

South Sudan 2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat chfsouthsudan@un.org

SECTION I:

CAP Cluster	NUTRITION CLUSTER
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CHF Cluster Priorities for 2013 First Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2013.

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<p>Cluster priority activities for the first round standard allocation are:</p> <p>a) the integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups;</p> <p>b) the prevention of malnutrition in pregnant and lactating women and children under five through micronutrient supplementation, the provision of supplementary foods, support of infant and young child feeding, and health and nutrition education;</p> <p>c) procurement and management of key pipelines to enable priority a) and b)</p> <p>d) capacity building of health workers, partners, key community members and community organisations to enable emergency response, treatment and prevention activities; and</p> <p>e) if required, emergency preparedness and response activities.</p>	<p>Cluster geographic priorities for the first round standard allocation are:</p> <p>a) Jonglei (Pibor, Akobo)</p> <p>b) Upper Nile (host communities around Maban, Renk)</p> <p>c) Unity (likely northern counties but also in the south such as in Mayendit county)</p> <p>d) Northern Bahr el Ghazal (all counties)</p> <p>e) Warrap (Twic, Tonj East)</p> <p>f) High risk spots of Western Bahr el Ghazal, Eastern Equatoria and Lakes.</p>

Project details
The sections from this point onwards are to be filled by the organization requesting CHF funding.

Requesting Organization	Project Location(s) (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)		
GOAL	State	%	County
Project CAP Code	Upper Nile State	25%	Ulang County
SSD-13/H/55063/7790	Upper Nile State	25%	Baliet County
CAP Project Title (please write exact name as in the CAP)	Warrap State	25%	Twic County
Improving nutritional status of children and pregnant and lactating women through treatment and empowerment of communities in Twic County and Agok, Warrap State and Baliet, Ulang and Maban Counties in Upper Nile State	Warrap State	25%	Agok

Total Project Budget requested in the in South Sudan CAP	US\$ 712,191	Funding requested from CHF for this project proposal	US\$330,000
Total funding secured for the CAP project (to date)	US\$ 207,290	Are some activities in this project proposal co-funded?	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)			

Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)			Indirect Beneficiaries		
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP	64,586 ¹		
Women:	5,368	13,390	Catchment Population (if applicable) Total catchment population: 410,482		
Girls:	464	1,084			
Men:	5,135	12,995			
Boys:	446	1,050			
Total:	11,413	28,519			

¹ Includes beneficiaries for IYCF messaging plus the beneficiary number for NIPP circles, multiplied by the average household number.

CHF beneficiary breakdown		
Women	P&LW	769
	Trainees	87
	Beneficiaries of IYCF promotion	5,281
	Other vulnerable	0
Men	Trainees	46
	Beneficiaries of IYCF promotion	5,089
	Other - vulnerable	0
Children U5 Yrs	SAM	911
	MAM	382
	BSFP	0
	Micronutrient supplementation	0
	Deworming	911

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)
N/A

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Indicate number of months: 6 (April – September)
1 st April- ideal start date

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SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population²

Nutrition indicators in Twic County, Agok Ulang County and Baliet County reflect a concerning situation. The 2011 conflict in Abyei, displaced an estimated 105,000 people to Agok and neighbouring Twic. 40,000 of these are expected to return by June 2013³. Twic County received over 80,000 displaced people during the crisis, with severe disruption to livelihoods and food security. Local populations have also been negatively affected by seasonal flooding (Sobat and Twic) and periodic insecurity in Jonglei State, resulting in IDPs fleeing to Baliet and Ulang during 2011 and 2012. External support is essential to ensure provision of basic lifesaving health services and maintenance of emergency response capacity to support unpredictable nutrition needs.

In GOAL's 2012 MICS surveys⁴, GAM rates had increased from 24.9% to 32.0% (35.3% boys and 28.2% girls) and SAM from 6.2% to 7.5% (7.4% boys and 7.5% girls) in Twic, and from 16.5% to 20.6% (22.6% boys and 18.8% girls) GAM and 2.4% to 2.5% (3.3% boys and 1.8% girls) SAM in Agok (WHO Ref.) In the Sobat area, GOAL saw overall increases in malnutrition from 26.6% GAM and 5.2% SAM, with 32.4% (35.2% boys and 29.4% girls) GAM and 11.6% (12.6% boys and 10.6% girls) SAM reported in Ulang County and 30.0% (38.5% boys and 22.7% girls) GAM and 9.1% (12.0% boys and 6.7% girls) SAM in Baliet County. GAM rates significantly exceed, and in some cases, are double, the emergency threshold of 15%⁵. Causal analyses in 2011 highlighted that all of the underlying causes of malnutrition (household hygiene and sanitation, care practices and food security) in addition to morbidity are evident in GOAL's areas of operation. Malnutrition underlies a large proportion of the unacceptably high levels of child morbidity and mortality in Twic, Agok, Ulang and Baliet, where U5 mortality rates were estimated at 1.22, 1.02, 0.94 and 0.75 (deaths per 10,000 per day) respectively. A causal assessment undertaken in Sobat⁶ reported women are responsible for cooking within the household, however men control household income. The inclusion of men in Nutrition Impact and Positive Practice (NIPP) circles is therefore necessary to promote male understanding of why diverse foodstuffs should be bought or grown, to improve children's nutritional status.

Food security in GOAL's operational areas remains low; GOAL's 2012 MICS assessments found 60.4% of households in Agok spent 50% or more of household income on food. 45.1% of households in Twic reported reductions in the number of meals per day as a coping mechanism for high food prices. In Baliet and Ulang, 78.0% of respondents reported times in the last 30 days when they had insufficient food, with 63% turning to families and friends for support. This is a common coping strategy within host communities but leads to reduced store reserves for the pre-harvest lean season. .

The current county capacity remains limited necessitating continued external support within the framework of a realistic exit strategy. GOAL works with the county health department in assessing, planning and implementing activities, including in emergency responses.

B. Grant Request Justification

Briefly describe (in no more than 500 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

Notes –

In this section please ensure you highlight how activities covered under CHF are critical life-saving activities and explain why they are time critical.

Given there are two standard allocations for 2013, grant requests should focus on activities that will be implemented during the 6 month period from March to September. For funding requests for activities that exceed this timeframe (e.g. projects that extend to 12 months) please provide a strong justification here.

In collaboration with the Ministry of Health (MoH) in 2013, GOAL will support 15 OTP facilities in (4 in Baliet, 4 in Ulang, 3 in Twic and 4 in Agok) for a catchment covering 410,482 people, with a focus on supporting pregnant and lactating women (PLW) and children under the age of five years. In addition OTP services will be considered for any facilities within GOAL's counties of operation that do not currently offer SAM treatment (potentially 2 additional OTPs in Twic and 4 additional OTPs in Agok) if future funding can be secured. By expanding the community-based element of GOAL's nutrition programming vulnerable groups in hard to reach communities will be targeted, especially as the new health pooled funding model does not include any community-based programming or nutrition outreach. OTP services will be available to ensure mothers can access them at a time appropriate to their daily workload to ensure the SAM case receives the treatment he/she requires. The outreach component of the Community-Based Management of Acute Malnutrition (CMAM) will ensure screening in communities occurs and referrals to the OTP services and NIPP circles are made as required, thus improving access to services. CHF funding will be used to ensure that GOAL is able to provide nutrition services and to fill a substantial proportion of GOAL's existing funding gap of \$504,901. GOAL's nutrition funding is only partially supported by DG ECHO and OFDA in Twic and Agok, and Irish Aid in all sites, in addition to donations in kind (DIK) from UNICEF for the supply of Plumpy Nut, and supplies for the implementation of BSFP in emergency situations where requested (from appropriate humanitarian partners).

GOAL is severely concerned about the minimal funding proposed in the new health pooled funding mechanisms for nutrition programming. Funding secured for health services in Ulang and Baliet counties, from the World Bank, together with funding expected from Health Pooled Fund (HPF) only support nutrition education in clinics. Without CHF funding, ensuring OTP services in all PHC facilities in Sobat and Twic, in line with the BPHS, will not be possible even though nutrition indicators in Sobat appear to be deteriorating. As the pre-harvest season and hunger gap period looms, with acute malnutrition peaking between April and June, it is

² To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

³ Abyei Dry Season Assistance Plan: 11th December 2012 – UNOCHA.

⁴ GOAL's Multi-Indicator Cluster Surveys; Twic (April 2012), Agok (January 2012) and Sobat (September 2012

⁵ As per (WHO threshold),

⁶ Report of a Causal Assessment, GOAL South Sudan, Baliet and Ulang Counties, Upper Nile State, June 6th-18th 2011.

particularly pertinent that essential interventions to treat and prevent malnutrition are strengthened, *not* interrupted. Emergency donors such as OFDA and ECHO, although becoming more favourable to innovative approaches to the management of moderate malnutrition, are now looking to integrate Nutrition with agricultural interventions, which is a more preventative rather than curative action. Given the vulnerability of populations in all GOAL's operational areas for crises, the capacity for the treatment as well as prevention of malnutrition is essential.

CHF funding will support nutrition staff in GOAL supported health facilities, to facilitate transport and supervision by nutrition programme managers and the technical coordinators. Training costs for staff will also be supported through CHF funds, in addition to the inclusion of MoH nutrition staff in trainings and workshops. CHF funding would also support the continuation and strengthening of community-based interventions such as NIPP circles. Lastly, CHF will fund GOAL to act as the Nutrition State Focal point for Upper Nile State. Without CHF funding, GOAL will be unable to fulfill this important nutrition coordination role.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

In line with the first cluster priority on 'the integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups', GOAL aims to address malnutrition through elements of the Community-Based Management of Acute Malnutrition (CMAM) approach. Diagnosis and referral of malnourished children will be ongoing through the Growth Monitoring Programme at clinics and in the community during outreach activities such as EPI and Community Health programmes. Since 2012, GOAL has been screening PLW for acute malnutrition at ANC visits. GOAL will continue to support Outpatient Therapeutic Programmes (OTPs) to address SAM in children 6-59 months, and will continue to work in partnership with other agencies to ensure gaps in OTP service provision are covered. GOAL will ensure all key clinic staff are trained in the Integrated Management of Severe Acute Malnutrition (IMSAM) to ensure SAM is identified and treated in line with the GoSS MoH guidelines and Sphere standards. Secondly, volunteers and staff will be trained on screening and referral to ensure community mobilisation is effective. Children 6-59 months with Moderate Acute Malnutrition (MAM) will be admitted to GOAL's Nutrition Impact and Positive Practice (NIPP) circles, which aim to address malnutrition through long-term behaviour change through a sustainable approach which emphasises community ownership. Acutely malnourished PLW will also be identified and admitted to NIPP circles.

The innovative NIPP circle activity described above will also address the second cluster priority on 'the prevention of malnutrition in pregnant and lactating women and children under five through micronutrient supplementation, the provision of supplementary foods, support of infant and young child feeding, and health and nutrition education'. GOAL's longstanding presence in South Sudan has resulted in an in-depth understanding of the needs and context of programme areas, and the NIPP circle approach has been designed specifically for South Sudan and Sudan with NIPP circles to be supported in all sites. All GOAL clinic staff and volunteers will also be trained on Infant and Young Child Feeding (IYCF). All appropriate clinic activities, including the Growth Monitoring Promotion (GMP), Post Natal Care (PNC), OTP and health education, will include appropriate messaging on IYCF, with particular attention being paid to exclusive breastfeeding and complementary feeding. Vitamin A will also be given by GOAL to all Expanded Programme on Immunisation (EPI) and OTP beneficiaries, according to GoSS MoH guidelines.

In line with the fourth nutrition cluster priority on 'capacity building of health workers, partners, key community members and community organisations to enable emergency response, treatment and prevention activities' GOAL employs two national nutritionists at Juba level to support GOAL nutrition activities and support training of all GOAL health workers and nutrition workers. Annual training plans are drawn up and include IMSAM and IYCF training and appropriate members of the County Health Department (CHD) and State MoH are encouraged to attend. GOAL also has an MoU with a local Community Based Organisation (CBO) 'SMART' in Twic County, which GOAL will continue to train to promote good nutrition practices through the NIPP circles. GOAL will also continue to explore further options for partnerships with other suitable CBOs in 2013.

Lastly in relation to the fifth priority for the nutrition cluster on 'emergency preparedness and response activities', GOAL has demonstrated nutrition emergency response capacity, having responded to large scale displacement following the Abyei conflict in May 2011; refugees in Maban County in Upper Nile State; and to IDPs in Baliet County in Upper Nile State displaced by conflict in Pibor (Jonglei) in December 2011 and January 2012. In addition GOAL was one of the first actors on the ground during the refugee influx in Maban County in 2011 and 2012 and remains a key nutrition actor, operating BSFP and TSFP programmes in Batil camp as well as community mobilisation. In each programme location, GOAL carried out Nutrition Rapid Assessments and established mobile OTPs, static OTPs in static clinics and Blanket Supplementary Feeding Programmes (BSFP) as required. Continued staff training will be supported through a nutrition component within a Public Health in Complex Emergencies (PHCE) training which is being rolled out with other donor funding across Agok and Twic in 2013 (training completed in Sobat in 2012).

ii) Project Objective

State the objective/s of this CHF project will achieve. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To provide services for treatment of severe acute malnutrition in children under 5 years, and provide services for prevention of undernutrition in children under 5 years and pregnant/ lactating women.

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

Activity	Location	Beneficiaries
Treatment of SAM without medical complications in children under five years through OTP	Twic (Akoc, Akak, Majak Pagai)	328 (160 male, 168 female)
	Agok (Ganga, Awal, Wunchei, Abyei mobile clinic)	168 (82 male, 86 female)

	Baliet (Baliet, Adong, Abwong and Galashol)	150 (73 male, 77 female)
	Ulang (Ulang, Doma, Ying and Yomding)	265 (130 male, 135 female)
Prevention of moderate and severe acute malnutrition through 38 Nutrition Impact and Positive Practice (NIPP) Circles, admitting on average 10 female and 10 male beneficiaries per circle, with cookery demonstrations, health/ nutrition education and microgardening	Twic	15 circles, 300 beneficiaries (150 female, 150 male)
	Agok	10 circles, 200 beneficiaries (100 female, 100 male)
	Baliet	8 circles, 160 beneficiaries (80 female, 80 male)
	Ulang	5 circles, 100 beneficiaries (50 female, 50 male)
Prevention of malnutrition in children under 2 years of age through appropriate Infant and Young Child Feeding (IYCF) education and support to both men and women, including the cooking of a high-energy porridge for consumption by children under 5 and pregnant/lactating women as vulnerable groups.	Twic	4,404 (2,158 male, 2,246 female)
	Agok	2,002 (981 male, 1,021 female)
	Baliet	1,602 (785 male, 817 female)
	Ulang	1,602 (785 male, 817 female)
Training of 133 health workers (61 in Twic County, 26 in Agok, 23 in Baliet County and 23 in Ulang County) plus appropriate County Health Department (CHD) and State MoH staff in: <ul style="list-style-type: none"> • Out patient treatment of SAM protocols in line with GoSS national guidelines • IYCF • Screening and referral 	Twic	61 (15 male, 46 female)
	Agok	26 (19 male, 7 female)
	Baliet	23 (6 male, 17 female)
	Ulang	23 (6 male, 17 female)
Carry out 4 anthropometric, morbidity and mortality surveys	Twic County and Agok in Warrap State, and in Baliet and Ulang Counties in Upper Nile State.	N/A
GOAL will maintain capacity to undertake blanket supplementary feeding and mobile OTPs should there be further large scale population displacement over 2013.	Twic County and Agok in Warrap State, and in Baliet and Ulang Counties in Upper Nile State.	Dependent on scale of displacement

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

HIV

The response to the HIV pandemic in South Sudan is still at an early stage with very low levels of understanding and low access to treatment and counseling services. HIV prevention is generally limited to information provision and condom distribution. GOAL's strategy has generally mirrored this and has focused on awareness raising and the free availability of condoms for staff in GOAL compounds and the demonstration of their correct use in GOAL-supported facilities. In 2010, GOAL received a technical support visit from the HIV Advisor who was able to look at the current programme and advise on improvement. There is scope for GOAL to work to engage with the MoH on integrating HIV services into PHC including nutrition programming, where possible and appropriate. In 2012, in collaboration with the CHD and State MoH, GOAL has been able to establish its first functional, Voluntary Counselling and Testing (VCT) service in Upper Nile State at Baliet PHCC, with referrals made to Malakal Teaching hospital into Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS and ARV therapy programmes, if required. Pregnant and lactating women and their spouses are encouraged to opt for HIV testing with post-test counseling and referral provided for those with positive results. Although, low community awareness on HIV transmission and strong cultural attitudes persist against testing: this is a positive step forward in the detection and treatment management of HIV and AIDS and can serve as a model for services to be rolled out across other GOAL sites.

Gender

Key developments in GOAL's gender strategy include a comprehensive gender audit in 2010 and the drafting of the GOAL South Sudan Country Gender Plan in 2011 following a visit from the Global Gender Advisor. Key actions to follow in 2013 include further training to Gender Focal Points (GFP's) at each field site to support all staff to integrate gender sensitivity into their work. Adapted Gender checklists will be circulated to all field teams in 2013 to provide specific guidance to each site and programme. GOAL will continue to seek to move beyond the conception of gender as ensuring men and women benefit equally, to ensuring that GOAL's activities are not maintaining existing gender inequalities, but are facilitating and encouraging women and men to redefine their gendered roles and inequalities, for the benefit of the whole communities. The gender plan puts in place specific guidelines to improve recruitment, retention and promotion of women. HR Officers of each site will be prioritised for training to enable them to support line managers to put these guidelines into practice. Furthermore, within clinics, GOAL is encouraging male staff members to learn to cook and lead cookery demonstrations to promote gender equality in job roles and knowledge of appropriate nutrition practices.

GOAL aims to improve well-being of women, girls, boys and men, through ensuring that women and men are consulted during

programme planning and implementation. Promoting gender equitable access to, and utilisation of, health services remains a key aim for GOAL South Sudan. An example of where GOAL is addressing gender directly through its health programming is with the aim of having 30% of key decision making roles given to women, for example in the management of Community Health Committees (CHCs), and equal numbers of boys and girls in School Health Clubs.

GOAL's supported health services are largely utilised by women and children. However, GOAL aims to improve well-being of women, girls, boys and men, through consultation with all groups during planning, for example through women- and men-only FGDs. GOAL recognises that gender inequality is a key factor in vulnerability to HIV, with mainstreaming of HIV activities incorporating gender-sensitivity training.

An example of where GOAL is addressing gender directly through its nutrition programming is through the NIPP Circles, where a circle is held for women and a separate circle is held for men, to ensure both groups are targeted for improved knowledge and education, thus facilitating more sustainable long-term behaviour change at the household level.

Environment

Organisationally, GOAL takes in to account environmental issues when planning programmes, and tries to ensure that activities do not cause avoidable adverse environmental impact. This includes appropriate disposal (burial, incineration) of clinic supplies, including drugs and used medical items complemented with training of staff on universal precautions. Initial environmental reviews are undertaken of all the hardware related WASH activities, a process which analyses the potential negative impacts of the project and sets mitigation measures and adequate monitoring systems to guard against them. GOAL also looks to utilize sustainable energy. A number of GOAL supported clinics hold solar-powered fridges to support cold chains storage. As well as being more practical in areas without electricity, these are more environmentally friendly than the use of fuel-powered generators. In addition GOAL promotes the use of fuel-efficient stoves in the NIPP circle activity, which are stoves made from locally available materials that conserve energy and thus save on the use of fuel over time.

Accountability to beneficiaries

At all stages of the programmed design and intervention GOAL works to engage communities and ensure that accountability standards can be met. Regular community and PHC staff meetings are held and contribute to GOAL's strategic planning approach, with the Community Health Committees taking a pivotal role. A network of Community Health and Nutrition Promoters, Home Health Promoters and Care Group volunteers ensure that there are open communication lines in place to hear feedback from beneficiaries and to discuss how to adapt programmes to best suit real needs.

v) Expected Result/s

Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.

- 15 OTPs operating treating 911 beneficiaries across all programme sites, including MUAC screening and referral from communities surrounding the GOAL PHC clinics.
- 38 Nutrition Impact and Positive Practice (NIPP) Circles for women and 38 NIPP Circles for men functional, admitting 380 women and 380 men respectively, with cookery demonstrations, health/ nutrition education and microgardening components operational.
- 9,610 beneficiaries receiving Infant and Young Child Feeding (IYCF) education, including demonstrating the cooking of a high-energy porridge to improve complementary feeding practices.
- 133 health workers trained, including appropriate County Health Department (CHD) and State MoH staff in outpatient treatment of SAM protocols in line with GoSS national guidelines, IYCF and screening and referral.
- 4 Multi-Indicator Cluster Surveys (MICS) completed.

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
x	1.	Total direct beneficiaries	Total direct beneficiaries: 11,413 Women: 5,368 Girls: 464 Men: 5,135 Boys:446
Treatment			
x	2.	Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM)	<ul style="list-style-type: none"> • Twic County, Warrap State: 3 sites (3 sites, 0 new) • Agok, Warrap State: 4 sites (2 sites, 2 new) • Baliet and Ulang Counties, Upper Nile State: 8 sites (8 sites, 0 new) •
	3.	Number of children (under 5) admitted for the treatment of SAM	<ul style="list-style-type: none"> • Twic County, Warrap State: 328 children (160 male, 167 female) • Agok, Warrap State: 168 children (82 male, 86 female) • Baliet County, Upper Nile State: 150 children (73 male, 76 female) • Ulang County, Upper Nile State: 265 children (130 male, 135 female)

x	4.	Quality of SAM program	<ul style="list-style-type: none"> Overall programme cure rate (> 75%, SPHERE standards) Overall programme defaulter rate (< 15%, SPHERE standards) Overall programme death rate (< 10%, SPHERE standards)
Prevention			
	5.	Nutrition Impact and Positive Practice (NIPP) circles to address acute malnutrition in a preventative way	<ul style="list-style-type: none"> Twic County, Warrap State: 15 circles, 300 beneficiaries Agok, Warrap State: 10 circles, 200 beneficiaries Baliet County, Upper Nile State: 8 circles, 160 beneficiaries Ulang County, Upper Nile State: 5 circles, 100 beneficiaries
x	6.	Children screened in the community	<ul style="list-style-type: none"> Twic County, Warrap State: 1000 children (490 boys, 510 girls) Agok, Warrap State: 600 children (294 boys, 306 boys) Baliet County, Upper Nile State: 1000 children (490 boys, 510 girls) Ulang County, Upper Nile State: 1000 children (490 boys, 510 girls)
Training, capacity building and awareness sessions			
x	7.	Health and nutrition workers trained (includes facility and community level health and nutrition workers) in Outpatient treatment of SAM protocols, in IYCF and in Screening and referral	<ul style="list-style-type: none"> Twic County, Warrap State: 61 trainees Agok, Warrap State: 26 trainees Baliet County, Upper Nile State: 23 trainees Ulang County, Upper Nile State: 23 trainees
x	8.	Community members made aware through education sessions on nutrition and IYCF	<ul style="list-style-type: none"> Twic County, Warrap State: 4,404 people (2,158 male, 2,246 female) Agok, Warrap State: 2,002 people (981 male, 1,021 female) Baliet County, Upper Nile State: 1,602 people (785 male, 817 female) Ulang County, Upper Nile State: 1,602 people (785 male, 817 female)
Assessment, supervision and coordination			
x	9.	Number of surveys undertaken during the reporting period	<ul style="list-style-type: none"> 4 Multi-Indicator Cluster Surveys (MICS)/ anthropometric morbidity and mortality surveys completed
	10.	Supervisory visits/quarter/to the nutrition treatment sites during the reporting period	<ul style="list-style-type: none"> 1 per site per quarter minimum
x	11.	Cluster coordination meetings attended in the reporting period (state and national)	<ul style="list-style-type: none"> 100% at national level, 100% at state level (Malakal and Kuajok)
x	12.	Timely and complete monthly reports submitted in the reporting period	<ul style="list-style-type: none"> 48 reports (4 per site each month for 12 months) submitted

vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

GOAL directly implements all nutrition activities in South Sudan through supporting MoH PHCCs and PHCUs.

15 OTPs have already been established across all sites, at 14 facilities and through 1 mobile clinic (Abyei), with all OTP's operating in line with the GoSS Basic Package of Health Service (BPHS) provision. The nutrition programme is fully integrated within GOAL's primary health care programme, for example, pregnant and lactating women are provided with micronutrient supplementation through ANC/PNC services under GOAL's health programming.

The NIPP Circles are currently being piloted in Twic County, Warrap State and Baliet County, Upper Nile State. There have been promising results to date and GOAL intend to roll this activity out to other sites in Twic and Baliet Counties, as well as introducing the activity to Agok in 2013.

Training of health workers is on-going currently, including the training of MoH staff as appropriate, and this will continue in the form of refresher trainings and short-format trainings on IMSAM and IYCF in particular through 2013.

Lastly, GOAL intend to implement anthropometric, morbidity and mortality surveys in all areas of operation, a continuation of what has been done historically.

vii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) activities have been conducted, b) results have been achieved, c) cross-cutting issues have been addressed, and d) project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)⁷.

GOAL employs Nutrition Supervisors and Nutrition Officers in each field site, in addition to two Nutrition Coordinators who are roving in all GOAL's field sites, to monitor the nutrition activities taking place with a particular focus on improving quality in line with Sphere standards. Nutrition is incorporated into the Health Sector in line with the MoH policy and the BPHS, so in addition GOAL employs Clinical Officers, Area Health Managers and Health Coordinators who also monitor nutrition activities throughout all field sites.

GOAL collects data daily on all of its nutrition activities and this information is used to create weekly and monthly reports which are submitted to the MoH, the Nutrition Cluster and to other donors, using the Nutrition Cluster report templates. GOAL will also provide reports to CHF as required. In addition, Impact Monitoring reports and qualitative reports have been developed for the NIPP Circles which will allow follow-up of participants up to 12 months after graduation, to measure the long-term impact and therefore success of the activity. A monthly health field report is sent to Juba with analysis and explanations for results and trends and GOAL provides regular reports as per donor request. Weekly field programme reports are submitted to Juba which identify any issues which may impact operations. These reports are used to check programme performance is in line with Sphere standards and to investigate reasons why the programme is underperforming in certain circumstances, in order to rectify activities as required e.g. if the percentage of defaulters is high, extra defaulter tracing activities will occur the following month.

GOAL now uses the DHIS health management information system across Baliet and Ulang counties and Agok and Twic County. This data management system includes most of GOAL's nutrition indicators through creation of a dataset in line with the monthly Nutrition Cluster report form.

Lastly anthropometric, morbidity and mortality surveys will be completed for these GOAL's operational areas during 2013 and will be shared with the Nutrition Cluster, the MoH and all other interested parties. These will assist in monitoring trends at a county level and help us to monitor the overall progress of GOAL and other actors in the area. Given that the key respondents tend to be caregivers of children under the age of five years, which are typically women, the needs of women and children are well represented and fed into future programme design. The MICS also enables analysis of the prevalence of malnutrition between boys and girls with the 2012 MICS identifying that although there was no significant differences between the prevalence of GAM and SAM rates between boys and girls across sites, (indicating that both are at high risk) in Baliet, boys were found to be more significantly represented in GAM rates.

E. Total funding secured for the CAP project

Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	Amount (USD)
ECHO (1 st March 2012- 28 th February 2013)	\$21,457
OFDA (1 st August 2012 – 31 st July 2013)	\$123,333
CHF(1 st April 2012 – 31 st March 2013)	\$62,500
Irish Aid – IAPF (2012- 2015)	TBC

⁷ CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

F. Budget Guideline

Each CHF project proposal must include a budget which details the costs to be funded by CHF. The budget should reflect activities described in the project narrative, and include sufficient detail to provide a transparent overview of how CHF funds will be spent. Budget lines should be itemized including quantity and unit prices of items to be procured whenever possible.

Use the annexed excel sheet to fill the budget ensuring it strictly adheres to CHF budget guidelines hereafter. These guidelines provide guidance on budget category description (section i), type of budgetary information required (section ii) and guidance on Direct and Indirect costs (section iii)

Note i) Description of Budget Categories

1. RELIEF ITEMS and TRANSPORTATION	NOTES
<ul style="list-style-type: none"> Direct operational input including the procurement of consumable supplies for project implementation (e.g. drugs, food, NFIs, seeds, tools, etc.); and related costs of transportation and handling. 	<ul style="list-style-type: none"> Breakdown by line item and indicate unit/ quantity/ cost per unit Provide itemized description for those without quantity/cost per unit If relief items are received from pipeline or other sources please list the items and indicate the amount under column i "Other funding to this project including in kind". Cost for supplies should be presented separately from cost of transport in the budget sheet.
2. PERSONNEL <ul style="list-style-type: none"> Organization staff costs and entitlements involved in the implementation of the project (programme and support staff) 	<ul style="list-style-type: none"> Provide detailed description of Responsibility/title, post location, quantity and the percentage of full time equivalent (FTE) dedicated to the CHF project Indicate the percentage dedicated to the CHF project. Do not include consultancies with firms or agreements with implementing partners (which go under Category 5 Contracts)
3. STAFF TRAVEL <ul style="list-style-type: none"> Costs incurred for the travel of staff members 	<ul style="list-style-type: none"> Provide detailed description of staff members (title, post location) Provide breakdown of all costs (frequency, amount and number of staff)
4. TRAINING WORKSHOPS/SEMINARS/CAMPAIGNS <ul style="list-style-type: none"> Only training directly related to implementation of the project to be included (counterparts and staff members) 	<ul style="list-style-type: none"> Describe type of training, number of participants, location, duration, unit cost Provide breakdown of costs incurred during each of the training
5. CONTRACTS <ul style="list-style-type: none"> Specialized services provided to the project by an outside contractor including groups, firms, companies, and NGOs (e.g. printing press, consultancy firms, construction companies) 	<ul style="list-style-type: none"> Depending on type of contract and services provided- the budget line should be itemized Give itemized breakdown of pass-through funding for each Implementing Partner
7. VEHICLE OPERATING AND MAINTENANCE COSTS <ul style="list-style-type: none"> This budget line includes the purchase/rental of vehicles directly serving the implementation of the project 	<ul style="list-style-type: none"> Rental of vehicles and maintenance could be a paid on a monthly basis (Lump Sum) or \$/kilometer Provide breakdown by item/activity, location, quantity, unit cost
8. OFFICE EQUIPMENT AND COMMUNICATION <ul style="list-style-type: none"> Procurement of non-consumables (telecom equipment, IT equipment, office supplies, etc.) Office rent and fuel for the generators, utilities (telephone, water, electricity etc) can be included in this budget line 	<ul style="list-style-type: none"> Provide breakdown by item/activity, location, quantity, unit cost Other office supplies that cannot be itemized can be indicated as lump sum (LS)
9. OTHER ADMINISTRATIVE COSTS <ul style="list-style-type: none"> Other costs related to the project not covered by the above such as bank transfer charges, courier charges, etc 	<ul style="list-style-type: none"> Provide itemized description of costs if not possible to breakdown by unit/quantity/cost per unit
OVERHEAD/PROGRAMME SUPPORT COSTS (PSC)	
<ul style="list-style-type: none"> To cover PSC at HQ/regional and country level. 	<ul style="list-style-type: none"> PSC not to exceed 7% of subtotal project costs
AUDIT Costs	
<ul style="list-style-type: none"> NGOs are required to budget at least 1% of total project cost for audit, UNDP/TS will contract external audit 	
11. GRAND TOTAL COSTS	
<ul style="list-style-type: none"> The total of project costs 	<ul style="list-style-type: none"> The Sum of subtotal project costs, PSC and Audit.

Note ii) type of budgetary information required

(a) **Items Description:** Provide a brief description of items required to implement the project.

(b) **Location:** The place where the cost is incurred. This column is key to determine the Direct and Indirect nature of the budget line in column c.

(c) **Cost Type (I or D):** Indicate if a budget line is D (direct) or I (indirect). See Notes iii) below for guidance on how to determine the cost type.

(d) **Unit of measurement:** indicate the unit used to measure the budget line. e.g months, tonnage, pieces etc

(e) **Percentage/full-time-equivalent (FTE):** indicate the percentage or FTE that CHF will cover.

(f) **Quantity:** the amount in relation to the unit of measurement, such as number of people, number of months etc

(g) **Unit Cost:** the cost of one item.

(h) **Total CHF Cost:** the sheet automatically calculates once column e, f and g are filled in

(i) **Other funding to this project including in kind:** indicate if there is any other funding or resources (cash or in-kind) received toward activities of this project. e.g. supplies received from the pipelines.

Note iii) Guidance on Direct and Indirect Costs

1. RELIEF ITEMS and TRANSPORTATION

- If relevant to the project all cost fall under **direct** cost
- Cost for supplies should be presented separately from cost of transport in the budget sheet

2. PERSONNEL

Direct costs:

- All Staff costs, including entitlements, of personnel **directly** involved in the implementation of the project and based at project location. *(Remember to provide in the budget a detailed description of staff members title & post location.)*

Indirect costs:

- All Staff costs and entitlements of personnel **not directly** involved in the implementation of the project (Juba/other state capital headquarters staff). *(For Juba/ other state capital HQs staff, charged to the project please provide in the budget a detailed description of staff members title, location and percentage of time devoted to the project and equivalent dollar amount. For example for an M&E officer at Juba level, devoting 10% of his/her time for six months, the row will be filled as follows:*

Item Description	Location	Cost type (Direct or Indirect)	Unit of measurement	Percentage/ FTE	Quantity	Unit Cost	Total
One M&E officer	Juba	I	months	10%	6	1,200	720

Please note, the budget sheet will automatically calculate the total cost.

3. STAFF TRAVEL

Direct costs:

- Travel cost of staff **directly** involved in the implementation of the project (staff based at project area) are direct. Please specify in the budget line where from and where to is travel intended.

Indirect costs:

- Travel cost for support staff not directly involved in the implementation of the project (e.g. headquarters staff travelling on mission to the project location).

4. TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS

Direct costs:

- All costs of training, workshop, seminars and campaigns if they are directly related to the outcome of the project (e.g. mobilization campaign to promote hygiene and sanitation; training of nurses on safe delivery). *(Remember to describe in the budget the type of training, the number of participants, location and duration of the training).*

5. CONTRACTS

- All costs under contracts fall under **direct**. Please remember to provide a description of the services provided.

6. VEHICLE OPERATING & MAINTENANCE COSTS

Direct costs: if related to vehicles used at the project implementation area

Indirect costs: if related to vehicles outside project areas (e.g. vehicle cost in Juba for a project being implemented in Bor)

7. OFFICE EQUIPMENT & COMMUNICATIONS

Direct costs:

- If items/service is used at the project implementation area

Indirect costs:

- If items/service is used outside of the project implementation area (e.g. Cost of services in Juba Country Office for a project being implemented in Bor).

8. OTHER COSTS (bank charges, ...)

Direct costs:

- If items/service is used at the project implementation area costs

Indirect costs:

- If items/service is used outside of the project implementation.
- Visibility is considered Indirect cost.

9. Programme Support costs (Indirect cost)

10. AUDIT COSTS for NGO implemented projects (Indirect Cost)

SECTION III:

This section is **NOT required** at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK				
CHF ref./CAP Code: <u>....</u> SSD-13/H/55063.....		Project title: <u>.....</u> Improving nutritional status of children and pregnant and lactating women through treatment and empowerment of communities in Twic County and Agok, Warrap State and Baliet and Ulang Counties in Upper Nile State.....		Organisation: <u>.....GOAL.....</u>
Overall Objective	<p>Cluster Priority Activities for this CHF Allocation: What are the Cluster Priority activities for this CHF funding round this project is contributing to:</p> <p>Ensure provision of emergency nutrition services in priority states, focusing on high-risk underserved communities and areas where there is food insecurity, high malnutrition, and/or high numbers of displaced people and returnees</p>	<p>Indicators of progress: What are the key indicators related to the achievement of the CAP project objective?</p> <p>SAM 70% needs coverage</p> <p>MAM 70% needs coverage</p>	<p>How indicators will be measured: What are the sources of information on these indicators?</p> <p>SMART survey (needs)</p> <p>Monthly reports from treatment records (coverage)</p>	
	Purpose	<p>CHF Project Objective: What are the specific objectives to be achieved by the end of this CHF funded project?</p> <ul style="list-style-type: none"> To provide services for treatment of severe acute malnutrition in children under 5 years, and provide services for prevention of undernutrition in children under 5 years and pregnant/ lactating women. 	<p>Indicators of progress:</p> <ul style="list-style-type: none"> What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative Coverage of OTP services Target: > 50% 	<p>How indicators will be measured: What sources of information already exist to measure this indicator? How will the project get this information?</p> <ul style="list-style-type: none"> OTP Monthly reports

Results	<p>Outputs (tangible) and Outcomes (intangible):</p> <ul style="list-style-type: none"> • 1) The integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups_A curative approach to Severe Acute Malnutrition (SAM) across all sites through OTPs and community mobilisation, including screening and referral from communities surrounding the GOAL PHC clinics. <p>2) The prevention of malnutrition in pregnant and lactating women and children under five through support of infant and young child feeding and health and nutrition education</p> <ul style="list-style-type: none"> • A preventative approach to acute malnutrition across all sites through implementing Nutrition Impact and Positive Practice (NIPP) Circles for women and men, with cookery demonstrations, health/ nutrition education and microgardening components 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <ul style="list-style-type: none"> • Number of Outpatient Therapeutic Programme (OTP) sites for the treatment of Severe Acutely Malnourished (SAM) children <i>Target: 15 OTPs</i> • Number of children admitted/treated for SAM <i>Target: 911 beneficiaries (expecting 51% boys and 49% girls)</i> • Quality of SAM treatment <i>Target: Sphere standards: Cure rate > 75% Defaulter rate < 15% Death rate < 10% Average weight gain > 4g/kg/day Average length of stay < 60 days</i> • Number of Nutrition Impact and Positive Practice (NIPP) circles and beneficiaries to address acute malnutrition in a preventative way <i>Target: 38 circles admitting 380 women and 380 men</i> • % of NIPP Circle participants who show sustained behavior change 1, 2, 6 and 12 months after graduation⁸ <i>Target: 75%</i> • Number of beneficiaries receiving IYCF education and attending cooking demonstrations <i>Target: 9,610 beneficiaries (51% female and 49% male)</i> 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • OTP Monthly reports • OTP Monthly reports • OTP Monthly reports • NIPP circle impact indicator report • NIPP circle impact indicator report • Monthly training reports 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> • Suitably qualified staff are identified, recruited and trained • Uninterrupted procurement chain maintained; no ruptures of stock in GOAL supported health facilities
	<p>⁸ Behaviour changes to be tracked include number of households with a microgarden, rubbish pit, handwashing facility, latrine, fuel-efficient stove, evidence of 3 or more food groups in the home and if recommended child feeding and young child feeding (IYCF) practices followed (practices through observations)</p>	<ul style="list-style-type: none"> • Improved knowledge of appropriate Infant and Young Child Feeding (IYCF) practices including the cooking of a high-energy porridge to improve complementary feeding practices 		

<p>Activities: <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will result in the project outputs.</i></p>	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p>		<p>Assumptions, risks and pre-conditions: <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p>
<p>1) The integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups</p> <p>1.1) Conduct mass screening campaigns using MUAC with referral as appropriate</p> <p>1.2) Operate enough OTPs to ensure all GOAL's areas of operation have services to treat Severe Acute Malnutrition (SAM)</p> <p>2) The prevention of malnutrition in pregnant and lactating women and children under five through support of infant and young child feeding and health and nutrition education</p> <p>2.1) Pilot and roll out Nutrition Impact and Positive Practice (NIPP) Circles</p> <p>2.2) Promote improved complementary feeding practices at cookery demonstrations</p> <p>2.3) Strengthen Infant and Young Child (IYCF) support given to mothers in 100% of GOAL facilities</p> <p>2.4) Celebrate World Breastfeeding Week</p> <p>3) Capacity building of health workers, partners, key community members and community organisations to enable emergency response, treatment and prevention activities</p> <p>3.1) Train GOAL staff, volunteers, CBOs, CHD and SMoH in IMSAM protocols and SMART surveys</p> <p>3.2) Support the UNS Nutrition Cluster and SMoH by acting as Nutrition Cluster</p>	<p>MUAC tapes, referral forms</p> <p>GoSS MoH OTP Guidelines, anthropometric equipment, OTP registers, OTP admission cards and OTP ration cards</p> <p>Seeds for beneficiaries, flash cards, supervisors, willing volunteer facilitators</p> <p>Food items for recipes, cooking equipment</p> <p>IEC materials, UNICEF IYCF package</p> <p>IEC materials, celebration commodities</p> <p>Training venue, training materials</p> <p>MoU with the Nutrition Cluster</p>		<ul style="list-style-type: none"> • Communities are motivated to participate in activities/ campaigns • Lack of knowledge is the limiting factor and constraint to improving IYCF practices

	State Focal Point 4) Emergency preparedness and response activities 4.1) Complete Multi Indicator Cluster Surveys in each County of operation	Anthropometric equipment, trained teams to carry out survey and supervise, data collection forms, referral forms		
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PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable). The workplan must be outlined with reference to the quarters of the calendar year.

Activities	Q1/2013		Q2/2013			Q3/2013			Q4/2013			Q1/2014	
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
1) The integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups													
Activity 1.1) Conduct mass screening campaigns using MUAC with referral as appropriate				x	x	x	x	x	x				
Activity 1.2: Operate enough OTPs to ensure all GOAL's areas of operation have services to treat Severe Acute Malnutrition (SAM)				x	x	x	x	x	x				
2) The prevention of malnutrition in pregnant and lactating women and children under five through support of infant and young child feeding and health and nutrition education													
Activity 2.1. Pilot and roll out Nutrition Impact and Positive Practice (NIPP) Circles				x	x	x	x	x	x				
Activity 2.2. Promote improved complementary feeding practices at cookery				x	x	x	x	x	x				
Activity 2.3 Strengthen Infant and Young Child (IYCF) support given to mothers in 100% of GOAL facilities				x	x	x	x	x	x				
Activity 2.4 Celebrate World Breastfeeding Week								x					
3) Capacity building of health workers, partners, key community members and community organisations to enable emergency response, treatment and prevention activities													
Activity 3.1 Train GOAL staff, volunteers, CBOs, CHD and SMoH in IMSAM protocols and SMART surveys				x	x	x	x	x	x				
Activity 3.2 Support the UNS Nutrition Cluster and SMoH by acting as Nutrition Cluster State Focal Point				x	x	x	x	x	x				
4) Emergency preparedness and response activities													
Activity 4.1 Complete Multi Indicator Cluster Surveys in each County of operation					x								

*: TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%