

South Sudan
2014 CHF Standard Allocation Project Proposal
for CHF funding against CRP 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

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CRP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

SECTION I:

CRP Cluster	Nutrition
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CHF Cluster Priorities for 2014 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 CRP 2014.

Cluster Priority Activities for this CHF Round¹	Cluster Geographic Priorities for this CHF Round
<ol style="list-style-type: none"> 1. Ensure quality, life-saving, management of acute malnutrition for at least 75% of SAM cases and at least 60% of MAM cases in all vulnerable populations (girls and boys under five years, pregnant and lactating women) nationally, at both health facility and camp level (IDP, POC), prioritizing the 5 most affected states. 2. Ensure access to interventions aimed at preventing malnutrition through the protection, promotion and support of safe and appropriate infant and young child feeding practices, control of micronutrient deficiencies, protection of nutritional status through blanket feeding and integrated WASH in nutrition programming, for at least 80% of vulnerable populations (girls and boys under five years, breastfed and non-breastfed infants and young children, pregnant and lactating women and caretakers of children 0-23 months) nationally, at both health facility and camp level (IDP, POC), prioritizing the 5 most affected states. 3. Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response, through improved nutrition surveillance, reinforced monthly nutrition programme data collection and analysis and optimal nutrition cluster coordination. 	<ol style="list-style-type: none"> 1. Jonglei – all counties 2. Upper Nile – all counties 3. Unity – all counties 4. Lakes – Awerial, Yirol West, Yirol East and Rumbek North 5. Central Equatoria – Juba (IDP camps) 6. Warrap - Twic, Agok, Gogrial East, Tonj North, Tonj South and Tonj East

SECTION II

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 (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State		
GOAL		State	%	County/ies (include payam when possible)
Project CRP Code	CRP Gender Code	Upper Nile	65%	Baliet County (Adong, Abwong, Nyongrial, Nyankwach and Galashol and Akoka ² Payams) Ulang County (Barmach, Kurmut, Kierochot, Makat, Nyangora, Ulang, Ying and Yomding Payam) Melut County (Melut Payam)
SSD-14/H/60424	1	Warrap	35%	Twic and Agok County

¹ Please note that this was not filled in by the cluster; the template was empty when sent out. The objectives have been taken from "Form 2. Nutrition Cluster Strategy Revision", and have been used in the project description.

² GOAL would like to bring to the attention of the CHF that the figure of \$4,025,215 was provided as the indicative amount required to fund the health programme from July to December 2014. GOAL did submit its FTS outlining that its total annual requirement for 2014 is \$8,510,137 and indicated that \$4,657,100 of this had already been secured from donors. As discussed with the Health Cluster Coordinator, GOAL is gravely concerned about the impact its revised allocation of \$4,025,215 will have on its ability to secure funding from CHF Health Round II as the FTS submitted already shows that GOAL has secured its funding requirements when in actual fact a funding gap of \$3,853,037 (\$8,510,137 minus \$4,657,100) exists. GOAL would appreciate due consideration to be given to its unique capacity to deliver healthcare in remote and conflict affected counties in South Sudan and that the misunderstanding regarding the annual health budget does not negatively affect its ability to secure funding from CHF.

CRP Project Title (please write exact name as in the CRP)
Improving the nutritional status of children aged 6-59 months and pregnant and lactating women through treatment and empowerment of host and IDP communities in Agok and Twic Counties, Warrap State and conflict affected populations in Baliet, Melut and Ulang Counties, Upper Nile State.

Total Project Budget requested in the in South Sudan CRP	US\$ 1,900,000
Total funding secured for the CRP project (to date)	US\$ 1,168,165

Funding requested from CHF for this project proposal	US\$ 200,000
Are some activities in this project proposal co-funded (including in-kind)? 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 CRP project and number of targeted beneficiaries scaled appropriately to CHF request)		
	Number of direct beneficiaries targeted in CHF Project (11% of the targeted beneficiaries in CRP)	Number of direct beneficiaries targeted in the CRP
Women:	5,260	47,820
Girls:	1650	11,087
Men:	4,016	36,511
Boys:	1,585	10,652
Total:	12,511	106,071

Indirect Beneficiaries / Catchment Population (if applicable)
Total catchment: 557,886
Total host population: 512,101
Twic: 258,980
Agok: 86,269
Baliet: 49,265
Ulang: 106,440
Total IDPs: 48,703
Agok 6,500 (Integrated with host community)
Twic: 13,307 (Ajac Kuac, Aweng, Man-Angui and Turalei)
Baliet: 8,000 (Rom)
Melut: 20,896 (Dethoma and Mabek)

Targeted population: Abyei conflict affected, IDPs, Returnees, Host communities,
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CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts) n/a
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Indicate number of months: 12
1 July 2014 – 30 June 2015

Contact details Organization's Country Office	
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Contact details Organization's HQ	
Organization's Address	GOAL, 12 Cumberland Street, Dun Laoghaire, Co. Dublin, Ireland
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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 population³

Since conflict erupted on December 15th 2013, the impact on the humanitarian situation in South Sudan has been catastrophic and will only worsen during the rainy season. Approximately 1,405,260 people have been displaced as a result of violence and insecurity including 1,038,000 internally displaced peoples (IDPs) and 367,260 refugees. Access to both host and displaced populations and the delivery of humanitarian aid is hindered by persistent threats, harassment and attacks

All of GOAL's four operational areas have been directly and indirectly affected by the conflict. In Upper Nile State (UNS), both Baliet and Ulang Counties have functioned as a corridor for government and opposition forces to travel between UNS's major towns; Malakal and Nasir. As a result, both have endured violent attacks and subsequent looting and destruction of public and private infrastructure. This has resulted in mass displacement. Situation reports released by UNOCHA on May 20th 2014 estimated that 8,000 people were displaced in Baliet (Rom) and a further 20,896 people have relocated to two IDP sites in Melut.

Both Agok in Abyei Administrative Area (AAA) and Twic Counties in Warrap State are located alongside Unity State where conflict has been intense and as a result, people have been displaced to these counties. There are believed to be 6,500 IDPs in Agok that have integrated into the host communities and 13,307 IDPs at four camps in Twic, all of which will require continued nutritional support. Twic and AAA have historically had high GAM rates and with the influx of IDPs into the counties will further worsen the nutritional conditions for the children under 5's and PLWs hence requiring continued external support.

The current crisis and its impact on the nutrition situation in areas come on top of pre-existing nutrition needs. Table 1 illustrates both the high SAM and GAM rates found in children aged 6-59 months that attended GOAL's health facilities in operational counties in 2013.

Table 1: SAM and MAM rates using MUAC at health facilities in Baliet, Ulang, Agok and Twic Counties

	Baliet	Ulang	Agok	Twic
SAM	2.9%	5.0%	6.1%	3.9%
MAM	9.9%	14.2%	13.6%	9.5%

Table 2 illustrates both the high rates of SAM and MAM cases in

children screened using MUAC at IDP camps in which GOAL is operating in since the onset of this crisis.

Table 2: SAM rates using MUAC at mass screenings at IDP sites in Warrap and Upper Nile State*

	Total Screened	Total SAM	SAM Rate	Total MAM	MAM Rate
IDP Camps Twic County ⁴	5933	230	4%	1030	17%
IDP Camps Melut County ⁵	11558	488	4%	911	8%
IDP Camps Baliet County ⁶	9150	551	6%	1042	11%
IDP Camps Ulang County ⁷	1011	55	5%	51	5%

In light of the current crisis and its consequences (access being restricted and food aid undelivered due to insecurity, the inability of people to plant during the approaching growing season and the recurrent cereal deficit experienced in these counties on a yearly basis), it is highly probable the rates of MAM and SAM will increase further.

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 RII Nutrition funds would enable GOAL to maintain and extend current activities. The CHF funds would enable GOAL to extend current achievements from its 2014 round 1 allocation and fill a substantial proportion of a funding gap of \$ 731,835. GOAL's nutrition funding is partially supported by ECHO, OFDA and Irish Aid in Agok County, Irish Aid in Twic County and by OFDA in UNS. GOAL has recently signed a PCA with UNICEF for the provision of Plumpy Nut at all operational sites and has also applied to WFP to implement TSFP in UNS.

Both Agok in Abyei Administrative Area (AAA) and Twic Counties in Warrap State are located alongside Unity State where conflict has been intense and as a result, people have been displaced to these counties. There are believed to be 6,500 IDPs in Agok that have integrated into the host communities and 13,307 IDPs at four camps in Twic, all of which will require continued nutritional

³ 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.

⁴ Screenings took place between January and April at Man-Angui, Aweng, Turalei, Man-Awan and Ajak Kuac

⁵ Screenings took place between January and May at Dethoma and Mabek

⁶ Screenings took place between January and May at Rom in Akoka

⁷ Screenings took place in April in Ulang

support GOAL runs Outpatient Therapeutic Programmes (OTPs) at nine GOAL supported health facilities in both Agok and Twic and four OTPs in both Baliet and Ulang. As a result of the crisis, GOAL is also running two mobile OTPs in Twic County, one in Baliet County (Rom in Akoka) and two in Melut (Dethoma and Mabek). GOAL plans to integrate (using WFP support) IYCF and TSP into its OTP services in Upper Nile State. In addition, GOAL also runs one SC in Twic County.

In the light of the current crisis and with the start of the rainy season, continued and uninterrupted support is required to ensure nutrition needs of children aged 6-59 months and pregnant and lactating women (PLW) from host, refugee, and IDP communities are met, in order to prevent deterioration of the health status. GOAL recognizes the likelihood of further crises in all the five counties in 2014-15 with CHF funds providing the flexibility required to maintain surge capacity and preparedness actions. CHF funding will enable GOAL to effectively provide integrated management of SAM and MAM cases in children 6-59 months and PLWs that involves a curative approach through OTP and TSFP services and community mobilisation, including screening and referral at all operational sites.

Due to the current situation in Baliet and Ulang the service in the static clinics is temporarily suspended. When access can be re-established, GOAL will resume operations. Funding has been secured from OFDA for rehabilitation of any damage the clinics have sustained during the fighting.

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.

1. *'Ensure quality, life-saving, management of acute malnutrition for at least 75% of SAM cases and at least 60% of MAM cases in all vulnerable populations (girls and boys under five years, pregnant and lactating women) nationally, at both health facility and camp level (IDP, POC), prioritizing the 5 most affected states.'*

GOAL screens MAM and SAM cases in children aged 6-59 months and PLW at health facilities, communities and IDP camps in all operational areas. MAM cases are treated using the NIPP circle approach in Agok and Twic and are planned to be treated using TSFP in UNS. SAM cases in children aged 6-59 months are treated through OTPs. SAM cases with medical complications will be referred to the stabilisation centre (Twic) with cases from other operational areas dealt with through established referral systems. To ensure quality programming, GOAL provides key nutrition staff with on the job and refresher training on 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.

In Agok and Twic, GOAL's community-based approach centres on Nutrition Impact and Positive Practice (NIPP) circles which target predominantly households with moderately malnourished children aged 6-59 months, moderately and severely malnourished pregnant/ lactating women, and caregivers of children aged five and under recovering from severe malnutrition who have been discharged from the OTPs. The cured OTP discharges will be incorporated into the next NIPP circle cycle, thus ensuring the recommended two month follow up of recent cases of SAM is carried out in line with the GoSS IMSAM guidelines.

2. *'Ensure access to interventions aimed at preventing malnutrition through the protection, promotion and support of safe and appropriate infant and young child feeding practices, control of micronutrient deficiencies, protection of nutritional status through blanket feeding and integrated WASH in nutrition programming, for at least 80% of vulnerable populations (girls and boys under five years, breastfed and non-breastfed infants and young children, pregnant and lactating women and caretakers of children 0-23 months) nationally, at both health facility and camp level (IDP, POC), prioritizing the 5 most affected states.'*

GOAL's integrates primary health (curative, preventative, and reproductive) with nutrition services, WASH interventions, and Food Security and Livelihoods (FSL). GOAL's technical teams and staff coordinate activities with one another on both Juba and field level, to design and roll out a comprehensive programme that addresses underlying causes of malnutrition.

Both support for appropriate maternal nutrition and Infant and Young Child Feeding (IYCF) using Behavioural Change focused interventions are integral to the prevention and treatment of malnutrition in emergencies with support for adequate maternal nutrition during pregnancy to reduce the prevalence of low birth weight babies caused by inter-uterine growth retardation, adequate nutrition during lactation to ensure maintained health of both the mother and infant, breastfeeding of infants and young children, and protecting the most vulnerable children from malnutrition in times of crisis. GOAL will seek to target IDP, host, and returnee populations under this initiative, with an integrated approach centred on nutrition and complimentary livelihoods support in all operational sites.

GOAL's nutrition programming is run in tandem with its health activities. GOAL is the lead health agency in Agok, Twic, Baliet and Ulang. At IDP sites where GOAL is operational, GOAL has a WASH team implementing hygiene promotion programming, distributing hygiene kits, and constructing emergency latrines and hand washing facilities.

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 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. Pregnant women also receive folic acid and iron supplements. The NIPP circles described above also play a part in the prevention of malnutrition through the peer to peer learning method and model.

GOAL maintains the expertise to lead mobile clinics and maintains capacity for screening, referrals, OTP activities, Vitamin A supplementation and IYCF education. 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. Through a standing agreement with the GOAL

Ethiopia office, nutrition staff from Ethiopia can be seconded to GOAL to fill gaps when emergency response programmes are started or expanded (e.g. when operations in Baliet and Ulang will restart).

3. *'Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response, through improved nutrition surveillance, reinforced monthly nutrition programme data collection and analysis and optimal nutrition cluster coordination'*,

GOAL employs a fulltime Monitoring, Evaluation, and Learning (MEL) coordinator responsible providing comprehensive oversight and coordination of all MEL activities in all GOAL operational areas and for all programmes. All collected information is fed back to the MoH, clusters, and other relevant actors. Community engagement is a point of focus to ensure accountability standards can be met. Regular community and staff meetings are held, which contribute to GOAL's strategic planning approach. A network of volunteers ensures open communication lines to hear feedback from beneficiaries. GOAL long-standing and extensive emergency response experience also ensures these systems being set up and used in emergency situations.

Preparedness measures focus on training of staff, prepositioning of stocks such as Plumpy Nut, coordination with NGOs and other humanitarian actors, both in Juba and in the field, and supporting state and federal actors. Coordination with other actors and the clusters is key to ensure complementarity and avoid duplication of activities and outreach. GOAL is a member of the national Nutrition Cluster Survey Technical Working Group and the IYCF and Information Working Group. In 2014 GOAL continues to act as Upper Nile State Nutrition Cluster NGO Focal Point. The Focal Point position ensures communication and efficiency amongst nutrition stakeholders in UNS. Support to local authorities is vital to ensure longer term development and sustainability in South Sudan.

A SQUEAC survey will be conducted starting in November 2014, and the results will be used to shape the nutrition response (including the CHF intervention) if and where necessary. The size and duration of the SQUEAC only allows GOAL to execute it in Twic and Agok. For the situation, key developments, and progress in the emergency setting in Upper Nile state, GOAL will conduct a small scale survey; an emergency nutrition assessment that provides all baselines and key information necessary for the programme. GOAL will coordinate and collaborate with nutrition cluster and nutrition leads in Juba as well as in UNS.

Table 3. GOAL's nutritional services in the current areas of operation.

	OTP	SC	TSFP	Service
Twic	Akac	Wunrok		Static
	Akoc			Static
	Majak Pagai			Static
	Wunrok			Static
	Turalei			Static
	Aweng			Static
	Mayen Abun			Static
	Molbang			Static
	Ajac Kuac			Static
	IDP Camps			Mobile
	IDP Camps			Mobile
Agok	Juljok			Static
	Abyei			Static
	Wunchei			Static
	Awal			Static
	Madingjokthiang			Static
	Ganga			Static
	Rumamer			Static
	Mijak			Static
Marial Achak			Static	
Baliet	Rom		Rom	Mobile
	Baliet		Baliet	Static
	Adong		Adong	Static
	Abwong		Abwong	Static
	Galachol		Galachol	Static
Melut	Dethoma		Dethoma	Mobile
	Mabek		Mabek	Mobile
Ulang	Ulang		Ulang	Static

	Doma		Doma	Static
	Ying		Ying	Static
	Yomding		Yomding	Static

ii) Project Objective

State the objective/s of this CHF project and how it links to your CRP 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 prevention, screening, and treatment of moderate and severe acute malnutrition in children aged 6- 59 months and pregnant and lactating women in host and IDP communities in and/ or from Agok, Melut, 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 between 6-59 months and PLW through screening, treatment, and empowerment of community members (including parents, caregivers, and community leaders) to enhance their nutritional status by adopting positive behaviour.

Management of SAM in children between 6-59 months and PLW will be done through a curative approach through OTP services and community mobilisation, including screening and referral from surrounding communities. Nutritional screening and treatment will be available five days a week in all GOAL PHCCs and PHCUs (including mobile clinics), which is in line with the requirements of the Basic Package of Health Services (BPHS).

Activity	Location	Beneficiaries		
		TOTAL	Female	Male
Treatment of SAM without medical complications in children between 6-59 months through OTP units	Twic	168	85	82
	Agok	159	81	78
	Baliet	162	83	80
	Melut	111	57	54
	Ulang	103	53	51
Treatment of MAM without medical complications in children between 6-59 months and PLW through TSFP	Twic	0		
	Agok	0		
	Baliet	227	116	111
	Melut	216	110	106
	Ulang	400	204	196
Prevention of malnutrition through Infant and Young Child Feeding (IYCF) education and nutrition counselling and support	Twic	4313	2396	1917
	Agok	1469	816	653
	Baliet	1084	602	482
	Melut	331	184	147
	Ulang	1765	981	785
Nutrition Impact and Positive Practice (NIPP) circles to address acute malnutrition in a preventative way	Twic	300	150	150
	Agok	300	150	150
	Baliet	0		
	Melut	0		
	Ulang	0		
Training of nutrition staff • out-patient treatment of SAM • IYCF • Screening and referral	Twic	26	15	9
	Agok	22	14	8
	Baliet	6	4	2
	Melut	12	8	4
	Ulang	6	4	2

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

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

- 2392 children aged 6-59 months admitted to 26 static and five mobile OTPs for treatment of SAM
- 239 children aged 6-59 months admitted to SC for treatment of SAM with medical complications
- Sphere standards attained in the treatment of SAM at OTPs
- 843 children aged 6-59 months and 902 PLW treated for MAM using TSFP
- 30 Nutrition Impact and Positive Practice (NIPP) functional, admitting 150 women and 150 men respectively, with cookery

demonstrations, health/ nutrition behaviour change and micro gardening components operational.

- 8,962 women and men receive IYCF counselling through health facilities, nutrition service and community outreach.

Please note that these are only the beneficiaries that will be reached in this particular CHF project. GOAL receives funding from other donors for nutrition intervention, which is co-funding the CHF Nutrition project. In order to prevent double counting of beneficiaries, GOAL only counts the percentage of beneficiaries towards CHF 2014 Nutrition RII that corresponds with the percentage of the overall nutrition budget funded by CHF. With this grant, CHF funds 11% of the GOAL nutrition budget, therefore 11% of the beneficiaries reached by GOAL nutrition intervention will be counted towards CHF.

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 log frame.

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)
		Total Direct Beneficiaries	TOTAL 12,511 Girls 1,650 Boys 1,585 Women 5,260 Men 4,016
X	1.	# of nutrition sites - No of OTP sites	TOTAL: 31 (26 static and 5 mobile) • Twic: 11 sites (9 static and 2 mobile) • Agok: 9 sites (9 static) • Melut: 2 sites (2 mobile) • Baliet: 5 sites (4 static and 1 mobile) • Ulang: 4 sites (4 static)
X	2.	Children (6-59 months) admitted for the treatment of SAM	TOTAL: 2,392 (1,172boys, 1,220girls) • Twic: 576 children (282 male, 294 female) • Agok: 544 children (267 male, 277 female) • Baliet: 557 children (273 male, 284 female) • Melut: 370 children (181 male, 189 female) • Ulang: 345 children (169 male, 176 female)
X	3.	Quality of SAM program	• Overall programme cure rate (> 75%, Sphere standards) • Overall programme defaulter rate (< 15%, Sphere standards) • Overall programme death rate (< 10%, Sphere standards)
X	4.	# of nutrition sites - No of TSFP sites	• Melut: 2 sites (2 mobile) • Baliet: 5 sites (4 static and 1 mobile) • Ulang: 4 sites (4 static)
X	5.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	TOTAL: 843 (413 boys, 430 girls) (11% of the total targeted with TSFP project) • Baliet : 227 children (111 male, 116 female) • Melut: 216 children (106 male, 110 female) • Ulang: 400 children (196 male, 204 female)
X	6.	Quality of MAM program	• Overall programme cure rate (> 75%, Sphere standards) • Overall programme defaulter rate (< 15%, Sphere standards) • Overall programme death rate (< 10%, Sphere standards)
X	7.	# of health workers trained in Infant and Young Child Feeding	TOTAL: 72 • Twic: 26 trainees (15 men, 9 women) • Agok: 22 trainees (14 men, 8 women) • Melut: 12 trainees (8 men, 4 women) • Baliet: 6 trainees (4 men, 2 women) • Ulang: 6 trainees (4 men, 2 women)
X	8.	# of children screened in the community (75%)	TOTAL: 35,646 (17,466 boys, 18,179 girls) • Agok: 5,844 (2,864 boys, 2,981 girls) • Twic: 17,154 (8,405 boys, 8,749 girls) • Baliet: 4,310 (2,112 boys, 2,198 girls) • Melut: 1,316 (645 boys, 671 girls) • Ulang: 7,021 (3,440 boys, 3,581 girls)

X	9.	# Coverage surveys undertaken	1 (March 2015)
X		Nutrition Impact and Positive Practice (NIPP) circles to address acute malnutrition in a preventative way	TOTAL: 600 (300 men, 300 women) Twic: 300 participants (10 circles, 30 participants per circle) Agok: 300 participants (10 circles, 30 participants per circle)

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 in South Sudan is still at an early stage with very low levels of understanding and low access to treatment and counselling services. GOALs 2013 MICS found only 15.9% of respondents in Twic, 30.4% in Sobat and 38.6% in Agok were able to indicate two or more methods of HIV prevention. 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, at facilities and within the community via peer educators and the demonstration of their correct use. 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, where possible and appropriate. In 2012, In collaboration with the CHD and State MoH, GOAL has been able to establish its first 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 and AIDS and ARV therapy programmes, if required (security permitting). Pregnant 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

GOAL has taken steps to better embed good practice and gender sensitivity into its operations. For instance, in December 2010 GOAL South Sudan undertook a Gender Audit that assessed the strengths and gaps of GOAL's operations in three areas: (1) Organisational awareness, (2) Human Resources (HR), and (3) Programmes. Based on these findings, GOAL adapted its programming and conducted a Gender Mainstreaming Review in August 2011, which yielded recommended interventions. Following this visit, GOAL South Sudan developed a Gender Mainstreaming Strategy and Action Plan, conducted extensive training of all programme staff, HR, and junior staff as well as newly appointed Gender Focal Points (GFPs). Two further training modules for different staff levels. Additionally, both the "External Evaluation of Programme Integration in GOAL's South Sudan Health, WASH and Livelihoods Programme in Abyei Administrative Area and Twic County, Warrap State" (November 2012) and "Health Transition Programme Review and Recommendations for Future Programming" (April 2013) identified further areas of focus for improvement in terms of access and delivery to all beneficiaries. Gender Audits are conducted every 3 years and the next one is scheduled for this year, 2014.

Pockets of good practice include positive action strategies to employ female Community Health and Nutrition Promoters (CHNPs) and drivers and the nomination of field GFPs. GOAL South Sudan has also decided to combine the Community Health Promoter (CHP) and Community Nutrition Promoter (CNP) roles to better integrate the nutrition and health sectors, to provide skills where MoH does not have such teams, as well as to save on costs. This move also progresses male and female staff in non-traditional jobs. Only females have traditionally undertaken the CNP role, largely because of the cultural norm that women do cooking. However the only difference between the CHP and CNP role is cooking demos, as both are responsible for community promotion. While health service provision is free of charge and targeted at women and men equally, most inpatient care health is received by women. The health programme proactively reaches out to men to encourage men to seek medical attention early and on HIV awareness. Health programming also targets family planning, and conducts specific community promotion targeting men about the importance of child spacing and using contraception. GOAL has also identified the need for greater privacy (such as those women giving birth) and has continually taken steps to physically improve its facilities so as to preserve the dignity and privacy of its patients. In Wunrok, for example, construction began in May 2014 to build improved and insulated clinic structures.

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 utilise sustainable energy. A number of GOAL supported clinics use solar-powered fridges in the cold-chain. As well as being more practical in areas without electricity, these are more environmentally friendly than the use of fuel-powered generators. In the NIPP circles GOAL promotes the use of fuel-efficient stoves, which are stoves made from locally available materials that conserve energy and thus save on the use of fuel over time.

Child Protection

In May 2013, GOAL South Sudan (GOAL SS) hosted the GOAL Global Child Protection (CP) Advisor whose guidance significantly assisted in the planning of how to strengthen mainstreaming of child protection across all programmes. A number of activities were undertaken including training and support to two CP focal points. A key part of their initial work will be the conducting of Risk Self-Assessments at each the programme sites, which has facilitated the nomination of local CP focal points at each of the field sites. The Risk Self-Assessments have also formed the basis of the 2014 Annual National Plan and Programme-level Plans that detail how all sites and departments can improve practice to minimise risks to children. Review of progress against plans is done made on a quarterly basis at the field sites and on an annual basis for the overall programme, and is included in the submission of tri-annual Audits.

Accountability to beneficiaries

At all stages of the program design and intervention GOAL works to engage communities and ensure that accountability standards can be met. Regular community and staff meetings are held and contribute to GOAL's strategic planning approach. A network of

community 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.

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 implemented all nutrition activities directly, and meanwhile supported PHCCs and PHCUs run by the Ministry of Health. Currently, 31 OTPs are established across four programme sites (both static and mobile clinics). GOAL South Sudan's nutrition programme is fully integrated within the primary health care programme, which is vital considering the strong link between (acute) malnutrition and poor health status. Both health and nutrition staff receive (refresher) training on nutrition services. In 2014 GOAL's nutrition training pays specific attention to IMSAM and IYCF.

GOAL employs a nutrition coordinator who is responsible for the technical quality for the nutrition programme. In addition, GOAL will add an Emergency Nutrition Manager and supervisors who will be responsible for implementing Nutrition emergency response programme in UNS – where GOAL plans to include TSFP programming with funding from WFP. GOAL also has identified four nutritionists who are ready to come in and support the scale up process to South Sudan programme. The Nutritionists are experienced in emergency nutrition programming with in other countries and are all ready to come and support the project as soon as the agreement with WFP is reached. GOAL will also recruit Community Health and Nutrition Promoters (CHNPs) who will be responsible to work alongside the experienced nutritionists in the TSFP in dispensing of Plumpy Supand CSB++ to the MAM cases (6 – 59 months and PLWs). The CHNP workers would also be engaged in undertaking the IYCF, mass MUAC screening when the TSFP distribution is not happening. The OTP workers are based in all the health facilities with OTPs, and closely work together with the EPI teams at the facility level to ensure that there is systematic referral from and to EPI departments. Other referral pathways include from the CHNP mass MUAC screening.

GOAL works in close cooperation with the Ministry of Health through joint supervisions, strategic planning, and the provision of inputs where appropriate. Whenever possible GOAL will endeavour to include MoH staff in trainings and any capacity building efforts. In Twic, GOAL works with a local partner (SMART) in conducting surveys and screenings with a new partnership in the late stages of development in Baliet with WERD.

GOAL integrates nutrition to PHC services and within the health and nutrition referral is encouraged. GOAL also implements WASH and FSL programmes which are also closely linked with Nutrition programme. Currently, FSL programme supports the nutrition impact and positive practises circles (NIPPs) with the necessary technical support to establish micro gardens for the NIPPs circle members, while the WASH team support the same groups on how to make tippy taps and construction of pit latrines.

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 technical staff (supervisors and officers) in each field site, in addition to a roving nutrition coordinator and a Juba-based Health and Nutrition coordinator, to monitor the nutrition activities taking place with a particular focus on improving quality in line with SPHERE standards. Throughout all GOAL South Sudan's operations nutrition is incorporated into the Health Sector due to the strong links between malnutrition and health status. Incorporating health and nutrition programming is in line with the MoH policy and the BPHS. In addition to the Nutrition technical staff, GOAL employs Clinical Officers, Area Health Managers and Health Coordinators who also monitor nutrition activities throughout all field sites. The country technical coordinators for each sector (health and nutrition, WASH, and livelihoods) with the gender focal points ensure that the necessary links and cooperation between the sectors are in place.

GOAL will continuously monitor the progress of the programme and assess its effectiveness. Baseline data are available through on-going monitoring in all programme sites. If operations restart in Baliet and Ulang when this HF grant is running, a rapid assessment will be conducted to establish a baseline.

GOAL collects data on all nutrition activities on a daily basis and this information is the basis for weekly and monthly reports to the MoH, the Nutrition Cluster, and to other donors. GOAL will also provide reports to CHF as required. For all responses in non-emergency settings, GOAL uses the DHIS health management information system for reporting. This data management system includes GOAL's nutrition indicators through creation of a dataset in line with the monthly Nutrition Cluster report form. The response in the IDP sites collected in the HIS system, which also contains information on all indicators GOAL reports on, and it in line with the nutrition cluster reporting format. A Juba-based M&E officer is responsible for collecting and collating the information on a daily basis as the information is sent.

Furthermore, 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 completion of the circle, to measure the long-term impact and therefore success of the activity.

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.

Improvements to the NIPP circles will be made depending on the findings of an external evaluation that was conducted in March 2014. The evaluation assessed the impact of the intervention and its efficacy in achieving long term behaviour change. The reports are also used to check programme performance is in line with SPHERE standards 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.

Where access and security permits, follow-up nutrition and coverage surveys will measure achievements against targets. In November 2014, GOAL will, in collaboration with MoH staff, conduct a SQUEAC survey that will identify and confirm areas of low and high coverage of the CMAM programme, as well as boosters and barriers to coverage, by using routine programme data, quantitative data and anecdotal data.

In addition to the SQUEAC of planned for November 2014 (funded by other donors) GOAL proposes to conduct a SLEAC survey with CHF funds in March 2015. SLEAC surveys are to point out any existing gaps. If gaps exist, GOAL will undertake a SQUEAK survey to identify what and where the gaps are.

The survey results will be shared with the MoH, cluster, and other relevant actors.

D. Total funding secured for the CRP project

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

Source/donor and date (month, year)	Amount (USD)
OFDA (June 2014 – May 2015)	185,249
ECHO (January – December 2014)	229,253
IAPF (January – December 2014)	259,107
UNICEF (May – December 2014)	Donations In Kind (\$405,211)
Pledges for the CRP project	
None	

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. 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./ CRP Code: SSD-14/H/60424	Project title: Improving the nutritional status of children aged 6 59 months and pregnant and lactating women through treatment and empowerment of host and IDP communities in Agok and Twic Counties, Warrap State and conflict affected populations in Baliet, Melut and Ulang Counties, Upper Nile State		Organisation: <u>GOAL</u>

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>Goal/Impact (cluster priorities)</p> <p>1.Ensure quality, life-saving, management of acute malnutrition for at least 75% of SAM cases and at least 60% of MAM cases in all vulnerable populations (girls and boys under five years, pregnant and lactating women) nationally, at both health facility and camp level (IDP, POC), prioritizing the 5 most affected states.</p> <p>2.Ensure access to interventions aimed at preventing malnutrition through the protection, promotion and support of safe and appropriate infant and young child feeding practices, control of micronutrient deficiencies, protection of nutritional status through blanket feeding and integrated WASH in nutrition programming, for at least 80% of vulnerable populations (girls and boys under five years, breastfed and non-breastfed infants and young children, pregnant and lactating women and caretakers of children 0-23 months) nationally, at both health facility and camp level (IDP, POC), prioritizing the 5 most affected states.</p> <p>3. Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response, through improved nutrition surveillance, reinforced monthly nutrition programme data collection and analysis and optimal nutrition cluster coordination.</p>	<ul style="list-style-type: none"> • SAM coverage target: >75% • MAM coverage target: >75% 	<ul style="list-style-type: none"> • SMART surveys • IRNAs • Weekly nutrition cluster reports • Monthly nutrition cluster reports 	

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
CHF project Objective	<ul style="list-style-type: none"> Management of acute malnutrition through an integrated and community-based approach Prevention of acute malnutrition in children aged 6-59 months and PLW Increase capacity for emergency preparedness and timely response 	SAM coverage 75% MAM coverage 75% Host community: SAM MAM Baliet 2.90% 9.90% Ulang 5.00% 14.20% Agok 3.10% 12.40% Twic 3.40% 16.80% IDPs: SAM MAM Twic 4% 17% Melut 4% 8% Baliet 6% 11% Ulang 5% 5%	Weekly Nutrition Cluster Reports Monthly Nutrition Cluster Reports DHIS OTP and TSFP data HIS OTP and TSFP data SQUEAC survey MICS Training reports	<ul style="list-style-type: none"> Security and political situation allow for humanitarian access No significant changes occur in target population Suitably qualified staff are identified, recruited and trained GOAL and UNICEF procurement and supply chains are maintained and uninterrupted. Communities are motivated to participate in activities/ campaigns All necessary funding secured
Outcome 1	Improved access to services for treatment of severe and moderate acute malnutrition and services for prevention of malnutrition in children aged 6-59 months and pregnant and lactating women.	Coverage of OTP and TSFP services: 75%	OTP and TSFP data	<ul style="list-style-type: none"> Security and political situation allow for humanitarian access No significant changes occur in target population Suitably qualified staff are identified, recruited and trained GOAL and UNICEF procurement and supply chains are maintained and uninterrupted.
Output 1.1	<p>The integrated management of acute malnutrition in children aged 6-59 months and PLWs will be provided through a curative approach to SAM in all sites via OTPs, a curative approach to MAM through TSFP in Upper Nile State.</p> <p>Prevention of SAM through NIPP circles in Twic and Agok, and through infant and young child feeding sessions in all sites, as well as through community mobilisation, screening and referral from communities surrounding the GOAL health facilities</p>	Total direct beneficiaries: 42,428 Women: 19128 Girls: 4435 Men: 14605 Boys: 4261 <ul style="list-style-type: none"> Number of OTP sites for the treatment of children aged 6-59 months with SAM: Twic: 11 sites (9 static, 2 mobile) Agok: 9 sites (9 static) Baliet: 5 sites (4 static and 1 mobile) Ulang: 4 sites (4 static) Melut: 2 sites (2 mobile) Number of children (6-59 months) admitted for the treatment of SAM: Twic 576 Agok 544 Baliet 557 Melut 370 Ulang 345 	OTP and TSFP data	<ul style="list-style-type: none"> Security and political situation allow for humanitarian access No significant changes occur in target population (displacement to or from the locations identified) Suitably qualified staff are identified, recruited and trained Core pipeline supply uninterrupted (UNICEF and WFP) Communities are motivated to participate in activities/ campaigns

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		<ul style="list-style-type: none"> Number of children (6-59 months) admitted for the treatment of MAM: Baliet 1896 Melut 1795 Ulang 3336 Prevention of malnutrition through IYCF education and nutrition counselling and support: Twic 15684 Agok 5343 Baliet 3941 Melut 1204 Ulang 6419 NIPP circles for prevention of acute malnutrition: Twic 30 circles 10 participants per circle (300 participants) Agok 30 circles 10 participants per circle (300 Participants) Programme cure rate: >75% Programme defaulter rate: <15% Programme death rate <10% 		
Activity 1.1.1	Treatment of SAM without medical complications in children between 6-59 months through OTP units			
Activity 1.1.2	Treatment of MAM without medical complications in children between 6-59 months and PLW through TSFP			
Activity 1.1.3	Prevention of malnutrition through Infant and Young Child Feeding (IYCF) education and nutrition counselling and support			
Activity 1.1.4	Nutrition Impact and Positive Practice (NIPP) circles to address acute malnutrition in a preventative way			
Output 1.2	Training health workers, to enable emergency response, treatment and prevention activities	<ul style="list-style-type: none"> Number of Health and nutrition workers trained (includes facility and community level health and nutrition workers) in outpatient treatment of SAM and MAM protocols, in IYCF, and in screening and referral: Twic: 26 (15 female, 9 male) Agok: 22 (14 female, 8 male) Baliet: 6 (4 female, 2 male) Melut: 12 (8 female, 4 male) Ulang: 6 (4 female, 2 male) 	Training reports	No staff turnover
Activity 1.2.1	Training of nutrition staff <ul style="list-style-type: none"> Out-patient treatment of SAM and MAM IYCF 			

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
Output 1.3	<ul style="list-style-type: none"> Screening and referral Continuous supervision and monitoring	Number of supervisory visits to the nutrition treatment sites during the reporting period: 1 per site per month <ul style="list-style-type: none"> % of Cluster coordination meetings attended in the reporting period (County, state and national) 100% at Juba level 100% at state level 100% at county Levels Number of timely and complete monthly reports submitted in the reporting period: 1 per site per month Conduct coverage survey: 1 (March 2015)	<ul style="list-style-type: none"> Monthly Cluster Reports Survey report 	<ul style="list-style-type: none"> Security and political situation allow for humanitarian access Roads are passible during rainy season
Activity 1.3.1	Conduct one supervision visit to each facility monthly			
Activity 1.3.2	Attend all monthly national, state, and county nutrition cluster meetings			
Activity 1.3.3	Submit Monthly Reports			
Activity 1.3.4	Conduct coverage survey			

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: 1 July 2014 **Project end date:** 30 June 2015

Activities	Q3/2014			Q4/2014			Q1/2015			Q2/2015		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Activity 1	x	x	x	x	x	x	x	x	x	x	x	x
Activity 2	x	x	x	x	x	x	x	x	x	x	x	x
Activity 3	x	x	x	x	x	x	x	x	x	x	x	x
Activity 4	x	x	x	x	x	x	x	x	x	x	x	x
Activity 5	x	x	x	x	x							
Activity 6	x	x	x	x	x	x	x	x	x	x	x	x
Activity 7	x	x	x	x	x	x	x	x	x	x	x	x
Activity 8	x	x	x	x	x	x	x	x	x	x	x	x
Activity 9									x			