maiwut, Melut and Ulang for IDPs affected by conflict and increase

Output 1.2

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

- Security and political situation allow for humanitarian access
- No significant changes occur in target population
- Suitably qualified staff are identified, recruited and trained
- GOAL procurement and supply chains are maintained and uninterrupted
- Prepositioning of assets and supplies is completed before the onset of the rainy season
- Communities are motivated to participate in activities
- All necessary funding secured
- Climatic and weather conditions are as expected
- Exchange rates remain stable
- Localised conflict or emergencies do not result in inability to remotely monitor programme

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					100
		Means of Verification:	EWARN reports DHIS				

Activities

Activity 1.2.1	Review EWARN emergency plans in conjunction with CHD in the areas of operation
Activity 1.2.2	Respond to disease outbreaks occurring in the locations where GOAL is operational.
Activity 1.2.3	Collect, analyse and Submit weekly Integrated Disease Surveillance Response (IDSR) data.
Activity 1.2.4	Coordinate with other health care actors in information gathering and dissemination of timely information as the crisis unfold in each county
Activity 1.2.5	Preposition emergency supplies (cholerae and meningitis kits) to assist in responding to emergency outbreak in areas of operation
Activity 1.2.6	Collect and report weekly and monthly reports
Activity 1.2.7	conduct monitoring and support supervision visits in the field sites by Area health managers and technical coordinators

Output 1.3

Increase the capacity of staff to respond to health emergencies

- Security and political situation allow for humanitarian access
- No significant changes occur in target population
- Suitably qualified staff are identified, recruited and trained
- GOAL procurement and supply chains are maintained and uninterrupted
- Prepositioning of assets and supplies is completed before the onset of the rainy season
- Communities are motivated to participate in activities
- All necessary funding secured
- Climatic and weather conditions are as expected
- Exchange rates remain stable
- Localised conflict or emergencies do not result in inability to remotely monitor programme

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.3.1	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	32	21			53
		Means of Verification:	Training reports Training attendance sheets				

Activities

Activity 1.3.1	Coordinate with UNFPA for the training on MISP
Activity 1.3.2	Conduct training on MISP Health facility staff

Activity 1.3.3	Conduct training on emergency vaccination
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WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Operate primary health care services accessible to men, women and children five days a week in 39clinics (9 PHCCs, 30 PHCUs and 13 mobile clinics) in line with the Basic Package of Health Services, with laboratory services in all PHCCs and referral services to secondary facilities in place;	2015	X	X	X	X	X	X						
Activity 1.1.2 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.	2015	X	X	X	X	X	X						
Activity 1.1.3 Operate mobile emergency health services in Baiet, Longochuk, Maiwut, Melut and Ulang for IDPs affected by conflict and increase	2015	X	X	X	X	X	X						
Activity 1.2.1 Review EWARN emergency plans in conjunction with CHD in the areas of operation	2015		X	X									
Activity 1.2.2 Respond to disease outbreaks occurring in the locations where GOAL is operational.	2015	X	X	X	X	X	X						
Activity 1.2.3 Collect, analyse and Submit weekly Integrated Disease Surveillance Response (IDSR) data.	2015	X	X	X	X	X	X						
Activity 1.2.4 Coordinate with other health care actors in information gathering and dissemination of timely information as the crisis unfold in each county	2015	X	X	X	X	X	X						
Activity 1.3.1 Coordinate with UNFPA for the training on MISP	2015	X											
Activity 1.3.2 Conduct training on MISP Health facility staff	2015		X										
Activity 1.3.3 Conduct training on emergency vaccination	2015	X											
Activity 1.2.5 Preposition emergency supplies (cholerae and meningitis kits) to assist in responding to emergency outbreak in areas of operation	2015	X	X										
Activity 1.2.6 Collect and report weekly and monthly reports	2015	X	X	X	X	X	X						
Activity 1.2.7 conduct monitoring and support supervision visits in the field sites by Area health managers and technical coordinators	2015	X	X	X	X	X	X						

M & R DETAILS

Monitoring & Reporting Plan:
Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .

GOAL's formal and informal comprehensive monitoring and evaluation tools are central to ensuring the appropriate delivery of effective and sustainable services. GOAL employs a Monitoring, Evaluation, Accountability and Learning Coordinator (MEAL Coordinator) to oversee and strengthen programme monitoring, results-based programme decision making, accountability and learning. GOAL conducts annual health, nutrition and WASH programme evaluations that are key for monitoring capacity of service delivery across programme sites. These evaluations by GOAL's global technical team assess all levels of the PHC, nutrition and WASH interventions, assess progress made, and provide recommendations on strategic areas for improvement. Weekly surveillance/EWARN and monthly HIS reports are submitted to GoSS and State MoH. As the CHDs develop, GOAL will increase collaboration in areas of data collection, management and analysis. The monitoring of the programme and services will continue to be carried out in partnership with the local community and MoH. The programme tracking will be done through: Collection of monthly HIS data, Collection of NIPP circle data, which allows for comparisons across years, and informs the scope and methods GOAL uses to assess its health facilities, Quarterly clinic audits to monitor staff performance and protocol adherence targets, Stock outs will be prevented by monthly drug/stock audits and a consumption based drug ordering system, while all programme departments contribute to monthly reports for performance tracking. GOAL technical advisors regularly visit and provide programme evaluations, recommendations and advice on all programme sectors. Monitoring of project activities will be carried out by the Public Health, Community Health and Nutrition Coordinators for their respective sectors, overseen by the Assistant Country Director for Programmes with support from the Country Director. The annual anthropometric and health surveys and sector specific surveys are coordinated by the Monitoring, Evaluation, Accountability and Learning Coordinator. Appropriate GOAL personnel will oversee contracts, works, trainings and distributions and financial monitoring will be carried out by the Juba-based GOAL finance team. Donor representatives will be hosted during the course of the project to observe implementation first-hand.

OTHER INFORMATION

Accountability to Affected Populations

At a global level, in October 2014 GOAL was granted membership of the Humanitarian Accountability Partnership (HAP), reflecting GOAL's organizational commitment to beneficiary accountability. Two members of the South Sudan programme team have been identified to participate in training held by HAP to ensure that GOAL attains accountability standards within humanitarian contexts. These staff members will then be tasked with developing, implementing and monitoring mechanisms that ensure beneficiaries needs, especially those most vulnerable including children separated from their families, the elderly and disabled and victims of sexual violence are appropriately and adequately served by the health, nutrition and hygiene promotion activities within GOAL's remit. Findings from these mechanisms will be fed to the programme implementation team in order to develop strategies to overcome barriers to services encountered by the most vulnerable. GOAL's MEAL coordinator is the South Sudan accountability lead, supported by the Juba level Country Health Coordinator, and field level Health Project Managers and the Area Coordinators, who coordinate the field sites. The field management team will be required to submit weekly reports outlining the achievements from the activities, the security situation and potential risks. These regular updates in addition to the routine monitoring reports will enable GOAL to address any adverse outcomes from the program. GOAL's rigorous and participatory project design process ensures that all programmes are designed as per the beneficiary consultations that precede each annual planning process. GOAL's team will seek ongoing feedback regarding its own intervention from local authorities and community members, as well as other coordinating agencies. GOAL will fully co-operate with any further independent evaluation of its activities. Needs assessments and interventions will be carried out to international standards and this may be verified through assessment, program reports, and regular site visits. In each field site a community feedback mechanism is established to ensure that beneficiaries understand how the programmes were developed out of what was discussed during the consultative meetings. GOAL also works through community leadership structures to engage with the communities to ensure that there are no issues with the project delivery, and that if issues do arise, they are comprehensively and properly addressed, in line with GOAL's procedure and policy. Likewise, all GOAL staff are required to declare any existing or potential conflicts of interest so as to ensure there are no competing interests between the staff, organisation, donors and the beneficiaries they serve.

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.

GOAL has been operational in Southern Sudan since 1984, with extensive experience in responding to complex humanitarian crises, with a particular focus on the provision of primary and emergency healthcare. The Health Cluster priorities identified for 2015 were carefully considered while designing this program. Goal has been an active partner within the health cluster at national and state level, and GOAL recognizes the need for strong coordination as a key factor in ensuring a unified humanitarian response in South Sudan in general and UNS in particular. The health cluster coordination has proven an essential resource to the humanitarian community, in relation to information sharing, planning, resource mobilization and advocacy, and Goal is looking to continue to further strengthen its role in the health cluster, and is currently exploring the possibility of taking on the recently vacated role of Health Cluster Co-Lead. As part of this project, Goal will support any rehabilitation of health facility infrastructure, provision of technical and non-technical human resources, medical supplies, capacity building, monitoring and evaluation. Staff training and capacity building will be given utmost priority on a regular basis. In addition, there are some regular training conducted by the WHO/MOH and UNICEF each year to refresh the knowledge and skills of the health care staffs. Goal will support the staffs to attend these refresher courses. The essential medicines selected for the project are based on the MOH national list of essential medicines and WHO model list of essential medicines. Medical commodities and pharmaceuticals will be procured once in the project's life time. This will ensure the availability of medicines and consumables in the health facilities to provide services without interruption. A central storage will be maintained. The distribution of commodities and pharmaceuticals will be on a monthly basis based on consumption. Each health facilities will order an additional 30% extra on top of their consumption so as to ensure a continuous buffer stock and avoid any rupture in services in the event of a delay in delivery of supplies in the event of transportation problems or insecurity. GOAL will maintain the health information

system (DHIS) developed by MOH at health facility level and will use for data entry and analysis. The data will be shared with the SMOH at all levels on a monthly basis. Engagement of the SMOH in Goal activities will be ensured through monthly health cluster coordination meetings at state level. Goal will discuss and share with SMOH and CHD the planned activities at the beginning of the program. Goal will ensure participation of the SMOH in activities like training, joint supervision visits, immunization campaigns and surveys. Primary health care services from all GOAL health facilities will be free of cost. Gender and ethnicity issues will be addressed through focus group discussions and regular consultation with community leaders using the forum of the Boma Health Committee (BHC). Goal will be engaging the BHC network for further quality improvement which will include complaint mechanism from community for services and also joint monitoring and supervision; Goal will encourage the community through BHC and other networks to organise regular meetings with community on service delivery, M&E and will gather the feedback for quality improvements. Goal will strengthen its disease surveillance and outbreak control capacity as part of its emergency preparedness and response mandate. In this regard, emphasis will be placed on meningococcal meningitis, measles, Acute Watery Diarrhoea (AWD), acute jaundice syndrome, and malaria, as these pose a perpetual threat of disease outbreak in Goal's operational area. Goal's emergency response to outbreaks/epidemics will be guided by the contingency plans developed and disease-specific response guidance developed by MOH in collaboration with the health cluster.

Coordination with other Organizations in project area

Environmental Marker Code A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Code 2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code Each year in September, GOAL conducts its annual programme planning process. This involves holding a series of key informant interviews, focus group discussions (FGDs) and planning workshops with staff. The result is a strategy for each sector that incorporates the view, opinions and needs of all stakeholders and seeks to address existing gaps. It is through this process that GOAL identifies the health priorities for both men and women in terms of needs. At all stages in programme planning and design, gender mainstreaming is a key priority. GOAL aims to improve the well-being of women, girls, boys and men through equitable access to and utilisation of health services. Although GOAL targets both men and women equally, the latter are the largest service user group. The programme design takes into account the very specific needs of women and children in South Sudan. GOAL implements its immunization programme within supported facilities and through outreach activities in communities where access to PHC services is limited. GOAL provides the following reproductive health services in order to reduce neonatal and maternal mortality and morbidity; early detection of complications and appropriate referral, malaria and anaemia prophylaxis, administration of tetanus toxoid, ANC, PNC, delivery by skilled birth attendants and the provision of clean delivery clinics. Children aged 6-59 months with SAM are treated at OTP that are operational in most of GOAL's health facilities. Defaulter tracing is conducted by community health staff to ensure immunization courses are completed, women attend ANC and children complete SAM interventions. To ensure that the specific needs of men and women are prioritized in the design and implementation of this programme, GOAL has identified its Monitoring, Evaluation and Learning Officer to guide and lead this process as the gender focal point. This will involve conducting routine field monitoring visits, gender assessments on interventions, FGDs with both men and women for impact monitoring and providing training to staff on gender issues. To improve the gender mainstreaming, GOAL aims to integrate HIV prevention into RH activities including promotion and provision of condoms in the ANC and PNC visits to all RH beneficiaries. concerted efforts to integrate PMTCT into ANC at PHCCs as much as feasible. Towards the PMTCT integration, GOAL will coordinate for commodities and training support through UNICEF by ensuring that the same is captured into UNICEF PCA.

Protection Mainstreaming GOAL has a protection mainstreaming policy that all staff in the field sites have been trained in, and each field site has a child protection focal point who is responsible for conducting continuous refresher trainings for the staff. At field level GOAL partners with organisations whose programming is wholly protection focused to ensure that beneficiary protection needs are properly addressed. Equally, there is a Country Child Protection focal person who gives the field child protection focal points remote support; this ensures GOAL is equipped to capture and refer appropriately the protection issues to the best placed protection partners.

Safety and Security The safety and security of GOAL's staff is of paramount importance in the planning and implementation of all humanitarian programming. The risks associated with operating in South Sudan, however, have increased significantly since the outbreak of conflict in December 2013, and stringent context-appropriate security management procedures have been put in place accordingly. As a result of the ethnic dimension of this conflict, IDPs of both major tribes involved in this conflict have fled to regions which are predominantly made up of people of their own tribe as these areas are perceived to be safe. GOAL aims to continue to support the communities that it has worked with for a number of years, and as such acceptance continues to play a key part to the management of security. However this means that GOAL will continue to work in both opposition and government held areas. Being cognisant of these risks, GOAL has a comprehensive suite of security procedures and mitigation measures that are regularly reviewed, and continues to hire a permanent Safety and Security officer in South Sudan, who is supported by a Global Security Advisor. GOAL's approach of providing mobile health and nutrition services allows access for vulnerable beneficiaries without compromising their safety and security as travel to static clinics currently does. This will also ensure that GOAL retains the acceptance of the communities it serves and the cooperation of local authorities in the long term and can return to service delivery in both counties when the conflict abates. GOAL will continue to engage with members of both communities to assess the perceived risks in terms of accessing GOAL services and identifying means in which GOAL can reach vulnerable communities and individuals safely. A major challenge in South Sudan is the recruitment and retention of staff. GOAL has approximately 700 staff and has traditionally used a combination of national local, national relocatable and international staff. However, increasingly the safety of some of these ethnicities in UNS can no longer be guaranteed, including Equatorians and some neighbouring internationals. With the potential regionalisation of the conflict this situation can change very quickly. This change has increased the number of international staff required within the program, but it is critical that GOAL have the appropriate staff so as to meet the critical humanitarian needs without jeopardising the safety and security of its staff.

Access Access to displaced populations and the delivery of humanitarian aid is hindered by persistent threats, harassment and attacks targeting relief actors as well as demands for unofficial fees at increased checkpoints throughout the country. Conflict levels were greatly reduced by the rainy season and its restrictions it placed on movement and access, but if a solution to the current crisis is not found in the next round of peace talks in Addis scheduled for the 15th of December, it is likely that levels of violence could escalate in the dry season.

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
1.1	Area Health Manager - Ulang	D	1	2374.32	6	30.00%	4,273.78	2,136.89	2,136.89	4,273.78
	Charged to CHF as per the level of effort - this is a key programme position. 70% of the position is funded by other donors. 30% of the time of AHM will be devoted to this CHF project.									
1.2	Clinical Officer - Longochuk	D	1	1468.27	6	100.00%	8,809.62	4,404.81	4,404.81	8,809.62
	100% charged to CHF									
1.3	Health Supervisor - Longochuk	D	1	1594.28	6	50.00%	4,782.84	2,391.42	2,391.42	4,782.84
	Charged to CHF as per the level of effort - this is a key programme position. 50% of the position is funded by other donors. 50% of the time of AHM will be devoted to this CHF project.									
1.4	Health Supervisor - Ulang	D	1	1594.27	6	30.00%	2,869.69	1,434.84	1,434.85	2,869.69
	Charged to CHF as per the level of effort - this is a key programme position. 70% of the position is funded by other donors. 30% of the time of AHM will be devoted to this CHF project.									
1.5	Nurse - Ulang	D	2	908.81	6	100.00%	10,905.72	5,452.86	5,452.86	10,905.72
	100% charged to CHF									
1.6	Baliet Base Log Manager	S	1	1128.33	6	4.00%	270.80	135.40	135.40	270.80
	support staff									
1.7	Cleaner	S	2	129.79	6	4.00%	62.30	31.15	31.15	62.30
	support staff									
1.8	Cook	S	2	129.79	6	4.00%	62.30	31.15	31.15	62.30
	support staff									
1.9	Driver	S	2	223.78	6	4.00%	107.41	53.70	53.71	107.41
	support staff									

1.10	Finance Officer	D	1	1134.73	6	8.00%	544.67	272.33	272.34	544.67
	Direct position; Field based finance office directly working on CHF and corresponding level of effort charged to CHF at 8%.									
1.11	Guard	S	2	144.87	6	4.00%	69.54	34.77	34.77	69.54
	Support staff									
1.12	Logistician	D	1	1594.27	6	8.00%	765.25	382.62	382.63	765.25
	Direct position; Field Based Logistician working directly to support the project with the level of effort to CHF charged accordingly.									
1.13	Motor Boat Pilot - Ulang	S	2	230.16	6	4.00%	110.48	55.24	55.24	110.48
	Support staff									
1.14	Senior Compound Assistant - Ballet	S	1	249.45	6	4.00%	59.87	29.94	29.93	59.87
	Support staff									
1.15	Senior Mechanic	S	1	1055.6	6	5.00%	316.68	158.34	158.34	316.68
	support staff									
1.16	Store Keeper	S	1	171.19	6	4.00%	41.09	20.55	20.54	41.09
	support staff									
1.17	Warehouse Officer	S	1	734.28	6	4.00%	176.23	88.11	88.12	176.23
	Support staff									
1.18	Juba Base Logs Manager	S	1	1305.56	6	5.00%	391.67	195.83	195.84	391.67
	support staff									
1.19	Cleaner	S	3	306.38	6	5.00%	275.74	137.87	137.87	275.74
	support staff									
1.20	Cleaner	S	2	64.41	6	5.00%	38.65	19.32	19.33	38.65
	support staff									
1.21	Cleaner	S	3	207.08	6	5.00%	186.37	93.18	93.19	186.37
	support staff									
1.22	Compound Assistant	S	1	306.38	6	5.00%	91.91	45.95	45.96	91.91
	support staff									
1.23	Compound Assistant/Mechanic	S	1	379.11	6	5.00%	113.73	56.86	56.87	113.73
	Support staff									
1.24	Compound Supervisor	S	1	369.04	6	5.00%	110.71	55.35	55.36	110.71
	support staff									
1.25	Deputy Supply Chain Manager	S	1	1722.1	6	6.00%	619.96	309.98	309.98	619.96
	Support Staff									
1.26	Driver	S	5	328.48	6	5.00%	492.72	246.36	246.36	492.72
	Support Staff									
1.27	Finance Assistant	S	1	833.67	6	5.00%	250.10	125.05	125.05	250.10
	Support Staff									
1.28	Fleet Manager	S	1	1919.77	6	6.00%	691.12	345.56	345.56	691.12
	Support Staff									
1.29	Flight & Cargo Office	S	1	1186.68	6	5.00%	356.00	178.00	178.00	356.00
	support Staff									
1.30	HR & Admin Assistant	S	1	910.59	6	5.00%	273.18	136.59	136.59	273.18
	Support Staff									
1.31	HR Admin Officer	S	1	833.67	6	5.00%	250.10	125.05	125.05	250.10
	Support Staff									
1.32	HR Officer	S	1	763.73	6	5.00%	229.12	114.56	114.56	229.12
	Support Staff									
1.33	HR Officer	S	1	666.02	6	5.00%	199.81	99.90	99.91	199.81
	Support Staff									
1.34	Human Resource Manager	S	1	2807.97	6	6.00%	1,010.87	505.43	505.44	1,010.87
	Support Staff									
1.35	IT Officer	S	1	997.31	6	5.00%	299.19	149.59	149.60	299.19
	Support Staff									
1.36	Procurement Administrator	S	1	741.36	6	5.00%	222.41	111.20	111.21	222.41
	Support Staff									
1.37	Procurement Administrator	S	1	642.33	6	5.00%	192.70	96.35	96.35	192.70
	Support Staff									
1.38	Procurement Officer	S	1	1092.58	6	6.00%	393.33	196.66	196.67	393.33
	Support Staff									

1.39	Procurement Officer	S	1	1079.83	6	5.00%	323.95	161.97	161.98	323.95
	Support Staff									
1.40	Procurement Officer	S	1	842.89	6	5.00%	252.87	126.43	126.44	252.87
	Support Staff									
1.41	Roving HR Support	S	1	2563.15	6	6.00%	922.73	461.36	461.37	922.73
	Support Staff									
1.42	Roving IT &&&& Comms Officer	S	1	1232.44	6	6.00%	443.68	221.84	221.84	443.68
	Support Staff									
1.43	Roving Reflect Prog Manager	S	1	1747.14	6	6.00%	628.97	314.48	314.49	628.97
	Support Staff									
1.44	Roving Warehouse &&&& Asset Manager	S	1	1092.58	6	6.00%	393.33	196.66	196.67	393.33
	Support Staff									
1.45	Senior Finance Manager	S	1	2274.09	6	6.00%	818.67	409.33	409.34	818.67
	Support Staff									
1.46	Senior Finance Officer	S	1	1571.31	6	6.00%	565.67	282.83	282.84	565.67
	Support Staff									
1.47	Senior Procurement Officer	S	1	1249.06	6	5.00%	374.72	187.36	187.36	374.72
	Support Staff									
1.48	Warehouse Officer	S	1	64.42	6	5.00%	19.33	9.66	9.67	19.33
	Support Staff									
1.49	Warehouse Officer	S	1	763.73	6	5.00%	229.12	114.56	114.56	229.12
	Support Staff									
1.50	Area Coordinator - Melut	D	1	4032.75	6	5.00%	1,209.83	604.91	604.92	1,209.83
	Important Direct Position responsible for the management of the whole programme in Ulang. Area coordinator's level of effort is prorated accordingly and charged to this grant.									
1.51	Fleet &&&& Logistics Manager Melut	S	1	3259.67	6	5.00%	977.90	488.95	488.95	977.90
	support staff									
1.52	Area Coordinator Ulang	D	1	4032.75	6	4.00%	967.86	483.93	483.93	967.86
	Important Direct Position responsible for the management of the whole programme in Ulang. Area coordinator's level of effort is prorated accordingly and charged to this grant.									
1.53	Fleet &&&& Logistics Manager Ulang	S	1	3134.942	6	4.00%	752.39	376.19	376.20	752.39
	support staff									
1.54	Emergency Response Co	D	1	3085.75	6	25.00%	4,628.63	2,314.31	2,314.32	4,628.63
	Direct staff tasked with the coordination of GOAL's emergency programmes									
1.55	Health Supervisor UNS	D	1	3008.04	6	25.00%	4,512.06	2,256.03	2,256.03	4,512.06
	Direct programme position. Level of Effort prorated accordingly for this grant									
1.56	Health Supervisor UNS	D	1	2779.18	6	20.00%	3,335.02	1,667.51	1,667.51	3,335.02
	Direct programme position. Level of Effort prorated accordingly for this grant									
1.57	Country Director	D	1	7255.54	6	4.00%	1,741.33	870.66	870.67	1,741.33
	Country Director - directly responsible for GOAL SS Policies and strategies and the time for this position is prorated to all the grants including CHF									
1.58	Assistant Country Director - Programmes (ACDP)	D	1	5862.01	6	4.00%	1,406.88	703.44	703.44	1,406.88
	Assists the CD in developing programmatic strategies and policies. Time for the ACDP is prorated as per the level of effort to CHF grant.									
1.59	Assistant Country Director - Systems (ACDS)	D	1	5304.91	6	4.00%	1,273.18	636.59	636.59	1,273.18
	Assists the CD in developing systematic strategies and policies. Time for the ACDS is prorated as per the level of effort to CHF grant.									
1.60	Assistant Financial Controller	D	2	3928.41	6	4.00%	1,885.64	942.82	942.82	1,885.64
	Directly involved in management of the financial component of this grant. The LOE is prorated accordingly.									
1.61	Assistant Financial Controller	D	1	4415.022	6	4.00%	1,059.61	529.80	529.81	1,059.61
	Works directly with the field teams to manage the grant and the time for the position is prorated accordingly.									
1.62	Financial Controller	D	1	4600.18	6	4.00%	1,104.04	552.02	552.02	1,104.04
	Directly responsible for Country Finance procedures and policies implementation in all the field sites where GOAL operates.									
1.63	Fleet &&&& Logistics Manager - Juba	S	1	4204.61	6	4.00%	1,009.11	504.55	504.56	1,009.11
	Support staff									
1.64	Health Advisor	S	1	4530.86	6	4.00%	1,087.41	543.70	543.71	1,087.41
	Directly works with the Programmes coordinators to implement the programmes. The role is prorated as per the level of effort.									
1.65	Human resources	S	1	3357.41	6	4.00%	805.78	402.89	402.89	805.78
	Directly manages the Human resources in GOAL South Sudan and the time for the role is prorated according to the level of effort.									

1.66	Internal Auditor/Donor Compliance Officer support staff	S	1	3638.44	6	4.00%	873.23	436.61	436.62	873.23
1.67	Logistics Coordinator Staff Support	S	1	4965.01	6	4.00%	1,191.60	595.80	595.80	1,191.60
1.68	Monitoring Evaluation &&&& Learning Coordinator Directly involved in programmes monitoring, evaluation and learning. this grants pays for the level of effort to the programme.	D	1	3846.63	6	4.00%	923.19	461.59	461.60	923.19
1.69	Procurement Manager support staff	S	1	3769.83	6	4.00%	904.76	452.38	452.38	904.76
1.70	Programme Support Officer - Juba Directly involved in development of the programmes, writing and submission of donor reports and proposals. Level of effort prorated according to the time dedicated to this grant	D	1	3496.26	6	4.00%	839.10	419.55	419.55	839.10
1.71	Programme Support Officer - Juba Directly involved in development of the programmes, writing and submission of donor reports and proposals. Level of effort prorated according to the time dedicated to this grant	D	1	4050.28	6	4.00%	972.07	486.03	486.04	972.07
1.72	Security Officer Support staff - supporting analysis of threats and operating environment to ensure that all the teams are safe from harm as they carry out their duties.	S	1	3540.06	6	4.00%	849.61	424.81	424.80	849.61
1.73	Training/Capacity building/HR Manager Directly works to train staff responsible to managing programmes and other staff.	D	1	4217.31	6	4.00%	1,012.15	506.07	506.08	1,012.15
1.74	Assistant PHC Coordinator Directly works in the programme departments - deputises the Public health coordinator.	D	1	2807.5	6	10.00%	1,684.50	842.25	842.25	1,684.50
1.75	Assistant Comm Health Coordinator Directly works with the teams in the field in community health and promotion. The position's Level of effort is prorated accordingly.	D	1	1624.06	6	10.00%	974.44	487.22	487.22	974.44
1.76	Community Health Coordinator Directly Leads in implementation of the Community Health programme. Level of Effort is prorated accordingly.	D	1	2075.94	6	10.00%	1,245.56	622.78	622.78	1,245.56
1.77	Community Health Coordinator Directly Leads in implementation of the Community Health programme. Level of Effort is prorated accordingly.	D	1	2239.46	6	10.00%	1,343.68	671.84	671.84	1,343.68
1.78	Health Supervisor Charged to CHF as per the level of effort - this is a key programme position. 90% of the position is funded by other donors. 10% of the time of HS will be devoted to this CHF project.	D	1	1901.98	6	10.00%	1,141.19	570.59	570.60	1,141.19
1.79	Laboratory Officer Key position whose level of effort is prorated and charged to this grant.	D	1	1372.31	6	10.00%	823.39	411.69	411.70	823.39
1.80	M&&&&E Officer Key direct position used in tracking programme data within the locations where GOAL operate. The Level of Effort is prorated accordingly.	D	1	1061.67	6	5.00%	318.50	159.25	159.25	318.50
1.81	Reproductive health officer Project RHO responsible for direct implementation of the deliveries in the clinics. Level of Effort prorated accordingly.	D	1	1926	6	5.00%	577.80	288.90	288.90	577.80
1.82	Reproductive health Officer Project RHO responsible for direct implementation of the deliveries in the clinics. Level of Effort prorated accordingly.	D	1	1271.46	6	5.00%	381.44	190.72	190.72	381.44
1.83	Reproductive Health Officer Project RHO responsible for direct implementation of the deliveries in the clinics. Level of Effort prorated accordingly.	D	1	1239.37	6	10.00%	743.62	371.81	371.81	743.62
1.84	Cleaner support Staff	S	1	194.21	6	5.00%	58.26	29.13	29.13	58.26
Section Total							90,505.40	45,252.56	45,252.90	90,505.46

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
2.1	Drugs GOAL requests funds to procure and transport six months supplies for these sites, to prevent stock ruptures and ensure supply in cases of emergency	D	1	64540.93	1	100.00%	64,540.93	64,540.93	0.00	64,540.93
2.2	Medical Supplies These are non-drugs medical supplies needed for all the health facilities. They include items like gloves, syringes, IV infusion sets, IV cannulars.	D	1	7962	1	100.00%	7,962.00	7,962.00	0.00	7,962.00
2.3	EPI These costs are required to maintain cold chain in terms of repair, maintenance and running costs. Also the costs will be used for the purpose of conducting EPI outreach and in cases of emergencies due to influx of returnees or outbreak of any vaccine preventable disease.	D	9	108.47	1	100.00%	976.23	976.23	0.00	976.23
2.4	Community Health Outreach To ensure accurate recording of outreach activities conducted in communities and during emergencies	D	1	2687.49	1	100.00%	2,687.49	2,687.49	0.00	2,687.49
2.5	Transport of Material - Flights These costs are required to maintain cold chain in terms of repair, maintenance and running costs. Also the costs will be used for the purpose of conducting EPI outreach and in	D	1	7500	1	100.00%	7,500.00	7,500.00	0.00	7,500.00

	cases of emergencies due to influx of returnees or outbreak of any Transportation of supplies purchased above to the field										
2.6	Transport of Materials - Road	D	2	2700	1	100.00%	5,400.00	5,400.00	0.00	5,400.00	
	Truck Rental for the transportation of drugs and supplies to the field										
2.7	Medical Training - EPI cold chain management - 29 staff	D	29	74.58	1	100.00%	2,162.82	2,162.82	0.00	2,162.82	
	To provide refresher training to 29 EPI staff on cold chain management to ensure surge capacity in terms of emergency vaccinations. MVA training to 20 staff and also to provide MISP training to 10 health facility staff to ensure optimum reproductive health services at health facility level and during emergencies										
2.8	Medical Training - MVA Training - 20 Staff	D	20	74.58	1	100.00%	1,491.60	1,491.60	0.00	1,491.60	
	To provide refresher training to 29 EPI staff on cold chain management to ensure surge capacity in terms of emergency vaccinations. MVA training to 20 staff and also to provide MISP training to 10 health facility staff to ensure optimum reproductive health services at health facility level and during emergencies										
2.9	Medical Training - MISP Training - 10 Staff	D	10	74.58	1	100.00%	745.80	745.80	0.00	745.80	
	To provide refresher training to 29 EPI staff on cold chain management to ensure surge capacity in terms of emergency vaccinations. MVA training to 20 staff and also to provide MISP training to 10 health facility staff to ensure optimum reproductive health services at health facility level and during emergencies										
	Section Total						93,466.87	93,466.87	0.00	93,466.87	

3 Equipment (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q1	Q2		
3.1	Clinic Set Up Supplies	D	1	9752.29	1	100.00%	9,752.29	9,752.29	0.00	9,752.29	
	20 beds, mattresses, sheets, IV stands for the Kala Zar treatment centre										
3.2	Clinic Tent	D	1	4700	1	100.00%	4,700.00	4,700.00	0.00	4,700.00	
	1 clinic tent for the Kala Zar treatment centre										
3.3	Solar Cold Chian Fridges	D	1	7585.34	1	100.00%	7,585.34	7,585.34	0.00	7,585.34	
	1 solar fridge to support the cold chain activities										
3.4	Cold Boxes with Ice Packs	D	6	250	1	100.00%	1,500.00	1,500.00	0.00	1,500.00	
	6 ice boxes with ice packs to support the coldchain activities										
3.5	Computer Equipment	S	2	1130	1	100.00%	2,260.00	2,260.00	0.00	2,260.00	
	The purchase of 2 laptops for the programme										
3.6	Communication Equipment	S	4	533	1	100.00%	2,132.00	2,132.00	0.00	2,132.00	
	4 VHF handsets for the programme staff										
3.7	Office Equipment	S	5	150	1	100.00%	750.00	750.00	0.00	750.00	
	5 Office lockable cabinets for the programme										
3.8	Equipment	S	1	933.45	1	100.00%	933.45	933.45	0.00	933.45	
	1 Projector for the programme										
	Section Total						29,613.08	29,613.08	0.00	29,613.08	

4 Contractual Services (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
	Section Total						0.00	0	0	0.00

5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q1	Q2		
5.1	Flights to UNS	D	8	490.8	1	100.00%	3,926.40	1,963.20	1,963.20	3,926.40	
	Return flights for all staff going to/from Juba to/from various locations in UNS										
5.2	Vehicle Costs for Maiwut	D	1	7884.96	6	4.92%	2,327.64	1,163.82	1,163.82	2,327.64	
	Allocation for field transport costs										
5.3	Vehicle Costs for Juba	S	1	8000	6	1.99%	955.20	477.60	477.60	955.20	
	Allocation for transport costs										
5.4	Vehicle Costs for Longochuk	S	1	5248	6	5.00%	1,574.40	787.20	787.20	1,574.40	
	Allocation for transport costs										
5.5	Vehicle Costs for Melut	S	1	13060	6	4.00%	3,134.40	1,567.20	1,567.20	3,134.40	
	Allocation for transport costs										
	Section Total						11,918.04	5,959.02	5,959.02	11,918.04	

6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
	Section Total						0.00	0	0	0.00

7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to	Total Cost	2015		Quarterly Total
								Q1	Q2	

