

Project Proposal

Organization	GOAL (GOAL)																																												
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 and conflict affected populations in Baliet, Melut and Ulang Counties, Upper Nile State																																												
Fund Code	SSD-15/SA1/N/INGO/365																																												
Primary Cluster	NUTRITION	Secondary Cluster	None																																										
Project Allocation	1st Round Standard Allocation	Allocation Category Type	Frontline services																																										
Project budget in US\$	200,000.01	Planned project duration	6 months																																										
Planned Start Date	01/01/2015	Planned End Date	30/06/2015																																										
OPS Details	OPS Code	SSD-15/H/73049	OPS Budget	0.00																																									
	OPS Project Ranking		OPS Gender Marker																																										
Project Summary	<p>GOAL's nutrition programme provides preventative and curative responses to moderate acute malnutrition (MAM) and severe acute malnutrition (SAM). Its operational areas including Baliet, Longochuk, Melut, and Ulang Counties in Upper Nile state (UNS) and Agok in Abyei Administrative Area (South of River Kibir). In the same locations, infant and young child feeding (IYCF) promotional sessions are conducted with men, women and children. This is accompanied by cookery demonstrations using low-cost, locally available, highly nutritious foods. Screening for MAM and SAM will be conducted at GOAL's network of 24 fixed and six mobile clinics and through mass outreach and screening campaigns in communities and internally displaced people (IDP) camps. Children aged 6-59 months and pregnant and lactating women (PLW) are the targeted population of this activity. In the dry season, GOAL plans to reach as many people through integrated mobile clinics which will offer all the nutritional services under this grant as much as security to locations allow. In Agok caretakers of children with MAM and PLW with MAM are referred to GOAL's Nutrition Impact AND Positive Practise (NIPP) Circles (not funded by CHF). In UNS, GOAL has set up a therapeutic supplementary feeding programme (TSFP) which all children aged 6-59 months and PLW with MAM in GOAL's areas of operation are referred to (funded by OFDA and WFP). GOAL treats children aged 6-59 months diagnosed with SAM through its network of outpatient therapeutic centres (OTPs) at both fixed and mobile health clinics. GOAL has also set up three stabilisation centres (SCs), one in Twic and two in Maiwut, to treat SAM cases with medical complications. However, this grant will not include nutrition activities in Maiwut and Twic. GOAL's nutrition programme also focuses on capacity building for both female and male staff through on-the-job training, as well as through participation in formal trainings and courses. GOAL's primary focus is to provide training on Integrated Management of Severe Acute Malnutrition (IMSAM), which promotes the identification and treatment of SAM in line with the Government of South Sudan (GoSS) ministry of health (MoH) guidelines and SPHERE standards.</p>																																												
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>220</td> <td>880</td> <td>15999</td> <td>16652</td> <td>33,751</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>People in Host Communities</td> <td>74</td> <td>297</td> <td>5393</td> <td>5613</td> <td>11377</td> </tr> <tr> <td>Internally Displaced People</td> <td>146</td> <td>583</td> <td>10606</td> <td>11039</td> <td>22374</td> </tr> <tr> <td>Children under 5</td> <td>0</td> <td>0</td> <td>220</td> <td>880</td> <td>1100</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>666</td> <td>0</td> <td>0</td> <td>666</td> </tr> </tbody> </table>				Men	Women	Boys	Girls	Total	Beneficiary Summary	220	880	15999	16652	33,751	Total beneficiaries include the following:						People in Host Communities	74	297	5393	5613	11377	Internally Displaced People	146	583	10606	11039	22374	Children under 5	0	0	220	880	1100	Pregnant and Lactating Women	0	666	0	0	666
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Indirect Beneficiaries	291,269	Catchment Population	530941																																										
Link with the Allocation Strategy	CHF South Sudan 2015 allocation strategy has clearly identified the sustained humanitarian needs and response with especial emphasis of reducing morbidity and mortality below emergency threshold and improvement of well-being among population affected by conflict, drought and displacement. GOAL humanitarian intervention in the UNS state was streamlined towards CHF humanitarian response strategic objectives. Goal is proposing to strengthen and provide lifesaving nutrition services to vulnerable communities in Abyei Administrative Area and Baliet, Melut and Ulang Counties in Upper Nile State through increasing access to quality nutrition programmes and the bolstering of referral services. The provision of such services will thereby significantly contribute to the CHF allocation strategy's key aims of reducing nutrition related morbidity and mortality in particular and improvement of nutrition status to the catchment population in general.																																												
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)		<table border="1"> <thead> <tr> <th>Source</th> <th>US\$</th> </tr> </thead> <tbody> <tr> <td>CHF 2014 Nutrition SA RII - Nutrition</td> <td>100,000.00</td> </tr> <tr> <td>OFDA</td> <td>2,000,000.00</td> </tr> <tr> <td>WFP</td> <td>250,000.00</td> </tr> <tr> <td></td> <td>2,350,000.00</td> </tr> </tbody> </table>	Source	US\$	CHF 2014 Nutrition SA RII - Nutrition	100,000.00	OFDA	2,000,000.00	WFP	250,000.00		2,350,000.00																																
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BACKGROUND INFORMATION																																													
1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	GOAL has been working in Agok since 2003 and in Ulang and Baliet counties since 2007. GOAL is currently on the ground in all areas included in this proposal, operating OTP, and therefore has first-hand insight in current malnutrition rates and coping mechanisms. Currently, GOAL is providing integrated health and nutrition services in Ulang, Baliet, Akoka, Melut Counties of UNS and Nutrition services in Longechuk county of UNS. Upper Nile State is one of the states that were seriously affected by the recent conflict, displacement and destruction. Upper Nile state, where this project is proposed, has a total population of 291,269 where close to 58,253 and 11,650 are children and pregnant women respectively.																																												
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicate references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	<p>Since conflict erupted on December 15th 2013 the already precarious humanitarian situation in South Sudan has significantly deteriorated. Approximately 1.91 million people have been displaced as a result of violence and insecurity, including 1.44 million Internally Displaced People (IDPs) (UNOCHA – October bulletin). Access to both host and displaced populations and the delivery of humanitarian aid is hindered by persistent threats, harassment, and attacks on humanitarian actors. All of GOAL's 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 10 October indicated that only 1249 people were internally displaced within Baliet and a further 20,896 people have relocated to two IDP sites in Melut. Agok in Abyei Administrative Area (AAA) is located alongside Unity State where conflict has been intense and as a result, people have relocated to these counties: there are believed to be 6,500 IDPs in Agok that have integrated into the host communities, significantly straining already overstretched coping mechanisms. The latest IPC data (Sept 2014) estimated that 1.5 million people in South Sudan were in crisis or emergency levels of food insecurity and projected that 2.5 million people could face crisis or emergency levels of food insecurity between January and March 2015, with the majority of the affected population being in Jonglei, Unity, and Upper Nile. The projection for the situation in UNS for 2015 quarter 1 estimates 330,000 people in crisis level (level 3) and 200,000 people in emergency level (level 4), which means 43.6% of the population of UNS will be in crisis or emergency levels of food insecurity. The prognosis is dire mainly due to exhaustion of household food stocks and presumed resumption of conflict. Many people were displaced as a result of the war, losing food stocks from the previous harvest, while many have been unable to plant, or did plant but were displaced before crops could be harvested. For example, in Ulang, 30-35% of the population was unable to plant this season and production is expected to decline by as much as 50%. Prices of staple foods like sorghum are 4-5 times higher than normal. Negative coping mechanisms are being employed: reducing the amount of meals per day or the amount consumed per meal, as well as the sale of firewood for income generation.</p>																																												

IDPs have depleted their own food stocks and are reliant on donations from the host community for survival. General food distributions take place in Abyei and in many areas in Upper Nile. Insecurity has affected transport by road and river of food items within South Sudan and between South Sudan and neighbouring countries, leading to food shortages in markets and increased prices even in areas not directly affected by the conflict. According to a recent Mercy Corps market assessment conducted in Agok host communities and IDPs are increasingly competing for the limited supply of food and non-food items in the markets. GOAL's Multi-Indicator Cluster Survey conducted in February 2014 show food security in GOAL's operational areas remains low. In Agok, 60.4% of households reporting spending 50% or more of their income on food. The 2014 snapshot survey shows 49.0% of the HH reporting not having enough food for their HH needs and that 53% of the population depend on food aid.

3. Description Of Beneficiaries	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. Children under five are considered to be extra vulnerable as they have a significantly higher change of dying from malnutrition. Likewise, pregnant women, as their health and nutrition has a direct influence on that of her unborn child; malnutrition during pregnancy leads to increased morbidity amongst mothers, and impacts the future health and development of the child, but also increases the risk of maternal and infant mortality. Finally, women are traditionally charged with providing food and cooking. When women have a better understanding of good food and better feeding practices, this will benefit the wider family. 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. The OTPs in Rom, Melut, Barmach, and Nyangora are specifically targeting IDPs. GOAL expects IDPs to be 60% of the total number of beneficiaries. Referral for the SAM cases with medical complication in Agok will continue to be referred to MSF – Suisse and in Melut this referral will continue to MSF Spain facility in Melut Town. Alternative referral centers will need to be established in Ulang and Baiet where the former stabilisation centers are not functional. 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. The cured OTP discharges be monitored thus ensuring the recommended two month follow up of recent cases of SAM is carried out in line with the GoSS IMSAM guidelines.
4. Grant Request Justification.	CHF 2015 Nutrition RI funds would enable GOAL to maintain and expand current activities and build upon the achievements from the CHF 2014 allocations. CHF Nutrition funding would be used in addition to funding already secured from CHF 2014 RII, HPF, WFP and OFDA. In addition, GOAL has a PCA with UNICEF for the provision of Plumpy Nut at all operational sites and will apply for a new PCA for all sites in 2015. ECHO funding and Irish Aid funding will be sought in 2015 to further support the nutrition response in Abyei. GOAL runs OTPs at GOAL supported health facilities; nine in Agok, 16 in Twic, two in Melut, four in Baiet, four in Ulang, four in Maiwut, and one in Longochuk. The two OTPs in Melut, one in Baiet, and two in Ulang are based in IDP camps and their sole focus is support to IDPs. Because of the dire nutritional status of most residents in UNS (whether host community or IDPs) GOAL started a TSFP response into its OTP services in UNS. To complete the integrated response, GOAL also runs stabilisation centres: one in Twic, two in Maiwut, and one in Longochuk. The fragility of the situation in South Sudan and especially in Upper Nile calls for continued and uninterrupted support to ensure nutrition needs of children aged 6-59 months and pregnant and lactating women (PLW) from host, IDP, and returnee communities are met, in order to prevent deterioration of the health status. GOAL recognises the likelihood of renewed hostilities and further displacement in or to all operational areas in 2015. CHF funds provide the flexibility required to maintain emergency response capacity and preparedness. 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. Using funding from other donors, GOAL will expand the network of OTPs in 2015, ensuring all GOAL supported health facilities have an OTP on site. Funding has been secured from OFDA for rehabilitation of any damage clinics in Ulang and Baiet have sustained during the conflict.

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

LOGICAL FRAMEWORK

Overall project objective	• Management of severe acute malnutrition through community management of acute malnutrition an approach. • Prevention of acute malnutrition in children aged 6-59 months and PLW • Increase capacity for emergency preparedness and timely response
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Logical Framework details for NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Deliver quality lifesaving management of acute malnutrition for at least 60% per cent of SAM cases in girls and boys 0-59 months and at least 60 per cent of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	80
2015 SSO 2: Increase access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement	10
2015 SS 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response	SO 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods	10

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.	
Code	Description	Assumptions & Risks
Output 1.1	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.	<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 • Access is possible during rainy season

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls 6-59 months and PLW screened for acute malnutrition in a community		880	15999	16652	33531
	Means of Verification:	• DHIS OTP data • HIS OTP data					
Indicator 1.1.2	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment			1691	1760	3451
	Means of Verification:	• DHIS OTP data • HIS OTP data					
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			1268	1320	2588
	Means of Verification:	• OTP monthly reports					
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)			169	176	345
	Means of Verification:	• OTP monthly reports					

Indicator 1.1.5	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)	254	264	518
Means of Verification:		• OTP monthly reports			

Activities

Activity 1.1.1	Routine screening of all children 6-59 months visiting GOAL supported clinics as well as mass screening for malnutrition
Activity 1.1.2	Treatment of SAM without medical complications in children between 6-59 months through OTP units.
Activity 1.1.3	Training of staff on CMAM following Cluster Standards
Activity 1.1.4	Establish stabilisation centers for referral purposes in Baliet, akoka and Ulang

Output 1.2

Prevention of SAM 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.	<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 • Access is possible during rainy season
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	NUTRITION	[Frontline services] [Prevention] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions	224	895			1119
Means of Verification:		• Training reports • HIS reports					
Indicator 1.2.2	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	13	12			25
Means of Verification:		training data and report					

Activities

Activity 1.2.1	Provision of IYCF sessions to PLW, fathers, and other caretakers of children under 5
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WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Activity 1.1.1 Routine screening of all children 6-59 months visiting GOAL supported clinics as well as mass screening for malnutrition	2015	X	X	X	X	X	X						
	Activity 1.1.2 Treatment of SAM without medical complications in children between 6-59 months through OTP units.	2015	X	X	X	X	X	X						
	Activity 1.2.1 Provision of IYCF sessions to PLW, fathers, and other caretakers of children under 5	2015	X	X	X	X	X	X						
	Activity 1.1.3 Training of staff on CMAM following Cluster Standards	2015		X										
	Activity 1.1.4 Establish stabilisation centers for referral purposes in Baliet, akoka and Ulang	2015	X	X	X									

M & R DETAILS

<p>Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .</p>	<p>GOAL's formal and informal comprehensive monitoring and evaluation tools are central to ensuring the appropriate delivery of effective and sustainable services. GOAL employs a Monitoring, Evaluation, Accountability and Learning Coordinator (MEAL Coordinator) to oversee and strengthen programme monitoring, results-based programme decision making, accountability and learning. GOAL conducts annual health, nutrition and WASH programme evaluations that are key for monitoring capacity of service delivery across programme sites. These evaluations by GOAL's global technical team assess all levels of the PHC, nutrition and WASH intervention, assess progress made, and provide recommendations on strategic areas for improvement. Weekly surveillance/EWARN and monthly HIS reports are submitted to GoSS and State MoH. As the CHDs develop, GOAL will increase collaboration in areas of data collection, management and analysis. The monitoring of the programme and services will continue to be carried out in partnership with the local community and MoH. The programme tracking will be done through: Collection of monthly HIS data, Collection of NIPP circle data, Annual Anthropometric and Health survey (formerly referred to as MICS survey) in Agok, which allows for comparisons across years, and informs the scope and methods GOAL uses to assess its health facilities, conduct SQUEAC survey in Agok in Quarter 1 (Jan-Apr) to ascertain coverage rates. Quarterly clinic audits to monitor staff performance and protocol adherence targets. Stock outs will be prevented by monthly drug/stock audits and a consumption based drug ordering system. All programme departments contribute to monthly reports for performance tracking. GOAL technical advisors regularly visit and provide programme evaluations, recommendations and advice on all programme sectors. Monitoring of project activities will be carried out by the Public Health, Community Health and Nutrition Coordinators for their respective sectors, overseen by the Assistant Country Director for Programmes with support from the Country Director. The annual anthropometric and health surveys and sector specific surveys are coordinated by the Monitoring, Evaluation, Accountability and Learning Coordinator. Appropriate GOAL personnel will oversee contracts, works, trainings and distributions and financial monitoring will be carried out by the juba-based GOAL finance team. Donor representatives will be hosted during the course of project to observe implementation first-hand.</p>
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OTHER INFORMATION

Accountability to Affected Populations	At a global level, in October 2014 GOAL was granted membership of the Humanitarian Accountability Partnership (HAP), reflecting GOAL's organizational commitment to beneficiary accountability. Two members of the South Sudan programme team have been identified to participate in training held by HAP to ensure that GOAL attains accountability standards within humanitarian contexts. These staff members will then be tasked with developing, implementing and monitoring mechanisms that ensure beneficiaries needs, especially those most vulnerable including children separated from their families, the elderly and disabled and victims of sexual violence are appropriately and adequately served by the health, nutrition and hygiene promotion activities within GOAL's remit. Findings from these mechanisms will be fed to the programme implementation team in order to develop strategies to overcome barriers to services encountered by the most vulnerable. GOAL's MEAL coordinator is the South Sudan accountability lead, supported by the Juba level Country Health Coordinator, and field level Health Project Managers and the Area Coordinators, who coordinate the field sites. The field management team will be required to submit weekly reports outlining the achievements from the activities, the security situation and potential risks. These regular updates in addition to the routine monitoring reports will enable GOAL to address any adverse outcomes from the program. GOAL's rigorous and participatory project design process ensures that all programmes are designed as per the beneficiary consultations that precede each annual planning process. GOAL's team will seek ongoing feedback regarding its own intervention from local authorities and community members, as well as other coordinating agencies. GOAL will fully co-operate with any further independent evaluation of its activities. Needs assessments and interventions will be carried out to international standards and this may be verified through assessment, program reports, and regular site visits. In each field site a community feedback mechanism is established to ensure that beneficiaries understand how the programmes were developed out of what was discussed during the consultative meetings. GOAL also works through community leadership structures to engage with the communities to ensure that there are no issues with the project delivery, and that if issues do arise, they are comprehensively and properly addressed, in line with GOAL's procedure and policy. Likewise, all GOAL staff are required to declare any existing or potential conflicts of interest so as to ensure there are no competing interests between the staff, organisation, donors and the beneficiaries they serve.
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Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.

GOAL has been operational in Southern Sudan since 1984, with extensive experience in responding to complex humanitarian crises, and with long-standing knowledge of the proposed areas of intervention. The Nutrition Cluster priorities identified for 2015 were carefully considered while designing this program. Goal has been an active partner within the Nutrition Cluster at national and state level, and GOAL recognizes the need for strong coordination as a key factor in ensuring a unified humanitarian response in South Sudan in general and UNS in particular. The Nutrition Cluster coordination has proven an essential resource to the humanitarian community, in relation to information sharing, planning, resource mobilization and advocacy, and Goal is looking to continue to further strengthen its role in the cluster. As part of this project, Goal will support any rehabilitation of health and nutrition facility infrastructure, provision of technical and non-technical human resources, medical supplies, capacity building, monitoring and evaluation. Staff training and capacity building will be given utmost priority on a regular basis. In addition, there are some regular training conducted by the WHO/MOH and UNICEF each year to refresh the knowledge and skills of the health and nutrition staff. Goal will support the staff to attend these refresher courses. GOAL will maintain the nutrition information system developed by the nutrition cluster at health facility level and will use this system for data entry and analysis. The data will be shared with the SMOH and the nutrition cluster at all levels on a monthly basis. GOAL has recruited and deployed Community Health and Nutrition Promoters (CHNP's) that are responsible for in the conduct of community mobilization, health education, defaulter tracing, and provision of IYCF education to the targeted beneficiaries. On top of this, the TSFP and OTP nurses working in the facility provide health education targeting IYCF and positive health practices to the community and mothers. GOAL will also adapt, print and distribute IEC/BCC material targeting IYCF practices. In addition, GOAL will use the NIPP methodology in Agok, to implement the IYCF activities. These activities will be scaled up during the dry season, when access is improved. Programming and provision of supplies will be extended to remote areas during the dry season. GOAL will also conduct MICS surveys in its operation through close collaboration and partnership with the nutrition cluster, CHD and communities. GOAL is aware of the security situation in UNS and will identify a safe and secure period for this exercise. Likewise, GOAL conducted MICS surveys for the past couple of years in similar environment and is well aware of the contextual challenges and opportunities for conducting similar surveys. GOAL will also use its own staff members that have been trained on SMART and MICS. Engagement of the SMOH in GOAL activities will be ensured through monthly Nutrition cluster coordination meetings at state level. GOAL will discuss and share with SMOH and CHD the planned activities at the beginning of the program. Goal will ensure participation of the SMOH in activities like campaigns, mass screenings, trainings and surveys. Nutrition services from all GOAL health facilities will be free of cost. Gender and ethnicity issues will be addressed through focus group discussions and regular consultation with community leaders using the forum of the Boma Health Committee (BHC). GOAL will be engaging the BHC network for further quality improvement which will include complaint mechanism from community for services and also joint monitoring and supervision; Goal will encourage the community through BHC and other networks to organize regular meetings with community on service delivery, M&E and will gather the feedback for quality improvement

Coordination with other Organizations in project area	Name of the organization	Areas/activities of collaboration and rationale
	1. Relief International	GOAL will hand over management of SAM in Udier in Longochuk County as soon as they can find funding
	2. UNICEF	GOAL continues to receive SAM commodities as part of PCA with UNICEF
	3. WFP	GOAL continues to receive TSFP supplies as part of the FLA
	4. MSF Suisse	GOAL coordinates in the referral of SAM cases with medical complications to MSF Suisse stabilisation centre in Agok
	5. MSF Spain	GOAL coordinates in the referral of SAM cases with medical complications to MSF Spain stabilisation centre in Melut

Environmental Marker Code: A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Code: 2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code: Each year in September, GOAL conducts its annual programme planning process. This involves holding a series of key informant interviews, focus group discussions (FGDs) and planning workshops with staff. The result is a strategy for each sector that incorporates the view, opinions and needs of all stakeholders and seeks to address existing gaps. It is through this process that GOAL identifies the nutrition priorities for both men and women in terms of needs. At all stages in programme planning and design, gender mainstreaming is a key priority. GOAL aims to improve the well-being of women, girls, boys and men through equitable access to and utilisation of nutrition services. Although GOAL targets both men and women equally, the latter are the largest service user group. The programme design takes into account the very specific needs of women and children in South Sudan. To ensure that the specific needs of men and women are prioritized in the design and implementation of this programme, GOAL has identified its Monitoring, Evaluation and Learning Officer to guide and lead this process as the gender focal point. This will involve conducting routine field monitoring visits, gender assessments on interventions, FGDs with both men and women for impact monitoring and providing training to staff on gender issues.

Protection Mainstreaming: GOAL has a protection mainstreaming policy that all staff in the field sites have been trained in, and each field site has a child protection focal point who is responsible for conducting continuous refresher trainings for the staff. At field level GOAL partners with organisations whose programming is wholly protection focused to ensure that beneficiary protection needs are properly addressed. Equally, there is a Country Child Protection focal person who gives the field child protection focal points remote support; this ensures GOAL is equipped to capture and refer appropriately the protection issues to the best placed protection partners.

Safety and Security: The safety and security of GOAL's staff is of paramount importance in the planning and implementation of all humanitarian programming. The risks associated with operating in South Sudan, however, have increased significantly since the outbreak of conflict in December 2013, and stringent context-appropriate security management procedures have been put in place accordingly. As a result of the ethnic dimension of this conflict, IDPs of both major tribes involved in this conflict have fled to regions which are predominantly made up of people of their own tribe as these areas are perceived to be safe. GOAL aims to continue to support the communities that it has worked with for a number of years, and as such acceptance continues to play a key part to the management of security. However this means that GOAL will continue to work in both opposition and government held areas. Being cognisant of these risks, GOAL has a comprehensive suite of security procedures and mitigation measures that are regularly reviewed, and continues to hire a permanent Safety and Security officer in South Sudan, who is supported by a Global Security Advisor. GOAL's approach of providing mobile health and nutrition services allows access for vulnerable beneficiaries without compromising their safety and security as travel to static clinics currently does. This will also ensure that GOAL retains the acceptance of the communities it serves and the cooperation of local authorities in the long term and can return to service delivery in both counties when the conflict abates. GOAL will continue to engage with members of both communities to assess the perceived risks in terms of accessing GOAL services and identifying means in which GOAL can reach vulnerable communities and individuals safely. A major challenge in South Sudan is the recruitment and retention of staff. GOAL has approximately 700 staff and has traditionally used a combination of national local, national relocatable and international staff. However, increasingly the safety of some of these ethnicities in UNS can no longer be guaranteed, including Equatorians and some neighbouring internationals. With the potential regionalisation of the conflict this situation can change very quickly. This change has increased the number of international staff required within the program, but it is critical that GOAL have the appropriate staff so as to meet the critical humanitarian needs without jeopardising the safety and security of its staff.

Access: Access to displaced populations and the delivery of humanitarian aid is hindered by persistent threats, harassment and attacks targeting relief actors as well as demands for unofficial fees at increased checkpoints throughout the country. Conflict levels were greatly reduced by the rainy season and its restrictions it placed on movement and access, but if a solution to the current crisis is not found in the next round of peace talks in Addis scheduled for the 15th of December, it is likely that levels of violence could escalate in the dry season.

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
1.1	Agok Programme - National and Relocatable	D	10	16301	6	0.08%	782.45	391.35	391.10	782.45
	Allocation to Assistant Community Health and Nutrition Officers and OTP Nurses									
1.2	Juba Programme - National and Relocatable	D	12	6155.11	6	3.00%	13,295.04	6,647.52	6,647.52	13,295.04
	Allocation for Nutrition Coordinator, Assistant Nutrition Coordinator, Community Health Coordinator, PHCC, Ass PHCC									
1.3	UNS Programme - National and Relocatable	D	33	8140.32	6	1.01%	16,279.01	8,139.51	8,139.50	16,279.01
	Allocation to Assistant Community Health and Nutrition Officers and OTP Nurses									
1.4	Agok Compound - National and Relocatable	S	47	930.28	6	0.75%	1,967.54	983.77	983.77	1,967.54
	Allocation to Twic field support (HR Officer, Finance Officer, Field Logician, drivers, guards, cooks etc.)									
1.5	Juba Compound - National and Relocatable	S	56	2154.94	6	1.01%	7,313.00	3,656.50	3,656.50	7,313.00
	Allocation to Juba support (HR, Finance, etc.)									
1.6	UNS Compound - National	S	14	19.6	6	100.00%	1,646.40	823.20	823.20	1,646.40
	Allocation to UNS field support (HR Officer, Finance Officer, Field Logician, drivers, guards, cooks etc.)									

1.7	Agok International Staff	D	2	5978.44	6	0.82%	588.28	294.14	294.14	588.28
	Allocation for Area Coordinator and Field Logistics Manager in Agok									
1.8	UNSI International Staff	D	5	9845.22	6	1.30%	3,839.64	1,919.82	1,919.82	3,839.64
	Allocation for Area Coordinator and Field Logistics Manager in UNSI									
1.9	Juba International Staff	S	18	7561.7	6	0.91%	7,431.64	3,715.82	3,715.82	7,431.64
	Allocation for Country Director, Assistant Country Director Systems, Financial Controller, Logistics Coordinator, Assistant Financial Controller Donors, Assistant Financial Controller Operations, PSO, FLM, HR, Grant Manager, Security Officer and Internal Audit/Donor Compliance Officer									
	Section Total						53,143.00	26,571.63	26,571.37	53,143.00

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
2.1	Field Based Training - Nut	D	25	12.652	1	100.00%	316.30	316.30	0.00	316.30
	Training frontline staff e.g. nutrition officers, OTP workers etc									
2.2	Nutrition Supplies	D	6	150	1	100.00%	900.00	900.00	0.00	900.00
	supplies including, utensils for OTP, TSFPs and cookery demonstrations (spoons, cups, sugar, soap)									
2.3	OTP Programme costs	D	6	3024.2	1	100.00%	18,145.20	9,072.60	9,072.60	18,145.20
	costs related in running OTPs (materials not included in the pipeline(e.g. pens and stationery.									
2.4	Nutrition Outreach & Community	D	6	851.05	1	100.00%	5,106.30	2,553.15	2,553.15	5,106.30
	costs related to community mass screening and referrals									
2.5	Nutrition leaflets (IEC),etc	D	300	8.6	1	100.00%	2,580.00	1,290.00	1,290.00	2,580.00
	for displaying nutrition messages in relation to the topic of discussion for visualisation									
2.6	Nutrition Surveillance	D	6	825.8	1	100.00%	4,954.80	2,477.40	2,477.40	4,954.80
	supports in surveys and rapid assessments									
2.7	Community Nutrition training & materials	D	120	27.58	1	100.00%	3,309.60	1,654.80	1,654.80	3,309.60
	training materials									
2.8	maintenance and repair of Nutrition shades	D	20	142.16	1	100.00%	2,843.20	1,421.60	1,421.60	2,843.20
	for use during community nutrition outreaches									
2.9	cookery demonstrations	D	20	343.48	1	100.00%	6,869.60	3,434.80	3,434.80	6,869.60
	expenses related to cookery demonstrations during community nutrition outreach									
	Section Total						45,025.00	23,120.65	21,904.35	45,025.00

3 Equipment (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
3.1	Computer Equipment	S	4	900	1	100.00%	3,600.00	3,600.00	0.00	3,600.00
	Procure 4 laptops									
3.2	Communication Equipment; nutrition coordinator, Emergency Nutrition Manager, Nutrition Supervisor and Nutrition Officer	S	2	833.5	1	100.00%	1,667.00	1,667.00	0.00	1,667.00
	Procure 2 Thuraya satellite phones									
3.3	Nutrition Supervisor and Nutrition Officers in based in remote field sites with no mobile phones connectivity		0	0	0	0.00%	0.00	0.00	0.00	0.00
	Section Total						5,267.00	5,267.00	0.00	5,267.00

4 Contractual Services (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
	Section Total						0.00	0	0	0.00

5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
5.1	Flights to Agok	D	8	400	4	100.00%	12,800.00	6,400.00	6,400.00	12,800.00
	WFP flights - field visit flights to Agok for staff working with Nutrition department.									
5.2	flights to UNSI	D	6	650	4	100.00%	15,600.00	7,800.00	7,800.00	15,600.00
	WFP flights - field visit flights to UNSI for staff working with Nutrition department.									
5.3	Vehicle Costs for Agok	D	1	2553.48	6	7.00%	1,072.46	536.23	536.23	1,072.46
	Allocation of field transport costs (fuel, repairs, insurance)									
5.4	Vehicle Costs for Upper Nile	D	1	47287.57	6	1.00%	2,837.25	1,418.63	1,418.62	2,837.25

	Allocation of field transport costs (fuel, repairs, insurance)									
5.5	Vehicle Costs for Juba	S	1	8000.46	6	2.00%	960.06	480.03	480.03	960.06
	Allocation for transport costs (fuel, repairs, insurance) Allocation of field admin costs (utilities, office supplies, water, security, etc.) + compound Allocation for transport costs									
	Section Total						33,269.77	16,634.89	16,634.88	33,269.77

6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
	Section Total						0.00	0	0	0.00

7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
7.1	Admin costs for Agok	D	1	17506.85	6	1.04%	1,092.43	546.22	546.21	1,092.43
	Allocation of field admin costs (utilities, office supplies, water, security, etc.) + compound									
7.2	Admin costs for Upper Nile	D	1	52133.46	6	1.00%	3,128.01	1,564.01	1,564.00	3,128.01
	Allocation of field admin costs (utilities, office supplies, water, security, etc.) + compound									
7.3	Admin costs for Juba	S	1	36566.7	6	2.00%	4,388.00	2,194.00	2,194.00	4,388.00
	Allocation for admin Juba costs (utilities, office supplies, water, security, etc.) + compound									
7.4	M&E	D	1	34252.03	1	100.00%	34,252.03	17,126.01	17,126.02	34,252.03
	Allocation for participation in Multi Indicator Cluster Surveys (MICs), to perform routine monitoring and complete evaluations									
7.5	Visibility	D	151	36.42385	1	100.00%	5,500.00	2,750.00	2,750.00	5,500.00
	Visibility Banners and assorted items									
	Section Total						48,360.47	24,180.24	24,180.23	48,360.47

Sub Total Direct Cost 185,065.24

Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent) 7%

Audit Cost (For NGO, in percent) 1%

PSC Amount 12,954.57

Quarterly Budget Details for PSC Amount

2015		Total
Q1	Q2	
12,954.57	0.00	12,954.57

Total Fund Project Cost 198,019.81

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Upper Nile -> Baiet	12	26	106	1920	1998	4050	
Upper Nile -> Longochuk	30	66	264	4800	4996	10126	
Upper Nile -> Melut	15	33	132	2400	2498	5063	
Upper Nile -> Ulang	23	51	202	3680	3830	7763	
Warrap -> Twic	20	44	176	3200	3330	6750	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS

