

Requesting Organization :	GOAL				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Provision of integrated and lifesaving Primary Health Care (PHC) services for conflict affected and vulnerable populations in Baliet, Melut, Maiwut, and Ulang Counties, Upper Nile State (UNS)				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-16/H/87232	Fund Project Code :	SSD-16/HSS10/SA2/H/INGO/3518		
Cluster :	Health	Project Budget in US\$:	224,068.51		
Planned project duration :	4 months	Priority:	2		
Planned Start Date :	15/08/2016	Planned End Date :	31/12/2016		
Actual Start Date:	15/08/2016	Actual End Date:	31/12/2016		
Project Summary :	This project supports staffing of six Primary Health Care Centres (PHCCs), 12 Primary Health Care Units (PHCUs) and four mobile clinics to ensure uninterrupted provision of lifesaving primary health care during a period of significant funding gaps due to delayed World Bank/IMA health funding in UNS. The project also responds to urgent, demonstrated needs through three accelerated expanded programme of immunization (EPI) campaigns to reduce risk of disease outbreaks in areas with limited or absent cold chains. Prepositioning of essential drugs and medical supplies will support both routine primary health care provision and emergency preparedness and response.				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	31,700	33,526	18,238	19,288	102,752
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Pregnant and Lactating Women	0	3,302	0	0	3,302
Internally Displaced People	3,200	3,384	851	900	8,335
Indirect Beneficiaries :					
Catchment Population:					
Baliet: 7,000 Maiwut: 109,252 Melut: 25,000 Ulang: 104,660					
Link with allocation strategy :					
This programme prioritises support for static health facilities serving conflict-affected and displaced populations, as well as mobile clinics to vulnerable returnees and IDPs. This is in line with the Cluster SA2 priority statement, "Health Cluster will support partners in static health facilities in IDP locations including POCs having the ability to rapidly scale up and rapidly deploy mobile clinics within a radius of 30 km to respond to the needs of any IDPs. Further, the proposed project includes transport of essential drugs and medical supplies to support routine PHC provision as well as to contribute to EPR. Accelerated EPI campaigns will help reduce risk of outbreaks of a set of deadly communicable diseases through mobile cold chain units, while cold chain repair and kala-azar screening and treatment will enhance the capacity of teams to rapidly respond to outbreaks. These activities support the SA2 priority activity description, "Procure and strategically preposition lifesaving drugs and medical supplies."					
Sub-Grants to Implementing Partners :					
Partner Name	Partner Type			Budget in US\$	
Other funding secured for the same project (to date) :					

Other Funding Source	Other Funding Amount
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Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

Upper Nile State (UNS) is one of the three states most severely affected by the ongoing conflict in South Sudan. Despite the beleaguered implementation of a peace agreement signed in August 2015, the humanitarian situation continues to deteriorate. GOAL's areas of operation have continued to feel the impacts of both clashes between government and opposition forces and intercommunal violence. While the conflict in Juba in July 2016 did not spread to any of the targeted counties under this project, GOAL's areas of operation in both government and opposition held territories remain susceptible to insecurity.

In May 2015, clashes between SPLA troops and forces loyal to defected General Johnson Olony forced an estimated 50,000 civilians to flee from Melut Town and Akoka County, including thousands of IDPs that had already left their homes in Baliet County and Jonglei State. An estimated 25,000 still remain displaced in Dethoma I, Dethoma II, and Koradar (including Malek) IDP camps, reliant solely on GOAL to provide outpatient primary healthcare.

In Ulang, intercommunal violence broke out for several days in mid-April, resulting in the temporary displacement of thousands of civilians and heavy destruction. Nyangora emergency PHCU was burnt to the ground, two EPI fridges were vandalized, and an estimated \$100,000 of GOAL supplies and assets were looted. Three emergency clinics in Baramach, Nyangora, and Ringyang remain in hibernation. The aftermath of this conflict has had significant effects on access to primary healthcare, as GOAL is the sole health care actor in the county. With no option for referral, the functionality of Ulang and Rupboard PHCCs is vital to ensuring access to lifesaving health care.

Prolonged insecurity has as yet precluded a permanent return to Baliet. GOAL currently provides remote support to MoH staff operating in Baliet and Adong PHCCs which serve the increasing returnee population. Due to economic instability and severe delays in the pipeline, MoH staff at these clinics are working as volunteers with extremely limited supplies. The unstable security context of UNS necessitates flexible responses; and in Baliet, GOAL has adapted to deliver quick implementation projects so as to continue to provide lifesaving interventions while limiting the time staff spends away from a permanent field base.

The targeted counties continue to face high levels of displacement and intermittent conflict, with limited access to key services and infrastructure. Simultaneously, skyrocketing inflation has negatively impacted the ability of households to purchase basic goods.

2. Needs assessment

Uncertainty over World Bank funding for a second round of the Rapid Results Health Project has created urgent gaps across GOAL operational areas in UNS. Staff in Maiwut, Melut, and Ulang have been working in a voluntary capacity since 01st June to continue to provide lifesaving services to their community. However, this is not a sustainable long-term solution; without pay, qualified medical staff are likely to look for work away from home, leaving these conflict affected populations with even greater health needs.

Though the operational context is difficult, intervention is crucial given the urgent health needs. UNS continues to suffer prolonged food insecurity. SMART surveys using z-scores indicate a GAM rate of 23% in Ulang County (June 2016), with a GAM rate of 24% in Maiwut (March 2016). This corresponds with the most recent IPC report, which classed both Ulang and Maiwut as IPC Level 3 (Crisis) as of April – before the start of the annual lean season. Following the outbreak of conflict in July, FEWSNET projected that Maiwut and Melut would face IPC Phase 3 (Crisis) from June-September, with Baliet and Ulang in Phase 4 (Emergency). Worryingly, even before fighting in Juba further damaged trade links, IPC projected the whole of UNS would be Phase 4 (Critical) for Acute Malnutrition for May-July. These high projections for food security and malnutrition are reflected in recent data from GOAL stabilization centres (SCs) in Ulang and Maiwut, with 113 children 6-59 months admitted with Severe Acute Malnutrition (SAM) with medical complications between January and June.

Compounding high levels of malnutrition and SAM with medical complications are high water, sanitation and hygiene (WASH) needs. In Ulang, 83% of the population access water from a river or swamp (June 2016 WASH survey) and 99% openly defecate (May 2015 WASH survey). In Maiwut, 60.7% of households rely on unprotected water sources, with 88.1% using water without any form of treatment; and 94.6% practice open defecation (April 2016 SMART survey). High rates of open defecation coupled with use of unprotected water sources create high risks of water-borne and fecal-oral diseases which are exacerbated by high population densities - common in IDP camps.

Immunisation coverage continues to be well below herd immunity. Measles coverage for children 9-59 months is 62.4% in Maiwut (April 2016 SMART). Baliet and Ulang continue to suffer the after effects of two years without cold chain following the looting and destruction of health facilities in the early days of the conflict.

3. Description Of Beneficiaries

The population of Baliet, Maiwut, Melut, and Ulang Counties have been significantly impacted by conflict and displacement. In Melut, IDP camps supported by GOAL host populations that have suffered multiple displacements. Beneficiaries in Baliet are primarily returnees, who currently have limited INGO support due to insecurity. GOAL has provided support through recent livelihoods distribution through the first round CHF allocation, and proposes to provide integrated health and nutrition support to this population through the second round allocation.

Primary health care facilities will support the entire population of these counties, and are particularly important to the populations of Baliet and Ulang, where there are not currently secondary health care facilities. While primary health care facilities are open to all, DHIS data indicates that the majority of visitors are women and children.

The primary beneficiaries are children, pregnant women, and vulnerable groups including the elderly. Accelerated EPI campaigns will target children under 59 months; however, immunization is associated with positive externalities, as every immunized child presents one less potential carrier of preventable childhood communicable diseases.

Kala-azar on-the-job training will benefit the entire catchment area, as this disease is endemic and the ability to identify, refer, and treat cases is essential. This will particularly benefit children, PLWs, the elderly, and other groups who are more vulnerable to disease.

4. Grant Request Justification

GOAL is the lead primary health care provider in Baliet, Maiwut, and Ulang Counties. Additionally, GOAL supports two primary health care facilities and one mobile clinic in Melut to support 25,000 people in IDP camps following the outbreak of conflict in December 2013 and the renewed fighting locally in May 2015. Throughout the conflict, GOAL has supported these populations with emergency and mobile response, most recently setting up a mobile clinic in May 2016 to support the IDP population in Malek. GOAL has also recently evidenced its emergency response capacity through two highly successful measles responses in Abyei (February-March 2016) and Twic (April 2016), which reached 87,560 people. Through this project, GOAL proposes to preposition stock in UNS to support EPR, support salaries for key primary health care staff in high-need areas, and conduct accelerated EPI campaigns. The proposed project responds to the demonstrated health needs of the community while minimizing costs. The activities capitalize on GOAL's demonstrated capacity for emergency and mobile response, and focuses on low-cost and high-impact activities.

In response to the looting of facilities and displacement of thousands in Ulang, GOAL mobilized resources to quickly reestablish services at intact health facilities and relocate staff to clinics serving the displaced population. However, lack of funds has hindered reestablishment of activities at all health facilities. This has had particularly severe ramifications for Ringyang, where activities at the PHCU were suspended following the shooting death of a community health worker in January 2016. The death was determined to be an act of revenge by a man from Jonglei State, with no wider security implications for the area in general or the health facility specifically. The population of this catchment fled along with much of the rest of the County during the conflict in April, and as of August the majority have returned. Despite the needs of this vulnerable population, funding gaps have made it impossible to resume activities at Ringyang. The next-nearest clinic is Baramach, which has been in hibernation since the conflict due to lack of funding. The population served by Ringyang is thus forced to travel either to Ulang Town (upstream) or Ying (downstream) to access a health facility. However, as it is the height of the rainy season the routes to these clinics are largely swamps, and accessibility is extremely challenging – even more so for the children, pregnant women, and ill community members most in need of health services. The proposed project would support salaries for staff at the IMA-funded static clinics and provide weekly mobile clinics in Baramach, Ringyang, and Nyangora so as to provide stop-gap support for these catchments until OFDA support for these facilities resumes.

Across UNS, immunization coverage is low and cold chains remain extremely limited. Ulang currently relies on only one EPI fridge at a time when high levels of displacement and the peak of the rainy season create prime conditions for communicable disease outbreaks. In Maiwut, there are only two functional solar fridges, one of which has a faulty battery which runs out quickly when the sun is not strong. Given the low coverage rates and lack of locally available EPI fridge technicians, there is an urgent need for accelerated EPI campaigns to “catch up” on routine immunization activities delayed due to cold chain disruption as well as to reach displaced, distant, and vulnerable populations. This project will support salaries for staff on a temporary basis until World Bank/IMA support resumes

5. Complementarity

Primary health activities will complement curative nutrition programmes in all areas of operation. OTPs and TSFPs are integrated into all GOAL-supported PHC facilities in Melut, Maiwut, and Ulang, with plans to establish nutrition programmes at Adong PHCC and Baliet PHCC imminently. Nutrition and health staff work synergistically, with clinical health staff conducting growth screening in routine consultations for children and for all women attending ANC or PNC, while nutrition staff ensure that all new admissions undergo a medical consultation. Both health and nutrition facilities refer cases of SAM with medical consultations to SCs for treatment.

GOAL also operates an economic and food security (EFS) programme in all areas of operation in UNS. EFS activities focus on building household and market level resilience against shocks and stresses impacting food systems. The medium-term benefits of these activities will contribute to household-level food security and support improved nutritional status, thereby supporting positive health outcomes.

LOGICAL FRAMEWORK

Overall project objective

To increase access to emergency and lifesaving primary health care and enhance emergency preparedness and response through provision of staffing, prepositioning of routine and emergency preparedness stock, and mobile services including accelerated EPI.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	60
CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	40

Contribution to Cluster/Sector Objectives : This project responds directly to the first Cluster priority activity: Provision of lifesaving primary healthcare activities to vulnerable populations. The proposed project includes establishment of mobile clinics in Baramach, Nyangora, and Ringyang in Ulang County to serve IDP and returnee populations affected by intercommunal conflict in April. This project also supports provision of primary health care in areas that currently have no funding and no staff on payroll.

The proposed activities also support the second Cluster priority activity “Procure and strategically preposition lifesaving drugs and medical supplies” through the procurement and transport of essential drugs and medical supplies, as well as accelerated EPI outreach activities.

Outcome 1

Increase access to basic and lifesaving emergency health services to the population affected by conflict, displacement and vulnerable through Primary health services

Output 1.1

Description

Support 22 primary health facilities (18 static health facilities and 4 mobile clinics)

Assumptions & Risks

Assumptions:
 The security situation will remain calm
 Accessibility will be open to all the proposed counties
 The inflation rate will stabilize

Activities

Activity 1.1.1

Complete standard HR procedures for recruitment of key clinical staff, namely one Clinical Officer, one Midwife (or MCHW), one EPI vaccinator, two CHWs, two guards, and two cleaners per PHCC and CHWs for PHCUs.

Activity 1.1.2

Sign temporary contracts with key clinic staff

Activity 1.1.3

Submit monthly DHIS data

Activity 1.1.4

Provide supervisory support to 18 static health facilities and 4 mobile clinics

Activity 1.1.5

Preposition DIKs (essential drugs and medical supplies) in all functional health facilities

Activity 1.1.6

Screen for and treat cases of KA within PHCCs using DIKs from IMA

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Frontline # of functional health facilities in conflict -affected and other vulnerable states					22

Means of Verification : DHIS

Indicator 1.1.2	HEALTH	(Frontline services): # of outpatient consultations in conflict and other vulnerable states	31,700	33,526	8,426	8,912	82,564
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Means of Verification : DHIS

Outcome 2

Improve EPR capacity in conflict affected and vulnerable states

Output 2.1

Description

Improved EPI coverage in children 0-59 months through three accelerated EPI campaigns in conflict-affected areas and strengthened cold chain

Assumptions & Risks

Activities

Activity 2.1.1

Develop a micro plan for accelerated EPI campaign and implement

Activity 2.1.2

Sign an MoU/agreement with UNICEF

Activity 2.1.3

Conduct repairs and maintenance of cold chain in one field site

Activity 2.1.4

Transport Ice pack and vaccines and other accessories to the field sites during campaigns period

Activity 2.1.5

Conduct EPI campaign (Three rounds – All antigens) in three counties in UNS

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation			17,387	18,388	35,775

Means of Verification : DHIS, EPI campaign monitoring tools

Indicator 2.1.2	HEALTH	Frontline # of children with 3 doses of pentavalent vaccine			3,864	4,086	7,950
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Means of Verification : DHIS

Environment Marker Of The Project							
A: Neutral Impact on environment with No mitigation							
Gender Marker Of The Project							
2a-The project is designed to contribute significantly to gender equality							
Justify Chosen Gender Marker Code							
This project supports salaries to ensure the staffing of a midwife at PHCCs and MCHWs at PHCUs to ensure that the gender-related health needs of women are addressed. By supporting mobile clinics to re-establish activities at three facilities in Ulang, this project will increase accessibility and thereby reduce the time burden on women as primary caregivers, who currently must travel long distances through swamp to access alternate health facilities. Additionally, the close integration of health and nutrition programming ensure that women can access a range of services for themselves and their children at a single, local site.							
Protection Mainstreaming							
GOAL coordinates with the country-level Protection Cluster GBV Subcluster to ensure that referral pathways are kept up-to-date and that GOAL can participate in trainings and receive updates. At the field level, GOAL coordinates with with INGO and NNGO actors to ensure complementarity of programmes and to strengthen referral of suspected protection issues to specialist actors.							
Country Specific Information							
Safety and Security							
UNS is one of the states worst affected by the ongoing crisis. Malakal and Nassir are frequent flashpoints due to their strategic locations, and the proximity of GOAL areas of operations to these cities can result in periods of insecurity and restricted access. Both Melut and Baliet are adjacent to Malakal, and can quickly be affected by insecurity in that strategic city. While returnees have made their way back to Baliet in the past twelve months, the population remains small due to ongoing concerns about security. GOAL has successfully implemented short-term activities including assessments and distributions; however, it has not yet been possible to establish a base for field operations. GOAL has adopted a flexible approach in Baliet to allow continued access to populations there, with activities designed to deliver maximum impact in a short period of time on the ground. GOAL South Sudan has a full time expatriate Safety and Security Officer who visits all field sites regularly to update SOPs and contingency plans.							
Access							
Maiwut and Ulang are served by dirt airstrips which land regularly scheduled UNHAS passenger and cargo flights. Fixed-wing aircraft land at Maiwut and Pagak airstrips when weather allows, whereas Ulang is served by helicopter. Melut is nearby Paloich airport, which has the capacity to land larger aircraft and is less severely affected by rain than the others. Baliet is currently accessible only by road from Malakal and by boat during rainy season when the roads are impassable. Ground transport in Maiwut, Baliet, and Melut is primarily conducted by car; Maiwut also has use of a quad bike to facilitate transport through swampy and difficult terrain in the rainy season. Due to the topography and settlement patterns of Ulang, the primary mode of transport between health facilities is a boat along the River Sobat.							
BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Field Direct Staff - National and Relocatable	D	21	985.98	5	59.00	61,081.46
1.2	Field Support Staff - National and Relocatable	D	36	502.47	5	10.00	9,044.46
1.3	Juba Support Staff - National and Relocatable	S	35	913.05	5	2.00	3,195.68
1.4	Field International Staff	D	7	4,238.16	5	7.00	10,383.49
1.5	Temporary Emergency Clinic Staff	D	18	362.57	3	89.00	17,425.11
Section Total							101,130.20
Supplies, Commodities, Materials							
2.1	Accelerated EPI Campaign	D	1806	2.68	3	100.00	14,520.24

2.2	Reestablish Clinics - Minor Repairs	D	10	900.00	1	100.00	9,000.00
2.3	Transport of Materials - Flights	D	3	9,800.00	1	100.00	29,400.00
2.4	Transport of Materials - Road	D	4	1,525.00	1	100.00	6,100.00
Section Total							59,020.24
Equipment							
3.1	Reestablish Clinic Equipment	D	37	83.86	1	100.00	3,102.82
3.2	Computer Equipment	D	3	1,100.00	1	100.00	3,300.00
3.3	Communication Equipment	D	6	530.00	1	100.00	3,180.00
Section Total							9,582.82
Travel							
5.1	Passenger Flights - Field Staff	D	18	550.00	1	100.00	9,900.00
5.2	Field Vehicle Costs	D	1	27,197.00	5	9.60	13,054.56
Section Total							22,954.56
General Operating and Other Direct Costs							
7.1	Field Admin Costs	D	1	28,824.00	5	10.00	14,412.00
7.2	Restore Cold Chain/Solar Fridge Repair	D	3	770.00	1	100.00	2,310.00
Section Total							16,722.00
SubTotal			2,009.00				209,409.82
Direct							206,214.14
Support							3,195.68
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							14,658.69
Total Cost							224,068.51
Grand Total CHF Cost							224,068.51

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Baiet	20	896	947	547	578	2,968	Activity 1.1.3 : Submit monthly DHIS data Activity 1.1.4 : Provide supervisory support to 18 static health facilities and 4 mobile clinics Activity 1.1.5 : Preposition DIKs (essential drugs and medical supplies) in all functional health facilities Activity 2.1.2 : Sign an MoU/agreement with UNICEF Activity 2.1.5 : Conduct EPI campaign (Three rounds – All antigens) in three counties in UNS
Upper Nile -> Maiwut	25	13,982	14,788	8,530	9,021	46,321	Activity 1.1.1 : Complete standard HR procedures for recruitment of key clinical staff, namely one Clinical Officer, one Midwife (or MCHW), one EPI vaccinator, two CHWs, two guards, and two cleaners per PHCC and CHWs for PHCUs. Activity 1.1.2 : Sign temporary contracts with key clinic staff Activity 1.1.3 : Submit monthly DHIS data Activity 1.1.4 : Provide supervisory support to 18 static health facilities and 4 mobile clinics Activity 1.1.5 : Preposition DIKs (essential drugs and medical supplies) in all functional health facilities Activity 1.1.6 : Screen for and treat cases of KA within PHCCs using DIKs from IMA Activity 2.1.1 : Develop a micro plan for accelerated EPI campaign and implement Activity 2.1.2 : Sign an MoU/agreement with UNICEF Activity 2.1.4 : Transport Ice pack and vaccines and other accessories to the field sites during campaigns period Activity 2.1.5 : Conduct EPI campaign (Three rounds – All antigens) in three counties in UNS
Upper Nile -> Melut	20	3,200	3,384	851	900	8,335	Activity 1.1.3 : Submit monthly DHIS data Activity 1.1.4 : Provide supervisory support to 18 static health facilities and 4 mobile clinics Activity 1.1.5 : Preposition DIKs (essential drugs and medical supplies) in all functional health facilities Activity 1.1.6 : Screen for and treat cases of KA within PHCCs using DIKs from IMA Activity 2.1.2 : Sign an MoU/agreement with UNICEF Activity 2.1.4 : Transport Ice pack and vaccines and other accessories to the field sites during campaigns period

Upper Nile -> Ulang	35	13,622	14,407	8,310	8,789	45,128	<p>Activity 1.1.1 : Complete standard HR procedures for recruitment of key clinical staff, namely one Clinical Officer, one Midwife (or MCHW), one EPI vaccinator, two CHWs, two guards, and two cleaners per PHCC and CHWs for PHCUs.</p> <p>Activity 1.1.2 : Sign temporary contracts with key clinic staff</p> <p>Activity 1.1.3 : Submit monthly DHIS data</p> <p>Activity 1.1.4 : Provide supervisory support to 18 static health facilities and 4 mobile clinics</p> <p>Activity 1.1.5 : Preposition DIKs (essential drugs and medical supplies) in all functional health facilities</p> <p>Activity 1.1.6 : Screen for and treat cases of KA within PHCCs using DIKs from IMA</p> <p>Activity 2.1.1 : Develop a micro plan for accelerated EPI campaign and implement</p> <p>Activity 2.1.2 : Sign an MoU/agreement with UNICEF</p> <p>Activity 2.1.3 : Conduct repairs and maintenance of cold chain in one field site</p> <p>Activity 2.1.4 : Transport Ice pack and vaccines and other accessories to the field sites during campaigns period</p> <p>Activity 2.1.5 : Conduct EPI campaign (Three rounds – All antigens) in three counties in UNS</p>
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Documents

Category Name	Document Description