

<b>Requesting Organization :</b>	GOAL				
<b>Allocation Type :</b>	1st Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
NUTRITION		100.00			
		<b>100</b>			
<b>Project Title :</b>	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 Melut, Maiwut and Ulang Counties; Upper Nile State.				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>	SSD-16/H/89204	<b>Fund Project Code :</b>	SSD-16/HSS10/SA1/N/INGO/733		
<b>Cluster :</b>	Nutrition	<b>Project Budget in US\$ :</b>	227,133.00		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	2		
<b>Planned Start Date :</b>	01/01/2016	<b>Planned End Date :</b>	30/06/2016		
<b>Actual Start Date:</b>	01/01/2016	<b>Actual End Date:</b>	30/06/2016		
<b>Project Summary :</b>	<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 at maiwut, Melut and Ulang Counties, Upper Nile State. GOAL will also in close consultation with the cluster and CHF support return to Baliet if and when the IDPs GOAL has been serving since 2014 in Melut return to Baliet.</p> <p>GOAL will conduct mass outreach and mid upper arm circumference (MUAC) screening campaigns within communities, IDP camps, and the Melut PoC targeting children aged 6-59 months and pregnant and lactating women (PLW) with aim of increasing new case finding and facility referrals. GOAL includes infant and young child feeding (IYCF) promotional sessions conducted with female and male caretakers of children 6-59 months 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>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	0	313	670	698	1,681
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Children under 5	0	0	520	541	1,061
Internally Displaced People	0	63	134	140	337
People in Host Communities	0	250	536	558	1,344
Pregnant and Lactating Women	0	313	0	0	313
<b>Indirect Beneficiaries :</b>					
All PLW and children 6-59 months screened under CHF (10% of all GOAL screening in area): 5709					
<b>Catchment Population:</b>					
352393 (population of three counties)					
<b>Link with allocation strategy :</b>					

GOAL is providing nutrition support in the areas of Upper Nile and with rates of GAM well above WHO standard and in conflict affected counties of Upper Nile State, in line with the cluster allocation strategy. In all target areas, GOAL is prioritizing the provision of supplies, the treatment of SAM and MAM and the provision of IYCF training 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 supplies to beneficiaries in accessible locations. This intervention offers good value for money, as it links with health and FSL programmes, through utilization of health centres, crossover of staff and referral of discharges on to behavioural change programmes to ensure sustainability of results and to break the cycle of relapse and readmission into nutrition programmes.

**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	94,840.00
IAPF	367,458.00
HPP	122,525.00
OFDA	946,309.00
	<b>1,531,132.00</b>

**Organization focal point :**

Name	Title	Email	Phone
Emma Cullen	Country Director	ecullen@ss.goal.ie	0959462501
Araman Musa	Nutrition Coordinator	amusa@ss.goal.ie	0922027362
Sarah Murphy	Programmes Support Officer	smurphy@ss.goal.ie	0927648656
Binyam Gatachew	Senior Public Health Coordinator	bhailu@ss.goal.ie	0959462505
Daniel Muhungura	Assistant Country Director - Programmes	dmuhungura@ss.goal.ie	0959462507

**BACKGROUND**

**1. Humanitarian context analysis**

South Sudan's current conflict has carried on, unabated, since 2013 with neither warring party keeping to the most recent peace agreements in August 2015. The impact on the economic and humanitarian situation has been catastrophic. Oil production has been greatly reduced and with falling global prices, government revenue has plummeted. The government have borrowed heavily to retain its networks of patronage and to continue the struggle for control for Greater Upper Nile. This borrowing has been unsupported by foreign exchange revenues and has led to a rapid depreciation of the SSP. The resulting inflation has served to worsen the humanitarian situation with many of the development gains made since the signing of the Comprehensive Peace Agreement (CPA) in 2005 now rapidly being eroded. In the latest estimates from UN OCHA (Nov 2015), an estimated 1,660,141 people across South Sudan have been internally displaced. The combination of conflict driven displacement and of early and natural shocks has led to an estimated 4,600,000 people in need of humanitarian assistance (UNOCHA, Nov 2015). Food insecurity levels in South Sudan have been consistently in a state of crisis or emergency, with the IPC currently classifying 34% of the population as severely food insecure. Maiwut, Ulang and Melut (Upper Nile State) are subject to perennially high levels of malnutrition, as a result of vastly insufficient local food production and the disruption of markets due to the breakdown of transport links both within South Sudan and internationally (Uganda and Kenya). Upper Nile State has been the site of severe conflict, causing complete breakdown of supplies. The population of Baliet have been consistently displaced, with large numbers moving north to Melut. Both Maiwut and Ulang have also seen huge influxes of IDPs, straining the already fragile system. Harvests have been effected by unpredictable weather patterns and the breakdown of market supply lines into target areas, exacerbating critical levels of malnutrition.

**2. Needs assessment**

The food security situation in South Sudan remains perilous as a result of the protracted conflict that has befallen South Sudan since December 2013. Despite the signing of a peace agreement in August, there are still high levels of displacement and insecurity. Continuous mass displacement has rendered households unable to save seeds and cultivate for the last two dry seasons. An unusually dry rainy season and historically high food prices compound the negative impacts of the protracted conflict on food security. The September 2015, IPC report provides bleak projections, with an 80% increase in the number of people in crisis or emergency levels in South Sudan compared to this time last year. Even the upcoming harvests will not be sufficient to navigate households out of food insecurity, with an estimated 2.4 million people remaining in crisis or emergency levels through to year's end, increasing to 2.6 million in the first quarter of 2016. Upper Nile State continues to be among the most severely affected regions both in terms of conflict and food insecurity. IPC classifications for August-September show Melut and Ulang in Phase 3 'crisis', and Maiwut in Phase 4 (Emergency). According to cluster reports 2015, Melut GAM rate is 17.6% and SAM rate is 4.1%, while Maiwut shows 19% GAM rate and 5.4% SAM. The Rapid SMART survey in Ulang 2015 reported a GAM rate of 15.3% and SAM of 2.6%. The projections for January-March 2016 continue to be bleak with Ulang and Maiwut in Phase 3, 'crisis', Baliet in Phase 4, 'emergency' and Melut downgraded to Phase 2 'stressed'. The interagency assessment done in Melut County estimates the number of IDPs as follows; Dethoma 1 and 2 are 20,552 individuals, the POC has 951, the KorAdar 8000 people, 304 individuals (Neur population staying next to school in Paloich), and Baliet 5500 individuals. GOAL is supporting OTP and TSFP programs in Upper Nile state with donations in kind (DIK) from UNICEF and WFP respectively. The administrative, logistic and staff funding is from OFDA. The biggest challenge is the high cost of transporting the supplies to Upper Nile program since all program DIK supply received from UNICEF is flown to UNS locations. The increasing trend of SAM and MAM admissions as per NIS monthly reports is an indication of the deteriorating malnutrition situation in Melut, Maiwut, Baliet and Ulang. GOAL is therefore, appealing for consideration to secure CHF funding to be able to continue supporting the live saving intervention in Upper Nile State.

### **3. Description Of Beneficiaries**

GOAL assess beneficiaries for admittance into TSFP and OTP through MUAC screening, estimates 60% screening coverage of target areas, with Maternal MUAC Screening (MMS) ( household level screening) in Agok. TSFP target PLW and children 6-59 months presenting MAM at community and facility MUAC screening. All caregivers and mothers presenting children at screening are given IYCF training to encourage household level behaviour change. OTP targets children 6-59 months presenting SAM without medical complications at community and facility screening while SCs target children 6- 69 months presenting SAM with medical complications.

### **4. Grant Request Justification**

The high level of conflict and displacement has led to increased levels of malnutrition across GOAL's areas of intervention. Upper Nile State continues to be among the most severely affected regions both in terms of conflict and food insecurity. IPC classifications for August-September 2015 place Melut and Ulang in Phase 3 'crisis' phases and Maiwut in Phase 4 'emergency'. According to the cluster reports from 2015, the Melut GAM rate is 17.6% and SAM rate is 4.1% and Maiwut's GAM rate 19% and SAM 5.4%. GOAL's Rapid SMART survey in Ulang 2015 reported a GAM rate of 15.3% and SAM of 2.6%.

GOAL is in a prime position to strengthen the response to malnutrition, as the lead nutrition agency in Ulang, Melut and Maiwut, supporting OTP and TSFP across Upper Nile state with donations in kind (DIK) from UNICEF and WFP respectively. GOAL currently operates ten OTP and ten TSFP facilities as well as one stabilization centre out of health facilities in Ulang, located in health facilities in Ulang, Rup Board, Doma, Yomding, Kuich, Ying, Bimbim, Barmach, Nyangora and Ringyangm servicing the entire population of the county. In Melut, GOAL runs one OTP and one TSFP facility in Dethoma II and Kor Adar, servicing both host and IDP populations. In Maiwut, GOAL is running OTP and TSFP in Malek, Jekow, Jetome, Maiwut, Nyetok, Pagak, Pinthor, Turu, Ulang and Wunkiir.. Between January and December 2015, GOAL screened 90,575 children and 43862 PLW across the three programme areas. GOAL's TSFP programmes across Ulang, Melut and Maiwut treated 4879 children and 1741 PLW over the same period and had an 88% cure rate, while OTP in all three areas of operation treated 2,026 children and had a 90% cure rate, both cure rates well above SPHERE standards. In 2016, GOAL will be strengthening and expanding these services in order to achieve larger nutrition coverage in all areas of operation.

Baliet will also be supported by GOAL, in case of return, in close coordination with Nutrition cluster, the Baliet commissioner has returned and is encouraging the IDPs in Melut to do the same. GOAL employ an integrated approach to nutrition, drawing on health and FSL programmes in the area to maximize value for money and sustainability. GOAL feeds discharges from TSFP into food security programmes that increase vulnerable HHs access to increased food sources and diet diversity, thus reducing the currently existing pattern of discharge, relapse, and readmission into nutrition programmes. In this way, GOAL intends, with the support of this grant, to lift target populations out of malnutrition.

GOAL's administrative, logistic and staff funding is from OFDA. The biggest challenge is the high cost of transporting the supplies to Upper Nile program since all program DIK supply received from UNICEF is flown to UNS locations. The increasing trend of SAM and MAM admissions as per NIS monthly reports is an indication of the deteriorating malnutrition situation in Melut, Maiwut and Ulang. GOAL is therefore, appealing for consideration to secure CHF funding to be able to continue supporting the live saving intervention in Upper Nile State.

### **5. Complementarity**

GOAL is providing integrated preventative and treatment based health services. Health, FSL, nutrition and WASH needs of the IDPs and host communities where GOAL is working are addressed in an integrated manner through links to OTP and TSFP, hygiene and clean water programmes and food security, thereby ensuring that there is complementarity of its different sectors in field locations.

## **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 Maiwut, Melut 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		63			
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		27			
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		10			
<p><b>Contribution to Cluster/Sector Objectives :</b> GOAL will contribute to the cluster objective 1, 'Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk' 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 stabilisation centres which provide lifesaving management of severe acute malnutrition presenting health issues.</p> <p>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</p> <p>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.</p>							
<b>Outcome 1</b>							
To strengthen and sustain the management of malnutrition in health facilities that are affected by conflict and areas with high burden of malnutrition							
<b>Output 1.1</b>							
<b>Description</b>							
Strengthen OTP services to prevent the further depreciation of vulnerable children into severe acute malnutrition.							
<b>Assumptions &amp; Risks</b>							
<p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>-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</li> <li>-Commodity prices will continue to rise as inflation increases and markets remain dysfunctional.</li> <li>-GOAL teams are able to operate from designated bases.</li> <li>-GOAL will continue to maintain favorable working relationships with the authorities in the delivery of its program.</li> <li>-Major staffing disputes and/or strike action is avoided through negotiation and consultation.</li> <li>-In UNS, air travel will be unpredictable in the rainy season due to once-weekly flights and reliance on dirt airstrips</li> <li>-GOAL will continue to operate in both government and opposition held areas</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>-In Agok, tensions could become violent and threaten GOAL's areas of operation</li> <li>-Insecurity may cause short-term evacuations of staff, particularly in UNS</li> <li>-Disruption to supply lines may cause interruption to nutrition services</li> <li>-Renewed fighting in operational areas or neighboring States could cause influx of IDPs and increase demand for services</li> <li>-Road transport will become increasingly difficult, both due to the annual weather patterns and growing insecurity.</li> </ul>							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Ensure uninterrupted supply of therapeutic food supplies for each county through quantification and transportation.							
<b>Activity 1.1.2</b>							
Ensure appropriate integration between IMNCI, Health and nutrition in each OTP centre, through combined training for staff.							
<b>Activity 1.1.3</b>							
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							
<b>Activity 1.1.4</b>							
Strengthen defaulter tracing and appropriate referral in the continuum of nutritional care							
<b>Activity 1.1.5</b>							
Ensure availability at all health facilities of job aids, guidelines and protocols used for the management of severe acute malnutrition							
<b>Activity 1.1.6</b>							
Strengthen outpatient therapeutic programmes in 20 facilities in all programme areas							
<b>Indicators</b>							
			End cycle beneficiaries				End cycle
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.1.1	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			243	252	495
<b>Means of Verification :</b> NIS monthly reports							

Indicator 1.1.2	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)						20
<b>Means of Verification</b> : GOAL Nutrition Database								
Indicator 1.1.3	NUTRITION	Frontline services # of nutrition sites - No of stabilisation centres supported (new and existing)						3
<b>Means of Verification</b> : GOAL Nutrition Database								
Indicator 1.1.4	NUTRITION	Frontline services # of children screened in the community			587	611		1,198
<b>Means of Verification</b> : NIS Monthly Reports								
Indicator 1.1.5	NUTRITION	Quality of SAM program - Overall SAM program cure rate (SPHERE standards)						75
<b>Means of Verification</b> : NIS monthly report. Target measured as percentage								
Indicator 1.1.6	NUTRITION	Quality of SAM program - Overall SAM program death rate (SPHERE standards)						3
<b>Means of Verification</b> : NIS monthly report. Target measured as percentage								
Indicator 1.1.7	NUTRITION	Quality of SAM program - Overall SAM program default rate (SPHERE standards)						15
<b>Means of Verification</b> : NIS monthly report. Target measured as percentage								
<b>Output 1.2</b>								
<b>Description</b>								
Improve MAM service provision in programme areas for PLW and children 6-59 months								
<b>Assumptions &amp; Risks</b>								
<p>Assumptions</p> <ul style="list-style-type: none"> <li>-In Agok, the conflict between the Misseriya and Dinka Ngok will continue. Population will increase in Agok and south of the river Kirr during the dry season. The border disputes between South Sudan and Sudan will remain. No political solution on AAA will be reached.</li> <li>-Community take up of new TSFP facilities in Agok.</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>-Agreement with WFP may take longer than anticipated to finalize</li> <li>-Disruption to supply lines may cause interruption to nutrition services</li> </ul>								
<b>Activities</b>								
<b>Activity 1.2.5</b>								
Strengthen outreach and health facility level nutrition screening in all programme areas								
<b>Activity 1.2.1</b>								
Support the transportation of TSFP supplies from GOAL field warehouse to respective health facilities								
<b>Activity 1.2.2</b>								
Ensure medical screening and treatment of MAM cases in all nutrition centers								
<b>Activity 1.2.3</b>								
Preposition nutrition supplies during the dry seasons								
<b>Activity 1.2.4</b>								
Mobilize the community to increase awareness of TSFP								
<b>Indicators</b>								
			<b>End cycle beneficiaries</b>				<b>End cycle</b>	
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>	
Indicator 1.2.1	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			404	420	824	
<b>Means of Verification</b> : NIS monthly reports								
Indicator 1.2.2	NUTRITION	# of pregnant and Lactating Women (PLWs) admitted for the treatment of MAM					313	
<b>Means of Verification</b> : NIS Monthly Report								
Indicator 1.2.3	NUTRITION	Quality of MAM program - Overall MAM program cure rate (SPHERE standards)					75	
<b>Means of Verification</b> : NIS monthly Report. Target measured as percentage								
Indicator 1.2.4	NUTRITION	Quality of MAM program - Overall MAM program death rate (SPHERE standards)					3	
<b>Means of Verification</b> : NIS monthly report. Target measured as percentage								
Indicator 1.2.5	NUTRITION	Quality of MAM program - Overall MAM program default rate (SPHERE standards)					15	
<b>Means of Verification</b> : NIS monthly report. Target measured as percentage								
<b>Output 1.3</b>								

<b>Description</b>														
Strengthen humanitarian response through need assessment, coordination, monitoring and reporting														
<b>Assumptions &amp; Risks</b>														
Assumptions -That proper access can be gained to all programme sites for data collection -That beneficiaries will continue to agree to participate in GOAL surveys.														
Risks -In Agok, tensions may become violent and threaten GOAL's areas of operation -Insecurity may cause short-term evacuations of staff, particularly in UNS														
<b>Activities</b>														
<b>Activity 1.3.1</b>														
Conduct nutrition need assessments in GOAL operational areas through SMART surveys														
<b>Activity 1.3.2</b>														
Conduct routine nutrition surveillance analysis														
<b>Activity 1.3.3</b>														
Ensure appropriate coordination of nutrition responses in each county through the creation of coordination forums														
<b>Indicators</b>														
			<b>End cycle beneficiaries</b>				<b>End cycle</b>							
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>							
Indicator 1.3.1	NUTRITION	Frontline services # of SMART surveys undertaken - Pre-harvest					2							
<b>Means of Verification</b> : Nutrition SMART and MICS surveys														
Indicator 1.3.2	NUTRITION	Frontline services # SMART surveys undertaken - Post-harvest					2							
<b>Means of Verification</b> : Nutrition SMART and MICS surveys														
<b>Additional Targets</b> :														
<b>M &amp; R</b>														
<b>Monitoring &amp; Reporting plan</b>														
GOAL South Sudan currently employs a full time expatriate Monitoring, Evaluation, Accountability and Learning (MEAL) Coordinator responsible for managing all MEAL activities across all GOAL operational areas, supported by an extensive MEAL team including two MEAL Officers, an Assistant MEAL Officer and a Survey and Assessments Advisor. These are supported by a Global MEAL Advisor, based in GOAL offices, Dublin, Ireland. For nutrition, GOAL utilizes the Nutrition Information System (NIS). reporting monthly to the cluster on numbers screened and admitted to TSFP and OTP, as well as against Sphere standards. This is done at all nutrition facilities and analysed on a monthly and quarterly basis. All nutrition facilities submit weekly progress reports to Juba based Nutrition coordinator, in order to monitor progress against targets.														
<b>Workplan</b>														
	<b>Activitydescription</b>	<b>Year</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
	Activity 1.1.1: Ensure uninterrupted supply of therapeutic food supplies for each county through quantification and transportation.	2016	X	X	X	X	X	X						
	Activity 1.1.2: Ensure appropriate integration between IMNCI, Health and nutrition in each OTP centre, through combined training for staff.	2016	X	X	X	X	X	X						
	Activity 1.1.3: 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	X						
	Activity 1.1.4: Strengthen defaulter tracing and appropriate referral in the continuum of nutritional care	2016	X	X	X	X	X	X						
	Activity 1.1.5: Ensure availability at all health facilities of job aids, guidelines and protocols used for the management of sever acute malnutrition	2016	X	X	X	X	X	X						
	Activity 1.1.6: Strengthen outpatient therapeutic programmes in 20 facilities in all programme areas	2016	X	X	X	X	X	X						
	Activity 1.2.1: Support the transportation of TSFP supplies from GOAL field warehouse to respective health facilities	2016	X	X	X	X	X	X						
	Activity 1.2.2: Ensure medical screening and treatment of MAM cases in all nutrition centers	2016	X	X	X	X	X	X						
	Activity 1.2.3: Preposition nutrition supplies during the dry seasons	2016	X	X	X	X	X							
	Activity 1.2.4: Mobilize the community to increase awareness of TSFP	2016	X	X	X	X	X	X						
	Activity 1.2.5: Strengthen outreach and health facility level nutrition screening in all programme areas	2016	X	X	X	X	X	X						
	Activity 1.3.1: Conduct nutrition need assessments in GOAL operational areas through SMART surveys	2016			X									

Activity 1.3.2: Conduct routine nutrition surveillance analysis	2016	X	X	X	X	X	X								
Activity 1.3.3: Ensure appropriate coordination of nutrition responses in each county through the creation of coordination forums	2016	X	X	X	X	X	X								

**OTHER INFO**

**Accountability to Affected Populations**

Once funding has been secured for this intervention, GOAL will organize consultations with the local RRC, Payam Administrators and Community Leaders outlining the aims, objectives, activities, expected results, funding level and beneficiary selection criteria for each intervention. The feedback from these consultations will be discussed at the annual programme conference and used to inform programme planning.

Each health facility has a Boma Health Committee (BHC) in place which is comprised of community leaders and representatives. Through this committee. SCs, OTPs and TSFPs are integrated into GOAL's health facilities and these beneficiaries also provide feedback to the BHCs.

Beneficiaries will be reached through community meetings and segregated focus groups for men and women to identify individual needs. Community identification of malnutrition is prioritized in Maiwut, with mothers and caregivers in CSC targeted households trained in MUAC screening and given MUAC tapes to allow earlier detection and mitigation against malnutrition. This allows nutrition screening occur regularly within the household and to continue without GOAL support. The training and provision of equipment gives mothers greater knowledge and control over screening of their children and admission to OTP/ TSFP programs.

**Implementation Plan**

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 covering 60% of catchment areas. Staff training and capacity building will be given utmost priority on a regular basis. In addition GOAL will conduct training to ensure knowledge retention. GOAL will increase transport links to field sites to ensure adequate prepositioning of supplies and uninterrupted treatment of SAM and MAM at programme sites.

GOAL will continue with the recruitment and deployment of Community Health and Nutrition Promoters (CHNP's) who 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 will provide health education targeting IYCF and positive health practices to caretakers and mothers.

Gender and ethnicity issues will be addressed through focus group discussions and regular consultation with community leaders. GOAL will be engaging the Boma Health Committee 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 to organize regular meetings with community on service delivery, M&E and will gather the feedback for quality improvement.

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.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale

**Environment Marker Of The Project**

A+: Neutral Impact on environment with mitigation or enhancement

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

Recognizing their particular susceptibility to poverty and malnutrition, GOAL includes PLW into all TSFPs. As women are the primary caregivers in South Sudan, IYCF training targets mothers of children 0-59 months to ensure behavioural change within households.

**Protection Mainstreaming**

GOAL has a global protection mainstreaming policy that is implemented at head office and field sites in GOAL South Sudan. All staff in the field sites have received training in protection, and each site has designated a child protection focal point who is responsible for conducting continuous refresher trainings for the staff. At field level GOAL partners with organizations whose programming is wholly protection focused on children's rights and protection to ensure that beneficiary protection needs are properly addressed. The Juba-based Country Child Protection focal person provides remote support to field focal points to ensure that appropriate channels of referral are used.

**Country Specific Information**

**Safety and Security**

The security situation in South Sudan in the context of humanitarian operations has vastly changed since December 2013. Currently, the circle of violence seems to slow its pace in known conflict areas, yet with violence emerging in new, previously peaceful regions. After signing peace deal at the end of August 2015 between the Government and the Opposition, the lasting and sustainable peace process is very much hoped for. Since 2013 the country has experienced waves of active military conflict that has exasperated existing tensions resulting from militia attacks, violent crime, ethnic divisions, cattle raidings, power struggles, humanitarian need, and an endemic lack of infrastructure. Some areas of South Sudan have been affected more than others. GOAL operates in three geographic zones, and the security constraints to its programming therefore differ.

In Upper Nile State, large areas that GOAL operate in are under Opposition control. In Ulang tensions between the populations are usually limited to clan fighting or court cases. From February to June, pastoralists from Jongelei State move from the areas of Waat and Lankien with their cattle to graze on the western side of the Sobat in Ulang Counties. This causes extra pressure on limited resources and increases tensions within Ulang. There is poor discipline amongst most soldiers in South Sudan, and there is a threat that some will take opportunities from INGOs, from carjacking to accidental ambush.

**Access**

Access to populations in the conflict-affected Upper Nile State continues to be temperamental, with periods of insecurity restricting access. Aside from Melut, which is served by Paloich Airport, all of GOAL's field sites rely on dirt airstrips for transport of staff and cargo on fixed-wing aircraft

## BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Field direct staff	D	23	575.45	6	46.00	36,529.57
	<i>National and Relocatable</i>						
1.2	Field support staff	D	39	486.70	6	18.00	20,499.80
	<i>National and Relocatable</i>						
1.3	Juba support staff	S	36	941.40	6	3.00	6,100.27
	<i>National and Relocatable</i>						
1.4	Field International Staff	D	10	5,870.59	6	8.00	28,178.83
	<i>International Staff who are directly implementing at the field level (Upper Nile and Agok)</i>						
1.5	Juba International Staff	s	22	6,727.34	6	3.00	26,640.27
	<i>Juba international staff who are providing technical support to the nutrition programs</i>						
1.6	Juba Direct Staff National and Relocatable	D	2	4,425.37	6	4.00	2,124.18
	<i>The National and relocatable staff based in Juba offering direct support to the program.</i>						
	<b>Section Total</b>						<b>120,072.92</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Nutrition supplies and stationary	D	29050	0.08	6	100.00	13,944.00
	<i>The procurement of nutrition supplies and stationary for Ulang, Melut and Agok</i>						
2.2	OTP Programme Costs	D	97	4.76	6	100.00	2,770.32
	<i>Cost that will be incurred during routine running of the OTP activities in the three areas of Agok, Melut and Ulang</i>						
2.3	Nutrition outreach and community	D	9	146.67	3	100.00	3,960.09
	<i>The direct expenses for facilitating nutrition outreach in community mobilization and sensitization on to promote uptake of nutrition services in Ulang, Melut and Agok</i>						
2.4	Transport of Material	D	3	7,200.00	1	100.00	21,600.00
	<i>Flights expense for transporting nutrition supplies to hard to reach parts of Upper Nile (Melut and Ulang) state and Agok (AAA)</i>						
2.5	Transport of Materials	D	2	2,850.00	1	100.00	5,700.00
	<i>Road transport cost for movement of nutrition supplies from from GOAL warehouse to various health facilities in Agok, Melut and Ulang</i>						
	<b>Section Total</b>						<b>47,974.41</b>
<b>Equipment</b>							
3.1	Stabilisation Centre Equipment	D	1004	10.46	1	100.00	10,501.84
	<i>The cost of procuring equipment to be used in the treatment of Severely acute malnourished children.</i>						
3.2	Computer Equipment	S	2	1,119.90	1	100.00	2,239.80
	<i>Procuring 3 laptops for supporting Melut program.</i>						
3.3	Office Equipment	S	3	583.33	1	100.00	1,749.99

	<i>The Cost for procuring Ulang office equipment.</i>								
	<b>Section Total</b>								<b>14,491.63</b>
<b>Travel</b>									
5.1	Passenger Flights Field Staff	D	8	400.00	1	100.00		3,200.00	
	<i>The flight charges for transporting field staff to Ulang, Melut and Agok</i>								
5.2	Field Vehicle Costs	D	1	39,585.21	6	3.00		7,125.34	
	<i>Cost of hiring, and fueling one program vehicle that will be directly facilitate the nutrition program activities in Agok, Melut and Ulang</i>								
5.3	Vehicle Costs for Juba	S	1	9,825.00	6	3.00		1,768.50	
	<i>The Cost of fueling and maintaining one vehicle to provide program support in Juba office.</i>								
	<b>Section Total</b>								<b>12,093.84</b>
<b>General Operating and Other Direct Costs</b>									
7.1	Field Admin costs	D	1	35,359.31	6	4.00		8,486.23	
	<i>Field admin costs which are the costs associated with running the three compounds in Melut, Maiwut and Ulang. CHF Nut contributes 4% towards these costs - this is a direct cost of running the program in the field sites. Costs include office rent, office stationary, generator fuel etc.</i>								
7.2	Admin costs for Juba	S	1	39,860.00	6	3.00		7,174.80	
	<i>Juba admin costs which are the costs of running our Juba office. CHF Nut contributes 3% towards this cost. The PSC cost is the cost which CHF contributes towards the running of our HQ in Dublin. These costs are office costs such as rent and utility bills, but also covers a contribution towards the many staff in Dublin who provide support to the project. 7% is the standard amount which is recommended for this cost, and which we have used in all previous CHF submissions to date</i>								
7.3	M&E	D	1	1,980.00	1	100.00		1,980.00	
	<i>Monitoring and Evaluation officer based in Juba.</i>								
7.4	Visibility		0	0.00	1	100.00		0.00	
	<b>Section Total</b>								<b>17,641.03</b>
<b>SubTotal</b>				30,315.00				<b>212,273.83</b>	
Direct								166,600.20	
Support								45,673.63	
<b>PSC Cost</b>									
PSC Cost Percent								7.00	
PSC Amount								14,859.17	
<b>Total Cost</b>								<b>227,133.00</b>	
<b>Project Locations</b>									
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name		
		Men	Women	Boys	Girls	Total			
Upper Nile -> Maiwut	41								
Upper Nile -> Melut	27								
Upper Nile -> Ulang	32								

**Documents**

Category Name	Document Description
Project Supporting Documents	Twic MICS March 2015 Final Report_15 07 2015.pdf
Project Supporting Documents	Agok MICS Feb 2015 Final Report - 9.4.2015.pdf
Project Supporting Documents	GOAL SQUEAC - Abyei 2015.docx