

Project Proposal

Organization	RI (Relief International)		
Project Title	Provision, Strengthening and Expansion of Life Saving Community and Facility-based Nutrition Services in Longechuk and Maban Counties in Upper Nile State		
Fund Code	SSD-15/SA1/N/INGO/379		
Primary Cluster	NUTRITION	Secondary Cluster	None
Project Allocation	1st Round Standard Allocation	Allocation Category Type	Frontline services
Project budget in US\$	223,416.00	Planned project duration	6 months
Planned Start Date	01/01/2015	Planned End Date	30/06/2015
OPS Details	OPS Code	SSD-15/H/73006	OPS Budget
	OPS Project Ranking		OPS Gender Marker
Project Summary	<p>In Maban and Longechuk counties, vulnerable young children, pregnant and lactating women have specific nutritional requirements that provide major challenges to meet in the context of the ongoing crisis. Proposed areas are also flood-affected and inaccessible except a few months of the year, which also has a negative impact on crop production and getting basic health and nutrition services. The violence erupted in mid-December, worsening the existing nutrition situation, and displaced high numbers of the population, which directly disrupted the seasonal cultivation practice and put high proportions of the population at risk. The situation in Maban had been relatively stable until the recent violence, which mainly affected the remote villages of Bananshowa, Bugaya, Jinqaeta and Jenmageda. RI is currently operating in these counties in nutrition, food security, and livelihood programming. Maban and Longechuk counties are heavily affected by severe acute malnutrition (SAM), contributing to the concerning nutrition situation in Upper Nile State or South Sudan in general. In April 2013, a SMART nutrition survey conducted by International Medical Corps (IMC) revealed that a global acute malnutrition (GAM) rate of 13.1 percent and a SAM rate of 3.3. The survey findings revealed above the normal threshold for normal nutritional status. There was no standard nutrition survey conducted in Longechuk county; the rapid assessment conducted by RI in July 2014 indicated that SAM by MUAC was 31.6 percent and MAM by MUAC was 19.5 percent. The situation might be worse in areas which are not able to be accessed due to flooding, insecurity and distance. In the cluster response plan, the county is classified as highly vulnerable (high critical with access constraints), the highest GAM rates coupled with aggravating factors of insecurity, poor food security situation, high mortality rates and disease outbreaks justifies the need for scaling up the service in all parts of the county. The existing nutrition services in both counties are inadequate to meet the needs of a growing demand of returnees and the host community population. Insecurity is also still a main concern especially in Longechuk which may put the host community in dire need of nutritional support. Vulnerable young children, pregnant and lactating women, disabled and elderly people in the counties have specific nutritional requirements that provide major challenges to be met in the context of the crisis. The need to expand SC, OTP, TSFP and IYCF support and promotion services to primary health care (PHC) facilities together with strengthening referral services is critical to improving coverage and ensuring the utilization of services by mothers and young girls, who are usually burdened with caring for the family, PWL, older people, people with special needs and thus least likely to travel very far to access services. RI and Goal coordinate in Longechuk, RI deals with SAM (OTP and Stabilization) while Goal deals with MAM (TSFP). Referral system exist between the two agencies and complement each other in serving the beneficiaries.</p>		
Direct beneficiaries			
		Men	Women
		Boys	Girls
		Total	
Beneficiary Summary	3195	2667	6117
			6897
			18,876
Total beneficiaries include the following:			
People in Host Communities	2728	2246	5868
Internally Displaced People	482	397	918
			1035
			2832
Indirect Beneficiaries		Catchment Population	
Link with the Allocation Strategy	<p>CHF funding will be used to address the immediate lifesaving and quality nutrition care needs of targeted communities in the geographic area including the IDPs. The justification of the proposed project needs is based on the evidence and RI's knowledge, expertise, and experience of the geographic areas, previous and current programming, needs assessment reports conducted by cluster and other agencies. In all, RI will position itself in-line with the findings and recommendation of the cluster need analysis and response plan, the general strategic objectives and cluster specific objectives and output. To achieve this objective, RI will work towards the following expected results. a. Deliver and increase access to quality and effective community and facility-based therapeutic and supplementary nutrition services, and treatment of severe and moderate acute malnutrition among children under five and pregnant, lactating women, older people and other vulnerable people in target areas. b. Increase coverage of the targeted population for under nutrition prevention through micronutrient supplementation, dissemination of key nutrition and IYCF messages, and community screening. c. Increase institutional capacity to conduct nutritional assessments and design/implement a full range of nutrition interventions including building capacity for nutritional emergency response and preparedness.</p>		
Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)	
Organization focal point contact details	Name	Title	Phone
	James Collins	Regional Program Development Manager	+254726709840
			james.collins@ri.org
BACKGROUND INFORMATION			
1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	<p>According to IPC report September 2014 Upper Nile State continues to be severely affected by the ongoing conflict, with a high concentrations of IDPs as well as some refugees. The food security outlook remains poor. As of September 2014, about 30 percent of the state's population (approximately 375,000 people) were facing Crisis or Emergency (Phase 3 or 4) food insecurity situations. For October-December 2014, food security is expected to improve during harvest period, although it is going to worsen significantly in the January to March 2015 period, mainly due to an exhaustion of household food stocks and the presumed resumption of the conflict. As per estimate, 43 percent (530,000 people of the population) is expected to face serious food insecurity. As per nutrition mapping and classification (IPC-September 2015, p. 18), Longechuk is at a very critical category due to excessive high GAM and SAM rates. In Maban and Longechuk counties, vulnerable young children, pregnant and lactating women have specific nutritional requirements that provide major challenges to meet in the context of the crisis. Proposed areas are also flood affected, and inaccessible except in a few months of the year, which has a negative impact on crop production and the provision of basic health and nutrition services. Since violence erupted in mid December 2013, the nutrition situation has worsened and a high proportion of the population has been displaced, which has directly disrupted seasonal cultivation practices and put a high number of the population at risk. The situation in Maban has been relatively stable until the violence erupted, which mainly affected the remote villages of Bananshowa, Bugaya, Jinqaeta and Jenmageda. RI is currently operating in these counties in nutrition, food security, and livelihood programming. Maban County is heavily affected by SAM, contributing to the concerning nutrition situation in Upper Nile State and South Sudan more generally. According to A preliminary SMART nutrition survey conducted by Relief International in Maban in May 2012, a GAM rate of 18.1 percent and a SAM rate of 3.5 percent was recorded. In April 2013, a SMART nutrition survey conducted by the International Medical Corps (IMC) revealed that a GAM rate of 13.1 percent and a SAM rate of 3.3 percent. Both survey findings revealed above the normal threshold for normal nutritional status. Longechuk County is heavily affected by SAM, contributing to the concerning nutrition situation in Upper Nile State. The rapid assessment conducted by RI in July 2014 indicated that SAM by MUAC was 31.6 percent and MAM by MUAC was 19.5 percent. The situation might be worse in areas which are not able to be accessed due to flooding, insecurity and distance. In the cluster response plan, the county is classified as highly vulnerable (high critical with access constraints). High GAM rates coupled with the aggravating factors of insecurity, poor food security situation, high mortality rates and disease outbreaks justifies the need for scaling up the service in all parts of the county. The existing nutrition services in both counties are inadequate to meet the needs of the growing number of returnees and the host community population. Insecurity is also still a main concern, especially in Longechuk which may put the host community in a dire need of nutritional support. Vulnerable young children, pregnant and lactating women in the counties have specific nutritional requirements that provide major challenges to meet in the context of crisis. The need to expand SC, OTP, TSFP and IYCF support and promotion services to PHC facilities together with strengthening referral services is critical to improving coverage and ensuring utilization of services by mothers and young girls, who are usually burdened with caring for the family, PWL older people, people with special needs and thus least likely to travel very far to access services.</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	<p>In Maban and Longochuk counties, vulnerable young children, pregnant and lactating women have specific nutritional requirements that provide major challenges to meet in the context of crisis. Proposed areas are also flood-affected, and inaccessible except in a few months of the year, which also has a negative impact on crop production and getting basic health and nutrition services. The violence erupted in mid-December, worsen the existing under nutrition problem; displaced high number of populations, which directly disrupted the seasonal cultivation practice this puts high proportion of the population in risk. The situation in Maban relatively stable until the recent county wide violence which mainly affected the remote villages of Bananshowa, Bugaya, Jinqaeta and Jenmageda. RI is currently operating</p>		

explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

in both counties in Nutrition and food security and livelihood program. Both counties heavily affected by severe acute malnutrition, contributing to the concerning nutrition situation in upper Nile State or South Sudan in general. According to a preliminary SMART nutrition survey conducted by Relief International in Maban in May 2012 revealed that a global acute malnutrition (GAM) rate of 18.1% and a severe acute malnutrition (SAM) rate of 3.5%. In April 2013 a SMART nutrition survey conducted by International Medical Corps (IMC) revealed that a global acute malnutrition (GAM) rate of 13.1% and a severe acute malnutrition (SAM) rate of 3.3 both survey findings revealed above the normal threshold for normal nutritional status. There was no standard nutrition survey has been conducted in Longochuk county, the rapid assessment conducted by RI in July, 2014 indicated that SAM by MUAC 31.6% and MAM by MUAC 19.5%. The situation might be worse in areas which are not able to be accessed due to flooding, insecurity and distance. In the cluster response plan the County is classified as high vulnerable (high critical with access constraints), the highest global acute malnutrition (GAM) rates coupled with aggravating factors of insecurity, poor food security situation, high mortality rates and disease outbreaks justifies the need for scaling up the service in all parts of the county. The existing nutrition services in both counties are inadequate to meet needs of a growing demand of returnees and host community population. Insecurity is also still a main concern specially in Longochuk which may put the host community in a dire need of nutritional support. Vulnerable young children, pregnant and lactating women in the counties have specific nutritional requirements that provide major challenges to meet in the context of crisis. The need to expand SC, OTP, TSFP and IYCF support and promotion services to primary health care (PHC) facilities together with strengthening referral services is critical to improve coverage and ensure utilization of services by mothers, young girls, who are usually burdened with caring for the family, PLW older people, people with special needs and thus least likely to travel very far to access services. The purpose of this project is to reach children under 5, PLW, Older people and other vulnerable groups in remote villages of Longochuk and Maban County and in areas which are not covered by current grant and maintain the service beyond March, and August 2015 in Longochuk and Maban respectively where the current CHF and UNICEF grant is ending. The project will focus to save lives and reduce the existing burden of SAM and MAM rates and prevent under nutrition in children 6-59 months and PLW in maintaining the existing payams and Audier, Jak, Guelguk, Chotborra,Dajo,Wichlual payams of Longochuk county and in the remote villages of Khoer Almar, Jinqueta and Jin Makeda Payams Maban county and over a six months period

3. Description Of Beneficiaries

Total: 18,876.1504 <5 children SAM (Maban = 662, Longochuek = 842), 6-59 month children for MAM 1910 (Maban = 945, Longechuk = 965), PLW for MAM 1302 (Maban = 646, Longechuk = 656) children 6-59 months for Vitamin A supplementation 4781 (Maban = 2106, Longechuk = 2675), children 6-24 months for micronutrient supplementation 638(Maban = 281, Longechuk = 357), children 12-59 months received de-worming tablets 3400 (Maban = 1497, Longechuk = 1903), <6 month babies benefited from exclusive breast feeding 780 (Maban = 371, Longechuk = 409), 1892 PWL and care takers attend IYCF counseling session (Maban = 941, Longechuk = 951), and 2667men attend IYCF sessions in health facilities (Maban = 1499, Longechuk = 1168)

4. Grant Request Justification.

Despite the alarming situation particularly for children under 5, pregnant and lactating mothers, basic nutrition services are not adequately covered in Longechuk and Maban. In both counties, RI is the only agency operating in the host community to tackle severe and moderate acute malnutrition. RI's many years of experiences spent focusing on increasing access to services and increasing the overall capacity of health and nutrition workers and volunteers both to prevent and treat malnutrition using the community management of acute malnutrition treatment approach make it well positioned to address these needs. In this context and with the uncertainties of the coming dry season and lack of access to basic health and nutrition services in remote locations of both counties, there is an urgent need for increased nutrition interventions integrated into primary health care services, both in terms of preparedness and response activities in the coming months if further humanitarian crises and suffering is to be averted. RI has a long presence in health, nutrition, WASH, food security and livelihoods programming in Maban and Longechuk counties, and will ensure an immediate and coordinated response in emergency nutrition, timely sharing and the verification of nutritional data in the state and will encourage coordinated nutritional programming. RI will ensure capacity enhancement and transfers to the county health department and State MOH through continuous engagement and training. RI's ultimate goal will be to have a functional nutrition unit at the county health department level with supervisory, training, data management, and emergency preparedness and response capacity which can support the health facilities for a long term basis. The proposed project activities will help increase coverage regarding the provision of therapeutic and supplementary nutrition care to children and PLWs, older people and people with special needs in the targeted county by providing the minimum package of continuum of nutrition care through the CMAM approach. RI integrates nutrition services in the existing health facilities in both counties. This project will continue to ensure strong linkages between facilities and service areas within facilities to ensure appropriate and timely referrals and to ensure that all children visiting health facilities are screened for malnutrition. High utilization rates in the targeted facilities will ensure that the project is efficient relative to costs and in its contribution to the achievement of the strategic priorities of the nutrition cluster. Under this project, RI will support the establishment and improvement of nutritional programming in the target counties. RI has developed significant CMAM experience, skills and knowledge in and this project will help RI to work with local communities towards the reduction of critical levels of acute malnutrition through SC/TSFP/OTP-level treatment, prevention of disease, community capacity building and addressing the underlying causes of malnutrition. In its community based health and nutrition service experience, RI has observed a huge need to intensify community education and social mobilization for the utilization of services. The ongoing IYCF activity in both counties has been good a experience for the organization in how to strengthen community structures and conduct extensive nutrition programming with an emphasis on IYCF. The use of locally available nutritious food stuff will be considered, with a focus on exclusive breast feeding, complementary feeding practices, common childhood illnesses, and maternal nutrition, hygienic preparation of child food, healthcare seeking behavior, and information on available nutrition services in the health facilities. All community programming will be linked with health facility functions to ensure a prompt and appropriate referral mechanism, and life-saving transfers from community and OTPs.

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

RI has been working upper Nile since many years back with various projects including health, nutrition and FSL. It is the usual practice RI to take advantage of project integration to maximize performance through coordination and integration and hence complementarity is achieved. By integrating different projects, RI get a maximum benefit and synergies, staff in different sectors to understand the dynamism and how projects complement each other RI and Goal coordinate in Longechuk, RI deals with SAM (OTP and Stabilization) while Goal deals with MAM (TSFP).Referral system exist between the two agencies and complement each other in serving the beneficiaries.

LOGICAL FRAMEWORK

Overall project objective

To increase access and deliver quality lifesaving management of severe and moderate acute malnutrition for 60 percent of children under five and pregnant and lactating women, and to provide access to integrated services to prevent under nutrition for at least 30 percent of girls and boys aged 0-59 months, pregnant and lactating women and other vulnerable groups, including increasing institutional capacity to conduct nutritional assessments and analysis in order to respond to nutritional emergencies in a timely manner.

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	50
2015 SSO 2: Increase access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods	30
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 and increased access to quality and effective community and facility-based therapeutic and supplementary nutrition services, and treatment of severe and moderate acute malnutrition among children under five and pregnant, lactating women, older people and other vulnerable people in the target areas.

Code **Description** **Assumptions & Risks**

Output 1.1 Quality treatment of SAM and MAM provided in Maban (Bunj,Dangaji,Gismallah,Jamam,Liang catchment areas) and Longechuk (Mathiang, Jangok, Warweng, Pamach, Malow, Watber catchment areas) counties

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			707	798	1505
		Means of Verification:	SC, OTP and TSFP reports, supervision reports, monthly and quarterly 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			1013	898	1911
		Means of Verification:	SC, OTP and TSFP reports, supervision reports, monthly and quarterly reports				
Indicator	NUTRITION	[Frontline services] [Treatment] Number of PLW with acute malnutrition newly admitted for		1302			1302

1.1.3		treatment						
	Means of Verification:	SC, OTP and TSFP reports, supervision reports, monthly and quarterly reports						
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			725	643	1368	
	Means of Verification:	SC, OTP and TSFP reports, supervision reports, monthly and quarterly reports						
Indicator 1.1.5	NUTRITION	[Frontline services] [Treatment] Number of PLW with acute malnutrition newly admitted for treatment		1302			1302	
	Means of Verification:	SC, OTP and TSFP reports, supervision reports, monthly and quarterly reports						
Indicator 1.1.6	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)			25	20	45	
	Means of Verification:	SC, OTP and TSFP reports, supervision reports, monthly and quarterly reports						
Indicator 1.1.7	NUTRITION	Number and proportion of boys and girls aged 6-59 months with MAM successfully cured					1691	
	Means of Verification:	SC, OTP and TSFP reports, supervision reports, monthly and quarterly reports						
Indicator 1.1.8	NUTRITION	Overall SAM program default rate (SPHERE standards <15%)					92	
	Means of Verification:	SC, OTP and TSFP reports, supervision reports, monthly and quarterly reports						
Indicator 1.1.9	NUTRITION	Overall SAM program non-recovered rate					120	
	Means of Verification:	SC, OTP and TSFP reports, supervision reports, monthly and quarterly reports						
Indicator 1.1.10	NUTRITION	Overall MAM program death rate (SPHERE standards 3%)					55	
	Means of Verification:	SC, OTP and TSFP reports, supervision reports, monthly and quarterly reports						
Indicator 1.1.11	NUTRITION	Overall MAM program default rate (SPHERE standards >15%)					165	
	Means of Verification:	SC, OTP and TSFP reports, supervision reports, monthly and quarterly reports						
Indicator 1.1.12	NUTRITION	Number of SC maintained					1	
	Means of Verification:	SC reports						
Indicator 1.1.13	NUTRITION	Number of OTP maintained					10	
	Means of Verification:	OTP reports						

Activities

Activity 1.1.1	Maintenance and rehabilitation of static SC, OTP and TSFP centers. Maintenance of SC (1-in Mathiang) and rehabilitation/ maintenance of 5 OTP-s Longechuk County (in Jangok, Warweng, Pamach, Malow, Watber); Maintenance of 5 OTP-s in Maban County (Bunj, Gismallah, Dangaji, Liang, Jamam) and where possible expand to needy payams in Audier, Jak, Guelguk, Chotbora, Dajo, Wichlual payams of Longochuk county and in the remote villages of Khoer Almhar, Jinqueta and Jin Makeda Payams Maban county
Activity 1.1.2	Admit and treat children under 5 experiencing SAM
Activity 1.1.3	Admit and treat under 5 children and PWL for MAM

Output 1.2

Community outreach and referral system strengthened

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		0	2247	2534	4781
	Means of Verification:	Screening reports					

Activities

Activity 1.2.1	Work with home health promoters to establish referral pathways for children with severe and complicated cases.
Activity 1.2.2	Active screening at the facility and community level.
Activity 1.2.3	Establish referral links between different components of CMAM.

Outcome 2

Increased coverage of targeted population for under nutrition prevention through micronutrient supplementation, dissemination of key nutrition and IYCF messages, and community screening.

Code	Description	Assumptions & Risks
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Output 2.1 Prevention of acute malnutrition through micronutrient supplementation and mass deworming.**Indicators**

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			1802	1598	3400
	Means of Verification:	Campaign and monthly activity report					
Indicator	NUTRITION	[Frontline services] [Prevention] Number of 6-23 reached with Micro-nutrient powders			338	300	638

2.1.2									
	Means of Verification:	Campaign and monthly activity report							
Indicator 2.1.3	NUTRITION	No of children 12-59 months that received deworming tablet							4781
	Means of Verification:	Campaign and monthly activity report							

Activities

Activity 2.1.1	Administering Vitamin A to all children screened aged 6-59 months and micronutrients for children 6-24 months.								
Activity 2.1.2	Administering deworming tablets to all children screened aged 12- 59 months.								

Output 2.2 Establishment and training of care groups, mothers and community nutrition education through IYCF approach.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.2.1	NUTRITION	[Frontline services] [Prevention] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions	0	1892			1892
	Means of Verification:	Training and IYCF session report					
Indicator 2.2.2	NUTRITION	Proportion of boys and girls aged 0-6 months fed exclusively with breast milk					779
	Means of Verification:	Training and IYCF session report					
Indicator 2.2.3	NUTRITION	No of lead mothers and CNV nominated and trained					285
	Means of Verification:	Training and IYCF session report					

Activities

Activity 2.2.1	Nomination and training of lead mothers and community nutrition volunteers as per IYCF guidelines.								
Activity 2.2.2	Conduct IYCF counseling and discussion sessions in the respective health facilities and villages using community nutrition workers and lead mothers.								

Outcome 3 Increased institutional capacity to conduct nutritional assessments and design/implement a full range of nutrition interventions including building capacity for nutritional emergency response and preparedness.

Code	Description	Assumptions & Risks
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Output 3.1 Improved capacity building for health and nutrition staff and CHD.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	32	36			68
	Means of Verification:	Training and supervision report					
Indicator 3.1.2	NUTRITION	No. of community nutrition volunteers and lead mothers attending trainings					285
	Means of Verification:	Training and supervision report					

Activities

Activity 3.1.1	Training of health and nutrition staff and CHD on CMAM and IYCF								
Activity 3.1.2	Training of community nutrition volunteers (including lead mothers) on community based nutritional screening, referral and social mobilization and IYCF								

Output 3.2 Nutritional assessment and surveillance systems are established and/or reinforced

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.2.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] dness# of SMART surveys undertaken					4
	Means of Verification:	No. of assessment & surveys conducted					
Indicator 3.2.2	NUTRITION	[Frontline services] [Capacity and emergency prepare] # of employees from partners trained on nutrition surveys	32	36			68
	Means of Verification:	Training reports					
Indicator 3.2.3	NUTRITION	Percentage of monthly reports submitted on time					100
	Means of Verification:	Supervision report					

Activities

Activity 3.2.1	Train health and nutrition staff on assessment and surveys and maintaining nutritional surveillance								
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Activity 3.2.2	Regular monitoring and analysis of the nutrition situation
Activity 3.2.3	Conduct pre-harvest nutrition survey

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 Maintenance and rehabilitation of static SC, OTP and TSFP centers. Maintenance of SC (1-in Mathiang) and rehabilitation/ maintenance of 5 OTP-s Longchuk County (in Jangok, Warweng, Pamach, Malow, Watber); Maintenance of 5 OTP-s in Maban County (Bunj, Gismallah, Dangaji, Liang, Jamam) and where possible expand to needy payams in Audier, Jak, Guelguk, Chotbora, Dajo, Wichlual payams of Longochuk county and in the remote villages of Khoer Almhar, Jinqueta and Jin Makeda Payams Maban county	2015	X	X										
Activity 1.1.2 Admit and treat children under 5 experiencing SAM	2015	X	X	X	X	X	X						
Activity 1.1.3 Admit and treat under 5 children and PWL for MAM	2015	X	X	X	X	X	X						
Activity 1.2.1 Work with home health promoters to establish referral pathways for children with severe and complicated cases.	2015	X	X	X	X	X	X						
Activity 1.2.2 Active screening at the facility and community level.	2015	X	X	X	X	X	X						
Activity 1.2.3 Establish referral links between different components of CMAM.	2015		X	X	X	X	X						
Activity 2.1.1 Administering Vitamin A to all children screened aged 6-59 months and micronutrients for children 6-24 months.	2015				X								
Activity 2.1.2 Administering deworming tablets to all children screened aged 12- 59 months.	2015				X								
Activity 2.2.1 Nomination and training of lead mothers and community nutrition volunteers as per IYCF guidelines.	2015	X	X										
Activity 2.2.2 Conduct IYCF counseling and discussion sessions in the respective health facilities and villages using community nutrition workers and lead mothers.	2015	X	X	X	X	X	X						
Activity 3.1.1 Training of health and nutrition staff and CHD on CMAM and IYCF	2015		X										
Activity 3.1.2 Training of community nutrition volunteers (including lead mothers) on community based nutritional screening, referral and social mobilization and IYCF	2015	X	X										
Activity 3.2.1 Train health and nutrition staff on assessment and surveys and maintaining nutritional surveillance	2015		X										
Activity 3.2.2 Regular monitoring and analysis of the nutrition situation	2015	X	X	X	X	X	X						
Activity 3.2.3 Conduct pre-harvest nutrition survey	2015			X									

M & R DETAILS

Monitoring & Reporting Plan:
Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in 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 .

RI has developed rigorous M&E framework and information management system for interventions. This toolkit has been adapted to the context and is equipped with reporting formats and data collection tools for various activities, integrated system of traditional monitoring: data collection on inputs, outputs, and outcomes, and community-based participatory monitoring mechanisms. Data will be disaggregated by sex and age wherever possible. Meetings will be facilitated in a participatory manner to ensure equal voice of all groups, including marginalized and vulnerable populations. Feedback will be both qualitative and quantitative and will include methods such as ranking and scoring matrices. Bi-Weekly Reporting and Local Monitoring: RI's expatriate nutrition coordinator, in collaboration with other RI senior teams, will develop detailed performance monitoring and work plans to be used as key implementation guides by national staff at all RI target areas. These plans will form the basis of progress monitoring throughout the program period. Five major parameters will be assessed in all monitoring activities including outputs, inputs, whether progress of activities are according to the objectives, decision making processes and context analysis. To clarify, progress towards achieving deliverables and quality of services rendered will be monitored by an expatriate nutrition coordinator via weekly meetings with all local staff, community volunteers and community workers in the RI field office in Maban and Longchuk, as well as field visits. Local staff and community workers will report to the RI Nutrition Coordinator who spend most of his time in Maban and Longchuk and the coordination office twice a month to update on activities and address and resolve implementation challenges with the Program Manager based in Juba. This is also a methodology that is building local skills in support of RI's sustainability and transition strategies. Field Visits: Expatriate field visits to RI target sites are critical to monitor the quality and integrity of RI's programs in remote program locations at a minimum monthly basis. RI's Program Manager is required to spend 50% or more of his time at program sites. Senior country leadership, namely the Country Director, will continue this practice during the CHF program period with routine and sometimes extended stays in Longchuk and Maban to facilitate oversight, work plan and finance reviews, and course correction discussions. Mid-Term Evaluation (Coverage survey) - This will be conducted in a quarter bases, by the project to: review the appropriateness of the project goal and outcomes; assess progress towards meeting the targets (with a goal of determining which targets need to be revised); assess the effectiveness and efficiency of the strategies adopted (e.g. appropriateness of activities and whether these need to be revised, whether they are cost-effective); and an analysis of the major challenges that have affected project implementation. The outcome of the mid-term evaluation will be used to make appropriate adjustments in the project design Nutritional assessment and surveillance- The results obtained from past experiences, signaled the need RI to set a surveillance system in place to monitor the trends in malnutrition using the SMOH/UNICEF-recommended SMART methodology. In addition to participating in integrated rapid assessments for rapid response with other partners (e.g. UNOCHA), RI will conduct a SMART nutrition survey in both counties and share the results with the Nutrition team and relevant stakeholders.

OTHER INFORMATION

Accountability to Affected Populations

1. Actively engaged all segment of the community for planning exercises. 2. Balancing of both sexes in staff hiring process 3. Actively engaged women groups in project planning, implementation and monitoring exercise. 4. At the commencement of the project organizing launching ceremony with all key stake holders to explain the project objectives and scope including setting joint planning and monitoring exercise 5. Regular and periodic review of projects with key stake holders and strengthening the feedback mechanisms with the beneficiaries

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.

Building on more than seven years of programming experience in Upper Nile state specifically in Maban and Longchuk counties, RI will continue to strengthen the accessible, equitable, and enduring health and nutrition care delivery structure it has helped to develop in the proposed project areas. This proposed project will be run through these vital healthcare facilities and linked with intensified community component. RI nutrition coordinator will be responsible for ensuring the technical implementation of the project in line with national and international standards. RI started operation in Maban since 2007 and Longochuk in 2011 and have implemented health, nutrition, WASH, protection, Food security & Livelihood and IYCF programs, currently RI implementing the food security and livelihood program in both counties.. RI have some experienced nutrition staff In the county, however getting adequate and qualified staff is still the major challenge for quality programming, RI will address it by deploying well qualified staff from other areas in South Sudan or from the region. RI will implement the project in collaboration with cluster; WFP, UNICEF, logistic cluster and UNMISS. RI have active PCA with UNICEF for both counties. RI also approached WFP, in the process of preparing proposal for new agreement to support the TSFP component of the program for Payams which is not covered by the existing partner agencies in both counties. RI will employ a system where all stakeholders participate in all cycles of project management including project implementation. Community leaders/representatives and government partners will play a major role in implementing project activities. Moreover, RI will pursue an integrated strategy whereby the links between nutrition, health, food security, water and sanitation activities are strengthened to allow programs to have more synergies. RI will work closely with the existing health lead

agency to integrate the nutrition and primary health care activities and the RI food security staff, work closely with the nutrition team and the existing lead mothers for IYCF promotion will be revitalized and trained to maximize the project inputs. The range of nutrition components that will be implemented are: • Stabilization Centers (SC): - in selected PHCCs. • Outpatient Therapeutic Program (OTP): - In all health facilities and health delivery points. • Treatment of MAM in Children: - In all health facilities and health delivery points. • Treatment of MAM in PLWs: - In all health facilities and health delivery points. • Micronutrient supplementation for children and PLWs: - In all health facilities and health delivery points. • Growth monitoring and promotion: - In all health facilities and health delivery points. • Nutrition education and IYCF promotion: - In all target communities. • Training of community- and facility-based health and nutrition workers.

Coordination with other Organizations in project area	Name of the organization	Areas/activities of collaboration and rationale
	1. UNICEF	Technical support, nutrition supplies for SAM, coordination for response, reporting, survey and assessments
	2. WFP	Technical support for TSFP, nutrition supplies for TSFP, logistic support
	3. GOAL	Coordinate for TSFP activities, improving the referral link among CMAM components in Longochuek
	4. Samaritans Purse	Coordinate for TSFP activities, improving the referral link among CMAM components in Maban
	5. County Health departments	Capacity building, coordination of all project activities, to sustain project activities

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 Women are playing a vital role both in productive and reproductive activities, though their contribution is overlooked due to male dominance and the patriarchy system in South Sudan in general and particularly in Longchuk and Maban counties. In these counties, women are not represented adequately in any decision making position and there is limited opportunity to accept women in public places and hear their voice. In order to alleviate such problems, the project will give attention to improving their engagement in the project implementation process. Gender is already mainstreamed in all RI programming in all project cycle management and all activities will include at least 50 percent female representation where possible. The high recurrence of local conflict and displacement has disrupted their social networks that safe-guard social behavior, heightening the risk of sexual assault and gender based violence (including sexual exploitation). The project team will assess the situation and respond to immediate protection needs for this targeted group in collaboration with elders, church leaders and local authorities in the area.

Protection Mainstreaming Women are playing a vital role both in productive and reproductive activities, though their contribution is overlooked due to the male dominance and patriarchy system in South Sudan in general particularly in the context of Maban and Longchuek. Women are not represented adequately in any decision making position and there is limited opportunity to accept women in public places and hear their voice. In order to alleviate such problem the project will give attention to improve their engagement in the project implementation process. The situation in the county getting worse due to the current violence where high number of women's and children displaced and much is expected in the coming period as the area is serving as immigration route to neighboring Ethiopia. This Disrupted their social networks that safe-guard social behavior, heightened risk of sexual assault and gender based violence (including sexual exploitation). The project team will assess the situation and respond for the immediate protection needs for this targeted group in collaboration with elders, church leaders and local authorities in the area and advocate the problem at various levels for issues which is beyond the project scope and mandate. The planned project activities also target children and mothers to be benefited from all components of the project. Specific emphasis will be placed on gender to ensure key gender issues are well considered and mainstreamed during project implementation, monitoring, and evaluation. For example, RI will try to ensure that female and male representation will be balanced in community nutrition volunteers, and during recruitment of nutrition staff at various levels. RI will continue to encourage and proactively recruit female staff in the county where the level of literacy and tradition of females working outside the home is low. Through an activity focus on maternal health, RI nutrition team will work closely with the health staff to ensure that lactating and pregnant women get the required support in line with nutrition counselling, micronutrient supplementation and regular screening for malnutrition. Traditional birth attendants will also be supported through the core activity of disseminating nutrition education and referring malnourished cases to the nearby nutrition center in addition to referring complicated deliveries and high risk pregnancies (women) to the health facilities. The planned IYCF activity will be fully implemented by the selected lead mothers from each location, that gives opportunities for the mother to get knowledge and skill to promote the recommended nutrition practices. RI will also ensure/recognize the full representation of women groups (women associations) in all project activities which needs community level decision and engagement. RI will provide training for staff on Sexual and Gender Based Violence (SGBV) targeted at identifying potential cases and referring survivors for appropriate treatment and counseling. In light of the potential for increased incidences of SGBV related to potential conflict, insecurity, and mass population movements in 2015, RI will look to increase awareness amongst staff and communities regarding SGBV, with training targeted at appropriate and timely care seeking for rape victims.

Safety and Security A Do No Harm approach (DNH) will be pursued to cater to quality nutrition services. RI will oversee and analyze the level of conflict sensitive issues while discharging the responsibilities. All staff will be advised to understand and demonstrate expected professionalism, impartiality and maintain confidential issues of clients and respect the local culture. RI also ensures equal access to services by doing program awareness activities at all stages of program implementation. RI undertakes regular conflict monitoring analysis to reinforce security and stability. Moreover RI strictly follows its internal security management guidelines and UNDSS advise in the respective areas.

Access The recurrence of flood created due to heavy rain and overflow from the high level grounds resulted in decreased access to both counties, security is another challenge specially to transport supplies to Longochuek county using the route Maban to Longchuk. RI will address this challenge by using the route Pagak to Longchuk, Pagak airstrip is accessible by UNHAS weekly flight and chartered private flight company and using locally hired tractors to transport supplies from Pagak to Longchuk, however it has high cost implication for the project. Additionally RI will work with cluster: WFP and UNICEF to get support from logistic cluster and UNMISS. There is also an access challenge in a remote locations/payams in both counties due to poor road access, flooding and poor condition of the road in most time of the year and insecurity. RI will address these challenges by establishing community networks, integrated program approach with the existing health service, comprehensive outreach programs, prepositioning of supplies during dry seasons, joint operation with partner organizations in the area and using other means of transport like tractors.

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 Director RI's country director will provide oversight on the project as part of the larger country portfolio; He/she will dedicate 15% of his/her time	S	1	8500	6	15.00%	7,650.00	3,825.00	3,825.00	7,650.00
1.2	Program Manager Overall coordinator/manager of project, responsible for oversight and supervision of all program and operations aspects, including liaising with partners, engaging government, organizing training programs, and working with other stakeholders. The position will dedicate 15% of his/her time to the project	S	1	6000	6	15.00%	5,400.00	2,700.00	2,700.00	5,400.00
1.3	Country Finance Manager He will provide high level finance management support, including review of all finance reports and donor compliance accountability. He will dedicate 15% of his time to the project.	S	1	5500	6	15.00%	4,950.00	2,475.00	2,475.00	4,950.00
1.4	Deputy Finance Manager - Field Based The Deputy Finance Manager is based in the field sites and provides technical backstopping to field offices. also He rotates on the various field offices to ensure compliance with donor regulations. The Deputy FM backstops the Country finance manager during his absence. DFM also works closely with the program team in the field in terms of budget interpretation and utilization. 15% of their time will be dedicated to this project	S	1	4500	6	15.00%	4,050.00	2,025.00	2,025.00	4,050.00
1.5	Sr. Operations Manager &&&& Security Coordinator RI's Security coordinator and Operations manager provides each project oversight and control on acquisition of quotations, contracts, and material supplies for operations and activity implementation in accordance with RI finance, audit, and competitive/transparent procurement policies and also over the security of the RI staff, beneficiaries and properties as advice as appropriate. He/she will dedicate 15% of time to the project	S	1	5500	6	15.00%	4,950.00	2,475.00	2,475.00	4,950.00
1.6	Nutrition Technical Coordinator	D	1	5500	6	30.00%	9,900.00	4,950.00	4,950.00	9,900.00

	He will provide expertise, technical oversight, and support capacity building for all aspects of the program related to Nutrition. The position will dedicate 30% of his/her time to the project. The Technical coordinator will be directly involved in the day to day technical issues relating to the project, the other portion of the LoE will be supplemented by the UNICEF nutrition program in the same location.									
1.7	Emergency Nutrition officer	D	1	1500	6	60.00%	5,400.00	2,700.00	2,700.00	5,400.00
	Responsible for the technical direct implementation oversight in respective project locations supervised by Nutrition Technical Coordinator. The position will dedicate 60% of his/her time to the project. The other Portion of the Nutrition officer LoE will be covered under other funding-UNICEF which is currently ongoing in the same location.									
1.8	CMAM supervisor	D	1	750	6	60.00%	2,700.00	1,350.00	1,350.00	2,700.00
	CMAM supervisor are responsible for supervising and reporting activities and staff at the Static and mobile Community-based Management of Acute Malnutrition (CMAM) programming clinic and services. The other Portion of the CMAM Supervisor will be covered under other funding-UNICEF which is currently ongoing in the same location.									
1.9	7 OTP Nurses	D	7	500	6	60.00%	12,600.00	6,300.00	6,300.00	12,600.00
	OTP Nurses are responsible for patient registration, keeping the patients' records, make the reports, community mobilization, and managing the nutrition unit as facility in charges. They will dedicate 60% of their time to the project. The other Portion of the OTP nurses LoE will be covered under other funding-UNICEF which is currently ongoing in the same location.									
1.10	5 CMAM outpatient Assistance	D	5	350	6	60.00%	6,300.00	3,150.00	3,150.00	6,300.00
	CMAM outpatient Assistance are responsible in managing, caring for and supporting outpatients. They will dedicate 60% of their time to the project. The other Portion of the LoE for the outpatient assistants will be covered under other funding-UNICEF which is currently ongoing in the same location.									
1.11	3 CMAM in patient assistant	D	3	350	6	60.00%	3,780.00	1,890.00	1,890.00	3,780.00
	CMAM outpatient Assistance are responsible in managing, caring for and supporting inpatients. They will dedicate 60% of their time to the project. The other Portion of the LoE for the inpatient assistants will be covered under other funding-UNICEF which is currently ongoing in the same location.									
1.12	5 CMAM outreach workers	D	5	200	6	60.00%	3,600.00	1,800.00	1,800.00	3,600.00
	CMAM outreach workers are responsible working and making home visit to identify patients, motivate and conduct community mobilization session. They work hand in hand with community volunteers and workers towards Community-based Management of Acute Malnutrition (CMAM) programming. They will dedicate 60% of their time to the project. The other Portion of the LoE for the outreach workers will be covered under other funding-UNICEF which is currently ongoing in the same location.									
1.13	1 SFP supervisors	D	1	800	6	60.00%	2,880.00	1,440.00	1,440.00	2,880.00
	SFP supervisors are responsible for supervising and reporting activities and staff for supplementary feeding program services, in the drive improve the nutritional status of vulnerable children, pregnant and lactating mothers. They will dedicate 60% of their time to the project. The other Portion of the supervisor will be covered under other funding-UNICEF which is currently ongoing in the same location.									
1.14	1 CMAM community mobilizer	D	1	450	6	60.00%	1,620.00	810.00	810.00	1,620.00
	Community mobilizers will be deployed to engage their communities on the objectives of nutrition intervention. They will dedicate 60% of their time to the project. The other Portion of the mobilizer will be covered under other funding-UNICEF which is currently ongoing in the same location.									
1.15	Logistics Officer	S	1	1500	6	20.00%	1,800.00	900.00	900.00	1,800.00
	RI's Logistics Officer will provide dedicated project oversight and control on acquisition of quotations, contracts, and material supplies for operations and activity implementation in accordance with RI									
1.16	Admin/HR officer	S	1	1500	6	20.00%	1,800.00	900.00	900.00	1,800.00
	RI's Admin/HR Officer will provide support on program oversight including on personnel recruitment and human resources matters, along with associated cross-cutting administration for operations and activity implementation in accordance with RI finance, audit, and HR standards; he/she will dedicate 20% of time to the project									
1.17	Finance officer	S	1	1100	6	20.00%	1,320.00	660.00	660.00	1,320.00
	RI's National Finance Officer will provide daily oversight on project finances and finance staff as part of the larger country portfolio, reporting project expenditures and accounts to the finance manager ; he/she will dedicate 20% of time to the project									
1.18	Security Guards (4)	S	4	350	6	20.00%	1,680.00	840.00	840.00	1,680.00
	The Office/ Guesthouse / Warehouse guards provide each project site with daily coverage of compound/warehouse security, necessary in the current fluid context , in accordance with RI safety and security procedures; They will dedicate 20% of their time to the program									
1.19	Cook / Cleaner (2)	S	2	300	6	20.00%	720.00	360.00	360.00	720.00
	The Cook / Cleaner will keep the office clean in accordance to RI standards They will dedicate 20% of their time to the project.									
1.20	Driver (1)	S	1	500	6	20.00%	600.00	300.00	300.00	600.00
	Driver provide each project site with daily transport coverage and support in the deliverance of the activities in the field and country office level.									
1.21	Monitoring and Evaluation Support	S	1	750	6	20.00%	900.00	450.00	450.00	900.00
	Monitoring and Evaluation Support consists of associate, senior officer, and director level program assistance that backstops and monitors the project at the country level.									
	Section Total						84,600.00	42,300.00	42,300.00	84,600.00

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	Freight, transport & storage(Juba-Maban-Longchuk by Boat, truck, tractors etc)	D	1	12000	1	100.00%	12,000.00	12,000.00	0.00	12,000.00
2.2	Printing/laminating guidelines and protocols	D	2	2800	1	100.00%	5,600.00	2,800.00	2,800.00	5,600.00
2.3	Furnitures for SC/OTP and TSFP	D	2	4000	1	100.00%	8,000.00	8,000.00	0.00	8,000.00
2.4	OTP, SC and TSFP supplies/Equipments	D	0	0	0	100.00%	0.00	0.00	0.00	0.00
2.5	Nutrition measurment Materials / Equipments	D	0	0	0	100.00%	0.00	0.00	0.00	0.00
2.6	Training of Nutrition Staff and CHD on CMAM and IYCF	D	2	4500	1	100.00%	9,000.00	4,500.00	4,500.00	9,000.00
2.7	Training of community Nutrition Volunteers	D	2	3800	1	100.00%	7,600.00	3,800.00	3,800.00	7,600.00
2.8	Training of Nutrition staff on assessments and surveys	D	2	2400	1	100.00%	4,800.00	2,400.00	2,400.00	4,800.00

2.9	Training of Lead Mothers and community Nutrition Volunteers as per IYCF guidelines	D	2	3500	1	100.00%	7,000.00	3,500.00	3,500.00	7,000.00
Section Total							54,000.00	37,000.00	17,000.00	54,000.00

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	Laptop Computer To be used by the technical team such the CMAM Supervisor for reporting and dissemination of the reports to head office from the field	D	1	800	1	100.00%	800.00	800.00	0.00	800.00
3.2	Photocopier(1) To be used in the field for photocopying and printing documents,Nutrition manuals and other relevant materials for the program in the field site.	D	1	2050	1	100.00%	2,050.00	2,050.00	0.00	2,050.00
Section Total							2,850.00	2,850.00	0.00	2,850.00

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	
Section Total							0.00	0	0	0.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
5.1	Staff travel - Per diem The budget line will be used to provide per diems and accommodation allowance for the staff working under this program.	D	6	450	1	100.00%	2,700.00	1,350.00	1,350.00	2,700.00
5.2	Local Flights for Staff Travel - Juba-Maban - Longchuk These funds will be used to cater for the travels for the program staff to and from the field sites.	D	2	400	3	100.00%	2,400.00	1,200.00	1,200.00	2,400.00
5.3	Travel Expat Staff to Field/Home Return with Visa and Inoculation These funds will cater for the travel of the technical coordinator in charge of the project.	D	2	750	3	20.00%	900.00	450.00	450.00	900.00
5.4	Vehicle/tractor rental These funds will be used to hire vehicles/tractor for movement and transportation of the Nutrition team and materials in the field	D	1	2500	2	100.00%	5,000.00	2,500.00	2,500.00	5,000.00
Section Total							11,000.00	5,500.00	5,500.00	11,000.00

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	Stationary and office materials for maban and longchuk These budget will be used to purchase stationery in the field sites where the project is being implemented.	D	1	1200	6	40.00%	2,880.00	1,440.00	1,440.00	2,880.00
7.2	Renovation and maintenance for field Offices Due to harsh whether,the field sites where the project is being implemented requires constant maintenance and renovation so as to provide the staff with a conducive working environment for delivery of program objectives	D	1	6500	1	50.00%	3,250.00	1,625.00	1,625.00	3,250.00
7.3	Renovation and maintenance for SC/OTP/TSFP centers These funds will be used to renovate and maintain the various centers used for the program.These include providing new thatching materials for the roofs,doors and windows as well as painting.	D	8	1200	1	100.00%	9,600.00	4,800.00	4,800.00	9,600.00
7.4	Office/GH/Stores rental (Maban, Longchuk,) These funds will be used to pay for office,Guesthouse and warehousing rentals in the field site where the project is being implemented.	D	2	8000	1	20.00%	3,200.00	1,600.00	1,600.00	3,200.00
7.5	Utilities for field Offices (Maban, Longchuk,) These funds will be used to pay for water,garbage collection and other services in the field locations of the project.	D	2	1500	2	50.00%	3,000.00	1,500.00	1,500.00	3,000.00
7.6	Communications (Longchuk, Maban & Juba)-Mobile,Internet and Thuraya The budget will be utilized to buy thuraya airtime and other related communication supplies with the field locations for the purpose of reporting and dissemination of information in a timely manner.	D	2	4800	2	20.00%	3,840.00	1,920.00	1,920.00	3,840.00
7.7	Printing / Photocopying Funds will be used to print and reproduce materials and pamphlets to be used for the program activities in the field sites.	D	1	1512.67	1	100.00%	1,512.67	757.00	755.67	1,512.67
7.8	Maintenance and fuel for power generation (Maban and Longchuk) Funds will be used to procure fuel for use to generate power for use in the offices where the program is being implemented in the day to day running of the office activities.	D	2	1800	2	50.00%	3,600.00	1,800.00	1,800.00	3,600.00
7.9	Postage and Courier	D	1	750	1	100.00%	750.00	375.00	375.00	750.00

	These funds will be used for posting/courier program related materials to/from head office. These include supporting documentations for technical staff whose costs are levied from Headquarters as well as signed agreements										
7.10	Juba office/GH rent	S	1	10500	6	20.00%	12,600.00	6,300.00	6,300.00	12,600.00	
	These budget will be utilized to partly finance the rent of the main office in Juba as well as the Guesthouse for the support staff.										
7.11	Vehicle rental (Four Wheel and light vehicle)	D	2	1100	6	30.00%	3,960.00	1,980.00	1,980.00	3,960.00	
	These funds are for renting vehicles for the use of supporting the program activities during the various campaigns and trainings.										
7.12	Vehicle Fuel and Maintenance	D	1	800	6	50.00%	2,400.00	1,200.00	1,200.00	2,400.00	
	These funds will be used to purchase fuel for the vehicles as well as maintenance of the vehicles during the project implementation										
7.13	Banking charges	D	1	415	6	100.00%	2,490.00	1,245.00	1,245.00	2,490.00	
	These will be used to pay for the bank charges-ledger fees as well as swift charges and any other related charges during the cash handling of the funds.										
7.14	Insurances (Non-Personnel)	D	1	1000	1	100.00%	1,000.00	500.00	500.00	1,000.00	
	This will cover insurance for the vehicles and premises upon which the staff working under the program are using.										
7.15	Legal Fees	S	1	1000	1	20.00%	200.00	100.00	100.00	200.00	
	These are fees used to pay for legal services during the program duration. Only a portion of the legal fees will be charged to the project equivalent to 20%.										
	Section Total						54,282.67	27,142.00	27,140.67	54,282.67	
Sub Total Direct Cost									206,732.67		
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)									7%		
Audit Cost (For NGO, in percent)									1%		
PSC Amount									14,471.29		
Quarterly Budget Details for PSC Amount		2015		Total							
		Q1	Q2								
		8,035.00	6,436.29	14,471.29							
Total Fund Project Cost									221,203.96		
Project Locations											
Location	Estimated percentage of budget for each location					Beneficiary Men	Women	Boy	Girl	Total	Activity
Upper Nile -> Longochuk	60					1600	1917	4138	3670	11325	
Upper Nile -> Maban	40					1067	1278	2759	2447	7551	
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											

