

Project Proposal

Organization	TEARFUND (TEARFUND)						
Project Title	Integrated response to life threatening malnutrition in Uror and Twic East Counties in Jonglei, South Sudan						
Fund Code	SSD-15/HSS10/SA2/N/INGO/607						
Cluster	Primary cluster		Sub cluster				
	NUTRITION		None				
Project Allocation	2nd Round Standard Allocation	Allocation Category Type					
Project budget in US\$	250,000.02	Planned project duration	6 months				
Planned Start Date	01/08/2015	Planned End Date	31/01/2016				
OPS Details	OPS Code	SSD-15/H/73038/R	OPS Budget				
	OPS Project Ranking		OPS Gender Marker				
Project Summary	This integrated (CMAM) project will provide support to internally displaced people (IDPs) and host communities in underserved areas affected by the recent violence in Uror County. The intervention will also target new arrivals fleeing recent insecurity in the neighbouring Counties of Duk, Ayod, Canal, Pibor and the greater Akobo in Jonglei and Nasir, Pigi, Malakal in the Upper Nile state. The goal of the project is to contribute to the reduction in nutrition-related mortality and morbidity, and improve access to high-quality multi-sectoral life-saving nutrition interventions for the most vulnerable populations- notably U5 children and pregnant and lactating women. The project will support 9 Supplementary Feeding Programs/ 8 Outpatient Therapeutic Programs, IYCF and community outreach activities including vitamin A supplementation and deworming in all the FCs in the 6 Payams of Uror County. Program approaches will include community education, active case detection and treatment (TSFP and OTP) , IYCF in emergencies, de-worming campaigns, and mass screening targeting IDPs and host communities.						
Direct beneficiaries		Men	Women	Boys	Girls	Total	
	Beneficiary Summary	471	8325	9651	9886	28,333	
	Total beneficiaries include the following:						
	People in Host Communities	400	7076	8204	8403	24083	
Internally Displaced People	70	1249	1448	1483	4250		
Indirect Beneficiaries	Catchment Population						
Link with the Allocation Strategy	Tearfund proposes to address the needs of host communities and IDPs in Uror county that the nutrition cluster has identified as priority. The interventions will focus on providing therapeutic and supplementary feeding to severely and moderately malnourished children under the age of 5 years and pregnant and lactating women. Interventions will also focus on implementation on Infant and Young Child Feeding (IYCF) in emergencies targeting women, girls and boys. Uror county is one of the worst affected areas. Malnutrition and food insecurity are among the highest in the country. The IPC reports that some 780,000 individuals in Jonglei state will be living in crisis and emergency situations during the next 2 months, and Tearfund's most recent SMART survey found that, in Uror county, the GAM is 23%. The combined concentration of malnutrition and food insecurity ranks Uror county as a priority county by the Nutrition cluster. Tearfund will employ an integrated CMAM approach in the county to meet the needs, in line with the Nutrition cluster strategy.						
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)						
Organization focal point contact details	Name	Title	Phone	Email			
	Michael Beeman	Programme Development Coordinator	+211 0921389895	southsudan-gjc@tearfund.org			
	Sara Sywulka	Deputy Country Director-Programmes	0928104812	southsudan-dcd@tearfund.org			
	George Kirimi	Nutrition Advisor	0912438184	southsudan-nutadvisor@tearfund.org			
BACKGROUND INFORMATION							
1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	Current situation: The on-going political crisis that started in December 2013 led to an inflow of IDPs into Uror County. The IDPs numbers have increased in recent months following a fresh outbreak of conflict (in April-May 2015) between government and IO forces in the neighbouring counties. These IDPs have since been integrated into the host communities but this has not made the situation better. An increased presence by government forces in neighbouring counties has created uncertainties among the Uror population and thus affected the planting season (people are afraid to plant) and affected mobility and thus limited entry of goods into the County. The outbreak of violence in April-May 2015 has displaced almost 1,000 people from areas of Pajut, Yuai and Padiek South West of the County towards North East to areas of Pieri, Payai, Modit and Juet after Yuai river. Other IDPs have come from areas such as such Ayod, Pigi, Canal, Malakal, Nasir and greater Akobo. A rapid assessment conducted by Tearfund and Non Violent Peace force in Pieri using MUAC tapes , revealed a situation of concern among pregnant and lactating women with 5% of women severely malnourished and a GAM of 28.8%. The rapid assessment also showed a GAM of 19.1% and a SAM of 2.6%. Uror County is the largest County in Jonglei state, a state with the highest concentration of children and women living in crisis and emergency situations, according to the May 2015 IPC report. In addition to the host community concentration, the recently concluded pre- Harvest SMART survey revealed that 11.8% of the population was IDPs displaced as a result of the ongoing conflict which further exacerbates the already poor food security situation.						
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicate references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	The most recent SMART survey (May 2015) for Uror County, showed a prevalence of GAM using weight for height z-score at 23.2 % (19.5 - 27.5 95% C.I.) while that of SAM was 4.6 % (2.9 - 7.2 95% C.I.) which was above the WHO threshold for emergency intervention. The Assessment further revealed that a high proportion (65.4%) of children were ill during the last week prior to the assessment suggesting that measures have to be in place to prevent illnesses. Further to this, 37.7% of the ill children did not receive treatment. ICRC has since narrowed the gap in health service provision by setting up a clinic in Motot but even with this, more health services need to be extended to cover other payams. Malaria and diarrhoea continued to be the commonest illnesses experienced which calls for high sensitisation campaigns for hygiene and public health concerns. Tearfund provides health and Nutrition based messages at Nutrition sites and in the community and runs a WASH project previously using Participatory Hygiene and Sanitation Transformation (PHAST) approach and now Community Led Total Sanitation (CLTS). Sources of safe drinking water was not a big problem with over 80% accessing water from boreholes however hygiene issues of hand washing and lack of latrine usage remain a key challenge. Two stage cluster sampling method was employed in determining the clusters and the households to be surveyed. In selection of clusters, the population data for all the villages (smallest sampling unit) in the whole county was entered in the ENA software which generated a list of clusters to be visited for the survey. This list of villages and population was obtained from the community leaders, RRC and the National Bureau of Statistics (NBS) and contained the name of the villages and/Bomas and their population sizes. The clusters to be included in the survey were selected using the probability proportional to population size. The target population for this survey was the children aged 6 – 59 months for the anthropometric component, 0 – 23.9 months for Exclusive breastfeeding rates and IYCF practices, all women of childbearing age, caregivers of the targeted children and the general population for the mortality survey, WASH and Food security component.						
3. Description Of Beneficiaries	A total of 28,333 (4,722 HH); 9,886 girls, 9,651 boys, 8,325 women and 471 Men will be reached with integrated nutrition services; Children <5, pregnant and lactating women, community volunteers (male and female), Other groups of people, including elderly and people with special needs, are particularly vulnerable. However, in line with the Nutrition Cluster strategy, Tearfund is prioritizing PLWs and children under 5 who are both the first affected by malnutrition. Moderately malnourished children and PLW will receive supplementary feeding through TSFP while severe cases will be managed through OTP with RUTF. Other groups will be men and women in the targeted areas, CHD workers, caretakers, people with disabilities and the elderly among IDPs and host families who will benefit from nutrition and health education and training. Through community based IYCF groups, sessions on nutritional best practices, vitamin A and EPI promotions, hygiene and food security topics geared towards reducing malnutrition in children and pregnant and lactating mothers will be conducted. TEARFUND will support 9 SFP and 8 OTP including internal capacity building for 95 Community Nutrition Volunteers-CNVs (38 female and 57 male), 115 IYCF counselors (109 female and 6 male) and 44 nutrition staff; 39 male and 5 female (nutrition assistant Officer, supervisors and extension workers). Tearfund will receive in-kind support of RUTF and food aid from WFP and UNICEF. Trainings will be based on internationally recognized protocols and IEC materials which will be sourced from both UNICEF and WFP and reproduced for use in implementation. UNICEF/WHO CMAM guideline will be followed and SPHERE standards will be used to measure the success of OTP/SFP						

programs. Participatory approaches will be used; communities in the catchment area have been and will continue to participate in activity implementation and impact assessment of the program. TEARFUND will only start up new activity in areas where GAM is above the emergency threshold and to reach displaced populations where there are no other accessible nutrition programs. Tearfund will identify beneficiaries through community screenings and the following criteria: For MAM: Admission and discharge criteria will be in line with Ministry of Health and WHO guidelines as follows: Admission of children aged 6-59 months: (1) MUAC >115mm to <125mm; (2) No oedema; (3) Clinically well with appetite; (4) Child discharged from OTP or returning after defaulting within one month. Discharge of children aged 6-59 months: (1) MUAC > 125mm for two consecutive visits; AND (2) 6 weeks minimum stay in TSFP. Admission of Pregnant or Lactating Mother: (1) Mother with MUAC <230mm, or mother of malnourished infant of <6 months and / or <4kg and / or mother unable to breastfeed effectively (infant to be referred to Stabilization Centre). Discharge of Pregnant or Lactating Mother: (1) After 2 months of TSFP or MUAC > 230mm on two consecutive visits. For SAM: Admission and discharge criteria in OTP will be based on IM-SAM guidelines and WHO 2006 standards and will target all severely malnourished children aged 6-59 months as follows: Admission of children aged 6-59 months: (1) Weight for height < -3 z-score of the WHO standards; (2) MUAC < 115mm; and / or bilateral pitting oedema. Discharge of children aged 6-59 months: (1) Percentage weight gain of 15% maintained; (2) Weight-for-height > -2 z-score of the WHO standards; (3) Oedema free for two consecutive visits

4. Grant Request Justification.

Tearfund is the Uror County's Nutrition Cluster lead with coverage of Nutrition services spreading across all the 6 payams of the County. Apart from MSF which runs OTP in Yuai, Tearfund solely implements all the Nutrition activities in the County and has done so for 10 years. These activities cover treatment of MAM for both children and PLW, Treatment for SAM for children 6-59 months without medical complications, community based activities; micro-nutrient supplementation, deworming, screening and referrals as well as outreach interventions on Infant and Young Child Feeding (IYCF) Practices. Tearfund has got a good network of community based Extension workers and a history of working in Uror to be able to accomplish this work. Over the years, Tearfund has steadily developed the aptitude to cope with Nutrition emergencies in the County. Tearfund has developed a strong network of extension workers (based in the communities with proximity to the FCs) and Nutrition static facilities in all the payams of the County. Nine static Nutrition sites have been established with storage facilities and full time Nutrition Extension workers as well as a network of IYCF groups and CNVs. All the Nutrition sites carry out activities for treatment of severe acute malnutrition for children 6-59 months without medical complications, treatment of moderate acute malnutrition for children 6-59 months and pregnant and lactating women as well as community mobilisation and outreach activities. In addition to CMAM activities Tearfund has embarked on roll out of IYCF activities using the UNICEF approved approach. Tearfund staff have been trained on the approach (by an IYCF specialist/consultant) and the 12 trained ToTs are currently implementing the activities. Tearfund does not support inpatient services for severely malnourished children with medical complication but has maintained a smooth referral to an inpatient facility in Lankien (Nyirou County) which is supported by MSF Holland. Children referred are supported with a transport and upkeep for the duration they are admitted to the facility. Throughout the implementation period, Tearfund has maintained compliance with the Nutrition Cluster as well with donors. Tearfund submits weekly, monthly, quarterly and donor reports timely. It also meets regularly other requirements for the Nutrition cluster, which include attendance of meetings, execution and validation of assessments, and support to RRM interventions. The current project will address gaps that have been identified.

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

The proposed project complements Tearfund's ongoing Nutrition programme which is funded in part by ECHO and OFDA. The current project targets gaps in each project area with a focus on Yuai and Padiek payams which are not targeted by either donors. Across all projects, Tearfund uses the same protocols and reporting mechanism to ensure that relevant data are shared with the cluster, donor community, and other reports, like FSNMS and IPC.

LOGICAL FRAMEWORK

Overall project objective

• To improve access to life critical basic services for highly vulnerable groups, including children under five and pregnant and lactating women. • Improved nutrition knowledge and response to nutrition emergency in Uror county and reduce mortality from malnutrition by providing quality services for the prevention of acute malnutrition and treatment of severe and moderate acute malnutrition.

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	75
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	25

Outcome 1	Quality SAM and MAM treatment services provided and their coverage improved	
	Indicators • SAM treatment achieves SPHERE standards (<10% died, >75% recovered and <15% defaulted) • MAM treatment achieves SPHERE standards (<3% died, >75% recovered and <15% defaulted) • Access to therapeutic and supplementary care for undernourished under 5years is at SPHERE standards (>50%)	
Code	Description	Assumptions & Risks
Output 1.1	Treat MAM and SAM in children under 5 through the provision of TSFP and OTP	<ul style="list-style-type: none"> • Security stabilises allow access for humanitarian activities • Humanitarian crisis/mass displacements reduce and stabilise • Plumpy nut and CSB remains available • No emergency health outbreaks • On-going funding • Natural disasters (e.g. flooding) do not take place

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 6-59 months with moderate acute malnutrition newly admitted for treatment			1350	1282	2632
		Means of Verification: Distribution reports, and monthly cluster reports					
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			688	661	1349
		Means of Verification: Distribution reports, and monthly cluster reports					
Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Number of PLW with acute malnutrition newly admitted for treatment		1343			1343
		Means of Verification: Distribution reports and monthly cluster reports					

Activities

Activity 1.1.1	<p>OTP: •All children with MUAC of less than 11.5cms or with low grade Oedema will be admitted into the OTP program. Children with Z-Score of <3SD will also be admitted into the OTP program. On admission they will be given routine medication according to WHO IMSAM protocol, thereafter weekly monitoring and follow-up with provision of weekly Plumpy nut and weekly measurement to evaluate improvement. Children who attain a weight gain of 15% will be discharged to TSFP.</p> <p>•All children with a MUAC of 11.5 cm – 12.5 cm and without oedema will be admitted into the TSFP programme. Children discharged from OTP into the SFP will remain in the programme for one month, after which time they are discharged home. If children were admitted using Z score, they will be discharged from OTP when the Z score is more than -3 SD or if they achieve a weight gain of 15%. Following being discharged to home – follow-up visits are conducted by the extension workers and the child's weight gain is checked weekly.</p>
Activity 1.1.2	<p>TSFP Treatment: •To prevent chronic malnutrition due to lack of adequate dietary intake during pregnancy, all pregnant and lactating mothers with a MUAC of less than 23cms will be admitted in TSFP. •All Pregnant women will be given Ferrous sulphate/Folate to boost their blood cell count and prevent anaemia. Anaemia is a major cause of intra uterine underdevelopment and low birth weight.</p> <p>•Anaemia can be addressed by educating the mothers on the importance of ANC and PNC care. Tearfund will facilitate referral pathways to available PNC and ANC clinics and improve defaulter and non-responder rates. Tearfund will work closely with CHD and other Health implementing partners to develop and strengthen a referral system for ANC, Post natal care and immunization for both ANC and children of post natal mothers. There are limited ANC and PNC services available in the county, however the project will seek to support the increased utilisation of the services that exist.</p>

Output 1.2	<p>Prevention of Malnutrition</p> <ul style="list-style-type: none"> • Children aged 6-59 months receive Vitamin A supplementation during community screening and at feeding centres • Children 12-59 months receive de-worming tablet as per WHO guidelines during community screening sessions and at feeding centres • PLW and children U5 admitted in Nutrition program are provided with micronutrient supplementation 	<ul style="list-style-type: none"> • Security stabilises allow access for humanitarian activities • Humanitarian crisis/mass displacements reduce and stabilise • Plumpy nut and CSB remains available • No emergency health outbreaks • On-going funding • Natural disasters (e.g. flooding) do not take place
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls 6-59 and months and PLW screened for acute malnutrition in a community		8226	9652	9886	27764
		Means of Verification: Weekly and monthly reports					
Indicator 1.2.2	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			7971	7659	15630
		Means of Verification: Weekly and monthly reports					
Indicator 1.2.3	NUTRITION	[Frontline services] [Prevention] Number of Pregnant women receiving Micro-nutrient tablets/Folic-Iron supplementation		1343			1343
		Means of Verification: Monthly and weekly reports					

Activities

Activity 1.2.1	100% of children under five years, pregnant and Lactating Women in the County will be screened for malnutrition using MUAC with referral to TSFP and OTP as necessary: • All children under 5 years, pregnant and lactating women in Urur County will be screened at the community by Tearfund's nutrition extension workers and other Community Nutrition Volunteers (CNVs). • CNVs: Each village will be encouraged to nominate a volunteer who will be trained on identifying malnutrition using MUAC tape and referral to appropriate feeding program. The Volunteers will oversee the health and nutrition aspect in their communities. This will improve the program coverage and acceptance by the community and enhance community ownership.
Activity 1.2.2	100% children aged 6-59 months will receive Vitamin A supplements. Children aged 12-59 months will receive de-worming tablets: • At least 80% of all eligible children aged 6 59 months and 12 59 months will receive will receive Vitamin A supplements and de worming tablets respectively at the community during screening session as per WHO protocol • All Children admitted in OTP will be given Antibiotic (Amoxicillin) as a routine medication to prevent infection on admission.
Activity 1.2.3	All PLW's admitted in TSFP will be given micronutrients inform of ferrous sulphate/folate to prevent anaemia: • Pregnant and Lactating Women (PLWs) will be provided with micronutrients supplements, including Vitamin A, Ferrous Sulphate and Folate, and fortified blended food (CSB) to improve their nutritional status. • All PLWs who are enrolled in the feeding programme will be given iron and folate to prevent anaemia

Outcome 2	Improved Infant care practices and capacity among Community nutrition Volunteers
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Code	Description	Assumptions & Risks
Output 2.1	Capacity Building of the community on IYCF care and practices	<ul style="list-style-type: none"> • Security stabilises allow access for humanitarian activities • Humanitarian crisis/mass displacements reduce and stabilise • Plumpy nut and CSB remains available • No emergency health outbreaks • On-going funding • Natural disasters (e.g. flooding) do not take place

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	471	8912			9383
		Means of Verification: Weekly and monthly reports					
Indicator 2.1.2	NUTRITION	Number of mother to mother support groups					343
		Means of Verification: Weekly and monthly reports					
Indicator 2.1.3	NUTRITION	Number of IYCF counselors					57
		Means of Verification: Weekly and monthly reporting					

Activities

Activity 2.1.1	IYCF activities will target mothers of all newborns with support for early initiation of exclusive breastfeeding in accordance with SPHERE guidelines that breastfeeding mothers have access to breastfeeding counselling and support: IYCF training will be conducted through mother to mother support groups. They will be given information on the Essential Nutrition Package (ENP) which includes: immediate and exclusive breastfeeding, breastfeeding during child illnesses, complementary feeding, and introduction of liquids and semi-solid foods after six months, health care seeking behavior, balanced diet preparation, personal hygiene and sanitation, and caring practices for children. The project will also build women's capacities to prepare proper food for their children in their homes; how to prepare balanced meals using locally available food where it is possible and food supplies from WFP. The behavior change activities will occur through mother support groups and community IYCF counselors
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Outcome 3	Improved knowledge on nutrition and management of acute malnutrition among nutrition staff
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Code	Description	Assumptions & Risks
Output 3.1	Improved Capacity Among Nutrition staff and CHD staff on management of Acute malnutrition	<ul style="list-style-type: none"> • Security stabilises allow access for humanitarian activities • Humanitarian crisis/mass displacements reduce and stabilise • Plumpy nut and CSB remains available • No emergency health outbreaks • On-going funding • Natural disasters (e.g. flooding) do not take place

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries	End-Cycle Target

			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	0	5			5
Means of Verification:		Weekly and monthly reports					
Indicator 3.1.2	NUTRITION	Number of staff trained on SAM and MAM protocols, plus IYCF					43
Means of Verification:		Weekly and monthly reports					

Activities

Activity 3.1.1	Staff trained on IM-SAM and MAM guidelines, and IYCF: Staff will be trained on IMSAM and MAM protocols, IYCF messaging, and implementation in management of malnutrition. New staff will undergo a comprehensive week training and subsequent refresher together with the current extension workers. On the job training will continue throughout the programme to support staff to strengthen skills and capacities of team members. Tearfund trains local workers on gender-sensitive service delivery. This also ensures support, protection and promotion of exclusive breastfeeding and appropriate young child-feeding practices through training and education.
Activity 3.1.2	Community trained on IM-SAM and MAM guidelines, and IYCF: The inclusion and training of IYCF Counselors, community nutrition volunteers, and mother support groups is necessary for promoting nutrition education, conducting MUAC screening, increasing the coverage and following up on enrolled and discharged children in the program in areas where GAM is above the 15% threshold. These participants will be educated on exclusive breastfeeding, complementary feeding, and beliefs and myths about breastfeeding. Regarding the Essential Nutrition Package (ENP), participants will be trained on promotion of IYCF, optimal breastfeeding, complementary feeding practices, optimal hygiene and sanitation in food preparation, maternal nutrition, child spacing, control of micronutrient deficiencies and strengthening the malnutrition referral systems from the communities. With the expansion of activities, the need for training on WHO 2006/MoH IMSAM and MAM protocols increases amongst the community leaders. This will take place in the form of integrated refreshers and trainings - engaging local authorities and TF extension workers amongst others.

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
		2015									X	X	X	X
Activity 1.1.1 OTP: •All children with MUAC of less than 11.5cms or with low grade Oedema will be admitted into the OTP program. Children with Z-Score of $\leq 3SD$ will also be admitted into the OTP program. On admission they will be given routine medication according to WHO IMSAM protocol, thereafter weekly monitoring and follow-up with provision of weekly Plumpy nut and weekly measurement to evaluate improvement. Children who attain a weight gain of 15% will be discharged to TSFP. •All children with a MUAC of 11.5 cm – 12.5 cm and without oedema will be admitted into the TSFP programme. Children discharged from OTP into the SFP will remain in the programme for one month, after which time they are discharged home. If children were admitted using Z score, they will be discharged from OTP when the Z score is more than -3 SD or if they achieve a weight gain of 15%. Following being discharged to home – follow-up visits are conducted by the extension workers and the child's weight gain is checked weekly.	2015													
	2016	X												
Activity 1.1.2 TSFP Treatment: •To prevent chronic malnutrition due to lack of adequate dietary intake during pregnancy, all pregnant and lactating mothers with a MUAC of less than 23cms will be admitted in TSFP. •All Pregnant women will be given Ferrous sulphate/Folate to boost their blood cell count and prevent anaemia. Anaemia is a major cause of intra uterine underdevelopment and low birth weight. •Anaemia can be addressed by educating the mothers on the importance of ANC and PNC care. Tearfund will facilitate referral pathways to available PNC and ANC clinics and improve defaulter and non-responder rates. Tearfund will work closely with CHD and other Health implementing partners to develop and strengthen a referral system for ANC, Post natal care and immunization for both ANC and children of post natal mothers. There are limited ANC and PNC services available in the county, however the project will seek to support the increased utilisation of the services that exist.	2015								X	X	X	X	X	
	2016	X												
Activity 1.2.1 100% of children under five years, pregnant and Lactating Women in the County will be screened for malnutrition using MUAC with referral to TSFP and OTP as necessary; • All children under 5 years, pregnant and lactating women in Uror County will be screened at the community by Tearfund's nutrition extension workers and other Community Nutrition Volunteers (CNV's). • CNVs: Each village will be encouraged to nominate a volunteer who will be trained on identifying malnutrition using MUAC tape and referral to appropriate feeding program. The Volunteers will oversee the health and nutrition aspect in their communities. This will improve the program coverage and acceptance by the community and enhance community ownership.	2015								X	X	X	X	X	
	2016	X												
Activity 1.2.2 100% children aged 6-59 months will receive Vitamin A supplements. Children aged 12-59 months will receive de-worming tablets: • At least 80% of all eligible children aged 6-59 months and 12-59 months will receive Vitamin A supplements and de worming tablets respectively at the community during screening session as per WHO protocol • All Children admitted in OTP will be given Antibiotic (Amoxicillin) as a routine medication to prevent infection on admission.	2015								X	X	X	X	X	
	2016	X												
Activity 1.2.3 All PLW's admitted in TSFP will be given micronutrients inform of ferrous sulphate/folate to prevent anaemia; • Pregnant and Lactating Women (PLWs) will be provided with micronutrients supplements, including Vitamin A, Ferrous Sulphate and Folate, and fortified blended food (CSB) to improve their nutritional status. • All PLWs who are enrolled in the feeding programme will be given iron and folate to prevent anaemia	2015								X	X	X	X	X	
	2016	X												
Activity 2.1.1 IYCF activities will target mothers of all newborns with support for early initiation of exclusive breastfeeding in accordance with SPHERE guidelines that breastfeeding mothers have access to breastfeeding counselling and support: IYCF training will be conducted through mother to mother support groups. They will be given information on the Essential Nutrition Package (ENP) which includes: immediate and exclusive breastfeeding, breastfeeding during child illnesses, complementary feeding, and introduction of liquids and semi-solid foods after six months, health care seeking behavior, balanced diet preparation, personal hygiene and sanitation, and caring practices for children. The project will also build women's capacities to prepare proper food for their children in their homes; how to prepare balanced meals using locally available food where it is possible and food supplies from WFP. The behavior change activities will occur through mother support groups and community IYCF counselors	2015								X	X	X	X	X	
	2016	X												
Activity 3.1.1 Staff trained on IM-SAM and MAM guidelines, and IYCF: Staff	2015								X	X	X	X	X	

<p>will be trained on IMSAM and MAM protocols, IYCF messaging, and implementation in management of malnutrition. New staff will undergo a comprehensive week training and subsequent refresher together with the current extension workers. On the job training will continue throughout the programme to support staff to strengthen skills and capacities of team members. Tearfund trains local workers on gender-sensitive service delivery. This also ensures support, protection and promotion of exclusive breastfeeding and appropriate young child-feeding practices through training and education.</p>	2016	X																		
	2015									X	X	X	X	X						
	2016	X																		

Activity 3.1.2 Community trained on IM-SAM and MAM guidelines, and IYCF: The inclusion and training of IYCF Counselors, community nutrition volunteers, and mother support groups is necessary for promoting nutrition education, conducting MUAC screening, increasing the coverage and following up on enrolled and discharged children in the program in areas where GAM is above the 15% threshold. These participants will be educated on exclusive breastfeeding, complementary feeding, and beliefs and myths about breastfeeding. Regarding the Essential Nutrition Package (ENP), participants will be trained on promotion of IYCF, optimal breastfeeding, complementary feeding practices, optimal hygiene and sanitation in food preparation, maternal nutrition, child spacing, control of micronutrient deficiencies and strengthening the malnutrition referral systems from the communities.

With the expansion of activities, the need for training on WHO 2006/MoH IMSAM and MAM protocols increases amongst the community leaders. This will take place in the form of integrated refreshers and trainings - engaging local authorities and TF extension workers amongst others.

M & R DETAILS

<p>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 .</p>	<p>A detailed logical framework and monitoring plan will be used by the project and field staff to guide the work. Tracking tools that are user friendly and accessible to local staff will be used. These will be progressively adjusted when and where necessary to meet all reporting requirements. Weekly, monthly, and quarterly reports for the Nutrition cluster, UNICEF and WFP shall be prepared as well as periodic donor reports for CHF and other donors. Extension workers on a routine basis provide the first program tally sheets, these are cross checked by the Nutrition supervisor and Nurse and then passed over to the Nutrition officers who do further checking before entering into databases and produce the first reports. The reports are cross checked and analysed by the Nutrition manager, further analysis is done by the Nutrition Advisor and Area Coordinator who then send it to the Program Development Coordinator and DCD for programmes for further checking verification. These sources will also show areas that need improvement for future programming.</p> <p>TF has developed an M&E tool managed by the M&E Officer which captures data, and relevant staff have been trained on its use. Other baseline values come from Tearfund SMART surveys, UN agency databases and previous program reports. Source, methods and time frame of data collection: To ensure effective involvement of all program staff at different levels, an orientation session at project start will cover the program Logical Framework, detailed implementation plan, M&E indicators and data collection processes, performance targets, and key data collection tools. The team will also identify and agree on the key M&E coordination aspects and areas for community participation in performance monitoring of the proposed program.</p>
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OTHER INFORMATION

<p>Accountability to Affected Populations</p>	<p>Beneficiary accountability is one of TFs 12 Quality standards and reflected as a cross cutting theme throughout the project cycle. Tearfund is also a member of the Humanitarian Accountability Partnership (HAP) and adheres to its principles, one of which is beneficiary accountability. All team members have been trained on the use of participatory approach especially on how to receive feedback from the communities. Beneficiaries have been involved in the project design for follow up to the current projects. They will also continue being part of the community based structures/committees that contribute to matters that affect them such as the days/timings/locations for food distributions and capacity building. The extension workers hired for the project have already worked with Tearfund in these communities, and, as a result, they have established relationships and trust that will facilitate implementation. Since they are from the communities and are based there, the trust established between beneficiaries and extension workers enables regular feedback into the program. Likewise in the field sites, beneficiary accountability is reinforced; our selection of beneficiaries is discussed with beneficiaries in community meetings, so that it is clear that our services are based and we treat patients on a needs only basis.</p> <p>Otherwise, Tearfund holds focus groups with communities to discuss project designs and arranges mobilization meetings with community leaders to review the CMAM protocols, and specifically the approach to IYCF. Otherwise, during implementation, community members are involved as nutrition volunteers for household visits during which they gather feedback and data to report back to project management staff. Finally, survey reports are shared with community leaders, and a meeting to present the results is arranged with the local authorities.</p>
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<p>Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.</p>	<p>Tearfund is the Nutrition cluster lead and the only nutrition actor in Uror County with 9 nutrition sites evenly distributed across the county. Each Nutrition site has got 3-5 Nutrition Extension workers depending on the catchment population. Among the Extension workers is a team leader who provides leadership at the sites. A nutrition supervisor is in charge of 3 sites making it 3 supervisors in the programme. Nutrition supervisors support in monitoring and supervision of activities at feeding centres as well as checking and or making tally sheets. A nutrition nurse whose level is higher than the nutrition supervisor is also available in the program. He moves in all the feeding centres providing day to day supervision of nutrition activities but also majorly supporting the medical side of the nutrition program, including provision of routine medications and awareness of medical complications among malnourished children. A nutrition officer, whose level is higher than the nurse works, with an assistant nutrition officer they are generally in charge of the treatment part of the nutrition project. They supervise and provide leadership to the nutrition treatment part of the Tearfund nutrition project. The Community component of the project is headed by a Nutrition Community officer who oversees community outreach and mobilisation as well as community IYCF activities. Both Nutrition officers and the nurse are supervised by the nutrition manager who oversees the nutrition program in Uror County. The Nutrition Manager is line managed by the Area Coordinator who also supports the WASH project. The Nutrition Advisor provides strategic technical support to the nutrition manager as well as the entire project. At the head office level (Juba) the program is supported by the Program Development Coordinator and the DCD with reporting, proposals and further technical input.</p> <p>Tearfund works closely with RRAs at payam level who act as links to county and or government officials as well as other local officials who mainly include, village, boma and payam chiefs. Community Leaders in the county are involved at key stages of implementation. They support the recruitment process, play a part in selection and recruitment of volunteers and are provided with feedback on the implementation as well as key assessment findings.</p>
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<p>Coordination with other Organizations in project area</p>	<table border="1"> <thead> <tr> <th>Name of the organization</th> <th>Areas/activities of collaboration and rationale</th> </tr> </thead> <tbody> <tr> <td>1. MSF-Holland</td> <td>Referral of severely malnourished children with medical complications. Uror county and or Tearfund does have a stabilisation centre for managing severely malnourished cases with medical complications. As such, children in this category are referred with support for transport and upkeep whilst receiving treatment. MSF is notified as soon as a referral is made, MSF then acknowledges receipt or non-receipt of the beneficiary and also MSF notifies Tearfund on when a beneficiary is discharged so that Tearfund can organise for re-integration into the outpatient therapeutic program</td> </tr> <tr> <td>2. ICRC</td> <td>Children in the nutrition program who were never vaccinated are referred to the health facility for vaccinations and so are pregnant and lactating mothers for antenatal and postnatal services respectively</td> </tr> <tr> <td>3. NGOs in Waat</td> <td>Intersos, Non Violent Peace Force, Oxfam have weekly coordination meetings</td> </tr> <tr> <td>4. Intersos</td> <td>Emergency response to IDPs</td> </tr> </tbody> </table>	Name of the organization	Areas/activities of collaboration and rationale	1. MSF-Holland	Referral of severely malnourished children with medical complications. Uror county and or Tearfund does have a stabilisation centre for managing severely malnourished cases with medical complications. As such, children in this category are referred with support for transport and upkeep whilst receiving treatment. MSF is notified as soon as a referral is made, MSF then acknowledges receipt or non-receipt of the beneficiary and also MSF notifies Tearfund on when a beneficiary is discharged so that Tearfund can organise for re-integration into the outpatient therapeutic program	2. ICRC	Children in the nutrition program who were never vaccinated are referred to the health facility for vaccinations and so are pregnant and lactating mothers for antenatal and postnatal services respectively	3. NGOs in Waat	Intersos, Non Violent Peace Force, Oxfam have weekly coordination meetings	4. Intersos	Emergency response to IDPs
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Environmental Marker Code	A: Neutral Impact on environment with No mitigation
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Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
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Justify Chosen Gender Marker Code	<p>Tearfund actively promotes gender issues and equality. Gender is one of twelve quality standards in line with the Red Cross Code of Conduct and HAP benchmarks, which Tearfund adheres to, and by which Tearfund projects are internally assessed. Tearfund's needs assessment is broken down by age and sex. During implementation, women are encouraged to undertake the role of nutrition surveillance in the community by volunteering to be trained to identify malnutrition through MUAC screening. Since the programme's beneficiaries are mainly comprised of women and children this ensures sustainability and ownership of the project. Tearfund endeavours to include men and women in project activities, taking into consideration the different needs and roles of each. The Area Coordinator will initiate focus group discussions to assess gender needs, for example on issues such as the age of marriage and child spacing, workload imbalance, and its impact on the communities' health and development. Poor child spacing links to anaemia in pregnant women and in turn malnutrition. Maternal labour directly links to child/mother contact time, feeding time and rates of malnutrition. Findings are used to impact the design of the projects and help Tearfund learn about community opinions and values enabling increased involvement of women whilst being sensitive to existing community power structures. Communities themselves are directly consulted regarding beneficiary selection criteria and all needs assessment data is disaggregated for gender, including training courses. All trainings are open to men and women. Gender considerations are also made in staffing; where possible, women are given equal opportunity for recruitment as men. Mothers are allowed</p>
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	all maternity leave benefits and breastfeeding access.
Protection Mainstreaming	<p>Tearfund is transparent about beneficiary selection purely on basis of needs targeting the most vulnerable, regardless of tribe, ethnicity, gender or political or religious beliefs. Needs based selection on pre-defined vulnerability criteria, is in accordance with international humanitarian standards. The project focuses on life-saving activities, based on humanitarian imperatives including conflict sensitivity and impartiality in needs-based selection of beneficiaries. Targeting beneficiaries in the Nutrition programme is based on the South Sudanese Nutrition guidelines. The admission, discharge and other operational criteria are in line with these guidelines. Every feeding centre has got defined catchment areas in the form of village lists. The team leader at every feeding centres plans with the team of nutrition extension workers on where screening for malnutrition will be carried. A new IYCF approach recommended by UNICEF has been adopted, this aims at reaching large numbers regardless of background. All members of the community are allowed entry into support groups while IYCF counsellors and Mother support group leaders are selected by community members, leaders and the process is supported and guided by Tearfund.</p> <p>Tearfund has 9 static Nutrition feeding centres in Uror county all of which are evenly distributed throughout the County in order to allow improved coverage and decrease distances that women have to travel, so as to reduce their vulnerability to SGBV. The initial number of feeding centre was 6, but in order to reduce distances walked by beneficiaries three other centres have been established. Distance walked is part of the data collected by the monitoring tools, this is analysed to ensure that beneficiaries are within an hour walk radius to the feeding centres, it was on this basis that the three newly established feeding centres were set up. Beneficiaries are attended to on a first come-first to be served basis except for people with disabilities who are served first. Caretakers are encouraged to participate in anthropometric measurements. Beneficiaries are also provided with small bags/sacks to ensure safety of supplies but also to make it easy for them to walk back home.</p>
Safety and Security	<p>Security has remained very fluid and though less volatile since May 2015 in Uror. Although it slightly improved from active fighting between government and SPLA/IO on the frontline in Pajut (along the border with Duk county), community members in some areas in close proximity have fled to the neighbouring 'safer' Payams on the Motot side of River Fulus. In general, the entire Uror county remains relatively calm with isolated cases of Murle attacks. The most recent attack was in mid-July in Pieri, but the locals mobilized, followed and recovered the cattle that had been taken away. The threats of government attacks on the opposition still stand and communities continue to live in fear.</p> <p>Tearfund is committed to the security of its operations against all major risks, particularly in the current conflict. TF has an expatriate Security Manager to closely advise the Area Coordinator and Area Operations Manager, in addition to Juba-based staff, on the movement of the conflict and its potential impact on operations. Depending on the analysis, TF will use its security protocol revised in July 2014 to determine best course of action and will stay in regular formal and informal communication with ECHO on the progress towards the Action's objectives and any hindrances. Staff have been trained on security and first aid, with a good security team culture. TF has been working in Uror for many years and built lasting, strong relationships with beneficiaries, village leaders, community groups local authorities and ministries. Therefore, should there be any issues regarding local security or motivation, TF will first draw on its excellent relations with relevant people, engaging them in actively mitigating the risks to effectively implementing the programme. Tearfund uses a detailed Threat Assessment and Action Matrix in which the security triangle is embedded as a methodology in day to day operations to mitigate risks.</p>
Access	<p>Tearfund maintains 2 vehicles at its base in Motot which provide transport when the ground is not soaked with rainwater. As of July 2015, the roads in Uror county remain open to vehicular movement. Otherwise, Tearfund management staff walk to project sites to conduct monitoring and quality control. Project implementation is completed by extension workers who are from the targeted communities. Staff always move with a satellite phone or access to HF radio because there is no cell phone network in Uror. Otherwise, Tearfund staff coordinate with the local authorities and others from the community to learn about accessibility in specific locations before moving to the intended area. From Juba, Tearfund has an agreement with MAF for weekly charters of relevant project supplies and goods to maintain its base in Motot. Tearfund further relies on the UNHAS weekly helicopter to Motot for personnel movement.</p>

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		2016	Quarterly Total
								Q3	Q4	Q1	
1.1	Assistant Nutrition Project Officer	D	1	1310	6	15.00%	1,179.00	393.00	393.00	393.00	1,179.00
	The assistant nutrition project officer works with the project officer and the project manager to supervise extension workers, monitor activities, record data, and complete reports.										
1.2	Nutrition Nurse	D	1	1266	6	15.00%	1,139.40	379.80	379.80	379.80	1,139.40
	The nurse is in charge of overseeing treatment and preventive activities at feeding center level. Provide assistance according to technical guidelines and standards in nutrition. She/he will be responsible for nursing duties as well as monitoring food service operations to ensuring conformance to nutritional, safety, sanitation and quality standards										
1.3	Nutrition Supervisor	D	1	557	6	20.00%	668.40	222.80	222.80	222.80	668.40
	The nutrition supervisor will be in charge of day to day FC operations and are responsible for reporting on supplies, distributions and responsible for OTP, TSFP, community outreach and IYCF, spending their full time on this project										
1.4	Nutrition Extension Workers	D	18	501	6	20.00%	10,821.60	3,607.20	3,607.20	3,607.20	10,821.60
	Nutrition Extension workers are in charge of day to day implementation of the activities at the nutrition sites. They are also responsible for community outreach activities and support to IYCF, spending their full time on this project, spending their full time on this project										
1.5	Logistics Officer	D	1	1627	6	15.00%	1,464.30	488.10	488.10	488.10	1,464.30
	The Logistics Officer is directly managed by the Area Coordinator. He provides Logistical Support for the procurement of goods related to the project and maintenance of the base operations--critical to the movement of staff from the base to targeted villages. He is also responsible for planning flights to and from Motot where Tearfund is based in Uror county.										
1.6	Senior Logistics Assistant	D	1	1310	6	25.00%	1,965.00	655.00	655.00	655.00	1,965.00
	The senior logistics assistant is directly managed by the Logistics Officer and is responsible for the administrative work related to Tearfund's policies and procedures										
1.7	Logistics Assistant	D	1	744	6	15.00%	669.60	223.20	223.20	223.20	669.60
	The logistics assistant supports the senior logistics assistant to complete all administrative work related to Tearfund's logistical policies and procedures.										
1.8	Cooks and cleaners	D	7	425	6	15.00%	2,677.50	892.50	892.50	892.50	2,677.50
	The cooks provide necessary food preparation for staff on the project. The cleaners are responsible for maintaining the cleanliness of the base and assisting the cooks as needed.										
1.9	Pre-mixers	D	9	353	6	15.00%	2,859.30	953.10	953.10	953.10	2,859.30
	Pre-mixers are critical to the preparation of supplies for beneficiaries on a weekly basis. They will be in charge of premixing the supplementary supplies as per the standard procedure and also maintain and cleanliness at the TSFP/Opposites.										
1.10	Guards	D	15	425	6	15.00%	5,737.50	1,912.50	1,912.50	1,912.50	5,737.50
	Uror county is in an insecure environment in Jonglei state. Guards play a critical role in protecting Tearfund's base in Motot.										
1.11	Juba staff management	S	6	4166.67	1	100.00%	25,000.02	8,333.34	8,333.34	8,333.34	25,000.02
	Juba staff management includes Country Director, Deputy Country Director, Head of Support Services, Finance Manager, Logistics Manager, and Programme Development Coordinator all of whom are directly involved in the implementation of the project. The cost is calculated at 10% of the field costs.										
1.12	Staff per diems and accommodation	D	9	200	6	100.00%	10,800.00	3,600.00	3,600.00	3,600.00	10,800.00
	Per diems are required for daylong and overnight stays for project staff										
1.13	Staff medical costs	D	7	350	8	40.00%	7,840.00	2,613.33	2,613.33	2,613.34	7,840.00
	National staff benefits, like social security, are not included in the salaries above.										
	Section Total						72,821.62	24,273.87	24,273.87	24,273.88	72,821.62

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	Unit	Duration	Percent	Total	2015	2016	Quarterly
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		D / S	Quantity		Cost		Charged to CHF / ERF		Cost			Total
									Q3	Q4	Q1	
2.1	Feeding centre inputs	D	1	1000	6	40.00%	2,400.00	800.00	800.00	800.00	2,400.00	
	Feeding centre inputs are based on previous monthly cost calculations to cover items like beneficiary cards, monitoring cards, and registers.											
2.2	IYCF counselling cards	D	300	30	1	40.00%	3,600.00	1,200.00	1,200.00	1,200.00	3,600.00	
	Counselling cards are the project training materials used to train the counsellors											
2.3	IYCF volunteers motivation kit	D	114	50	1	80.00%	4,560.00	1,520.00	1,520.00	1,520.00	4,560.00	
	The kit covers small items, like soap, to motivate the volunteers who participate in supporting mother to mother support groups											
2.4	IYCF and CMAM trainings	D	40	30	4	80.00%	3,840.00	1,280.00	1,280.00	1,280.00	3,840.00	
	This line covers the costs of training materials based on previous expenditures paid for under a similar project											
2.5	Mother to mother support groups - washing soap	D	300	40	1	100.00%	12,000.00	4,000.00	4,000.00	4,000.00	12,000.00	
	The soap is for all members of the support groups											
2.6	IYCF messaging and promotional material	D	400	15	1	100.00%	6,000.00	2,000.00	2,000.00	2,000.00	6,000.00	
	Promotional material, like t-shirts and hats, have a multiplier effect in disseminating critical messages to the communities on infant and young child feeding behaviours.											
2.7	IYCF campaigns	D	3	800	1	100.00%	2,400.00	800.00	800.00	800.00	2,400.00	
	This line is calculated based on previous expenditures paid for under a similar project, for World Breastfeeding Week.											
	Section Total						34,800.00	11,600.00	11,600.00	11,600.00	34,800.00	
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		2016	Quarterly Total	
								Q3	Q4	Q1		
3.1	Computer	D	1	1000	1	100.00%	1,000.00	1,000.00	0.00	0.00	1,000.00	
	The laptop is for one new project staff member who uses it for data recording related to the project											
	Section Total						1,000.00	1,000.00	0.00	0.00	1,000.00	
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		2016	Quarterly Total	
								Q3	Q4	Q1		
	Section Total						0.00	0	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		2016	Quarterly Total	
								Q3	Q4	Q1		
5.1	R&R allowance	S	4	1000	1	80.00%	3,200.00	1,066.67	1,066.66	1,066.67	3,200.00	
	The allowance is for 1 break for 5 staff members											
5.2	Personnel flights (non-charter)	D	20	400	1	80.00%	6,400.00	2,133.33	2,133.33	2,133.34	6,400.00	
	For the movement of project related staff between Juba/Bor and Motot on a non-charter flight (e.g. UNHAS)											
5.3	Operational vehicle hire (staff and cargo)	D	4	500	6	60.00%	7,200.00	2,400.00	2,400.00	2,400.00	7,200.00	
	Since the conflict when Tearfund's cars were commandeered, Tearfund relied on hiring local vehicles. Until the fleet size is back to normal, this is a necessary cost based on previous expenditures in order to ensure the quality of the project.											
5.4	Vehicle and generator fuel	D	4	850	6	40.00%	8,160.00	2,720.00	2,720.00	2,720.00	8,160.00	
	Calculated based on previous expenditures on a monthly basis.											
5.5	Programme Cargo charters	D	15	2950	1	100.00%	44,250.00	14,750.00	14,750.00	14,750.00	44,250.00	
	Cargo charters transport supplies based in Juba to the field in Motot. Supplies include OTP and TSFP supplies. The cost is calculated based on average charter flights with companies like MAF and SP.											
	Section Total						69,210.00	23,070.00	23,069.99	23,070.01	69,210.00	
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		2016	Quarterly Total	
								Q3	Q4	Q1		
	Section Total						0.00	0	0	0	0.00	
7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)												
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total	
								Q3	Q4	Q1		
7.1	Office consumables	S	2	500	6	40.00%	2,400.00	800.00	800.00	800.00	2,400.00	
	Field based expenditure is calculated based on monthly cost analysis for items like printer cartridges, stationery. It is bought quarterly.											
7.2	Vehicle and generator spare parts	S	4	2000	1	70.00%	5,600.00	1,866.66	1,866.66	1,866.68	5,600.00	
	There is no market for spare parts in Urur county. This cost is based on a monthly cost to maintain and repair vehicles and generator.											
7.3	Base maintenance	S	2	1496.89	6	35.00%	6,286.94	2,095.65	2,095.65	2,095.64	6,286.94	
	Calculated based on monthly cost to maintain and repair base facilities in Motot											
7.4	Food for field based staff	S	15	500	6	75.00%	33,750.00	11,250.00	11,250.00	11,250.00	33,750.00	

	There is very little fresh food on the small market in Motot. This is calculated based on monthly food expenditures to provide fresh food for staff in Motot										
7.5	Communications & IT running costs	S	3	550	6	45.00%	4,455.00	1,485.00	1,485.00	1,485.00	4,455.00
	Calculated based on monthly cost to maintain and repair communications and IT equipment										
7.6	Registration, visas and work permits	S	4	140	4	45.00%	1,008.00	336.00	336.00	336.00	1,008.00
	Calculated based on regular staff costs to keep registration, visas and work permits up to date.										
	Section Total						53,499.94	17,833.31	17,833.31	17,833.32	53,499.94
Sub Total Direct Cost										231,331.56	
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)										7%	
Audit Cost (For NGO, in percent)										1%	
PSC Amount										16,193.21	
Quarterly Budget Details for PSC Amount		2015		2016		Total					
		Q3	Q4	Q1							
		5,397.74	5,397.74	5,397.74	16,193.21						
Total Fund Project Cost										247,524.77	
Project Locations											
Location	Estimated percentage of budget for each location					Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Uror	100									0	
Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)											
DOCUMENTS											

