Project Proposal

Organization	IMC UK (International Medical Corps UK)			
Project Title	Promotion of preventive and lifesaving nutrition interventions in Upper Nile and Jonglei State of South Sudan			
Fund Code	SSD-15/HSS10/SA2/N/INGO/630			
Cluster	**Primary cluster**		**Sub cluster**	
	NUTRITION		None	
Project Allocation	2nd Round Standard Allocation		Allocation Category Type	
Project budget in US$	291,012.95		Planned project duration	6 months
Planned Start Date	01/08/2015		Planned End Date	31/01/2016
OPS Details	OPS Code	SSD-15/H/73003/R	OPS Budget	0.00
	OPS Project Ranking		OPS Gender Marker	

Project Summary

International Medical Corps UK received the first allocation of CHF funds for supporting lifesaving nutrition interventions in Malakal PoC and Akobo East County. The second allocation of this fund will enable the continued provision of these vital services. The need for nutrition services is especially high during the lean period and due to continued fighting in Malakal town and the surrounding areas which has forced residents to seek shelter in the UN PoC. The security situation continues to be the main challenge for both residents and humanitarian actors providing services. Access to sites outside the Malakal PoC has been negatively affected as organizations now have to obtain security clearance from UNDSS and authorization from both the government and opposition before travelling. In Malakal PoC, the IDP population increased from 23,000 to 33,000 between March and May 2015, creating a higher demand for humanitarian services, that includes nutrition. The lack of, and high price of fuel to run boats, which are the main means of transport to reach IDPs located in Wau-Shiluk, Detang and Payinkang counties, poses another serious barrier to service delivery and has greatly raised the cost of operations.
In Akobo East County there were no reported instances of fighting that disrupted nutrition interventions during the first CHF implementation, but clan fighting and an influx of IDPs from other locations to Akobo continued. The humanitarian response in Akobo East has been impacted by the difficulty in delivering supplies, which affects service delivery and access to food. This is due to the inability of materials to be delivered from Ethiopia. The nutrition situation remains critical, in May 2015 International Medical Corps conducted a SMART survey that indicated a GAM rate of 18.6% (14.5-23.6 95% CI) and a SAM rate of 4.4% (2.4-8.0 95% CI).
The nutrition program will ensure that these vulnerable groups (girls, boys, pregnant and lactating women) are prioritized in receiving treatment and prevention for malnutrition, through management of SAM& MAM, Infant and Young Child feeding program will be supported through mother support groups Marginalized groups such as people living with HIV and people with disabilities will be targeted for key interventions. Community interventions, mobilization, screening and identification of acute malnutrition and health education will target all households in the proposed areas by the community nutrition volunteers.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	530	35705	10563	9751	**56,549**
Total beneficiaries include the following:					
People in Host Communities	318	19355	6337	5850	31860
Internally Displaced People	212	16350	4226	3901	24689

Indirect Beneficiaries		Catchment Population	

Link with the Allocation Strategy

International Medical Corps nutrition program will use the CHF funding to support the continuation of treatment of acute malnutrition among children 0-59 months and pregnant and lactating women through existing nutrition sites in Malakal PoC and Akobo East county (stabilization care unit, OTP/TSFP). As prevention of malnutrition is a priority, existing mother support groups in Akobo and Malakal will continue sharing Infant Young Child feeding and hygiene and sanitation messages. Nutrition surveillance will continue in both locations, mostly supporting the community nutrition volunteers to continue with routine screening, and identification and referral of acute malnutrition cases at the community level.

In Malakal PoC, the security situation has changed dramatically, especially from May to July 2015 as the fighting intensified causing divisions in the PoC among the various IDP populations. This necessitated the move of each ethnicity to a different camp, complicating staffing requirements and creating a need to hire more staff. Food shortages due to the lack of clearance for cargo flights will cut general food rations to 15 days, which may aggravate the nutrition situation from poor to worse. Through CHF funding, International Medical Corps will be able to reach more IDPs in Wau-Shiluk, Detang and Panyikang, if the security situation allows.

In Akobo, funding is required to support two additional nutrition sites that opened to meet the demand from the increasing number of IDPs. It will also allow International Medical Corps to increase coverage of the nutrition services in Chiban Payam, one of the remote outreach sites. Now International Medical Corps operates 9 OTP and 10 TSFP nutrition sites. This additional site needs funding to increase human resources, logistical support, the startup of mother support groups for malnutrition prevention, community nutrition volunteers and engaging the local leaders to lead in the fight against malnutrition.

To mitigate risk, International Medical Corps will closely work together with the nutrition sub-cluster and the nutrition cluster to ensure that supplies are prepositioned given any access window, especially in Malakal, while in Akobo East coordination with WFP and UNICEF will continue to preposition at least 3 months rations due to poor accessibility as we enter the rainy season. In cases where it will be impossible to reach, due to insecurity, we have plans to recruit staff from those particular locations that will continue providing services, with remote supervision from the field base (Malakal PoC and Akobo East)

Sub-Grants to Implementing Partners

Other funding Secured For the Same Project (to date)

Source	US$
OFDA and ECHO	244,331.00
	244,331.00

Organization focal point contact details

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BACKGROUND INFORMATION

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

Malakal PoC
International Medical Corps started implementing the CMAM program in the Malakal Protection of Civilian camp (PoC)in February 2014. Malakal PoC has a total population of 28,717. Main nutrition interventions include treatment of acute malnutrition (SAM &MAM) targeting children aged 6-59 months, and pregnant and lactating women and prevention through mother support groups to enhance adoption of IYCF and hygiene practices. In January 2015 International Medical Corps took over the nutrition program previously run by MSF in Wau-Shilluk, Malakal County and serves about 40,000 IDPs. The IDP community depends on general food distributions, fishing alongside the river Nile, and consuming wild vegetable and fruits. Humanitarian services provided to this camp include nutrition, WASH, Health, Food security and protection. Due to the proximity to Malakal PoC which has better infrastructures, all NGOs operated from Malakal to Wau-Shiluk. Implementation of activities went on well from January to March, 2015; however, in April the fighting intensified in areas surrounding Wau-Shiluk and Malakal in an attempt to overtake the Malakal town and the airport. Malakal town has changed hands between opposition and the government now 19 times since the onset of conflict. Ongoing fighting has led to reduced accessibility to Wau Shiluk, lack of fuel for boat operations ; challenges with staffing due to ethnic differences across the camps a lack of essential medicines in health facilities, poor sanitation, lack of clean, safe drinking water, and temporary halts for general food distribution stopped in June. International Medical Corps is working closely with MSF to resume services in this location.

The FNSMS round 15 conducted in March 2015, indicates the GAM rate in Upper Nile (Malakal, Panyikang and Wau-Shilluk Counties) to be 22.2% (16.5-29.1% 95% CI) and SAM rate of 7.5% (4.1-13.2% 95% CI). Rising costs has forced International Medical Corps UK to reduce frequency of outreach services. CHF funding would support operational staff and boost scale up. International Medical Corps also intends to carry out anthropometric and mortality survey in Malakal PoC to better understand the nutrition situation, during the implementation of this program

	Akobo East County International Medical Corps continues to provide lifesaving nutrition activities in 9 OTP sites, and 10 TSFP sites that are integrated with IYCF. Through the first round allocation, from January to May, 1277 SAM children aged 6-59, 1976 MAM children aged 6-59 months, 1240 PLW with MAM were well treated. 7856 mothers were also reached with IYCF messages. In May- June 2015 International Medical Corps, conducted an anthropometric and mortality survey in Akobo East County, that indicated GAM rates in Akobo East to be 18.6% [14.5↔23.6 95% CI] and SAM of 4.4% [2.4↔ 8.0 95% CI], critical per WHO Z-Score classification. GAM rates in this area have remained about 15% since April 2012. Due to the critical GAM rates in Akobo East, it is important to ensure that the affected population is receiving timely treatment and building a strong preventative response. Due to access constraints to Akobo, some funding will be utilized to transport supplies and materials needed for the continuation of services; in this case, the effective mode of transport is through air, which calls for hiring private charters to deliver supplies.. Although most of the nutrition therapeutic supplies will be delivered by UNICEF and WFP, through the Logistic cluster, the funding requested in this call will be to deliver other program supplies, such as fuel to run boats and incentives for the community nutrition volunteers to ensure continuity of the service provision.
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)	
3. Description Of Beneficiaries	International Medical Corps UK will implement this project using the IMSAM and IMAM approach as per current draft protocols and Guidelines for South Sudan, and as well integrate the Infant and Young Child feeding program. Management of acute malnutrition The beneficiaries that will benefit and participate in this program will be children aged 0-59 months (boys and girls), pregnant and lactating women with acute malnutrition. Through community and facility based screening, identification of the acute malnutrition cases will be done; at community level using of MUAC by the community nutrition volunteers will be encouraged. Refresher training and on the job training on taking proper MUAC measurements will be a priority to minimize wrong incorrect referrals. In establishing the caseload for both SAM and MAM clusters, a calculation sheet will be used, to ensure that implementation is realistic and in accordance with the cluster targets. Prevention of malnutrition Using the mother support group approach, mothers of reproductive age will be encouraged and mobilized to attend bi-weekly mother support groups to learn how to improve child care practices, with an emphasis on the first 1000 days. In case additional mother support groups will be established or replacements for members who have migrated, group members will be supported by the community nutrition volunteers, and the nutrition assistant , that will get guidance from the IYCF officer, involving and engaging mothers on a bi-weekly basis is meant to increase adoption of the practices among the mothers\caregivers. Although it is hard to involve men in discussing the importance of healthy family practices, such as child care and hygiene messages, through this funding, we see an opportunity to scale up the prevention strategy to bring men on board, through radio messages and through food security activities. The selection of the community nutrition volunteers involves community leaders' participation. International Medical Corps will provide guidance to the community leaders to be able to select a dedicated team (Female and Men) that are capable of providing voluntarily services in order to improve the health and nutrition status of the specific households/ villages they will be serving. This is to promote accountability and sustainability of this structure at community level. Nutrition surveillance While conducting the nutrition assessment\ SMART children aged 6-59 months will be eligible for anthropometric measurement, while those aged 0-23 months will be considered for Infant and Young Child feeding practice assessment, through interviewing the caregivers present during the time of the assessment. During the SMART survey, the nutrition situation of the pregnant and lactating women will be assessed by measuring MUAC. In general while providing treatment to acute malnutrition cases and preventing malnutrition at the community level, the children aged 0-59 of age, pregnant and lactating women, caregivers attending to their children at the nutrition sites with any form of disabilities or chronic disease will not be discriminated against, but rather be given equal support. If extra support is required, International Medical Corps nutrition team will help link the person to different sectors providing such services.
4. Grant Request Justification.	International Medical Corps, is well positioned for the second allocation of CHF funding due to the following reasons: Responding to the critical needs, delivering life- saving response among cases of acute malnutrition in priority areas of Malakal PoC and Akobo East county in response to high rates of GAM rates above 15% highlights the critical food security and nutrition situation in both locations. This calls for treatment and prevention intervention. International Medical Corps will both provide treatment of SAM and MAM, plus continue supporting and strengthening mother support groups for continuity of the Infant and Young child feeding program. Due to ongoing fighting in Upper Nile and Malakal area, the PoC will continue receiving more people seeking humanitarian services and protection; hence CHF second round allocation will be of great support to provide services for the continuous influx of people. International Medical Corps already has existing staff and the program is ongoing; however, there is a need to add more staff to be able to scale up for outreaches services and cope up with the new sites established in Malakal that now require extra staffing. There is already an established field base in both locations proposed;, in Malakal there is a boat to ensure the teams are able to move and reach the nutrition sites and in Akobo there are cars and a boat. The vehicles will only need fuel and maintenance. Communication is all set in both areas; staffs are able to send timely reports. In both locations we have expat nutrition managers that are dedicated to training the national team on the job to be able to continue providing emergency nutrition services in case they are evacuated due to any insecurity risks. A dedicated logistic team based in Juba and o in the field will support quick procurement of supplies and dispatch timely consignments, while the field will facilitate implementation. International Medical Corps has also been able to secure some other funding through ECHO, OFDA and UNICEF, but due to high prices of fuel and other program support, as well as now the demand to pay staff in US dollar, IMC faced a great reduction in the of the above mentioned funds, hence there is a need for extra funding. International Medical Corps through its implementation considers gender mainstreaming as an important aspect, ensuring that there is gender equity, that boys, girls, men and women are fully involved in the nutrition program, advocacy to include them in other project is key during implementation. The monitoring and evaluation process is built in such way that data collection is segregated as per different gender; this is to help inform better the trends, of malnutrition of different gender, hence been able to provide specific intervention to the more affected gender group. In both location International Medical Corps also has protection program, Gender Based violence, that nutrition has used GBV community workers to spread nutrition messages, as well nutrition team is able to refer and report to the right team in cases of gender based violence issues arising, hence protecting the beneficiaries that are vulnerable based on their gender.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	
LOGICAL FRAMEWORK	
Overall project objective	Contribute to reduction of mortality, morbidity and impacts of poor growth development, due to malnutrition, through management of SAM and MAM & Provision of support to IYCF in emergencies, Micronutrient supplementation, and nutrition surveillance.

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	60
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	30
2015 SS 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response	SO 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods	10

Outcome 1	Increased availability, access and utilization of quality acute malnutrition treatment services, among children 6-59 months, pregnant and lactating women.

Code	Description	Assumptions & Risks
Output 1.1	13,552 Children (7,047 boys & 6,505 girls) aged 6-59 months, 7,750 pregnant lactating women screened using MUAC at community and facility level for acute malnutrition and referred to appropriate nutrition treatment sites.	Assumptions Supplies are adequate and prepositioned timely IMC has access to the sites for activities to continue Security situation improves Funds are adequate to support the activities Risks Heightened insecurity, no access Supplies looted, or no access to preposition Funds delayed

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls 6-59 and months and PLW screened for acute malnutrition in a community		7750	7047	6505	21302
	Means of Verification:	Weekly/monthly cluster reports					

Activities

Activity 1.1.1	Organize community based and health facility, routine and mass MUAC screening, case identification and appropriate referrals of children 6- 59 months, pregnant, lactating women.

Output 1.2	Treatment for acute malnutrition; 1,151 children 6-59 months (599 boys & 552 girl) treated for SAM without Medical complication and 56 children 0-59 months (29 boys&27 girls) SAM with medical complication, 2,202 children 6-59 months (1,145 boys & 1,057 girls) and 1864 PLW with moderate acute malnutrition treated.	Assumptions Supplies are adequate and prepositioned timely Accessibility is allowable for activities to continue Security situation improved Funds are adequate to support the activities Risks Heightened insecurity, no access Supplies looted, or no access to preposition Funds delay

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 aged 0-59 months with severe acute malnutrition newly admitted for treatment			628	579	1207
	Means of Verification:	NIS monthly report					
Indicator 1.2.2	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment			1145	1057	2202
	Means of Verification:	NIS monthly cluster reports					
Indicator 1.2.3	NUTRITION	[Frontline services] [Treatment]Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			0	0	0
	Means of Verification:	NIS Monthly cluster report					
Indicator 1.2.4	NUTRITION	[Frontline services] [Treatment] Performanceof SAM program - Overall SAM program death rate (SPHERE standards < 10%)			0	0	0
	Means of Verification:						
Indicator 1.2.5	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program default rate (SPHERE standards <15%)			0	0	0
	Means of Verification:						
Indicator 1.2.6	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program cure rate (SPHERE standards >75%)			0	0	0
	Means of Verification:						
Indicator 1.2.7	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program death rate (SPHERE standards)			0	0	0
	Means of Verification:						
Indicator 1.2.8	NUTRITION	[Frontline services] [Treatment] Performance of MAM program - Overall MAM program default rate (SPHERE standards)			0	0	0
	Means of Verification:						

Activities

Activity 1.2.1	Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.
Activity 1.2.2	Provide therapeutic and medical treatment to boys and girls aged 0-59 months with Severe Acute Malnutrition with medical complication stabilization Center
Activity 1.2.3	Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition.
Activity 1.2.4	Support timely prepositioning of nutrition supplies to project sites

Outcome 2	Strengthen and support prevention of undernutrition among boys and girls aged 0-59 months, pregnant and lactating women.	
Code	**Description**	**Assumptions & Risks**
Output 2.1	183 Mother support groups, supported and establish 3 new mother support group	Assumptions Mothers willingly form the groups Incentives for mother support groups available Enabling environment for meetings Funds are adequate to support the activities

		Risks Lack of mothers participation Lack of IEC materials Lack of funds to support mother support groups Insecurity

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	450	27900			28350
	Means of Verification:	NIS monthly cluster reports					

Activities

Activity 2.1.1	Training lead mother support groups, on IYCF and hygiene
Activity 2.1.2	Refresher training of the community nutrition volunteers, on IYCF messages
Activity 2.1.3	Organize bi-weekly mother support groups, sessions
Activity 2.1.4	Establish new mother support groups in Akobo East

Output 2.2	3,353 children aged 6-59 months (1743 boys & 1610 girls) receive Vitamin A supplementation.	Assumptions Mothers\caregivers bring children 6-59 months for Vitamin A supplementation Availability of Vitamin A Trained health workers provide the supplements Access and security enable delivery of the service Community Mobilization done Funds are adequate to support the activities Risks Lack of mothers\caregivers participation Lack of Vitamin A Insufficient trained health workers Lack of funds to support mother support groups Insecurity

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			1743	1610	3353
	Means of Verification:						

Activities

Activity 2.2.1	Provide Vitamin A supplementation to boys and girls aged 6-59 months

Outcome 3	Nutrition surveillance strengthened, response teams capacity enhanced and supported	
Code	**Description**	**Assumptions & Risks**
Output 3.1	40 (25 male & 15 Female) MoH and IMC nutrition staff, 55 (30 male & 25 female) community nutrition volunteers trained and supported to identify and treat cases of acute malnutrition and conduct nutrition assessments.	Assumptions Supplies are adequate and prepositioned timely IMC has access to the sites for activities to continue Security situation improves Funds are adequate to support the activities Risks Heightened insecurity, no access Supplies looted, or no access to preposition Funds delayed

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	55	40			95
	Means of Verification:	Training report, NIS monthly cluster reports					
Indicator 3.1.2	NUTRITION	[Frontline services] [Capacity and emergency prepare] # of employees from partners trained on nutrition surveys	25	15			40
	Means of Verification:	training report, NIS Monthly cluster reports					

Activities

Activity 3.1.1	Capacity building of MoH and IMC nutrition staff on CMAM and IYCF
Activity 3.1.2	Refresher training of community nutrition volunteers on screening, identification and referral pathways for acute malnutrition cases identified
Activity 3.1.3	County health department, health facility based, and nutrition staff trained on conducting SMART survey and participate in the assessment
Activity 3.1.4	Continue with cluster coordination of the nutrition activities at the county, state and national level

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 Organize community based and health facility, routine and mass MUAC screening, case identification and appropriate referrals of children 6-59 months, pregnant, lactating women.	2015								X	X	X	X	X
	2016	X											
Activity 1.2.1 Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.	2015								X	X	X	X	X
	2016	X											
Activity 1.2.2 Provide therapeutic and medical treatment to boys and girls aged 0-59 months with Severe Acute Malnutrition with medical complication stabilization Center	2015								X	X	X	X	X
	2016	X											
Activity 1.2.3 Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition.	2015								X	X	X	X	X
	2016	X											
Activity 1.2.4 Support timely prepositioning of nutrition supplies to project sites	2015								X	X	X	X	X
	2016	X											
Activity 2.1.1 Training lead mother support groups, on IYCF and hygiene	2015								X	X	X	X	X
	2016												
Activity 2.1.2 Refresher training of the community nutrition volunteers, on IYCF messages	2015								X			X	
	2016												
Activity 2.1.3 Organize bi-weekly mother support groups, sessions	2015								X	X	X	X	X
	2016	X											
Activity 2.1.4 Establish new mother support groups in Akobo East	2015												
	2016	X											
Activity 2.2.1 Provide Vitamin A supplementation to boys and girls aged 6-59 months	2015								X	X	X	X	X
	2016	X											
Activity 3.1.1 Capacity building of MoH and IMC nutrition staff on CMAM and IYCF	2015								X		X		
	2016												
Activity 3.1.2 Refresher training of community nutrition volunteers on screening, identification and referral pathways for acute malnutrition cases identified	2015								X			X	
	2016												
Activity 3.1.3 County health department, health facility based, and nutrition staff trained on conducting SMART survey and participate in the assessment	2015										X	X	X
	2016												
Activity 3.1.4 Continue with cluster coordination of the nutrition activities at the county, state and national level	2015								X	X	X	X	X
	2016	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 .	International Medical Corps has already developed a work plan that will guide implementation of the program. Using the existing tools (check list, daily, weekly, monthly reporting form, training reports and supplies consumption reports) the nutrition staff will be able to capture information and report appropriately. The nutritionist (field based) will ensure that supervision and support at field level is done, that activities are not merely completed, but should demonstrate positive impact. Evidence documents will be used to verify accomplishment of activities such as pictures of completed rehabilitated nutrition shelter, check weekly and monthly data, submitted by the nutrition teams and provide immediate feedback on areas to improve. Throughout implementation focus group discussion will be held, to enable population getting services, provide feedback to the team, on main cross cutting issues, thus minimizing exploitation, discrimination or increasing vulnerability. Institutional monitoring: to assess physical implementation of the program with respect to ongoing programs, monitoring and evaluation technical support will be provided by a Monitoring and Evaluation coordinator, based in Juba. In accordance with nutrition cluster IMSAM guidelines, the M&E Manager will ensure databases are maintained, and feedback mechanisms and M&E tools that are tailored to the context of the emergency. The nutrition coordinator at Juba level will provide technical support to the field team, ensure teams have all reporting tools, standard anthropometric measurement tools and equipment, in addition, he/she will provide key trainings for key program staff to ensure quality and right reports submitted. Both M&E and Nutrition coordinator will be on regular basis be visiting the project site, and check quality and adherence to treatment protocols, meet with local leaders and get feedback on the program relevancy. Through active program monitoring, International Medical Corps uses performance indicators in addition to a monitoring and evaluation matrix to track and measure progress of donor specific indicators. Given the contextual range of conflict related emergencies, the performance indicators are determined following the assessment. Information is shared with the nutrition cluster and the Ministry of Health. Results-based monitoring of nutrition programs, including disaggregated data (sex, age, and event type) is conducted daily and is reported in weekly activity reports. The M&E Manager actively monitors information flow from Site Managers at each site, to assess trends in nutrition data and coordinates with the nutrition coordinator and field based nutritionist to ensure qualitative information is captured from program activities. The data will also allow staff to determine any disparities in nutrition outcomes among gender and age. In this event, activities will be modified to encourage accessibility and equity in program activities. Data collection and analysis: Field based staff will gather treatment, screening and referral data, IYCF and training reports, which will be complied and shared. The following tools will be used to collect information at nutrition treatment facility: Weekly screening report forms (CNVs), Weekly OTP report forms (used by nutrition assistant), Weekly TSFP report forms (used by the nutrition assistant), Weekly IYCF reports forms (used by Nutrition Social behavior change assistant) Weekly nutrition cluster report forms (used by nutrition supervisor) ? Monthly nutrition cluster form (used by the nutritionist) The M&E coordinator conducts periodic reviews of weekly activity reports and assesses the quality, quantity, and timeliness of results and activities, the use of resources, and validates constraints of unforeseen events and assumptions. Furthermore, systematic reviews include the coordination with internal and external stakeholders such as other INGO's, community leaders, local aut

OTHER INFORMATION

Accountability to Affected Populations	IMC will keep the county official updated on the starting and the end period of the project, target beneficiaries, the criteria for selection and how beneficiaries will exit the program. This is aimed at ensuring that leaders are able to send the right message to communities about the program, hence acceptance, which will increase usage of this services. IMC has already established a strong link with Payam and Boma leader on monthly basis the program staff meets with leaders and discusses the achievements made so far by the program, and the challenges during the time of implementation. The leaders provide feedback on how to handle challenges and even they do play a big role in taking the right message to beneficiaries about the program. Through the local leaders beneficiaries are easily mobilized, and ensuring that all targeted members of the community gets the services. IMC will as well invite the county health department for field visit with IMC team during the nutrition feeding days, in this way, the CHD will be able to meet with beneficiaries and discuss with them about the program progress and also be able to give feedback on areas to improve. During this project IMC will undertake anthropometric and mortality survey, the community will be informed about the importance of this activity and later after the survey; results will be shared among the county leadership, which will help work out the recommendation to improve the nutrition status of the affected community. During the nutrition treatment days, mothers will receive explanation, about the program, its importance, the process how the supplies reach them from the donors and how it is important to use the therapeutic supplies for its sole purpose. IMC will share monthly reports with the CHD, attend the meetings and keep the CHD office informed of the nutrition program activities. At the community level, the PHCC and PHCU in-charges will be involved to ensure that nutrition program is fully integrated with health facility services.
Implementation Plan: Describe for	Direct implementation and linkage with other partners: International Medical Corps will implement the proposed intervention directly, working closely with the MoH,

each activity how you plan to implement it and who is carrying out what.	nutrition cluster partners at county, state and national level. IMC will as well adhere to security, guidelines and measures and work with UNDSS to ensure that staffs are not put at high risk while carrying out their duties, security assessments will be done, before operating in new areas. IMC will work closely with food security partners, WASH and Health to ensure that beneficiaries do get additional services that together will reduce malnutrition rates. Skilled and motivated personnel: IMC has dedicated and competent nutrition team, this is to ensure quality, follow up and timely delivery of services. Where personnel gaps exist, hiring high skilled personnel will cover this. Nutrition supplies: IMC has already secured PCA with UNICEF for SAM supplies and already submitted proposals to WFP for 2015 TSFP program for the proposed locations. Although there have been challenges in transporting this commodities, IMC with CHF support will be able to airlift supplies and preposition supplies in a timely manner. We will ensure that the treatment supplies are provided to the right beneficiaries' mothers/caregivers provided with adequate information on usage, maintaining high level of hygiene and the next round of services. Effective coordination and representation: IMC will continue working closely with the Jonglei and Upper Nile States MoH, WFP and UNICEF in order provide coordinate and prioritize for lifesaving nutrition services and responds to the emergency appropriately. International Medical Corps will share reports and information regarding implementation progress, challenges and lessons learnt with partners in cluster meetings at all levels. Local authorities will be informed of progress made during implementation and on a monthly basis. CHD will be supported to continuously host nutrition cluster meeting and be involved in monitoring of the field activities on regular basis. Program monitoring: IMC will also ensure that the program is well monitored and evaluated periodically; this will help inform the partners and the cluster at large on the gaps, and recommendations on reducing malnutrition rates. We intend to carry out an anthropometric and mortality survey in Akobo East. IMC Monitoring and reporting team has already put in place reporting mechanisms that the field staff find friendly to use, and detailed to provide in-depth information about the progress of the nutrition program
Coordination with other Organizations in project area	**Name of the organization** / **Areas/activities of collaboration and rationale** 1. Save the Children International/Nile Hope: Integrated FSL and nutrition services, linking the mother support groups in IYCF project to partners implementing FSL
Environmental Marker Code	A: Neutral Impact on environment with No mitigation
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	International Medical Corps UK's nutrition program involves and encourages the participation of boys, girls, women and men in the program as follows: community and health facility screening, identification for acute malnutrition cases among all children aged 6-59 months (boys and girls), women (pregnant and lactating) will be screened, identified and referred to nutrition feeding sites, treatment will be initiated immediately. Health education sessions will target mostly mothers, men, youths (male & female) and other caregivers, on prevention and treatment of malnutrition. The Infant and Young Child Feeding program will involve both women and men, through mother support care groups that are already in place. International Medical Corps will also coordinate with food security implementing partners, where men are most involved, to integrate nutrition messages with food security information. A nutrition assessment (anthropometric and mortality SMART survey) will be undertaken to capture children aged 6-59 months (boys and girls). Survey methodology will ensure that all households within the cluster are given equal chances for participation, in this way all family members (boys, girls, women, and men) are included, especially during the demographic and mortality section of the survey. The elderly population (Female and Male), especially those taking care of the orphans, will be given priority and more time will be dedicated to listen to difficulties they are going through while taking care of the children. Linking the elderly (Female and Male) that need extra health care and social support will be done through coordinating with other partners who support the elderly. If the needs of these caretakers are covered, it is expected that the growth and development of the children will be better, compared to when they are unable to support them. The community elders are considered role models in many communities, hence this group will play a key role in educating, sharing, and influencing the young mothers on Infant and Young child feeding practices as well as best child care practices.
Protection Mainstreaming	IMC-UK is a global partner in protection cluster, therefore will ensure that the affected populations by the conflict have access to nutrition services, that safety and their dignity is a priority. The project staff will prevent and minimize any negative effects that might increase vulnerability of the beneficiaries; therefore integrating nutrition activities with other services such as food security will help support the affected population to produce their own food and not to entirely depend on general food distribution. All beneficiaries will be served equally without discrimination, therefore as so long as they fit in the nutrition admission criteria as per IMSAM and MAM guidelines, all children of age group from 6-59 months, pregnant and lactating women will benefit from this project. IMC-UK will promote means of providing the community; the beneficiaries with information on the progress of the project, supplies availability and usage, beneficiaries on the other hand will be encouraged to provide feedback to the nutrition team on areas for improvement, in this way accountability to beneficiaries will be ensured. The affected community will be engaged to fully participate in the program, implementation phase, lessons learnt during this phase will be vital in designing the second phase of the project, in the second allocation of the CHF funds. Prevention of Sexual Exploitation and Abuse training is done for all staff on a yearly basis at the country level, and all staff is required to read, acknowledge, and sign the IMC Code of Conduct as well as PSEA policy. IEC regarding PSEA is posted at offices and staff houses, and computers and phones are available at the office to allow staff to report allegations of misconduct. IMC is a non-political, non-denominational organization that provides medical assistance to those in need. In situations of ethnic or inter-tribal violence, it is especially important to maintain this principle of neutrality.
Safety and Security	Akobo East: Akobo is located in in north east of Jonglei state, Southern Sudan. The area is under SPLA-in opposition control and bordering Ethiopia. Akobo and its environs remain calm despite the leadership wrangles within the opposition from time to time. There are persistent rumours over possible attack of the town by government forces and therefore, the situation could turn at any moment. Further, the stationing of government forces in Pibor keeps the opposition forces alert and on their defensive positions. Eastern Akobo County is a volatile area, where there is prospect of insecurity erupting any time. With guns available all over the area, armed youth known as the 'white army', cattle rustling, the Nuer and Murle often carry out revenge killings, and incursions. The area is also under opposition and likely target from government forces. International Medical Corps has clear standard operating procedures to ensure staff safety and evacuation plans, should the need arise. The evacuation plans by air from Akobo to Juba will include the use of WFP or medevac flights and by road through Akobo- Waat - Ayod - Bor. Al alternative evacuation point is Tiargol village in Ethiopia 10 km from Akobo town and it is on foot (last option). Boats can be used, although it is Ethiopian side, but no route-road to nearby towns, so one need to use again the boat to Gambella a big town, where there are some facilities. Malakal POC: The Conflict that erupted in December 2013 in Juba has continued to affect Malakal with the town control changing hands between government and opposition forces. Malakal most premises were burned down to the ground and the town remains deserted with many people opting to relocate to other parts of the country in IDP centers. The upper Nile state remains a contested state between government and opposition forces that control different towns. Opposition forces hold control of Longochuk, Maiwut, Nasir, and Ulang counties with the government retaining the north Renk, east Maban and Melut), and the crucial areas around Upper Nile's oil fields. Sporadic gunfire can be experienced in and around the town with no warning with shells landing at the IDP camp located within the UNMISS compound where UN and NGOs staff are located. Ethnic targeted killings continue to be experienced in the entire state where rival forces take control. With the warring factions negotiations in Addis Ababa still unable to resolve the conflict, further violence in the town and state remains a threat to humanitarian staff. The IMC compound and clinic are located within the UNMISS compound. The relocatable staff members live in an UNMISS compound which also houses other humanitarian agencies and IDPs. The security of the hub is maintained by UNMISS and agencies have little control over the premises utilization. Travel is never authorized unless IMC staff has access to a radio, mobile phone and or Thuraya phone, with no exceptions. All staff observe security measures at the UNMISS base and obey curfew. International Medical Corps' standard operating procedures and evacuation plans are used in tandem with the UN/UNIMISS relocation/evacuation of UN and partners' staff from UNIMISS Malakal compound to South Sudan Capital Juba or if this would not be feasible due to a large scale armed conflict, to any designated safe havens within or outside the country. There are three main means of access from Malakal County - river, air and road (road is only accessible during the dry seasons and when there is no fighting: river transport along the White Nile, by air from Malakal airport which is also used by UNIMISS troops, staff could also travel by road from Malakal to Melut/Maban which has an all-weather airport if assessed to be 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		2016	Quarterly Total
								Q3	Q4	Q1	
1.1	Nutrition coordinator-Juba	D	1	9662	6	25.00%	14,493.00	4,831.00	7,246.50	2,415.50	14,493.00
	Coordinates all nutrition interventions in country. 1 person, total cost includes salary and fringe.										
1.2	Nutritionist (Akobo)	D	1	9662	6	25.00%	14,493.00	4,831.00	7,246.50	2,415.50	14,493.00

	Implements all nutrition interventions in Akobo. 1 person, total cost includes salary and fringe.											
1.3	Nutritionist (Malakal)	D	1	9180	6	20.00%	11,016.00	3,672.00	5,508.00	1,836.00	11,016.00
	Implements all nutrition interventions in Malakal. 1 person, total cost includes salary and fringe.											
1.4	Site Manager (Akobo)	D	1	9662	6	10.00%	5,797.20	1,932.40	2,898.60	966.20	5,797.20
	Manages all program interventions in Akobo. 1 person, total cost includes salary and fringe.											
1.5	Project manager	D	1	8779	6	20.00%	10,534.80	3,511.60	5,267.40	1,755.80	10,534.80
	Manages program implementation covering Malakal and Akobo East. Based in Juba 1 person, total cost includes salary and fringe.											
1.6	Country Director	S	1	17196	6	3.00%	3,095.28	1,031.41	1,548.16	515.71	3,095.28
	Manages all IMC South Sudan Operations. 1 person, total cost includes salary and fringe.											
1.7	Medical Director	S	1	12784	6	3.00%	2,301.12	767.00	1,150.60	383.52	2,301.12
	Supervises technical health program implementation. Based in Juba. 1 person, total cost includes salary and fringe.											
1.8	Senior HR Manager	S	1	11374	6	3.00%	2,047.32	682.44	1,023.66	341.22	2,047.32
	Manages all IMC HR services in South Sudan. Based in Juba. 1 person, total cost includes salary and fringe.											
1.9	Program Officer	S	1	10469	6	3.00%	1,884.42	601.14	942.21	341.07	1,884.42
	Supports implementation of all IMC South Sudan operations. Based in Juba. 1 person, total cost includes salary and fringe.											
1.10	Logistics Coordinator	S	1	10174	6	3.00%	1,831.32	610.44	915.66	305.22	1,831.32
	Manages all IMC South Sudan logistics services. Based in Juba. 1 person, total cost includes salary and fringe.											
1.11	Logistics Manager	S	1	9571	6	3.00%	1,722.78	540.94	886.38	295.46	1,722.78
	In charge of logistical operations covering Akobo and Malakal. Based in Juba. 1 person, total cost includes salary and fringe.											
1.12	Security Manager	S	1	11581	6	3.00%	2,084.58	694.86	1,042.29	347.43	2,084.58
	Manages all IMC South Sudan security services and staff safety. Based in Juba. 1 person, total cost includes salary and fringe.											
1.13	Finance Director	S	1	13709	6	3.00%	2,467.62	822.54	1,233.81	411.27	2,467.62
	Manages all IMC South Sudan finance services. Based in Juba. 1 person, total cost includes salary and fringe.											
1.14	Juba Support Staff	s	1	66459	6	3.00%	11,962.62	3,986.22	5,982.30	1,994.10	11,962.62
	National finance, HR and logistics staff providing support from IMC Juba main office for program implementation. Total cost includes salary and fringe.											
1.15	Finance Admin Manager	S	2	10266	6	3.00%	3,695.76	1,231.92	1,847.88	615.96	3,695.76
	In charge of finance services covering Akobo, Pochalla and Malakal. Based in Juba. 1 person, total cost includes salary and fringe.											
1.16	Program Director	S	1	11581	6	3.00%	2,084.58	694.86	1,042.29	347.43	2,084.58
	Coordinates program implementation. Based in Juba. 1 person, total cost includes salary and fringe.											
1.17	Deputy Nutrition Manager	D	1	1727	6	25.00%	2,590.50	863.50	1,295.25	431.75	2,590.50
	Support nutrition program implementation. 1 person, total cost includes salary and fringe.											
1.18	Senior Nutrition Officer	D	1	1508	6	40.00%	3,619.20	1,206.40	1,809.60	603.20	3,619.20
	Support nutrition program implementation. 1 person, total cost includes salary and fringe.											
1.19	IYCF Officer (Akobo/Malakal)	D	2	1115	6	50.00%	6,690.00	2,230.00	3,345.00	1,115.00	6,690.00
	Implement IYCF activities. 2 persons, total cost includes salary and fringe.											
1.20	Nurse Assistants (Akobo- stabilisation centre)	D	2	327	6	50.00%	1,962.00	654.00	981.00	327.00	1,962.00
	Provide medical care for severely malnourished in the hospital. 2 persons, total cost includes salary and fringe.											
1.21	Nutrition Assistants (Akobo/Malakal)	D	25	327	6	40.00%	19,620.00	6,540.00	9,810.00	3,270.00	19,620.00
	Nutrition program implementation at nutrition sites. 25 person, total cost includes salary and fringe.											
1.22	Nutrition Officer (Malakal/Akobo)	D	2	1115	6	25.00%	3,345.00	1,115.00	1,672.50	557.50	3,345.00
	Nutrition program implementation. 2 persons, total cost includes salary and fringe.											
1.23	Nutrition supervisior(Malakal/Akobo)	D	2	907	6	25.00%	2,721.00	907.00	1,360.50	453.50	2,721.00
	Nutrition program implementation. 2 person, total cost includes salary and fringe.											
1.24	Community Nutrition Promoters/Volunteers stipend(Akobo/Malakal)	D	50	221	6	50.00%	33,150.00	11,050.00	16,575.00	5,525.00	33,150.00
	Nutrition program implementation at community level. 50 person, total cost includes salary and fringe.											
1.25	ADrivers (Akobo/Malaka)	D	3	478	6	30.00%	2,581.20	860.40	1,290.60	430.20	2,581.20
	Drive vehicles for operations. 3 persons, total cost includes salary and fringe.											
	Section Total						167,790.30	55,868.07	83,921.69	28,000.54	167,790.30

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		2016	Quarterly Total
								Q3	Q4	Q1	
2.1	OTP/SC/TSFP equipment/furniture and materials (Malakal/Akobo)	D	1	3000	1	100.00%	3,000.00	0.00	3,000.00	0.00	3,000.00
	OTP/SC/TSFP equipment/furniture and materials for Malakal and Akobo. Lump sum figure based on supply and equipment needs.										
2.2	Transportation of supplies and equipment (Boat & charter Akobo/Malakal)	D	1	15000	1	100.00%	15,000.00	5,000.00	10,000.00	0.00	15,000.00
	Transport supplies to field sites for delivery										
2.3	Rehabilitation of Nutrition feeding sites (0TPs) in Akobo/Malakal	D	1	2500	4	100.00%	10,000.00	5,500.00	4,500.00	0.00	10,000.00

	Rehab 4 nutrition structures. 2,500 USD for each rehabilitation										
2.4	Training on CMAM, IYCF and SMART surveys (MoH & Nut staff)	D	1	3000	1	100.00%	3,000.00	0.00	3,000.00	0.00	3,000.00
	CMAM, IYCF and SMART surveys methodology training.										
2.5	Refresher training for CNVs and IYCF lead mothers	D	1	3000	1	100.00%	3,000.00	0.00	3,000.00	0.00	3,000.00
	Refresher trainings for CNVs and IYCF lead mothers										
2.6	Incentives during mass screening, Vit A and deworming	D	1	2000	1	100.00%	2,000.00	0.00	2,000.00	0.00	2,000.00
	Incentives for Vitamin A campaigns, screening children and PLW										
2.7	IYCF IEC Materials, printing treatment cards..	D	1	2500	1	100.00%	2,500.00	0.00	2,500.00	0.00	2,500.00
	Materials for health education and protocols for treatment reference.										
2.8	Visibility (Banners, sign post, caps..)	D	1	1000	1	100.00%	1,000.00	1,000.00	0.00	0.00	1,000.00
	Program and donor visibility materials.										
	Section Total						39,500.00	11,500.00	28,000.00	0.00	39,500.00

3 **Equipment** *(please itemize costs of non-consumables to be purchased under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
3.1	Mobile Phone	D	1	100	1	100.00%	100.00	100.00	0.00	0.00	100.00
	1 mobile phones at 100 USD each										
	Section Total						100.00	100.00	0.00	0.00	100.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		2016	Quarterly Total
								Q3	Q4	Q1	
4.1		D	1	0	0	100.00%	0.00	0.00	0.00	0.00	
	Section Total						0.00	0.00	0.00	0.00	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	National Staff Travel periderm	D	1	12	20	100.00%	240.00	80.00	120.00	40.00	240.00
	Travel and from duty sites. Calculated at total of 20 days for 6 month period at 12 USD per day.										
5.2	National & International Staff Travel accommodation	D	2	25	6	100.00%	300.00	100.00	150.00	50.00	300.00
	Staff accommodation, 2 days per month for 6 months calculated at 25 USD per day.										
5.3	In country travel - airfare	D	1	400	6	100.00%	2,400.00	800.00	1,200.00	400.00	2,400.00
	1 round trip per month at 400 USD based on current UNHAS travel cost.										
	Section Total						2,940.00	980.00	1,470.00	490.00	2,940.00

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 utilities and Supplies - sites	D	2	1317	6	40.00%	6,321.60	2,107.20	3,160.80	1,053.60	6,321.60
	Office utilities and supplies for Akobo and Malakal. Calculated monthly for 6 months.										
7.2	Fuel and Maintenance of Generators - sites	D	2	1500	6	30.00%	5,400.00	1,800.00	2,700.00	900.00	5,400.00
	Generator fuel and maintenance, monthly for 2 sites Akobo and Malakal at 1500 40% contribution										
7.3	Physical and Operational Security Upgrades	D	2	1895	1	100.00%	3,790.00	1,268.67	1,887.00	634.33	3,790.00
	For 2 sites Akobo and Malakal										
7.4	Communication - sites	D	2	800	6	40.00%	3,840.00	1,280.00	1,920.00	640.00	3,840.00
	For 2 sites Akobo and Malakal										
7.5	GVehicle/Motorbikes/boats Registration/Insurance/Maintenance -sites	D	2	1300	6	40.00%	6,240.00	2,080.00	3,120.00	1,040.00	6,240.00
	For 2 sites vehicle, bikes, and boats insurance Malakal and Akobo										
7.6	Vehicle/Boat/Motorbike Fuel - sites	D	2	2000	6	40.00%	9,600.00	3,200.00	4,800.00	1,600.00	9,600.00
	For 2 sites Malakal and Akobo fuel										
7.7	Juba office support costs - see separate sheet	s	1	132000	6	3.00%	23,760.00	7,920.00	11,880.00	3,960.00	23,760.00

	Cost of offices, staff houses and warehouse space in Juba. Calculated monthly. Contribution of 3%.					
	Section Total	58,951.60	19,655.87	29,467.80	9,827.93	58,951.60

Sub Total Direct Cost	269,281.90
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	1%
PSC Amount	18,849.73

Quarterly Budget Details for PSC Amount

2015		**2016**	**Total**
Q3	Q4	Q1	
6,245.59	9,287.62	3,316.52	18,849.73

Total Fund Project Cost	288,131.63

Project Locations

Location	**Estimated percentage of budget for each location**	**Beneficiary Men**	**Women**	**Boy**	**Girl**	**Total**	**Activity**
Jonglei -> Akobo	40					0	
Upper Nile -> Malakal	60					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