

South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2014

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
CHF Cluster Priorities for 2014 First Round Standard Allocation	
Cluster Priority Activities for this CHF Round (i) Management of Acute malnutrition Treatment of acute malnutrition in children U5 years, P&LW and other vulnerable groups with focus on strengthening linkages of programme activities for SAM and MAM. This will also include management of essential nutrition supplies from procurement to end user location (ii) Prevention of Acute Malnutrition During lean seasons, supplementary foods to (BSFP) to boys and girls aged 6-36 months. Promotion of optimal infant and you child feeding in emergencies. (iii) Provision of Emergency preparedness and response services Investing in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition is selected counties.	Cluster Geographic Priorities for this CHF Round 1) Jonglei (all counties) 2) Upper Nile (Maban, Nasir, Ulang, Baliet) 3) Unity (Panyjar, Koch, Mayom, Abiemnhom, Mayendit) 4) NBeG (all counties) 5) Warrap (all counties) 6) Eastern Equatoria (Kapoeta East, Kapoeta North) 7) WBeG (Raga, Wau, Jur River) 8) Abyei area

SECTION II

Project details The sections from this point onwards are to be filled by the organization requesting CHF funding.		
Requesting Organization		
GOAL		
Project CAP Code	CAP Gender Code	
SSD-14/H/60424	2a	
CAP Project Title <i>(please write exact name as in the CAP)</i> Improving the nutritional status of children and pregnant and lactating women through treatment and empowerment of communities in Agok and Twic Counties, Warrap State and Baliet and Ulang, Counties in Upper Nile State		
Total Project Budget requested in the in South Sudan CAP	US\$ 2,317,856	
Total funding secured for the CAP project (to date)	US\$ 687,753	
Direct Beneficiaries <i>(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)</i>		
	Number of direct beneficiaries targeted in CHF Project	
Women:	8,621	
Girls:	2,292	
Men:	8,283	
Boys:	2,202	
Total:	21,398	
Targeted population: Abyei conflict affected, IDPs, Returnees, Host communities, Refugees		
Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts) N/A		
Contact details Organization's Country Office		
Organization's Address	GOAL South Sudan, Munuki, PO Box 166, Juba, Sudan.	
Project Focal Person	Gashaw Mekonnen gmekonnen@ss.goal.ie , 00211 959 462 505	
Project Location(s)		
State	%	County/ies <i>(include payam when possible)</i>
Upper Nile State	48%	Ulang and Baliet County
Warrap State	52%	Twic and Agok County
Funding requested from CHF for this project proposal		US\$ 247,000
Are some activities in this project proposal co-funded (including in-kind)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>(if yes, list the item and indicate the amount under column i of the budget sheet)</i>		
Indirect Beneficiaries / Catchment Population (if applicable)		
Total Catchment: 509,183 Twic: 258,980 Agok: 86,269 Baliet: 49,265 Ulang: 114,669		
CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)		
Indicate number of months: 3 (1 Jan – 31 March 2014)		
Contact details Organization's HQ		
Organization's Address	12-13 Cumberland St Dun Laoghaire, Dublin, Ireland	
Desk officer	Jane Dunne jdunne@ss.goal.ie 00 353 1 2809779	

Country Director	Jean Shawsmith jshawsmith@ss.goal.ie 00211 959 163 537
Finance Officer	Ger Mullen gmullen@ss.goal.ie 00211 959 462 511
Monitoring & Reporting focal person	Anne O'Brien aobrien@ss.goal.ie 00211 921 493 191

Finance Officer	Bridget Lane blane@goal.ie 00 353 1 2809779

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 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 population¹

The humanitarian situation in South Sudan has deteriorated sharply since violence erupted in the country's capital, Juba on the 15th of December 2013. Conflict quickly spread to seven of the country's ten states. Two states in which GOAL is operational in; Upper Nile State and Warrap have been affected with heaving fighting and displacement reported in the former whilst the latter has been indirectly affected by violence, as people displaced from neighbouring states have arrived there seeking safety.

In Upper Nile State, GOAL is implementing nutrition programmes in two counties which have experienced heaving fighting; Baliet and Ulang Counties. Their proximity to conflict hotspots such as Malakal and Nasir and adjacent counties located in northern Jonglei increases the likelihood of internally displaced people's (IDP) camps forming. Already, UNOCHA2 has reported that 12,000 people are seeking refuge at the UN compound in Malakal and 600 people are located at an IDP camp in Akobo County, Jonglei state. In Warrap State, Agok and Twic Counties are host to IDPs who have fled violence from Bentiu in adjacent Unity State. As of the 4th of January, 2013, UNOCHA3 reported that 3,200 IDPs have moved to Twic County and a further 2,000 persons have reportedly arrived in Abyei since the start of violence.

The current crisis, and its impact on the nutrition situation in areas directly and indirectly affected by violence, comes on top of already major nutrition needs in Agok, Twic, Baliet and Ulang Counties. Nutrition indicators in Twic County and Agok, Warrap State and Baliet and Ulang Counties, Upper Nile State are amongst the most alarming in South Sudan. In Multi Indicator Cluster Surveys (MICS)4 conducted, GAM and SAM rates in Agok were 20.6% and 2.5% respectively; in Twic5 they were 32.0% and 7.5%, in Baliet, 30.0% and 9.1% and in Ulang, 32.4% and 2.5% (WHO Ref). Malnutrition underlies a large proportion of the high levels of child morbidity and mortality with under five mortality estimated to be 1.02 in Agok, 1.02 in Twic, 0.75 in Baliet and 0.94 (deaths per 10,000 per day). Poor Infant and Young Child (IYCF) indicators persist with only 37.5% (Twic), 52.5% (Agok) and 69.8% (Ulang) of children under the age of six months reported to be exclusively breastfed 24 hours before the survey6. Furthermore, outbreaks of infectious disease such as cholera and measles are likely to occur if health, water and sanitation needs are not met. It is therefore essential that GOAL continues to maintain nutrition services that it currently provides in all four counties to host communities affected by violence whilst scaling up its emergency response health services for IDPs seeking refuge in GOAL's operational areas.

B. Grant Request Justification

Briefly describe (in no more than 300 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.

CHF 2014 funds would enable GOAL to extend current achievements from its 2013 allocation and fill a substantial proportion of a funding gap of \$1,867, 856. GOAL's nutrition funding is partially supported by ECHO and OFDA in Twic and Agok, and Irish Aid in all sites, in addition to donations in kind (DIK) from UNICEF of Plumpy Nut. In 2013, the transition to health pooled funding mechanisms was made: GOAL is in receipt of funds from World Bank in Upper Nile State and the Health Pooled Fund (HPF) in Warrap State. However, GOAL remains concerned that key components of nutrition services remain neglected, particularly the role of community-based programming in treatment of malnutrition, nutrition outreach and staffing. Furthermore, emergency donors such as OFDA and ECHO are now looking to integrate nutrition with agricultural interventions, which is a more preventative rather than curative action.

In collaboration with the Ministry of Health (MoH) in 2014, GOAL will expand Outpatient Therapeutic Programme (OTP) services to 35 facilities in counties where it is the lead health agency⁷ (Abyei: nine; Twic: 12; Baliet: seven and Ulang: seven) from the existing 15 OTPs with funds required to cover additional training and supplies. Expansion will include five in Abyei (four of which are north of the River Kiiir and include Abyei Town PHCC), six in Baliet and Ulang and 12 in Twic.

As the current crisis unfolds and the situation in communities evolves, support is required to ensure that the response to the nutrition needs of children under five in both host and IDP communities is adequate to prevent the deterioration of health status. GOAL is

¹ 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.

² UN OCHA 'South Sudan Crisis Situation report as of 4 January 2014 Report number 7'

³ UN OCHA 'South Sudan Crisis Situation report as of 4 January 2014 Report number 7'

⁴ Multi-Indicator Cluster Survey, GOAL; Twic (April 2012), Agok (January 2012) , Baliet (May 2012) and Ulang (May 2012).

⁵ Preliminary results from the GOAL 2013 anthropometric, mortality and morbidity survey in Twic County show results of 32.8% for GAM and 7.8% for SAM (using weight-for-height z scores) , which in comparison to 2012 results show limited improvement and a continuing poor situation despite concerted efforts by GOAL and other actors in the county.

⁶ Multi-Indicator Cluster Survey, GOAL; Twic (April 2012), Agok (January 2012) and Ulang (May 2012).

⁷ GOAL's application for renewed HPF funds is currently in progress, with their decision due by the end of November.

requesting funds from CHF to conduct outreach nutrition services through mobile units (one in Agok, one in Twic, two in Baliet and two in Ulang) in order respond the increased likelihood of multiple host communities in each operational county experiencing dramatic population increases as a result of the influx of IDPs. It is imperative that these nutrition services are provided as IDPs will have suffered loss of livelihoods and will subsequently be unable to afford food stuffs. Furthermore, the influx of IDPs alongside the reduction in food stuffs produced as a result of violence will increase market prices and render food unaffordable. It is therefore essential that GOAL continues to maintain nutrition services that it currently provides in all four counties to host communities affected by violence whilst scaling up its emergency response health services for IDPs seeking refuge in GOAL's operational areas.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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 '*to manage acute malnutrition through an integrated and community-based approach*' GOAL aims to address malnutrition through elements of the Community-Based Management of Acute Malnutrition (CMAM) approach and by targeting children under five, pregnant and lactating women, and other vulnerable groups'.

Diagnosis and referral of malnourished children is ongoing through the Growth Monitoring Programme at clinics and in the community during outreach activities such as Expanded Programme of Immunisations (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 aged 6-59 months and is looking to significantly increase the number of facilities that are able to provide treatment services from 15 to 35 across the four counties. Referrals are made for patients to secondary facilities for stabilisation care in the case of severe acute malnutrition with medical complications. GOAL receives Plumpy Nut as a Gift-In-Kind donation from UNICEF and is diligent regarding the prepositioning of stocks ahead of the rainy season and the hunger gap (May – August) to avoid disruptions to services when demand is greatest or accessibility limited.

To improve the standard of treatment, GOAL ensures all key mobile clinic staff are trained in the Integrated Management of Severe Acute Malnutrition (IMSAM) which promotes the identification and treatment of SAM in line with the GoSS MoH guidelines and Sphere standards.

GOAL's approach to the cluster's second objective; '*to prevent acute malnutrition in children, PLW and other vulnerable groups*' is grounded on a holistic approach. As part of GOAL's integrated primary health care programme, GOAL has established a strong position as a WASH and Food Security and Livelihoods actor. GOAL's teams will continue to coordinate activities with one another to address the underlying causes of malnutrition in 2014 and through to 2016.

Other preventative measures include all GOAL clinic staff and volunteers being trained on Infant and Young Child Feeding (IYCF) to make sure that 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 supplementation is given to all EPI and OTP beneficiaries, according to GoSS MoH guidelines.

In relation to the third priority for the nutrition cluster on, '*to support capacity in emergency preparedness and timely response*', GOAL has demonstrated strong 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 from 2011-2013; IDPs in Ulang County in February 2013, IDPs in Baliet County in Upper Nile State displaced by conflict in Pibor (Jonglei) in December 2011 and January 2012 and currently in Abyei with thrice weekly mobile clinic trips to Abyei and twice weekly to returnees in transit sites in Awalnum. GOAL maintains the expertise to lead mobile clinics which are instrumental in emergency responses and include the capacity for screening, referrals, OTP activities, Vitamin A supplementation and IYCF education, as seen in GOAL's response in Ulang County in 2013 where two IDP sites were served with this comprehensive package for four months. GOAL maintains the capacity for rapid nutrition assessments with trained nutrition staff and has also trained staff on Public Health in Complex Emergencies (PHCE) in 2013.

Preparedness measures focus on training, prepositioning of stocks such as Plumpy Nut and supporting state and national-actors. GOAL continues to support coordination mechanisms to strengthen the quality of emergency preparedness and response at a national and state-level. GOAL is a member of the national Nutrition Cluster Survey Technical Working Group and the IYCF and Information Working Group. In 2014, GOAL will continue to act as the Upper Nile State Nutrition Cluster NGO Focal Point in 2014 and attend the Warrap State Nutrition Cluster. The UNS Focal Point position ensures communication and efficiency amongst nutrition stakeholders there with GOAL keen to continue our support to the cluster in this way, which will be possible through the provision of CHF funding to cover the associated costs. Support to local authorities is vital with annual training plans drawn up including IMSAM and IYCF training to GOAL staff and appropriate members of the County Health Department (CHD) and State MoH. GOAL also has a MoU with a local Community Based Organisation (CBO) 'SMART' in Twic County, who have conducted surveys for GOAL and who promote good nutrition practices through the NIPP circles. GOAL will also continue to explore further options for partnerships with other suitable CBOs in 2014, including one in Baliet which is in its final agreement stages.

County	Location	OTP
Agok	Ganga	✓
	Awal	✓
	Wunchei	✓
	Mading Jokthiang	✓
	Abyei town	✓
	Rumamer	✓
	Marial Ajak	✓
	Mijak	✓
	Majong Noon	✓

Twic	Majak	✓
	Akoc	✓
	Akak	✓
	Majak Pagai	✓
	Anjong	✓
	Maper	✓
	Anyiel	✓
	Panyok	✓
	Malou Hol	✓
	Mariel Maper	✓
	Totchok	✓
	Ajak Kuac	✓
Baliet	Adong	✓
	Baliet	✓
	Adwong	✓
	Bangalai	✓
	Wunbut	✓
	Galachol	✓
	Pantany	✓
Ulang	Ulang	✓
	Doma	✓
	Ying	✓
	Yomding	✓
	Rupboard	✓
	Kuich	✓
	Bimbim	✓

ii) Project Objective

State the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To provide services for the treatment of severe acute malnutrition in children aged 6- 59 months in host and IDP communities in Agok and Twic, Baliet and Ulang Counties.

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.

List the main activities and results 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).

This project intends to improve the nutritional status of crisis-affected children aged under the age of five years through treatment and the empowerment of community members (including pregnant and lactating women, caregivers, men and community leaders) to enhance their nutritional status through adopting positive behavior. The integrated management of severe acute malnutrition in children 6-59 months involves a curative approach through OTP services and community mobilisation, including screening and referral from surrounding communities. GOAL intends for each supported PHCC to offer curative nutrition services in line with the requirements of the Basic Package of Health Services (BPHS) as well as each PHCU, which will increase coverage and accessibility and results from an expansion of 15 to 35 OTPs.

Activity	Location	Beneficiaries
Treatment of SAM without medical complications in children aged 6-59 months through static OTP services	Twic	152 (75 male, 77 female)
	Agok	105 (51 male, 54 female)
	Baliet / Akoka	27(13 male, 14 female)
	Ulang	188 (92 male, 96 female)
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 (6-59 months) and pregnant/lactating women as vulnerable groups in PHCCs)	Twic	5179 (2538 male, 2641 female)
	Agok	1675 (821 male, 854 female)
	Baliet	700 (343 male, 357 female)
	Ulang	1859 (911 male, 948 female)
	IDPs	1043 (511 male, 532 female)
Training of 12 mobile team workers (2 in Twic County, 2 in Agok, 4 in Baliet County and 4 in Ulang County) Out-patient treatment of SAM protocols in line with GoSS national guidelines	Twic	2 (1 male, 1 female)
	Agok	2 (1 male, 1 female)
	Baliet	4 (2 male, 2 female)
	Ulang	4 (2 male, 2 female)
GOAL will run 6 Mobile OTPs (2 Baliet, 2 Ulang and 1 Twic& 1 Agok) and community-based nutrition programmes in IDP Camps	Twic County and Agok in Warrap State, and in Baliet and Ulang Counties in Upper Nile State.	Total beneficiaries: 207 (Twic 55, Agok 11, Baliet 115, Ulang 26)

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

- 35 static OTPs and 6 mobile OTPs operating treating 712 beneficiaries across all programme sites, including MUAC screening and referral from communities surrounding all PHC facilities.
- 20,686 beneficiaries receiving Infant and Young Child Feeding (IYCF) education, including demonstrating the cooking of a high-energy porridge to improve complementary feeding practices.
- 12 Mobile team workers trained in outpatient treatment of SAM protocols in line with GoSS national guidelines, IYCF and screening and referral.

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are 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. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard 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)
	1.	Total direct beneficiaries	Total direct beneficiaries: 21,398 Women: 8621 Girls: 2292 Men: 8283 Boys: 2292
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: 13 sites (12 static OPTs, 1 mobile OTP) • Agok, Warrap State: 10 sites (9 OTPs sites and one mobile OTP) • Baliet: 9 sites (7 static OTPs and 2 mobile OTPs) • Ulang: 9 sites (7 static OTPs and 2 mobile OTPs)
X	3.	Children (6-59 months) admitted for the treatment of SAM	<ul style="list-style-type: none"> • Twic: 304 children (149 male, 155 female) • Agok: 211 children (103 male, 108 female) • Baliet : 53 children (26 male, 27 female) • Ulang: 188 children (92 male, 96 female) • IDPs (all sites) – 207 as per the current estimated IDPs – however, this number will increase if the crisis continues.
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			
X	5.	Children screened in the community and IDP camps	<ul style="list-style-type: none"> • Twic County, Warrap State: 5500children (2,700 boys, 2,800 girls) • Agok, Warrap State: 5,000 children (2450 boys, 2550 boys) • Baliet County, Upper Nile State: 8,900 children (4,400 boys, 4,500 girls) • Ulang County, Upper Nile State: 7,900 children (3850 boys, 4,400 girls) • IDPs (all sites) – 3,465 (1698 boys and 1767 girls)
Training, capacity building and awareness sessions			
X	6.	Health and nutrition mobile team workers trained in outpatient treatment of SAM protocols, in IYCF, screening and referral	<ul style="list-style-type: none"> • Twic: 2 trainees • Agok: 2 trainees • Baliet: 4 trainees • Ulang: 4 trainees
	7.	Community members made aware through education sessions on nutrition and IYCF	<ul style="list-style-type: none"> • Twic: 4751 people (2328 male, 2243 female) • Agok: 1,726 people (846 male, 880 female) • Baliet: 986 people (483 male, 503 female) • Ulang: 2294 people (1124 male, 1170 female) • IDPs: 13,035 (6387 male, 6648 female)
Assessment, supervision and coordination			
	8.	Supervisory visits/quarter/to the nutrition treatment sites during the reporting period	<ul style="list-style-type: none"> • 1 per site per month
	9.	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), at County Level.
	10.	Timely and complete monthly reports submitted in the reporting period	<ul style="list-style-type: none"> • 12 reports (1 per site each month for 3 months) submitted

vi). 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 counselling 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 Baltet 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 counselling 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 2014 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 2014 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. The expansion of services to 35 sites will improve the opportunities for mothers and their children to access them at a time appropriate to their daily workload to ensure the SAM case receives the treatment he/she requires.

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. 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 programming planning exercises, such as with women- and men-only FGDs.

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. Although men have been more reluctant to participate in NIPP circle activities, GOAL has continued to engage male community members and leaders in dialogue emphasizing their role. Findings from an external NIPP circle evaluation should highlight barriers for male participation. Furthermore, GOAL promotes gender equality directly through its health programming, with the aim of having 30% of key decision making roles given to women, for example in the management of Boma Health Committees (CHCs) and equal numbers of boys and girls in School Health and Hygiene Clubs. One of GOAL's recent initiatives in its Community Health programme is the Care Group model, where volunteer lead mothers are trained and supported to disseminate key health and nutrition education to other women in their communities as part of a peer-educational approach.

Environment

As an organisation, 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. 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. An annual programme review process involves stakeholder meetings and focus group discussions (separate men and women groups) at all sites where communities assist GOAL in a participatory manner to contribute to programme improvements. Regular community and PHC staff meetings are held and contribute to GOAL's strategic planning approach, with Boma Health Committees taking a pivotal role. A network of Community Health and Nutrition Promoters, NIPP Circle 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. In 2014, GOAL South Sudan will continue the rolling out of an Accountability Checklist which gauges current standards of accountability particularly regarding information sharing, community representation and decision-making.

vii) 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 has historically directly implemented all nutrition activities in South Sudan, through supporting MoH PHCCs and PHCUs. Currently, 15 OTPs are established across three programme sites (14 facilities and through one mobile clinic) with OTPs operating in PHCCs line with the GoSS Basic Package of Health Service (BPHS) provision and also in PHCUs. GOAL South Sudan's nutrition

programme is fully integrated with its primary health care programme given the intrinsic link between acute malnutrition and poor health status. For example, pregnant and lactating women are provided with micronutrient supplementation through ANC/PNC services under GOAL's health programming and a Growth Monitoring Programme screens children and pregnant and lactating women in routine curative consultations. Furthermore, health and nutrition staff are constantly trained on nutrition services with the inclusion of MoH staff encouraged wherever possible. This will continue in the form of refresher trainings and short-format trainings on IMSAM and IYCF in particular through 2014. GOAL works in close cooperation with the Ministry of Health through training opportunities, joint supervisions, strategic planning and the provision of inputs where appropriate. In Twic, GOAL works with a local partner (SMART) in surveys and screenings with a new partnership in the late stages of development in Baliet with WERD.

viii) 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 are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)⁸.

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. In 2013, GOAL has focused on improving and rolling out these M&E tools for NIPP circles. Further improvements will be made depending on the findings of an external evaluation to be conducted at the end of 2013 with ECHO and CHF 2013 funds. This will assess the impact of the intervention and its efficacy in achieving long term behavior change. 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 identifies 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.

GOAL intends to implement anthropometric and health surveys in all operational areas during 2014 to ascertain the certain situation of key indicators and to monitor progress from previous surveys. Results will be shared with the Nutrition Cluster, the MoH and all other interested parties as well other Clusters given the multi-sectorial spread of indicators. These will assist in monitoring trends at a county level and help 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. These surveys also enable analysis of actors such as the impact of gender on malnutrition, for example, the 2012 Multi Indicator Cluster Survey identified 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.

Lastly, in 2014, GOAL will conduct at least one SQUEAC survey, with the involvement of MoH staff, which will identify and confirm areas of low and high coverage of the CMAM programme as well as boosters and barriers to coverage, including by using routine program data, quantitative data and anecdotal data. GOAL's Nutrition Coordinator has been recently trained on the SQUEAC methodology and worked with UNICEF, SMoH and ACF to conduct a survey in Alek, Gogrial West, with results due by December 2013. GOAL proposes to conduct one SQUEAC survey with CHF funds in March 2014, in the western side of Twic (access permitting). Results will be shared with the cluster, MoH and other nutrition actors.

D. 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)
OFDA (1 st August 2012 – 31 st July 2013)	\$687,753
Irish Aid – IAPF (2012- 2015)	TBC
Pledges for the CAP project	

⁸ 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.

SECTION III:

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. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK			
CHF ref./CAP Code: SSD-14/H/60424		Project title: Improving the nutritional status of children and pregnant and lactating women through treatment and empowerment of communities in Agok and Twic Counties, Warrap State and Baliet and Ulang, Counties in Upper Nile State	Organisation: GOAL
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p><i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i></p> <p>(i) Management of Acute malnutrition Treatment of acute malnutrition in children U5 years, P&LW and other vulnerable groups with focus on strengthening linkages of programme activities for SAM and MAM. This will also include management of essential nutrition supplies from procurement to end user location</p> <p>(ii) Prevention of Acute Malnutrition Promotion of optimal infant and you child feeding in emergencies.</p> <p>(iii) Provision of Emergency preparedness and response services.</p> <p>Goal/Impact (cluster priorities)</p>	<p><i>What are the key indicators related to the achievement of</i></p> <p>Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM)</p> <p>Number of children screened in the community</p> <p>Number of emergencies responded to</p>	<p><i>What are the sources of information on these indicators?</i></p> <p>Monthly Cluster Reports</p>	

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
CHF project Objective	<p><i>What is the result the project will contribute to by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> • Acute malnutrition managed through an integrated and community-based approach • Prevention of acute malnutrition in children, PLW and other vulnerable groups • To support capacity in emergency preparedness and timely response 	<p><i>What indicators will be used to measure whether the CHF Project Objective are achieved?</i></p> <p>SAM 50% coverage MAM 50% coverage</p> <p>GAM and SAM rates in Agok were 20.6% and 2.5% respectively; in Twic⁹ they were 32.0% and 7.5%, in Baliét, 30.0% and 9.1% and in Ulang, 32.4% and 2.5% (WHO Ref) in 2012 (Source MISC 2012).</p>	<p><i>What sources of information will be collected/already exist to measure this indicator?</i></p> <p>Monthly Cluster Reports OPT Records NIPP Circle Impact Indicator Report MICS</p>	<p><i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> • Security and political situation will permit humanitarian access • Target populations do not significantly change due to migration/ insecurity
Outcome 1	<p><i>What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries?</i></p> <p>Improved access to services for treatment of severe acute malnutrition in children under 5 years, and services for prevention of undernutrition in children under 5 years and pregnant/ lactating women.</p>	<p><i>What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <p>Coverage of OTP services Target: > 50%</p>	<p><i>What are the sources of information collected for these indicators?</i></p> <p>OTP Monthly Reports</p>	<p><i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> • Ability to secure funding • Security and political situation will permit humanitarian access • Target populations do not significantly change due to migration/ insecurity

⁹ Preliminary results from the GOAL 2013 anthropometric, mortality and morbidity survey in Twic County show results of 32.8% for GAM and 7.8% for SAM (using weight-for-height z scores) , which in comparison to 2012 results show limited improvement and a continuing poor situation despite concerted efforts by GOAL and other actors in the county.

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>Output 1.1</p> <p>List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.</p> <p>The integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups will be provided through a curative approach to Severe Acute Malnutrition (SAM) across all sites via OTPs and community mobilisation, including screening and referral from communities surrounding the GOAL health facilities</p>	<p>What are the indicator(s) to measure whether and to what extent the project achieves the output? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</p> <p>Total direct beneficiaries: 21,398</p> <p>Women: 8621 Girls: 2292 Men: 8283 Boys: 2292</p> <p>Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM)</p> <ul style="list-style-type: none"> • Twic: 13 sites (12 static OTPs, 1 mobile OTP) • Agok, Warrap State: 10 sites (9 OTPs sites and one mobile OTP) • Baliet: 9 sites (7 static OTPs and 2 mobile OTPs) • Ulang: 9 sites (7 static OTPs and 2 mobile OTPs) <p>Number of Children (6-59 months) admitted for the treatment of SAM (Mobile and static)</p> <ul style="list-style-type: none"> • Twic 108 • Baliet 168 • Ulang 214 • Agok 222 <p>Quality of SAM program</p> <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) 	<p>What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> • OTP Monthly Reports • Monthly Cluster Reports 	<p>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?</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>Activity 1.1.1</p>	<p>List the key activity to be carried out for achieving output 1.1 Treatment of SAM without medical complications in children aged 6-59 months through 35 OTP services</p>		
<p>Activity 1.1.2</p>	<p>List the key activity to be carried out for achieving output 1.1 Provide Plumpy nut through agreement with UNICEF at all OTP sites</p>		

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
Activity 1.1.3	<i>If required, insert other lines to add activities necessary to achieve output 1.1</i> Ensure all OTP sites are fully staffed			
Activity 1.1.4	Conduct appropriate Infant and Young Child Feeding (IYCF) education sessions including the cooking of a high-energy porridge for consumption by children (6-59 months) and pregnant/lactating women as vulnerable groups in PHCCs			
Output 1.2	Training health workers, to enable emergency response, treatment and prevention activities	Number of 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: 2 trainees • Agok, Warrap State: 2 trainees • Baliet County, Upper Nile State: 4 trainees • Ulang County, Upper Nile State: 4 trainees 	Training Reports	<ul style="list-style-type: none"> • Retention of staff
Activity 1.2.1	Training of 12 Mobile team workers (2 in Twic County, 2 in Agok, 4 in Baliet County and 4 in Ulang County): <ol style="list-style-type: none"> a. Out-patient treatment of SAM protocols in line with GoSS national guidelines b. IYCF c. Screening and referral 			
Output 1.	Systematic supervision, coordination and reporting	Number of supervisory visits/quarter/to the nutrition treatment sites during the reporting period 1 per site per month % of Cluster coordination meetings attended in the reporting period (County, state and national) 100% at national level, 100% at state level (Malakal and Kuajok, 100% at County Levels _turalei, agok, ulang and Baliet)) Number of Timely and complete monthly reports submitted in the reporting period 12 reports (1 per site each month for 3 months) submitted	<ul style="list-style-type: none"> • Monthly Narrative Reports • Monthly Cluster Reports • 	<ul style="list-style-type: none"> • Facilities may not be accessible due to insecurity and flooding • Communication Networks remain operative
Activity 1.1.1	Conduct one supervision visit to each facility monthly			
Activity 1.1.2	Attend all monthly state, national and County nutrition cluster meetings			
Activity 1.1.3	Submit Monthly Reports			

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	01/01/2014	Project end date:	31/03/2014
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Activities		Q1/2014		
		Jan	Feb	Mar
Activity 1	Treatment of SAM without medical complications in children aged 6-59 months through OTP services	x	x	x
Activity 2	Prevention of moderate and severe acute malnutrition through 14 Nutrition Impact and Positive Practice (NIPP) Circles, admitting on average 15 female and 15 male beneficiaries per circle, with cookery demonstrations, health/ nutrition behavior change and microgardening	x	x	x
Activity 3	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 (6-59 months) and pregnant/lactating women as vulnerable groups in PHCCs	x	x	x
Activity 4	Training of 12 Mobile team workers (2 in Twic County, 2 in Agok,4 in Baliet County and 4 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 		x	x
Activity 5	GOAL will run 6 Mobile OTPs in Warrap and Upper Nile state IDP sites	x	x	x

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