

| | | | | |
|-----------------------------------|--|---------------------------------|-----------------------------|--------------|
| Requesting Organization : | GOAL | | | |
| Allocation Type : | 1st Round Standard Allocation | | | |
| Primary Cluster | Sub Cluster | Percentage | | |
| HEALTH | | 100.00 | | |
| | | 100 | | |
| Project Title : | Provision of integrated and lifesaving Primary Health Care (PHC) services for conflict affected and vulnerable populations and strengthening emergency responses in Baliet, Melut, Maiwut and Ulang Counties, Upper Nile State (UNS), Twic, Warrap State and Agok: Abyei Administrative Area (AAA). | | | |
| Allocation Type Category : | | | | |
| OPS Details | | | | |
| Project Code : | SSD-16/H/87232 | Fund Project Code : | SSD-16/HSS10/SA1/H/INGO/731 | |
| Cluster : | Health | Project Budget in US\$: | 300,000.00 | |
| Planned project duration : | 6 months | Priority: | 2 | |
| Planned Start Date : | 01/01/2016 | Planned End Date : | 30/06/2016 | |
| Actual Start Date: | 01/01/2016 | Actual End Date: | 30/06/2016 | |
| Project Summary : | <p>Under this grant, GOAL will respond to the acute needs of the IDP populations in Melut County (Koradar and Dethoma), Ulang County (Nyangora, Barmach, Riangan), Maiwut County (Pinthor) and Returnees in Baliet counties (Baliet, Galachol, Riayang). GOAL will also strengthen the outbreak response of Malaria that significantly hit Twic county in Warrap state and Agok, AAA through provision of emergency preparedness and response, lifesaving curative consultations, routine and outreach immunization coverage and a minimum initial service package (MISP) for RH services.</p> <p>GOAL will strengthen availability and access of services to essential emergency health care needs, including addressing the major causes of mortality among U5 (malaria, diarrhoea and Pneumonia), and emergency obstetrics and neonatal care services as well as scale up the prevention, detection, and response to outbreaks among IDP's, returnees and host communities, bolster service integration and case management of acute malnutrition with complication in stabilization centres in Ulang, Maiwut, Twic, and strengthen the mapping, linkage and referral to mainstream management of GBV, and child protection.</p> <p>Under this grant, GOAL will respond to the acute health needs of the IDP populations in Melut County (Koradar and Dethoma), Ulang County (Nyangora, Barmach, Riangan), Maiwut County (Pinthor) and Returnees in Baliet counties (Baliet, Galachol, Riayang) through provision of primary health care through a network of xxx primary health care centres (PHCCs), primary health care units (PHCUs) and mobile facilities Facilities provide curative consultations, routine and outreach expanded programme of immunization (EPI), reproductive healthcare including antenatal and postnatal care and deliveries, health education, and growth monitoring closely integrated with treatment of malnutrition in children 6-59 months. Provision of primary health care is part of integrated programming also including nutrition, food security and livelihoods (FSL), and water sanitation and hygiene (WASH) interventions. GOAL will also strengthen emergency preparedness and response (EPR), through community disease surveillance and routine and outreach EPI to prevent and identify outbreaks, as well as lifesaving curative consultations, and prepositioning of drugs and supplies.</p> <p>GOAL will strengthen its response to the acute needs of the population through ensuring availability of the right mix of staff, uninterrupted drug supply including RH commodities, provision of basic health services, case management of communicable diseases, integration of services, supporting stabilization centres, integrated disease surveillance and reporting, outbreak control, contingency planning and focusing on emergency preparedness, response capacity and population resilience. EPI will be strengthened through expansion of cold chain, improvement of cold chain maintenance, and improved micro-planning and coordination of cold boxes.</p> <p>GOAL will ensure beneficiaries and affected communities are consulted in planning, implementation, and evaluation. Community feedback is collected through focus group discussions (FGDs) and interviews, conducted both in routine programme monitoring and supervision, as well as through a formal complaints response mechanism (CRM). Barriers and concerns will be communicated to field and Juba level, as appropriate, and addressed. GOAL ensures that vulnerable populations are taken into account, targeting women and children and working with communities to reduce barriers to service uptake. GOAL will continue to participate in the protection cluster and GBV sub-cluster to ensure mainstreaming of gender and protection in programme planning, implementation and evaluation.</p> | | | |
| Direct beneficiaries : | | | | |
| Men | Women | Boys | Girls | Total |

| | | | | |
|--------|--------|-------|-------|--------|
| 25,077 | 26,101 | 6,666 | 6,938 | 64,782 |
|--------|--------|-------|-------|--------|

Other Beneficiaries :

| Beneficiary name | Men | Women | Boys | Girls | Total |
|------------------------------|-------|-------|--------|--------|--------|
| Children under 5 | 0 | 0 | 6,666 | 6,938 | 13,604 |
| Internally Displaced People | 3,003 | 3,126 | 11,298 | 11,759 | 29,186 |
| Pregnant and Lactating Women | 5,182 | 0 | 0 | 0 | 5,182 |

Indirect Beneficiaries :

N/A

Catchment Population:

363,786

Link with allocation strategy :

In this proposal, GOAL will address the needs of conflict affected and vulnerable populations in six counties . In line with the cluster strategic objective 1 (SO1), this programme aims to improve access, and strengthen responsiveness to essential and lifesaving emergency health care GOAL will also strengthen the detection and management of outbreaks through integrated disease surveillance, prepositioning of supplies, development of emergency preparedness and response plan, contingency planning etc. These is in line with the allocation strategy stipulated to ensure the prevention, detection and response of outbreak within 72 hours of occurrence and reporting. GOAL is also aiming to address the psychosocial well-being of the affected communities through identification, mapping and referral to secondary care and agencies operating on mental health and management of Gender Based Violence (GBV). Hence, GOAL strategic priorities are within the allocation third strategy.

This proposal is aiming to address the needs of IDP's, returnees, and highly affected host communities in priority areas identified by the allocation: Koradar, Dethoma, in Melut county, Barmach, Nyangora and Riyangnam in Ulang County, Pinthor in Maiwut county, Twic in Warrap state and Agok and Rumamer county in AAA. AAA and Twic counties were also hugely affected the current resurgence and outbreaks of malaria that left significant majority of the vulnerable population at risk of death. Their de-prioritisation from the Global Fund (GF) pipeline supply quite for enormous number of months that staggered with the small quantity of EMF supplies to contain the outbreaks.

This proposal is also going to address the vulnerable populations in line with cluster strategy and aims to prevent detect and respond to disease outbreaks and increase immunizations of U5. Through improving supply, transport and storage of drugs, GOAL is mitigating against drug stock outs in health facilities to allow consistent supply of essential medicines to vulnerable communities. GOAL is continuing to provide mobile response to both health and nutrition needs across UNS, in line with cluster priorities to call for increased access to isolated and displaced communities.

GOAL's key activities under this programme are target the identified priority activities outlined in the allocation strategy. The strategy prioritised the prevention, detection and response to disease outbreaks. With this in mind, GOAL is developing an emergency response plan and focussing on immunisation coverage as well as prepositioning of cholera kits in case of outbreak. The clusters aim to address shortfalls in medicines is met by GOAL ensuring availability of drugs and RH commodities, supplying medical equipment's, strengthening case management, preventive care, minimum initial service package for RH, integration, referral, main-streaming of gender, child protection, HIV/AIDS, TB and accountability practices

The strategy encourages the integration of nutrition and health responses. GOAL's health and nutrition interventions work closely together, allowing efficient treatment of SAM within pre-existing health facilities and stabilization centres. GOAL is main-streaming and integrating of key issues to address TB, HIV/AIDS, gender, protection and accountability to the affected population in line with the strategies focus on main-streaming of cross cutting issues

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 |
|----------------------|----------------------|
| HPF | 89,000.00 |
| IMA | 834,339.00 |
| IAPF | 723,605.00 |
| OFDA | 1,102,928.00 |
| | 2,749,872.00 |

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

South Sudan's conflict is now entering its third year and has led to a breakdown of service provision across the country and rapid inflation, accentuated by the sharp drop in oil prices and extensive borrowing by the government in order to battle for control over conflicted areas, including Upper Nile State. Many of the development gains made on the independence of South Sudan have relapsed due to sustained fighting, which have continued to drive populations and NGOs- key health care providers across South Sudan- to withdraw from conflict affected areas. In the latest estimates from UN OCHA (Nov 2015), an estimated 1,660,141 people across South Sudan have been internally displaced. The combination of conflict driven displacement and of early and natural shocks has led to an estimated 4,600,000 people in need of humanitarian assistance (UNOCHA, Nov 2015). This level of turmoil has hindered population's access to routine and emergency health care with only 10.9% of surveyed population in Twic and 30% in Agok within a one hour round-trip walk to a health facility, according to a multiple indicator cluster survey (MICS) (2015).

Levels of food security remain critical, with IPC predicting that Baliet will be in phase 4 (emergency), Maiwut and Ulang in Phase 3 (crisis) and Melut and Twic in Phase 2 (stressed) during the first quarter of 2016. This is driven by both vastly insufficient levels of cereal production, a breakdown of markets and influxes of IDPs straining the already insufficient resources. Low levels of food security has, in turn led to critical rates of malnutrition in programme areas, with clusters reports from October 2015 estimating global acute malnutrition (GAM) rates of 15.3% in Ulang, 17.6% GAM in Melut and in Twic, 19.9% GAM in both Maiwut and Baliet, based on height for weight measurement, all well above WHO threshold for critical. The combination of low food security, malnutrition and lack of access to adequate hygiene and sanitation facilities has driven up the need for health services.

Both Twic and AAA have been seriously hit by outbreaks of malaria that was worsened by supply interruption as a result of change of priorities by the pipeline manager, Global Fund. Anti-malaria supplies targeting toddler and children are still in a dismal state. The outbreak still continues to be reported in these two locations and there is a need to strengthen the outbreak containment endeavour through procurement and ensuring uninterrupted supply of drugs to the outbreak affected counties and health facilities. Likewise, the national drug procurement and supply chain project ended during the last week of December posing an imminent danger on stock rupture in drugs and medical supplies almost in all counties.

Lack of adequate health care has led to high rates of child illness and morbidity, with 20.2% and 49.3% of children reported ill within the last two weeks in Ulang (SMART survey, May 2015) and Agok (MICS, February 2015) respectively. In all areas of operation, acute watery diarrhea, malaria and ARI remain the most common illnesses reported, according to 2015 DHIS data and reproductive health coverage remains low, with only 24.8% of mothers in Twic attending a health facility and 18.1% seeking assistance from a skilled birth attendant (SBA) (MICS, March 2015).

2. Needs assessment

The majority of health indicators across Abyei, Twic and UNS remain substandard. Vaccination coverage for measles is at 56.7% for and DPT3/pentavalent 3 (68.1% -children aged 6-59 months) in Agok. In Twic, vaccination coverage for DPT3/ pentavalent 3 is higher than Agok, at 75.1% coverage, while measles coverage for children 6-59 months is 72.9%, according to MICS April 2015. There are high levels of food insecurity across all target areas, with IPC classifying Twic and Melut as Phase 2 (stressed), Ulang and Maiwut in Phase 3 (crisis) and Baliet county in Phase 4 (emergency) between January and March 2016.

In Twic, 73,807 curative consultations were carried out in the final quarter of 2015, with 2933 DTP3 vaccinations to children 0-11 months but only 8 to children 12-23 months. However, there is still a pressing need for scaled up vaccination campaigns. The illnesses with highest prevalence, utilizing 2 week recall, were malaria/ fever (54.7%), diarrhoea (41.9%) and cough/ difficult breathing (21.8%).

In Abyei, reported illnesses reached 49.3% in the two week recall period, with malaria, ARI and diarrhoea the most prevent diseases, according to the 2015 MICS. Of those 42.9% had malaria/fever, 28.6% experienced a cough/difficulty breathing, 16.3% reported diarrhoea and skin and eye infections accounted for the remaining illnesses (9.2% and 3.1% respectively).

Conflict has forced GOAL from having a physical presence in Baliet state, although it continues to support the displaced population in Melut through two health facilities which, between October and December 2015 conducted 17,464 curative consultations, the majority of which were to females over five years (8,369). GOAL delivered 263 doses of DPT3 vaccination to children under one year, as well as 682 measles vaccinations. However, due to the close living conditions of IDPs, the risk of epidemic is still high. In Maiwut, 16,440 curative consultations were carried out, with 278 children under one year vaccinated against measles and 87 children 12-23 months. In Ulang, 17,921 curative consultations were conducted in the same time period.

3. Description Of Beneficiaries

Beneficiaries for this program consist of the entire catchment areas of health facilities with a particular focus to IDP, conflict affected population, returnees, women and children. Services, such as immunization, focus on U5s, while maternal services target women of child bearing age, PLWs and infants. Curative health services available to the entire population, with mobile clinics and outreach activities increasing access to displaced communities and flexible support to those in transition. The emergency response capacity will target health workers in the facility and county health department.

4. Grant Request Justification

GOAL is the key health service provider in Maiwut, Ulang and Twic, and is currently funded by a range of donors including OFDA, ECHO, IAPF, IMA, Health Pooled Fund (HPF) and CHF for its activities in these operational areas. However, the current level of funding (signed agreement plus pledged) is not adequate to support the program in these four counties and one administrative region and the reprioritisation of HPF funding leaves worries that health facilities will suffer a funding gap in 2016. CHF funding will complement existing funding commitments to allow uninterrupted provision of emergency and lifesaving response in South Sudan. This will occur through the 18 Primary Health Care Centres (PHCC), 38 Primary Health Care Units (PHCU), five mobile clinics and three emergency clinics the GOAL support across areas of operation. Between October and November 2007, GOAL conducted a total of 132,675 curative consultations in target health facilities (Abyei: 26,547; Twic; 57,817, Maiwut; 18,710, Ulang; 17,920, Melut; 11,681)

The continuous levels of displacement due to conflict is driving a need for increased coverage of health facilities across all counties to provide services to moving populations. The threat of a disease outbreak is high under these circumstances, as high levels of malnourishment and food insecurity combine with low access to sanitation and hygiene facilities. This is combined with low levels of vaccination coverage, due both to lack of coverage and high default rates. In Agok, vaccination coverage is very low for both measles (56.7% - children aged 9-59 months) and DPT3/pentavalent 3 (68.1% -children aged 6-59 months). In Twic, vaccination coverage for DPT3/pentavalent 3 is higher than Agok, at 75.1% coverage, while measles coverage for children 6-59 months is 72.9%, according to MICS April 2015. GOAL is in a prime position to increase cold chain supply, vaccination coverage and defaulter tracing across programme areas, as well as formulating an emergency plan and preposition supplies in case of outbreak as outlined in this proposal and in line with cluster objectives.

GOAL retains a strong relationship with local authorities in all areas of operation, building the capacity of government health workers through ongoing training and support. This relationship allows GOAL continue to gain access to remote and frequently conflicted areas, delivering support to isolated communities. GOAL was able to continue nearly uninterrupted care in throughout 2015 despite shelling in Melut, and intend to continue and increase this level of community engagement and dedication throughout 2016.

All planned investment under this grant is in line with cluster objectives, prioritising emergency response and access to consistent medical supplies. GOAL's health and nutrition teams are highly integrated to provide value for money as well as increasing quality of service provision.

5. Complementarity

GOAL is providing integrated primary health care services. Health, nutrition, and WASH needs of the IDPs and host communities where GOAL is working are addressed in an integrated manner thereby ensuring that there is complementarity of its different sectors in field locations, through the referral of patients from nutrition programmes into health facilities, and vice versa. Staff and equipment, particularly mobile clinics, are shared between health and nutrition programmes to ensure maximum use of resources.

LOGICAL FRAMEWORK

Overall project objective

This project aims to complement GOAL's lifesaving and humanitarian support in the existing health facilities across UNS, AAA and Warrap, in line with cluster priorities through the provision of adequate emergency response capacity, transport and supply of inputs, strengthening of health facilities capacity and increased monitoring and surveillance

HEALTH

| Cluster objectives | Strategic Response Plan (SRP) objectives | Percentage of activities |
|---|---|--------------------------|
| CO1: Improve access, and scale-up responsiveness to, essential emergency health care, including addressing the major causes of mortality among U5C (malaria, diarrhea and Pneumonia), emergency obstetric care and neonate services in conflict affected and vulnerable populations | HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity | 55 |
| CO2: Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable populations | HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity | 45 |

Contribution to Cluster/Sector Objectives : This grant will directly contribute to cluster objective 1 through reaching and addressing the needs of IDP's, returnees and host population through emergency response and provision of life saving quality primary health care services. GOAL's focus on prepositioning of supplies will address shortages and stock outs of essential medicines. GOAL's focus on strengthening outreach programs will increase service coverage while the consolidation of stationary services through training, supervision, and increased inputs will increase the quality of service delivery.

GOAL targets cluster objective 2 through addressing acute and life threatening needs in the conflict affected counties of Upper Nile State and counties affected by malaria outbreaks in Twic and Abyei Administrative areas. The proposal aims will also focus on preventing, detecting and responding to occurrence of any outbreak through timely assessment, mobilization and case management. GOAL is also increasing cold chain availability and coverage, allowing for increased ability to respond to and treat outbreaks of disease, as well as preventing such outbreaks through immunization programs.

Outcome 1

Increase access to basic and lifesaving emergency health services to the population affected by conflict, displacement and outbreaks of diseases through static and mobile health services

Output 1.1

Description

Run and maintain functional health facilities in conflict -affected and other vulnerable states

Assumptions & Risks

Assumptions
 Conflict does not force evacuation from areas of operation
 Access to the affected population is granted by the local authorities
 Natural shocks will not impede programme implementation
 Risks
 Inflation will continue to devalue the SSP, driving up the price of supplies

Activities

Activity 1.1.1

Provide emergency health services through quality screening, case management and referral

Activity 1.1.2

Conduct health education and community mobilization to improve uptake of RH services

Activity 1.1.3

Ensure functionality of health facilities in conflict affected and vulnerable states

Activity 1.1.4

Procure and supply basic medical equipment to enhance case management and quality of emergency health services

Activity 1.1.5

Ensure availability of RH commodities and equipments in the health facilities

Activity 1.1.6

Ensure all deliveries in the facilities are attended by CO, nurse or midwife

Activity 1.1.7

Procure and distribute drugs and medical supplies to the health facilities

Activity 1.1.8

Conduct routine supportive supervision and stock monitoring of medical supplies

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|---|---------|--|-------------------------|-------|------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.1.1 | HEALTH | Frontline # Number of functional health facilities in conflict -affected and other vulnerable states | | | | | 56 |
| Means of Verification : Routine Monthly Report and DHIS | | | | | | | |
| Indicator 1.1.2 | HEALTH | Frontline # Number of deliveries attended by skilled birth attendants in conflict-affected and other vulnerable states | | 401 | | | 401 |
| Means of Verification : Routine Monthly Reporting and DHIS | | | | | | | |
| Indicator 1.1.3 | HEALTH | Number of outpatient consultation in conflict affected and vulnerable states | | | | | 64,782 |

Means of Verification : Routine monthly report and DHIS

Output 1.2

Description

Prevent detect and respond to disease outbreaks through appropriate emergency preparedness and response strategy

Assumptions & Risks

Assumptions
 GOAL is not forced to evacuate area due to increased conflict
 -Communities remain within areas of operation and are not displaced due to conflict
 - No natural shocks occur during project lifespan

Risks
 -Insecurity may cause short-term evacuations of staff, particularly in Ulang and Maiwut
 -In Agok, tensions could become violent and threaten GOAL's areas of operation

Activities

Activity 1.2.1

Ensure active surveillance of vaccine preventable and other communicable diseases

Activity 1.2.2

Conduct assessment using standard check-list for outbreaks

Activity 1.2.3

Participate in the inter agency assessment during existence of outbreaks

Activity 1.2.4

Enhance prevention, detection and case management through repositioning of supplies

Activity 1.2.5

Develop emergency preparedness and response plan for each counties

Activity 1.2.6

Strengthen the routine and active surveillance through IDSR and EWARN reporting

Activity 1.2.7

Preposition Cholera kit in each counties

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|-----------------|---------|---|-------------------------|-------|------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.2.1 | HEALTH | (Frontline services): proportion of epidemic prone disease alerts verified and responded to within 48 hours | | | | | 100 |

Means of Verification : Outbreak Assessment and Verification Reports

Output 1.3

Description

Strengthen immunization coverage through cold chain and increasing access to services

Assumptions & Risks

Assumptions

GOAL is not forced to evacuate area due to increased conflict
 Communities remain within areas of operation and are not displaced due to conflict
 -In Maiwut and Ulang, air travel will be unpredictable in the rainy season due to once-weekly flights and reliance on dirt airstrips
 -- Supplies and cold chain remain available from UNICEF

Risks

-Insecurity may cause short-term evacuations of staff, particularly in Ulang and Maiwut
 -In Agok, tensions could become violent and threaten GOAL's areas of operation
 -Renewed fighting in operational areas or neighboring States could cause influx of IDPs and increase demand for services

Activities

Activity 1.3.1

Support the transportation of vaccines and cold chain items from Juba to conflict affected and vulnerable states

Activity 1.3.2

Support the routine cold chain maintenance and monitor the availability of cold chain in the conflict affected and vulnerable states

Activity 1.3.3

Conduct immunization campaign among the IDP's and returnees

Activity 1.3.4

Support the development of micro plan for immunization

Activity 1.3.5

Conduct catch up immunization campaign on regular basis during the dry seasons

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|-----------------|---------|--|-------------------------|-------|-------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.3.1 | HEALTH | Frontline # of children 6 to 59 months receiving measles vaccinations in emergency or returnee situation | | | 3,003 | 3,126 | 6,129 |

Means of Verification :

| | | | | | | | |
|-----------------|--------|---|--|--|-----|-----|-------|
| Indicator 1.3.2 | HEALTH | Frontline # of children with 3 doses of pentavalent vaccine | | | 571 | 594 | 1,165 |
|-----------------|--------|---|--|--|-----|-----|-------|

Means of Verification :**Additional Targets :****M & R****Monitoring & Reporting plan**

GOAL will utilise a comprehensive set of monitoring tools and databases providing quantitative and qualitative data on health activities on a regular basis. Weekly and monthly reports are prepared at each health facility on implementation progress, and monthly data from on services provided by each supported facility is fed back to the cluster to ensure the sharing of results for a cohesive health strategy across south sudan. Annual surveys and assessments will take place, such as the MICS in Abyei and Twic to analyse impact on the health of populations as well as

Workplan

| Activitydescription | Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|------|---|---|---|---|---|---|---|---|---|----|----|----|
| Activity 1.1.1: Provide emergency health services through quality screening, case management and referral | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.1.2: Conduct health education and community mobilization to improve uptake of RH services | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.1.3: Ensure functionality of health facilities in conflict affected and vulnerable states | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.1.4: Procure and supply basic medical equipment to enhance case management and quality of emergency health services | 2016 | X | X | X | | | | | | | | | |
| Activity 1.1.5: Ensure availability of RH commodities and equipments in the health facilities | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.1.6: Ensure all deliveries in the facilities are attended by CO, nurse or midwife | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.1.7: Procure and distribute drugs and medical supplies to the health facilities | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.1.8: Conduct routine supportive supervision and stock monitoring of medical supplies | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.2.1: Ensure active surveillance of vaccine preventable and other communicable diseases | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.2.2: Conduct assessment using standard check-list for outbreaks | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.2.3: Participate in the inter agency assessment during existence of outbreaks | 2016 | | | | | | | | | | | | |
| Activity 1.2.4: Enhance prevention, detection and case management through prepositioning of supplies | 2016 | X | X | X | | | | | | | | | |
| Activity 1.2.5: Develop emergency preparedness and response plan for each counties | 2016 | X | X | X | | | | | | | | | |
| Activity 1.2.6: Strengthen the routine and active surveillance through IDSR and EWARD reporting | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.2.7: Preposition Cholera kit in each counties | 2016 | X | X | X | | | | | | | | | |
| Activity 1.3.1: Support the transportation of vaccines and cold chain items from Juba to conflict affected and vulnerable states | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.3.2: Support the routine cold chain maintenance and monitor the availability of cold chain in the conflict affected and vulnerable states | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.3.3: Conduct immunization campaign among the IDP's and returnees | 2016 | X | X | X | X | X | X | | | | | | |
| Activity 1.3.4: Support the development of micro plan for immunization | 2016 | X | X | X | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|------|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Activity 1.3.5: Conduct catch up immunization campaign on regular basis during the dry seasons | 2016 | X | X | X | | | | | | | | | | | | | | | |
|--|------|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

OTHER INFO

Accountability to Affected Populations

Once funding has been secured for this intervention, GOAL will organize consultations with the local RRC, Payam Administrators and Community Leaders outlining the aims, objectives, activities, expected results, funding level and beneficiary selection criteria for each intervention. In terms of curative health, each health facility has a Boma Health Committee (BHC) in place which is comprised of community leaders and representatives. Through this committee, patients of clinics raise complaints and provide suggestions for improvement of services. Meetings between the BHCs and the Head of Clinic are held on a monthly basis and minutes are taken to reference developments that have and have not taken place in the intervening period. GOAL senior management team in the field will also conduct periodic community consultation to assess their level of satisfaction on service delivery and reach. GOAL senior management team from Juba will also conduct project monitoring on a quarterly basis to assess progress and quality of service delivery which should be in line with humanitarian principle and international standards like Sphere and HAP

Implementation Plan

GOAL will continue to source pipeline goods from WHO and UNICEF for drugs, supplies and medical equipment, looking into other options for procurement until supplies are delivered at implementation sites, to ensure no disruption in supply chain. Continuity of emergency health services and uninterrupted provision of medical supplies is essential to successful delivery of primary healthcare in emergency and conflict-affected settings. GOAL will continue to function as health cluster lead in all UNS target counties and remain an active member of the health cluster at national level. GOAL coordinates closely with the cluster to ensure quality primary health care delivery. GOAL will also continue to coordinate with the Ministry of Health at county level, helping capacity building to ensure sustainability of health care delivery. GOAL will ensure implementation of a cohesive merging of curative and preventative services in health facilities and through outreach, to reduce need for services and increase quality of health facility service when needed. Immunization activities will be planned on order to gain maximum coverage of target areas, to reduce risk of epidemic, utilizing ice buckets in areas far from health facility cold chains. Emergency plans and prepositioned kits will be inserted in all programme activities to ensure GOAL is ready and able to respond within 48 hours to outbreak. GOAL's reproductive health programming will include community engagement to encourage utilization of health facilities and skilled birth attendants. GOAL ensures that stationary, mobile and emergency health facilities and outreach programmes are staffed by well trained, professional individuals in line with the BPHNS for basic health units.

Coordination with other Organizations in project area

| Name of the organization | Areas/activities of collaboration and rationale |
|--------------------------|---|
| | |

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

GOAL focuses on gender mainstreaming at all stages of programme planning and design, gender. GOAL's health facilities target the needs of the entire community, allowing equitable use to both sexes. GOAL also provide services that address the specific needs of women and girls, cognisant of the levels of neonatal and maternal mortality. These include ANC and PNC services as well as expanding the coverage of skilled birth attendants and delivery clinics. PLW are included in TSFP programming, under nutrition, and GOAL's health and nutrition teams conduct defaulter training to ensure programme completion.

Protection Mainstreaming

Country Specific Information

Safety and Security

The security situation in South Sudan in the context of humanitarian operations has vastly changed since December 2013. Currently, the circle of violence seems to slow its pace in known conflict areas, yet with violence emerging in new, previously peaceful regions. After signing peace deal at the end of August 2015 between the Government and the Opposition, the lasting and sustainable peace process is very much hoped for.

Since 2013 the country has experienced waves of active military conflict that has exasperated existing tensions resulting from militia attacks, violent crime, ethnic divisions, cattle raidings, power struggles, humanitarian need, and an endemic lack of infrastructure. Some areas of South Sudan have been affected more than others. GOAL operates in three geographic zones, and the security constraints to its programming therefore differ.

The major security constraints to programming in Agok are due to: inter-community tensions; extraneous threats from Sudan and South Sudan; and the programme proximity to the potential conflict areas. Tensions between the indigenous Ngok Dinka and the nomadic, pastoralist Misseriya which have previously resulted in casualty-heavy tit-for-tat raids, remain with UN monitoring the security situation and maintaining peace in the area.

The threat for these sort of community attacks usually starts at the end of the rainy season, which have this year commenced earlier due to lack of rains. Shorter rainy season pushes Misseriya earlier further south towards Ngok Dink areas. Abyei, as an anomaly in the Sudan-South Sudan context, also has the ever-present risk of open conflict between the Sudan and South Sudan, as the two countries jostle for control of oil interests and grazing grounds. Invasions by Sudan Armed Forces (SAF) have occurred twice since 2007.

Lastly, Agok is located close to the border of Warrap and Unity States of South Sudan, which brings GOAL teams into potential contact with armed actors on the frontline who can be aggressive. Many internally displaced persons (IDPs) have come to Agok as a result of fighting in Unity State. Additionally, people have fled cattle-raiding induced inter-communal violence in Warrap State. This brings its own problems of tensions within local community that GOAL could be intertwined in.

In Upper Nile State, large areas that GOAL operate in are under Opposition control. In Ulang tensions between the populations are usually limited to clan fighting or court cases. From February to June, pastoralists from Jongelei State move from the areas of Waat and Lankien with their cattle to graze on the western side of the Sobat in Ulang Counties. This causes extra pressure on limited resources and increases tensions within Ulang.

There is poor discipline amongst most soldiers in South Sudan, and there is a threat that some will take opportunities from INGOs, from carjacking to accidental ambush. In the past Sudan has bombarded areas close to the GOAL bases in order to block the SPLA getting to Abyei. Crime in Twic varies from petty to well organized acts, and can involve armed perpetrators. There is also a precedent for violent threats to international staff from disgruntled former employees

Access

Although insecurity in UNS sometimes causes restricted access, GOALs long history in programme areas, as well as use of mobile clinics allows access to remote and displaced populations. Currently GOAL has no direct access to Baliet County, due to insecurities.

BUDGET

| Code | Budget Line Description | D / S | Quantity | Unit cost | Duration Recurrence | % charged to CHF | Total Cost |
|---|---|-------|----------|-----------|---------------------|------------------|-------------------|
| Staff and Other Personnel Costs | | | | | | | |
| 1.1 | Field Direct staff | D | 89 | 753.24 | 6 | 7% | 27,592.99 |
| | <i>National and national Relocatable direct staff for Agok, Maiwut, Melut/Baliet, Ulang and Twic</i> | | | | | | |
| 1.2 | Field Support staff | D | 94 | 587.94 | 6 | 7% | 22,482.36 |
| | <i>National and National Relocatable field support staff</i> | | | | | | |
| 1.3 | Juba Support staff | S | 35 | 912.98 | 6 | 4% | 7,669.03 |
| | <i>National and Relocatable</i> | | | | | | |
| 1.4 | Field International Staff | D | 12 | 5,273.10 | 6 | 5% | 19,097.06 |
| | <i>Direct Field based international staff</i> | | | | | | |
| 1.5 | Juba International Staff | S | 21 | 7,047.69 | 6 | 3% | 30,103.50 |
| | <i>Juba based International support staff</i> | | | | | | |
| 1.6 | Juba Direct Staff National and Relocatable | D | 2 | 2,952.00 | 6 | 5% | 1,771.20 |
| | <i>Juba based National staff</i> | | | | | | |
| | Section Total | | | | | | 108,716.14 |
| Supplies, Commodities, Materials | | | | | | | |
| 2.1 | Drugs | D | 9571.5 | 1.40 | 6 | 100% | 80,400.60 |
| | <i>Procurement of drugs for the facilities in Agok(AAA), Twic (Warrap state), Ulang, Melut, and Maiwut in Upper Nile state</i> | | | | | | |
| 2.2 | Medical supplies | D | 2770 | 0.64 | 6 | 100% | 10,636.80 |
| | <i>Procurement of medical supplies for the facilities in Agok(AAA), Twic (Warrap state), Ulang, Melut, and Maiwut in Upper Nile state</i> | | | | | | |
| 2.3 | EPI | D | 20 | 81.36 | 6 | 100% | 9,763.20 |

| | | | | | | | |
|-----------------------------|---|---|-----------|-----------|---|------|-------------------|
| | <i>Direct support of Expanded Program of Immunization in Agok, Twic, Ulang, Maiwut and Melut/Baliet</i> | | | | | | |
| 2.4 | Transport of Material | D | 3 | 6,500.00 | 1 | 100% | 19,500.00 |
| | <i>Flight cost for transporting drugs and medical supplies to Ulang, Maiwut and Melut/Baliet (Upper Nile state)</i> | | | | | | |
| 2.5 | Transport of Material | D | 4 | 1,800.00 | 1 | 100% | 7,200.00 |
| | <i>Road transport cost for delivering Drugs and medical supplies to facilities in Twic, Agok, and Melut.</i> | | | | | | |
| | Section Total | | | | | | 127,500.60 |
| Equipment | | | | | | | |
| 3.1 | Computer Equipments | S | 4 | 606.14 | 1 | 100% | 2,424.56 |
| | <i>Procurement of staff laptops</i> | | | | | | |
| 3.2 | Communication Equipment | S | 1 | 533.18 | 1 | 100% | 533.18 |
| | <i>Office telephone and call charges incurred to facilitate program implementation</i> | | | | | | |
| | Section Total | | | | | | 2,957.74 |
| Travel | | | | | | | |
| 5.1 | Passenger Flights Field Staff | D | 10 | 400.00 | 1 | 100% | 4,000.00 |
| | <i>flight cost for the field staff to Melut, Agok, Maiwut, Ulang and Twic</i> | | | | | | |
| 5.2 | Field Vehicle Costs | D | 1 | 48,197.00 | 6 | 4% | 10,641.90 |
| | <i>Cost for hiring vehicles for transporting staff and medical supplies to various filed health facilities</i> | | | | | | |
| 5.3 | Vehicle Costs for Juba | S | 1 | 9,830.00 | 6 | 3% | 1,769.40 |
| | <i>Cost for fueling office vehicles in Juba</i> | | | | | | |
| 5.4 | Field Admin costs | D | 1 | 49,604.00 | 6 | 4% | 11,785.91 |
| | <i>Direct cost for field administration</i> | | | | | | |
| 5.5 | Admin costs for Juba | S | 1 | 40,012.00 | 6 | 3% | 7,202.16 |
| | <i>Administrative support cost from Juba</i> | | | | | | |
| 5.6 | Solar Fridge Maintenance | D | 1 | 833.33 | 6 | 100% | 4,999.98 |
| | <i>Direct cost for repair and maintenance of Cold chain for the storage of vaccines.</i> | | | | | | |
| 5.7 | Monitoring and Evaluation | D | 2 | 400.00 | 1 | 100% | 800.00 |
| | <i>Direct flight cost for M & E officer to support program field staff on reports and surveillance</i> | | | | | | |
| | Section Total | | | | | | 41,199.35 |
| SubTotal | | | 12,643.50 | | | | 280,373.83 |
| Direct | | | | | | | 230,672.00 |
| Support | | | | | | | 49,701.83 |
| PSC Cost | | | | | | | |
| PSC Cost Percent | | | | | | | 7% |
| PSC Amount | | | | | | | 19,626.17 |
| Total Cost | | | | | | | 300,000.00 |
| Grand Total CHF Cost | | | | | | | 300,000.00 |

| Project Locations | | | | | | | |
|----------------------|--|---|-------|------|-------|-------|---------------|
| Location | Estimated percentage of budget for each location | Estimated number of beneficiaries for each location | | | | | Activity Name |
| | | Men | Women | Boys | Girls | Total | |
| Upper Nile -> Maiwut | 25 | | | | | | |
| Upper Nile -> Melut | 20 | | | | | | |
| Upper Nile -> Ulang | 25 | | | | | | |
| Warrap | 15 | | | | | | |
| Warrap -> Twic | 15 | | | | | | |

| Documents | |
|------------------------------|--|
| Category Name | Document Description |
| Project Supporting Documents | 201502 Agok MICS Final Report.pdf |
| Project Supporting Documents | FINAL REPORT.docx |
| Project Supporting Documents | CHF 2016 RI Medical Supplies and Equipment List.xlsx |