

Project Proposal

Organization	UNICEF (United Nations Children's Fund)																																	
Project Title	Scaling up Life Saving Nutrition Interventions in South Sudan																																	
Fund Code	SSD-15/SA1/N/UN/374																																	
Cluster	Primary cluster		Sub cluster																															
	NUTRITION		None																															
Project Allocation	1st Round Standard Allocation	Allocation Category Type	Frontline services																															
Project budget in US\$	882,362.02	Planned project duration	6 months																															
Planned Start Date	01/01/2015	Planned End Date	30/06/2015																															
OPS Details	OPS Code	SSD-15/H/72970	OPS Budget																															
	OPS Project Ranking		OPS Gender Marker																															
Project Summary	<p>As per nutrition surveys during April-October 2014, the levels of acute malnutrition continue to be of great concern with rates of GAM & SAM ranging from 4.7 % to 34.1% and 0.2% to 10.9% respectively in the affected areas. Aggravating factors such as sub-optimal IYCF practices, poor hygiene and sanitation, limited access to health care, and deteriorating household food security are further increasing the risk of acute malnutrition and associated morbidity & mortality. The updated IPC indicates that levels of acute malnutrition remain critical in most conflict-affected areas namely Jonglei, Upper Nile and Unity. All assessments showed that boys and girls are equally affected in these areas. It should be noted also that there is a high burden of malnutrition in non-conflict affected states such as NBeG, and Warrap. Noting that malnutrition starts before conception, addressing the needs of PLWs including those enrolled in PMTCT is critical. The outlook for 2015 remains of great concern, particularly in Greater Upper Nile where nearly half of the population is projected to be in Phase 3 (Crisis) and Phase 4 (Emergency) from January to March 2015. The estimated burden of SAM for 2015 is 229,805; among these 131,321 (60%) will be reached. In response to these targets, UNICEF has scaled up its response to ensure that mothers and children have access to critical life-saving nutrition services especially in IDP camps and communities. UNICEF has committed alongside partners to a broad nutrition response, including nutrition screening and surveys, implementation of integrated management of acute malnutrition (IMAM), infant and young child feeding (IYCF) programming, and micronutrient interventions. A part from the regular programming by implementing partners, this response will be supplemented by rapid response teams in hard to reach locations or as initial response in new locations in need of immediate assistance. Globally, UNICEF is responsible for ensuring an effective coordination and humanitarian response of the nutrition cluster during emergencies and is accountable to the Global Humanitarian Coordinator on the effectiveness of the humanitarian nutrition response.</p>																																	
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>0</td> <td>75000</td> <td>95625</td> <td>91875</td> <td>262,500</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Children under 5</td> <td>0</td> <td>0</td> <td>95625</td> <td>91875</td> <td>187500</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>75000</td> <td>0</td> <td>0</td> <td>75000</td> </tr> </tbody> </table>					Men	Women	Boys	Girls	Total	Beneficiary Summary	0	75000	95625	91875	262,500	Total beneficiaries include the following:						Children under 5	0	0	95625	91875	187500	Pregnant and Lactating Women	0	75000	0	0	75000
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Children under 5	0	0	95625	91875	187500																													
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Indirect Beneficiaries	Catchment Population		218,868																															
Link with the Allocation Strategy	<p>The project's main focus is to ensure that malnutrition and especially severe acute malnutrition is addressed among boys and girls and women in conflict affected states and high burden areas specifically in Nyirol county in Jonglei, Rubkona and Mayom counties in Unity, Awerial county in Lakes, Gogrial East and Tonj East in Warrap, Panyikang in Upper Nile, as well as Juba PoCs in Central Equatoria State. Through the implementing partners, the Rapid Response Mechanism and the Social mobilization interventions, UNICEF supports active case finding and early detection of children and women suffering from malnutrition. UNICEF supports partners to deliver OTP services to treat children with SAM in a timely manner to reduce the loss of life. Additionally UNICEF will strengthen the capacity of government and NGO partners to ensure adequate and quality response.</p>																																	
Sub-Grants to Implementing Partners	<table border="1"> <thead> <tr> <th>Partner Name</th> <th>Partner Type</th> <th>Budget in US\$</th> </tr> </thead> <tbody> <tr> <td>Concern Worldwide</td> <td>International NGO</td> <td>100,000.00</td> </tr> <tr> <td>World Vision International</td> <td>International NGO</td> <td>60,000.00</td> </tr> <tr> <td>Comitato Collaborazione Medica</td> <td>International NGO</td> <td>60,000.00</td> </tr> <tr> <td>Mulrany International</td> <td>International NGO</td> <td>30,000.00</td> </tr> <tr> <td>Joint Aid Management</td> <td>International NGO</td> <td>75,000.00</td> </tr> <tr> <td>Doctors for Africa (CUAM)</td> <td>International NGO</td> <td>110,000.00</td> </tr> <tr> <td>State Ministry of Health (SMOH)</td> <td>Government</td> <td>150,000.00</td> </tr> <tr> <td></td> <td></td> <td>585,000.00</td> </tr> </tbody> </table>			Partner Name	Partner Type	Budget in US\$	Concern Worldwide	International NGO	100,000.00	World Vision International	International NGO	60,000.00	Comitato Collaborazione Medica	International NGO	60,000.00	Mulrany International	International NGO	30,000.00	Joint Aid Management	International NGO	75,000.00	Doctors for Africa (CUAM)	International NGO	110,000.00	State Ministry of Health (SMOH)	Government	150,000.00			585,000.00	Other funding Secured For the Same Project (to date)			
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Organization focal point contact details	Name		Title	Phone	Email																													
	Vilma Qahoush Tyler		Chief of Nutrition	+211 955 104 300	vtyler@unicef.org																													

BACKGROUND INFORMATION

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

The 2013/14 conflict has led to the internal displacement of over 1 million people, among these about 210,000 children under-fives and 82,000 pregnant and lactating women, excluding the already existing internally displaced population (about half a million). With the conflict, the displaced populations are facing massive loss of livelihoods, reduced access and utilization of health care services and are exposed to increased epidemics especially children-measles and cholera.

Thus, levels of acute malnutrition continue to be of great concern with rates of GAM & SAM ranging from 4.7 % to 34.1% and 0.2% to 10.9% respectively in the affected areas. Aggravating factors such as sub-optimal IYCF practices, poor hygiene and sanitation, limited access to health care, and deteriorating household food security are further increasing the risk of acute malnutrition and associated morbidity & mortality. The updated Integrated Phase Classification (September IPC) indicates that levels of acute malnutrition remain critical in the most conflict-affected areas. Nutrition surveys conducted between April and July 2014 indicate a GAM prevalence above 30% in Panyijar, Leer and Akobo counties with SAM prevalence above 5% in Panyijar and Akobo & > 10% in Leer. In addition, screenings of MUAC showed the prevalence of SAM was >5% in Koch, Unity state and Fashoda in Upper Nile state, &> 10% in Rubkona in Unity State and Urur and Nyirol in Jonglei State. All assessments indicate that boys and girls are equally affected. While the rates remain high in the abovementioned counties in the conflict-affected States, it should be noted that there is a high burden of malnutrition in non-conflict affected states such as NBeG, Warrap, and EES. Noting that malnutrition starts in before conception, addressing the needs of PLWs including women enrolled in PMTCT is critical. The outlook for 2015 remains of great concern, particularly in

Greater Upper Nile region where nearly half of the population is projected to be in Phase 3 (Crisis) and Phase 4 (Emergency) from January to March 2015. Severe challenges include early depletion of household food stocks, dysfunctional markets, constrained humanitarian access, loss of livelihoods, and displacement – all resulting from protracted conflict. The estimated burden of SAM for 2015 is 229,805.

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)

The needs of the population will continue to be assessed through the RRM missions as well as through implementing partners as per the PCAs between UNICEF and the partners.

3. Description Of Beneficiaries

With the support of this CHF funding children under five and pregnant and lactating women will be benefited from the nutrition interventions as follows:

- Children 6-59 months with SAM are treated -15,000 (7,350 boys and 7,650 girls)
- Children 6-59 months supplemented with Vitamin A- 187,500 (95,625 boys and 91,875 girls)
- Children 12-59 months dewormed- 166,875 (81,769 boys and 85,106 girls)
- Pregnant and lactating women reached with infant and young child feeding messages-75,000 (36,750 pregnant women and 38,250 lactating women)
- Children 6-59 months screened for acute malnutrition and referred for admission-160,000 (81,600 boys and 78,400 girls)

4. Grant Request Justification.

In response to the estimated SAM targets of 131,321, UNICEF has scaled up its response to ensure that mothers and children have access to critical life-saving nutrition services especially in IDP camps and communities. UNICEF has committed alongside partners to a broad nutrition response, including nutrition screening and surveys, implementation of integrated management of acute malnutrition (IMAM), infant and young child feeding (IYCF) programming, and micronutrient interventions. Globally, UNICEF is responsible for ensuring an effective coordination and humanitarian response of the nutrition cluster during emergencies and is accountable to the Global Humanitarian Coordinator on the effectiveness of the humanitarian nutrition response. UNICEF's technical excellence in nutrition and leadership in driving operations in emergencies (Advocacy, Cluster Coordination, Support to service delivery in critical areas such as treatment of SAM, micronutrients supplementation and IYCF practices, emergency stocks of nutrition supplies and equipment) allows UNICEF to be the partner of choice for robust nutritional emergency coordinated response. Supporting UNICEF emergency nutrition operations in South Sudan will help reduce the excess morbidity & mortality due to SAM and protect children nutrition status from further deterioration. In 2015 UNICEF is appealing for US\$ 19,398,752 million that will be used to treat 131,321 severely acute malnourished children and promote IYCF practices among 769,322 PLWs. With the support of USD 882,362 from the CHF, it is estimated that 15,000 severely acute malnourished children will be treated and 75,000 PLWs will be reached with infant and young child feeding messages. Moreover, above 187,500 children 6-59 months will be supplemented with vitamin A and above 166,875 children 12-59 months received deworming tablets. The project's main focus is to ensure that malnutrition and especially severe acute malnutrition is addressed among boys and girls and women in conflict affected states and high burden areas specifically in Nyirolo county in Jonglei, Rubkona and Mayom counties in Unity, Gogrial East and Tonj East in Warrap, Panyikang in Upper Nile, as well as Juba PoCs in Central Equatoria State. Additionally, the RRM teams will conduct follow up missions in areas where partners do not exist

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

LOGICAL FRAMEWORK

Overall project objective

The overall objective of the project is to prevent excess morbidity and mortality in women and children due to severe acute malnutrition as well as preventative interventions for long term survival, optimal growth and development of children

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	70
2015 SSO 2: Increase access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups	SO 2: Protect the rights of the most vulnerable people, including their freedom of movement	10
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	SAM children 6-59 months and pregnant and lactating women have access to timely and quality life-saving treatment	
Code	Description	Assumptions & Risks
Output 1.1	SAM Children 6-59 months age (7,350 boys and 7,650 girls, total 15,000) treated in therapeutic feeding centers.	Assumption: Security enabling access to beneficiaries; Risk: Insecurity leading to continued population movement; seasonal logistical issues in regards to movement; willingness of the partners to operate in high risk environments

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment			7350	7650	15000
		Means of Verification: Nutrition partners monthly reports; and RRM mission reports					
Indicator 1.1.2	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			5513	5737	11250
		Means of Verification: Nutrition partners monthly reports and RRM mission reports					
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)			4	4	8
		Means of Verification: Please note that the overall percentage is meant to be 8%-gender wise breakdown as per the drop down therefore does not make sense. Nutrition partners monthly reports and RRM mission reports					
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)			7	7	14
		Means of Verification: Nutrition partners monthly reports and RRM mission reports. Please note that gender wise breakdown does not make sense for this indicator as the measurement would be done at the total level (ie 14% as the overall target)					

Activities	
Activity 1.1.1	Pre-position nutrition supplies/tools in intervention areas (focusing on hard to reach counties)
Activity 1.1.2	Provide training on MUAC screening, oedema detection and treatment of Management of sever acute malnutrition
Activity 1.1.3	Conduct MUAC Screening for children 6-59 months age for malnutrition
Activity 1.1.4	Refer SAM and MAM children to SC/OTP and TSFP sites respectively
Activity 1.1.5	Provide treatment for children with SAM in OTP and SC
Activity 1.1.6	Follow up/monitor the progress of admitted children in OTP and SC
Activity 1.1.7	Facilitate information sharing on progress of SAM treatment during field nutrition coordination meetings

Outcome 2	Vulnerable people (children 6-59 months and Pregnant and Lactating women) have improved knowledge and means to prevent and treat acute malnutrition	
Code	Description	Assumptions & Risks
Output 2.1	Health workers and Mother Support Groups are trained on IYCF, adolescent and maternal nutrition	Assumption: Security enabling access to beneficiaries; Risk: Insecurity leading to continued population movement; seasonal logistical issues in regards to movement; willingness of the partners to operate in high risk environments

Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	[Frontline services] [Prevention] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions	0	75000			75000
		Means of Verification:	Nutrition partners monthly reports; and RRM Mission reports				
Indicator 2.1.2	NUTRITION	Number of children reached with deworming treatment (12 - 59 months)					166875
		Means of Verification:	National Immunization Day reports, nutrition partners monthly report and RRM Mission reports				

Activities	
Activity 2.1.1	Develop and validate National IYCF Strategy
Activity 2.1.2	Rollout National IYCF Strategy
Activity 2.1.3	Monitor national IYCF rollout strategy
Activity 2.1.4	Facilitate information sharing on progress of IYCF rollout during field nutrition coordination meetings

Output 2.2	Micronutrient supplementation provided to children under five years	Assumption: Security enabling access to beneficiaries; Risk: Insecurity leading to continued population movement; seasonal logistical issues in regards to movement; willingness of the partners to operate in high risk environments
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Indicators							
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			95625	91875	187500
		Means of Verification:	Partner reports and RRM Missions				

Activities	
Activity 2.2.1	Facilitate information sharing on progress on micronutrient implementation during field nutrition coordination meetings
Activity 2.2.2	Preposition and distribute micronutrients (vitamin A and deworming tablets)
Activity 2.2.3	Provide capacity building for health facility workers, community health workers and health volunteers on micronutrients supplementation
Activity 2.2.4	Provide vitamin A and deworming tablets to eligible beneficiaries
Activity 2.2.5	Conduct a KAP survey to assess the knowledge and practices of care providers on IYCE-e

WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Activity 1.1.1 Pre-position nutrition supplies/tools in intervention areas (focusing on hard to reach counties)	2015				X	X	X						
	Activity 1.1.2 Provide training on MUAC screening, oedema detection and treatment of Management of sever acute malnutrition	2015	X	X	X									

Activity 1.1.3 Conduct MUAC Screening for children 6-59 months age for malnutrition	2015			X	X	X	X													
Activity 1.1.4 Refer SAM and MAM children to SC/OTP and TSFP sites respectively	2015	X	X	X	X	X	X													
Activity 1.1.5 Provide treatment for children with SAM in OTP and SC	2015				X	X	X													
Activity 1.1.6 Follow up/monitor the progress of admitted children in OTP and SC	2015				X	X	X													
Activity 1.1.7 Facilitate information sharing on progress of SAM treatment during field nutrition coordination meetings	2015	X	X	X	X	X	X													
Activity 2.1.1 Develop and validate National IYCF Strategy	2015	X	X	X																
Activity 2.1.2 Rollout National IYCF Strategy	2015				X	X	X													
Activity 2.1.3 Monitor national IYCF rollout strategy	2015						X	X												
Activity 2.1.4 Facilitate information sharing on progress of IYCF rollout during field nutrition coordination meetings	2015						X	X												
Activity 2.2.1 Facilitate information sharing on progress on micronutrient implementation during field nutrition coordination meetings	2015	X	X	X	X	X	X													
Activity 2.2.2 Preposition and distribute micronutrients (vitamin A and deworming tablets)	2015				X	X														
Activity 2.2.3 Provide capacity building for health facility workers, community health workers and health volunteers on micronutrients supplementation	2015	X	X	X																
Activity 2.2.4 Provide vitamin A and deworming tablets to eligible beneficiaries	2015				X	X	X													
Activity 2.2.5 Conduct a KAP survey to assess the knowledge and practices of care providers on IYCF-e	2015						X	X												

M & R DETAILS**Monitoring & Reporting Plan:**

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

Treatment of SAM cases: UNICEF field based staff will develop travel plans which will include site visits to monitor project progress of partners. Reports from partners expected on a weekly basis will be compiled in Juba and then circulated to field-based staff. Verification of reports submitted will be done based on observations in sites visited. Tools that will be used in monitoring partner performance will be harmonized and feedback will be provided to partners. Partners will report on the 10th of each month. Information from partner reports will be verified through field visits.

Promotion of infant and young child feeding practices: as above

Micronutrient supplementation and deworming to children 6 – 59 months and pregnant and lactating women: During the bi-annual accelerated campaigns where Vitamin A supplementation and deworming is targeted to children in all the country, UNICEF will work closely with health colleagues within UNICEF and WHO to ensure microplans adequately address strategies to achieve high coverage for these nutrition interventions. Monitors during these campaigns will be sensitized to ensure microplans are implemented as intended. Coverage surveys will be done to verify data reported.

OTHER INFORMATION

Accountability to Affected Populations

To integrate accountability for the beneficiaries the UNICEF nutrition programme closely works with communities from project initiation, through implementation and monitoring of results. UNICEF and its implementing partners will ensure that active community consultations are conducted in project planning and implementation of the planned activities. Regular field and onsite monitoring and coaching will be provided. Financial accountability will be delivered in line with UN HACT Assurance systems. During the implementation, the project will engage beneficiaries in project implementation.

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

The implementation of planned activities will be based on the 2015 SP and the signed work plan between UNICEF and the government at central and state level and is accordance with the UNICEF and Republic of South Sudan joint programme of cooperation 2014 -2016.

Nutrition services are mainly provided by NGOs partners in South Sudan with UNICEF providing direct implementation through the RRM as required. UNICEF will assess the capacity of all existing and potential partners to deliver the services through developing and signing of Programme Cooperation Agreements (PCAs) or Small Scale Funding Agreements (SSFAs) with NGOs/CBOs/FBOs.

Training of health workers and nutrition partners will be done in line with MOH and international guidelines and will be done jointly by UNICEF and the MOH and partners at central and state levels and also by partner NGOs at state and county level. UNICEF Nutrition experts will be based in all critical states (Jonglei – based in Bor, Upper Nile – based in Malakal, Unity – based in Bentiu/Rubkhona, Warrap – based in Rumbek) and will support in monitoring of programs and building capacity of NGO partners. As required Rapid Response Missions will be organized to address gaps in services.

Coordination with other Organizations in project area

Environmental Marker Code

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Code

1-The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code

Data is disaggregated by gender in planning, reporting and evaluation. Nutrition assessments is done base on gender analysis for example the nutrition needs of boys, girls, pregnant and lactating mother and elderly people. UNICEF Nutrition programmes mainly targets under five children (boys and girls) and pregnant and lactating mothers. Therefore in programme design, consideration is given to programmes that meet the target needs. UNICEF Nutrition preventative programmes (Infant and young child feeding) also covers all community members e.g. women, men, girls and boys. Moreover, Consideration is also given to both gender during recruitment of UNICEF nutrition staffs.

Protection Mainstreaming

In collaboration with the child protection section, UNICEF will ensure that women and children are provided with psychosocial counselling to ensure that women are able to continue to care for their children and continue to breastfeed.

Safety and Security

Safety and security of both staff implementing the program as well as those of the beneficiaries will be of utmost priority and will be assured through Security Rapid Assessments when accessing the conflict affected areas especially outside the PoCs. Nutrition services will be brought to beneficiaries and set up in secure areas. Supplies will be stored in warehouses with 24/7 guards to prevent them from being looted.

Access

Nutrition services will be set up in close proximity to beneficiaries to ensure safe access.

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	Nutrition Specialist, P3	D	1	18529	6	20.00%	22,234.80		11,117.40	11,117.40	22,234.80
1.2	Nutrition consultant, P3	D	2	18529	6	20.00%	44,469.60		22,234.80	22,234.80	44,469.60
1.3	Nutrition Officer, NOA	D	2	2349	6	100.00%	28,188.00		14,094.00	14,094.00	28,188.00

Section Total								94,892.40	47,446.20	47,446.20	94,892.40
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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	
Section Total							0.00	0	0	0.00

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	
Section Total							0.00	0	0	0.00

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

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

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
5.1	Local travel (flight cost) for six local/international staff/consultants for Rapid Response Missions: 2 missions /month for each staff January-June 2015	D	8	800	6	100.00%	38,400.00	19,200.00	19,200.00	38,400.00
	This is for the travel of the RRM teams where there are no existing partners-flight cost per flight comes to \$400 ie two flights per month=\$800									
5.2	DSA for six local/international staff and consultants during RRM missions (Jan-June 2015)	D	8	1176	6	100.00%	56,448.00	28,224.00	28,224.00	56,448.00
	Rate calculated at USD 84/day for an average of 7 days/mission. Estimated 2 missions/month for each staff during period January-June 2015									
Section Total							94,848.00	47,424.00	47,424.00	94,848.00

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	
6.1	Comitato Collaborazione Medica	D	1	60000	1	100.00%	60,000.00	30,000.00	30,000.00	60,000.00
6.2	Mulrany International	D	1	30000	1	100.00%	30,000.00	30,000.00	0.00	30,000.00
6.3	Concern Worldwide	D	1	100000	1	100.00%	100,000.00	50,000.00	50,000.00	100,000.00
6.4	World Vision International	D	1	60000	1	100.00%	60,000.00	30,000.00	30,000.00	60,000.00
6.5	Doctors for Africa(CUAM)	D	1	110000	1	100.00%	110,000.00	60,000.00	50,000.00	110,000.00
6.6	Joint Aid Management International	D	1	75000	1	100.00%	75,000.00	37,500.00	37,500.00	75,000.00
6.7	State Ministry of Health (SMOH)	D	1	150000	1	100.00%	150,000.00	75,000.00	75,000.00	150,000.00
Section Total							585,000.00	312,500.00	272,500.00	585,000.00

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 maintenance and security costs	S	1	49897	1	100.00%	49,897.00	24,948.49	24,948.49	49,896.98
	The office maintenance and security costs is a portion of the total costs of running the UNICEF offices which has been kept to around 5% of the total cost of the CHF nutrition project									
Section Total							49,897.00	24,948.49	24,948.49	49,896.98

Sub Total Direct Cost		824,637.40
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)		7%
Audit Cost (For NGO, in percent)		
PSC Amount		57,724.62

Quarterly Budget Details for PSC Amount	2015		Total
	Q1	Q2	

0.00 0.00 0.00

Total Fund Project Cost

882,362.02

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Nyirol	10		7500	9563	9188	26251	
Lakes -> Awerial	10		7500	9563	9188	26251	
Unity -> Mayom	15		11250	14344	13781	39375	
Unity -> Rubkona	15		11250	14344	13781	39375	
Upper Nile -> Panyikang	10		7500	9563	9188	26251	
Warrap -> Gogrial East	15		11250	14344	13781	39375	
Warrap -> Twic	15		11250	14344	13781	39375	
Central Equatoria -> Juba	10		7500	9563	9188	26251	

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

