

Requesting Organization :	GOAL			
Allocation Type :	2018 – SHF 2nd Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
HEALTH		60.00		
NUTRITION		40.00		
		100		
Project Title :	Provision of multi-sector (Health-Nutrition) lifesaving response for the conflict affected populations of Kutum and Al Waha localities, North Darfur. This application is for Envelope Two.			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	SUD-18/HSD20/SA2/H-N/INGO/7855	
Cluster :		Project Budget in US\$:	443,528.84	
Planned project duration :	12 months	Priority:		
Planned Start Date :	01/06/2018	Planned End Date :	31/05/2019	
Actual Start Date:	01/06/2018	Actual End Date:	31/05/2019	
Project Summary :	<p>GOAL proposes to deliver an integrated, multi-sectoral response (health, and nutrition) targeting the most vulnerable populations affected by the conflict in Kutum and Al Waha localities, North Darfur, who are not receiving other comparable assistance, with an emphasis placed on the needs of women and children. The proposed programming will support 181,671 beneficiaries comprising of IDPs, rural underserved communities, nomadic pastoralists and host communities experiencing protracted crisis. With SHF funding GOAL will continue to support 17 health facilities to provide the basic package of primary health care, preventative and emergency response community health activities; deliver Outpatient Therapeutic Programmes; and support participatory nutrition education activities using the Nutrition Impact and Positive Practice (NIPP) approach to manage moderate acute malnutrition and address the underlying causes of malnutrition. In 2018, as part of the continued effort to increase coverage, GOAL plans to roll out the 'Mothers understand can and do MUAC' - also known as 'MUAC by Mothers' approach and train mothers and caregivers to improve screening at community level. Shifting the screening for acute malnutrition from health workers to community members themselves, has the potential to improve health as children arrive at health centers in a less critical state. Early case detection also means more children are treated successfully in less time, with a positive knock on effect reducing cost and the burden on resources. It also has the potential to improve Programme compliance, whereby self-referrals tend to be coupled with improved attendance, as people better understand that their children are ill and families with children who are not as critically ill have lower defaulter rates.</p> <p>In 2018 – 2019 GOAL will increase OTP centers (integrated in the Primary Health Care facilities) from 14 to 17 and aims to increase % of births assisted by skilled birth attendants from 88% to 90% and increase coverage of measles vaccine in children < 1 from 67% to 80%.</p> <p>Under this action and with alternative funding from other sources, GOAL plans to provide support to North Darfur State Ministry of Health and WHO to roll out the much needed and long-awaited District Health Information System (DHIS) in 9 localities. GOAL Aims to collaborate with SMoH, WHO and the HIS Directorate at FMoH to enable 9 (out of the 18) localities in North Darfur start monitoring, planning and reporting using DHIS with the objective of enlacing accountability, quality of services, monitoring and planning. This could be the best entry point to effectively pilot the humanitarian-development nexus. In 2018 – with alternative funding, GOAL in collaboration with FMoH also plans to setup a NIPP Technical and Advisory Services (NTAS) to create demand and serve as a technical hub that will provide assistance in designing, implementing as well as monitoring of the NIPP approach.</p> <p>The proposed SHF funding will holistically address the ongoing critical situation in Kutum and Al Waha localities, where high levels of morbidity, the inability of the government to provide adequate health and nutrition services remain a challenge.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
73,886	76,901	15,133	15,751	181,671

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	12,210	12,708	2,501	2,603	30,022
Children under 5	0	0	0	0	0
Pregnant and Lactating Women	0	7,266	0	0	7,266

Indirect Beneficiaries :

Since this is an integrated health intervention, each one within the catchment area is considered a direct beneficiary.

Catchment Population:

270,284 individuals. This is the total population of Kutum, indirectly benefiting from various interventions, feeding into an Early Warning or sentinel surveillance system information; capacity building of the locality health department

Link with allocation strategy :

Proposed activities are in line with the Strategic Objectives of the 2018 HRP (used as the basis for the SHF 2nd allocation): to provide emergency relief to people affected by conflict and disaster; and to reduce food insecurity and malnutrition below emergency levels. The project links to the 2018 SHF guiding principles of area-based approaches (North Darfur), multi-sectorality (nutrition, WASH, and health), and ensuring value for money. However, as per guidelines for the allocation, a separate proposal is being submitted by GOAL for WASH interventions in same geographical area. From a programmatic perspective it links to strategic priorities of the 2018 2nd allocation targeting displaced and newly displaced communities in North Darfur, including the health sector specific locality of Kutum. Proposed activities will focus on supporting PHC direct service delivery in 17 health facilities with a focus on contributing to a reduction in maternal and <5 child mortality and morbidity; supporting community health; strengthening links among communities, facilities and government and ensuring effective referral services. Activities are in line with the SHF health sector strategies (provide basic minimum package of PHC services, including maternal and child health, emergency referral services, training of human resources, EWARN, monitoring of service delivery). With complimentary donor funding, we will strengthen institutional capacity to implement sustainable and affordable health interventions which meet the needs of the most vulnerable, including supporting the SMOH to manage health systems; assisting in setting up and maintaining Health Information Systems; and supporting the Locality Health Department in early detection, preparedness and response.

GOAL will scale up OTP services to 17 health facilities in Kutum / Al waha localities (14 existing OTPs in Kutum, Kassab, Garbai, Fata Borno, Damarat El Sheik, Anka, Umylona, Furnong, Amo, Guba, Ensiro, Mulagat, Frok and Birmaza as well as 3 new OTPs in Abdul Shakur, Eldor and Amargedeed). In addition, GOAL will continue to implement the Nutrition Impact and Positive Practices (NIPP) approach to address underlying causes of the high rates of malnutrition in Kutum. Community screening will target boys and girls equally. Depending on their nutritional status they will be referred to the OTP or NIPP circles. Activities are in line with nutrition sector objectives and FMOH strategy (to increase access to integrated programmes to prevent under nutrition, and to reduce morbidity and mortality associated with acute malnutrition).

Hygiene and health promotion, and nutrition education aiming to promote positive behavior change are integrated across all associated community-based groups (REFLECT, Care Groups, NIPP, school health clubs etc.).

The proposed activities will take place in Kutum and Al waha Localities - priority areas for humanitarian support according to the 2018 humanitarian requirements. GOAL is the only INGO providing Nutrition, WASH & Health interventions in these areas. Overall, the proposed interventions are aiming at providing essential health and Nutrition services while contributing towards Humanitarian-Development nexus.

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
OFDA	1,000,000.00
ECHO	920,000.00
	1,920,000.00

Organization focal point :

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BACKGROUND**1. Humanitarian context analysis**

While the unilateral ceasefires have brought about a general improvement in the security situation across Darfur and the Two Areas, humanitarian needs continue. Humanitarian partners have identified an estimated 5.8 million people in need of humanitarian assistance across Sudan. Humanitarian needs in 2018 have increased by one million people due to the South Sudanese refugee influx, diseases outbreaks, food insecurity and malnutrition. The conflicts in Darfur, South Kordofan, and Blue Nile have resulted in widespread displacement. In 2018, 1.8 million IDPs in Darfur need humanitarian assistance. (SHF allocation strategy paper - Sudan, 2nd Allocation, 2018.). According to the January 2018 FEWS NET Key Message Update, North Darfur where Kutum and Al Waha localities are located may begin to face Crisis (IPC Phase 3) levels of food security. In 2017, despite some gains in attaining relative peace and increased humanitarian access, Darfur continues to face a complex humanitarian emergency caused by two main factors: conflict – leading to wide-scale population displacement, and poor governance, insufficient basic services as well as weak rule of law; and adverse climatic and socio-cultural conditions – leading to crisis levels of food insecurity, critical malnutrition, and fragile social cohesion.

GOAL has been responding to the emergency in North Darfur since 2003, and the context under which GOAL operates in North Darfur remains the same. The localities are characterized by insignificant to zero investment in infrastructure development; low presence/deployment of qualified civil servants in health, nutrition, and WASH sectors; continued conflict and tension between agriculturalist (mainly Arab) and pastoralist (mainly non-Arab) communities, and between rebel and government forces; and disconnect or low levels of collaboration between locality and state line ministries. Currently, GOAL is the only INGO providing essential integrated health, nutrition, women's empowerment, and WASH services in Kutum and Al Waha localities for a catchment population of 168,671. Weak institutional capacity continues to prevent the MoH from taking over the delivery of PHC services.

Vulnerable populations around Kutum continue to live in over-crowded settings with poor access to services and a high risk of communicable disease outbreak. Areas adjacent to wadis are prone to flash flooding, which further places these vulnerable families at risk and exacerbates the likelihood of morbidity and outbreaks. Non-Government controlled rural areas experience periodic delays in medical supplies due to movement restrictions by the Government, disruption in the areas at times of insecurity, and a lack of access for MoH to fully engage in service delivery. GOAL has recruited staff to make sure that the health facilities in these areas continue providing integrated health and WASH services until a sustainable solution is found for this protracted crisis context.

The health situation in Kutum remains precarious with high levels of mortality/ morbidity and reduced access to services in rural areas. Sudan ranks in the ten countries with the highest Maternal Mortality Rates worldwide. Data from the MoH confirms alarmingly high rates of MMR (727 maternal deaths per 100,000 live-births) in Darfur. Maternal and neonatal deaths occur at high rates because poor and marginalized women have insufficient access to functioning health facilities, qualified health professionals or choice in accessing services. GOAL remains the only NGO healthcare provider in the targeted localities. Weak institutional capacity, and non-acceptance of government in non-government held areas continues to prevent the MoH from taking over the delivery of PHC services. GOAL clinics coverage now reaches 16 units serving a catchment population of 168,671 in two localities. This figure will increase to 17 health facilities with a catchment population of 181,671.

2. Needs assessment

Needs assessments are conducted periodically, using a variety of methods, including Lot Quality Assurance Sampling (LQAS), Knowledge, Attitude, Practice and Behavior (KABP) survey and Multi-Indicator Cluster Survey (MICS). GOAL maintains Health Information System (HIS) in the form of an excel database. HIS contains data on clinic attendance, morbidity, antenatal care attendance, postnatal care, delivery, Expanded Programme on Immunization, referral, health education, distribution of clean delivery kits, and nutrition. The below uses the results of the 2017 GOAL MICS, recent LQAS and HIS information, and secondary data reported through the 2017 Humanitarian Needs Overview (HNO).

Health Resources Availability Mapping System provided by WHO/MoH highlights that Kutum locality had just 23 functional facilities of a possible 39 with GOAL directly supporting 13 of these (i.e. 57%). GOAL clinics serve populations in areas outside the planned catchment of GOAL-implemented services. Alarmingly, the only facilities contributing to the Early Warning and Response Network system are those supported by GOAL giving just 21% surveillance capabilities in Al Waha and 57% in Kutum. Outbreak preparedness is seriously hampered making GOAL's focus on EWARN and prepositioning of stocks and supplies a key activity. Cases of AWD, diphtheria, whooping cough and measles have been reported in different parts of Sudan and are likely to spread.

There is a high risk of disease outbreaks in Darfur, because of population displacement, high population density in camp settlements, and poor access to clean water sources. 2017 HIS data showed that more than 85% of the morbidities seen in the supported clinics are communicable diseases. ARIs make up 54.6% of all morbidities, and lack of access to health services and to antibiotics for treatment increases the risk of death from ARI. Risk factors among displaced persons include crowding, exposure to indoor cooking and poor nutrition. Other communicable diseases include diarrheal diseases (18.9%), Eye infection (11%) and Skin infection (3.1%). There is a high risk of disease outbreaks in IDP camps, urban, peri-urban and rural areas of Darfur. This is a result of population displacement due to insecurity, high population density in camp settlements, and poor access to clean water sources. In 2017, Sudan has suffered an unprecedented AWD (Cholera) outbreak that has lasted for over a year, affecting all the 18 states. The outbreak has caused a total of 36,338 cases (Attack Rate – 0.124%) including 817 deaths (Case Fatality Ratio: 2.3%). EPI remained far below the acceptable threshold and poses a great danger of outbreak. Measles coverage is 64.4%, Pentavalent 3 is 67.1% (below countrywide target of 90%).

GOAL reproductive health services surpassed targeted women for ANC services though TT vaccination remained below the national target of 80%. Existing data shows over 90% of deliveries are taking place at home. GOAL-supported clinics will continue providing essential RH services including actively supporting referral to secondary care, skilled delivery and family planning services.

The November 2017 MUAC Mass Screening indicates GAM rates of 12.2% and SAM of 1.4% which fall within Serious WHO Crisis Classification (10 – 14 %).

Diarrhoeal diseases are among the most common causes of morbidity and mortality and are preventable through appropriate measures such as access to clean water, good sanitation, vector control, health and hygiene promotion. GOAL's 2016 MICS found over 70% of households are not storing water appropriately, only 30% reported hand washing at 3 critical times. 70% of households are using less than 10 liters per person per day (below recommended Sphere standard of 15 l/p/p per day). 80% of communities in rural Kutum are practicing open defecation. GOAL will continue to implement WASH programming that complement Health and Nutrition intervention with alternative funding.

3. Description Of Beneficiaries

The proposed project targets the most vulnerable men, women, children and people with special needs, along with IDPs who are living in crowded settings with poor health services where the likelihood of disease outbreak is therefore high. Various stakeholders (community health committees, government officials, IDPs, and partners), identified through the GOAL Community Processes Team, are consulted & engaged with in the design and implementation of all intervention aspects, prior and during the annual planning process and are targeted to increase their awareness, and ensure sustainability and management of health systems.

- Direct Beneficiaries: 181,671 beneficiaries living in the areas where GOAL-supported health facilities are located.

Indirect Beneficiaries: 0

- IDPs make up approximately 33% of the population of Kutum town, Kassab and Fata Borno IDP camps = 55,336 IDPs.
- So as not to double count, 181,671 will remain the total number of direct beneficiaries, however a breakdown per sector is below:

Breakdown by Sector:

HEALTH: 181,671 direct beneficiaries (33% IDPs) which includes all patients being provided with consultations at health clinics.

- Care Groups:

- Direct beneficiaries: Total to be reached through 60 Care groups (CG): (52 Female CG X 165 participants) + (8 Male CG X 10 participants) = 8,660 CG facilitators and mother in neighborhood (through a cascade approach) X 5 average family size = 43,300.

- Total direct beneficiaries through Care Groups intervention: 43,300

- School Health Clubs (SHC):

- Direct beneficiaries: Total to be reached through 57 School health Clubs (SHC): 57 SHC X 542 (average number of student per school) = 30,866. Hence total Direct beneficiaries through SHC: 30,866

NUTRITION: 3,587 direct and 10,744 indirect beneficiaries

- NIPP:

- Direct beneficiaries: 2,160 direct beneficiaries. Calculated as follows: 24 macro circles consisting of 24 female circles and 24 male circles.

Each circle will have up to 15 participants and there are 2 cycles/year. Thus, Female will be 24 circles x 2 times x 15 participants = 720 and Male will be 24 circles x 2 times x 15 participants = 720;

Each of the 720 women who participate in the NIPP circles will have at least one child (as a condition to be eligible for NIPP), so 720 children under 5 are also directly targeted. 720 women, 720 men, and 720 children under 5 = 2,160 individual

- Indirect beneficiaries: the indirect beneficiaries are the remaining family members of the 720 female NIPP participants. As the average family size in Sudan is 5, and the female caregivers and one male representative are excluded, this would be $3 \times 1440 = 4,320$

- OTP (17 OTPs integrated in to PHC clinics)

- Direct beneficiaries: 1327. This is calculated based on prevalence (1.6%) and incidence correction factor 2.6: $1.6\% \times 30,884 \times 2.6 = 1,285$;

- Indirect beneficiaries for OTP: Family members of child receiving treatment from OTP = $1,285 \times 5 = 6,424$

- MUAC screening – 30,884 children under 5 years (6-59 month)

- Training Direct: Approximately 100 SMoH and GOAL clinic staff will be receiving training on CMAM, NIPP

4. Grant Request Justification

GOAL remains wholly committed to maintaining its long-established presence in North Darfur and providing health, and nutrition activities through an integrated approach to maintain the well-being and dignity of the conflict-affected communities in which GOAL works. The existing weak health system and limited capacity for MoH to deliver quality health services in Kutum and Al Waha locality has made Kutum a top priority locality for Health, Nutrition, WASH and Protection sectors according to SHF strategic objectives for 2017.

GOAL will assist in the provision of primary health care services where such would otherwise not exist by continuing to support 17 health facilities (Kutum, Garbia, Kassab, Fata Borno, Damarat AL sheik, Guba, Amo, Umlyona, Mulagat, Abdushikur, Frok, Furnong, Ensiro, Aldour, Birmaza, Anka) to provide the basic package of PHC, including treatment of common diseases, referral of complicated cases, immunization, reproductive health and provision of all necessary drugs and medical supplies. Improving screening and diagnosis, building the capacity of clinicians and identifying and responding to communicable disease outbreaks will be a crucial element of the programming.

GOAL will implement life-saving treatment of malnutrition through OTPs integrated within PHC programming and activities, in line with the priority of the nutrition sector. Additionally, the proposed activities in Kutum have a strong preventive component that target mothers of malnourished children, PLW, and fathers from the same households, as well as other influential groups/people in the community, who influence many of the decisions related to the family care practices. Although a nutrition specific project, NIPP also addresses livelihood, WASH and health issues, in an attempt to holistically address key causes of malnutrition. Combined with ongoing screening and surveillance and close collaboration with the relevant referral mechanisms to curative programmes (OTPs and Stabilization Centers) this will ensure the provision of a complete package of services for both severe and moderate malnutrition cases in line with nutrition sector priorities.

It is largely recognized by all stakeholders that GOAL remains the only INGO health care provider in Kutum and Al Waha providing Health, WASH, and Nutrition services in communities affected by this protracted crisis. Local NGOs such as FPDO in Kutum are also working in the area, and it should be noted that GOAL has previously partnered with FPDO and is planning to partner with FPDO again under the WASH proposal submitted to SHF. GOAL has confirmed funding from other donors to support activities in Kutum from May onwards – However, there are still major funding gaps to cover the essential lifesaving services as outlined above and below. Therefore, SHF funding is critical to support life-saving interventions provided by GOAL in this high priority area starting from June 2018. GOAL has a long-established presence in this area, is currently delivering key health, nutrition and WASH services, has built up key relationships with local communities, local authorities, State line ministries and other relevant stakeholders and is therefore ideally placed to continue the provision of these services.

5. Complementarity

GOAL follows a multi-sectorial approach that relies on complimentary multi-donor funding to ensure comprehensive coverage, addressing a broad range of critical humanitarian needs that exist in North Darfur, including health, nutrition, WASH, and informal education. In 2017, GOAL supported 16 health facilities (GOAL will expand this to be 17 HF in 2018) which complement government efforts in providing curative health services (GOAL run 57% of functioning Health facilities). SHF funding will allow continued availability of medical supplies to health facilities including vaccines for children and pregnant women. SHF will complement referral of obstetric emergencies to Kutum hospital. OTP will be implemented according to the Sudanese national CMAM guidelines. Coordination with State MoH and Locality Health Departments includes joint supervision, LHD annual review meetings with SMOH and Kutum partners. GOAL works in partnership with UNICEF for the supply of Ready to Use Therapeutic Food and essential drugs. SHF will complement referral of severely malnourished children with complications to Kutum hospital stabilization centers (SC) where children access MoH inpatient therapeutic feeding services. GOAL will provide supervision and support to the MoH, in conjunction with UNICEF, to run the SC. All GOAL WASH interventions implemented with alternative funding from a different source and SHF separate WASH proposal for 2018 complement the health and nutrition services across health facilities.

Effective Behavior Change Communication strategies are essential for the effectiveness of PHC interventions in improving the health status of the community. GOAL will continue to implement Care Groups (CGs) targeting women and men, and School Health Club health promotion activities, targeting students from the same areas as the CGs. These activities will complement Community Health and WASH activities from alternative funding to holistically address health issues. OTPs are integrated within Health Facilities (HF) and WASH activities are linked by ensuring clean water supply to these HFs and OTPs. CGs are also linked to each HF and the CG facilitators based in HFs deliver weekly health education messages according to health issues reported at clinics. CG facilitators are trained to do community MUAC screening and refer accordingly. Community Health Promoters screen for malnutrition and refer, trace defaulters and coordinate with Community Nutrition Volunteers and Community Health Committees.

To address the high rates of MAM, GOAL has implemented the NIPP approach, directly tackling the underlying behavioral causes of undernutrition in children under 5 and PLWs. In North Darfur, NIPP was implemented to improve nutritional outcomes of moderately malnourished children and malnourished PLW in geographical areas not supported by WFP Therapeutic Supplementary Feeding programmes. It takes a household-level sustainable approach to malnutrition and morbidity reduction through behavior change.

LOGICAL FRAMEWORK

Overall project objective

To contribute to the reduction of morbidity and mortality among vulnerable conflict-affected populations, with special emphasis on maternal and child mortality, through an integrated, multi-sectoral response.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Provide and continue access to PHC services for vulnerable population affected by conflict and natural disasters	Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	50
Strengthen the capacities to prepare, detect and promptly respond to public health risks or events at federal, state and locality levels	Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	20
Ensure provision of maternal and child health services for the reduction of maternal and child morbidity and mortality among vulnerable population	Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance	30

Contribution to Cluster/Sector Objectives : In line with cluster objectives, GOAL will continue to contribute to the reduction of maternal and child morbidity and mortality among vulnerable populations. GOAL will continue supporting Primary Health care services which will include Expanded Programme of Immunization, Reproductive health services and treatment of common childhood illnesses in Kutum and be on alert for any disease outbreak through regular monitoring of notifiable and communicable disease surveillance using the Early Warning Response Network systems (EWARNs).

Outcome 1

Improved access to quality Primary Health Care services among vulnerable populations and strengthened referral services in North Darfur Kutum and Al Waha Localities

Output 1.1

Description

Basic Package of Health Services in 5 PHC Clinics and 12 Basic Health Units in Kutum and Al waha localities, North Darfur State is provided and includes curative consultation and provision of drugs, management of injuries and wounds, ANC, PNC, family planning services, growth monitoring of children <5 years and routine vaccination and health education.

Assumptions & Risks

1. Continued safe humanitarian access by GOAL staff to areas of operation is essential to ensure quality monitoring and supervision, therefore to carry out the activities.
2. Continued cooperation and support of authorities for humanitarian interventions:
 - a) Receipt of security clearance to transport medical supplies and movement in areas which are deemed to have unpredictable insecurity.
 3. Continued support of UN agencies (WHO for emergency response and UNICEF for provision of vaccines via MoH)
 - a) UNOCHA support for overall coordination and liaising with other humanitarian actors.
 - b) UNDSS support on security monitoring and analysis.
 - c) UNAMID support to joint travel and logistics arrangements for monitoring visits by international staff.
 - d) Support from UN cluster in health.
 - e) UNFPA support in terms of provision of clean delivery kits and RH supplies according to funding availability.
 - f) WHO and MoH host weekly health coordination meetings and lead the health sector. In Khartoum, GOAL attends monthly health coordination meetings and in El Fasher, coordination meetings with MoH, WHO and other key stakeholders take place.
 - g) Provision of twice weekly WFP helicopter services to access Kutum town.
4. Continued availability of staff as the GOAL program depends on the availability of quality national and international staff.
5. Continued donor support as GOAL's integrated, multi-sector Programme is dependent on the continuing support of international donors.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of outpatient consultations, sex and age disaggregated (HRP 2018).					181,671
Means of Verification : HIS							
Indicator 1.1.2	HEALTH	Number of health facilities providing minimum basic package of primary health care services (HRP 2018).					17
Means of Verification :							
Indicator 1.1.3	HEALTH	Number of locality health department start using District Health Information System (DHIS)					9
Means of Verification : DHIS							
Indicator 1.1.4	HEALTH	Number of days of stock out per year for essential medicines.					0

Means of Verification : HIS data . Stock Management System reports. Consumption data base

6 essential tracer drugs will be monitored and target will be 0 stock out per year across the 17 health facilities:

- i) Amoxicillin, ii) Paracetamol, iii) Iron/Folic Acid, iv) Artemisinin Combination Therapy (ACTs), v) Metronidazole, vi) Oral Rehydration Salts (ORS).

Activities

Activity 1.1.1

Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.

Continue to support provision of Basic Package of Health Services in 17 health facilities (5 Primary Health Care Centers and 12 Basic Health Units) in Kutum and Al waha localities, North Darfur. a GOAL will continue ensuring the availability of all medical supplies, equipment, stationary reference materials and health cards needed for the provision of basic health services in all supported health facilities. Among other things the SHF funding will support the PHC services with the procurement of drug buffer stock and transportation from Khartoum to Kutum.

Activity 1.1.2

Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.

Conduct monitoring and evaluation of health services using bi-annual diagnosis and treatment versus national guidelines survey and beneficiary satisfaction assessment in all supported health facilities in Kutum and Al Waha localities

Activity 1.1.3

Standard Activity : Conduct awareness / orientation sessions at the health facility for the community

Continue supporting volunteer-based community health promotion activities using Care Group Model to provide health education to mothers of children < 2 years and in their neighborhoods including IDP camps and core areas only. GOAL will continue supporting 60 Care Groups, (52 Female CG and 8 Male care group) established in 2017, to carry out health and hygiene awareness in the communities. In addition, GOAL will continue to support 57 School Health Clubs in Kutum/ Al waha and to carry out health and hygiene awareness sessions guided by morbidity pattern within GOAL supported clinics catchment areas.

Activity 1.1.4

Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.

Support the staffing of health facilities through in-service training and mentoring of nurses, medical assistants, and village midwives targeting all clinics in Kutum locality.

Activity 1.1.5

Standard Activity : Not Selected

Support North Darfur Ministry of Health (SMoH) and WHO to roll out the District Health Information at least in 9 localities of the total 18 in North Darfur. With Alternative funding from other sources GOAL will provide computers, furniture and various trainings for the DHIS focal persons in El fasher and in the field by DHIS specialists. GOAL will also facilitate on site supportive supervision to ensure standard implementation of DHIS and its utilization to enhance accountability, program quality, monitoring and planning. SHF will contribute to support the installation of solar power in 9 localities which will essentially enable the local health department office to power up to 7 desktops, 1 printer, 1 photocopier and 10 lights which will effectively contribute towards the humanitarian - development nexus. GOAL may consider installing internet for one year for the target areas if found feasible and if manage to secure commitment from SMoH to ensure continuity in the following year. As stated by key health partners such as WHO and SMoH, this intervention will lay a solid foundation to facilitate a more broader discussion on the humanitarian-peace-development nexus based on accurate data to be generated through DHIS. Without this information being collected, analyzed and shared – it will be extremely difficult to ensure accountability, program quality, monitoring and planning in the context of the nexus.

Outcome 2

To strengthen technical and institutional capacities in Emergency Preparedness and Response at community, health facility and locality level to prepare for, to detect, to prevent and respond promptly to public health risk or events

Output 2.1

Description

Strengthened capacity of institutions targeting community, health facility staff and locality health department staff in emergency preparedness and response.

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	Number of health workers trained (disaggregated by gender)	65	60			125
Means of Verification : Training Database							
Indicator 2.1.2	HEALTH	% completeness and timeliness of weekly surveillance reporting from sentinel sites (HRP 2018).					100
Means of Verification : Weekly EWARN reports							
Indicator 2.1.3	HEALTH	% of health emergency events reported, investigated and response initiated within 72 hours after reporting (HRP 2018).					100

Means of Verification : Emergency Reports submitted

Activities

Activity 2.1.1

Standard Activity : Formation and training of multi-disciplinary Rapid Response teams.

Conduct refresher training with all health workers working in the 17 health facilities based on the findings of the supervision visits and other monitoring and evaluation reports. Total Participants are 125 and include all GOAL staff and MOH seconded staff (Clinic, Community Health, Nutrition) in the HFs, Office and Trained Community Midwives.

Activity 2.1.2

Standard Activity : Procurement, storage and distribution of drugs and medical supplies.

Continue preventing, mitigating and responding to communicable diseases in Kutum and Al waha to include preparing emergency preparedness plans and propositioning of response kits for known seasonal emergencies and displacements

Activity 2.1.3

Standard Activity : Support or conduct public health alert investigation, verification and response, including outbreaks.

Support the Locality Health Department in emergency response within 72 hours if outbreaks or other humanitarian situations occurred

Activity 2.1.4

Standard Activity : Not Selected

Conduct a refresher training on EMPREP to key staffs and locality; and put in place EMPREP plan.

EMPREP will be in place covering major potential disease outbreak such as measles, AWD, Meningitis; hemorrhagic fever and proposition key emergency supplies

Outcome 3

To reduce maternal and child morbidity and mortality among vulnerable populations in Kutum and Al waha

Output 3.1

Description

Maternal and child health activities (EPI, ANC, PNC and delivery through trained midwives) are carried out to reduce maternal and child morbidity and mortality among vulnerable populations

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	HEALTH	Number of births assisted by skilled birth attendant (HRP 2018).					6,478
Means of Verification : Total deliveries in 2017 were 7198. Target for 2018 is 90% = 6478							
Indicator 3.1.2	HEALTH	Number of days of stock out per year for essential medicines.					6
Means of Verification : Monthly Drug Consumption Reports							
Activities							
Activity 3.1.1							
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.							
Conduct training of female and male health staff on IMCI. Participants will be 60 health staff (Medical Assistants, Nurses and Midwives) from the health facilities.							
Activity 3.1.2							
Standard Activity : Procurement, storage and distribution of drugs and medical supplies.							
Carry out training of health staff on management of medical drugs and supplies. This will improve health workers' skills in the proper ordering of drugs and supplies based on needs, proper storage, dispensing and record keeping. This will help to avoid stock outs of essential medicines and supplies. Participants will include Medical Assistants, Nurses, Midwives and Dispensing staff, totaling 30 from all the 17 health facilities.							
Activity 3.1.3							
Standard Activity : Deliver minimum basic package of primary health care services (including maternal and child health) and support referral to secondary health care.							
Provide financial support to referred EMOnc cases for transport and up keep in the hospitals. Expect 15% of all pregnant women will require referral and EMOC							
Activity 3.1.4							
Standard Activity : Support and conduct routine or acceleration interventions for immunization.							
Support SMOH to strengthen the EPI cold chain with routine repair and maintenance as well as support SMOH to conduct accelerated EPI campaign							
Activity 3.1.5							
Standard Activity : Procurement, storage and distribution of drugs and medical supplies.							
Coordinate and liaise with key partners to provide clean delivery kits and supplies for the Midwives.							
Additional Targets :							
NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Integrate and implement self-reliance on nutritional interventions		Outcome 2: PROTRACTED DISPLACEMENT: Displaced populations, refugees, returnees and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance					70
Stabilize and reduce malnutrition, mortality and morbidity levels		Outcome 3: NUTRITION AND RESILIENCE: Vulnerable residents in targeted areas have improved nutrition status and increased resilience					30
Contribution to Cluster/Sector Objectives : GOAL will contribute to the nutrition sector's objectives through improved access to therapeutic and preventative nutrition services. Potentially life-saving treatment of malnutrition will be implemented through integrated OTPs within the Primary Health Care Programme. GOAL will provide open services in Kutum to individuals suffering from severe acute malnutrition in need of care. In addition to life-saving activities, the proposed intervention will have a strong preventive component target both mothers of malnourished children and pregnant and lactating mothers and fathers from the same households or other males who often have a decisive role in the family caring practices.							
Outcome 1							
Improved provision of quality and sustainable CMAM services in decentralized sites for the severely acutely malnourished through the Kutum program							
Output 1.1							
Description							
To address the problem of severe acute malnutrition in the target community, GOAL will implement integrated Outpatient Therapeutic Programmes (OTP) in 17 Primary Health Care Centers in Kutum and ensure the provision of quality services to the beneficiaries (>75% cure rate, <15% defaulter rate, and <10% mortality rate). This will be an increase from 14 health facilities providing OTP services to 17, with the establishment of 3 new OTP sites in three other health facilities.							
Assumptions & Risks							

- Continued safe humanitarian access by GOAL staff to areas of operation is essential to ensure quality monitoring and supervision and therefore to carry out the activities.
2. Continued cooperation and support of authorities for humanitarian interventions.
 - a) Receipt of security clearance to transport medical supplies and movement in areas which are deemed to have unpredictable insecurity.
 - b) MOH will continue supporting GOAL and approving surveys and assessments.
 3. Continued support of UN agencies
 - a) UNOCHA support for overall coordination and liaising with other humanitarian actors.
 - b) UNDSS support on security monitoring and analysis.
 - c) UNAMID support regarding to joint travel and logistics arrangements for monitoring visits by international staff.
 - d) Support from UN cluster in health and in nutrition.
 - f) UNICEF support in terms of the provision of RUTF and OTP supplies according to funding availability in line with PCA.
 - g) WHO and MoH host weekly health coordination meetings and lead the health sector. In Khartoum, GOAL attends monthly health coordination meetings and in El Fasher, coordination meetings with MoH, WHO and other key stakeholders.
 - h) Provision of twice weekly WFP helicopter service to access Kutum town.
 4. Continued availability of staff as GOAL programmes depend on the availability of quality national and international staff.
 5. Continued donor support as GOAL's integrated, multi-sector Programme is dependent on the continuing support of international donors.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number of children under 5 years of age treated from SAM without medical complications in OTP (HRP 2016).					1,323

Means of Verification : OTP Database/HIS
Baseline is 1327 so target is 1323

Indicator 1.1.2	NUTRITION	Number of Severe Acute Malnutrition (SAM) children that are referred and treated at a Stabilization center (SC) who are either: (I) below six months of age, or (ii) present with medical complications.					70
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Means of Verification : OTP Database/HIS

Baseline is 66 (65% girls, 35% boys) Target will be 5% of estimated SAM cases. (1400). So, target is 70.

Indicator 1.1.3	NUTRITION	Number of outpatient therapeutic feeding centers (OTP) supported by partner.					17
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Means of Verification : OTP database

Activities

Activity 1.1.1

Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)

Support 17 OTPs (increased from 14 in 2017) in Kutum targeting children with severe acute malnutrition without medical complications in GOAL-supported Primary Health Care facilities in Kutum program areas. GOAL facilitates referrals for those with medical complication to SC in Kutum Hospital. Infants under 6 months of age with severe acute malnutrition are also referred to the stabilization center at Kutum hospital.

Activity 1.1.2

Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)

Conduct training of Kutum Hospital Stabilization Centre staff on the management of cases of severe acute malnutrition (SAM) with complications. The number of health staff to benefit from the training is 14. This is to improve the skills of the health staff and hence the quality of care for cases of SAM. Kutum Hospital is the referral center for the 17 health facilities that will be providing OTP services for management of cases of SAM without complications

Activity 1.1.3

Standard Activity : Conduct training for nutrition workers, community volunteer on CMAM, IYCF etc.

Conduct continuous joint supportive supervision with the Ministry of Health nutrition supervisor to all OTPs in the supported areas with on-the-job training based on the findings of the supervision

Activity 1.1.4

Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)

Facilitate referral and close follow up of severely malnourished children with medical complications to stabilization center in Kutum hospital. The facilitation involves reimbursement of transport costs incurred by the mother or caregiver in travelling to the referral hospital.

Activity 1.1.5

Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)

Conduct Mass MUAC screening as per MoH protocol. As per FMOH guideline, provide support to SMOH to conduct Mass MUAC screening in the target area as per agreed upon schedule and facilitate timely enrollment/referral of identified malnutrition cases into the program.

Outcome 2							
Improved provision of quality services for the management of moderate acute malnutrition among children <5 years and pregnant and lactating women in Kutum Programme areas using NIPP approach and strengthened capacity of GOAL, MoH, partner NGO staff and target communities on provision of quality CMAM and nutritional behavior change communication services to target populations in Kutum and Al Waha.							
Output 2.1							
Description							
A total of 24 new Macro NIPP circles will be established in 2018-2019; considering two cycles of implementation during the project period, GOAL delivers 48 Female Circles and 48 Male circles by the end of this action. And therefore, a total of 1,440 participants will actively engage in NIPP activities. As part of the MEAL process for NIPP GOAL plans on continuing sample households among those graduated during the project period and do a follow-up 2 months, 6 months and 12 months with the objective of tracking the intended behavior changes and outcomes at the household level. NIPP Circles targeting moderately malnourished children will be established in IDPs camps and in Kutum rural areas. The circle activities will include nutrition and livelihoods activities with mothers and fathers of moderately malnourished children, circles will be split according to gender. Quality CMAM and nutritional behavior change communication services will be provided to target populations in Kutum and Al waha.							
Assumptions & Risks							
see output 1							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Number of children under 5 years of age treated from MAM (HRP 2017).					1,440
Means of Verification : NIPP database, HIS Baseline is 540 (189 boys, 351 girls)							
Indicator 2.1.2	NUTRITION	Number of Pregnant and Lactating Women (PLW) treated from MAM (HRP 2017).					200
Means of Verification : NIPP database, HIS Baseline is 200, Target is 200							
Indicator 2.1.3	NUTRITION	Number of NIPP circles established					96
Means of Verification : NIPP database. 48 Macro circles which comes from 2 cycles of 24 circles (24 Female circles X2) +(24 male circles X 2) community circles)							
Indicator 2.1.4	NUTRITION	Rates of admission, default, death, cure, relapse, Nonresponse-transfer, and length of stay meet SPHERE Standards as follows					100
Means of Verification : OTP Database, Baseline 89% Cure rate > 75% 0.3% Death rate <3% 8% Default rate < 15% % 53 Days ALS = 60 days							
Indicator 2.1.5	NUTRITION	Number of technical staff and community outreach volunteers trained in different nutrition subjects (CMAM Package, IYCF, NiE)					187
Means of Verification : Training database Note that target is for number of staff trained and might mean that one person might be trained more than once. 87 staff to be trained on management of acute malnutrition and 100 staff to be trained on preventative nutrition activities							
Activities							
Activity 2.1.1							
Standard Activity : Conduct community awareness campaign on CMAM, IYCF etc.							
Establish 48 Nutrition Impact and Positive Practice Circles (NIPP) with a maximum of 15 participants in each circle. (48 female and 48 males, meeting separately)							
In order to address the high rates of moderate malnutrition, GOAL has been implementing, the Nutrition Impact and Positive Practices approach which is a gendered, grass-roots approach, directly tackling the underlying behavioral causes of undernutrition in children under 5 years and PLWs NIPP male circles include between 10-15 participants. Fathers, brothers and/or other influential male family members who play a role in determining what practices can and/or cannot be employed within the targeted homesteads should be invited to each circle. They are led by dynamic and trained male volunteers and cover the same major topics the women will focus on, using tailored gender-sensitive 'hooks' to stimulate interest and support. Male participants do not necessarily 'have' to undertake cooking demonstration or micro- gardening practical, although it is completely feasible that men may want to become involved in either or both elements, and this should be actively encouraged. The sessions will focus on ensuring that male HH members understand and support female HH members to make positive changes for their families. Sessions will run in parallel to the female sessions							
Activity 2.1.2							
Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)							

Support NIPP circles in Kutum and Al waha Programme areas targeting mothers and fathers of moderately malnourished children, children discharged from OTP and pregnant and lactating women and their husbands until when they are discharged from the NIPP Circle. This is succeeded by follow up at 2 months, 6 months and 12 months despite it being after the project period as a sample of the admissions to evaluate impact.

The circle activities include nutrition and livelihood activities with mothers and fathers of the moderately malnourished children. The sessions include cooking demonstrations using locally available foods, hygiene promotion, nutrition education on selected topics, and training and support on establishing micro-gardening, fuel efficient stove construction, how to make local charcoal, and food processing. The sessions of the NIPP circles are facilitated by Community Nutrition volunteers selected and trained from the same community and are conducted 2 days per week for 8-12 weeks.

Each circle will have 12 - 15 mothers/fathers at a time. The circles, which are participatory in approach and offer an opportunity to educate mothers and pregnant women on good child care practices including breast feeding promotion, information about healthy complementary feeding using foods that can be found locally, diseases that contribute to malnutrition such as diarrheal diseases and healthy maternal nutrition during pregnancy and lactation. Mothers and fathers will be taught how to monitor their children's growth to recognize malnourished children.

Male circles are led by male volunteers and cover the same major topics the women will focus on. The sessions will focus on ensuring the male HH members understand and support female HH members being encouraged to make positive changes for their families.

Activity 2.1.3

Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)

Conduct continuous nutrition screening across the community in Kutum Programme areas, specifically at health clinics in growth monitoring and by community nutrition volunteers during mass bi-annual (or quarterly depending on resources) MUAC screening of children under 5 years as an integrated activity across all associated community-based groups (REFLECT, Care Groups, NIPP etc.)

Activity 2.1.4

Standard Activity : Conduct training for nutrition workers, community volunteer on CMAM, IYCF etc.

Conduct basic and refresher training on CMAM updated guidelines, and ENP (Essential Nutrition Package) to the Ministry of Health and GOAL staff who are engaged in OTP. The training is conducted by State Ministry of Health from El Fasher, and the training will be in Kutum. MoH are implementing Mother Support Groups and GOAL will support the roll-out in Kutum. The training will target Nutrition Workers and Team Leaders in the new OTP sites as well as new staff from the existing OTP sites. Target is 75 participants.

Activity 2.1.5

Standard Activity : Conduct training for nutrition workers, community volunteer on CMAM, IYCF etc.

Conduct training on NIPP methodology for new health staff, and community nutrition volunteers (CNV) from the new areas. The CNVs will be involved in establishment and facilitation of the NIPP circles. Training will be conducted by GOAL staff. The target is to train 25 health staff and 25 CNVs.

Activity 2.1.6

Standard Activity : Conduct training for nutrition workers, community volunteer on CMAM, IYCF etc.

Conduct training of community nutrition volunteers and Team leaders on food processing and fuel-efficient stoves. The CNVs and Team Leaders will use the acquired skills to train the NIPP participants on food processing/preservation as one of the ways for improving feeding and care practices. A total of 80 CNVs and nutrition teams will be trained

Activity 2.1.7

Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)

Train OTP staff, nutrition supervisors and community nutrition supervisors on MUAC by mother. This will give them skills to in turn train mothers of children under 5 years on how to do MUAC measurement on their children and interpret the result. Once a mother identifies that her child is malnourished she will seek attention at the nearest health facility with an OTP site for appropriate management of the child. The number of persons targeted for the training are 16 OTP staff, 16 Nutrition Supervisors and 78 community nutrition supervisors

Activity 2.1.8

Standard Activity : Provision of CMAM services for SAM and MAM cases of U5 children and PLW (incl. refurbishment of OTP/TSFP, provision of RUTF/SUTF, MUAC screening, referral service for SAM with complication case etc.)

Conduct training of mothers on 'MUAC-by-mother'. This roll out of training at the community level will be carried out by community nutrition volunteers. The target number of mothers to be trained is 28,674. Training of the mothers will be at the household level with practical demonstrations. The mothers will be provided with MUAC tapes so that they can routinely do MUAC screening on them under 5 children and self-refer whenever acute malnutrition is detected.

This is an activity that supports community level screening of children under 5 years for malnutrition and early self-referral for management at OTP sites, in a sustainable manner. It is expected that other donors will also complement this initiative which is linked to other nutrition interventions that will be funded under this request.

Additional Targets :

M & R

Monitoring & Reporting plan

The Technical Coordinators in Khartoum monitor progress of activities against objectives in the logframe, while Managers located in Kutum conduct regular visits to the field (WASH services supervision visits in health facilities for example in conjunction with the Locality Health Department and WES).

Field program teams are responsible for collection and data entry onto respective databases. This data is submitted to the MEAL and respective Technical Coordinators at Khartoum level for analysis, reporting, identification of needs, ensuring that all interventions are up to the acceptable standard through regular monitoring visits to facilities and intervention groups. Sector coordination meetings for staff from the project sites are held on a regular basis in El Fasher and Kutum. The forum is used for technical discussions to ensure consistency in terms of guidelines and protocols followed across all projects, and to review project progress.

Because international staff access to the field is frequently restricted due to security issues, key field staff will rotate through El Fasher for capacity building sessions around project management, quality and M&E. Most senior Programme Coordinators are national and travel to the field on a quarterly basis at a minimum with oversight and scrutiny from international staff who also travel to the field when feasible. Quarterly workshops are held regionally to build skills, review programs and plan / re-design activities. Program coordinators are responsible for ensuring regular day-to-day monitoring is conducted and teams are supported. With the existing improved access to the field, in 2018 GOAL will increase the frequency of supportive monitoring field visits to the field by senior international staff. GOAL will undertake internal and external monitoring including:

- Quarterly & monthly monitoring visits of on-going activities to collect data and report on progress of all key activities, indicators, targets
- Weekly Sector update meeting/report on activities
- Monthly program team meetings at Khartoum coordination level
- Monthly Sector progress reports on activities including analysis and explanations for results and trends
- Senior Management Meetings held on a bi-monthly basis in Kutum.
- Quarterly review meeting for evaluations/assessments recommendations where action plan agreed and followed.
- Quarterly and final reports submitted to SHF
- Regular grant management meetings to ensure periodic review of both programmatic and financial progress.
- Regular site visits and reports by the program coordination team, detailed trip reports produced which include action points and outline responsibilities for action.
- Conduct MICS every 2 years
- LQAS will be conducted in the areas where GOAL will continue supporting Care Group module to evaluate behavior change

Monitoring responsibilities lie with the project office in North Darfur, country office in Khartoum, and global HQ in Dublin. Specific responsibilities are assigned to different individuals across GOAL Sudan and GOAL HQ (project-specific, management, technical etc.). Evaluation, Accountability and Learning

GOAL's team will seek ongoing feedback regarding its own intervention from local organizations and other coordinating agencies and fully cooperate with any further independent evaluation of its activities. Needs assessments and interventions will be carried out to international standards and these may be verified through assessment and program reports and site visits.

GOAL's international roving technical advisors visit GOAL Sudan programs on a periodic basis to assess and review the program activities

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
HEALTH: Activity 1.1.1: Continue to support provision of Basic Package of Health Services in 17 health facilities (5 Primary Health Care Centers and 12 Basic Health Units) in Kutum and Al waha localities, North Darfur. a GOAL will continue ensuring the availability of all medical supplies, equipment, stationary reference materials and health cards needed for the provision of basic health services in all supported health facilities. Among other things the SHF funding will support the PHC services with the procurement of drug buffer stock and transportation from Khartoum to Kutum.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 1.1.2: Conduct monitoring and evaluation of health services using bi-annual diagnosis and treatment versus national guidelines survey and beneficiary satisfaction assessment in all supported health facilities in Kutum and Al Waha localities	2018											X	
	2019					X							
HEALTH: Activity 1.1.3: Continue supporting volunteer-based community health promotion activities using Care Group Model to provide health education to mothers of children < 2 years and in their neighborhoods including IDP camps and core areas only. GOAL will continue supporting 60 Care Groups, (52 Female CG and 8 Male care group) established in 2017, to carry out health and hygiene awareness in the communities. In addition, GOAL will continue to support 57 School Health Clubs in Kutum/ Al waha and to carry out health and hygiene awareness sessions guided by morbidity pattern within GOAL supported clinics catchment areas.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 1.1.4: Support the staffing of health facilities through in-service training and mentoring of nurses, medical assistants, and village midwives targeting all clinics in Kutum locality.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							

HEALTH: Activity 1.1.5: Support North Darfur Ministry of Health (SMoH) and WHO to roll out the District Health Information at least in 9 localities of the total 18 in North Darfur. With Alternative funding from other sources GOAL will provide computers, furniture and various trainings for the DHIS focal persons in El fasher and in the field by DHIS specialists. GOAL will also facilitate on site supportive supervision to ensure standard implementation of DHIS and its utilization to enhance accountability, program quality, monitoring and planning. SHF will contribute to support the installation of solar power in 9 localities which will essentially enable the local health department office to power to up to 7 desktops, 1 printer, 1 photocopier and 10 lights which will effectively contribute towards the humanitarian - development nexus. GOAL may consider installing internet for one year for the target areas if found feasible and if manage to secure commitment from SMoH to ensure continuity in the following year. As stated by key health partners such as WHO and SMoH, this intervention will lay a solid foundation to facilitate a more broader discussion on the humanitarian-peace-development nexus based on accurate data to be generated through DHIS. Without this information being collected, analyzed and shared – it will be extremely difficult to ensure accountability, program quality, monitoring and planning in the context of the nexus.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 2.1.1: Conduct refresher training with all health workers working in the 17 health facilities based on the findings of the supervision visits and other monitoring and evaluation reports. Total Participants are 125 and include all GOAL staff and MOH seconded staff (Clinic, Community Health, Nutrition) in the HFs, Office and Trained Community Midwives.	2018								X				X
	2019			X									
HEALTH: Activity 2.1.2: Continue preventing, mitigating and responding to communicable diseases in Kutum and Al waha to include preparing emergency preparedness plans and propositioning of response kits for known seasonal emergencies and displacements	2018						X	X	X	X	X	X	X
	2019												
HEALTH: Activity 2.1.3: Support the Locality Health Department in emergency response within 72 hours if outbreaks or other humanitarian situations occurred	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 3.1.1: Conduct training of female and male health staff on IMCI. Participants will be 60 health staff (Medical Assistants, Nurses and Midwives) from the health facilities.	2018							X			X		
	2019												
HEALTH: Activity 3.1.2: Carry out training of health staff on management of medical drugs and supplies. This will improve health workers' skills in the proper ordering of drugs and supplies based on needs, proper storage, dispensing and record keeping. This will help to avoid stock outs of essential medicines and supplies. Participants will include Medical Assistants, Nurses, Midwives and Dispensing staff, totaling 30 from all the 17 health facilities.	2018						X						
	2019												
HEALTH: Activity 3.1.3: Provide financial support to referred EMoNC cases for transport and up keep in the hospitals. Expect 15% of all pregnant women will require referral and EMOC	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
HEALTH: Activity 3.1.4: Support SMoH to strengthen the EPI cold chain with routine repair and maintenance as well as support SMOH to conduct accelerated EPI campaign	2018							X			X		
	2019		X			X							
HEALTH: Activity 3.1.5: Coordinate and liaise with key partners to provide clean delivery kits and supplies for the Midwives.	2018									X	X	X	
	2019												
NUTRITION: Activity 1.1.1: Support 17 OTPs (increased from 14 in 2017) in Kutum targeting children with severe acute malnutrition without medical complications in GOAL-supported Primary Health Care facilities in Kutum program areas. GOAL facilitates referrals for those with medical complication to SC in Kutum Hospital. Infants under 6 months of age with severe acute malnutrition are also referred to the stabilization center at Kutum hospital.	2018						X	X	X	X	X	X	X
	2019	X	X	X		X							
NUTRITION: Activity 1.1.2: Conduct training of Kutum Hospital Stabilization Centre staff on the management of cases of severe acute malnutrition (SAM) with complications. The number of health staff to benefit from the training is 14. This is to improve the skills of the health staff and hence the quality of care for cases of SAM. Kutum Hospital is the referral center for the 17 health facilities that will be providing OTP services for management of cases of SAM without complications	2018								X				
	2019												
NUTRITION: Activity 1.1.3: Conduct continuous joint supportive supervision with the Ministry of Health nutrition supervisor to all OTPs in the supported areas with on-the-job training based on the findings of the supervision	2018								X			X	
	2019		X			X							
NUTRITION: Activity 1.1.4: Facilitate referral and close follow up of severely malnourished children with medical complications to stabilization center in Kutum hospital. The facilitation involves reimbursement of transport costs incurred by the mother or caregiver in travelling to the referral hospital.	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
NUTRITION: Activity 1.1.5: Conduct Mass MUAC screening as per MoH protocol. As per FMOH guideline, provide support to SMoH to conduct Mass MUAC screening in the target area as per agreed upon schedule and facilitate timely enrollment/referral of identified malnutrition cases into the program.	2018												X
	2019												

<p>NUTRITION: Activity 2.1.1: Establish 48 Nutrition Impact and Positive Practice Circles (NIPP) with a maximum of 15 participants in each circle. (48 female and 48 males, meeting separately)</p> <p>In order to address the high rates of moderate malnutrition, GOAL has been implementing, the Nutrition Impact and Positive Practices approach which is a gendered, grass-roots approach, directly tackling the underlying behavioral causes of undernutrition in children under 5 years and PLWs NIPP male circles include between 10-15 participants. Fathers, brothers and/or other influential male family members who play a role in determining what practices can and/or cannot be employed within the targeted homesteads should be invited to each circle. They are led by dynamic and trained male volunteers and cover the same major topics the women will focus on, using tailored gender-sensitive 'hooks' to stimulate interest and support. Male participants do not necessarily 'have' to undertake cooking demonstration or micro- gardening practical, although it is completely feasible that men may want to become involved in either or both elements, and this should be actively encouraged. The sessions will focus on ensuring that male HH members understand and support female HH members to make positive changes for their families. Sessions will run in parallel to the female sessions</p>	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
<p>NUTRITION: Activity 2.1.2: Support NIPP circles in Kutum and Al waha Programme areas targeting mothers and fathers of moderately malnourished children, children discharged from OTP and pregnant and lactating women and their husbands until when they are discharged from the NIPP Circle. This is succeeded by follow up at 2 months, 6 months and 12 months despite it being after the project period as a sample of the admissions to evaluate impact.</p> <p>The circle activities include nutrition and livelihood activities with mothers and fathers of the moderately malnourished children. The sessions include cooking demonstrations using locally available foods, hygiene promotion, nutrition education on selected topics, and training and support on establishing micro-gardening, fuel efficient stove construction, how to make local charcoal, and food processing. The sessions of the NIPP circles are facilitated by Community Nutrition volunteers selected and trained from the same community and are conducted 2 days per week for 8-12 weeks. Each circle will have 12 - 15 mothers/fathers at a time. The circles, which are participatory in approach and offer an opportunity to educate mothers and pregnant women on good child care practices including breast feeding promotion, information about healthy complementary feeding using foods that can be found locally, diseases that contribute to malnutrition such as diarrheal diseases and healthy maternal nutrition during pregnancy and lactation. Mothers and fathers will be taught how to monitor their children's growth to recognize malnourished children.</p> <p>Male circles are led by male volunteers and cover the same major topics the women will focus on. The sessions will focus on ensuring the male HH members understand and support female HH members being encouraged to make positive changes for their families.</p>	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
<p>NUTRITION: Activity 2.1.3: Conduct continuous nutrition screening across the community in Kutum Programme areas, specifically at health clinics in growth monitoring and by community nutrition volunteers during mass bi-annual (or quarterly depending on resources) MUAC screening of children under 5 years as an integrated activity across all associated community-based groups (REFLECT, Care Groups, NIPP etc.)</p>	2018						X	X	X	X	X	X	X
	2019	X	X	X	X	X							
<p>NUTRITION: Activity 2.1.4: Conduct basic and refresher training on CMAM updated guidelines, and ENP (Essential Nutrition Package) to the Ministry of Health and GOAL staff who are engaged in OTP. The training is conducted by State Ministry of Health from El Fasher, and the training will be in Kutum. MoH are implementing Mother Support Groups and GOAL will support the roll-out in Kutum. The training will target Nutrition Workers and Team Leaders in the new OTP sites as well as new staff from the existing OTP sites. Target is 75 participants.</p>	2018							X					
	2019		X										
<p>NUTRITION: Activity 2.1.5: Conduct training on NIPP methodology for new health staff, and community nutrition volunteers (CNV) from the new areas. The CNVs will be involved in establishment and facilitation of the NIPP circles. Training will be conducted by GOAL staff. The target is to train 25 health staff and 25 CNVs.</p>	2018							X					
	2019												
<p>NUTRITION: Activity 2.1.6: Conduct training of community nutrition volunteers and Team leaders on food processing and fuel-efficient stoves. The CNVs and Team Leaders will use the acquired skills to train the NIPP participants on food processing/preservation as one of the ways for improving feeding and care practices. A total of 80 CNVs and nutrition teams will be trained</p>	2018											X	
	2019												

<p>NUTRITION: Activity 2.1.7: Train OTP staff, nutrition supervisors and community nutrition supervisors on MUAC by mother. This will give them skills to in turn train mothers of children under 5 years on how to do MUAC measurement on their children and interpret the result. Once a mother identifies that her child is malnourished she will seek attention at the nearest health facility with an OTP site for appropriate management of the child. The number of persons targeted for the training are 16 OTP staff, 16 Nutrition Supervisors and 78 community nutrition supervisors</p>	2018																	X
	2019																	
<p>NUTRITION: Activity 2.1.8: Conduct training of mothers on 'MUAC-by-mother'. This roll out of training at the community level will be carried out by community nutrition volunteers. The target number of mothers to be trained is 28,674. Training of the mothers will be at the household level with practical demonstrations. The mothers will be provided with MUAC tapes so that they can routinely do MUAC screening on them under 5 children and self-refer whenever acute malnutrition is detected. This is an activity that supports community level screening of children under 5 years for malnutrition and early self-referral for management at OTP sites, in a sustainable manner. It is expected that other donors will also complement this initiative which is linked to other nutrition interventions that will be funded under this request.</p>	2018																	X
	2019																	

OTHER INFO

Accountability to Affected Populations

GOAL recognizes engagement with local communities is crucial to a successful programme. GOAL ensures that affected populations are engaged at all level of the project cycle and that consultation is an ongoing process. GOAL considers it of paramount importance that beneficiaries have access to information about their entitlements, have access to GOAL's Code of Conduct and are able to provide feedback on programs. GOAL is a member of the Core Humanitarian Standards Alliance. In 2015 GOAL elaborated and disseminated an Accountability Framework, a Complaint Response Mechanism, and Information Sharing Guidelines; staff at all levels received training on the guidelines and the process. A complaint response mechanism is operational in Sudan and established for all locations in order for beneficiaries to be able to provide complaints or feedback. Beneficiaries are informed of this mechanism, and entitlement posters will be printed and displayed at health facilities, and GOAL's Code of Conduct will be provided and explained. The CRM includes contact numbers in each location where beneficiaries can make complaints or provide feedback. As standard signage is installed in health facilities, OTPs and at WASH facilities. Signage will be installed at any new infrastructure. A refresher training on community complaint and response mechanism (CRM) was conducted for GOAL field and head office staffs as well as its partners. The same will be repeated in 2018. GOAL has a Community Processes team which focuses on interacting with communities and discussing in detail the services that GOAL provides. In turn, the CP team also relays community comments and complaints about GOAL services to GOAL team. The CP team works jointly with technical teams, local authorities and community members to raise community awareness and collect views to ensure that services are provided in an equal and fair manner. Routine collection of beneficiary feedback is done through periodic focus group discussions and participatory rural appraisals, in which community members are separated by age and gender and take into consideration other factors that might inhibit free flow of communication. This process has been a central feature of the monitoring system, as has increased emphasis on closing the 'feedback loop', for example through trend analysis and the review of lessons learned that feed into the program planning process.

GOAL has also initiated comment boxes at all clinics and have re-established monthly Head of Clinics meetings where community feedback is garnered. In addition, the Community Processes team receives a monthly report from established health and WASH committees and will help them in developing their sustainability plans to strengthen community ownership. The CP team will also carry out bi-annual stakeholder consultation meetings to document communities' feedback and views on current programs, share new ideas and address any changes needed. These stakeholder consultation meetings are an open platform that allow women and men to have their voice into future proposals. Gauging beneficiary satisfaction is ongoing via corroboration of sources with routine consultation of key community stakeholders, involving LHD and UN agencies as external barometers of acceptability to beneficiaries.

By using these methods, GOAL considers the principles of "Do No Harm," in order to avoid or minimize any adverse effects of the intervention on communities. A visit from GOAL Accountability Advisor is also planned for 2016

Implementation Plan

GOAL head office is in Khartoum, and implements its programs primarily from its operational base in Kutum with support from its office in El Fasher. At the national level, the Country Director, Assistant Country Director-Programmes, WASH coordinator, Health Coordinator, Finance Manager, and Monitoring, Evaluation, Accountability and Learning Coordinator provide technical support to the teams. The Senior Safety and Security Advisor supports the CD and Darfur team to analyze and manage safety and security issues.

A Field/Area Coordinator closely manages activities in El Fasher and Kutum, and monitors the overall humanitarian situation in the area, including political and security context. He will also be responsible for monitoring project expenditure against approved budget, as well as compliance with GOAL logistic and financial policies and procedures. Monthly sector coordination meetings allow staff to discuss technical issues, ensure consistency in terms of guidelines and protocols and review progress.

At HQ level in Dublin Ireland, technical advisors for Health, Nutrition, WASH, and M&E, Sudan Desk officer, Programme Quality Advisor, and Operations Manager monitor the country level progress. GOAL Global Health, Nutrition and WASH advisors regularly visit the country to provide technical support and monitor the programmes.

GOAL attends Health, Nutrition and WASH coordination meetings at Locality Level, State level and Federal level and through this meeting GOAL shares updates and receives guidance from sector leads and the relevant ministries. Through this forum, GOAL learns from and coordinates with other humanitarian partners within the implementation area. In addition, GOAL works in close partnership with government entities such as the Ministry of Health (MoH) to help build the capacity of the government to provide basic services. GOAL also attends weekly coordination meetings at SMoH level in Kutum. GOAL has a Programme Liaison Officer, based in El Fasher in order to facilitate dialogue with all sectors' representatives. In 2016, GOAL carried out a stakeholder consultation meeting in with several state and line ministries' representatives (HAC, LHD, WES, etc.) and community leaders (heads of Kassab and Fata Borno IDPs camps). GOAL's operations in North Darfur depend on the Humanitarian Aid Commission (HAC) with whom GOAL liaises at all levels, and to whom GOAL submits regular interim reports and technical agreements. GOAL also coordinates activities with UN agencies: WHO for emergency response, UNICEF for provision of RUTF and vaccines via MoH, UNFPA for provision of clean delivery kits and RH supplies, as well as WFP/UNHAS who provides twice weekly helicopter services to Kutum.

Based on its previous successful CLTS pilot project in 2017 with FPDO in Kutum, GOAL will work with FPDO to design and implement Community Led Total Sanitation in rural areas of Kutum. Currently, open defecation in assessed villages in rural Kutum is practiced by approximately 80% of the population. In partnership with FPDO GOAL will implement CLTS in 10 communities in Kutum locality, reaching an estimated total number of 2,880 beneficiaries.

GOAL has a strong Monitoring and Evaluation systems and process in place. The MEAL team and sector coordinators along with the rest of the team hold a grant opening meeting where work plan, procurement plan, spending plan, partnership plans will be reviewed as a team before actual implementation starts. The team also hold Grant closing meeting 2 months in advance to ensure that all compliance issues are followed through and the deliverable are met within the agreed timeframe. Program management and implementation tools such as detailed costed work plan, indicators performance tracking sheet; Monitoring, Assessment and evaluation plans are in place and followed through during the project period

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
KEADS	Refer children to KAEDS Supplementary Feeding Program as needed/relevant
KEADS	Refer children to KAEDS Supplementary Feeding Program as needed/relevant

Environment Marker Of The Project

B: Medium environmental impact with NO mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

In addition to the proposed WASH interventions under this action, GOAL is also implementing a Health and Nutrition intervention (with alternative funding from other sources) in Kutum. Promoting gender-equitable access to and utilization of WASH, Health, and Nutrition services remains a key aim for GOAL Sudan. GOAL has long worked to mainstream gender throughout its programmes, and gender issues are considered at all levels of planning and implementation. GOAL has a Country Gender Focal Person, supported by a Field Gender Focal Person in each field site who is responsible to ensure gender is mainstreamed in all GOAL's interventions in Sudan through:

- Collecting and using gender-disaggregated data in all GOAL interventions
- Ensuring the involvement of all groups of the community at all stages of project planning, implementation and monitoring
- Conducting training on gender analysis as part of systematic gender mainstreaming both for GOAL staff as well as for Partners with whom GOAL Sudan is working
- Promoting GOAL's gender policy with periodic review
- Promoting female staff progression and development
- Ensuring that the community-based activities consider the cultural difference in the roles of men and women, and use different approaches to equitably reach both genders.
- Creating gender awareness with both women and men in the communities where GOAL is working via community processes teams and mainstreaming of gender in all activities
- Consulting women and men about location and/or appropriateness of all services in the community planned and review of current acceptability undertaken on periodic basis
- Ensuring all activities are accessible through identification and tackling barriers of access to the different groups of the community.

GOAL consistently ensure the collection and use of gender-disaggregated data in all GOAL interventions keeping in mind the involvement of all groups of the community at all stages of project planning, implementation and monitoring.

Protection Mainstreaming

GOAL Sudan incorporates protection in every aspect of programming. For GOAL Sudan, mainstreaming in protection is crucial both internally and externally to ensure that extremely vulnerable groups including children, women, people with disabilities and the elderly are able to access services and are protected from both intentional and unintentional harm. GOAL ensured that all staff and partners have been made aware of protection issues through training, and protection mainstreaming tools have been used in programming and internally to ensure the safety of the extremely vulnerable groups. Protection focal points have been identified in Kutum and Khartoum Country Office, the Global Protection Advisor has carried out visits and provided on-going remote support. Through the mainstreaming tools, GOAL has been able to look closely at its programs and identify any elements that could potentially cause harm to extremely vulnerable groups and eliminate these risks (risks can include dangerous equipment and program environment).

GOAL has trained staff on GOAL Protection Policy and tools and conducted Risk Assessment and Protection Audits in GOAL Sudan programs annually. Protection mainstreaming actions recommended by GOAL's Risk Self-Assessment Tool have been integrated into, reported against and budgeted. For example, under health sector in Kutum, all midwives and medical assistants with whom GOAL works with, have signed up to GOAL's policy of not participating/carrying out Female Genital Mutilation/Cutting and ensure all beneficiaries have access to treatment and support in the clinical management of rape, in liaison with UNFPA. The same is true for all water committee. GOAL works with WES and water committees to ensure that members composition represent fair gender balance and all members of the water committees are trained on protection and awareness are raised about how to identify the needs of vulnerable groups of the community and address them.

Country Specific Information

Safety and Security

Darfur presents one of the most hostile environments within which GOAL operates. For most parts of 2016 and 2017, GOAL's operational areas in Kutum and Al waha have seen relative peace and in general, the overall security situation has improved in Kutum and Al waha locality. In Kutum, overall there were 4 abductions in 2015, and none recorded in 2016 and 2017. Linked to the above security incidents and in line with GOAL's strategy of strengthening community acceptance, GOAL conducted a stakeholder-wide consultation meeting with Al waha and Kutum locality community leaders and decision makers. Both sides committed to increasing coordination and building communities' sense of ownership with the representatives of the two localities committing to providing greater protection to GOAL staff and facilitating their work.

Since 2015, GOAL has resumed expatriate visits to Kutum. Arrangements are undertaken with UNDSS/UNAMID to provide security support, and field visits are arranged with armed escort. GOAL has initiated discussion with OCHA and UNAMID to see the possibility of increasing the frequency and the average length of stay for expats in Kutum for supportive monitoring visits to all PHCs in 2018. GOAL has a Security Analysis Register (including risk and threat analysis) which is updated regularly and informs GOAL's Darfur-specific Safety, Security and Evacuation Plan (SSEP), which is made available upon request. SSEP includes crisis response procedures, expatriate and local staff pre-deployment security briefing, standard operating procedures, field vehicle movement and use of local transportation, communications protocols, incident reporting and contingency plans. Policies are made available for all staff and are overseen by the Country Director. In-country staff will, at all times, be made aware of the prevailing security situation, perceived changes to that situation, and any decisions taken as a consequence. GOAL is committed to upholding its duty of care and in the event of any security incidence that could result in putting staff at risk, GOAL will evacuate field staff and relocate them to a safe area. GOAL is committed to maintaining open and transparent communications with SHF at all times, particularly during any security incidence and/or staff evacuation that could result in a change in management or operational approach.

Access

GOAL has been able to operate in Kutum since 2004 with the same field team who are proficient in implementation of activities due to the years of intensive skills building received in this time. Whilst Kutum remains a remote and often insecure part of North Darfur, GOAL teams on the ground have been able to keep all essential and lifesaving activities running.

Remote management plans are in place that allow support from senior staff and regular monitoring and support visits are undertaken by the strong team of national project managers and coordinators that routinely assess quality and performance utilizing robust project management tools.

International staff senior management positions are counter parted where feasible and visits are made into field whenever possible. For example, during 2016/17, GOAL initiated expatriate visits to Kutum in March and December. An ECHO, DFID and SHF representative and several expatriate Senior staff from GOAL Head Office (GOAL HQ Programme Quality Advisor, GOAL Global Security Advisor and GOAL Regional Director) and GOAL Sudan (Country Director, Head of Programme and Health Coordinator) participated in various visits. Khartoum based staff regularly travel to ELF for liaison and support visits and it is anticipated with a more stable situation the number of these visits will be enhanced.

Furthermore, with the ongoing disarmament and some security measures taken by government, security conditions have improved evidently. For instance no major security incidents occurred in in El Fasher and there have been less incidents in Kutum. GOAL plans to increase the frequency of international staffs monitoring visit to Kutum in 2018.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Expat - Country Director	D	1	7,407.00	12	5.00	4,444.20
	<i>This is all costs relating to the Country Director including salary, housing, medical insurance, R&R, and VISA with 5% allocation to SHF grant</i>						
1.2	Expat - ACD Programs	D	1	7,435.00	12	5.00	4,461.00
	<i>This is all costs relating to the Assistant Country Director Programmes including salary, housing, medical insurance, R&R, and VISA with 5% allocation to SHF grant for 12 months</i>						
1.3	Expat - Financial controller	D	1	5,815.00	12	5.00	3,489.00
	<i>This is all costs relating to the Financial controller , housing, medical insurance, R&R, and VISA with 5% allocation to SHF grant</i>						

1.4	Expat - Health Coordinator	D	1	5,026.00	12	6.00	3,618.72
	<i>This is all costs relating to the Health Coordinator including salary, housing, medical insurance, R&R, and VISA with 6% allocation to SHF grant</i>						
1.5	Expat - MEAL & Reporting Co	D	1	5,208.00	12	6.00	3,749.76
	<i>This is all costs relating to the MEAL & Reporting Co including salary, housing, medical insurance, R&R, and VISA with 3% allocation to SHF grant</i>						
1.6	National Staff - Programs - MEAL	D	2	763.00	12	3.00	549.36
	<i>We have two MEAL staff , will charge 3% in average of their cost under SHF . The wage cost includes salaries, social insurance, bonus and transport.</i>						
1.7	National Staff - Programs - Nutrition	D	19	507.00	12	9.00	10,403.64
	<i>We have 19 Nutrition staff, 1 Nutrition Coordinator , 1 Nutrition Supervisor 4 nutrition supervisor and 13 Nutrition worker , will charge 9% in average of their cost under SHF . The wage cost includes salaries, social insurance, bonus and transport.</i>						
1.8	National Staff - Programs - General Programs	D	2	614.00	12	6.00	884.16
	<i>We have two General Program staff 1 Field Coordinator and Partner finance assistance , will charge 6% in average of their cost under SHF . The wage cost includes salaries, social insurance, bonus and transport.</i>						
1.9	National Staff - Programs - Community Health	D	28	565.00	12	10.00	18,984.00
	<i>We have 28 Community Health Workers from this 3 CHWs Nutrition staff , 1 community Health Manager , 17 Community health Promoter , 3 Community Health Supervisor , 1 Community Process Manager, 2 community processer officer and one Emergency Coordinator , will charge 10% in average of their cost under SHF . The wage cost includes salaries, social insurance, bonus and transport.</i>						
1.10	National Staff - Support	D	36	1,461.00	12	2.00	12,623.04
	<i>There are 36 support staff. (17 in Khartoum, 3 in El Fasher and 16 in Kutum), Admin & Logs Coordinator (1), Assistant Financial Controller(1), Cleaner(6), Cleaner/Cook (1), Donor Compliance Coordinator (1), Driver(2), Finance assistant(1), Finance Officer (2), HR & Admin officer(1), HR Manager (1), IT Manager(1), IT-Officer(1), Liaison Assistant(1), Log officer (3), Logistics Manager (1), Maintenance Logistics Support(1), Medical Storekeeper(1), NFI Storekeeper(1), Procurement & Logistics Assistant (1), Procurement Assistant(1), Procurement Manager(1), Program Liaison Manager(1), Radio Operator(1), Radio Operator & Transport Assistant(1), Safety & Community Liaison Manager(1), Senior Logs Manager (1), and Store keeper (1). We have charged an average of between 8-13% of their time to the SHF grant. The wage cost includes salaries, social insurance, bonus and transport.</i>						
	Section Total						63,206.88
2. Supplies, Commodities, Materials							
2.1	Pharmaceutical Supply	D	1	13,919.36	1	100.00	13,919.36
	<i>Pharmaceutical supplies will be international procurement as buffer stock based on consumption and demand system as required in case of rupture in the WHO/ OFDA in country supply pipeline or if demand for particular items is in excess of what is provided in the RRK kits. Cost is estimated at \$13,919.36 for materials including customs and freight, \$1438 for transport from Khartoum to Kutum .</i>						
2.2	EPI Response	D	1	230.00	9	100.00	2,070.00
	<i>GOAL Support SMOH to strengthen the EPI cold chain with routine repair and maintenance, we estimate to have 9 cold chain repair at cost \$230 each - SHF will cover the total cost .</i>						
2.3	Clean Delivery Kits and MW & TBA resupply Kits	D	1110	10.46	1	100.00	11,610.60
	<i>It is estimated the health facilities will require 3,000 clean delivery kits, 40 midwife kits and 70 TBA kits. SHF will contribute 1000 clean delivery kits at an estimated cost of \$9.37 per kit (2000 kits will be procured through other funding sources), restock 40 midwife kits at an estimated cost of \$49.5 per kit and 70 TBA kits at an estimated cost of \$3.73 per kit. CDK : 1000 kits x \$9.37 = \$9,370 MW Kits: 40 kits x \$49.5 = \$1,980 TBA Kits: 70 kits x \$3.73 = \$260.40 The total budget is \$11,610.60 which is the equivalent of 1,110 kits at an average cost of \$10.46 per kit</i>						
2.4	RH Referrals	D	12	53.24	12	33.00	2,529.96
	<i>Includes cost of transportation of referral of Emergency Obstetric cases from clinics to Kutum hospital / EL Fasher. It is anticipated there will be 12 referrals per month for 12 months . It includes transport and per diem for two medical personnel traveling with emergency obstetric cases at an average cost of \$53.24 . SHF will contribute 33% to overall cost</i>						
2.5	Community Health Volunteer Incentives	D	12	53.20	12	100.00	7,660.80

	<i>GOAL will provide monthly incentive of \$46 per month for 6 volunteers and monthly incentive of \$60.4 per month for 6 Supervisors for 12 months to support Community Care Groups. The budget line shows that the average cost is \$53.2 for 12 persons for 12 months. SHF will cover 100% of the cost</i>						
2.6	Hygiene Kits- For school health clubs	D	57	343.28	1	100.00	19,566.96
	<i>GOAL will provide Hygiene kits for 57 School health clubs (47 existing and 10 New school health clubs), at the unit cost of \$343.28 57. SHF will cover the total cost .</i>						
2.7	Health Trainings	D	25	60.69	3	33.00	1,502.08
	<i>GOAL will hold 3 trainings on Basic Training on Care Group Approach for new areas and 25 participants will be trained and GOAL Will hold 3 training on Basic SHC training for new schools and 25 participant will be trained. The unit cost per person is estimated at \$20 per day and includes stationery, fatur & refreshments, transport, accommodation, hall rental, facilitator fees. Trainings are planned depending on budget availability across grants. The average allocation for these trainings will be 33%</i>						
2.8	Health Review Meetings & Workshops	D	55	14.74	6	100.00	4,864.20
	<i>GOAL will hold 2 review meeting of Community Health review Meeting (25 participants), 4 Community Health Committee Meeting (30 participants), The unit cost depends on number of attendees and includes stationery, fatur & refreshments, transport, accommodation, hall rental. SHF will contribute the total cost of these 6 review meetings for 55 participants at an average cost of \$14.74 per person .</i>						
2.9	MOH Staff	D	78	131.60	12	40.00	49,271.04
	<i>GOAL pay incentives to 78 MOH staff and SHF contributes 40% to the total cost. Breakdown includes 3 CHW \$1067,1 Cleaner \$301, 1 Clinic manager \$1180,2 Clinic Supervisor \$1554 , 2 Health visitor \$1055,2Medical Doctor \$5027, 17 Medical Assistant \$12131,1 Medical store keeper \$843,29 Midwife \$12301, 10 Nurse \$4408, 2 Nutrition manager \$2870,5 Nutrition worker \$5000 , 1 Reproductive health \$777,2 Vaccinator \$759</i>						
2.10	Stabilisation Centre Referral	D	5	16.80	12	100.00	1,008.00
	<i>Stabilisation Centre referral line Includes cost of transportation of referral cases to Kutum hospital. It is anticipated 5 referrals per month at an average cost of \$16.80 (cover cost of child and carer). SHF will contribute 100% to overall cost.</i>						
2.11	NIPP Circles Running Costs and Seeds & Seedlings	D	140	46.92	1	100.00	6,568.80
	<i>GOAL will cover for 100 NIPP area and Provide Seed for seedling support for 40 NIPP area with an average unit cost \$46.92. NIPP Running Cost : 100 NIPP X \$3.57 = \$356.50 NIPP Seeds cost : 40 NIPPX \$155.31 = \$6,212.60 SHF will cover the total cost of the activity.</i>						
2.12	Mass MUAC Screening	D	16	2,398.95	1	30.00	11,514.96
	<i>MUAC by Mothers approach and train mothers and caregivers to improve screening at community level. SHF will cover 30% of its cost</i>						
2.13	Nutrition Training	D	91	9.14	10	100.00	8,317.40
	<i>GOAL will conduct 10 days of training for 91 participants with an average cost of \$ 9.14 per person . SHF will cover the cost . Refresh CMAM training for OTP sites and MOH staff : 75 participants x 3 days.X \$26 X 100% = \$ 5,850.00 Training on management of SAM cases with complication: 16 participants X 7 days X \$22 X 100% = \$2,464.00</i>						
2.14	Training to facilitate MUAC by mother training	D	110	19.63	3	33.00	2,137.71
	<i>GOAL will provide training to the facilitators for MUAC by mother training for 110 participant three times at unit cost of \$19.63. SHF will cove 33% of the total cost . Training to facilitate MUAC by mother training: #110 x 3X \$19.43 X 33% = \$ 2,137.73</i>						
2.15	Nutrition Review Meetings	D	30	21.37	6	100.00	3,846.60
	<i>GOAL will hold Nutrition review biannual meetings for 3 days (twice) for 30 participants including both LHDs. estimated at \$21.37 per person per day and includes stationery, fatur & refreshments, transport, accommodation, hall rental, facilitator fees. SHF will cover the total cost .</i>						
2.16	DHIS support roll out (Solarpower set for 9 localities)	D	9	9,315.00	1	100.00	83,835.00
	<i>GOAL will purchase Solar power set for 9 localities estimated cost is \$9315 Per set including transport , which can operates 7 desktop computers (Desktop HP 280 G2 CORE I3 6100 4G, 1 Printer (HP LaserJet Pro M225dn Monochrome Printer, 1 Photocopier (Ricoh MP 2014) and 10 Lights (lamps) . SHF will cover the total cost including the transport.</i>						
2.17	School Health Clubs Supplie	D	10	1,136.22	1	100.00	11,362.20
	<i>GOAL will provide supplies for 10 new health clubs (Loudspeakers , Stationary for schools , Drinking water equipment , Cleaning materials and sports items). The total average unit cost is \$1136.22 SHF will cover the total cost .</i>						
2.18	GOAL Clinic Staff	D	56	1,294.69	12	3.00	26,100.95

	<i>There are 56 direct staff in the PHCs working in Khartoum / Kutum field sites charged at 3-10% to SHF. The salary includes all associated costs for social insurance, bonus, transport etc. 1 Area Health Manager, 6 Medical Assistants, 4 Pharmacists, 5 Vaccinators, 2 Paramedic Clinic Workers, 4 Nurses, 5 Health Support Officers , 5 Clinic Cleaner, 1 Medical Diagnostician and 23 Clinic Guards. These positions provide direct delivery of services at clinic staff along with MOH staff described in 2.9 - % allocation of work differs.</i>							
	Section Total							267,686.62
3. Equipment								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
4. Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
5. Travel								
5.1	Domestic Air Travel	D	5	418.70	12	100.00	25,122.00	
	<i>Due to the security conditions and the distance between Khartoum and Kutum it is necessary for conducting close monitoring and supervision visits that necessitates travelling by air. The flight cost \$600 from Khartoum to Kutum return and \$200 from El Fasher to Kutum. During the year staff will be taking flights to enable them to monitor and supervise the projects. We are budgeting to make a total of 60 (5 per month) flights between Khartoum and Kutum, between Khartoum and El Fasher & flights between Kutum and El Fasher during the year. SHF have been charged to this grant the estimated average cost at \$418.70.</i>							
5.2	Supervision and Monitoring	D	55	118.15	12	25.00	19,494.75	
	<i>Technical staff visiting WASH project sites to monitor progress on activities and regular supervision visits for quality. In Kutum and Alwaha GOAL have 12 rural health clinics and when visiting rural clinics for security reasons, hire a convoy of 2 vehicles and pay a daily rate. In the urban areas, GOAL rent a fixed term vehicle and the budget line is included under Other Direct Costs since it is for operations and programs. Under this budget line GOAL are estimating that 55 vehicles will be rented each month. Unit cost is \$118.15 and SHF will cover 25% of the costs. Activities related to these trips which will be directly charged to SHF include Accelerated campaign for 12 localities (24 trips x 2 vehicles = 48) One MUAC Screening (7 trips x 2 vehicles = 14), Two Joint Supervision each (12 trips x 2 clinics = 24 vehicles) and other clinic visits (79 vehicles which averages 6 visits to rural clinics per month for monitoring).</i>							
5.3	Local Travel & Per Diems	D	15	50.00	12	38.00	3,420.00	
	<i>Staff are paid a per diem when they are away from the office. The daily rate is approximately \$50 for food, accommodation and taxi costs from home to airport in Khartoum - it does not cover transport costs in field as this is provided by GOAL and budgeted under separate lines. The per diem budget estimates that on average 3 staff will travel 5 days each month for 12 months and 38.10% is charged to SHF.</i>							
	Section Total							48,036.75
6. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
7. General Operating and Other Direct Costs								
7.1	Office Running Costs - Head Office	S	1	10,460.00	12	9.00	11,296.80	
	<i>There is a head office in Khartoum. The total estimated running cost of this office for a months is \$10,460. This includes rent, utilities and repair, communications and IT, Consumables, Security professional Fees and Insurance and other costs. 9% of these costs have been charged to this grant.</i>							
7.2	Office Running Costs - El Fasher	S	1	1,647.20	12	9.00	1,778.98	
	<i>El Fasher is one of GOAL field office in North Darfure . The total estimated running cost of this office is \$1,647.2 for a months. The major costs are rent and storage, communications and supplies, stationery and consumable items, security and bank charges. Professional fees, insurance etc. are all charged to Khartoum. 9% of the costs have been charged to this project</i>							
7.3	Office Running Costs - Kutum	S	1	6,850.00	12	10.00	8,220.00	
	<i>Kutum is one of GOAL field office in North Darfure . The total estimated running cost of this office is \$6,850 for 12 months. The major costs are rent and storage, communications and supplies, stationery and consumable items, security and bank charges. Professional fees, insurance etc. are all charged to Khartoum. 10% of the costs have been charged to this project</i>							

7.4	Vehicle Running Costs - Head Office	S	4	287.83	12	12.00	1,657.90
<p><i>There are 4 cars in use in Khartoum to facilitate office movement. Total vehicle running costs for a months is estimated at \$287.83. Costs include fuel, insurance , repairs & maintenance. 12% of the costs have been charged to this project.</i></p>							
7.5	Vehicle Rental - Field	S	3	543.48	12	13.34	2,610.01
<p><i>Due to the security situation in Kutum & El Fasher all vehicles are locally hired to prevent carjacking when doing field work. 1 minibus is rented in El Fasher and 2 Landcruisers are rented in Kutum (these vehicles can access urban clinics and Kutum town). Additionally GOAL will hire occasionally for monitoring field visits to the rural areas. The Monthly total cost543.48.94 SHF will cover 13.34% Of the total cost for 12months.</i></p>							
7.6	M&E	S	2	8,945.53	1	56.00	10,018.99
<p><i>GOAL will conduct 1 LQAS survey and 1 MICS survey , The total cost of 1 LQAS survey estimated \$1,989.44 for perdiem , transport and Refreshment costs . In addition, one MICS surveys will be conducted and total estimated cost is \$15,901.62 including cost of facilitator perdiem, training, stationary and survey incentive for MOH staff. In total, M&E costs for 2 surveys will be \$17,891.06 (2 x \$8945.53) and SHF will cover 56% of the total cost which is \$10,018.99</i></p>							
Section Total							35,582.68
SubTotal			1,997.00				414,512.93
Direct							378,930.25
Support							35,582.68
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							29,015.91
Total Cost							443,528.84

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
North Darfur -> Kutum	100	73,886	76,901	15,133	15,751	181,671	<p>HEALTH: Activity 1.1.1: Continue to support provision of Basic Package of Health Services in 17 health facilities (5 Primary Health Care Centers and 12 Basic Health Units) i...</p> <p>HEALTH: Activity 1.1.2: Conduct monitoring and evaluation of health services using bi-annual diagnosis and treatment versus national guidelines survey and beneficiary satisf...</p> <p>HEALTH: Activity 1.1.3: Continue supporting volunteer-based community health promotion activities using Care Group Model to provide health education to mothers of children &...</p> <p>HEALTH: Activity 1.1.4: Support the staffing of health facilities through in-service training and mentoring of nurses, medical assistants, and village midwives targeting all...</p> <p>HEALTH: Activity 1.1.5: Support North Darfur Ministry of Health (SMoH) and WHO to roll out the District Health Information at least in 9 localities of the total 18 in North ...</p> <p>HEALTH: Activity 2.1.1: Conduct refresher training with all health workers working in the 17 health facilities based on the findings of the supervision visits and other moni...</p> <p>HEALTH: Activity 2.1.2: Continue preventing, mitigating and responding to communicable diseases in Kutum and Al waha to include preparing emergency preparedness plans and pr...</p> <p>HEALTH: Activity 2.1.3: Support the Locality Health Department in emergency response within 72 hours if outbreaks or other humanitarian situations occurred</p> <p>HEALTH: Activity 3.1.1: Conduct training of female and male health staff on IMCI. Participants will be 60 health staff (Medical Assistants, Nurses and Midwives) from the hea...</p> <p>HEALTH: Activity 3.1.2: Carry out training of health staff on management of medical drugs and supplies. This will improve health workers' skills in the proper ordering of dr...</p> <p>HEALTH: Activity 3.1.3: Provide financial support to referred EMoNC cases for transport and up keep in the hospitals. Expect 15% of all pregnant women will require referral ...</p> <p>HEALTH: Activity 3.1.4: Support SMoH to strengthen the EPI cold chain with routine repair and maintenance as well as support SMOH to conduct accelerated EPI campaign</p> <p>HEALTH: Activity 3.1.5: Coordinate and liaise with key partners to provide clean delivery kits and supplies for the Midwives.</p> <p>NUTRITION: Activity 1.1.1: Support 17 OTPs (increased from 14 in 2017) in Kutum targeting children with severe acute malnutrition without medical complications in GOAL-supporte...</p> <p>NUTRITION: Activity 1.1.2: Conduct training of Kutum Hospital Stabilization Centre staff on the management of cases of severe acute malnutrition (SAM) with complications. The n...</p> <p>NUTRITION: Activity 1.1.3: Conduct continuous joint supportive supervision with the Ministry of Health nutrition supervisor to all OTPs in the supported areas with on-the-job t...</p>

Documents

Category Name	Document Description
Budget Documents	GOAL 7855 TRC.1.xlsx
Technical Review	GOAL 7855 SHF 15032018.doc

