

Project Proposal

Organization	Nile Hope (Nile Hope)		
Project Title	Provision of emergency and life-saving nutrition services to under 5 children, pregnant and lactating women, IDPs and other vulnerable groups in insecure and hard to reach communities in Pigi, Fangak and Akobo Counties of Jonglei state and Leer county of Unity State.		
Fund Code	SSD-15/SA1/N/NGO/342		
Primary Cluster	NUTRITION	Secondary Cluster	None
Project Allocation	1st Round Standard Allocation	Allocation Category Type	Frontline services
Project budget in US\$	480,000.39	Planned project duration	6 months
Planned Start Date	01/01/2015	Planned End Date	30/06/2015
OPS Details	OPS Code	SSD-15/H/72969	OPS Budget
	OPS Project Ranking		OPS Gender Marker

Project Summary

Nile Hope as in the past will continue to offer nutrition services including OTP/TSPF/SC/ IYCF services for the prevention and management of acute malnutrition among the most vulnerable groups including children (boys and girls) under 5 years and PLW in the counties of Pigi, Fangak , Akobo and Leer. Nile Hope will offer education sessions before service delivery in all nutrition centers on topics including good nutrition practices, promotion of good sanitation and hygiene practices, HIV/AIDS awareness, good health care practices and GBV awareness. Reports from communities living in these locations indicates that several families have been separated from their families with boys and girls under five years , PLW and elderly being at higher risks of malnutrition due to their vulnerability. Infant and young feeding practices have been negatively affected by traumatic experiences. An assessment in Leer County found that lactating women who had survived rape stop breast feeding their children. This has severe effects on the children (Boys and Girls under age of 2 years) nutrition statuses. Children who have been severely malnourished as infants are at higher risk of stunted growth and limited brain development. People with disabilities are at higher risks of malnutrition during conflict peaks. Nutrition department will work closely with protection department to provide psycho-social support to men, women, elderly, disable and minority groups. CNV's who will be recruited will be trained on screening and admission criteria as they will be involved in active case finding in the community and referral to the nutrition centers for relevant intervention. In the nutrition centers, the nutrition staff will take anthropometric measurements and admit the children screened with red MUAC to the OTP program and receive a week's ration of RUTF, children with yellow MUAC will be admitted to the TSPF and receive a two weeks ration of RUSF, the green MUAC will be educated on good nutrition practices to maintain and/or improve the nutrition status of the children. Children screened with Red MUAC and/or oedema will be referred to the stabilization center for in-patient management of SAM. PLW with MUAC between 21.0-23.0 cm will be admitted to the TSPF and will receive a two week ration of CSB. Weekly and monthly reports will be generated at the field level and submitted in a timely manner to the nutrition cluster for analysis and other action. Nile Hope has existing MTMSGs in pigi, fangak and Akobo counties i.e. 2 per nutrition site. The mothers trained on IYCF will act as peer educators for the new MTMSGs that will be formed, they will be facilitated by staff trained on IYCF. New MTMSGs will also be formed in Leer.

Direct beneficiaries		Men	Women	Boys	Girls	Total	
	Beneficiary Summary	1234	5530	7713	8008	22,485	
	Total beneficiaries include the following:						
	Internally Displaced People	370	1659	2314	2402	6745	
People in Host Communities	864	3871	5399	5606	15740		

Indirect Beneficiaries

	Catchment Population
--	----------------------

Link with the Allocation Strategy

The overall goal of the project is to provide emergency nutrition services that seek to treat and prevent mortality from malnutrition among children under 5 years and PLW in hard to reach conflict affected areas of Pigi/Canal, New-Fangak, Akobo-Jonglei State and Leer, Unity State. In addition to nutrition services, Nile Hope is also the lead agency implementing primary health care in Pigi, Leer and Akobo counties thus service delivery is more integrated. In the same areas including New-Fangak, Nile Hope is also running WASH, protection, FSL and education programs. The project should thus be considered for funding to enable continuity of the life-saving nutrition service delivery with close coordination and integration to ensure successful multi-sector assistance to the IDPs and host community in the aforementioned counties.

Sub-Grants to Implementing Partners

	Other funding Secured For the Same Project (to date)
--	--

Organization focal point contact details	Name	Title	Phone	Email
	Tolu Lemiso	Health and Nutrition Manager	0914377402	tolulemiso@yahoo.com
	Eva Waithaka	Nutrition Coordinator	0923214394	evanjambi@nilehope.org

BACKGROUND INFORMATION

1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

Up to 1.91 million people have been displaced by the conflict since December 2013. The situation remains unpredictable in Jonglei, Unity and Upper Nile states with reported humanitarian response disruptions. Fighting continued to be reported in Fangak, Jonglei state, and the population displacement has affected some unverified number of people who have scattered in different directions (South Sudan Crisis Report No. 65; to 5th December, 2014). The report points to word of caution by the State to aid agencies "to minimize movement to areas bordering Fangak in Jonglei state, due to heavy fighting." Access constraints and insecurity remain a concern to the aid operation (S. Sudan Refugee Situation, UNHCR Regional Update 20; 16 20, June 2014). Inter-communal violence and hostilities between state and non-state actors will likely continue to drive humanitarian needs. The resulting displacement and loss of lives and livelihoods will stretch coping mechanisms and push families further into vulnerability (HNO). Worse still, according to the aforementioned HNO, "some 830,000 people are expected to be severely food insecure in 2014." There also will be access challenges for aid workers who will continue experiencing access constraints, violence as well as bureaucracy in operations, for example, in the movement of cash and assets to field sites. Kalaazar continued to be a major problem including in Akobo, especially Waigak sub-county. As of 30th November, a total of 6,936 cases and 196 deaths were reported compared to 2,828 cases and 88 deaths over the same period in 2013. Tragically, "children under five years old account for 1,518 cases (21.9 per cent) with boys being among the worst affected (S.Sudan Crisis Situation Report No. 65 to 5th Dec 2014). Meanwhile, the report refers to the nutrition situation as being dire across the country with the provision and access to nutrition services being hampered by the conflict. Specifically, therapeutic and supplementary supplies for malnutrition treatment and prevention and lack of funding mechanism for nutrition sector across the country remain major challenges.

2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

According to the South Sudan Crisis situation report #63, Jonglei State, tensions remained high around Pigi/Canal and Fangak counties with reports of intermittent active hostilities between the SPLA and the opposition forces. Pigi has remained tense and unpredictable since the onset of conflict. According to July IRNA, the host community harvested some minimal crops while the IDPs from Malakal town had no coping mechanisms as their livelihood and productivity was affected. IPC September report labeled the county as phase 4 (emergency). With continued active hostilities in the area, SPLA managed to Capture Canal county from opposition thus displaced population to Kamel and Korwach which are makeshift sites. IRNA Pigi-Canal assessment 19-22nd July 2014 showed the GAM rates among children under 5 to be 48% (50% Boys, 46.51% Girls) of which 17.6% (19.05% Girls, 16.28% Boys) were SAM and 30.5% (31% Girls, 30.2% Boys) were MAM cases. MAM among PLW at was 55%, which is above the WHO 15% threshold calling for an urgent nutrition response. Nile Hope plans to reach under 5s (boys, Girls) women and elderly through provision of mobile nutrition services. Sudan Crisis Situation Report No. 63 (as of 21 New-Fangak have been hosting over 46,000 IDPs including men, women, boys and girls from Bentiu and Malakal until early November when SPLA forces reached the area through Pigi. The civilians have been displaced from New Fangak town (phom) with the largest population settling at an IDP settlement Wechmuon and the rest fleeing to Old Fangak. RRM conducted in Phom in July 28th-Aug 8th 2014 reported a SAM rate of 20.4% and a MAM rate of 34.6%. Due to discrepancy of data during the MUAC screening a repeat assessment was planned. The report state Many households could generally afford 1-2 meals per day thus an indication of food deterioration. With an increase in disease prevalence, decreased access to food and poor harvest, the rate of malnutrition and related complications are expected to rise. Nile Hope will reach the IDP population in wechmuon through mobile nutrition outreach activities. Akobo has been relatively calm with an estimated IDPs to be 92,000 (45,000 in Akobo West and 47,000 in Akobo East) from Bor. The rapidly increase in population is stressing the existing limited services in Akobo County. According to the RRM report of 22nd March-3rd April 2014, the situation was predicted to worsen due to aggravating factors including failure to resume farming by the displaced population and increased insecurity along the commercial supply corridors leading to inflation of food prices in the local markets. IMC Anthropometric and Mortality Survey Final Report 23rd May – 5th June, 2014 showed the prevalence of global acute malnutrition in Akobo East to be 31.8% (n=121) while the SAM rate was found to be 9.5% (n=36) both critical based on the WHO classification of GAM and SAM. In Akobo West the GAM rates were 20.8 and SAM rates were 4.2%. At the moment the

community is experiencing food shortage with no food available in the market and the food stores are depleted/ getting empty. PLW and children under 5 (boys and girls) will suffer most in the phase of food shortage. In Leer the situation has been dire since December 2013 marked with brutal armed conflict and its associated human rights violations and abuses. Most of the population was displaced from their homes and forced to live in overcrowded and makeshift camps which meant limited access to adequate food, health, nutrition and WASH services and also a loss of livelihood. According to ACF SMART survey November 2014, the preliminary results showed the GAM rate to be 11.0% and the SAM prevalence to be 2.2%. The situation is predicted to worsen in the coming dry season. The conflict has taken its toll mostly on the most vulnerable people including women, children (boys and girls) and the elderly.

3. Description Of Beneficiaries

The beneficiaries of these projects will include boys and girls under the age 5 year, Pregnant and lactating women, Elderly and other vulnerable communities. Children under the age of 5 years are prone with malnutrition which is brought by inadequate food consumption and disease. Boys and girls are usually identified through Anthropometric measurement including MUAC screening in the OTPs. The current project figure is a projection of 2015 number of children being managed for acute malnutrition in relation with the current nutrition data in the nutrition sites. Pregnant and lactating women on the other hand are also prone to malnutrition due to depletion of food in this area. Pigi and Fangak are currently affected counties with severe food insecure, according to OCHA report the county are rated as IPC phase 4/ emergency. With the current active hostilities, women are also affected with lack of food as children. The recent figures in the project were identified with ongoing nutrition program in the field and assessment conducted by the Nile Hope and other stakeholder including RRC and women representative. Through the local mechanism in the field including our staff, people with disability and Minorities were also identified and in cooperated to this project in order to get the vital nutrition services. Elderly and other host communities are also considered in this project. The current political turmoil have leave elderly and other vulnerable communities to fend for themselves thus predisposing them to hunger since they are unable to provide for them themselves. In Akobo, the nutrition program will reach 123 men, 553 women, 771 boys and 801 girls (total- 2248). In Canal/Pigi the program will reach 494 men, 2212 women, 3085 boys and 3203 girls (total- 8994). In Fangak, the program will reach 370 men, 1659 women, 2314 boys and 2402 girls (total- 6745). In Leer, 247 men, 1106 women, 1543 boys and 1602 girls (total- 4498) will be reached.

4. Grant Request Justification.

Nile hope is the lead agency implementing health/ primary health care in Pigi, Leer and Akobo. In the mentioned counties, Nile Hope already has existing structures for health and also nutrition centers. Due to its availability in the area for long, No much cost will be incurred for setting up/start-up cost. However, some structures were affected by floods and conflict and may need some rehabilitation for quality service delivery and safe storage of nutrition supplies. In these locations, in addition to Nutrition and health services, Nile Hope is also implementing WASH, protection, FSL and education programs. The NGO is thus better placed to serve and meet the population's needs as the different components are integrated. Nile hope has had existence in these counties since 2005 hence has a good understanding of the geographical area and movement of civilians in the phase of shocks such as conflicts. Nile Hope has thus identified the strategic locations for nutrition service delivery. Nile Hope has an existing PCA with UNICEF for SAM supplies and FLA with WFP for TSFP supplies. These will enable the organization to timely request for supplies to respond to the nutrition emergency needs in the mentioned counties. Despite the fact that Nile Hope being a national NGO, it has a proven technical capacity for offering nutrition services to the needy conflict affected population. Nile hope has qualified technical personnel and adequately trained local personnel's who provide quality service delivery to the communities living in these areas. Nile Hope employs local staffs for purposes of continuity and sustainability of the program even during shocks such as conflict where International staff would otherwise leave. Throughout its operation in these areas, Nile Hope has continually created good working relations with the local authorities and the community thus creating a sense of ownership for the programs and also active participation in program activities. Last but not least Nile Hope have qualified technical Finance staff who have knowledge on internal control and reporting on Financial report.

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

LOGICAL FRAMEWORK**Overall project objective**

To provide emergency, high-impact nutrition services to children under 5 years (boys and girls) pregnant and lactating women and other vulnerable groups in the hard-to-reach, under-served and conflict affected Counties of Akobo, Fangak, Pigi-Jonglei State and Leer County, Unity State by December 2015

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 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	20

Outcome 1	To reduce the morbidity and mortality rates related to malnutrition among PLW and children under 5 years (boys and girls) in Pigi, New Fangak, Akobo west and Leer.	
Code	Description	Assumptions & Risks
Output 1.1	14295 boys, Girls and PLW Provided screening and treatment service in Akobo, Leer, Pigi and Fangak counties	security situation favorable, Nutrition supplies available and preposition, community willing to come seeks Nutrition services

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 6-59 and months and PLW screened for acute malnutrition in a community		3496	3309	3444	10249
	Means of Verification:	- Monthly reports - Community mobilizers report					
Indicator 1.1.2	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment			930	969	1899
	Means of Verification:	- OTP registers - Weekly and monthly reports - Quarterly reports					
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment			1886	1961	3847
	Means of Verification:	- TSFP registers - Weekly and monthly reports - Quarterly reports					
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment] Number of PLW with acute malnutrition newly admitted for treatment		1794			1794
	Means of Verification:	- TSFP registers - Weekly and monthly reports - Quarterly reports					
Indicator 1.1.5	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			0	0	75
	Means of Verification:	Monthly report, Weekly report, Quarterly and Final Report					
Indicator 1.1.6	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)			0	0	10

	Means of Verification:	monthly reports							
Indicator 1.1.7	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program cure rate (SPHERE standards >75%)				0	0		75
	Means of Verification:	Monthly reports, weekly reports and quarterly report							
Activities									
Activity 1.1.1	Provide screening and referral services for CMAM reaching 3496 PLW, 6754 children 6-59 month (3309 boys and 3444 girls) in Pigi, New Fangak, Akobo West and Leer through community outreach activities								
Activity 1.1.2	Provide treatment of severe acute malnutrition (SAM) reaching 1900 children under 5 five years (819 boys and 853 girls) of IDPs and vulnerable host community								
Activity 1.1.3	Provide treatment of moderate acute malnutrition (MAM) reaching 3847 children under five years (1886 boys and 1961 girls) of IDPs and vulnerable host community								
Activity 1.1.4	Provide treatment of moderate acute malnutrition (MAM) among pregnant and Lactating Women (PLW) of IDPs and vulnerable host community reaching 1794								
Activity 1.1.5	Timely pre-positioning of nutrition supplies for rapid management of acute malnutrition among children under 5 and PLW								
Output 1.2	66 Health and nutrition staffs Capacity enhanced on management of acute malnutrition in the counties of operation in order to be able to provide quality health care				Staffs willing to be train, security favorable to conduct training, Funds available and send on time				
Indicators									
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target		
			Men	Women	Boys	Girls			
Indicator 1.2.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	32	32			64		
	Means of Verification:	Training reports, Photos of training, Attendance sheet, monthly cluster report							
Activities									
Activity 1.2.1	Provide training to 48 nutrition and health staff in order to provide quality treatment of SAM in the OTPs								
Activity 1.2.2	Conduct stabilization center training on management of SAM children with medical complication reaching 18 nutrition staffs in Fangak and Pigi counties.								
Outcome 2	Increase coverage of prevention of Malnutrition of children(boys and girls) 0-59 month, PLW, older people and vulnerable groups								
Code	Description		Assumptions & Risks						
Output 2.1	9287 boy, girls, PLW and other vulnerable community provided with macro-nutrient supplementation and deworming services		mother willing to bring their children to OTPs and TSF center, Supplies available and pre-position in the field site on time						
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			709	737	1446		
	Means of Verification:	OTPs Register, TSFP Registers, Monthly report							
Indicator 2.1.2	NUTRITION	[Frontline services] [Prevention]Number of Pregnant women receiving Micro-nutrient tablets/Folic-Iron supplementation		2094			2094		
	Means of Verification:	Health facilities register, Monthly report and quarterly report							
Indicator 2.1.3	NUTRITION	# of boys and girls de-wormed					1446		
	Means of Verification:	OTPs registers, community mobilizers report, Monthly report and TSFP register							
Activities									
Activity 2.1.1	Provide Vitamin A supplementation to children 6-59 month								
Activity 2.1.2	provide de-worming tablet to Boys and Girls 12-59 month in Pigi, Fangak, Akobo and leer county								
Activity 2.1.3	provide iron/folate and other micro-nutrient supplement to pregnant mother in Akobo, Pigi, Fangak and Leer counties								
Output 2.2	3367 pregnant and lactating women, and caretakers provided with IYCF messages in Pigi, Fangak, Akobo and Leer counties				Mother and caretakers reader to provided with IYCF messages, IEC material develop and printed, willingness of mother to commit to MTMSG				
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	674	2693			3367		
	Means of Verification:	IYCF registers, Monthly report, Minutes of MTMSG							
Activities									
Activity 2.2.1	conduct IYCF training targeting PLW and caretaker of 0-23 month in Fangak, Pigi, Leer and Akobo counties								
Activity 2.2.2	Form 2 Mother to mother support groups in each nutrition sites supported by Nile Hope in Pigi, Fangak, Akobo and Leer counties								

Outcome 3	strengthened need analysis, generation, submission of data for analysis and for appropriate action							
Code	Description	Assumptions & Risks						
Output 3.1	Enhanced Nutrition surveillance in Pigi, Fangak, Akobo and Leer counties	Security favorable to conduct the surveys, Fund available on time, expertise staff ready conduct survey						
Indicators								
Code	Cluster	Indicator						
		End Cycle Beneficiaries						
		Men Women Boys Girls						
Indicator 3.1.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] dness# of SMART surveys undertaken						1
	Means of Verification:	Survey Reports, TOR of consultant, Quarterly report						
Indicator 3.1.2	NUTRITION	# number of enumerator trained on data collection						45
	Means of Verification:	Training report, Photos for the training, Attendance list and Monthly report						
Activities								
Activity 3.1.1	conduct 2 pre-harvest SMART nutrition survey in the month of April and May 2015; 1 in Pigi and Fangak and another one Leer county							
Activity 3.1.2	provide training to enumerator on data collection who will afterword support in conducting SMART survey in Pigi, Fangak and Leer counties							

WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year	Month													
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Activity 1.1.1	Provide screening and referral services for CMAM reaching 3496 PLW, 6754 children 6-59 month (3309 boys and 3444 girls) in Pigi, New Fangak, Akobo West and Leer through community outreach activities	2015	X	X	X	X	X	X								
Activity 1.1.2	Provide treatment of severe acute malnutrition (SAM) reaching 1900 children under 5 five years (819 boys and 853 girls) of IDPs and vulnerable host community	2015	X	X	X	X	X	X								
Activity 1.1.3	Provide treatment of moderate acute malnutrition (MAM) reaching 3847 children under five years (1886 boys and 1961 girls) of IDPs and vulnerable host community	2015		X	X	X	X	X								
Activity 1.1.4	Provide treatment of moderate acute malnutrition (MAM) among pregnant and Lactating Women (PLW) of IDPs and vulnerable host community reaching 1794	2015		X	X	X	X	X								
Activity 1.1.5	Timely pre-positioning of nutrition supplies for rapid management of acute malnutrition among children under 5 and PLW	2015	X	X	X	X	X	X								
Activity 1.2.1	Provide training to 48 nutrition and health staff in order to provide quality treatment of SAM in the OTPs	2015	X													
Activity 1.2.2	Conduct stabilization center training on management of SAM children with medical complication reaching 18 nutrition staffs in Fangak and Pigi counties.	2015	X													
Activity 2.1.1	Provide Vitamin A supplementation to children 6-59 month	2015	X	X	X	X	X	X								
Activity 2.1.2	provide de-worming tablet to Boys and Girls 12-59 month in Pigi, Fangak, Akobo and leer county	2015	X	X	X	X	X	X								
Activity 2.1.3	provide iron/folate and other micro-nutrient supplement to pregnant mother in Akobo, Pigi, Fangak and Leer counties	2015	X	X	X	X	X	X								
Activity 2.2.1	conduct IYCF training targeting PLW and caretaker of 0-23 month in Fangak, Pigi, Leer and Akobo counties	2015		X	X											
Activity 2.2.2	Form 2 Mother to mother support groups in each nutrition sites supported by Nile Hope in Pigi, Fangak, Akobo and Leer counties	2015	X	X	X	X	X	X								
Activity 3.1.1	conduct 2 pre-harvest SMART nutrition survey in the month of April and May 2015; 1 in Pigi and Fangak and another one Leer county	2015				X										
Activity 3.1.2	provide training to enumerator on data collection who will afterword support in conducting SMART survey in Pigi, Fangak and Leer counties	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.	Nile Hope shall employ and deploy the project log frame (to capture activities, indicators, cross-cutting issues) as the best measure for progress, timeliness and results achievement. We shall work with the project team, partners and nutrition mechanisms and structures (including the Nutrition Cluster, UNICEF and others) and local actors like mother-to-mother support groups to realize the set indicators and targets. Tools and methodologies employed (including interviews with key persons, case study profiling of beneficiaries, observations, focus group discussions on key program aspects and topics) during the monitoring and evaluation exercise will help to inform learning and the extent to which project objective is realized. We also shall use the MoH/ partner CMAM reporting tool to report on monthly and weekly basis to the cluster for progress tracking. We shall work to ensure accountability to the affected population (AAP) especially through participatory approaches and routinely consult and engage with the communities. Whilst monitoring will be progressive, evaluation will be mid-term and final and accountability reports (both financial and narrative) will be germinated and shared as appropriate. The organization will use CHF Narrative and Financial tool/ reporting format to report on Midterm and Final report to the CHF. We shall work to strengthen the monitoring and evaluation competencies of local institutions and structures like the Mother-to-Mother Support Groups and the County-level Nutrition Clusters (whilst also coordinating and working with other sectors). The MEAL reports will be shared within Nile Hope utilizing the existing reports framework and protocol and under the technical lead of the MEAL Officer. The Executive Director will have an overall birds-eye-view /oversight of the program's progress and will take broad responsibility for administration of the intervention. The Finance Department will ensure responsible and accountable use of the finance and report accordingly.
--	--

OTHER INFORMATION

Accountability to Affected Populations	Nile Hope has been working hard to provide effectively, efficiently, and equitable nutrition services to the community that we are serving. Throughout the process of implementation, Nile hopes do always engage the community as from the initiation of the project in order for the community feel the sense of ownership. During the initiation of the project, a stakeholder workshop will be organize in all the four counties where the community will be provided with information regarding the whole entire project implementation in order to participate fully and be accountable in the project implementation. Nile Hope will work closely with the existing Nutrition system structure including, Mother to Mother Group, House Hold Promoters and the CHD- Nutrition department to enhance information sharing and also through them feedback from the beneficiaries will be heard. Community will be very free to use the local system to express their views and provide any feedback rather
--	--

	than talking directly to the organization. The community views and feedbacks will be used to make concrete decision and the way forward on improvement of the project. The project is design as conflict – sensitive since the needs of the communities that we are serving is taken to into account as from project development. The beneficiaries will be involved fully as from start of the implementation, Monitoring, Evaluation and reporting time. The vulnerable (Boys, Girls and PLW) and minority groups will be given high priority during the implementation period in order to make them feel secured and less vulnerable. To make the quality all the groups in the community will be involved equally to reduce one group feeling neglected.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	Nile Hope, being the implementer and the lead agency in health in Pigi, Akobo, and Leer has verse experience in nutrition implementation in the same areas and also including Fangak County. The organization will continue to work closely with the CHD/MOH, community and other cluster partners, as from initiation of the project to the end to ensure a sense of ownership which will lead to sustainability of the project in the field. The Nutrition staff in the field will be trained on different Nutrition topics including outpatient protocol; IYCF and community mobilization along with CHD and follow up on-the-job training will be continuously put in place to improve the skills of staffs in the field. Nutrition supplies will be monitored closely to prevent rapture/stock out using UNICEF tool (supplies reporting form). OTPs will be supervised on monthly basis by the Assistant Nutrition coordinator together with the CHD-Nutrition department to correct any mistake seen on spot and be able to improve the quality of nutrition services. The Nutrition coordinator will be rotating all the counties and building the capacity of the nutrition staff while the Health Nutrition manager and the advisor will involve in coordination and supporting in making nutrition policies with other nutrition partner both in state and central. Weekly nutrition reporting using the weekly Nutrition cluster/ MoH nutrition tool in the field will be strengthen in order to monitor the trend of malnutrition in all our field sites. The weekly and monthly reports will be sent to the state and central Ministry of Health including supporting state Nutrition lead and nutrition cluster. The organization will also participate in attending Nutrition Cluster Coordination meetings to secure and share latest information and the progress of the implementation process. Nile Hope finance department will make sure funds are disburse on timely minor and also manage the grant, to ensure accountability and reporting accordingly.
Coordination with other Organizations in project area	
Environmental Marker Code	
Gender Marker Code	1-The project is designed to contribute in some limited way to gender equality
Justify Chosen Gender Marker Code	The project is gender sensitive. It takes into account and addresses the nutrition needs of the most vulnerable groups including children under 5 years (boys and girls) and PLW. Pregnant and lactating women and caregivers (male and female) with children 0-59 months will be reached with IYCF knowledge as a preventive measure for malnutrition through the MTMSGs. Men will also be encouraged to voluntarily participate in the groups due to their key role in creating a support system for especially the lactating mothers for successful exclusive breastfeeding for at least the first 6 months of life. Women will have an equal chance of employment in the nutrition centers. Men, women and youths (boys and girls) and the elderly men and women will be reached with community nutrition education through the CNV's (men and women). All the community members (men, women, boys and girls) will be encouraged to participate in the project activities so as to create awareness of malnutrition and a sense of ownership of the project.
Protection Mainstreaming	Nile Hope in all it emergency and development project, protection of the beneficiaries is given first priority. In this project, Un-accompanied boys and girls; older people (Men and women) and disable women and men in our project implementation area will be given first priority in emergency Nutrition services. In addition Nile Hope case manager will be providing protection education session during the daily provision of Nutrition services in both static and temporary services like mobile clinic. Gender parity has been one of the key factors that have been considered in all of Nile Hope projects. The project is designed that, during emergency implementation of this project, special needs of women, men, boys and girls will be considered and during the initiation of the project both male and female will be involved in decision making. In addition, the gender parity in this project will be reflected in staffing and during treatment of patient in the nutrition facilities.
Safety and Security	Akobo and Leer counties where Nile Hope will be implementing this emergency project are fairly calm thus providing a safe place for the local staffs and other staff from other region in south Sudan to work with minimal difficulties. Fangak and Pigi on the other hand are slight tense with sporadic fighting mostly in the last one month. The two counties security is volatile and there has been displacement of people including local staffs. Nile Hope being a local organization on the ground have been recruiting the local staff who do not require frequent evacuation from the field but can walk with the displace population to safe place and continue providing basic nutrition services. This project is design that still Nile Hope will use it local staff and continue empowering them in order to provide the needed services to the community that is being served. However, in case the staffs who are not from the area/ Locality and it happen the insecurity is tense, Nile Hope as usually has been working closely with other partner including OCHA, WFP and UNDSS for evacuation. If the location doesn't permit any evacuation, the local staff who are more experience to their locality will move with the un-local to safe places in the county. The security of our staff is very paramount and Nile Hope will do all its best to make sure that her staffs' security is preserved.
Access	Nile Hope in these four counties has been there for a while and has verse knowledge of the area including how to access the beneficiaries. Good relation with the community and use of local staff help us to use them to provide the needed services to the community despite accessibility issues. With good relation with the community, Nile hope has been using human transport, to transport essential nutrition supplies to where the communities are in large number. Through this project, Nile Hope will continue using human as mean of transport to where, Boat, vehicle and plane can't reach in order reach those community that are remotely located with services at their disposal. Places where Nile Hope has means of transport and the area is presumed safe will use the same mean to reach the community i.e use of boat in Pigi and Fangak and use of vehicle in Akobo west. In case of transport of nutrition supplies and other supplies from Juba, Nile Hope will use log cluster or UNHAS to pre-position the nutrition supplies to the nearest airstrip in the county then thereafter the organization will use it local available mean to transport supplies to reach the community.

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	Health and Nutrition Manager	D	1	5000	6	15.00%	4,500.00	2,250.00	2,250.00	4,500.00
	1 Health and Nutrition Manager at \$ 5000 per month for a period of 6 months charging 26% to CHF Location: Juba with frequent visits to the field. He/she will be responsible in coordination of all activities being implemented in this project. Monitoring the project using log frame and Reporting all activities to the donor and MoH.									
1.2	Nutrition coordinator	D	1	4000	6	70.00%	16,800.00	8,400.00	8,400.00	16,800.00
	1 Nutrition Coordinator at \$ 4000 per month for a period of 6 months charging 80% to CHF Location: Juba with frequent visits in the field, He/She will be responsible in coordination of field activities and building the capacities in the field to be able to offer quality services.									
1.3	Ass Nutrition coordinator	D	2	1500	6	100.00%	18,000.00	9,000.00	9,000.00	18,000.00
	2 Assistant Nutrition Coordinators at \$ 1500 per month for a period of 6 months charging 100% to CHF Location: Pigi and Leer. He/ She responsible in ensuring that OTP centres are running according to Nile Hope mandates and should be in constant communication with the Nutrition Coordinator									
1.4	Supervisors	D	2	1200	6	100.00%	14,400.00	7,200.00	7,200.00	14,400.00
	1 Health Supervisor Leer at \$2000 per month for period of 6 months charging 100% to CHF Oversees the day-to-day management of the health facility in Leer. He gathers and analyse data and using it to plan and manage the health facility in Leer. He also ensures that there are sufficient drugs and quality health administration to the patients. He is a qualified medical officer with extensive work experience									
1.5	Clinical Officer	D	3	1000	6	80.00%	14,400.00	7,200.00	7,200.00	14,400.00
	3 Clinical Officers at \$1000 per month for period of 6 months charging 100% to CHF The staff will be in-charge of managing Stabilization center where he will consult the malnourished children with medical complication who will be referred from OTPS center or from the village. He/she will also be responsible person for daily follow up of the malnourished child who is admitted for medical treatment in the stabilization center									
1.6	Nurses	D	4	800	6	80.00%	15,360.00	7,680.00	7,680.00	15,360.00
	6 Nurses at \$800 per month for period of 6 months charging 100% to CHF The nurses will work in stabilization center to provide nursing care to children that are identified with medical complication are are malnourished									
1.7	CHWs	D	16	400	6	100.00%	38,400.00	19,200.00	19,200.00	38,400.00
	22 CHWs at \$400 per month for period of 6 months charging 100% to CHF Location: Pigi, Fangak, Akobo and Leer- He/ She will provide consultation services in the OTP centres									
1.8	Measurers	D	16	300	6	100.00%	28,800.00	14,400.00	14,400.00	28,800.00
	16 Measures at \$ 300 per month for a period of 6 months charging 100% to CHF Location: Pigi, Fangak, Akobo and Leer- They will take and record anthropometric measurements in the OTP Centers									
1.9	Dispenser	D	16	300	6	100.00%	28,800.00	14,400.00	14,400.00	28,800.00

	16 Dispensers at \$ 300 per month for a period of 6 months charging 100% to CHF Location: Pigi, Fangak, Akobo and Leer- They will be responsible in dispensing the prescribed drugs from the CHW in the mobile clinic										
1.10	Registerer	D	16	300	6	100.00%	28,800.00	14,400.00	14,400.00	28,800.00	
	16 Registerers at \$ 300 per month for a period of 6 months charging 100% to CHF Location: Pigi, Fangak, Akobo and Leer- They have the responsibility of keeping daily records and data of patients attending in the OTP Centre										
1.11	Community Mobilizers	D	16	300	6	100.00%	28,800.00	14,400.00	14,400.00	28,800.00	
	6 Community Mobilizers at \$ 300 per month for a period of 6 months charging 100% to CHF Location: Pigi, Fangak, Akobo and Leer. He/ She raise awareness to the communities by mobilizing parents with children suffering from acute malnutrition to visit OTP and Stabilization centres.										
1.12	Inpatient attendance	D	6	300	6	100.00%	10,800.00	5,400.00	5,400.00	10,800.00	
	6 Inpatient Attendants at \$ 300 per month for a period of 6 months charging 100% to CHF Location: Pigi, Fangak, Akobo and Leer. He/ She will provide supportive care to children who are admitted in the stabilization centres										
1.13	Stabilization center cooks	D	6	200	6	100.00%	7,200.00	3,600.00	3,600.00	7,200.00	
	6 Stabilization Centre Cooks at \$200 per month for a period of 6 months charging 100% to CHF Location: Pigi, Akobo , Leer and Fangak. He/ She will prepare milk (F75, F 100) for children admitted in the stabilization centres.										
1.14	Cleaners	D	11	200	6	100.00%	13,200.00	6,600.00	6,600.00	13,200.00	
	11 Cleaners for the Facilities at \$ 200 per month for a period of 6 months charging 100% to CHF Location: Pigi, Akobo, Leer and Fangak. He/ She ensures that the OTP and Stabilization Facilities are clean. She ensures that equipments are cleaned and always are in sterilised.										
1.15	Guard	D	11	200	6	100.00%	13,200.00	6,600.00	6,600.00	13,200.00	
	11 Guards for the Facilities at \$ 200 per month for a period of 6 months charging 100% to CHF Location@ Akobo, Pigi, Fangak and Leer. He/ She will ensure that OTP and Stabilization centres are well guarded and patrol the premises to prevent and detect signs of intrusion and ensure security of doors, windows, and gates.										
1.16	Health and Nutrition Advisor	D	1	6000	6	13.00%	4,680.00	2,340.00	2,340.00	4,680.00	
	1 Health and Advisor @\$6000 per months for 6 months ,20% charged to CHF activities Location: Based in Juba with frequent travel in the field to monitor health Facilities , He will be responsible in advising the nutrition teams in matters related to MoH protocol and also he will support the programme in attending Cluster Meeting and working closely with MoH.										
1.17	Executive Director	S	1	6500	6	15.00%	5,850.00	2,925.00	2,925.00	5,850.00	
	1 Executive Director @\$6500 per months for 6 months ,15% charged to CHF activities Locations:Juba. He/She will be oversee the organization policies , top management,administrative and partners and donors coordination and meetings.He/she will have travel to the field for program monitoring and encourage the team										
1.18	Finance Manager	S	1	5000	6	15.00%	4,500.00	2,250.00	2,250.00	4,500.00	
	1 Finance Manager @\$5000 per month for 6 months ,15% charged to CHF Locations: Juba. Evaluate the financial reporting systems, provide financial reports on a timely basis. Performs financial analysis, reporting and management activities. Develop the financial strategy for the organisation and participate in the evaluation of finance staff. The Finance Manager has over 15 years experience and he is a qualified accountant										
1.19	Human Resource Manager	S	1	4500	6	15.00%	4,050.00	2,025.00	2,025.00	4,050.00	
	1 Human Resources @\$4500 per month for 6 months,15% charged to chf Locations:Juba with frequent travel to the field Identify staff vacancies and recruit, interview and select applicants.Provide current and prospective employees with information about policies, job duties, working conditions, wages, opportunities for promotion and employee benefits. Advise managers on organizational policy matters such as equal employment opportunity and sexual harassment, and recommend needed changes										
1.20	Juba and Field accountant	S	2	1000	6	50.00%	6,000.00	3,000.00	3,000.00	6,000.00	
	2 Field accountants each @\$2000 per month for 6 months,50% charged on CHF locations:1 in Akobo,1 in Pigi and 1 in Fangak.They are responsible for payment and safe guarding field staff salaries and activities funds and report to Juba										
1.21	Program coordinator	S	1	5000	6	15.00%	4,500.00	2,250.00	2,250.00	4,500.00	
	1 Programme Coordinator at \$ 5000 per month for 6 months charging 15% to CHF Location : Juba with frequent visit to the Field Offices and Locations where there are activities, He/she will support the nutrition team in monitoring and evaluation of projects being implemented and he maintains relations with the donors. He is the focal point in programs and represents Nile Hope in Cluster meeting of various programs.										
1.22	Grants Manager	S	1	5000	6	15.00%	4,500.00	2,250.00	2,250.00	4,500.00	
	1 Grant Manager @\$5000 per month for 6 months ,15% charged to CHF Locations: Juba with frequent travel to the field and oversee the budget preparation , management and monitoring process. Monitor and manage all expenses within the allotted budget. The Grants Manager has over 7 years working experience and is an accountant by profession.										
1.23	Field coordinators	S	2	2000	6	50.00%	12,000.00	6,000.00	6,000.00	12,000.00	
	2 Field Coordinators at \$ 2000 per month for 6 months charging 50% to CHF Locations: Pigi and Fangak. He/ She will work closely with the Health and Nutrition Program Manager and Program Coordinator and other staff on the field. She/He actively collaborate with other partners and/or Donors as required. plan, implement, monitor/evaluate and report projects on behalf of the Programme Coordinator										
1.24	Juba Logistic officer	S	2	1000	6	30.00%	3,600.00	1,800.00	1,800.00	3,600.00	
	Juba logistic @\$1000 per month for 6 months,40% charged to CHF Locations: Juba and is responsible for the movement of human and materials in and out of Juba.										
1.25	M & E Officer	S	1	2000	6	20.00%	2,400.00	1,200.00	1,200.00	2,400.00	
	M & E @\$2000 per month for 6 months,20% charged to CHF Develop and Strengthen monitoring, inspection and evaluation procedures. Monitor all project activities, expenditures and progress toward achieving the project output										
	Section Total							333,540.00	166,770.00	166,770.00	333,540.00

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	Procurement of stabilization center drugs	D	3	1500	1	100.00%	4,500.00	4,500.00	0.00	4,500.00
	Procurement and preposition of drugs in 3 locations, i.e. Pigi, Fangak and Leer. Purchase of Acetylsalicylic Acid (ASPIRIN, ASA) 500 mg/1000 tabs @ \$3, Amodiaquine 153 mg/ Artesunate 50mg/24 (blister packs) @\$ 65, Atropine 1mg/mL 1 ml Amp. (100) @\$2, Amoxicillin 250 mg/1000 Packs @\$ 15, Adrenaline 1mg/ml/1 MI Amp. (100 amp) @\$ 1, Albendazole 400mg tabs/500 tabs@\$ 28, Ampicillin 500 mg/100 vials @\$ 6.50, Azithromycin 500mg @\$ 31.40 , Benzathin penicillin 2.4Mu 50 vials @\$ 0.50, Benzyl penicillin 600mg (1MU)100 vials @\$ 0.10, Calamine lotion 100 mLs @\$ 12, Ceftriaxone powder 1g1 vials @\$ 0.55, Cotrimoxazole (480 mg)1000 @ \$8, Cotrimoxazole junior (120 mg)1000@ \$5, Codeine 30mg/100 tabs @ \$ 6.95, Cotrimoxazole susp.(5 ml)@\$ 10.16, Clotrimazole 100 mg vaginal tab @\$ 62, Cloxacillin 500mg/50 vials@\$ 35, Cloxacillin 250mg/100 caps @ 17.85, Chlorpheniramine 4mg/1000 tabs@\$ 0.770, Chlorphenicol 250mg 1000 caps @\$ 20.35, Chlorphenicol 1g powder for inj 50 vials @\$1, Chlorphenicol 125mg/5mLs 100 ml susp. @ \$0.50, Ciprofloxacin 500mg/100 tabs @\$ 2.67, Doxycycline 100mg/1000 caps @\$ 11.20, Diazepam 5mg/mL 2 ml Amp (100)@\$ 0.50, Diclofenac sodium 50mg/1000 tabs @\$3.50, Erythromycin 500mg/1000 tabs @\$ 7.70, Gentamycin 40mg/ml 2 mL 100 Amps.@\$ 12.80, Metronidazole 200mg/5mLsusp. @\$ 0.36, metronidazole 5mg/ml (100MI) IV @\$ 0.25, Griseofulvin 500mg/100 tabs @\$ 7.0, Nystatin oral 500.000IU tab/100 tabs@\$ 20, Nystatin susp @ \$12, Quinine 300mg/MI/100 2ml Amp. @ \$ 1.50, Quinine 300mg tabs/1000 tabs @\$ 61.20, Coartem24 blister packs @\$ 2.00, Clotrimazole creame 1% creame 24g @ \$ 1.00, Salbutamol 4mg tabs/1000 tabs @ \$ 3, Salbutamol inhaler 200 doses @\$ 13.00, Salbutamol inhaler 200 doses @\$ 24, 50% Dextrose IV @ \$ 3, 5% Dextrose IV @ \$ 3, Normal saline IV @ \$ 3, Ringer's lactate IV @ \$ 3, water for injection 10 ml vial 100 vials @\$ 3.50, Hydrocortisone 1% ointement @\$ 3, Zinc oxide 200mg ointement @ \$ 5, Chlorhexidine/cetrimide 1.5/15% 1 L @ \$18, Promethazine 25mg/ml/100 2ml Amp. @\$ 10, Promethazine 25mg 1000 tabs @ \$5, oxytocin 10iu/MI/100 Amps @\$ 30, Ergometrine 200mcg/10 Amp @ \$3, Aminophylline 25mg/ml/10 (10 ml Amp) @\$ 1, Fansidar (Sulfadoxine + Pyrimethamine) 100 tabs @\$ 5.50, prednisolone 5mg/1000 tabs @ \$10.50, Phenobarbitone 30mg/1000									

	<p>tabs @\$ 7.50, Ferrous Sulphate 200mg 1000 @ \$ 6, Folic acid 0.25 mg 1000 @\$ 2, Hydrocortisone Injection(100mg)48 vials @\$ 73, Ibuprofen 200mg 1000 tabs @ \$7.15, Lignocaine 2% Injection20 ml vials @\$ 21.60, Mebendazole 100 mg 1000 @ \$13.65, Metronidazole 200 mg1000 @ \$ 12.62, ORS 25 pkts @\$ 1.80, Paracetamol adult 500mg 1000 tabs @\$ 7.20, Praziquantel 600mg 500 tabs @ \$100, Procaine benzyl penicillin 4 MU vials 100 vials @ \$ 58.79, Retinol (Vit. A) 200.000 U1000 caps @ \$ 57.36, Nalidixic Acid 500mg100 tabs @ \$ 64.15, Zinc 20 mg100 tabs @\$ 4.50, Gentian violet 25 gram1 pc @\$ 6.34, Povidon iodine 10%100 mls @\$ 1.00, Whitfield 25 g tube @\$ 12.7,</p>									
2.2	Transportation of stabilization center supplies	D	2	9500	1	100.00%	19,000.00	19,000.00	0.00	19,000.00
	This includes transportation of stabilization centre supplies and equipment from Juba to Pigi, Leer and Fangak. 3 Charters each carrying 2 Ton from Juba to the field where there are OTP centres @ \$9500. The charter will transport cooking pots, Thermos, buckets and cooking equipments.									
2.3	Transportation of OTP supplies	D	4	9500	1	100.00%	38,000.00	38,000.00	0.00	38,000.00
	This includes transportation of OTP supplies and equipment from Juba to Pigi, Leer and Fangak. 3 Charters each carrying 2 Ton from Juba to the field where there are OTP centres @ \$9500. The charter will transportation of plumpy nuts approx 8 tons. Nile Hope wish to send the supplies using charters rather than using logistic cluster which takes long for approvals.									
2.4	CMAM training	D	3	1000	1	100.00%	3,000.00	3,000.00	0.00	3,000.00
	It is meant to build the capacity of local staff to be able to provide quality services. The targeted number to be trained are 48 participants in 3 Locations , Pigi , Fangak and Leer.									
2.5	Stabilization center training	D	3	1500	1	100.00%	4,500.00	4,500.00	0.00	4,500.00
	It is meant to equip and build the capacity of Stabilization Centre Staff to enhance them with skills of providing better quality nutrition services to children who are malnourished. It will also train the staff members on how to gather the data and submit cases of SAMS and MAM to the Nutrition Coordinators									
2.6	ICYF Training	D	1	1500	1	100.00%	1,500.00	1,500.00	0.00	1,500.00
	This training course aims to enhance the competencies and build capacity of Nile Hope nutrition staff who are involved in Infant and Young Child Feeding (IYCF) programmes in Pigi,. This includes programme development, programme implementation, programme evaluation, and other related activities for improving nutrition and health outcomes of infants and young children.									
2.7	Stakeholder workshops	D	3	1000	1	100.00%	3,000.00	3,000.00	0.00	3,000.00
	Scaling Up Nutrition (SUN) Movement networks to raise awareness around the importance of nutrition sensitive programs by holding 1 workshop 'Nutrition Sensitive Programmes Workshop' to be held in Pigi, Leer and Fangak 58 participants from OTP and Stabilization centres. The workshop will promote and provide sharing of lessons about best practices in nutrition sensitive programming in Pigi, Leer and Fangak, the emphasis will be to promote nutrition sensitive programs.									
2.8	Printing of T-shirt with Health messages	D	200	10	1	100.00%	2,000.00	1,000.00	1,000.00	2,000.00
	500 T Shirts will be printed with health promotion messages in local language, mostly targeting the importance of feeding children with balance diet meals and also sensitising the communities on the issues of malnutritions and the dangers to children. Each T shirt will costs approx \$ 10.									
2.9	Offloading and Loading of nutrition supplies	D	4	1000	1	100.00%	4,000.00	4,000.00	0.00	4,000.00
	The allocated amounts for offloading of nutrition supplies in the field facilities from the									
2.10	Training of community Nutrition Volunteer	D	2	1500	1	100.00%	3,000.00	3,000.00	0.00	3,000.00
	80 volunteer trainings to enhance service delivery for CMAM in Pigi, Fangak, Akobo and Leer									
2.11	Rehabilitation of existing OTPs	D	2	2000	1	100.00%	4,000.00	4,000.00	0.00	4,000.00
	The fund is meant for rehabilitation of New Fangak OTP and Khorfulus. The cost will include purchase of 100 pole @ \$ 5, 50 Irons sheet @ \$ 15 , 200 rafters @ \$ 2, labourer and Madding will cost approximately \$ 2,730.									
	Section Total						86,500.00	85,500.00	1,000.00	86,500.00

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	Laptops	D	2	800	1	100.00%	1,600.00	1,600.00	0.00	1,600.00
	Purchase of 2 laptops 1. Assistant Nutrition Coordinator in Leer and 1.Supervisor in Fangak . Laptops will help the Nutrition staff compile the reports in the OTPs sites both weekly and monthly									
3.2	Thuraya	D	1	1500	1	100.00%	1,500.00	1,500.00	0.00	1,500.00
	Purchase of 1 Thuraya phones, 1 will be dispatched to Leer. They will assist in coordination and relying information to Health and Nutrition Coordinator and Health and Nutrition Advisor.									
	Section Total						3,100.00	3,100.00	0.00	3,100.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
4.1	Nutrition survey(SMART-survey)	D	2	6500	1	100.00%	13,000.00	0.00	13,000.00	13,000.00
	To provide quality information on nutrition status by collecting field data for correction and analysis using - ENA SMART software. Analyse all data from all sectors of survey and other sources if relevant. and write integrated SMART survey preliminary and final report and present to all stakeholders									
	Section Total						13,000.00	0.00	13,000.00	13,000.00

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	Flight cost for Nutrition staffs(Akobo, Leer and Fangak)	D	6	200	6	100.00%	7,200.00	3,600.00	3,600.00	7,200.00
	This is travel cost for health staff and other supporting staff to travel to the field during the implementation of the project in Akobo, Leer, Pigi and Fangak facilitated through UNHAS.									
5.2	Local Field transport	D	3	500	2	100.00%	3,000.00	1,500.00	1,500.00	3,000.00
	These costs is allocated for local transport of staff in the counties of operations (Fangak, Leer and Pigi)									
5.3										

fuel for Boat	D	2	1000	3	100.00%	6,000.00	3,000.00	3,000.00	6,000.00
This cost is allocated for preposition and purchase of fuel for the boat. Most Nutrition facilities in Pigi and Fangak are accessible through the river which will require boat transport.									
Section Total						16,200.00	8,100.00	8,100.00	16,200.00

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	
Section Total						0.00	0	0	0.00	

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
7.1	Office rent	D	1	5000	6	8.00%	2,400.00	1,200.00	1,200.00	2,400.00
This is Support Cost for Juba Office Rent, The allocated percentage in CHF is 10% of \$5000 rent charged per month										
7.2	Internet	D	1	1000	6	10.00%	600.00	300.00	300.00	600.00
The internet support cost for Juba and Akobo office, the monthly charge is \$ 1000 with 20% allocation in CHF health budget										
7.3	Stationery	D	1	500	6	50.00%	1,500.00	750.00	750.00	1,500.00
Projected costs related to purchase of stationeries to be used in the OTP facilities and the main office										
7.4	Bank charges	D	1	100	6	100.00%	600.00	300.00	300.00	600.00
This amount is charged on transfer of funds. It is estimated that a total of \$ 1800 will be incurred in remittance of funds in various NH Bank accounts										
7.5	Communication	D	1	180	6	100.00%	1,080.00	540.00	540.00	1,080.00
Communication costs i.e. for buying calling cards for satellite and other networks estimated to be 1,800 in relation to health budget										
7.6	Project Digital Cameras	D	2	200	1	100.00%	400.00	200.00	200.00	400.00
Purchase of Digital Camera for reporting purposes. This will help the health team to capture visuals that will be included in the narrative reports										
Section Total						6,580.00	3,290.00	3,290.00	6,580.00	

Sub Total Direct Cost	458,920.00
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)	3.5579%
Audit Cost (For NGO, in percent)	1%
PSC Amount	16,327.91

Quarterly Budget Details for PSC Amount	2015		Total
	Q1	Q2	
	8,163.96	8,163.96	16,327.91

Total Fund Project Cost	475,247.91
--------------------------------	------------

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Akobo	10	123	553	771	801	2248	
Jonglei -> Canal	40	494	2212	3085	3203	8994	
Jonglei -> Fangak	30	370	1659	2314	2402	6745	
Unity -> Leer	20	247	1106	1543	1602	4498	

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

