

Project Proposal

Organization	GOAL (GOAL)						
Project Title	Provision of integrated Primary Health Care (PHC) services for vulnerable populations and strengthening health emergency response in Baiet, Melut, Maiwut and Ulang Counties, Upper Nile State.						
Fund Code	SSD-15/HSS10/SA2/H/INGO/528						
Cluster	Primary cluster			Sub cluster			
	HEALTH			None			
Project Allocation	2nd Round Standard Allocation	Allocation Category Type	Frontline services				
Project budget in US\$	225,000.00	Planned project duration	5 months				
Planned Start Date	01/08/2015	Planned End Date	31/12/2015				
OPS Details	OPS Code	SSD-15/H/73107/R	OPS Budget	0.00			
	OPS Project Ranking		OPS Gender Marker				
Project Summary	<p>The project proposes to provide an integrated package of care which focuses on both curative care and community-based health activities to internally displaced people (IDPs) in Melut and Ulang Counties, Upper Nile State. GOAL is currently the lead (and only) healthcare partner in Ulang County, providing primary health care services to IDPs through four emergency health facilities. Following recent conflict and widespread looting and property destruction in Melut Town and Akoka, GOAL began preparations to establish new facilities to support newly displaced populations. One emergency clinic is planned to relocate to Koradar to support the IDP population displaced from Rom IDP area, and two mobile clinics will be established in Paloich to reach the displaced population of Melut Town. Activities at Dethoma II PHCC will continue to support the IDP population at this camp.</p> <p>Health facilities will provide curative consultations, routine and outreach expanded programme of immunisation (EPI), maternal healthcare and family planning, growth screening, and health education. In both Counties, GOAL operates an integrated multi-sectoral programme, linking health care with water, sanitation and hygiene (WASH) and nutrition interventions. This includes integrated health promotion and behaviour change activities to support disease prevention. 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 diarrhea (AWD), acute jaundice syndrome, malaria, and floods as these are the most likely risks in GOAL's areas of operation. As part of this, GOAL will establish a community based surveillance and reporting system using health volunteers to identify unusual occurrences of illness or death. This is particularly important as the displaced population in and around Melut County has increased substantially, relocating to makeshift camps in Koradar and Paloich with conditions rife for communicable disease transmission.</p>						
Direct beneficiaries		Men	Women	Boys	Girls	Total	
	Beneficiary Summary	7839	8159	2169	2084	20,251	
	Total beneficiaries include the following:						
	Children under 5	0	0	2169	2084	4253	
	Pregnant and Lactating Women	0	1620	0	0	1620	
Indirect Beneficiaries	Catchment Population						
Link with the Allocation Strategy	<p>This project focuses on providing life-saving primary health services to concentrated areas of urgent need. As the only healthcare partner currently present and active in primary healthcare provision in Ulang County, GOAL is in a position to reach vulnerable IDP populations who would not otherwise have access to health care. GOAL has historically worked with the population of the Sobat Corridor (Baiet and Ulang), and thus has long-standing relations with stakeholders within the target populations that will facilitate community participation and maximise reach. Furthermore, GOAL began its intervention in Melut and Rom in 2014 to continue to support the population displaced from Baiet - and is now relocating again to follow this population to Koradar.</p> <p>This project capitalises on GOAL's historic cooperation with the target beneficiaries and its existing complementary interventions. GOAL integrates nutrition, food security, health, and WASH activities, particularly as part of health promotion and behaviour change. This multi-sectoral approach facilitates referrals, particularly between health and nutrition services.</p>						
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)			Source	US\$		
				OFDA	297,551.00		
				IMA	263,664.00		
					561,215.00		
Organization focal point contact details	Name	Title	Phone	Email			
	Emma Cullen	Country Director	0959462501	ecullen@goal.ie			
	Daniel Muhungura	Assistant Country Director - Programmes	0959462507	dmuhungura@ss.goal.ie			
	Eleanor Macbain	Assistant Finance Controller	0924153680	emacbain@ss.goal.ie			
	Willow Rook	Grants Reporting Focal Person	0924153687	wrook@ss.goal.ie			

BACKGROUND INFORMATION

<p>1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>The humanitarian situation throughout Upper Nile State continues to deteriorate as the conflict continues. Outbreaks of fighting have resulted in populations displaced multiple times, while returnees may be forced to flee again. Ulang and Melut Counties have both experienced heavy conflict, and currently host high concentrations of IDPs. In May, a series of interrelated conflicts broke out in Malakal and Melut, leading to significant alterations in programme implementation. Ethnic tensions between Dinka and Shilluk government forces increased throughout the month of April, culminating in the outbreak of fighting in Malakal on the evening of 21st April following the defection of Major General Johnson Olony of the minority Shilluk ethnic group. The ramifications of this fighting spread beyond Malakal, and Shilluk residents in Melut County fled across the river to Fashoda County – including those in Mabek. After capturing Malakal, Olony's troops moved north to take the oil fields of Paloich. In the last weeks of May, Akoka experienced heavy shelling and Melut was the site of a fierce three day fight. IDPs in Rom (Akoka) have largely fled, with an estimated 4,000 in Koradar as of the first week of June. This violence and displacement has immediate implications on GOAL's programme. As the population of Mabek has fled to Fashoda County (where GOAL does not operate), Mabek clinic has been closed. Similarly, GOAL is relocating operations from Rom PHCC to Koradar to continue to support its historic beneficiary population.</p> <p>The fighting and looting in Melut has resulted in a number of urgent health needs. Displacement to Koradar and Paloich has removed populations from existing sources of safe drinking water and sanitation facilities, creating prime conditions for waterborne and communicable disease transmission. Looting in Melut Town, Dethoma I and Dethoma II has similarly damaged sanitation facilities and restricted access to clean water. Furthermore, the dire lack of food puts the population at increased risk. Some women reported falling ill after resorting to eating vegetable seeds treated with pesticide. The interlinked needs for sanitation, nutrition, and health interventions demand an integrated, multi-sectoral response.</p> <p>In April 2014, Ulang County was attacked by government forces and the predominately Nuer population fled to other regions in Ulang as well as Maiwut County, located on the Ethiopian border, with many crossing the border into the Gambella region of Ethiopia itself. The September 2014 IRNA Report for Ulang reports that IDP resettlement was occurring, though homes, shops, and markets were destroyed during the conflict. Though health facilities were looted and damaged, GOAL returned to Ulang in September 2014 to address the continuing needs in the returnee and IDP populations. Of the 10 GOAL-supported facilities in Ulang County, four are emergency clinics located in IDP settlements.</p>
<p>2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps.</p>	<p>Food insecurity, lack of access to clean water, and limited sanitation facilities contribute to health needs across Upper Nile State. The most recent IPC report in April listed Baiet, Melut and Maiwut at Phase 3 (Crisis), while Ulang is in Phase 4 (Emergency). Even prior to the violence and displacement that racked Baiet and Melut early this summer, IPC did not predict the overall food security situation to improve through the beginning of the harvest season in August and September.</p>

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)	Poor nutritional status will negatively impact the overall health of the population. Displacement continues to impact health systems, as entire communities relocate to flee violence. In Mabek, GOAL closed its mobile clinic after nearly the entire catchment population moved across the Nile to the safety of Shilluk-majority Fashoda County. Violence in Baliet led to new arrivals in camps and IDP settlements in Melut, as well as the suspension of activities at health facilities. The number of South Sudanese refugees crossing into Ethiopia has reached an average of 205, putting strains on the border towns - including Pagak - through which thousands of IDPs pass as they seek asylum across borders. The conflict that occurred in Melut in May 2015 resulted in the displacement of large numbers of people from Rom and Melut. During and immediately following the fighting, widespread looting damaged the GOAL compound and all health facilities except Dethoma II PHCC. An initial assessment of Melut suggests that thousands of people from Rom have relocated to Koradar, with more believed to be en route from both Rom and Baliet. The fighting occurred during the main planting season, which normally occurs near the end of May and beginning of June, and disrupted market functionality. This is expected to further deteriorate food security, with much of the population of UNS predicted to remain in Crisis or Emergency levels through September 2015. Planned food distributions were suspended due to the insecurity and evacuation of INGOs, and widespread looting destroyed local stocks. IDPs in Dethoma I and II reported resorting to dire coping mechanisms including eating leaves, eating looted vegetable seeds that had been treated with pesticides, and risking the long walk to Paloich to find food. The initial report also suggests that adult malnutrition is an increasing problem as feeding young children is prioritized. Dethoma II PHCC reopened on 2 June, and later that week GOAL clinic staff moved the clinic tent from Rom to Koradar. The commissioners of both Melut and Baliet listed health care as one of the most urgent needs of their communities.
3. Description Of Beneficiaries	The proposed project targets primarily IDPs through placement of clinics in formal and informal IDP settlements. In Ulang, this population has been without cold chain for over a year, necessitating focused EPI efforts and curative consultations for under fives as part of integrated management of childhood illnesses. The IDP population of Koradar in Melut has suffered multiple displacements. The intervention will focus on health care for children under five and pregnant women.
4. Grant Request Justification.	The high level of displacement invariably will impact routine immunisation, as populations settle far from existing health facilities. Simultaneously, the poor sanitation conditions and close quarters of IDP settlements present prime conditions for disease transmission. Lack of access to clean water and subsequent diarrhea was reported by IDPs in Dethoma I and II, the PoC, and Paloich in an Initial Rapids Needs Assessment in June. With latrines non-existent in new sites at Paloich and Koradar, and destroyed in the existing settlements, this creates a significant public health risk. There is an urgent need for mass vaccination campaigns and outbreak preparedness to prevent disease outbreaks, particularly in light of the current cholera outbreak in Juba. The intermittent conflict in Melut has resulted in severe short-term impacts on the population and health care system. Burning and looting of the medical store and GOAL compound resulted in over \$400,000 worth of lost stock and assets, necessitating restocking medical and drug supplies, procuring new assets including a deep freeze, solar fridge, and clinic tent, and rehabilitation of the store. Looting has also impacted local food availability by disrupting market functionality and depleting NGO stores of food for distribution. Within Melut PoC, Dethoma I and II, there is high need for resumed and increased presence of health, nutrition, and WASH services. Heavy damage has left Melut Town largely deserted, with many inhabitants fleeing to nearby Paloich. With limited access to food, health services, and clean water, there is immediate and urgent need for mobile health and nutrition services to support this population until the situation allows a return to Melut. Similarly, heaving shelling in Akoka resulted in the movement of much of Rom's population to Koradar, which currently has no health facility and no access to clean water. GOAL will thus resume activities in Dethoma II, relocate health, nutrition and WASH programmes from Rom to Koradar, and establish temporary programmes in Paloich to provide interim support to the population there. In Ulang, the impact of heavy fighting and destruction in 2014 is still being felt. Boreholes were damaged and destroyed, limiting access to clean water. Restoration of a complete package of basic health services has been slowed by lack of funding and difficulties of transport; GOAL worked with the CHD and local stakeholders to rehabilitate the airstrip in November, thus facilitating the landing of charter flights for cargo. Reproductive health services have only been restored to all facilities as of mid-2015, and the cold chain will only be restored in the coming weeks. This project would expand on successes in the previous CHF allocation, ensuring EPI activities resume, increasing access to reproductive health care, and increasing the reach of health promotion activities. The urgent need in both counties will be addressed through GOAL's multi-sectoral approach, relying on complementary health, nutrition, food security and WASH interventions to achieve optimal health outcomes. GOAL's historic presence with both populations, coupled with its experience delivering an integrated package of services, ensures the proposed project will maximize the reach of activities with limited resources.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	GOAL is providing integrated primary health care services. Health, nutrition, and WASH needs of the IDPs where GOAL is working are addressed in an integrated manner thereby ensuring that there is complementarity of its different sectors in field locations.

LOGICAL FRAMEWORK	
Overall project objective	This project focuses on providing life-saving primary health services to concentrated areas of urgent need. As the only healthcare partner currently present and active in primary healthcare provision in Ulang County, GOAL is in a position to reach vulnerable IDP populations who would not otherwise have access to health care. GOAL has historically worked with the population of the Sobat Corridor (Baliet and Ulang), and thus has long-standing relations with stakeholders within the target populations that will facilitate community participation and maximise reach. Furthermore, GOAL began its intervention in Melut and Rom in 2014 to continue to support the population displaced from Baliet - and is now relocating again to follow this population to Koradar. This project capitalises on GOAL's historic cooperation with the target beneficiaries and its existing complementary interventions. GOAL integrates nutrition, food security, health, and WASH activities, particularly as part of health promotion and behaviour change. This multi-sectoral approach facilitates referrals, particularly between health and nutrition services.

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	50
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	50

Outcome 1	Improved access to emergency and mobile health facilities providing quality primary healthcare and emergency response	
Code	Description	Assumptions & Risks
Output 1.1	Improved access to PHC services in target conflict-affected locations	

Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	[Frontline services] # of >5 outpatient consultations in conflict-affected and other vulnerable states	7839	8159			15998
		Means of Verification:	DHIS				
Indicator 1.1.2	HEALTH	[Frontline services] # of <5 outpatient consultations in conflict-affected and other vulnerable states			2169	2084	4253
		Means of Verification:	DHIS				

Activities	
Activity 1.1.1	Operate primary health care services to women, children and men five days a week in five emergency clinics and five days a week in three mobile clinics in line with the BPHS, with cover over the weekend and holidays
Activity 1.1.2	Oversee the procurement, supply and distribution of drugs, medical supplies and equipment (to ensure uninterrupted supply in conflict-affected areas)
Activity 1.1.3	Conduct routine and outreach EPI to prevent disease outbreaks
Activity 1.1.4	Manage kala azar patients in Ulang and Koradar

Output 1.2	Respond to health-related emergencies including controlling the spread of communicable diseases			
Indicators				
Code	Cluster	Indicator	End Cycle Beneficiaries	End-Cycle

			Men	Women	Boys	Girls	Target	
Indicator 1.2.1	HEALTH	[Frontline services] # of children > 5 to 15 years who have received measles vaccinations in emergency or returnee situation			4068	4235	8303	
	Means of Verification:	DHIS						
Indicator 1.2.2	HEALTH	[Frontline services] Proportion of communicable diseases alerts verified and responded to within 48 hours					100	
	Means of Verification:	DHIS						
Indicator 1.2.3	HEALTH	# of direct beneficiaries from emergency drugs supplies (IEHK / trauma kit / RH kit / PHCU kits)					20251	
	Means of Verification:	DHIS						
Indicator 1.2.4	HEALTH	[Frontline services] # of people reached with health education and promotion messages	5487	5711	0	0	11198	
	Means of Verification:	Health Promotion Reports						

Activities

Activity 1.2.1	Strengthen EWARN emergency plans in conjunction with the MoH; ensure the pre-positioning of EWARN supplies (such as cholera and meningitis kits) to all supported health facilities
Activity 1.2.2	Submit weekly IDSR and EWARN
Activity 1.2.3	Coordinate with other health care actors in information gathering and dissemination of timely information as crisis unfolds in each county
Activity 1.2.4	Conduct health promotion to spread messages on diseases with outbreak potential

Output 1.3 Increase the capacity of staff to respond to health emergencies

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target	
			Men	Women	Boys	Girls		
Indicator 1.3.1	HEALTH	[Frontline services] Proportion of births attended by skilled birth attendants					58	
	Means of Verification:	DHIS						
Indicator 1.3.2	HEALTH	[Frontline services] # of health workers trained in MISP / communicable diseases / outbreaks / IMCI / CMR/trauma	5	3			8	
	Means of Verification:	DHIS						

Activities

Activity 1.3.1	Conduct training on basic obstetric care, EPI, management of common diseases (Malaria, ARI and Diarrhea and) and clinical management of rape for health facility staff
Activity 1.3.2	Support community TBAs in mobilizing women to attend the clinic during pregnancy, for delivery by skilled birth attendant, and for PNC
Activity 1.3.3	Strengthen referral systems for emergency and specialist healthcare (including GBV)

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 to women, children and men five days a week in five emergency clinics and five days a week in three mobile clinics in line with the BPHS, with cover over the weekend and holidays	2015								X	X	X
Activity 1.1.2 Oversee the procurement, supply and distribution of drugs, medical supplies and equipment (to ensure uninterrupted supply in conflict-affected areas)	2015								X	X				
Activity 1.1.3 Conduct routine and outreach EPI to prevent disease outbreaks	2015								X	X	X	X	X	
Activity 1.1.4 Manage kala azar patients in Ulang and Koradar	2015								X	X	X	X	X	
Activity 1.2.1 Strengthen EWARN emergency plans in conjunction with the MoH; ensure the pre-positioning of EWARN supplies (such as cholera and meningitis kits) to all supported health facilities	2015								X	X	X	X	X	
Activity 1.2.2 Submit weekly IDSR and EWARN	2015								X	X	X	X	X	
Activity 1.2.3 Coordinate with other health care actors in information gathering and dissemination of timely information as crisis unfolds in each county	2015								X	X	X	X	X	
Activity 1.3.1 Conduct training on basic obstetric care, EPI, management of common diseases (Malaria, ARI and Diarrhea and) and clinical management of rape for health facility staff	2015								X	X	X	X	X	
Activity 1.3.2 Support community TBAs in mobilizing women to attend the clinic during pregnancy, for delivery by skilled birth attendant, and for PNC	2015								X	X	X	X	X	
Activity 1.3.3 Strengthen referral systems for emergency and specialist healthcare (including GBV)	2015								X	X	X	X	X	
Activity 1.2.4 Conduct health promotion to spread messages on diseases with outbreak potential	2015								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

GOAL South Sudan currently employs a full time expatriate Monitoring, Evaluation, Accountability and Learning (MEAL) Coordinator responsible for all MEAL activities across all GOAL operational areas and provides comprehensive oversight and coordination. As of January 2015, the MEAL team includes two MEAL Officers and an Assistant MEAL Officer. The MEAL team coordinates monitoring activities at three levels: formal monitoring and reporting conducted at regular intervals by field programme staff, formal monitoring and evaluation conducted by MEAL staff at regular intervals or for specific projects, and informal monitoring and reporting of programme progress and threats to implementation by community committees. GOAL also has a MEAL Global Advisor who provides additional technical guidance on periodic visits to South Sudan. On an annual basis, GOAL Global Technical Advisors will provide programme evaluations, assistance,

<p>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 .</p>	<p>recommendations and advice on all sectors of programming.</p> <p>For Health Programmes, GOAL uses the MoH stipulated District Health Information System (DHIS). At the clinic level, staff submit data through weekly Integrated Disease Surveillance Reports (IDSRs), monthly Health Management Information Systems (HMIS) reports and quarterly Quantified Supervision Checklists (QSCs) to the CHD and the MoH. These three reporting mechanisms provide data on disease prevalence, consultations, reproductive and maternal health care, communicable diseases, expanded programme for immunisation (EPI) distributions and staff and clinic performance. GOAL uses its own reporting tools for training and community health activities.</p> <p>To gather quantitative data used to evaluate overall programme progress and results, GOAL uses quantitative MICS. The MICS is a cross-programmatic tool that evaluates nutritional status, health indicators (e.g., vaccination rates), young child and antenatal care, WASH practices and attitudes, food security indicators, among others. MICS are typically conducted annually across stable GOAL field locations. Due to the insecurity in Upper Nile, GOAL has instead opted for rapid SMART surveys in Upper Nile, including Ulang County. The results of this survey are currently being analysed by GOAL's Health and Nutrition Surveillance Manager.</p>
<p>OTHER INFORMATION</p>	
<p>Accountability to Affected Populations</p>	<p>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.</p> <p>GOAL's Programmes 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.</p> <p>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.</p> <p>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.</p>
<p>Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.</p>	<p>GOAL is an active member of the Health Cluster at national and state levels, and will continue to coordinate with the Cluster and other Health actors to deliver primary health care programmes in South Sudan. GOAL closely collaborates with the Ministry of Health, County Health Department and community members and leaders in health programme planning and implementation. To ensure the programme appropriately responds to the changing contexts of the conflict and needs of the population, GOAL will continuously collect, analyse, and learn from health data. Continuity of emergency health services and uninterrupted provision of medical supplies is essential to successful delivery of primary healthcare in emergency and conflict-affected settings. GOAL will look into options of sourcing essential drug kits and medical supplies from EMF supplies, WHO, and UNICEF until planned drugs, supplies and medical equipment procurement is finalised and prepositioned on the ground. GOAL will ensure availability of the right mix of health workers in its emergency and mobile clinics in line with the BPHNS for basic health units. To maximise health benefits, GOAL will implement a cohesive programme that combines curative and preventative activities. In addition to routine immunisation activities, GOAL will plan and conduct immunisation campaigns to increase coverage, particularly in communities far from health facilities or cold chains. Health education will be undertaken both within health facilities and within communities. In 2015, GOAL is rolling out a new health promotion and behaviour change strategy that takes a multipronged approach to health behaviour change. The strategy aims to increase the reach of health messaging through use of radio, increase uptake of lessons by identifying opinion leaders and positive deviants, and reinforce knowledge through the continued use of community health, nutrition, and hygiene promoters.</p>
<p>Coordination with other Organizations in project area</p>	
<p>Environmental Marker Code</p>	<p>A+: Neutral Impact on environment with mitigation or enhancement</p>
<p>Gender Marker Code</p>	<p>2a-The project is designed to contribute significantly to gender equality</p>
<p>Justify Chosen Gender Marker Code</p>	<p>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, Accountability and Learning Officer to guide and lead this process as the gender focal point. This will involve conducting routine field monitoring visits, a gender audit and assessment, FGDs with both men and women for impact monitoring and providing training to staff on gender issues. To improve gender mainstreaming in 2015, GOAL is conducting barrier analyses on issues important to women's health, nutrition, and livelihoods.</p>
<p>Protection Mainstreaming</p>	<p>GOAL has a global protection mainstreaming policy that is implemented at head office and field sites in GOAL South Sudan. All staff in the field sites have received training in protection, and each site has designated 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 on children's rights and protection to ensure that beneficiary protection needs are properly addressed. The Juba-based Country Child Protection focal person attends weekly Protection Cluster meetings to ensure coordination with key actors, and provides remote support to field focal points to ensure that appropriate channels of referral are used.</p>
<p>Safety and Security</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Access</p>	<p>Access to populations in the conflict-affected Upper Nile State continues to be restricted by insecurity and rain. In the first six months of 2015, conflict has prohibited movement to and between a number of facilities. Violence has also forced temporary evacuation of staff, and suspension of activities. While it is hoped that conflict levels will reduce as the rainy season continues, the challenges to access which will stymie troop movement will also hinder humanitarian activities. Aside from Melut, which is served by Paloch Airport, all of GOAL's field sites rely on dirt airstrips for transport of staff and cargo on fixed-wing aircraft.</p>
<p>BUDGET</p>	
<p>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)</p>	

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
1.1	Ulang and Melut Direct Staff - National and Relocatable 80 clinic staff for emergency mobile clinics in Paloich and Ulang	D	80	586.19	5	12.84%	30,106.72	15,053.36	15,053.36	30,106.72
1.2	Ulang and Melut Indirect Staff - National and Relocatable Allocation to Melut and Ulang field support (HR, Finance, etc)	D	27	541.66	5	4.97%	3,634.27	1,817.13	1,817.14	3,634.27
1.3	Juba Indirect Staff - National and Relocatable Allocation for 39 Juba-based support staff including finance, HR, logistics, IT, admin, etc	S	39	1040.18	5	3.98%	8,072.84	4,036.42	4,036.42	8,072.84
1.4	Ulang and Melut International Staff Allocation for Field Area Coordinator and Field Logistics Manager for both Ulang and Melut	D	4	5421.31	5	10.00%	10,842.62	5,421.31	5,421.31	10,842.62
1.5	Juba International Staff Allocation for Country Director, Assistant Country Director - Systems, Financial Controller, Logistics Coordinator, Assistant Financial Controller - Donors, Assistant Financial Controller - Operations, Field Supply Manager, FLM, HR, Grant Manager, Security Officer and Internal Audit/Donor Compliance Officer	S	23	5933.86	5	3.33%	22,723.72	11,361.86	11,361.86	22,723.72
1.6	Juba Direct Staff National and Relocatable Allocation for Assistant Community Health Coordinator, Assistant Primary Health Care Coordinator, Health Supervisor and Community Health Coordinator	D	4	3229.95	5	15.00%	9,689.85	4,844.92	4,844.93	9,689.85
Section Total							85,070.01	42,535.00	42,535.02	85,070.02
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
								Q3	Q4	
2.1	Drugs GOAL requests funds to procure six months supplies for these sites, to restock	D	5898	1.69	5	100.00%	49,838.10	49,838.10	0.00	49,838.10
2.2	Medical Supplies the supplies were estimated as per the recent most costs of purchasing similar supplies	D	352	4.58	5	100.00%	8,060.80	8,060.80	0.00	8,060.80
2.3	EPI the supplies were estimated as per the recent most costs of purchasing similar supplies	D	5	163	4	100.00%	3,260.00	1,630.00	1,630.00	3,260.00
2.4	Transport of Materials - Flights transport unit costs are derived from the cost of supplies with the companies GOAL has frame work agreements with	D	3	6500	1	100.00%	19,500.00	9,750.00	9,750.00	19,500.00
2.5	Transport of Materials - Road transport unit costs are derived from the cost of supplies with the companies GOAL has frame work agreements with	D	2	1750.01	1	100.00%	3,500.02	1,750.01	1,750.01	3,500.02
2.6	Trainings costs are as per GOAL's training policies	D	8	288.55	1	100.00%	2,308.40	1,154.20	1,154.20	2,308.40
Section Total							86,467.32	72,183.11	14,284.21	86,467.32
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
								Q3	Q4	
3.1	Clinic set Up Supplies the supplies were estimated as per the recent most costs of purchasing similar supplies	D	105	39.2	1	100.00%	4,116.00	2,058.00	2,058.00	4,116.00
3.2	Computer Equipment the supplies were estimated as per the recent most costs of purchasing similar supplies	S	3	988.91	1	100.00%	2,966.73	2,966.73	0.00	2,966.73
3.3	Communication Equipment the supplies were estimated as per the recent most costs of purchasing similar supplies	S	4	400	1	100.00%	1,600.00	1,600.00	0.00	1,600.00
3.4	Office Equipment the supplies were estimated as per the recent most costs of purchasing similar supplies	S	5	150	1	100.00%	750.00	375.00	375.00	750.00
Section Total							9,432.73	6,999.73	2,433.00	9,432.73
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
								Q3	Q4	
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
								Q3	Q4	
5.1	Passenger Flights UNS Staff the number of trips is dependent on the number of staff working or contributing to this project, their level of effort is combined into full flights which are then charged here.	D	10	400	1	100.00%	4,000.00	2,000.00	2,000.00	4,000.00
5.2	Vehicle Costs for Upper Nile this is based on the cost of running operations in UNS through fuelling, repair and maintenance and fuelling, the total cost is then subdivided across the grants as per the percentage allocation of the grants	D	1	22312	5	4.00%	4,462.40	2,231.20	2,231.20	4,462.40
5.3	Vehicle Costs for Juba	S	1	8007	5	3.37%	1,349.18	674.59	674.59	1,349.18

this is based on the cost of running operations in Juba through fuelling, repair and maintenance and fuelling, the total cost is then subdivided across the grants as per the percentage allocation of the grants

Section Total	9,811.58	4,905.79	4,905.79	9,811.58
----------------------	----------	----------	----------	----------

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
								Q3	Q4	
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 CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
7.1	Admin Costs for Upper Nile administrations costs has been allocated to donors as per the percentage funding from all the donors funding the field site	D	1	27365	6	4.00%	6,567.60	3,283.80	3,283.80	6,567.60
7.2	Admin Costs for Juba administrations costs has been allocated to donors as per the percentage funding from all the donors funding the field site	S	1	30495	6	3.00%	5,489.10	2,744.55	2,744.55	5,489.10
7.3	Solar Fridge Maintenance used the mainly recent maintenance work recently conducted	D	1	500	5	100.00%	2,500.00	1,250.00	1,250.00	2,500.00
7.4	M&E a percentage of costs to all the donors contributing to this grant.	D	1	1800.17	1	100.00%	1,800.17	900.08	900.09	1,800.17
7.5	Visibility CHF pays all the costs associated with its visibility.	D	21	50.47	1	100.00%	1,059.87	529.93	529.94	1,059.87
Section Total							17,416.74	8,708.36	8,708.38	17,416.74

Sub Total Direct Cost	208,198.39
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)	7%
Audit Cost (For NGO, in percent)	1%
PSC Amount	14,573.89

Quarterly Budget Details for PSC Amount	2015		Total
	Q3	Q4	
	7,286.94	7,286.95	14,573.89

Total Fund Project Cost	222,772.28
--------------------------------	------------

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Upper Nile -> Baliet	25					0	Activity 1.1.1 : Operate primary health care services to women, children and men five days a week in five emergency clinics and five days a week in three mobile clinics in line with the BPHS, with cover over the weekend and holidays Activity 1.1.2 : Oversee the procurement, supply and distribution of drugs, medical supplies and equipment (to ensure uninterrupted supply in conflict-affected areas) Activity 1.2.1 : Strengthen EWARN emergency plans in conjunction with the MoH; ensure the pre-positioning of EWARN supplies (such as cholera and meningitis kits) to all supported health facilities Activity 1.2.2 : Submit weekly IDSR and EWARN Activity 1.2.4 : Conduct health promotion to spread messages on diseases with outbreak potential Activity 1.3.1 : Conduct training on basic obstetric care, EPI, management of common diseases (Malaria, ARI and Diarrhea and) and clinical management of rape for health facility staff Activity 1.3.2 : Support community TBAs in mobilizing women to attend the clinic during pregnancy, for delivery by skilled birth attendant, and for PNC Activity 1.3.3 : Strengthen referral systems for emergency and specialist healthcare (including GBV)
Upper Nile -> Maiwut	25					0	Activity 1.1.1 : Operate primary health care services to women, children and men five days a week in five emergency clinics and five days a week in three mobile clinics in line with the BPHS, with cover over the weekend and holidays Activity 1.1.2 : Oversee the procurement, supply and distribution of drugs, medical supplies and equipment (to ensure uninterrupted supply in conflict-affected areas) Activity 1.1.3 : Conduct routine and outreach EPI to prevent disease outbreaks Activity 1.2.1 : Strengthen EWARN emergency plans in conjunction with the MoH; ensure the pre-positioning of EWARN supplies (such as cholera and meningitis kits) to all supported health facilities Activity 1.2.2 : Submit weekly IDSR and EWARN Activity 1.2.3 : Coordinate with other health care actors in information gathering and dissemination of timely information as crisis unfolds in each county Activity 1.2.4 : Conduct health promotion to spread messages on diseases with outbreak potential Activity 1.3.1 : Conduct training on basic obstetric care, EPI, management of common diseases (Malaria, ARI and Diarrhea and) and clinical management of rape for health facility staff Activity 1.3.2 : Support community TBAs in mobilizing women to attend the clinic during pregnancy, for delivery by skilled birth attendant, and for PNC Activity 1.3.3 : Strengthen referral systems for emergency and specialist healthcare (including GBV)
Upper Nile -> Melut	25					0	Activity 1.1.1 : Operate primary health care services to women, children and men five days a week in five emergency clinics and five days a week in three mobile clinics in line with the BPHS, with cover over the weekend and holidays Activity 1.1.2 : Oversee the procurement, supply and distribution of drugs, medical supplies and equipment (to ensure uninterrupted supply in conflict-affected areas) Activity 1.1.3 : Conduct routine and outreach EPI to prevent disease outbreaks Activity 1.1.4 : Manage kala azar patients in Ulang and Koradar Activity 1.2.1 : Strengthen EWARN emergency plans in conjunction with the MoH; ensure the pre-positioning of EWARN supplies (such as cholera and meningitis kits) to all supported health facilities Activity 1.2.2 : Submit weekly IDSR and EWARN Activity 1.2.3 : Coordinate with other health care actors in information gathering and dissemination of timely information as crisis unfolds in each county Activity 1.2.4 : Conduct health promotion to spread messages on diseases with outbreak potential Activity 1.3.1 : Conduct training on basic obstetric care, EPI, management of common diseases (Malaria, ARI

							and Diarrhea and) and clinical management of rape for health facility staff Activity 1.3.2 : Support community TBAs in mobilizing women to attend the clinic during pregnancy, for delivery by skilled birth attendant, and for PNC Activity 1.3.3 : Strengthen referral systems for emergency and specialist healthcare (including GBV)
Upper Nile -> Ulang	25					0	Activity 1.1.1 : Operate primary health care services to women, children and men five days a week in five emergency clinics and five days a week in three mobile clinics in line with the BPHS, with cover over the weekend and holidays Activity 1.1.2 : Oversee the procurement, supply and distribution of drugs, medical supplies and equipment (to ensure uninterrupted supply in conflict-affected areas) Activity 1.1.3 : Conduct routine and outreach EPI to prevent disease outbreaks Activity 1.1.4 : Manage kala azar patients in Ulang and Koradar Activity 1.2.1 : Strengthen EWARNS emergency plans in conjunction with the MoH; ensure the pre-positioning of EWARNS supplies (such as cholera and meningitis kits) to all supported health facilities Activity 1.2.2 : Submit weekly IDSR and EWARNS Activity 1.2.4 : Conduct health promotion to spread messages on diseases with outbreak potential Activity 1.3.1 : Conduct training on basic obstetric care, EPI, management of common diseases (Malaria, ARI and Diarrhea and) and clinical management of rape for health facility staff Activity 1.3.2 : Support community TBAs in mobilizing women to attend the clinic during pregnancy, for delivery by skilled birth attendant, and for PNC Activity 1.3.3 : Strengthen referral systems for emergency and specialist healthcare (including GBV)

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS

