

Project Proposal

Organization	COSV (Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario)					
Project Title	Improving the nutritional status of children under 5 years and pregnant and lactating women through treatment and empowerment of communities in hard to reach areas of Ayod County					
Fund Code	SSD-15/SA1/N/INGO/362					
Primary Cluster	NUTRITION	Secondary Cluster	None			
Project Allocation	1st Round Standard Allocation	Allocation Category Type	Frontline services			
Project budget in US\$	233,027.02	Planned project duration	6 months			
Planned Start Date	01/01/2015	Planned End Date	30/06/2015			
OPS Details	OPS Code	SSD-15/H/72963	OPS Budget	0.00		
	OPS Project Ranking		OPS Gender Marker			
Project Summary	Given the likelihood of on going instability in South Sudan, COSV is committed to maintaining a flexible emergency response capacity to respond to needs in existing and new operational areas. COSV will continue to build the capacity of the respective County Health Departments (CHDs) to manage nutrition delivery and to develop emergency response plans together with community stakeholders. IYCF sessions are contingent to the success of the preventative interventions of this programme. Our strategy will be on static response in ensuring sustainability even after Rapid Response missions. Ayod being a hard to reach area following the 2014 conflicts and currently with an un-predictable security situation is an area of looming catastrophes.					
Direct beneficiaries		Men	Women	Boys	Girls	Total
	Beneficiary Summary	30	1456	3300	3300	8,086
	Total beneficiaries include the following:					
	People in Host Communities	10	367	825	825	2027
	Internally Displaced People	20	1099	2475	2475	6069
Indirect Beneficiaries	Catchment Population					
Link with the Allocation Strategy	<p>The project will support response and resilience in the conflict affected area of Ayod county where about 70% of the populations are living in displacement. Response efforts in 2014 faced significant challenge with reduction in nutrition sites as security and weather situations limited access. The funds will enhance efforts to scale-up in four new locations (Gorwai, Menime, haat and Magok) of critical needs. With the unpredictable end in the conflict, COSV will hope to conduct more short assessments in accessible areas to determine nutrition situations, coupled with continued nutrition reporting. In line with the first cluster priority 'deliver quality, life –saving, management of acute malnutrition for at least 60% SAM cases and 60% of MAM cases in all define vulnerable girls and boys, PLW, older people and other vulnerable groups living in the malnutrition high burden county of Ayod in state of Jonglei. COSV aims to address malnutrition through elements of the Community-Based Management of Acute Malnutrition (CMAM) by targeting children under five, PLW, and other vulnerable groups. Since 2012, COSV has been screening and managing PLW for acute and moderate malnutrition in both the facility and community outreach. COSV will continue to support live saving initiatives at Outpatient Therapeutic Programmes (OTPs) and Targeted Supplementary feeding Program to address SAM and MAM in children aged 6-59 months. Referrals are made for patients to secondary facilities (Jiech) for stabilization care in the case of severe acute malnutrition with medical complications. To improve the standard of treatment, COSV ensures all key mobile clinic staff is trained in the Integrated Management of Severe Acute Malnutrition (IMSAM) which promotes the identification and treatment of SAM in line with the GoSS MoH guidelines and Sphere standards. COSV's approach to the cluster's second objective; 'Provide access to integrated programs preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable is grounded on a holistic approach. As part of COSV's integrated primary health care programmes, COSV continues to coordinate activities with one another to address the underlying causes of malnutrition in 2015 and through to 2016. Other preventative measures include all COSV clinic staff and volunteers being trained on Infant and Young Child Feeding (IYCF) to make sure that all appropriate clinic activities, including the 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 supplementation is given to all EPI and OTP beneficiaries, according to GoSS MoH guidelines. In relation to the third priority for the nutrition cluster on, 'Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response COSV has demonstrated adequate nutrition emergency response capacity in RRM, having taken lead in health and Nutrition responses to large scale displacement following the Ayod conflict in April 2014; IDPs in Wau Payam (Jiech), Pajiek (Gorwai) and Pagil Payam, and Mogok (Haat) 2014. COSV maintains the capacity for rapid nutrition assessments with trained nutrition staff both at national and community level. Preparedness measures focus on training, prepositioning of stocks such as Plumpy Nut and supporting state and national-actors. COSV continues to support coordination mechanisms to strengthen the quality of emergency preparedness and response at a national and state-level., COSV will continue to act as the Ayod Focal Point in 2015 and attend the Jonglei State Nutrition Cluster. Support to local authorities is vital with annual training plans drawn up including IMSAM and IYCF training to COSV staff and appropriate members of the County Health Department (CHD)</p>					
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)					
Organization focal point contact details	Name	Title	Phone	Email		
	Claudia Cui	Director	+39 022822852	claudia.cui@cosv.org		
	Peter claver Olore	Country Coordinator	+211920429262	cosv.countryrjuba@gmail.com		
BACKGROUND INFORMATION						
1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	<p>Nutrition Indicator in Ayod county is among the most alarming in South Sudan. This scenario is further compounded by insecurity and flooding with resultant displacement within this county. Large scale armed action and fighting in Ayod town in 27th April 2014 resulted in the estimated displacement of 120,000 individuals, largely to Jiech, Gorwai, Magok and Pagil payams. Population movement to and back from the 4 payams has been occurring with 147,667 individuals registered by the WFP from July 2014 to date. On 10th July 2014 another fighting broke out in Ayod which led to further displacement and through the provocation from both the government and opposition another fighting may occur if a peaceful resolution to the current deadlock is not found. In Jonglei State Ayod County, played host to over 10,000 IDPs in 2014 as a result of conflict in adjoining Akobo County in Jonglei State. In 2014, in light of the on going violence within Jonglei and the possibility of conflict within Ayod, it is likely that COSV will once again respond to IDP crisis with a comprehensive package of nutrition services. In Ayod county in which COSV is operational, GAM rates exceeded the Sphere emergency threshold of 15% in 2013. In the SMART survey conducted in that year, GAM and SAM rates in Ayod were 19.4% and 5.4% respectively (WHO Ref). Malnutrition underlies a large proportion of the high levels of child morbidity and mortality in these field sites with under five mortalities estimated to be 1.02 in Ayod (deaths per 10,000 per day). Rapid Response Mission done in 2014 July 12st 29th in Gorwai found concerning levels of malnutrition, with 4.0% SAM and 15.5% MAM while another RRM in Jiech from 3 10th June found that 3.7% children had SAM and 9.1% with MAM. COSV currently supports a total of 3 OTPs and 2 TSFPs (Jiech, Gorwai and Pagil). In 2015, COSV looks forward to increase the number of OTPs to 5 and TSFP to 5 as part of efforts to ensure each supported health facility offers nutrition services in line with the requirements of the BPHS. COSV has applied to RRHP to continue supporting Ayod County and beyond. In addition, to a curative response COSV implements Mother Support group circles a mechanism to tackle the underlying causes of malnutrition. Targeted participants included adults from households who had either themselves or children under five in their care been affected by moderate and/or severe malnutrition. Key activities under mother support groups included dissemination of health and nutrition education. This approach increases household's resilience to shocks which contribute to malnutrition. Given the likelihood of on going instability in South Sudan, COSV is committed to maintaining a flexible emergency response capacity to respond to needs in existing and new operational areas. COSV will continue to build the capacity of the respective County Health Departments (CHDs) to manage nutrition delivery and to develop emergency response plans together with community stakeholders. IYCF sessions is contingent to the success of the preventative interventions of this programme.</p>					
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicate references to assessments	<p>In Ayod county in which COSV is operational, GAM rates exceeded the Sphere emergency threshold of 15% in 2013. In the SMART survey conducted in that year, GAM and SAM rates in Ayod were 19.4% and 5.4% respectively (WHO Ref). Malnutrition underlies a large proportion of the high levels of child morbidity and mortality in these field sites with under five mortality estimated to be 1.02 in Ayod (deaths per 10,000 per day). Rapid Response Mission done in 2014 July 1st and 29th in Gorwai found concerning levels of malnutrition, with 4.0% SAM and 15.5% MAM while another RRM in Jiech from 3 -10th June found that 3.7% children had SAM and 9.1% with MAM. COSV currently supports a total of 3 OTPs and 2 TSFPs (Jiech, Gorwai and Pagil). In 2015, COSV looks forward to increase the number of OTPs to 5 and TSFP to 5 as part of efforts to ensure each supported health facility offers nutrition services in line with the requirements of the BPHS.</p>					

such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	
3. Description Of Beneficiaries	COSV targets the populations most vulnerable to acute malnutrition and micronutrient deficiencies for this intervention. These are: boys and girls under five years, pregnant and lactating women, older people and other vulnerable groups in jungle state whether host communities or IDPs in host communities and IDPs in spontaneous settlements and collective centers Indirect beneficiaries of nutrition programming include caretakers of infants and young children and wider community members targeted by nutrition community sensitization and public health nutrition education activities of both men and women. County health department staff, health workers, community nutrition volunteers, home health and hygiene promoters (both men and women) also benefit from training and capacity building in nutrition in emergencies, provided by COSV.
4. Grant Request Justification.	CHF 2015 funds would enable COSV to extend current achievements from its 2014 allocation and fill a substantial proportion of a funding gap of \$95,000. COSV's nutrition funding is partially supported by ECHO and OFDA in Jiech and Pagil for this emergency in Ayod County, in addition to donations in kind (DIK) from UNICEF of Plumpy Nut and WFP FLA for supplementary feeding program. COSV remains concerned that key components of nutrition services remain neglected, particularly the role of community-based programming in treatment of malnutrition, nutrition outreach and staffing. Furthermore, in collaboration with the Ministry of Health (MoH) under County Health Department (CHD) in 2015, COSV will expand Outpatient Therapeutic Programme (OTP) services to 7 facilities and Targeted supplementary program to 4 in Ayod county where it is the lead health and Nutrition agency (Magok, Wau, Pagiek and Pagil Payam four) from the existing 3 OTPs with funds required to cover additional training and supplies. As the current crisis unfolds and the situation in communities evolves, support is required to ensure that the response to the nutrition needs of children under five in both host and IDP communities is adequate to prevent the deterioration of health status. COSV is requesting funds from CHF to conduct outreach nutrition services through mobile units (one in Jiech, one in Pagil, two in Haat and Menime) in order to respond to the increased likelihood of multiple host communities in the county experiencing dramatic population increases as a result of the influx of IDPs. It is imperative that these nutrition services are provided as IDPs will have suffered loss of livelihoods and will subsequently be unable to afford food stuffs. Furthermore, the influx of IDPs alongside the reduction in food stuffs produced as a result of conflict and violence will increase market prices and render food unaffordable. It is therefore essential that COSV continues to maintain nutrition services that it currently provides in the county to host communities affected by conflicts and violence whilst scaling up its emergency response health services for IDPs seeking refuge in COSV's operational areas
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	

LOGICAL FRAMEWORK

Overall project objective	Improve access to management of acute malnutrition and prevention to reduce mortality and morbidity for at least 60% of girls and boys aged 0-59 months, pregnant and lactating women, elderly and other vulnerable groups living in conflict affected area of Ayod County
----------------------------------	--

Logical Framework details for NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Deliver quality lifesaving management of acute malnutrition for at least 60% per cent of SAM cases in girls and boys 0-59 months and at least 60 per cent of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	55
2015 SSO 2: Increase access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement	25
2015 SS 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response	SO 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods	20

Outcome 1	Deliver quality, life-saving, management of acute malnutrition for at least 60% SAM cases and 60% of MAM cases in all define vulnerable girls and boys, PLW, older people and other vulnerable groups living in the malnutrition high burden Payams of Ayod County.
------------------	---

Code	Description	Assumptions & Risks
Output 1.1	Scale-up to 3 new sites and supporting existing OTP and TSFP for treatment of SAM and MAM (Jiech, Gorwai, Mogok, Pagil, Menime)	Security situation remains stable and project location are accessible

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment			200	200	400
		Means of Verification: Monthly reports					
Indicator 1.1.2	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment			500	500	1000
		Means of Verification: Monthly report					
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Estimated number of PLWs reached by supplementary feeding		450			450
		Means of Verification: Monthly report					
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			150	150	300
		Means of Verification: Monthly report					
Indicator 1.1.5	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program cure rate (SPHERE standards >75%)			375	375	750
		Means of Verification: Monthly report					
Indicator 1.1.6	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)			18	18	36
		Means of Verification: Facility Report					
Indicator 1.1.7	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program death rate (SPHERE standards)			25	25	50
		Means of Verification: Facility report					
Indicator 1.1.8	NUTRITION	Number of Functional OTP and TSFP sites					5
		Means of Verification: Facility reports; Facility reporting rate					
Indicator 1.1.9	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)			25	25	50

Means of Verification: Facility report						75	75	150
Indicator 1.1.10	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program default rate (SPHERE standards)						
Means of Verification: Facility report								
Activities								
Activity 1.1.1	Treat children for SAM with medical complications and without medical complications at ITP's and OTPs							
Activity 1.1.2	Treatment of children and PLW with MAM							
Activity 1.1.3	Establishment of 3 new OTP/TSP sites for management of SAM and MAM							
Output 1.2	Case detection and referral for treatment				Community are positive to mass mobilization for MUAC screening and referrals; Security situation allows access to remote locations for outreaches			
Indicators								
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target	
			Men	Women	Boys	Girls		
Indicator 1.2.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls 6-59 and months and PLW screened for acute malnutrition in a community		1000	2600	2600	6200	
Means of Verification: Monthly report								
Activities								
Activity 1.2.1	Conduct MUAC screening and referral of children under five with MAM/SAM cases and PLW to OTP/TSPs at all health facilities and at community level							
Outcome 2								
Code		Description			Assumptions & Risks			
Output 2.1		Increase information, awareness among the community through mother support groups and mass awareness			Political situation remains supportive to community approaches without interferences			
Indicators								
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target	
			Men	Women	Boys	Girls		
Indicator 2.1.1	NUTRITION	[Frontline services] [Prevention] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions	300	750			1050	
Means of Verification: Awareness report Mother Support Group activity report								
Indicator 2.1.2	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			1500	1500	3000	
Means of Verification: Monthly report Activity report								
Indicator 2.1.3	NUTRITION	[Frontline services] [Prevention] Estimated number of children (6-59 months) receiving supplementary foods through Blanket Supplementary Feeding Programmes (BSFP)			3000	3000	6000	
Means of Verification: Survey report								
Indicator 2.1.4	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			750	750	1500	
Means of Verification: Facility report Survey report								
Indicator 2.1.5	NUTRITION	Number of Children >1 year dewormed with Albendazole					1500	
Means of Verification: Facility report								
Activities								
Activity 2.1.1	Establish mother support groups circles; at least one in each Boma of Wau and Pagil Payams and part of Mogok to ensure dissemination of IYCF information and community activities;							
Activity 2.1.2	Conduct IYCF education at community level and provision of Vitamin A supplementation							
Activity 2.1.3	Conduct deworming for children above 1 year with Albendazole							
Output 2.2	Capacity Building of community and nutrition staffs in improving emergency response plans				Staffs are sustained with salary payment and security being safe for their continued service at facility;			
Indicators								
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target	
			Men	Women	Boys	Girls		
Indicator 2.2.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	15	8			23	
Means of Verification: Attendance list; Activity report								
Indicator 2.2.2	NUTRITION	[Frontline services] [Capacity and emergency prepare] dness# of SMART surveys undertaken					1	
Means of Verification: Assessment report; Survey report								

Activities

Activity 2.2.1	Train nutrition staff on rapid nutrition assessments and provision of basic nutrition care;
Activity 2.2.2	Conduct Nutrition assessments for emergency responses

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Treat children for SAM with medical complications and without medical complications at ITPs and OTPs	2015	X	X	X	X	X	X						
Activity 1.1.2 Treatment of children and PLW with MAM	2015	X	X	X	X	X	X						
Activity 2.1.1 Establish mother support groups circles; at least one in each Boma of Wau and Pagil Payams and part of Mogok to ensure dissemination of IYCF information and community activities;	2015		X	X	X								
Activity 2.1.2 Conduct IYCF education at community level and provision of Vitamin A supplementation	2015	X	X	X	X	X	X						
Activity 1.2.1 Conduct MUAC screening and referral of children under five with MAM/SAM cases and PLW to OTP/TSFPs at all health facilities and at community level	2015	X	X	X	X	X	X						
Activity 2.2.1 Train nutrition staff on rapid nutrition assessments and provision of basic nutrition care;	2015	X	X		X	X							
Activity 2.2.2 Conduct Nutrition assessments for emergency responses	2015	X	X	X									
Activity 2.1.3 Conduct deworming for children above 1 year with Albendazole	2015	X	X	X	X	X	X						
Activity 1.1.3 Establishment of 3 new OTP/TSFP sites for management of SAM and MAM	2015	X	X	X	X	X	X						

M & R DETAILS

Monitoring & Reporting Plan:
Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .

The monitoring system will be based on 3 sets of indicators: efficiency indicators, touching the respect of time, expenditures, human resources and outputs; effectiveness indicators, measuring the usefulness of the project activities, and the achievement of intermediate and final objectives in terms of benefits produced by the project to the beneficiaries in emergency situations; context indicators, analyzing risk factors and project assumptions in order to keep track of sustainability from the beginning; such indicators are established at the starting of the project and revised mid term. An operational and accordingly inclusive Monitoring and Evaluation Plan will be developed in tracking progress in relation to the designed project log frame with which a monthly work plan for the execution of the activities will be derived. The performance indicators will be collected and reported monthly using the nutrition cluster reporting tool that incorporates SC, OTP, and TSFP activities as well as children/PLWs screened, de-wormed and provided with micronutrient supplementation and capacity building of health staff. Data collected will at all times be disaggregated into sex, age, location to address and inform on cross cutting issues like gender and geographical position and this will commence as soon as possible. The nutrition coordinator in collaboration with support of nutrition officer and other nutrition workers dislocated in the different location will be in charge of the continuous follow up, gathering data, process them and report to the management. All deviations between planned indicators and measured data will be reported in real time to the project management, which will be in charge of taking remedial actions when appropriate. Transmission of data and communication among facilities will be done through thuraya phones and local Codan radio network available in community to link the health facilities. The Use of Thuraya is not cost-effective, though the last resort to difficult situations of accessing basic information and updates on progress activities, and supply needs. The only cost-effective means that will be used for data collection and transfer will be manual collection of hard copy papers from various field locations, based on flight schedules and team movement. The installation of Internet at a base in Jiech shall be sort to support data transfer. Moreover, both county administrator and director will conduct monthly visits in order to track progress and to communicate to the donor any challenges encountered. The monthly performance indicators will inform and guide on the course of action to ensure we meet the standards by aligning the project to meet the desired objectives. Monthly reports will be verified by expat staff for completeness, and correctness. Adequate report forms, register books from MoH, UNICEF and Nutrition Cluster and all necessary record materials shall be put in place. The Project manager and the Country coordinator shall be the focal persons for M&E activities involving financial and technical aspects respectively. Activity plans shall be broken down into weekly and monthly schedules, at PHCC/PHCU and for outreach programs to guide project implementation. Quarterly review and planning meetings among staffs will be conducted to ensure project objectives are met and challenges are communicated and addressed accordingly, targets are achieved and the acceptable standards for the specified indicators achieved. Monthly reports will be communicated to all the relevant stake holders and in addition a mid-term report and a final comprehensive end of term report showing the progress of the indicators will be prepared to communicate to all project stakeholders on the progress/achievement of the project. In addition, COSV is in process to get permission from local authorities in the SPLA-IO and from government to have a V-sat installed in Jiech (base area) to support data transmission.

OTHER INFORMATION

Accountability to Affected Populations	COSV has policies that guide its work and supports effective recruitment of staffs, financial management and accountability procedures. COSV has nutrition team led by Nutrition Coordinator, with support of Nutrition officer that provided technical support for implementation and supervision of activities. At facility levels, COSV works with community own resource persons to ensure continuity while building their capacity in professional service deliver during the emergency periods. COSV shall work with local partners and community leaders in determining priorities and supporting implementation, monitoring and evaluation of project activities to ensure its support for the community.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	The Implementation of nutrition activities will be integrated in the existing health structures of Jiech, Mogok, and Pagi PHCUs with the participation of the community staffs. The program will scale up to reach Gorwai PHCU, and Menime PHCC. Jiech PHCU will become the main centre of referral and treatment of SAM patients that require stabilization, following the in-operation of Ayod PHCC after fighting in April 2014. Supervision and coordination of nutrition activities for the PHCUs will be coordinated from Jiech centre. Implementation of the activities around the IDP areas shall be both fixed based (facility) and as outreaches to the community. IYCF activities shall be done as outreaches. TSFP, and IFP shall also be the major nutrition intervention with the support of WFP. Given that during rainy seasons, logistics activities are hampered, activities have been planned and supplies per-positioned in the main facility locations to ensure continuity in nutrition services. COSV intends to work through community volunteers and Mother Support Groups, local authorities in order to enhance infant and young child feeding practices and referral mechanisms. Trained personnel shall be involved: CHW, MCHW, and Nutrition health workers. COSV expat team shall provide regular support and technical supervision as well as monitor the progress of the project. OTP sites will be run with support from UNICEF and IMA, and IFP, and TSFP with the support from WFP. The WHO supports the existing health facilities in the treatment of Kala Azar and TB.
Coordination with other Organizations in project area	
Environmental Marker Code	A: Neutral Impact on environment with No mitigation
Gender Marker Code	1-The project is designed to contribute in some limited way to gender equality
Justify Chosen Gender Marker Code	The proposed intervention aims to support basic nutrition needs of vulnerable populations in rural areas. Specifically, the nutrition support program will address pregnant women, as well as children under 5, being the most vulnerable groups in terms of malnutrition. However, the implementation will have special focus for women and children under 5, being the most vulnerable groups in terms of morbidity and mortality. Male involvement in nutrition education and awareness will be emphasized. Women recruitment shall be encourage, especially in service delivery, with establishment of mother support groups to strengthen the women. Reports shall also focus of gender breakdown of Male and female, and according to age groups.
Protection Mainstreaming	The project will address response to both male and female beneficiaries with malnutrition problems or at risk. Staffs shall have a balance of male and female, at

	management and implementation levels to ensure equal opportunity and concerns are addressed. Priority interventions are to children 0-5 month and 6-59 months as they are more at risk during the emergencies.
Safety and Security	COSV shall work with OCHA in addressing access issue in areas of project implementation. Coordination with UNSS shall support decisions on guiding security actions in the area. COSV has internal security policy that supports staffs' action while in field and at Juba. In cases of security emergencies, COSV shall link up with UNSS, UNHAS and as a last resort to private companies for flights to pull out staffs.
Access	Ayod is still having limited access, more to the Northern part of the County. The Southern part (especially Ayod Payam and Kuachdeng Payam) are inaccessible following fighting since April 2014. The communities moved to Northern part of Ayod as IDPs and this is where COSV has directed most of this intervention efforts.

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
1.1	Country Representative As a legal representative, the CR is responsible to support coordination with donors, and international advocacy for intervention. He will be responsible for Security coordination at project area, in collaboration with authorities. He is paid 4000 USD per month. Cost will be shared with other projects.	S	1	4000	6	25.00%	6,000.00	3,000.00	3,000.00	6,000.00
1.2	Country Coordinator He is responsible for National and state coordination of programs in collaboration with field teams. He provides direct support for the nutrition team, and collaboration with cluster and pipeline managers. He is paid 3000 USD per month. Costs shall be shared with other projects.	S	1	3000	6	30.00%	5,400.00	2,250.00	3,150.00	5,400.00
1.3	Country Administrator He is in-charge of financial processes and ensuring all accountability is done appropriately. He will support management of funds and finance paper work. He is paid 3000 USD per month. Costs shall be shared with other projects.	S	1	3000	6	25.00%	4,500.00	2,250.00	2,250.00	4,500.00
1.4	Nutrition Coordinator She is directly responsible for M&A activities of the project. She provides technical support while in field and coordination with local partners and community leaders in enhancing the project goal. She is paid 2800 USD.	S	1	2800	6	65.00%	10,920.00	5,460.00	5,460.00	10,920.00
1.5	Nutrition Officer He is directly responsible for project implementations. He provides technical support while in field, capacity building of community persons and supervision of facility operations and outreaches. He is paid 2000 USD.	S	1	1800	6	65.00%	7,020.00	3,510.00	3,510.00	7,020.00
1.6	County Nutrition Supervisor He is directly responsible for linkages of health facilities within the county. He provides technical support while in field, capacity building of community persons and supervision of facility operations and outreaches. He will also support logistic activities and management of stock records, and monthly data reports at TSFP and OTP sites in collaboration. He is paid 2000 USD.	S	1	400	6	50.00%	1,200.00	600.00	600.00	1,200.00
1.7	Nutrition Nurse (In-patient Assistant) He/she will be directly responsible for SC management. He provides technical support at SC, OTP and TSFP, capacity building of community persons and supervision of facility operations and outreaches. He is paid 500 USD. This will be a community based position, if can be identified locally.	D	1	500	6	100.00%	3,000.00	1,500.00	1,500.00	3,000.00
1.8	Nutrition Assistants (OTP Workers) These are trained workers supporting nutrition activities at OTP and TSFP sites (New and continuing). The staffs shall be responsible for routine work and outreaches at facility and community respectively. Payment shall be 300 USD per month.	S	12	300	6	50.00%	10,800.00	4,000.00	6,800.00	10,800.00
1.9	IYCF supervisor (Payam) He/she will be directly responsible for community mobilizations within the Payam of service. He provides support for outreach activities and logistics for nutrition supplies. He/she is paid 300 USD per month.	S	1	300	6	65.00%	1,170.00	585.00	585.00	1,170.00
1.10	CMAM supervisor (Payam) He/she will be responsible for OTP and TSFP supervision in collaboration with County supervisor and IYCF supervisor. H/she will be responsible for data management and reporting to County supervisor and COSV project management team. He/she will be paid 300 USD per month.	D	1	300	6	100.00%	1,800.00	900.00	900.00	1,800.00
1.11	SC Cooks She shall support food preparation and distribution of rations to children and mothers. She shall be paid 280 USD per month	S	2	280	6	75.00%	2,520.00	1,260.00	1,260.00	2,520.00
1.12	Guards/Cleaners (Facility) These staffs shall work at facility to maintain the premise safe and clean. The staffs shall be paid 250 USD per month.	S	12	250	6	65.00%	11,700.00	5,850.00	5,850.00	11,700.00
1.13	Cook/Cleaner/Guard (Juba office) These are Juba based staffs who provide indirect support to Juba office and relocatable staffs while at Juba. They are paid 750 USD including basic allowances.	S	5	750	6	30.00%	6,750.00	1,250.00	5,500.00	6,750.00
1.14	Logistic Coordinator (Juba) He is responsible for management of supplies for OTP and TSFP and coordinating the deliveries to field. He is paid 1700 USD including basic allowances	S	1	1700	6	25.00%	2,550.00	850.00	1,700.00	2,550.00
Section Total							75,330.00	33,265.00	42,065.00	75,330.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
2.1	Basic material for in-patient Nutrition Department & OTP Materials include kitchen utensils for SC, admission bed materials, lockers, furniture and basic medical equipments for vital signs (thermometer). Cost is to cover the six locations planned for Nutrition services (1 SC and 5 OTP). Costs are based on local rates within the country.	D	1	1750	6	100.00%	10,500.00	2,500.00	8,000.00	10,500.00
2.2	Materials for Mother support Groups Materials include protective gears while at community work, basic record materials and social communication equipments. Costs are based on market values in national rates.	D	5	284	6	80.00%	6,816.00	5,550.00	1,266.00	6,816.00
2.3	Flight per month to deliver Nut Supplies Flight cost are according to commonly available charter rates in the country, and UNHAS. Costs including cargo handling processes. Handling process would involve delivery of goods to Logistic cluster control warehouse (currently based in Rumbek)	D	1	5850	3	80.00%	14,040.00	10,020.00	4,020.00	14,040.00

2.4	Food & & & & basic non-food requirements for staffs on mission (Field and at Juba)	S	1	1500	6	50.00%	4,500.00	1,250.00	3,250.00	4,500.00
Basic food stuffs for relocatable staffs while in field mission. Costs of goods are as per local market rates.										
2.5	Training on CMAM, & & & IYCF at new and old project locations	D	3	1750	1	100.00%	5,250.00	3,500.00	1,750.00	5,250.00
Trainings costs include daily feeding allowance of 15 USD per day and transport allowances to those for far distances at 30 USD per route (average).										
2.6	Therapeutic spread, sachet 92g/CAR-150		0	0	0	0.00%	0.00	0.00	0.00	0.00
This is an In-kind supply from UNICEF though a PCA										
2.7	TSFP supplies (CSB, Plumpy-sup, Veg. Oil, etc)		0	0	0	0.00%	0.00	0.00	0.00	0.00
This is an in-kind supply from WFP through an FLA										
Section Total							41,106.00	22,820.00	18,286.00	41,106.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
3.1	Basis Nutrition facility equipments (Furniture and office)	D	6	800	1	100.00%	4,800.00	2,400.00	2,400.00	4,800.00
These are facility equipments to support smooth working. They include furniture (tables, chairs, cupboards, lockers) and basic equipments for vital sign monitoring - thermometer. The costs are of the local market rate in the country.										
3.2	Program Camera, and accessories	S	1	500	1	100.00%	500.00	500.00	0.00	500.00
To support reporting and development of products for visibility. Cost is per local market rates in the country.										
3.3	Field Office Equipments	S	1	2500	1	60.00%	1,500.00	1,500.00	0.00	1,500.00
These include lockers, tables, chairs, office bins & & & trays, etc got from within the country. Costs are as in local market.										
3.4	Program Computers and accessories	S	2	1500	1	100.00%	3,000.00	2,000.00	1,000.00	3,000.00
Computer to facilitate Nutrition officer and field supervisor to support them compile reports and in correspondences. Costs shall be as per local market.										
3.5	Money safe	S	1	5000	1	100.00%	5,000.00	5,000.00	0.00	5,000.00
Money safe (bank quality type, where possible) for storage of petty cash, essential data back-ups and essential program documents. This will be at Juba office. A money box will be purchased for field petty cash at field office. Costs are as per market rates in the country.										
Section Total							14,800.00	11,400.00	3,400.00	14,800.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
4.1	Minor rehabilitation & & & construction of semi-permanent storage facilities & & & OTP areas	S	3	2000	1	100.00%	6,000.00	3,000.00	3,000.00	6,000.00
These are construction works that shall be done using locally available materials and skills. Three new sites planned. Costs shall be based on local agreements.										
4.2	Assessments and surveys	D	1	12500	1	90.00%	11,250.00	8,750.00	2,500.00	11,250.00
Assessments and or short SMART survey costs are for consultant to support evaluate humanitarian situations for responses. Costs covers consultancy, visa, travels and accommodation. Training preparation, implementation and data collectors are all included.										
Section Total							17,250.00	11,750.00	5,500.00	17,250.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
5.1	Transport during coordination of activities (County, State, and Juba level)	S	2	900	6	100.00%	10,800.00	5,400.00	5,400.00	10,800.00
Transport costs includes air ticket and taxi costs to County, State or within Juba as applicable. Costs are as per UNHAS (WFP) rates and local flight companies.										
5.2	Leave travels for Expat staffs	S	3	1200	3	100.00%	10,800.00	5,400.00	5,400.00	10,800.00
Travels only covers air ticket to and from regional towns within the East Africa and Horn of Africa.										
5.3	Travel allowances (Accommodation, Feeding)	S	2	250	6	100.00%	3,000.00	1,500.00	1,500.00	3,000.00
Travel allowances are facilitation within the country when program staffs travels for coordination issues to State. Costs covers feeding and accommodation at rates within the country. Allowances also covers costs at Juba when community based staffs and partners have been facilitated to Juba/States for trainings and advocacy missions.										
Section Total							24,600.00	12,300.00	12,300.00	24,600.00

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

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

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
7.1	Office rental - Juba	S	1	5800	6	60.00%	20,880.00	10,440.00	10,440.00	20,880.00
Rental costs in Juba, Tong-ping area, as per local rates and terms.										
7.2										

	Vehicle &; Motorcycle maintenance &; running costs	S	1	1250	6	60.00%	4,500.00	2,250.00	2,250.00	4,500.00	
	Costs includes repairs and fuel for car and motorcycle. Costs is as per the market rates.										
7.3	Internet and V-sat maintenance (Juba &;&;&; Field)	S	2	1700	2	60.00%	4,080.00	2,040.00	2,040.00	4,080.00	
	Costs covers rates of internet service provision and band width level. Cost charged as per local rates in the country.										
7.4	Communication (Sat phone &;&;&; GMS phones)	S	1	2200	6	60.00%	7,920.00	3,960.00	3,960.00	7,920.00	
	Communication on Thuraya and for MTN corporate services and other local networks based on communication channels available. Costs is as per local market. Corporate service with MTN aimed at reducing costs at a negotiated rate.										
7.5	Stationaries (Field and Juba)	S	2	300	6	60.00%	2,160.00	960.00	1,200.00	2,160.00	
	Basic papers, staple pins, clips, folders, files - for record management and communications. Costs are as per local market in the country										
7.6	Financial costs	S	1	500	6	100.00%	3,000.00	1,500.00	1,500.00	3,000.00	
	Costs of bank charges, money transfers, and financial documents										
	Section Total						42,540.00	21,150.00	21,390.00	42,540.00	
Sub Total Direct Cost									215,626.00		
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)									7%		
Audit Cost (For NGO, in percent)									1%		
PSC Amount									15,093.82		
Quarterly Budget Details for PSC Amount		2015		Total							
		Q1	Q2								
		7,546.91	7,546.91	15,093.82							
Total Fund Project Cost									230,719.82		
Project Locations											
Location	Estimated percentage of budget for each location					Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Ayod	100									0	
Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)											
DOCUMENTS											

