

## Project Proposal

Organization	UNKEA (Universal Network for Knowledge and Empowerment Agency)					
Project Title	Provision of Community Nutrition services to IDPs and host community in Nasir County; Upper Nile State					
Fund Code	SSD-15/SA1/N/NGO/250					
Primary Cluster	NUTRITION	Secondary Cluster	None			
Project Allocation	1st Round Standard Allocation	Allocation Category Type	Frontline services			
Project budget in US\$	209,014.65	Planned project duration	8 months			
Planned Start Date	01/01/2015	Planned End Date	31/08/2015			
OPS Details	OPS Code	SSD-15/H/72915	OPS Budget	0.00		
	OPS Project Ranking		OPS Gender Marker			
Project Summary	UNKEA intends to provide Community Nutrition services to IDPs and host community in Nasir County; Upper Nile State and implement the CMAM package, UNKEA through the donor support will give nutrition services to 15920 children under five, (boys and girls) pregnant and lactating women, women and men. UNKEA will carry out the following activities, Admission and treatment for SAM and MAM, Community screening and referral of girls/boys under five years for SAM and MAM in all sites, Provision of preventive services (deworming, Vitamin A micro nutrient) to under five children (boys and girls) in all project sites, Provision of health education to pregnant and lactating women on nutrition and IYCF in all facilities and community level to women and men, boys and girls, Skills training of community nutrition workers (Women and men) on community management of MAM, SAM and IYCF promotion, Recruitment and training of community nutrition volunteers (women peer groups, home health promoters, teachers as well as traditional, religious and political leaders on prevention, control of malnutrition as well as IYCF promotion, Ongoing community social mobilizations and sensitization and Conducting one pre-Harvest SMART nutrition survey to inform nutrition programming. At the end of the project, UNKEA would have achieved, 1 Pre-Harvest SMART survey conducted, 2321 children under five (Boys and girls) admitted and treated for SAM, 7172 children under five (boys and girls) admitted and treated for MAM, 364 pregnant and lactating Women (PLWs) treated for MAM, 6063 community members sensitized on IYCF promotion.					
Direct beneficiaries		Men	Women	Boys	Girls	Total
	Beneficiary Summary	1928	4500	4746	4746	15,920
	<b>Total beneficiaries include the following:</b>					
	Children under 5	0	0	4746	4747	9493
	Internally Displaced People	964	2250	0	0	3214
	People in Host Communities	964	1887	0	0	2851
	Pregnant and Lactating Women	0	364	0	0	364
Indirect Beneficiaries	Catchment Population					
Link with the Allocation Strategy	UNKEA in Support of Strategic Objective 1 ' Save lives and alleviate suffering by providing multi-sector assistance to people in need' UNKEA aims to mitigate the threat of acute malnutrition which is a common cause of morbidity and mortality in Nasir county among children under five (Girls and boys) and pregnant and lactating women. This can be done by delivery of quality life saving 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 in Nasir County. This can be achieved by maintaining an integrated approach, bringing in other sectors such as food security and livelihood, Health, water and sanitation to address the underlying causes of malnutrition. UNKEA in Support of Strategic objective 2, 'Reinforce the protection of the rights of the most vulnerable people, including their freedom of movement, UNKEA will ensure the protection of the most vulnerable people in the project implementation. It will integrate the protection of women, children (boys and girls) including response to gender based violence in the project implementation. This can be achieved through expansion of activities to reach the most vulnerable people and advocacy. In support of Strategic objective 3, 'Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods' UNKEA intends to by strengthen agriculture, livestock, and fisheries. Providing learning and skill building opportunities to adolescents and youth. This is a key part of rebuilding markets and increasing the self sufficiency of individuals and families. This can be achieved through UNKEA's integrated approach with the FSL project. UNKEA will also Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response, by ensuring timely reporting and coordination and engaging in Assessments.					
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)					
Organization focal point contact details	Name	Title	Phone	Email		
	Tobijo Denis Sokiri Moses	Health and Nutrition Advisor	+211921230704	tdmssokiri@gmail.com		
	Simon Bhan Choul	Executive Director	+8821655540654, +254	unkea.southsudan@gmail.com		
<b>BACKGROUND INFORMATION</b>						
<b>1. Humanitarian context analysis.</b> Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	Nasir County is an administrative area in Upper Nile State in South Sudan. The headquarter is Nasir town on the north side of the Sobat River, about 30 kilometers from the Ethiopian Boarder. It is one of the 13 counties of Upper Nile State. Before the crises Nasir county had an estimated population of 210,002 (Sudan Housing and population Census 2008). There are eight payams in Nasir County. These include, Nasir, Kiechkon, Mading Roam, Jikmir, Kurenke, Kierwan and Maker. The county is one of the most hit areas in Upper Nile State with the current fighting which erupted on the 15th December 2013 in Juba and quickly spread to the other states of Jonglei, Unity and Upper Nile states. This has led to increased humanitarian needs. Hundreds of people were displaced, most of them settled in Nasir County. A total of 15,086 households (HHs) of IDPs were assessed and registered with a 131,259 individuals, mostly women and children (IRNA Nasir County, January 2014) Population movements continue in Nasir Town and surrounding payams. Mandeng currently hosts most of the IDPS after the second attack on the town on May 4th 2014. The pressure of war and hunger is so huge on the community. The community is in dire need of basic nutrition services, Clean Water, Non Food Items (NFIs) food and latrines. Besides war and floods, Nasir also suffers long dry seasons further limiting food production. This worsens the food security situation making more people food insecure. The number of food insecure people in Nasir County according to the 20th -21st May IRNA projected to 25,200 people. With the impact of the current war, this number might have doubled. Food insecurities are likely to be projected to the highest making boys and girls <5 and pregnant and lactating women more prone to severe acute malnutrition. The situation is as well worse among IDPs who own nothing but limited number of cows, and limited intake of fortified foods especially among children under five years (Boys and Girls). The host community which bears the weight of the IDPS is likely to face similar food insecurity situations. The Nutrition Cluster South Sudan estimates that 170,991 people in Nasir county are acute, 72,586 are in an emergency situation (IPC Nutrition Cluster Vulnerability Mapping 2014) The major factors for acute malnutrition include inadequate food intake, poor infant and young child feeding (IYCF) practices and poor hygiene practices among the IDPs (WHO 2014). Although, UNKEA continues to provide community Nutrition services, the government run facilities still have very low capacity to take overall provision of nutrition services to this vulnerable groups especially in this critical time. With anticipated increase in the number of IDPs, from Jonglei and Malakal, the population emergency vulnerabilities are likely to shoot up and demand for community nutrition is likely to be stretched to even higher figures					
<b>2. Needs assessment.</b> 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. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	The nutrition situation in Nasir still remains unpredictable. With unstable security situation, increasing communication gaps, reported cases of Measles in some parts of the county, limited NGO presence, the population is still in dire need of humanitarian services.					
<b>3. Description Of Beneficiaries</b>	The beneficiaries will be IDPS and host community, people with special needs will be given high consideration, this includes pregnant and lactating women the elderly and children under five. In the same context the project will also advocate for who seeks protection.					

<b>4. Grant Request Justification.</b>		The current CHF funding ends 31st December 2014 UNKEA runs nutrition programmes in 4 payams out of 8 and 5 health facilities in Nasir county, all funded by CHF. When the crises started on 15th December many National and international NGOs either scaled down or withdrew completely from Nasir County. The displacement of people due to the war is expected to increase the malnutrition rates for Children under five (Boys and girls) and pregnant and lactating women (PLW). UNKEA will therefore face a huge case load and as the only active humanitarian agency in Nasir County, UNKEA will face the reality of treating Children <5 with SAM and MAM and PLW coming from all over the county. This funding is requested to support UNKEA's accelerated response initiative (ARI) to reduce morbidity and mortality due to severe acute malnutrition in children under five, pregnant and lactating women among the vulnerable IDPs and host communities through provision of emergency therapeutic nutrition services in 2 existing (SCs) and 5 existing OTPs sites and 5 fixed outreach sites. At the same time, the fund will be used to conduct post harvest SMART survey for Nasir County baseline data, support the transportation of nutrition supplies, nutrition technical trainings, community level awareness campaigns, screening, treatment, prevention and management of acute malnutrition and IYCF and to maintain the current 8 OTP sites and 2 stabilization centers and 6 TSFP sites. And focus on a scale up to cover the whole county. The current payams covered include, Nasir, Jikmir, Kiechkon, Kuerengke, Mading, Maker, Dinkar and Roam payams. With UNKEA's 10 years presence and working experiences in Nasir County, there is a strong community's trust and support, acceptability and involvement making programs intervention cost effective and sustainable. Working with community nutrition volunteers has been an added value to the success of our programs. UNKEA has viable working relationship with its partners such as WFP, CHD, Nutrition Cluster, UNICEF, SMOH, ADRA and MSF in supporting the health care system in Nasir County. UNKEA is consulting with partners to seek long term funding for sustainability.									
<b>5. Complementarity.</b> Explain how the project will complement previous or ongoing projects/activities implemented by your organization.											
<b>LOGICAL FRAMEWORK</b>											
<b>Overall project objective</b>		Provide life saving management of acute malnutrition and access to intergrated preventive programmes and enhance needs analysis.									
<b>Logical Framework details for NUTRITION</b>											
<b>Cluster objectives</b>		<b>Strategic Response Plan (SRP) objectives</b>			<b>Percentage of activities</b>						
2015 SS 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response		SO 2: Protect the rights of the most vulnerable people, including their freedom of movement			100						
<b>Outcome 1</b>		Quality, life –saving, management of acute malnutrition for at least 60% SAM cases and 60% of MAM cases for boys and girls, pregnant and lactating women among IDPs and Host community in Nasir County.									
<b>Code</b>		<b>Description</b>		<b>Assumptions &amp; Risks</b>							
<b>Output 1.1</b>		. Optimise community outreach and referrals for CMAM services		Mother will bring their children and Security will prevail							
<b>Indicators</b>											
<b>Code</b>		<b>Cluster</b>		<b>Indicator</b>		<b>End Cycle Beneficiaries</b>		<b>End-Cycle Target</b>			
						<b>Men</b>		<b>Women</b>	<b>Boys</b>	<b>Girls</b>	
Indicator 1.1.1		NUTRITION		[Frontline services] [Treatment] Number of boys and girls 6-59 and months and PLW screened for acute malnutrition in a community				364	4746	4747	9857
		<b>Means of Verification:</b>		Weekly and Monthly reports							
Indicator 1.1.2		NUTRITION		Percentage of boys and girls 6-59, PLW identified with acute malnutrition referred for treatment							60
		<b>Means of Verification:</b>		Weekly and Monthly reports							
<b>Activities</b>											
Activity 1.1.1		Recruitment of additional staff									
Activity 1.1.2		Transportation of nutrition supplies to the field									
Activity 1.1.3		Screening and referral of children under five(Boys and girls)pregnant and lactating women for SAM and MAM management in all sites									
<b>Output 1.2</b>		Strengthen existing CMAM service provision and expand coverage of CMAM services				Security prevail/Funding secured					
<b>Indicators</b>											
<b>Code</b>		<b>Cluster</b>		<b>Indicator</b>		<b>End Cycle Beneficiaries</b>		<b>End-Cycle Target</b>			
						<b>Men</b>		<b>Women</b>	<b>Boys</b>	<b>Girls</b>	
Indicator 1.2.1		NUTRITION		[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment					1160	1161	2321
		<b>Means of Verification:</b>		Weekly and Monthly reports							
Indicator 1.2.2		NUTRITION		[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment					3586	3586	7172
		<b>Means of Verification:</b>		Weekly and Monthly reports							
Indicator 1.2.3		NUTRITION		[Frontline services] [Treatment] Number of PLW with acute malnutrition newly admitted for treatment				364			364
		<b>Means of Verification:</b>		Weekly and Monthly reports							
<b>Activities</b>											
Activity 1.2.1		Treatment and management of children under five (boys and girls) and PLW for severe acute malnutrition									
Activity 1.2.2		Treatment and management of children under five (Boys and girls) and PLW for MAM.									
<b>Output 1.3</b>		Build technical capacity in CMAM				Funding secured					
<b>Indicators</b>											
<b>Code</b>		<b>Cluster</b>		<b>Indicator</b>		<b>End Cycle Beneficiaries</b>		<b>End-Cycle Target</b>			

			Men	Women	Boys	Girls	Target
Indicator 1.3.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	9	11			20
<b>Means of Verification:</b>		Training reports					
<b>Activities</b>							
Activity 1.3.1	Skills training of nutrition staff on the CMAM package						
Activity 1.3.2	Refresher training of the staff on the CMAM package						
<b>Outcome 2</b>							
Provide increased access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women.							
<b>Code</b>	<b>Description</b>		<b>Assumptions &amp; Risks</b>				
<b>Output 2.1</b>	Strengthen implementation of IYCF programming, particularly in IDPs sites.		Security prevail/Funding securee				
<b>Indicators</b>							
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	1500	4563			6063
<b>Means of Verification:</b>		Health education records					
<b>Activities</b>							
Activity 2.1.1	Formation of 20 mother to mother support groups for IYCF promotion						
Activity 2.1.2	Continous social mobilisation and education on IYCF						
<b>Output 2.2</b>	Enhance micronutrient supplementation and deworming of boys and girls aged 0-59 months, pregnant and lactating women		Security Prevail/Funding secured				
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.2.1	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			3586	3586	7172
<b>Means of Verification:</b>		Health facility records					
Indicator 2.2.2	NUTRITION	[Frontline services] [Prevention] Number of 6-23 reached with Micro-nutrient powders			3586	3586	7172
<b>Means of Verification:</b>		Weekly and monthly health facility records					
Indicator 2.2.3	NUTRITION	[Frontline services] [Prevention] Number of Pregnant women receiving Micro-nutrient tablets/Folic-Iron supplementation		368			368
<b>Means of Verification:</b>		Weekly and monthly reports					
<b>Activities</b>							
Activity 2.2.1	Continous Vitamin A and deworming for Children under five (Boys and Girls) and PLW						
Activity 2.2.2	Continous micro Nutrient supplementation (Iron Folate/MNP etc)						
<b>Outcome 3</b>							
Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response							
<b>Code</b>	<b>Description</b>		<b>Assumptions &amp; Risks</b>				
<b>Output 3.1</b>	. Nutritional surveillance enhanced		Security prevail/Funding secured				
<b>Indicators</b>							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] # of employees from partners trained on nutrition surveys	1	1			2
<b>Means of Verification:</b>		Training reports					
Indicator 3.1.2	NUTRITION	[Frontline services] [Capacity and emergency prepare] dness# of SMART surveys undertaken					1
<b>Means of Verification:</b>		Survey report					
<b>Activities</b>							
Activity 3.1.1	Planning for one pre-harvest SMART survey						
Activity 3.1.2	Training of selected staff on SMART survey						
Activity 3.1.3	Data Collection and processing						

Activity 3.1.4	Report writing
Activity 3.1.5	Monthly reports
Activity 3.1.6	Mid term narrative report
Activity 3.1.7	Final Narrative report

**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 1.2.1 Treatment and management of children under five (boys and girls) and PLW for severe acute malnutrition	2015	X	X	X	X	X	X	X	X				
Activity 1.1.1 Recruitement of additional staff	2015	X											
Activity 1.2.2 Treatment and management of children under five (Boys and girls) and PLW for MAM.	2015	X	X	X	X	X	X	X	X				
Activity 1.1.2 Transportation of nutrition supplies to the field	2015	X	X										
Activity 1.1.3 Screening and referral of children under five(Boys and girls)pregnant and lactating women for SAM and MAM management in all sites	2015	X	X	X	X	X	X	X	X				
Activity 1.3.1 Skills training of nutrition staff on the CMAM package	2015		X										
Activity 1.3.2 Refresher training of the staff on the CMAM package	2015							X					
Activity 2.1.1 Formation of 20 mother to mother support groups for IYCF promotion	2015	X	X										
Activity 2.1.2 Continous social mobilisation and education on IYCF	2015	X	X	X	X	X	X	X	X				
Activity 2.2.1 Continous Vitamin A and deworming for Children under five (Boys and Girls) and PLW	2015	X	X	X	X	X	X	X	X				
Activity 2.2.2 Continous micro Nutrient supplementation (Iron Folate/MNP etc)	2015	X	X	X	X	X	X	X	X				
Activity 3.1.1 Planning for one pre-harvest SMART survey	2015		X										
Activity 3.1.2 Training of selected staff on SMART survey	2015		X										
Activity 3.1.3 Data Collection and processing	2015			X									
Activity 3.1.4 Report writing	2015			X									
Activity 3.1.5 Monthly reports	2015	X	X	X	X	X	X	X	X				
Activity 3.1.6 Mid term narrative report	2015				X								
Activity 3.1.7 Final Narrative report	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 .

Through previous operational experience in health and nutrition programs, UNKEA has strong knowledge in identifying and measuring appropriate indicators, in data collection and analysis, and in partnering with donors and other agencies to coordinate the dissemination of the information. UNKEA will ensure the prompt and accurate collection of information and compile the results for data analysis and program evaluation according to the goal, objectives, and indicators of the program. As start-up process a post harvest SMART survey and orientation planning workshop will be held in order to generate baseline data and ensure that all staffs understand the proposal and work plan well, to formulate individual staff work plans, which will tie performance to agree upon timelines for compiling monitoring information and reporting. This will ensure good data with which to measure progress against work plan during the intervention. The logical framework will provide the basis for monitoring the project indicators and the output indicators will be measured using program records and reports. The Health and Nutrition Advisor will be responsible for the overall planning, monitoring and reporting of activities as per the log frame and work plan. This will include regular visits to all sites in the Program, monitoring of staff activities, compiling and analyzing program records, assessing external variables, tracking changes and making modifications to the program or work plan accordingly in order to ensure the attainment of objectives. He will coordinate the health and nutrition program, attend the nutrition and health cluster technical working groups and ensure that relevant information is factored into program implementation and share UNKEA's progress reports with all partners. The Executive Director will ensure that planed activities take place. He will also attend sectoral working group and coordination meetings, ensure the relevant information is factored into program implementation and share UNKEA's progress and statistical information with other agencies where appropriate. UNKEA will continue to build the operational capacity of project staffs in monitoring and reporting in the project cycle management (PCM) and maximize their participation in all activities. Data collection and Analysis Project data will be collected and analyzed immediately by the Project Manager under the supervision of the Nutrition Advisor. This will be a continuous process as it will be inbuilt into project implementation process so that it will be concurrent with activity implementation. The Nutrition Data clerk will also be responsible for compiling the data into a fair draft which will be reviewed by Project Manager to ensure correctness and accuracy. Quality of data The accuracy and consistency of the data will be assured through the use of standardized data collection tools duly protected for reliability, completeness, and consistency and approved. The Project Manager and Nutrition Advisor will make monthly and quarterly visits to the project sites to monitor and verify reported information as well as project compliance with set guidelines and benchmarks. This will involve data quality audits in randomly selected project sites done on quarterly basis that will form part of project data quality assurance and quality control. All collected data will be stored electronically and manually to ensure its security as part of control and safety measure. Reporting This will be both an individual role of the project staff as well as the entire team. UNKEA will provide monthly, quarterly and end of Project progress reports as against work plan, budget and targets indicated in the proposal. Nutrition workers will at the primary health facilities send weekly and monthly reports to the project manager who will then review for consistency and accuracy. The Project Manager then sends these reports to the Nutrition Advisor to finally review reports for con

**OTHER INFORMATION**

Accountability to Affected Populations	The beneficiaries are mainly children under five, boys and girls and pregnant and lactating women who are IDPs and the Host community. These are the most vulnerable groups in the society, and in situations of crises like the current crises, they suffer most, the community was consulted in the project design and they will be fully involved in the project implementation. The network of mother to mother support groups and the Village Nutrition committees with the community and the project management team provides a strong avenue for feedback. The project will ensure women, boys and girls are treated with dignity, it will take into consideration the fundamental human rights. UNKEA has a good record of confidentiality, all information/data collected from the community will be treated with confidentiality, and data collection will include an informed consent. UNKEA has a good record of impartiality, this project will benefit all communities in the targeted area, and will ensure all people are treated equally regardless of their affiliations. UNKEA will collaborate with other agencies such as PACT Sudan, to ensure peace building projects are implemented along side this project.										
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	UNKEA will recruit additional nutrition staff for scale up and will increase the number of OTPs from 5 to 8. UNKEA with support from WFP will also open six new TSFP sites to provide treatment to Children Under five with MAM and Pregnant and Lactating women with MAM in Nasir county. UNKEA with support from WFP will recruit and train 30 community nutrition Volunteers for the TSFP programme. The SCs and OTPs will be near the existing health Facilities to strengthen referral of children with severe complications to the next level of care. Immunization of children as well as deworming will be conducted jointly with the health and nutrition teams. The nutrition team will work with health, WASH and food security and livelihood team to conduct joint community campaigns to provide health education to the community on better food and health practices to promote better health and prevent malnutrition. Immunization of children as well as deworming will be conducted jointly with the health and nutrition teams. UNKEA will also provide refresher training to its nutrition staff and the CHD to improve on their skills for better results. Reports will be collected and shared among the health and nutrition teams for harmonization to avoid duplication of results. The SMART survey will be conducted with the participation of the health and Food security and Livelihood team to ensure interrelated factors to compound malnutrition are documented. To create ownership and sustainability of the project, UNKEA will seek and foster effective collaboration coordination with line government ministries and their respective departments at the County level in addition to closely working with other non governments engaged in similar initiatives to share lessons learnt. UNKEA will continue to document its success stories and use to inform programming at all levels of the project management. This project will be delivered under the technical guidance and supervision of the Health and Nutrition Advisor who will provide the overall project oversight at the direction of the Executive Director and assisted by his Nutrition Manager.										
Coordination with other Organizations in project area	<table border="1"> <thead> <tr> <th>Name of the organization</th> <th>Areas/activities of collaboration and rationale</th> </tr> </thead> <tbody> <tr> <td>1. World food programme(WFP)</td> <td>Targeted Supplementary Feeding Programme for the treatment of Moderate acute malnutrition Under five and pregnant and lactating Women, and will maintain the six TSFP sites, this will increase coverage. Collaboratively with WFP, trainings will be conducted on the Management of CMAM.</td> </tr> <tr> <td>2. Medicine Sans Frontiers (MSF-H)</td> <td>With the current Memorandum of understanding, UNKEA and MSF-H will continue to equip the stabilisation centers in Mandeng and Jikmir and will continue to strengthen the capacity of the staff through on job trainings (OJTS)</td> </tr> <tr> <td>3. County Health Department (CHD)</td> <td>The CHD will provide support to UNKEA to ensure smooth implementation of the project, the CHD will be part of the project monitoring and evaluation team.</td> </tr> <tr> <td>4. UNICEF</td> <td>UNICEF is a major partner to UNKEA, it has continued to support the population of Nasir County through the provision of Ready to use therapeutic foods (RUTFs) and other equipments. With the current PCA UNKEA and UNICEF will continue to collaborate in the areas of supplies provision and nutrition assessments/Surveys.</td> </tr> </tbody> </table>	Name of the organization	Areas/activities of collaboration and rationale	1. World food programme(WFP)	Targeted Supplementary Feeding Programme for the treatment of Moderate acute malnutrition Under five and pregnant and lactating Women, and will maintain the six TSFP sites, this will increase coverage. Collaboratively with WFP, trainings will be conducted on the Management of CMAM.	2. Medicine Sans Frontiers (MSF-H)	With the current Memorandum of understanding, UNKEA and MSF-H will continue to equip the stabilisation centers in Mandeng and Jikmir and will continue to strengthen the capacity of the staff through on job trainings (OJTS)	3. County Health Department (CHD)	The CHD will provide support to UNKEA to ensure smooth implementation of the project, the CHD will be part of the project monitoring and evaluation team.	4. UNICEF	UNICEF is a major partner to UNKEA, it has continued to support the population of Nasir County through the provision of Ready to use therapeutic foods (RUTFs) and other equipments. With the current PCA UNKEA and UNICEF will continue to collaborate in the areas of supplies provision and nutrition assessments/Surveys.
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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	Nutrition still remains a case that has equal effect on Women, Men, boys and girls, although, PLW and the under five are the most vulnerable group, UNKEA still keeps a keen focus to equity in nutrition service provision, as UNKEA keeps the focus on implementing the CMAM package, including, TSFP, BSFP and GFD.										
Protection Mainstreaming	The treatment centers will not be located near Armed settlements, the environment will be kept clean, latrines will be labeled Female and Male, the beneficiaries will be treated with dignity and impartially. Informed consent will be required in any data collection and all information gathered will be treated with confidentiality.										
Safety and Security	All the organisations assets will not be used for security purposes. The beneficiaries and staff will be trained on how to avoid insecure places and how to negotiate. The Facilities will be kept clean and all risk areas will be notified.										
Access	UNKEA will expand its coverage through outreach programmes in order to reach the hard to reach. It intends to start mobile OTPs to reach the furthest places. All people in need will be granted access to the services										

**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	Q3	
1.1	Nutrition Advisor To provide Overall technical guidance and advice in regard to nutrition activities	S	1	2500	8	60.00%	12,000.00	6,000.00	6,000.00	0.00	12,000.00
1.2	Nutritionists They do the screening and treatment of children in the 8 payams of Jikmir, Madeng, Kierwan, Nasir,	D	4	1000	8	100.00%	32,000.00	16,000.00	16,000.00	0.00	32,000.00
1.3	Assistant Nutritionists To assist the nutritionists in screening and treating malnourished children	D	4	500	8	100.00%	16,000.00	8,000.00	8,000.00	0.00	16,000.00
1.4	Data Clerk Collection of accurate and up to date data from all the eight field sites of Mading, Madeng, Jikmir, Nasir, Kierwan	D	1	1000	8	100.00%	8,000.00	4,000.00	4,000.00	0.00	8,000.00
1.5	cooks To boil water for milk preparation and also ensures that all the facility utensils are kept clean	S	4	50	8	50.00%	800.00	400.00	400.00	0.00	800.00
1.6	Registrars Registration of patients and screening	S	6	200	8	50.00%	4,800.00	2,400.00	2,400.00	0.00	4,800.00
1.7	Community Mobilizers Offering health education, screening and referral of children and patients	S	6	200	8	50.00%	4,800.00	2,400.00	2,400.00	0.00	4,800.00
1.8	Guards Guarding the security of supplies, facilities and personnel on ground	S	4	100	8	50.00%	1,600.00	800.00	800.00	0.00	1,600.00
1.9	Cleaners Ensuring facility is generally clean all the time	S	4	50	8	50.00%	800.00	400.00	400.00	0.00	800.00
1.10	Logistics Officer Ensure the monitoring and control the movement of supplies to the field sites and personnel, making sure supplies are stored in an appropriate area	S	1	1000	8	30.00%	2,400.00	1,200.00	1,200.00	0.00	2,400.00
1.11	Store Keepers Controlling the movement of supplies and also make sure they stored under good conditions	D	4	100	8	100.00%	3,200.00	1,600.00	1,600.00	0.00	3,200.00
1.12	Executive Director	S	1	4000	8	30.00%	9,600.00	4,800.00	4,800.00	0.00	9,600.00

	For overall guidance through out the project implementation										
1.13	Finance Manager	S	1	1700	8	25.00%	3,400.00	1,700.00	1,700.00	0.00	3,400.00
	To ensure finance record are available, process payments										
1.14	Human Resource Manager	S	1	1700	8	30.00%	4,080.00	2,040.00	2,040.00	0.00	4,080.00
	To provide technical guidance to staff code of conduct and also carry out recruitment and placements										
1.15	Accountant	S	1	800	8	20.00%	1,280.00	640.00	640.00	0.00	1,280.00
	To effect payments, financial accounting and cost control/audit										
1.16	Drivers	S	4	500	8	25.00%	4,000.00	2,000.00	2,000.00	0.00	4,000.00
	Ensure safe transportation of staffs and supplies										
1.17	M & M; E Officer	S	1	1500	8	40.00%	4,800.00	2,400.00	2,400.00	0.00	4,800.00
	To provide quality and accurate data collections, screen reports and send to donors										
1.18	Nutrition Manager	D	1	1500	8	100.00%	12,000.00	6,000.00	6,000.00	0.00	12,000.00
	Project focal point in the field										
	<b>Section Total</b>						125,560.00	62,780.00	62,780.00	0.00	125,560.00

**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	Q3	
2.1	Nutrition Supplies(Plumpy nuts,F100,F75)	D	0	0	0	100.00%	0.00	0.00	0.00	0.00	
	These will be provided as in kinds form UNICEF, 750 cartoons										
2.2	Nutrition Equipments	D	0	0	0	100.00%	0.00	0.00	0.00	0.00	
	Weighing Scales, billboards and others. These items will provided by UNICEF as in kind										
2.3	Transportation of Supplies form Nasir to Field sites	D	4	1000	2	100.00%	8,000.00	4,000.00	4,000.00	0.00	8,000.00
	Supplies will be transported to the Eight payams from Nasir headquarters										
2.4	Loading and Offloading	D	2	600	4	100.00%	4,800.00	2,400.00	2,400.00	0.00	4,800.00
	From Juba to Nasir and Nasir to Field sites										
2.5	Purchase of megaphones	D	6	78	2	100.00%	936.00	936.00	0.00	0.00	936.00
	They will be used for community mobilization										
2.6	Printing of IEC materials	D	2	995.68	2	100.00%	3,982.72	1,991.36	1,991.36	0.00	3,982.72
	For awareness campaigns										
2.7	Rehabilitation/construction of SC/OTPs	D	2	5222.45	1	100.00%	10,444.90	5,222.45	5,222.45	0.00	10,444.90
	Construction materials, including ironbars, cement etc										
	<b>Section Total</b>						28,163.62	14,549.81	13,613.81	0.00	28,163.62

**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	Q3	
3.1	Telephone bill	S	10	50	8	25.00%	1,000.00	500.00	500.00	0.00	1,000.00
	Air time for project staffs										
3.2	Telephone bill	S	8	100	8	20.00%	1,280.00	640.00	0.00	640.00	1,280.00
	For management staffs, including Executive Director, HR manager, M&M; E officer, Accountant, finance manager, Logistics officer										
3.3	Office stationaries	D	1	300	8	50.00%	1,200.00	600.00	600.00	0.00	1,200.00
	<b>Section Total</b>						3,480.00	1,740.00	1,100.00	640.00	3,480.00

**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	Q3	
4.1	Smart surveys	D	1	15167.05	1	100.00%	15,167.05	15,167.05	0.00	0.00	15,167.05
	Pre Harvest smart survey										
	<b>Section Total</b>						15,167.05	15,167.05	0.00	0.00	15,167.05

**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	Q3	
5.1	Nutrition Advisor	S	1	400	4	50.00%	800.00	400.00	400.00	0.00	800.00
	Travel to provide technical guidance and advice for nutrition field activities										
5.2	Executive Director	S	1	400	2	50.00%	400.00	200.00	200.00	0.00	400.00
	Travel to the field to provide technical support										
	<b>Section Total</b>						1,200.00	600.00	600.00	0.00	1,200.00

**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	Q3	
<b>Section Total</b>							0.00	0	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	Q3	
7.1	Fuel for motorcycle for monitoring of activities	S	6	200	8	50.00%	4,800.00	2,400.00	2,400.00	0.00	4,800.00
	Transport for supervision within the the project sites										
7.2	Motorcycle maintainance	S	6	100	8	30.00%	1,440.00	720.00	720.00	0.00	1,440.00
	Day to day maintenance of the vehicle										
7.3	Vehicle fuel:	S	6	400	8	30.00%	5,760.00	2,880.00	2,880.00	0.00	5,760.00
	Coordination,and it is calculated basing on the current market rate										
7.4	Maintanance of Vehicles;Oils and other	S	6	200	8	30.00%	2,880.00	1,440.00	1,440.00	0.00	2,880.00
	Keep the vehicle in good condition,calculated basing on the current market rate										
7.5	Compound generator fuel	S	6	600	8	30.00%	8,640.00	4,320.00	4,320.00	0.00	8,640.00
	Generator running cost calculated basing on the current market rate										
<b>Section Total</b>							23,520.00	11,760.00	11,760.00	0.00	23,520.00

**Sub Total Direct Cost**

197,090.67

**Indirect Programme Support Cost** PSC rate (insert percentage, not to exceed 7 per cent)

5%

**Audit Cost** (For NGO, in percent)

1%

**PSC Amount**

9,854.53

## Quarterly Budget Details for PSC Amount

2015			Total
Q1	Q2	Q3	
4,927.27	4,927.27	0.00	9,854.53

**Total Fund Project Cost**

206,945.20

**Project Locations**

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Upper Nile -> Luakpiny/Nasir	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**

