

## South Sudan 2012 CHF Standard Allocation Project Proposal

*Proposal for CHF funding against Consolidated Appeal*

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>  
or contact the CHF Technical Secretariat [chfsouthsudan@un.org](mailto:chfsouthsudan@un.org)

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

### SECTION I:

<b>CAP Cluster</b>	<b>Nutrition</b>
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#### CHF Cluster Priorities for 2012 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

<b>Cluster Priority Activities</b>	<b>Cluster Geographic Priorities</b>
<p>Cluster objectives and activities as outlined in CAP  <b>Treatment services</b> for Severe Acute Malnutrition and Moderate Acute Malnutrition in children under 5 years, P&amp;LW and other vulnerable groups, through SCs, OTPs and TSFPs - including training of staff  <b>Prevention services</b> for children under 5 years and P&amp;LW through - micronutrient supplementation U5 &amp; P&amp;LW, community screening (MUAC) and referral of U5, blanket supplementary feeding in hunger gap and in acute emergency 3-36mths, promotion and support of IYCF; includes training health workers, MSGs and CBOs  <b>Strengthen Nutrition emergency preparedness and response capacity</b> - Cluster coordination, Management and analysis of nutrition information, Rapid assessments and SMART surveys in line with cluster standards, Capacity building of CBOs, MSGs, NNGOs and CHD &amp; SMOH on emergency preparedness and response.</p>	<p>Hot spot areas in high priority states will be prioritized</p>

#### Project details

The sections from this point onwards are to be filled by the organization requesting for CHF.

<b>Requesting Organization</b>	<b>Project Location(s)</b> (list State, County and if possible Payam where CHF activities will be implemented)
GOAL	<ul style="list-style-type: none"> <li>• Akoc and Panyok payams, Twic County; Rumamer payam (South of the River Kiir), Agok, Warrap State (50%)</li> <li>• Adong, Abwong and Galachol payams, Baliet County; Ulang, Doma and Yomding payams, Ulang County (25%), Upper Nile State (50%)</li> </ul>
<b>Project CAP Code</b>	
SSD-12\H\46169	
<b>CAP Project Title</b>	
Improving nutritional status of children and pregnant and lactating women through treatment services and empowerment of communities in Twic County and Agok, Warrap State, and Baliet and Ulang Counties in Upper Nile State	

<b>Total Project Budget in South Sudan CAP</b>	<b>Amount Requested from CHF</b>	<b>Other Resources Secured</b>
US\$469,902	US\$250,000	US\$ 57,274

<b>Total Direct Beneficiaries</b>		<b>Total Indirect Beneficiary</b>	
Women:	13,034	188,150 (using average HH size from GOAL MICS reports multiplied by the numbers of direct beneficiaries receiving Health Education and enrolled in GOAL's Nutrition Impact and Positive Practice (NIPP) Circles)	
Men:	13,057	<b>Catchment Population (if applicable)</b>	
Girls:	638	473,398	
Boys:	664		

<b>Beneficiary breakdown</b>		
Women	Pregnant and Lactating Women (P & LW)	2,040
	Trainees	24
	Beneficiaries of IYCF promotion	13,010
	Other vulnerable	0
Men	Trainees	47
	Beneficiaries of IYCF promotion	13,010
	Other - vulnerable	0
Children U5 Yrs	SAM	1,302
	MAM	260
	BSFP	0
	Micronutrient supplementation	0
	Deworming	1,302

**Implementing Partners** (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)

N/A

**Project Duration** (max. of 12 months, starting from allocation date)

**Start Date:** 03/10/12

**End Date:** 03/09/13

**Address of Country Office**

Project Focal Person: Fay Ballard, Assistant Country Director - Programmes

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e-mail finance officer: [jmutumba@ss.goal.ie](mailto:jmutumba@ss.goal.ie)

Address: Po Box 166, Munuki, Juba, South Sudan.

**Address of HQ**

e-mail desk officer: Christopher Boucher: [cboucher@goal.ie](mailto:cboucher@goal.ie)

e-mail finance officer: Bridget Lane: [blane@goal.ie](mailto:blane@goal.ie)

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e-mail desk officer: Christopher Boucher: [cboucher@goal.ie](mailto:cboucher@goal.ie)

## SECTION II

### A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population<sup>1</sup>

Nutrition indicators in Twic County, Agok and the Sobat Corridor are amongst the most alarming in South Sudan. Significant and ongoing displacement<sup>2</sup> in Twic County and Agok due to violent conflict in the Abyei area in May 2011 overwhelmed any emerging local capacity to deliver services, and to date the majority of the 50,000 population of Abyei town remain displaced. Twic County has also received 16,799<sup>3</sup> returnees since the process of organised returns from Sudan began in late 2010. Local populations have also been negatively affected by rebel militia movements (Sobat), and the recent insecurity in Jonglei State, resulted in IDPs fleeing to Baliet and Ulang. External support is essential to ensure provision of basic lifesaving health and nutrition services, as is maintenance of emergency response capacity to respond to unpredictable health needs.

In the 2011 Multi Indicator Cluster Surveys (MICS), conducted by GOAL, Global Acute Malnutrition (GAM) rates of 24.9% and Severe Acute Malnutrition (SAM) at 6.2% in Twic, 26.6% GAM and 5.2% SAM in Sobat, and 16.5% GAM and 2.4% SAM in Abyei (WHO Ref.) were recorded<sup>4</sup>. GAM rates exceed the emergency threshold of 15% significantly, most severely in Twic and Sobat. Malnutrition underlies a large proportion of the unacceptably high levels of child morbidity and mortality in Twic, Agok and Sobat, where U5 mortality rates were estimated at 1.32, 0.99, 0.83 (deaths per 10,000 per day) respectively<sup>5</sup>. A causal assessment carried out in Sobat in 2011 highlighted that women are responsible for cooking for the household, however men control household income<sup>6</sup>. Inclusion of men in Nutrition Impact and Positive Practice (NIPP) circles (described below) is therefore necessary to promote male understanding of why diverse foodstuffs should be bought or grown, to improve the nutritional status of children. Male staff members are also learning to cook and lead cookery demonstrations to promote gender equality in job roles and knowledge of appropriate nutrition practices.

Food security remains low, with 62.9% and 64.3% of households in Agok and Twic respectively dependent on self-production as their main source of food<sup>7</sup>. After mass displacement and flooding in 2011, the ability of households to produce sufficient food for the upcoming months was compromised and is likely to result in increased levels of food insecurity during 2012. Host households in Twic shared food stocks with displaced populations from Abyei, therefore reducing their own reserves for the pre-harvest lean season. Dietary diversity is poor; only 8.1% and 3.8% of respondents reported eating from three or more food groups the previous day, in Sobat and Agok respectively<sup>8</sup>.

The current capacity of the MoH, particularly at the County level, remains limited, necessitating continued external support within the framework of a realistic transition strategy. GOAL works closely with the County Health Department in assessing, planning and implementing activities, including emergency response.

### B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

In line with the first cluster priority to **'Provide services for treatment of acute malnutrition in children under 5 years, P&LW and other vulnerable groups'**, GOAL aims to address malnutrition through elements of the Community-Based Management of Acute Malnutrition (CMAM) approach. GOAL will continue to support Outpatient Therapeutic Programmes (OTPs) to address SAM in children 6-59 months, and will continue to work in partnership with other agencies to ensure gaps in OTP service provision are covered. GOAL will ensure all key clinic staff are trained in the Integrated Management of Severe Acute Malnutrition (IMSAM) to ensure SAM is identified and treated in line with the GoSS MoH guidelines and SPHERE standards. Secondly, volunteers and staff will be trained on screening and referral to ensure community mobilisation is effective. Children 6-59 months with Moderate Acute Malnutrition (MAM) will be admitted to GOAL's Nutrition Impact and Positive Practice (NIPP) circles, which aim to address malnutrition through long-term behaviour change with a sustainable approach which emphasises community ownership. Acutely malnourished PLW will also be identified and admitted to NIPP circles.

To address the second cluster priority to **'Provide services for prevention of under nutrition in children under 5 years and P&LW'**, GOAL intends to implement the innovative NIPP circle activity described above. GOAL's longstanding presence in South Sudan<sup>9</sup> has resulted in an in-depth understanding of the needs and context of programme areas, and the NIPP circle approach has been designed specifically for South Sudan and Sudan. All GOAL clinic staff and volunteers will also be trained on Infant and Young Child Feeding (IYCF). All appropriate clinic activities, including Growth Monitoring Promotion (GMP), Post Natal Care (PNC), OTP and health education, will include appropriate messaging on IYCF, with particular attention being paid to exclusive breastfeeding and complementary feeding. Vitamin A will also be given by GOAL to all Extended Programme on Immunisation (EPI) and OTP beneficiaries, according to GoSS MoH guidelines. GOAL is exploring potential partnerships with local Community Based Organisations (CBOs) which GOAL will train to promote good nutrition practices.

In line with the third priority for the nutrition cluster, to **'Strengthen Nutrition Cluster coordination, emergency preparedness and emergency response'**, GOAL employs two nutritionists at Juba level to support GOAL nutrition activities and has agreed to undertake the role of Nutrition Cluster State Focal Point for Upper Nile State in 2012. GOAL is active in the Nutrition Cluster in Juba,

<sup>1</sup> To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

<sup>2</sup> UNCHR, IOM and the SSRRC all estimate that over 100,000 people were displaced by the violence in Abyei during May 2011. The population of Abyei town itself was estimated at 50,000, the vast majority of whom remain displaced due to continued SAF presence in the area. Large numbers of IDPs remain in the Agok area, south of the River Kiir, particularly in Mading Jokthiang, close to Agok town. At the height of the IDP crisis, over 50,000 IDPs were registered in Twic County alone (IOM update on IDPs, 8<sup>th</sup> June 2011) and some estimated that up to 80,000 IDPs were displaced in Twic at this time.

<sup>3</sup> UNOCHA Map: Number of returnees by county arriving at their final destination, 30<sup>th</sup> October 2010 – 21<sup>st</sup> February 2012.

<sup>4</sup> GOAL MICS; Agok, December 2010; Twic, March 2011; Sobat, May 2011

<sup>5</sup> GOAL MICS; Agok, December 2010; Twic, March 2011; Sobat, May 2011

<sup>6</sup> GOAL Causal Assessment, Sobat Corridor June 2011

<sup>7</sup> GOAL MICS; Agok, December 2010; Twic, March 2011; Sobat, May 2011

<sup>8</sup> GOAL MICS; Agok, December 2010; Twic, March 2011; Sobat, May 2011

<sup>9</sup> GOAL has been present in Twic County since 1998, and in Sudan since 1985.

attending Nutrition Cluster meetings and Health and Nutrition State level meetings. GOAL is part of the Information Management TWG in Juba and sends monthly and weekly nutrition reports using Nutrition Cluster templates. GOAL has demonstrated nutrition emergency response capacity, having responded to large scale displacement following the Abyei conflict in May 2011; refugees in Maban County in Upper Nile State; and to IDPs in Baliet County in Upper Nile State displaced by conflict in Pibor (Jonglei) in December 2011. GOAL carried out Nutrition Rapid Assessments and established mobile OTPs, static OTPs in static clinics and Blanket Supplementary Feeding Programmes (BSFP) as required.

### C. Project Description (For CHF Component only)

#### i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

CHF funding will be used to ensure that GOAL is able to provide nutrition services and to fill a substantial proportion of the gap in funding, particularly where prices such as food for cookery demonstrations, fuel and other support costs have increased dramatically since donor budgets were prepared in mid-2011. CHF funding will fill a gap in GOAL's nutrition funding which is only partially supported by DG ECHO in Twic and Agok, and the Basic Services Fund in Upper Nile, in addition to donations in kind (DIK) from UNICEF for the supply of Plumpy Nut, and supplies for the implementation of BSFP in emergency situations, where requested (from appropriate humanitarian partners).

CHF funding will support nutrition staff in GOAL supported health facilities, to facilitate transport and supervision by nutrition programme managers and the technical coordinators. Training costs for staff will also be supported through CHF funds, in addition to the inclusion of MoH nutrition staff in trainings and workshops. Emergency focused donors are less willing to fund innovative approaches to management of moderate malnutrition, so CHF funding will allow GOAL to continue with the NIPP circle approach in all programme sites. Many core nutrition services had to be removed from the BSF budget due to the reduced size of the overall fund in 2012. Without CHF funding, ensuring OTP services in all PHC facilities in Sobat, in line with the BPHS, will not be possible. Lastly, CHF will fund GOAL to act as the Nutrition State Focal point for Upper Nile State. Without CHF funding GOAL will be unable to fulfill this important nutrition coordination role.

#### ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

Improving the nutritional status of infants and children through curative outpatient therapeutic programmes, a targeted preventative community-based approach improving infant and young child feeding and improved household level agricultural production and food utilisation

#### iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

Activity	Location	Beneficiaries
Treatment of SAM without medical complications in children under five years through OTP	Twic (Akoc, Akak, Majak Pagai)	500 (245 male, 255 female)
	Agok (Ganga, Awal, Wunchuei)	241 (118 male, 123 female)
	Baliet and Ulang (Baliet, Ulang, Adong, Doma, Ying, Yomding, Abwong and Galashol)	561 (286 male, 275 female)
Prevention of moderate and severe acute malnutrition through 26 Nutrition Impact and Positive Practice (NIPP) Circles, admitting on average 10 female and 10 male beneficiaries per circle, with cookery demonstrations, health/ nutrition education and microgardening	Twic (Pilot in Maper and Wunrok, roll out to other locations in 2012)	10 circles, 200 beneficiaries (100 female, 100 male)
	Agok	6 circles, 120 beneficiaries (60 female, 60 male)
	Baliet and Ulang (Pilot in Baliet, roll out to other locations in 2012)	10 circles, 200 beneficiaries (100 female, 100 male)
Prevention of malnutrition in children under 2 years of age through appropriate Infant and Young Child Feeding (IYCF) education and support to both men and women, including the cooking of a high-energy porridge for consumption by children under 5 and pregnant/lactating women as	Twic	10,000 (5,000 female, 5,000 male)
	Agok	5,500 (2,750 female, 2750 male)

vulnerable groups.	Baliet and Ulang	10,000 (5,000 female, 5,000 male)
Training of 71 health workers (29 in Twic County, 15 in Agok and 27 in Baliet and Ulang Counties combined) plus appropriate County Health Department (CHD) and State MoH staff in treatment of SAM and promotion of IYCF in line with GoSS national guidelines.	Twic	29 (18 male, 8 female)
	Agok	15 (10 male, 5 female)
	Baliet and Ulang	27 (19 male, 8 female)
Carry out 4 Multi-Indicator Cluster Surveys (MICS)	Twic County and Agok in Warrap State, and in Baliet and Ulang Counties in Upper Nile State.	N/A
GOAL will maintain capacity to undertake blanket supplementary feeding and mobile OTPs should there be further large scale population displacement over 2012, in addition to expanding existing OTP services, to ensure adequate coverage.	Twic County and Agok in Warrap State, and in Baliet and Ulang Counties in Upper Nile State.	Dependent on scale of displacement

#### iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

#### HIV

The response to the HIV pandemic in South Sudan is still at an early stage with no agreed prevalence baseline, very low levels of understanding and low access to treatment and counselling services. HIV prevention is generally limited to information provision and condom distribution. GOAL's strategy has generally mirrored this and has focused on awareness raising and the free availability of condoms for staff in GOAL compounds and the demonstration of their correct use in GOAL-supported facilities. In 2010, GOAL received a technical support visit from the HIV Advisor who was able to look at the current programme and advise on improvement. There is scope for GOAL to work to engage with the MoH on integrating HIV services into PHC, where possible and appropriate. In a low resource and low prevalence setting like South Sudan, the most appropriate strategy for addressing HIV vulnerability is through gender mainstreaming. As a result, GOAL has focused on conducting a gender audit and gender strategic plan, as detailed below.

#### Gender

GOAL conducted a comprehensive gender audit in 2010. This was a substantial piece of research which sought the opinions of beneficiaries as well as staff at all levels within GOAL from the cleaners to the senior management. It found that GOAL staff are aware of gender but many feel they lack the specific knowledge on how to make it relevant for their work. In 2011 GOAL's Global Gender Advisor visited the programme to facilitate trainings on gender mainstreaming for all staff and to draft the GOAL South Sudan Country Gender Plan. GOAL will continue to seek to move beyond the conception of gender as ensuring men and women benefit equally, to ensuring that GOAL's activities are not maintaining existing gender inequalities, but are facilitating and encouraging women and men to redefine their gendered roles and inequalities, for the benefit of the whole community. GOAL does not have gender balance in staffing, especially in senior national positions. The gender plan puts in place specific guidelines to improve recruitment, retention and promotion of women. HR Officers of each site will be prioritised for training to enable them to support line managers to put these guidelines into practice. The strategic plan will be followed by training of Gender Focal Points (GFPs) at each field site to support all staff to integrate gender sensitivity into their work.

GOAL aims to improve well-being of women, girls, boys and men, through ensuring that women and men are consulted during programme planning and implementation, and that both are able to have access and control over opportunities and resources. Promoting gender equitable access to, and utilisation of, health services remains a key aim for GOAL South Sudan. An example of where GOAL is addressing gender directly through its nutrition programming is through the NIPP Circles, where a circle is held for women and a separate circle is held for men, to ensure both groups are targeted for improved knowledge and education, thus facilitating more sustainable long-term behaviour change at the household level.

#### Environment

Organisationally, GOAL takes in to account environmental issues when planning programmes, and tries to ensure that activities do not cause avoidable adverse environmental impact. This would include appropriate disposal (burial, incineration) of clinic supplies, including drugs and used medical items, and undertaking initial environmental reviews of all the hardware related WASH activities, a process which analyses the potential negative impacts of the project and sets mitigation measures and adequate monitoring systems to guard against them.

#### v) Expected Result/s

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

[Type text]

- 14 OTPs operating treating 1,302 beneficiaries across all programme sites, including MUAC screening and referral from communities surrounding the GOAL PHC clinics.
- 26 Nutrition Impact and Positive Practice (NIPP) Circles for women and 26 NIPP Circles for men functional, admitting 260 women and 260 men respectively, with cookery demonstrations, health/ nutrition education and microgardening components operational.
- 25,500 beneficiaries receiving Infant and Young Child Feeding (IYCF) education, including demonstrating the cooking of a high-energy porridge to improve complementary feeding practices.
- 71 health workers trained, plus appropriate County Health Department (CHD) and State MoH staff, in treatment of SAM and promotion of IYCF in line with GoSS national guidelines.
- 4 Multi-Indicator Cluster Surveys (MICS) completed.

	Indicator	Target (indicate numbers or percentages)
1	Outpatient Therapeutic Programme (OTP) sites for the treatment of Severe Acutely Malnourished (SAM) children	<ul style="list-style-type: none"> <li>• Twic County, Warrap State: 3 sites</li> <li>• Agok, Warrap State: 3 sites</li> <li>• Baliet and Ulang Counties, Upper Nile State: 8 sites</li> </ul>
2	Children admitted/treated for SAM (expect 51% boys and 49% girls)	<ul style="list-style-type: none"> <li>• Twic County, Warrap State: 500 children</li> <li>• Agok, Warrap State: 241 children</li> <li>• Baliet and Ulang Counties, Upper Nile State: 561 children</li> </ul>
3	Quality of SAM treatment	<ul style="list-style-type: none"> <li>• Overall programme cure rate (&gt; 75%, SPHERE standards)</li> <li>• Overall programme defaulter rate (&lt; 15%, SPHERE standards)</li> <li>• Overall programme death rate (&lt; 10%, SPHERE standards)</li> </ul>
4	Nutrition Impact and Positive Practice (NIPP) circles to address acute malnutrition in a preventative way	<ul style="list-style-type: none"> <li>• Twic County, Warrap State: 10 circles, 100 beneficiaries</li> <li>• Agok, Warrap State: 6 circles, 6 beneficiaries</li> <li>• Baliet and Ulang Counties, Upper Nile State: 10 circles, 100 beneficiaries</li> </ul>
5	Health and nutrition workers trained (includes facility and community level health workers) in Outpatient treatment of SAM, IYCF and screening and referral	<ul style="list-style-type: none"> <li>• Twic County, Warrap State: 29 trainees</li> <li>• Agok, Warrap State: 15 trainees</li> <li>• Baliet and Ulang Counties, Upper Nile State: 27 trainees</li> </ul>

#### vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

GOAL directly implements all nutrition activities in South Sudan through supporting MoH PHCCs and PHCUs.

Nine OTPs have already been established across all sites, with the remaining five being as 2012 funding comes online and after the new GOAL health facilities have been taken on in Agok.

The NIPP Circles are currently being piloted in Twic County, Warrap State and Baliet County, Upper Nile State. There have been promising results to date and GOAL intend to roll this activity out to other sites in Twic and Baliet Counties, as well as introducing the activity to Agok and Ulang Counties.

Training of health workers is ongoing currently, including the training of MoH staff as appropriate, and this will continue in the form of refresher trainings and short-format trainings on IMSAM and IYCF in particular through 2012.

Lastly GOAL intend to implement MICS in all areas of operation as has been done historically.

#### vii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

GOAL employs Nutrition Supervisors and Nutrition Officers in each field site, in addition to 2 Nutrition Coordinators who are roving in all GOAL's field sites, to monitor the nutrition activities taking place with a particular focus on improving quality in line with SPHERE standards. Nutrition is incorporated into the Health Sector in line with the MoH policy and the BPHS, so in addition GOAL employs Clinical Officers, Area Health Managers and Health Coordinators who also monitor nutrition activities throughout all field sites.

GOAL collects data daily on all of its nutrition activities and this information is used to create weekly and monthly reports which are submitted to the MoH, the Nutrition Cluster and to other donors, using the Nutrition Cluster report templates. GOAL will also provide reports to CHF as required. In addition, Impact Monitoring reports and qualitative reports have been developed for the NIPP Circles which will allow follow-up of participants up to 12 months after graduation, to measure the impact and therefore success of the activity.

GOAL is currently implementing the new DHIS health management information system in Baliet and Ulang Counties in Upper Nile State and Twic County, Warrap State, and intends to also implement in Agok, Warrap State during 2012. This data management

system includes most of GOAL's nutrition indicators through creation of a dataset in line with the monthly Nutrition Cluster report form.

Lastly Annual Multi Indicator Cluster Surveys will be completed for all GOAL's areas of operation during 2012 and these will be shared with the Nutrition Cluster, the MoH and all other interested parties. These will assist in monitoring trends at a county level and help us to monitor the overall progress of GOAL and other actors in the area.

**E. Committed funding**

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

Source/donor and date (month, year)	Amount (USD)
Basic Services Fund	\$57,274

### SECTION III:

This section is **NOT required** at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

LOGFRAME			
<b>CHF ref. Code:</b> <u>SSD-12\H46169</u>	<b>Project title:</b> <u>Improving nutritional status of children and pregnant and lactating women through treatment services and empowerment of communities in Twic County and Agok, Warrap State, and Baliet and Ulang Counties in Upper Nile State</u>	<b>Organisation:</b> <u>GOAL South Sudan</u>	
<b>Overall Objective:</b> <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i> <ul style="list-style-type: none"> <li>To enhance the quality of life of the target population through improved access to health care and quality, diversity and quantity of food.</li> </ul>	<b>Indicators of progress:</b> <i>What are the key indicators related to the overall objective?</i> <ul style="list-style-type: none"> <li>% reduction in U5MR <i>Target: &lt;2/10,000/day</i></li> <li>% reduction in GAM <i>Target: Agok: 14.5% Baliet/Ulang Counties: 24.6% Twic County: 22.9%</i></li> </ul>	<b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> <li>GOAL's Multi Indicator Cluster Survey (MICS)</li> <li>GOAL's Multi Indicator Cluster Survey (MICS)</li> </ul>	
<b>Specific Project Objective/s:</b> <i>What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.</i> <ul style="list-style-type: none"> <li>To improve the nutritional status of infants and children through curative outpatient therapeutic programmes, a targeted preventative community-based approach improving infant and young child feeding and improved household level agricultural production and food utilisation</li> </ul>	<b>Indicators of progress:</b> <i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i> <ul style="list-style-type: none"> <li>Coverage of OTP services <i>Target: &gt; 50%</i></li> </ul>	<b>How indicators will be measured:</b> <i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i> <ul style="list-style-type: none"> <li>OTP Monthly reports</li> </ul>	<b>Assumptions &amp; risks:</b> <i>What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?</i> <ul style="list-style-type: none"> <li>Ability to secure funding</li> <li>Security and political situation will permit humanitarian access</li> <li>Target populations do not significantly change due to migration/ insecurity</li> </ul>

[Type text]

<b>Results - Outputs (tangible) and Outcomes (intangible):</b> Please provide the list of concrete DELIVERABLES - outputs/outcomes ( <u>grouped in Workpackages</u> ), leading to the specific objective/s:	<b>Indicators of progress:</b> What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?	<b>How indicators will be measured:</b> What are the sources of information on these indicators?	<b>Assumptions &amp; risks:</b> What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?
<p><u>1) Treatment of acute malnutrition</u></p> <ul style="list-style-type: none"> <li>• A curative approach to Severe Acute Malnutrition (SAM) across all sites through OTPs and community mobilisation, including screening and referral from communities surrounding the GOAL PHC clinics</li> </ul> <p><u>2) Prevention of acute malnutrition</u></p> <ul style="list-style-type: none"> <li>• A preventative approach to acute malnutrition across all sites through implementing Nutrition Impact and Positive Practice (NIPP) Circles for women and men, with cookery demonstrations, health/nutrition education and microgardening components</li> </ul>	<ul style="list-style-type: none"> <li>• Number of Outpatient Therapeutic Programme (OTP) sites for the treatment of Severe Acutely Malnourished (SAM) children <i>Target: 14 OTPs</i></li> <li>• Number of children admitted/treated for SAM <i>Target: 1,302 beneficiaries (expecting 51% boys and 49% girls)</i></li> <li>• Quality of SAM treatment <i>Target:</i> <i>Sphere standards:</i> <i>Cure rate &gt; 75%</i> <i>Defaulter rate &lt; 15%</i> <i>Death rate &lt; 10%</i> <i>Average weight gain &gt; 4g/kg/day</i> <i>Average length of stay &lt; 60 days</i></li> <li>• Number of Nutrition Impact and Positive Practice (NIPP) circles and beneficiaries to address acute malnutrition in a preventative way <i>Target: 26 circles admitting 260 women and 260 men</i></li> <li>• % of NIPP Circle participants who show sustained behavior change 1, 2, 6 and 12 months after graduation<sup>10</sup> <i>Target: 75%</i></li> </ul>	<ul style="list-style-type: none"> <li>• OTP Monthly reports</li> <li>• OTP Monthly reports</li> <li>• OTP Monthly reports</li> <li>• NIPP Circle monthly reports</li> <li>• NIPP Circle monthly reports</li> </ul>	<ul style="list-style-type: none"> <li>• Suitably qualified staff are identified, recruited and trained</li> <li>• Uninterrupted procurement chain maintained; no ruptures of stock in GOAL supported health facilities</li> </ul>

<sup>10</sup> Behaviour changes to be tracked include number of households with a microgarden, rubbish pit, handwashing facility, latrine, fuel-efficient stove, evidence of 3 or more food groups in the home and if recommended child feeding and health practices are being followed (verified through observation)

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<ul style="list-style-type: none"> <li>• Improved knowledge of appropriate Infant and Young Child Feeding (IYCF) practices, including the cooking of a high-energy porridge to improve complementary feeding practices</li> </ul> <p><u>3) Strengthen Nutrition emergency preparedness and response capacity</u></p> <ul style="list-style-type: none"> <li>• Improve capacity of health and nutrition staff and volunteers plus the County Health Department (CHD) and State MoH staff, in treatment of SAM, promotion of IYCF and SMART surveys, to ensure emergency preparedness and capacity to respond in GOAL's areas of operation</li> </ul>	<ul style="list-style-type: none"> <li>• Number of beneficiaries receiving IYCF education and attending cooking demonstrations <i>Target: 25,500 beneficiaries (50% female and 50% male)</i></li> <li>• Number of health and nutrition workers trained (includes facility and community level health workers) in Outpatient treatment of SAM, IYCF and screening and referral <i>Target: 71 staff and volunteers</i></li> <li>• Number of Nutrition Cluster coordination meetings facilitated and supported in Upper Nile State through role as Nutrition Cluster State Focal Point <i>Target: 1 per month</i></li> <li>• Complete Multi Indicator Cluster Surveys in GOAL's areas of operation and disseminated locally and to state and national partners <i>Target: 4 surveys</i></li> </ul>	<ul style="list-style-type: none"> <li>• Monthly training reports</li> <li>• Monthly training reports</li> <li>• UNS Nutrition Cluster meeting minutes</li> <li>• MICS reports</li> </ul>	
<p><b>Activities:</b> <i>What are the key activities to be carried out (grouped in Workpackages) and in what sequence in order to produce the expected results?</i></p> <p><u>1) Treatment of acute malnutrition</u></p> <p>1.1) Conduct mass screening campaigns using MUAC with referral as appropriate</p> <p>1.2) Operate enough OTPs to ensure all GOAL's areas of operation have services to treat Severe Acute Malnutrition (SAM)</p>	<p><b>Inputs:</b> <i>What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</i></p> <p>MUAC tapes, referral forms</p> <p>GoSS MoH OTP Guidelines, anthropometric equipment, OTP registers, OTP admission cards and OTP ration cards</p>		<p><b>Assumptions, risks and pre-conditions:</b> <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> <li>• Communities are motivated to participate in activities/campaigns</li> <li>• Lack of knowledge is the limiting factor and constraint to improving</li> </ul>

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<p><u>2) Prevention of acute malnutrition</u></p> <p>2.1) Pilot and roll out Nutrition Impact and Positive Practice (NIPP) Circles</p> <p>2.2) Promote improved complementary feeding practices at cookery demonstrations</p> <p>2.3) Strengthen Infant and Young Child (IYCF) support given to mothers in 100% of GOAL facilities</p> <p>2.4) Celebrate World Breastfeeding Week</p>	<p>Seeds for beneficiaries, flash cards, supervisors, willing volunteer facilitators</p> <p>Food items for recipes, cooking equipment</p> <p>IEC materials, UNICEF IYCF package</p> <p>IEC materials, celebration commodities</p>		IYCF practices
<p><u>3) Strengthen Nutrition emergency preparedness and response capacity</u></p> <p>3.1) Train GOAL staff, volunteers, CBOs, CHD and SMoH in IMSAM protocols and SMART surveys</p> <p>3.2) Support the UNS Nutrition Cluster and SMoH by acting as Nutrition Cluster State Focal Point</p> <p>3.3) Complete Multi Indicator Cluster Surveys in each County of operation</p>	<p>Training venue, training materials</p> <p>MoU with the Nutrition Cluster</p> <p>Anthropometric equipment, trained teams to carry out survey and supervise, data collection forms, referral forms</p>		

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## PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).

The workplan must be outlined with reference to the quarters of the calendar year.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Result 1: Treatment of acute malnutrition</b>															
1.1) Conduct mass screening campaigns using MUAC with referral as appropriate	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1.2) Operate enough OTPs to ensure all GOAL's areas of operation have services to treat Severe Acute Malnutrition (SAM)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Result 2: Prevention of acute malnutrition</b>															
2.1) Pilot and roll out Nutrition Impact and Positive Practice (NIPP) Circles	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.2) Promote improved complementary feeding practices at cookery demonstrations	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.3) Strengthen Infant and Young Child (IYCF) support given to mothers in 100% of GOAL facilities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2.4) Celebrate World Breastfeeding Week								X							
<b>Result 3: Strengthen Nutrition emergency preparedness and response capacity</b>															
3.1) Train GOAL staff, volunteers, CBOs, CHD and SMoH in IMSAM protocols and SMART surveys	X			X			X			X			X		
3.2) Support the UNS Nutrition Cluster and SMoH by acting as Nutrition Cluster State Focal Point		X	X	X	X	X	X	X	X	X	X	X	X	X	X
3.3) Complete Multi Indicator Cluster Surveys in each County of operation	X			X	X										

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

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