

Requesting Organization :	GOAL				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
NUTRITION		100.00			
		100			
Project Title :	Improving the nutritional status of children aged 6-59 months and pregnant and lactating women (PLW) from communities directly or indirectly affected by the conflict through the treatment of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) in Baliet, Maiwut and Ulang Counties; Upper Nile State.				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-16/HSS10/SA2/N/INGO/3440		
Cluster :		Project Budget in US\$:	348,720.02		
Planned project duration :	5 months	Priority:			
Planned Start Date :	01/08/2016	Planned End Date :	31/12/2016		
Actual Start Date:	01/08/2016	Actual End Date:	31/12/2016		
Project Summary :	<p>GOAL will continue to provide curative responses to severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) through the provision of 19 outpatient therapeutic programme sites (OTPs) (Maiwut: 10, Ulang: 7, Baliet: 2) and 19 targeted supplementary feeding programme sites (TSFPs) (Maiwut: 10, Ulang: 7, Baliet: 2) for children 6-59 months and pregnant and lactating women (PLW), as well as support for three stabilization centers (SCs)(Maiwut: 2, Ulang: 1) in Baliet, Maiwut and Ulang Counties, Upper Nile State.</p> <p>GOAL will conduct outreach as well as facility based mass screening for malnutrition, through mid-upper arm circumference (MUAC), and subsequent referral to relevant facilities. In all screening campaigns, as well as subsequent therapeutic care, GOAL will conduct infant and young child messaging (IYCF) to ensure improved care giver feeding practices and reduce the need for curative care. IYCF will also be provided to men and other community members to promote awareness and support for uptake of positive nutrition practices amongst secondary caregivers and community opinion leaders.</p> <p>GOAL will improve the standard of care- both identification and treatment of malnutrition- in all Baliet, Maiwut and Ulang facilities through capacity building of ministry of health staff. This will be conducted through on-the-job training, as well as through participation in formal training and courses on IYCF and on Integrated Management of Acute Malnutrition (IMAM). All nutrition supplies will be procured through the WFP and UNICEF pipelines.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	0	864	2,346	2,442	5,652
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	0	216	587	611	1,414
People in Host Communities	0	648	1,759	1,831	4,238
Indirect Beneficiaries :					
31,734 children under 59 months will be screened for malnutrition through community outreach and routine growth screening in nutrition and health facilities. IYCF education will benefit even greater numbers throughout the catchment population, estimated at 40% of the catchment population (pro-rated coverage for the five month implementation period, with the expectation that the entire population will be reached through IYCF promotion over the course of a year). Men will be targeted as indirect beneficiaries through IYCF education.					
Catchment Population:					
Maiwut: 109,252; Ulang: 106,440; Baliet: 7,000					
Link with allocation strategy :					

GOAL is providing nutrition support in the areas of Upper Nile with GAM rates over 23% and in severely conflict affected counties, in line with the cluster allocation strategy. In all target areas, GOAL is prioritizing the provision of supplies, the identification and treatment of SAM and MAM and the provision of IYCF training and counselling in line with the allocation strategies prioritized activities.

GOAL's nutrition programmes prioritize the safety and dignity of recipients, through providing timely and safe nutrition services to beneficiaries in locations that are accessible to them.

This intervention offers good value for money, as it links with health, as well as new economic and food security programmes, through utilization of health centres, crossover of staff and referral of discharges on to behavioral change programmes to ensure sustainability of results and to break the cycle of relapse and readmission into nutrition programmes. EFS programmes focusing on HH food production aim at preventing the deterioration of populations into malnutrition

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount
ECHO	291,000.00
	291,000.00

Organization focal point :

Name	Title	Email	Phone
Gashaw MeKonnen	Country Director	gmekonnen@goal.ie	+211 959 462 501
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BACKGROUND

1. Humanitarian context analysis

GOAL will be targeting opposition held Maiwut and Ulang Counties, as well as government-controlled Baliet County, UNS during this intervention. The humanitarian situation across UNS has continued to deteriorate despite the signing of a peace agreement in August 2015. Inflation has continued to increase, rising sharply following the outbreak of conflict in juba in July 2016. Ongoing conflict - both countrywide and localised - has contributed to displacement and disruption to markets. Amidst high needs, service provision continues to be strained by a shrinking government and aid budget.

In mid-April, intercommunal violence in Ulang resulted in the looting and destruction of a number of health and nutrition facilities, including one which was burnt down. An estimated \$100,000 of humanitarian assets and stocks were lost. GOAL is currently the sole health care provider in Ulang County, operating a network of ten primary health care facilities; operations at three emergency facilities remain limited or suspended as a result of the insecurity. In Baliet, ongoing insecurity has contributed to a slow rate of returns and has allowed only intermittent humanitarian access. GOAL continues to provide remote support to MoH staff at two health facilities. Both areas have no secondary referral options within the county. GOAL supports ten health facilities in Maiwut, with ICRC operating a hospital in Maiwut town; however, heavy flooding during the rainy season as well as the large geographic expanse of this county create challenges in terms of access.

All three targeted counties continue to face high needs in terms of water, sanitation and hygiene (WASH). In Ulang, 83% of the population access water from a river or swamp (June 2016 WASH survey) and 99% openly defecate (May 2015 WASH survey). In Maiwut, 60.7% of households rely on unprotected water sources, with 88.1% using water without any form of treatment; and 94.6% practice open defecation (April 2016 SMART survey). High rates of open defecation coupled with use of unprotected water sources create high risks of water-borne and fecal-oral diseases which are exacerbated by high population densities - common in IDP camps.

Immunisation coverage continues to be well below herd immunity across GOAL's areas of operation in UNS. Measles coverage for children 9-59 months is 62.4% in Maiwut (April 2016 SMART). Baliet and Ulang continue to suffer the after effects of two years without cold chain following the looting and destruction of health facilities in the early days of the conflict.

2. Needs assessment

Communities in Maiwut continue to face consistently high levels of food insecurity, with most recent IPC projections for Maiwut County (June- September 2016) classifying the population as Phase 3 (Crisis) food insecurity. This is exacerbated by the limited aid access with IPC reporting that less than 20% of the population are receiving lifesaving food assistance. The population of Maiwut suffer from consistently high malnutrition rates, with GAM rate in boys 6-59 months at 13.8% (9.7- 19.3% 95% CI) and SAM 0.4% (0.1-3.2, 95% CI), while in girls 6-59 months GAM rate is 21.7% (16.5- 27.9 95% CI) and SAM rate is 3.5% (1.9- 6.5 95% CI) using MUAC measurements, according to GOAL's March 2016 SMART survey. When using z-score, GAM rates in children reach 24% (20.6 - 27.7 95% CI), while SAM rates are 3.7% (2.5 - 5.5 95% CI) , again, according to GOAL's 2016 SMART survey. Due to cluster preferences, z-score malnutrition scores have been used to estimate caseloads in this proposal. Of the 60.3% of children 6-59 months with reported illnesses in the two weeks prior to the SMART survey, the majority: 38% presented with diarrhoea, a key cause of malnutrition. 47.6% of children were receiving Vitamin A supplementation in the past six months, while 62.4% had received vaccination against measles (either verified by mothers recall or card). The same study looked at IYCF practices and found relatively positive breastfeeding practices- 96% of children had early initiation of breastfeeding, 56% of children 0-5 months were exclusively breastfed. However, only 1.2% of breastfed and non-breastfed children 6-23 months were receiving the minimum acceptable diet, primarily due to a lack of diet diversity- the rarest foods consumed were legumes and nuts, vegetables, sugars and fleshy foods.

GOAL will also be focusing on curative nutrition care, through seven OTP, seven TSFP and one SC, in Ulang County, Upper Nile State under this grant. In Ulang GOAL currently run one SC, 10 OTPs and 10TSFPs sites. Food insecurity is very high, with IPC classifying the county in Phase 3 (crisis) between July and September 2016. While sufficient data has not been collected as yet, the nutrition situation is thought to have deteriorated significantly over the past two months due to a period of escalated violence and mass displacement between April and May 2016, causing GOAL to evacuate its WASH, health and nutrition programmes and delaying the mass distribution of agricultural and fishing supplies. UNICEF have recently engaged in a RRM, distributing nutrition supplies across the county prior to the reestablishment of curative nutrition facilities. GOAL's preliminary June 2016 SMART survey showed GAM 24.7% (20.7-29.2 95% CI) and SAM 4.5% (2.6- 7.5 95% CI). Diarrhoea was the second highest reported illness in children 6-59 months, at 20.6%, while under five mortality in the county was 0.61/ 10,000/ day. In June, the population have started to return to Ulang and we expect this return to continue into the second half of 2016.

GOAL also intend to reestablish curative nutrition services in Baliet County, to address the high levels of need and current lack of other service providers in the county. IPC currently classify Baliet as Phase 4 (Emergency) between July and September 2016. While GOAL has not yet managed to conduct a nutrition survey in Baliet County, 2016 Cluster caseload estimates predicted U5 GAM rates of 19.9%, U5 SAM of 5.4% and PLW GAM at 12.7%. GOAL's recent agricultural input distribution in Baliet County found high levels of food insecurity and lack of inputs for planting, suggesting continued deterioration of the populations nutrition and severe need for curative care

3. Description Of Beneficiaries

GOAL estimate that they will screen 60% of PLW and 70-75% of children 6-59 months old for malnutrition under this, and other funding streams. However, with the continued roll out of MUAC by Mothers under alternate funding streams in Ulang and Maiwut County, it is intended that an increased percentage of the population of Maiwut can be reached with malnutrition screening. All caregivers presenting children at screening are given IYCF training to encourage household level behavior change, and continuous IYCF training is given to caregivers of children enrolled in curative services.

PLW and children 6-59 months presenting MAM (WHZ <-2 >-3 and / or MUAC <12.5cm >11.5cm in children 6 – 59 months and MUAC <21cm in PLWs) on screening are enrolled into TSFP facilities, as well as children discharged from OTP facilities.

OTP targets children 6-59 months presenting SAM (WHZ <-3 and / or MUAC <11.5cm or bilateral pitting oedema) without medical complications at community and facility screening while SCs target children 6- 69 months presenting SAM with medical complications, as well as children under 6 months presenting with malnutrition (diagnosed using WHZ and observation).

4. Grant Request Justification

GOAL have and will continue to run ten OTP, ten TSFP and two Stabilization Centers in Maiwut County, supported by OFDA. In the first half of 2016 (Jan- June), GOAL screened 15,740 children 6-59 months and 12,840 PLWs for malnutrition across Maiwut and referred 2942 children and 654 PLW for curative treatment

As lead and lone primary health care provider in Ulang, GOAL has, until now, run ten outpatient therapeutic programmes (OTP) and 10 targeted supplementary feeding programmes (TSFP) in the following locations; Ulang, Ruplet mobile clinic, Doma, Yomding, Kuich, Ying, Bimbim, Baramach, Nyangora and Rimyang. Activities in the latter three remain limited following insecurity; GOAL proposes to fully reestablish nutrition programmes at these locations through this project. In the first half of 2016 GOAL screened 12, 646 children and 6,926 PLW in Ulang and referred 1761 children and 312 PLW for curative treatment. A recent reduction in funding from key donors has resulted in a critical shortage in funds to continue supporting these necessary facilities, once again hindering GOAL's ability to continue to provide quality nutrition services to the population of Ulang. Ulang was already facing high levels of malnutrition, as evidenced above, when a severe bout of localised conflict in mid-April resulted in displacement and heavy looting of households and humanitarian supplies. GOAL lost an estimated \$100,000 to looting, including stocks of nutrition supplies; the damage also hit household food stocks and impacted cultivation. The impacts of this shock on an already food-stressed area are already apparent: GOAL has worked to resume programming rapidly, however, one health facility (Nyangora) was burnt down. Facilities have now reopened but require extensive restocking of supplies and equipment following the looting.

100% (Maiwut n= 1801, Ulang n= 1367) of children presenting MAM were referred into TSFP and 100% (Maiwut, n= 858) and 95% (Ulang, n= 394) children presenting SAM were referred into GOAL's OTP. While 93% (Maiwut, n= 620) and 100% (Ulang, n= 312) PLW presenting malnutrition were enrolled in TSFP. Against CMAM standards, GOAL's Maiwut TSFPs had a 99% cure rate, 0% death rate and 1% defaulter rate during the same period, while OTP centers saw a 98% cured rate, 0% death rate and 2% defaulter rate. In Ulang, both TSFP and OTP had 100% cured rate.

The population of Baliet County have been displaced to Melut County, and are now returning to the county, with no current service providers. GOAL have historically been their primary health and nutrition providers, moving to Melut on their displacement. While there is still very little data available, the population have missed the last two harvest seasons and are currently classified as IPC Phase 4. GOAL have received agreements with WFP and UNICEF for nutrition pipeline supplies Adong and Baliet OTP and TSFPs, but require supplementary funding to allow them to return to the county.

With the need- as evidenced through the high malnutrition rates outlined above- ever present across both County, this grant will continue admitting high volumes of PLW and children 6-59 months into nutrition facilities, as well as maintaining the high results against Sphere Standards, evidenced in the first six months of the year, through extensive on the job and formal training for all staff. From 2017, GOAL will complement curative nutritional programming with vegetable gardening across UNS under OFDA and Dfid funding, to improve vulnerable household's access to nutrient rich food and thus reduce the need for curative nutritional programming.

5. Complementarity

GOAL is implementing an integrated multi-sectoral package of activities to address both prevention and treatment of health issues. In all three target counties, GOAL implements programmes in economic and food security (EFS), water sanitation and hygiene (WASH), and curative and preventative community health. Health and nutrition activities are closely interlinked; GOAL operates OTPs and TSFPs out of all GOAL-supported primary health facilities in UNS. Clinical health staff support nutrition activities through routine growth monitoring of all children less than 59 months, as well as screening of PLWs for malnutrition. Health facility staff further help to identify and refer cases of SAM with medical complications to SCs. WASH activities contribute to nutrition objectives through infrastructure and behaviour change interventions designed to decrease the incidence of water-borne and fecal-oral disease transmission and diarrhea. EFS programmes support household-level food production as well as income generation to facilitate purchase of supplementary food from markets. CHF funding will complement ECHO co-funding for partial staffing of two SCs in Maiwut and one SC in Ulang from January 2016 to April 2017.

LOGICAL FRAMEWORK

Overall project objective

To improve the nutritional status of children 0-59 months and PLWs of communities affected directly or indirectly by conflict through the treatment of MAM and SAM and the provision of IYCF promotion in Baliet, Maiwut, and Ulang Counties, Upper Nile State.

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	70
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	20
CO3: Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	10

Contribution to Cluster/Sector Objectives : GOAL will contribute to the cluster objective 1, 'Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk'. This will be done through increasing the quality and quantity of screening, OTP and TSFP services and defaulter tracing across all areas of intervention, as well as access to stabilization centres which provide lifesaving management of severe acute malnutrition presenting health issues.

GOAL meets objective 2 'Increased access to integrated programmes preventing under nutrition for the most vulnerable and at risk' through both start up and scale up of programmes as well as increased screening through static and outreach programmes, intending 60% coverage of all programme sites

GOAL will meet cluster objective 3, 'Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of response' through extensive monitoring and assessment of nutrition status in areas of operation and regular feedback to the cluster on findings on a monthly basis through the NIS.

Outcome 1

To strengthen and sustain the management of malnutrition in health facilities that are affected by conflict and areas with high burden of malnutrition

Output 1.1

Description

Provision of effective and accessible curative nutrition services for SAM in the form of OTP and SC for children 6 – 59 months

Assumptions & Risks

Assumptions

Assumptions

- The announcement of an increase in the number of states from 10 to 28 will not fundamentally impact the structure of the MoH or CHD
- Commodity prices will continue to rise as inflation increases and markets remain dysfunctional.
- GOAL teams are able to operate from designated bases.
- GOAL will continue to maintain favorable working relationships with the authorities in the delivery of its program.
- Major staffing disputes and/or strike action is avoided through negotiation and consultation.
- In UNS, air travel will be unpredictable in the rainy season due to once-weekly flights and reliance on dirt airstrips
- GOAL will continue to operate in both government and opposition held areas

Risks

- supply lines to opposition held areas could remain disrupted due to renewed tensions between government and opposition. This may particularly affect Maiwut
- Insecurity may cause short-term evacuations of staff, particularly in UNS
- Disruption to supply lines may cause interruption to nutrition services
- Renewed fighting in operational areas or neighboring States could cause influx of IDPs and increase demand for services
- Road transport will become increasingly difficult, both due to the annual weather patterns and growing insecurity.
- The population of Baliet will again be displaced to Melut County

Activities

Activity 1.1.1

Quantify and transport therapeutic food supplies for each county to ensure uninterrupted supply.

Activity 1.1.2

Conduct regular and active case screening in health facilities, communities and outreach location to increase identification of SAM and MAM in all areas of operation

Activity 1.1.3

Establish and maintain OTP and SCs across Maiwut, Ulang and Baliet Counties							
Activity 1.1.4							
Strengthen defaulter tracing and appropriate referral in the continuum of nutritional care							
Activity 1.1.5							
Conduct on-the-job training and supervision to strengthen quality of curative care in 19 OTP sites in Baliet, Maiwut and Ulang Counties							
Activity 1.1.6							
Train 38 programme staff in IMAM and IYCF to increase quality of curative care							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)					19
Means of Verification : Facility lists							
Indicator 1.1.2	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			493	514	1,007
Means of Verification : NIS (SC: 86, OTP: 921)							
Indicator 1.1.3	NUTRITION	Frontline services # of children screened in the community			15,549	16,184	31,733
Means of Verification : NIS							
Indicator 1.1.4	NUTRITION	Quality of SAM program - Overall SAM program cure rate (SPHERE standards)					75
Means of Verification : NIS							
Indicator 1.1.5	NUTRITION	Quality of SAM program - Overall SAM program defaulter rate (SPHERE standards)					15
Means of Verification : NIS							
Indicator 1.1.6	NUTRITION	Quality of SAM program - Overall SAM program death rate (SPHERE standards)					10
Means of Verification : NIS							
Indicator 1.1.7	NUTRITION	Frontline services # of nutrition sites - No of stabilisation centres supported (new and existing)					3
Means of Verification : Facility Lists							
Indicator 1.1.8	NUTRITION	Frontline services # of health workers trained in Infant and Young Child Feeding	19	19			38
Means of Verification : Training Records							
Output 1.2							
Description							
Provision of effective and accessible curative nutrition services for MAM in the form of TSFP for children 6 – 59 months and PLWs							
Assumptions & Risks							
<p>Assumptions</p> <ul style="list-style-type: none"> -The situation in South Sudan will remain relatively stable and staff will be able to remain in country -The population of Baliet will accept the reintroduction of TSFP programmes in programme locations - GOAL will build a strong relationship with the government of Baliet. <p>Risks</p> <ul style="list-style-type: none"> - Security situation across the county, or in any of the target programme sites may escalate and force either regional or national evacuation of staff -Disruption to supply lines may cause interruption to nutrition services 							
Activities							
Activity 1.2.6							
Conduct community outreach screening through CHNPs							
Activity 1.2.1							
Conduct on-the-job training and supervision to strengthen quality of curative care in 19 TSFP sites in Baliet, Maiwut and Ulang Counties							
Activity 1.2.2							
Conduct medical screening of all MAM cases in all nutrition centers through CHWs							
Activity 1.2.3							
Mobilize the community to increase awareness of TSFP							
Activity 1.2.4							
Conduct health facility level nutrition screening for all PLWs through engaging MCHWs and for children 6-59 months through CHWs							
Activity 1.2.5							
Preposition nutrition supplies during the dry season to ensure continuum of care							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	Quality of MAM program - Overall MAM program cure rate (SPHERE standards)					75
Means of Verification : NIS							
Indicator 1.2.2	NUTRITION	Quality of MAM program - Overall MAM program defaulter rate (SPHERE standards)					15
Means of Verification : NIS							
Indicator 1.2.3	NUTRITION	Quality of MAM program - Overall MAM program death rate (SPHERE standards)					3
Means of Verification : NIS							
Indicator 1.2.4	NUTRITION	Frontline services # of nutrition sites - No of TSFP sites established/maintained supported (new and existing)					19
Means of Verification : Facility List							
Indicator 1.2.5	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			1,852	1,928	3,780
Means of Verification : NIS							
Indicator 1.2.6	NUTRITION	Frontline services # PLWs with acute malnutrition newly admitted for treatment		864			864
Means of Verification : NIS							
Additional Targets :							

M & R

Monitoring & Reporting plan

Each facility uses OTP or TSFP register and tally sheets for field level monitoring. TSFP, OTP, and SC activities are monitored and reported through the MOH mandated Nutrition Information System (NIS). GOAL submits NIS data to the Cluster on a monthly basis. NIS reports allow monthly analysis of programme progress, including figures for screening and admissions, as well as cure, defaulter and death rates compared to Sphere Standards.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Quantify and transport therapeutic food supplies for each county to ensure uninterrupted supply.	2016								X	X	X	X	X
Activity 1.1.2: Conduct regular and active case screening in health facilities, communities and outreach location to increase identification of SAM and MAM in all areas of operation	2016								X	X	X	X	X
Activity 1.1.3: Establish and maintain OTP and SCs across Maiwut, Ulang and Baliet Counties	2016								X	X	X	X	X
Activity 1.1.4: Strengthen defaulter tracing and appropriate referral in the continuum of nutritional care	2016								X	X	X	X	X
Activity 1.1.5: Conduct on-the-job training and supervision to strengthen quality of curative care in 19 OTP sites in Baliet, Maiwut and Ulang Counties	2016								X	X	X	X	X
Activity 1.1.6: Train 38 programme staff in IMAM and IYCF to increase quality of curative care	2016								X	X	X	X	X
Activity 1.2.1: Conduct on-the-job training and supervision to strengthen quality of curative care in 19 TSFP sites in Baliet, Maiwut and Ulang Counties	2016								X	X	X	X	X
Activity 1.2.2: Conduct medical screening of all MAM cases in all nutrition centers through CHWs	2016								X	X	X	X	X
Activity 1.2.3: Mobilize the community to increase awareness of TSFP	2016								X	X	X	X	X
Activity 1.2.4: Conduct health facility level nutrition screening for all PLWs through engaging MCHWs and for children 6-59 months through CHWs	2016								X	X	X	X	X
Activity 1.2.5: Preposition nutrition supplies during the dry season to ensure continuum of care	2016										X	X	X
Activity 1.2.6: Conduct community outreach screening through CHNPs	2016								X	X	X	X	X

OTHER INFO

Accountability to Affected Populations

GOAL endeavours to facilitate two-way communication with beneficiary communities to promote ownership of programming and improve accountability, ensuring that children have the means and opportunity to make their voice heard. In the first half of 2016, GOAL rolled out a Feedback, Complaints, and Response Mechanism as part of its efforts to strengthen accountability and communication with communities. The FCRM is tailored by each field site based on preferred channels of communication (phone call, in-person visit, etc) as decided through consultations with communities, and aims to foment open communication with beneficiaries and clarify response actions. GOAL continues to engage with beneficiaries as part of its annual planning process, and seeks input from women, girls, men, and boys through focus group discussions and key informant interviews.

Implementation Plan

GOAL will implement an integrated Community Based Management of Malnutrition (CMAM) programme consisting of TSFP, OTP, SC, and outreach and education activities to approach both prevention and treatment of moderate and severe acute malnutrition in children 6-59 months and MAM in PLWs. RUTF and RUSF will be received as Donations in Kind (DIK) from UNICEF and WFP, respectively, and transported to field sites and nutrition facilities through this programme. The majority of this project budget will be used for procurement of additional materials and supplies and staffing costs for direct service provision at the facility level.

Nutrition activities are closely integrated with primary health care, with routine growth screening conducted at all primary health facilities. To strengthen screening and IYCF counselling of PLWs, GOAL will engage maternal community health workers at targeted OTPs and TSFPs to integrate these activities in all ANC visits. Similarly, Community Health Workers (CHW) will support nutrition implementation through growth monitoring of children and by providing medical consultations for all admissions to nutrition programmes to facilitate treatment of illness and referral to SCs.

GOAL operates two SCs in Maiwut and one in Ulang for inpatient treatment of SAM with medical complications. The network of OTPs and TSFPs ensures that children discharged from SCs are referred into OTPs, and children completing treatment at OTPs are enrolled in TSFPs to prevent deterioration to SAM. Children <6 months with SAM will be automatically referred to SCs for care, with or without medical complications, while caregivers of these children will also be provided with IYCF counselling messages.

GOAL will conduct regular mass MUAC screenings to ensure the entire catchment population is reached. CHNPs conduct community-level nutrition messaging, as well as mobilising communities for mass screenings, conducting defaulter trainings, and delivering group education sessions on IYCF at health facilities and within communities. CHNPs will coordinate with GOAL's other community-level staff including Hygiene Promoters to ensure complementarity of messaging and provide targeted messaging to ensure vulnerable households are reached with key messages on safe treatment and storage of water and key morbidities in young children in addition to IYCF education.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

GOAL recognizes that the responsibility for childcare falls primarily on women in South Sudan. Through this programme, GOAL will maintain a network of OTPs and TSFPs integrated into all health facilities to ensure accessibility and minimize the time burden on women. The integration of ANC and medical screening with nutrition screening and treatment further serves to ensure that women, as primary caregivers, are able to access a range of essential services in one visit. GOAL targets PLW in all screening campaigns and TSFP facilities, cognizant of their particular susceptibility to malnutrition. IYCF counselling conducted as part of TSFPs, OTPs, and SCs targets the primary caregiver – generally women. However, in recognition of the numerous family members who participate in household decision-making – including husbands, brothers, and mothers-in-law – GOAL will also conduct IYCF education as part of group and community nutrition promotion activities to sensitise communities to the importance of appropriate IYCF practices and to build support of other family members for routine attendance of OTP and TSFP.

Protection Mainstreaming

GOAL conducted an internal staff Gender Audit in October 2015 to assess knowledge and attitudes towards gender mainstreaming in programmes and operations. The results of the Gender Audit conducted in October 2015 have been used to feed into an update of the GOAL South Sudan Gender Policy and identify key trainings to improve mainstreaming across all stages of the programme cycle.

Country Specific Information

Safety and Security

Maiwut and Ulang remain in opposition-held areas. Proximity to nearby Nassir and the frequent clashes occurring there can occasionally impact the security situation in these counties - particularly Ulang, which relies solely on air transport for movement in and out. As GOAL has not had a field base in Baliet since the outbreak of conflict in December 2013, activities in Baliet are accessed from Malakal, and supervised by the team in Melut. GOAL has conducted programme activities in Baliet in the first six months of 2016 in this manner. GOAL has a full time expatriate Safety and Security Officer who works within the NGO Security Forum to provide and receive security and situation updates, as well as to develop and continually update SOPs and contingency plans.

Access

Maiwut and Ulang are served by dirt airstrips; UNHAS operates weekly flights to each location. Charter flights can also access these locations when conditions allow. Baliet is currently accessible by road from Malakal; due to intermittent insecurity in and around Malakal, access to Baliet can be suspended for periods.

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Field direct staff - National and Relocatable	D	55	460.00	5	66.00	83,490.00
	<i>39 direct nutrition staff for clinics in Ulang, Baliet, Maiwut (OTP workers, CHNPs, CHWs, and allocation for MCHWs)</i>						
1.2	Field support staff - National and Relocatable	D	37	403.00	5	20.00	14,911.00
	<i>Allocation to field support (Field HR Officer, Field Finance Officer, Drivers, Office Cleaners, etc)</i>						
1.3	Juba support staff - National and Relocatable	S	36	1,173.00	5	4.00	8,445.60
	<i>Allocation for 36 Juba based support staff including finance, HR, logistics and warehouse staff, IT, Admin etc</i>						
1.4	Field International Staff	D	10	6,353.00	5	7.00	22,235.50
	<i>Allocation for Field Area Coordinators and Field Logistics managers, Area Health Managers for all field sites</i>						
1.5	Juba International Staff	S	23	6,925.00	5	4.00	31,855.00
	<i>Allocation for Country Director, Assistant Country Director Systems, Assistant Country Director Programmes, Financial Controller, Logistics Coordinator, Assistant Financial Controller Donors, Assistant Financial Controller Operationsx2, Finance Capacity Manager, FLM, HR, Grant Manager, Security Officer, M&E Coordinator, Surveys Manager, Warehouse Manager, Programme Support Officerx2, Nutrition Coordinator, Regional Director and Internal Audit/Donor Compliance Officer</i>						
1.6	Juba Direct Staff National and Relocatable	D	3	2,884.00	5	7.00	3,028.20
	<i>Allocation for health/nutrition supervisor at each field site</i>						
	Section Total						163,965.30
Supplies, Commodities, Materials							
2.1	Nutrition stationary	D	11480	0.60	1	100.00	6,888.00
	<i>GOAL requests funds to procure OTP and TSFP stationary, including admission cards and register books</i>						
2.2	Nutrition Supplies	D	763	13.56	1	100.00	10,346.28
	<i>Cooking supplies including spoons, knives, jugs, sauce pans, and charcoal, and dishwashing supplies</i>						
2.3	OTP Programme Costs and Supplies	D	578	26.00	1	100.00	15,028.00
	<i>Bedding, Lighting, handwashing facilities and general small furniture equipment</i>						
2.4	Medical equipment and supplies	D	21	530.00	1	100.00	11,130.00
	<i>Purchase of medical equipment including Hb machine (Hemocue)Pulse oximeter (pulsometer), GlucometerResuscitation kit (ambu bag), Medicine cutter, Red scoops</i>						
2.5	Transport of Material - Flights	D	9	7,889.00	1	100.00	71,001.00
	<i>Transportation of supplies purchased above to the field, as well as transport of plumpynut DIK received from Unicef. 6720MTs for Maiwut - max flight that can land on airstip is 2MTs, so 4 flights required at \$8,000 each. 6240MT for Ulang - four cargo flights required at cost of \$8,300 per flight. 855MT for Baliet - one Cargo flight at \$5,600</i>						
2.6	Transport of Materials - Road	D	12	288.00	1	100.00	3,456.00
2.7	Nutrition training	D	4	466.00	1	100.00	1,864.00
	<i>INSAM training, MUAC screening training, as well as per diems for report collections</i>						
	Section Total						119,713.28
Equipment							
3.1	Computer Equipment	s	2	1,130.00	1	100.00	2,260.00
	<i>The purchase of 2laptops for the programme</i>						

3.2	Communication Equipment	s	2	805.00	1	100.00	1,610.00
	<i>Purchase of 3 VHF handsets</i>						
3.3	Office Equipment	s	14	449.00	1	100.00	6,286.00
	<i>Costs for one solar inverter, four back-up batteries, and six office chairs</i>						
	Section Total						10,156.00
Travel							
5.1	Passenger Flights Field Staff	D	12	550.00	1	100.00	6,600.00
	<i>Return flights for all staff going to/from Juba to/from field sites</i>						
5.2	Field Vehicle Costs	D	1	32,550.50	5	4.00	6,510.10
	<i>Allocation for field transport costs</i>						
5.3	Vehicle Costs for Juba	S	1	9,828.00	5	4.00	1,965.60
	<i>Allocation for transport costs</i>						
	Section Total						15,075.70
General Operating and Other Direct Costs							
7.1	Field Admin Costs	D	1	35,940.00	5	5.00	8,985.00
	<i>General operating costs including rent, utilities, communications, and security</i>						
7.2	Admin Costs for Juba	S	1	40,056.40	5	4.00	8,011.28
	<i>General operating costs including rent, utilities, communications, bank fees, and security</i>						
	Section Total						16,996.28
SubTotal			13,065.00				325,906.56
Direct							265,473.08
Support							60,433.48
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							22,813.46
Total Cost							348,720.02
Grand Total CHF Cost							348,720.02

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Baliet	11		42	131	136	309	<p>Activity 1.1.1 : Quantify and transport therapeutic food supplies for each county to ensure uninterrupted supply.</p> <p>Activity 1.1.2 : Conduct regular and active case screening in health facilities, communities and outreach location to increase identification of SAM and MAM in all areas of operation</p> <p>Activity 1.1.3 : Establish and maintain OTP and SCs across Maiwut, Ulang and Baliet Counties</p> <p>Activity 1.1.4 : Strengthen defaulter tracing and appropriate referral in the continuum of nutritional care</p> <p>Activity 1.1.5 : Conduct on-the-job training and supervision to strengthen quality of curative care in 19 OTP sites in Baliet, Maiwut and Ulang Counties</p> <p>Activity 1.1.6 : Train 38 programme staff in IMAM and IYCF to increase quality of curative care</p> <p>Activity 1.2.1 : Conduct on-the-job training and supervision to strengthen quality of curative care in 19 TSFP sites in Baliet, Maiwut and Ulang Counties</p> <p>Activity 1.2.2 : Conduct medical screening of all MAM cases in all nutrition centers through CHWs</p> <p>Activity 1.2.3 : Mobilize the community to increase awareness of TSFP</p> <p>Activity 1.2.4 : Conduct health facility level nutrition screening for all PLWs through engaging MCHWs and for children 6-59 months through CHWs</p> <p>Activity 1.2.5 : Preposition nutrition supplies during the dry season to ensure continuum of care</p>
Upper Nile -> Maiwut	53		416	1,205	1,253	2,874	<p>Activity 1.1.1 : Quantify and transport therapeutic food supplies for each county to ensure uninterrupted supply.</p> <p>Activity 1.1.2 : Conduct regular and active case screening in health facilities, communities and outreach location to increase identification of SAM and MAM in all areas of operation</p> <p>Activity 1.1.3 : Establish and maintain OTP and SCs across Maiwut, Ulang and Baliet Counties</p> <p>Activity 1.1.4 : Strengthen defaulter tracing and appropriate referral in the continuum of nutritional care</p> <p>Activity 1.1.5 : Conduct on-the-job training and supervision to strengthen quality of curative care in 19 OTP sites in Baliet, Maiwut and Ulang Counties</p> <p>Activity 1.1.6 : Train 38 programme staff in IMAM and IYCF to increase quality of curative care</p> <p>Activity 1.2.1 : Conduct on-the-job training and supervision to strengthen quality of curative care in 19 TSFP sites in Baliet, Maiwut and Ulang Counties</p> <p>Activity 1.2.2 : Conduct medical screening of all MAM cases in all nutrition centers through CHWs</p> <p>Activity 1.2.3 : Mobilize the community to increase awareness of TSFP</p> <p>Activity 1.2.4 : Conduct health facility level nutrition screening for all PLWs through engaging MCHWs and for children 6-59 months through CHWs</p> <p>Activity 1.2.5 : Preposition nutrition supplies during the dry season to ensure continuum of care</p>

Upper Nile -> Ulang	36	406	1,011	1,052	2,469	<p>Activity 1.1.1 : Quantify and transport therapeutic food supplies for each county to ensure uninterrupted supply.</p> <p>Activity 1.1.2 : Conduct regular and active case screening in health facilities, communities and outreach location to increase identification of SAM and MAM in all areas of operation</p> <p>Activity 1.1.3 : Establish and maintain OTP and SCs across Maiwut, Ulang and Baliet Counties</p> <p>Activity 1.1.4 : Strengthen defaulter tracing and appropriate referral in the continuum of nutritional care</p> <p>Activity 1.1.5 : Conduct on-the-job training and supervision to strengthen quality of curative care in 19 OTP sites in Baliet, Maiwut and Ulang Counties</p> <p>Activity 1.1.6 : Train 38 programme staff in IMAM and IYCF to increase quality of curative care</p> <p>Activity 1.2.1 : Conduct on-the-job training and supervision to strengthen quality of curative care in 19 TSFP sites in Baliet, Maiwut and Ulang Counties</p> <p>Activity 1.2.2 : Conduct medical screening of all MAM cases in all nutrition centers through CHWs</p> <p>Activity 1.2.3 : Mobilize the community to increase awareness of TSFP</p> <p>Activity 1.2.4 : Conduct health facility level nutrition screening for all PLWs through engaging MCHWs and for children 6-59 months through CHWs</p> <p>Activity 1.2.5 : Preposition nutrition supplies during the dry season to ensure continuum of care</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	Maiwut SMART survey final report April 2016.pdf