

Project Proposal

Organization	GOAL (GOAL)																																													
Project Title	Provision of treatment to children aged 6-59 months and pregnant and lactating women diagnosed with moderate acute malnutrition (MAM) or severe acute malnutrition (SAM) for children aged 6-59 month and pregnant and lactating women in Melut County, Upper Nile State																																													
Fund Code	SSD-15/HSS10/SA2/N/INGO/526																																													
Cluster	<table border="1"> <tr> <td>Primary cluster</td> <td>Sub cluster</td> </tr> <tr> <td>NUTRITION</td> <td>None</td> </tr> </table>		Primary cluster	Sub cluster	NUTRITION	None																																								
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Project Allocation	2nd Round Standard Allocation	Allocation Category Type	Frontline services																																											
Project budget in US\$	150,000.01	Planned project duration	5 months																																											
Planned Start Date	01/08/2015	Planned End Date	31/12/2015																																											
OPS Details	OPS Code	SSD-15/H/73049/R	OPS Budget																																											
	OPS Project Ranking		OPS Gender Marker																																											
Project Summary	<p>Under the proposed intervention, GOAL will provide curative responses to severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) through the provision of outpatient therapeutic programmes (OTPs) and targeted supplementary feeding programmes (TSFPs) for children 6-59 months and pregnant and lactating women (PLW). The intervention will be targeted to Melut County, Upper Nile State – which has been heavily affected by the ongoing conflict. This includes continuing operations in Dethoma II IDP camp as well as expanding services to the displaced populations in Kor Adar (one facility) and Paloich (two facilities). GOAL also proposes to fill the nutrition service gap in Melut Protection of Civilians (PoC) camp. In the PoC, GOAL will be providing static services, with complementary primary health care and nutrition programming. In the same locations, GOAL will conduct mass outreach and mid upper arm circumference (MUAC) screening campaigns within communities, IDP camps, and the PoC with children aged 6-59 months and pregnant and lactating women (PLW) in order to increase facility referrals. GOAL includes infant and young child feeding (IYCF) promotional sessions conducted with female and male caretakers of children under five as well as PLW to ensure positive preventative behaviours accompany therapeutic care. Furthermore, GOAL proposes a mass IYCF education campaign targeted at women of child-bearing age in all area of operation.</p> <p>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 on IYCF and on Integrated Management of Acute Malnutrition (IMAM), which promotes the identification and treatment of SAM and MAM 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>65</td> <td>8706</td> <td>428</td> <td>445</td> <td>9,644</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>People in Host Communities</td> <td>31</td> <td>3413</td> <td>148</td> <td>153</td> <td>3745</td> </tr> <tr> <td>Internally Displaced People</td> <td>34</td> <td>5293</td> <td>280</td> <td>292</td> <td>5899</td> </tr> <tr> <td>People in Host Communities</td> <td>27</td> <td>238</td> <td>148</td> <td>153</td> <td>566</td> </tr> <tr> <td>Internally Displaced People</td> <td>34</td> <td>368</td> <td>280</td> <td>292</td> <td>974</td> </tr> </tbody> </table>					Men	Women	Boys	Girls	Total	Beneficiary Summary	65	8706	428	445	9,644	Total beneficiaries include the following:						People in Host Communities	31	3413	148	153	3745	Internally Displaced People	34	5293	280	292	5899	People in Host Communities	27	238	148	153	566	Internally Displaced People	34	368	280	292	974
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Indirect Beneficiaries	Catchment Population		67,176																																											
Link with the Allocation Strategy	<p>Nutrition intervention will focus on providing therapeutic and supplementary feeding to severely and moderately malnourished children under the age of five years and pregnant and lactating women. Will also focus on implementation on Infant and young child feeding (IYCF) in emergencies targeting both female and male caretakers, pregnant and lactating women, and women of child-bearing age more broadly. This aligns with the response strategy to address the urgent nutrition needs of populations in conflict affected states, including Melut County, Upper Nile State. Furthermore, the proposed intervention will provide essential services to the Melut PoC, which was been highlighted as a specific priority area as well as IDP camps – which are considered priority areas in light of limited resources and their heightened need. 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. Finally, GOALS integrated health, nutrition and WASH approach ensures comprehensive services for communities to provide good value-for-money as well as improved community nutrition outcomes.</p>																																													
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>OFDA</td> <td>74,000.00</td> </tr> <tr> <td>WFP</td> <td>26,000.00</td> </tr> <tr> <td></td> <td>100,000.00</td> </tr> </tbody> </table>		Source	US\$	OFDA	74,000.00	WFP	26,000.00		100,000.00																																		
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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

In order to respond to the humanitarian needs caused by the 2013 crisis, GOAL has been operational in Melut County, Upper Nile State since 2014 in Dethoma II and Mabek IDP camps. GOAL also began serving the displaced populations of Baliet County, Upper Nile State through comprehensive programming (health, nutrition, WASH and FSL) in Rom, Baliet County. However, increased violence in Malakal, Melut and Baliet Counties has once again prompted large-scale population displacement and disrupted the provision of humanitarian assistance.

A series of interrelated conflicts broke out in Malakal and Melut, interruption of GOAL nutrition programme implementation. The outbreak of fighting in Malakal on 21 April 2015, following the defection of Major General Johnson Olony of the minority Shilluk ethnic group from the SPLA. In response, Shilluk residents in Melut County fled across the river to Fashoda and Manyo Counties. After capturing Malakal, Olony's troops moved north to take the oil fields of Paloich in Melut County. In the last weeks of May, the Akok region of Baliet County – which includes Rom – experienced heavy shelling. IDPs in Rom fled, with an estimated 4,000 in Kor Adar, Melut County as of the first week of June, according to the County Commissioner for Akoka County. This violence and displacement has immediate implications on GOAL's programme. Meanwhile, fighting in Melut town between SPLA and SPLA-IO forces caused residents to move east to Paloich, as determined by GOAL's rapid assessment. Since May, renewed conflict in Melut County has once again caused widespread displacement and has increased the humanitarian need in these areas.

After evacuating programme sites in May, GOAL has sent staff to Melut town and Rom to conduct needs assessments and assess the status of GOAL facilities, assets and supplies. An assessment was also conducted by DRC. It was determined that the population residing in Melut town has remained in Paloich, though IDPs have returned to Dethoma II IDP camp. In response to targeted violence, the PoC in Melut had received new civilians seeking for protection and is currently without critical nutrition services. Based on interviews with key officials, it is believed that more people could still to arrive in Kor Adar from parts of Baliet County.

Overall, the needs of the population are quite high. On top of the strains that displacement put on households generally, conflict has occurred during the main planting season, which will likely result in reduced food security throughout the remainder of the year. For children under five, both boys and girls, severe and moderate malnutrition places them at a significantly higher chance of death linked to malnourishment than the general population. Furthermore, children under five who are severely or moderately malnourished for extended periods are likely to suffer from stunting with life-long consequences for health and productivity.

	Likewise, malnutrition amongst pregnant women has direct consequences not just for the mother herself, but for the well-being of her unborn child. Malnutrition during pregnancy leads to increased morbidity amongst mothers, increases the risk of maternal and infant mortality, and can have long-term developmental impacts on the child. Malnourishment amongst lactating women can also severely hinder mother's ability to breastfeed for the requirement six months following birth. Without sufficient breastfeeding, the child will suffer from malnutrition and face a number of health complications throughout their life. While both women and men are also at risk for malnutrition, children and PLW have been identified as the most vulnerable sectors of the population.
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)	As mentioned above, the humanitarian context in Melut County is acute due to the widespread displacement that came as a result of fighting from late April through to mid-July. Displaced persons from Melut town and northern Balalet County have largely settled in Melut County, particularly in Paloich and Kor Adar. As no other humanitarian actors are proposing to work in these areas, GOAL intends to fill this gap by providing essential nutrition services for the treatment of SAM and MAM in children 6-59 months and MAM in PLW. GOAL has collected information on these populations through its own situation assessment in Melut, particularly in Dethoma II IDP camp in May/June. DRC has also conducted assessments in this area as they are supporting this population in terms of shelter needs. GOAL has informally collected information from local officials regarding the movement of the populations formerly located in Rom, Balalet County. Following the information collected in Rom, majority of IDPs from Balalet moved following the May/ June conflict in the area and settled in Rom. GOAL staff in Rom moved the tents used in provision of services and set the clinic at Kor Adar where GOAL is already supporting the IDPs from this location. GOAL will continue to gather more information on these populations as operations in Melut are re-established and will adapt its programming accordingly.
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 IYCF behaviour. GOAL will identify beneficiaries for this programme through the use of middle upper arm circumference (MUAC) screening for children 6-59 months and PLW. While all caretakers of children under five will be targeted for training on IYCF (including men), women are traditionally charged with providing food and cooking and thus will receive particular attention. GOAL will also provide public education campaigns on IYCF through the use of Community Health and Nutrition Promoters (CHNPs) based out of each nutrition facility. Public education will be targeted at women on child-bearing age to have the most direct impact on child feeding practices. When women have a better understanding of good food and better feeding practices, this will benefit the wider family. For individual IYCF counselling, caretakers of children enrolled in OTP and TSFP programmes will be the targeted beneficiaries. At a broader scale, beneficiaries under the proposed programme include both host community and IDPs. For the OTPs and TSFPs in Kor Adar, Melut PoC, and Dethoma II, IDPs will be specifically targeted (100%). In Paloich, GOAL expects IDPs to be 56% of the total number of beneficiaries targeted by the programme. In terms of Referral centres will need to be established in Melut POC as the referral from POC to stabilisation centre run by MSF- Spain may not be viable. To ensure quality programming, GOAL provides key nutrition staff with on the job and refresher training on Integrated Management of Acute Malnutrition (IMAM), which promotes the identification and treatment of SAM and MAM in line with the GoSS MoH guidelines and SPHERE standards. The cured OTP discharges will be referred to GOAL TSFPs until they are discharged cured from the programme. Caretakers of children in both programmes will be provided with individual IYCF counselling. PLW with SAM (MUAC <21cm) will be enrolled in TSFPs until appropriate discharge criteria have been met.
4. Grant Request Justification.	CHF 2015 Nutrition RII funds would enable GOAL to maintain and expand current activities and build upon the achievements from the CHF 2014 allocations. In addition, GOAL has secured funding from OFDA for some activities in Melut County and has agreements in place with WFP. GOAL is currently finalizing a PCA with UNICEF, but this has not yet been confirmed. GOAL has established itself as a leading provider of nutrition services in Melut County. Prior to the most recent conflict, GOAL was providing OTP and TSFP services in Mabek IDP camp, Dethoma II IDP camp, and Rom. GOAL was also supporting TSFP services in Melut Hospital and Melut PHCC. Furthermore, GOAL has a long standing relationship with the former population of Rom that have since relocated to Kor Adar. Prior to their displacement in late-2013 and early-2014 to Rom, these populations were served by GOAL facilities in Balalet County. GOAL relocated to Rom to continue to serve them and, as an expression of deep commitment to these communities, will again relocate to Kor Adar to meet population needs. Therefore, GOAL has already established a high degree of trust with many community members. GOAL intends to use funds available in this allocation to respond to the most pressing humanitarian needs resulting from the most recent conflict and establish these new sites to serve the same populations GOAL has been working with in the past. Furthermore, GOAL integrates nutrition interventions with primary health care and WASH activities to ensure a comprehensive approach to addressing poor nutrition outcomes in communities. GOAL will be providing these services at all proposed nutrition facilities in the proposed intervention. The fragility of the situation in South Sudan - especially in Upper Nile - calls for continued and uninterrupted support to ensure nutrition needs of children aged 6-59 months and PLW in host and communities 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 late 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. Women and children are the primary beneficiaries for the proposed intervention in recognition of their increased risk of malnutrition, the increased long-term impact of malnutrition, and, for women, their central role in child-care and household-level health and well-being. Through IYCF education, this programme will also empower both female and male caretakers to improve the well-being of their families. All staff adhere to GOAL's Child Protection policy and organisational accountability standards for the protection of vulnerable beneficiaries. These standards include stakeholder information provision and having Complaints and Response Mechanisms in place within our programmes to increase transparency and mitigate against abuses.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	GOAL is providing primary health care services at nutrition facilities to ensure cross-referrals and ensuring complementarity of programming.

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	90
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 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 and MAM in all sites via OTP and TSFPs.	<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 aged 0-59 months with severe acute malnutrition newly admitted for treatment			71	74	145
		Means of Verification: OTP Admission Records					
Indicator 1.1.2	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment			357	371	728

	Means of Verification:	TSFP Admission Records							
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Number of PLW with acute malnutrition newly admitted for treatment				56			56
	Means of Verification:	Admission Records							
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)					0	0	0
	Means of Verification:	OTP Records							
Indicator 1.1.5	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)					0	0	0
	Means of Verification:	OTP Records							
Indicator 1.1.6	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)					0	0	0
	Means of Verification:	OTP Records							
Indicator 1.1.7	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program cure rate (SPHERE standards >75%)					0	0	0
	Means of Verification:	TSFP Records							
Indicator 1.1.8	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program death rate (SPHERE standards)					0	0	0
	Means of Verification:	TSFP Records							
Indicator 1.1.9	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program default rate (SPHERE standards)					0	0	0
	Means of Verification:	TSFP Records							
Indicator 1.1.10	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	2	2					4
	Means of Verification:	Training Records							

Activities

Activity 1.1.1	Routine screening of all children 6-59 months visiting GOAL supported clinics as well as mass screening for malnutrition in children 6-59 months and PLW
Activity 1.1.2	Treatment of SAM without medical complications in children 6-59 months through OTP units
Activity 1.1.3	Treatment of MAM in children 6-59 months through TSFP units
Activity 1.1.4	Treatment of MAM in PLWs through TSFP units
Activity 1.1.5	Training of staff on CMAM following Cluster Standards

Output 1.2

Prevention of SAM and MAM 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	61	8650			8711
	Means of Verification:	IYCF Tracking Sheets					

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 in children 6-59 months and PLW	2015								X	X	X	X	X
	Activity 1.1.2 Treatment of SAM without medical complications in children 6-59 months through OTP units	2015								X	X	X	X	X
	Activity 1.1.3 Treatment of MAM in children 6-59 months through TSFP units	2015								X	X	X	X	X
	Activity 1.1.4 Treatment of MAM in PLWs through TSFP units	2015								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
	Activity 1.1.5 Training of staff on CMAM following Cluster Standards	2015												X

M & R DETAILS

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	GOAL South Sudan currently employs a full time expatriate Monitoring, Evaluation, Accountability and Learning (MEAL) Coordinator responsible for all MEAL activities across all GOAL operational areas and provides comprehensive oversight and coordination. As of January 2015, the MEAL team includes two MEAL Officers and an Assistant MEAL Officer. The MEAL team coordinates monitoring activities at three levels: formal monitoring and reporting conducted at regular intervals by field programme staff, formal monitoring and evaluation conducted by MEAL staff at regular intervals or for specific projects, and informal monitoring and reporting of programme progress and threats to implementation by community committees. GOAL also has a MEAL Global Advisor who provides additional technical guidance on periodic visits to South Sudan. On an annual basis, GOAL Global Technical Advisors will provide programme evaluations, assistance,
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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 .	recommendations and advice on all sectors of programming. In order to increase team capacity, GOAL has just hired an additional MEAL Officer and has advertised for new field-based MEAL positions. For nutrition, GOAL has recently made the transition to a new software designed by the Nutrition Cluster which is similar to the DHIS for tracking nutrition programme implementation: the Nutrition Information System (NIS). This software has been successfully rolled-out across all field sites and new hard-copy monitoring forms at the facility level have been created and adopted in order to ensure that field teams are collecting data in accordance with the new system requirements. This programme will allow GOAL to produce reports at the facility-level instantly, and help GOAL monitor progress in an effective manner. Reports submitted through the NIS will be the primary source of monitoring data. For training and public education, GOAL employs in-house databases designed to monitor this information.
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 participated in a training held by HAP in June 2015 to ensure that GOAL attains accountability standards within humanitarian contexts. These staff members have since been 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. This activity is currently underway across GOAL sites. 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.
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 Round II 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 ensure the nutrition facilities are maintained for community use for OTP and TSFP services for children 6-59 months and PLW. 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 (NIS) developed by the nutrition cluster and will use this system for data entry and analysis with the data shared with the Cluster 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 caretakers and mothers. 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	
Environmental Marker Code	
Gender Marker Code	1-The project is designed to contribute in some limited way to gender equality
Justify Chosen Gender Marker Code	Most of the displaced people and leaving in camps and POC targeted by GOAL are women and children. GOAL will work to ensure that services are best aligned with needs of these populations – including the most vulnerable sectors (i.e., pregnant and lactating women and children under five, including girls).
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 cognizant 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
								Q3	Q4	
1.1	Baliet Programme staff National and Relocatable	D	26	545.32	5	20.60%	14,603.67	7,301.83	7,301.84	14,603.67
1.2	Juba Direct Staff National and Relocatable	D	4	3206.76	5	15.20%	9,748.55	4,874.27	4,874.28	9,748.55

1.3	Juba Support Staff National and Relocatable	S	39	1040.18	5	2.20%	4,462.37	2,231.18	2,231.19	4,462.37
1.4	Baliet Support Staff national and relocatable	S	18	649.7	5	4.21%	2,461.71	1,230.85	1,230.86	2,461.71
1.5	Baliet International staff	D	4	4123.79	5	9.13%	7,530.04	3,765.02	3,765.02	7,530.04
1.6	International Staff Juba	S	25	5913.81	5	2.21%	16,336.90	8,168.45	8,168.45	16,336.90
Section Total							55,143.25	27,571.60	27,571.64	55,143.24

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
								Q3	Q4	
2.1	Nutrition Supplies and stationary	D	11174	1.21	1	100.00%	13,520.54	6,760.27	6,760.27	13,520.54
2.2	OTP Programme costs	D	87	153.56	1	100.00%	13,359.72	6,679.86	6,679.86	13,359.72
2.3	Nutrition Outreach & Community	D	1068	4.26	1	100.00%	4,549.68	2,274.84	2,274.84	4,549.68
2.4	Nutrition leaflets (IEC),etc	D	184	19.89	1	100.00%	3,659.76	1,829.96	1,829.80	3,659.76
2.5	Nutrition training	D	2	1694.9	1	100.00%	3,389.80	1,694.90	1,694.90	3,389.80
2.6	Nutrition Surveillance	D	4	1016.96	1	100.00%	4,067.84	2,033.92	2,033.92	4,067.84
2.7	Stabilisation Centre equipment	D	144	22.6	1	100.00%	3,254.40	1,627.20	1,627.20	3,254.40
2.8	Transport of materials - flights	D	1	6500	1	100.00%	6,500.00	3,250.00	3,250.00	6,500.00
Section Total							52,301.74	26,150.95	26,150.79	52,301.74

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
								Q3	Q4	
3.1	Computer Equipment	S	4	902.44	1	100.00%	3,609.76	3,609.76	0.00	3,609.76
3.2	Communication Equipment	S	1	956.68	1	100.00%	956.68	956.68	0.00	956.68
Section Total							4,566.44	4,566.44	0.00	4,566.44

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
								Q3	Q4	
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
								Q3	Q4	
5.1	Flights to Baliet	D	15	400	1	100.00%	6,000.00	3,000.00	3,000.00	6,000.00
5.2	Vehicle Costs for Upper Nile	D	1	10892.8	5	4.92%	2,679.63	1,340.63	1,339.00	2,679.63
5.3	Vehicle Costs for Juba	S	1	6672.65	5	2.52%	840.75	420.40	420.35	840.75
Section Total							9,520.38	4,761.03	4,759.35	9,520.38

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
								Q3	Q4	
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
								Q3	Q4	
7.1	Admin costs for Upper Nile	D	1	18524.6	5	5.20%	4,816.40	2,408.23	2,408.17	4,816.40
7.2	Admin costs for Juba	S	1	30496	5	2.20%	3,354.56	1,677.35	1,677.21	3,354.56
7.3	M&E	D	1	6596.01	1	100.00%	6,596.01	3,298.01	3,298.00	6,596.01
7.4	Visibility	D	601	4.16	1	100.00%	2,500.16	1,250.00	1,250.16	2,500.16
Section Total							17,267.13	8,633.59	8,633.54	17,267.13

Sub Total Direct Cost								138,798.93
Indirect Programme Support Cost <i>PSC rate (insert percentage, not to exceed 7 per cent)</i>								7%
Audit Cost <i>(For NGO, in percent)</i>								1%
PSC Amount								9,715.93
Quarterly Budget Details for PSC Amount	2015		Total					
	Q3	Q4						
	4,857.97	4,857.96	9,715.93					
Total Fund Project Cost								148,514.86
Project Locations								
Location	Estimated percentage of budget for each location		Beneficiary Men	Women	Boy	Girl	Total	Activity
Upper Nile -> Melut	100						0	
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								

