

Project Proposal

Organization	UNKEA (Universal Network for Knowledge and Empowerment Agency)																																												
Project Title	Provision of Community Nutrition services to IDPs and host community in Nasir County; Upper Nile State																																												
Fund Code	SSD-15/HSS10/SA2/N/NGO/506																																												
Cluster	Primary cluster		Sub cluster																																										
	NUTRITION		None																																										
Project Allocation	2nd Round Standard Allocation	Allocation Category Type	Frontline services																																										
Project budget in US\$	157,998.34	Planned project duration	4 months																																										
Planned Start Date	01/09/2015	Planned End Date	31/12/2015																																										
OPS Details	OPS Code	SSD-15/H/72915/R	OPS Budget																																										
	OPS Project Ranking		OPS Gender Marker																																										
Project Summary	<p>UNKEA is planning to provide Community Nutrition services to IDPs and host community in Nasir County of Upper Nile State. UNKEA through the donor support will implement CMAM package to 15,920 children under five, (boys and girls) pregnant and lactating women, women and men. UNKEA will carry out activities, like Admission and treatment for SAM and MAM, Community screening and referral of girls/boys under five years for SAM and MAM in all sites, Provision of preventive services (deworming, Vitamin A micro nutrient) to under five children (boys and girls) in all UNKEA project sites, Provision of health education to pregnant and lactating women on nutrition and IYCF in all facilities and at community level to woman and men, boys and girls, Skills training of community nutrition workers (Women and men) on community management of MAM, SAM and IYCF promotion, Recruitment and training of community nutrition volunteers (women peer groups, home health promoters, teachers as well as traditional, religious and political leaders on prevention, control of malnutrition as well as IYCF promotion, Ongoing community social mobilizations and sensitization. At the end of the project, UNKEA would have achieved, 1384 children under five (Boys and girls) admitted and treated for SAM, 4088 children under five (boys and girls) admitted and treated for MAM, 225 pregnant and lactating Women (PLWs) treated for MAM and 3031 community members sensitized on IYCF promotion.</p>																																												
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>482</td> <td>1125</td> <td>678</td> <td>706</td> <td>2,991</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Children under 5</td> <td>0</td> <td>0</td> <td>678</td> <td>706</td> <td>1384</td> </tr> <tr> <td>Internally Displaced People</td> <td>198</td> <td>327</td> <td>0</td> <td>0</td> <td>525</td> </tr> <tr> <td>People in Host Communities</td> <td>284</td> <td>573</td> <td>0</td> <td>0</td> <td>857</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>225</td> <td>0</td> <td>0</td> <td>225</td> </tr> </tbody> </table>				Men	Women	Boys	Girls	Total	Beneficiary Summary	482	1125	678	706	2,991	Total beneficiaries include the following:						Children under 5	0	0	678	706	1384	Internally Displaced People	198	327	0	0	525	People in Host Communities	284	573	0	0	857	Pregnant and Lactating Women	0	225	0	0	225
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Indirect Beneficiaries	Elderly 200, Youths 300, others 100	Catchment Population	173808 (For eight payams)																																										
Link with the Allocation Strategy	<p>UNKEA in Support of Strategic Objective 1 ' Save lives and alleviate suffering by providing multi-sector assistance to people in need' UNKEA aims to mitigate the threat of acute malnutrition which is a common cause of morbidity and mortality in Nasir county among children under five (Girls and boys) and pregnant and lactating women. Nasir County is among the conflict affected and high burden counties in Upper Nile State and is classified as critical level. In addition UNKEA June,2015 SMART survey conducted in Nasir county, the Preliminary result showed SAM prevalence of 5.4% and GAM rate of 19.9 % which is above the emergency threshold of 15%. This require Nutrition interventions though delivery of quality life saving management of acute malnutrition for at least 60 % of SAM cases in girls and boys 0-59 months and at least 60 % of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women in Nasir County. This can be achieved by maintaining an integrated approach, bringing in other sectors such as food security and livelihood, Health, water and sanitation to address the underlying causes of malnutrition. UNKEA in Support of Strategic objective 2, 'Reinforce the protection of the rights of the most vulnerable people, including their freedom of movement, UNKEA will ensure the protection of the most vulnerable people in the project implementation. It will integrate the protection of women, children (boys and girls) including response to gender based violence in the project implementation. This can be achieved through expansion of activities to reach the most vulnerable people and advocacy. In support of Strategic objective 3, 'Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods 'UNKEA intends to strengthen agriculture, livestock, and fisheries. This can be achieved through UNKEA integrated approach with the FSL project. UNKEA will also ensure enhanced needs analysis of the nutrition situation and enhanced support supervision, monitoring and coordination of response, through timely reporting, coordination in both state and National Nutrition Cluster meetings and engaging in assessments.</p>																																												
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)																																												
Organization focal point contact details	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Phone</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>Simon Bhan Choul</td> <td>Excutive Director</td> <td>,+8821655540654,</td> <td>unkea.southsudan@gmail.com</td> </tr> <tr> <td>Peter Jonah</td> <td>Nutrition Manager</td> <td>+211921230704</td> <td>peter.unkea@gmail.com</td> </tr> </tbody> </table>			Name	Title	Phone	Email	Simon Bhan Choul	Excutive Director	,+8821655540654,	unkea.southsudan@gmail.com	Peter Jonah	Nutrition Manager	+211921230704	peter.unkea@gmail.com																														
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BACKGROUND INFORMATION

<p>1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>Nasir County is one of the 13 counties of Upper Nile State with its headquarter in Nasir town on the north side of the Sobat River, about 30 kilometers from the Ethiopian Boarder. In the current fighting which erupted on the 15th December 2013 in Juba and quickly spread to the other states like Jongole, Unity and Upper Nile itself, Nasir is among the most hit areas. This has led to increased humanitarian needs as hundreds of people were displaced. Before the crises, Nasir county had an estimated population of 210,002 (Sudan Housing and population Census 2008) with a total of 15,086 households (HHs) of IDPs who were assessed and registered with a total population 131,259 individuals, mostly women and children (IRNA Nasir County, January 2014). Until date, population movements continues in Nasir payams to surrounding counties in Upper Nile and others crosses the border to Ethiopia causing the exact population in Nasir to be unknown. UNKEA is covering eight payams out of 13 payams which include Nasir, Kiechkon, Mading, Roam, Jikmir, Kurengke, Kierwan and Maker but Mandeng payam currently hosts most of the IDPS after the second attack of Nasir town on May 4th 2014. The pressure of war and hunger is so huge on the community leading to lack of basic nutrition services, Clean Water, Non Food Items (NFIs), food and shelter. Besides war, floods and dry seasons further limit food production. This worsens the food security situation making more people food insecure and suffers from Malnutrition. The number of food insecure people in Nasir County according to the 20th -21st May IRNA projected it to be 25,200 people. Therefore with the impact of the continued fighting in Malakal and other counties within Upper Nile state, UNKEA strongly believes that, the malnutrition situation has doubled. Food shortages are likely to be highest making boys and girls <5 and Pregnant and Lactating Women more prone to severe acute malnutrition as found by UNKEA SMART Survey of June 2015 that, GAM rate in Nasir is 19.9 % and SAM prevalence rate is 6.4%. The situation is believe to be worse among IDPs who own nothing and limited intake of fortified foods especially among children under five years (Boys and Girls).The host community which bears the burden of the IDPS is likely to face similar food insecurity. Although, UNKEA continues to provide community Nutrition services in the government run facilities, the needs for the vulnerable groups still remains high hence require humanitarian interventions to prevent the rise of acute Malnutrition.</p>
<p>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</p>	<p>The nutrition situation in Nasir still remains unpredictable since there is continued fighting in neighboring counties with in and out movement of population. More so, there has been increasing communication gaps which is experienced all the past months of 2015. There has been reports on pockets of inaccessible villages like Makak where RRM mission in May 2015 was conducted, also there is limited / NO presence of other NGO for Nutrition activities hence the population is still in dire need of humanitarian services especially Nutrition / Health.</p>

Rapid Assessments (MIRA)							
3. Description Of Beneficiaries	The direct beneficiaries will be IDPS and the host community who meet the admission criteria into the ITFC, ATFC and TSFP respectively. Others include people with special needs who require high consideration such as the pregnant and Lactating women, the elderly and children under five. In the same context the project will also advocate for protection of children, women and the elderly.						
4. Grant Request Justification.	The current CHF funding ends 31st August 2015 and UNKEA runs nutrition program in 8 payams along health facilities. When the crises started on 15th December many National and international NGOs either scaled down or withdrew from Nasir County. Currently UNKEA is the only National NGO providing health and Nutrition activities to population in 8 payams of Nasir county namely; Nasir, Jikmir, Kiechkon, Kuerengke, Mading, Maker, Dinkar and Roam payams respectively. The displacement of people due to the war increases the malnutrition rates for Children under five (Boys and girls) and pregnant and lactating women (PLW). Therefore, UNKEA will face a huge case load due to high population movements in regard to current fighting in Upper Nile State and especially in surrounding counties to Nasir. The population movement is likely to compromise program outcome like cure rate as the defaulter rates will be high. There are also other factors that need to be taken into consideration like insecurity, increase morbidity and disease outbreaks, economic crisis (inflation) which is likely to worsen the malnutrition situation in Nasir County. UNKEA currently is the only active humanitarian agency in Nutrition activity is submitting this proposal to continue CMAM activities in the 8 mentioned payams, to scale up the management of SAM and MAM cases, carryout IYCF activities, to be able to open mobile outreach activities base on the life saving nutrition interventions in areas outside UNKEA coverage like Makak and others. Also UNKEA will face the reality of taking RRM in collaboration with partners like UNICEF, WFP and others to reach unreached population in Nasir County. Thus this funding is requested to support UNKEA accelerate response initiative (ARI), to continue preposition of therapeutic / supplementary foods in both safe and inaccessible areas due to rains, reduce morbidity and mortality due to severe acute malnutrition in children under five, pregnant and lactating women among the vulnerable IDPs and host communities through 2 existing (SCs), 6 existing OTPs sites and 6 TSFP sites as well as through the formed 20 mother to mother support groups for IYCF which contain 200 mothers. At the same time, the fund will be used to adapt guidance on life saving nutrition interventions and reintroduction of nutrition services in high insecurity conflict payams of Nasir County as well as to support the transportation of nutrition supplies to far facilities, nutrition technical refresher trainings, community level awareness campaigns, screening, treatment, prevention and management of acute malnutrition. With UNKEA's 13 years presence and working experiences in Nasir County, there is a strong community's trust and support, acceptability and involvement making programs intervention cost effective and sustainable. Working with community nutrition volunteers has been an added value to the success of our programs. UNKEA has viable working relationship with its partners such as WFP, CHD, Nutrition Cluster, UNICEF, SMOH, and ADRA in supporting the health care system in Nasir County. UNKEA will continuously utilize information from the access working group to guide programming and consult partners for long term funding for sustainability.						
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	Since UNKEA have and FLA with WFP, it will receive Nutrition Supplies for the treatment of MAM cases and has also applied for PCA with UNICEF for the in kind Nutrition supply / Commodities for the management of SAM cases. This can compliment the budget from CHF funding.						
LOGICAL FRAMEWORK							
Overall project objective	Provide life saving management of acute malnutrition and access to integrated preventive programs and enhance needs analysis						
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	Quality, life –saving, management of acute malnutrition for at least 60% SAM cases and 60% of MAM cases for boys and girls, pregnant and lactating women among IDPs and Host community in Nasir County.						
Code	Description	Assumptions & Risks					
Output 1.1	. Optimise community outreach and referrals for CMAM services	Funding secured, Security stabilized, Uninterrupted supply delivery					
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		192	2373	2373	4938
	Means of Verification:	Monthly reports, active screening reports					
Indicator 1.1.2	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment			400	544	944
	Means of Verification:	Monthly reports					
Activities							
Activity 1.1.1	Transportation of nutrition supplies to the field						
Activity 1.1.2	Screening and referral of children under five (Boys and girls) pregnant and lactating women for SAM and MAM management in all sites						
Activity 1.1.3	Recruitment of additional staff						
Output 1.2	Strengthen existing CMAM service provision and expand coverage of CMAM services		Funding secured, Security stabilized, Uninterrupted supply delivery				
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			580	581	1161
	Means of Verification:	Monthly reports/Quarterly reports					
Indicator 1.2.2	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program cure rate (SPHERE standards > 75%)			278	162	440
	Means of Verification:	Monthly reports					
Indicator 1.2.3	NUTRITION	[Frontline services] [Treatment] Performance of SAM program - Overall SAM program death rate (SPHERE standards < 10%)			27	16	43
	Means of Verification:	Monthly reports					

Activities							
Activity 1.2.1	Treatment and management of children under five (boys and girls) and PLW for severe acute malnutrition						
Activity 1.2.2	Treatment and management of children under five (Boys and girls) and PLW for MAM.						
Output 1.3	Build technical capacity in CMAM	Funding secured,Security stabilized,Uninterrupted supply delivery					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.3.1	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	20	15			35
		Means of Verification:	Training reports,quality monthly reports,performance appraisal results				
Activities							
Activity 1.3.1	Refresher training of the staff on the CMAM package and nutrition cluster reporting						
Outcome 2	Provide increased access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women.						
Code	Description	Assumptions & Risks					
Output 2.1	Strengthen implementation of IYCF programming, particularly in IDPs sites and the host community	Funding secured.					
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	750	2281			3031
		Means of Verification:	Monthly reports				
Output 2.2	Enhance micronutrient supplementation and deworming of boys and girls aged 0-59 months, pregnant and lactating women	Funding secured,security prevail,uninterrupted nutrition supplies					
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			1793	1793	3586
		Means of Verification:	Monthly reports				
Indicator 2.2.2	NUTRITION	[Frontline services] [Prevention] Number of 6-23 reached with Micro-nutrient powders			1793	1793	3586
		Means of Verification:	Monthly reports				
Indicator 2.2.3	NUTRITION	[Frontline services] [Prevention]Number of Pregnant women receiving Micro-nutrient tablets/Folic-Iron supplementation		184			184
		Means of Verification:	Monthly reports				
Activities							
Activity 2.2.1	Continuous Vitamin A supplementation and deworming for Children under five (Boys and Girls)						
Activity 2.2.2	Continuous micro Nutrient supplementation (Iron Folate/MNP etc)						
Outcome 3	Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response						
Code	Description	Assumptions & Risks					
Output 3.1	Nutritional surveillance enhanced	Security prevail,funding secured,good road network connection					
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	25	10			35
		Means of Verification:	Quarter four training report				
Activities							
Activity 3.1.1	Monthly reports and training reports						
Activity 3.1.2	Final Narrative report						
Activity 3.1.3	Managers training on project cycle management and M&E						

WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Activity 1.1.1 Transportation of nutrition supplies to the field	2015										X		
Activity 1.1.2 Screening and referral of children under five(Boys and girls)pregnant and lactating women for SAM and MAM management in all sites	2015										X	X	X	X
Activity 1.1.3 Recruitement of additional staff	2015										X			
Activity 1.2.1 Treatment and management of children under five (boys and girls) and PLW for severe acute malnutrition	2015										X	X	X	X
Activity 1.2.2 Treatment and management of children under five (Boys and girls) and PLW for MAM.	2015										X	X	X	X
Activity 1.3.1 Refresher training of the staff on the CMAM package and nutrition cluster reporting	2015										X			
Activity 2.2.1 Continous Vitamin A supplementation and deworming for Children under five (Boys and Girls)	2015										X	X	X	X
Activity 2.2.2 Continous micro Nutrient supplementation (Iron Folate/MNP etc)	2015										X	X	X	X
Activity 3.1.1 Monthly reports and training reports	2015										X	X	X	X
Activity 3.1.2 Final Narrative report	2015													X
Activity 3.1.3 Managers training on project cycle management and M&E	2015										X			

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>UNKEA have operational experience in nutrition programs with strong knowledge and skills in data collection, analysis and reporting to both cluster and the donors. UNKEA will ensure weekly and monthly accurate collection of information and compile the results for end of month analysis. This can then be the basis for program evaluation according as per the goal, objectives, and indicators of the program. UNKEA do have at least one SMART survey each year and an orientation planning workshop in order to generate baseline data for the program and ensure that all staffs understand the project targets. UNKEA Individual staff will generate work plan which will link activities to agree upon timelines for monitoring, reporting and measurement of progress against output. UNKEA will continue to build the operational capacity of project staffs both through trainings and on the job training where data recording, data storage, monitoring and reporting in the project cycle management (PCM) is taken a key. The Nutrition Data clerk is responsible for compiling the data into a fair draft which will be reviewed by Nutrition Manager to ensure correctness, accuracy and consistency before sending to the Nutrition cluster. For better data collection, reporting tools must all the times be in the work sites. UNKEA Nutrition manager will be responsible for the overall planning, supervision, monitoring and reporting of the activities as per the proposal. He will have monthly visits to the field Program sites in order to monitor activities that are running, track changes and make necessary modifications to the program to attain the set objectives. Also in this 4th quarter, the Project Manager will make monthly field visits , make facility supervision checks to monitor and verify reported information as well as project compliance with set guidelines and benchmarks. This will involve data quality audits in randomly selected project sites as a part of project data quality assurance and quality control. UNKEA Nutrition Manager in collaboration with Health and Nutrition Advisor will coordinate the nutrition program, attend the nutrition cluster technical working groups to ensure relevant information is factored into program implementation and share progress reports including lessons learnt in the field with all the partners. He will also ensure that the information in logical framework is followed as it provides the basis for monitoring the project indicators while the output indicators measure program records and reports. The Executive Director will have to provide technical support, ensure timely implementation of planed activities and make regular field visits. He also attends coordination meetings, share achievements, challenges and information that can be an asset in success of the project as well as meet with other agencies where appropriate. All UNKEA collected data will be stored electronically and manually to ensure its security as part of control and safety measure in Reporting. UNKEA will provide monthly reports, quarter four reports and end of Project progress reports against work plan, budget and verify that the indicated targets are achieved.</p>
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OTHER INFORMATION

Accountability to Affected Populations	The children under five, boys and girls, pregnant and lactating women who are IDPs and the host community are the direct beneficiaries of this project. Children and women are the most vulnerable groups in the society and in situations of crises like the current crises; they suffer most compared to the other members of the community. UNKEA consulted the beneficiary as early as in the project design and they will be fully involved in the project implementation and evaluation. The network of mother to mother support groups and the Village Nutrition committees with the community and the project management team provides a strong avenue for the feedback. The project will ensure women boys and girls are treated with dignity. Also it will take into consideration the fundamental human rights. UNKEA has a good record of confidentiality and all information/data collected from the community will be treated with confidentiality . For example, data collection will include an informed consent from every one getting involved. As UNKEA has a good record of impartiality, the project will benefit all communities in the targeted area and will ensure all people are treated equal regardless of their affiliations. UNKEA will collaborate with UNICEF, WFP including other agencies on ground such as Nile Hope, ADRA and others who will come to Nasir County for the same provision of humanitarian services to the needy people.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	UNKEA will recruit additional nutrition staff to fill the gaps in newly created OTPs and one field Nutrition supervisor for scale up of activities. Also UNKEA will open additional two new TSFP and two OTPs in this fourth quarter. UNKEA will provide refresher training to the selected community nutrition Volunteers (CNV), Assistant Nutritionists and the Nutritionists too. With UNICEF support to the SCs and OTPs, UNKEA will provide quality management to SAM cases and use the MAM cases will be managed by support coming from WFP - FLA. Active and passive screenings will be taking place and referral of children with severe complications to the next level of care will be given priority. Vitamin A supplementation and deworming program will be conducted jointly with the health and nutrition teams. The nutrition team will work with, health, WASH and food security and livelihood team to conduct joint community campaigns to provide health and Nutrition education to the community on better food and health practices to promote better health and prevent malnutrition. Immunization of children will be conducted jointly with the health and nutrition teams. UNKEA will work hand in hand with the CHD (MoH) to improve on the Nutrition program for achievement of desired results. Reports will be collected and shared among the health and nutrition teams for harmonization to avoid duplication of results. The SMART survey already done will be treated as the base line data in guiding the smooth running of the activities. To create ownership and sustainability of the project, UNKEA will seek and foster effective collaboration coordination with line government ministries and their respective departments at the County level in addition to closely working with other non governments engaged in similar initiatives to share lessons learnt. UNKEA will continue to documents its success stories and use to inform programming at all levels of the project management. This project will be delivered under the direct technical guidance and supervision of the Nutrition Manager in collaboration with Health and Nutrition Advisor who will provide the overall project oversight at the direction of the Executive Director.

Coordination with other Organizations in project area	<p>Name of the organization</p>	<p>Areas/activities of collaboration and rationale</p>
	1. World food program (WFP)	Targeted Supplementary Feeding Program for the treatment of Moderate acute malnutrition under five, pregnant and lactating Women. Also UNICEF will maintain the six TSFP sites including new sites that will be open in quarter four. To increase coverage and success, refresher trainings will be conducted on the Management of CMAM.
	2. UNICEF	UNICEF is a major partner to UNKEA on management of SAM cases and it has continued support to the population of Nasir County through the provision of Ready to use therapeutic foods (RUTFs) and other equipments. With the current PCA being in process UNKEA and UNICEF will continue to collaborate in the areas of supplies provision, nutrition assessments and SMART Surveys.
	3. County Health Department (CHD) / MoH	The CHD will provide support to UNKEA to ensure smooth implementation of the project and it will be part of the project monitoring and evaluation team.

Environmental Marker Code	A: Neutral Impact on environment with No mitigation
Gender Marker Code	1-The project is designed to contribute in some limited way to gender equality
Justify Chosen Gender Marker Code	Malnutrition stills remains a case that has equal effect on women, men, boys and girls, although, PLW and the under five are the most vulnerable group. UNKEA is keeping a keen focus to equity in nutrition service provision as well as a direct focus in implementing the CMAM package that include ITFC, ATFC, TSFP and Community mobilization.
Protection Mainstreaming	The treatment centers will not be located near Armed settlements,the environment will be kept clean,latrines will be labeled Female and Male,the beneficiaries will be treated with dignity and impartially.Informed consent will be required in any data collection and all information gathered will be treated with confidentiality.
Safety and Security	All the organization asserts will not be used for security purposes.The beneficiaries and staff will be trained on how to avoid insecure places and how to negotiate.The Facilities will be kept clean and all risk areas will be notified.

Access UNKEA will expand its coverage through out reach programs in order to reach the hard to reach.It intends to start mobile OTPs to reach the furthest places.All people in need will be granted access to the services

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
1.1	Nutrition Manager Nutrition manager technical guidance and advises	D	1	2000	4	100.00%	8,000.00	0.00	8,000.00	8,000.00
1.2	Data Clerk Data clerk:Collection of data from the sites	D	1	1000	4	100.00%	4,000.00	0.00	4,000.00	4,000.00
1.3	Registrars 5 Registrars:Registration of patients and screening	D	5	500	4	100.00%	10,000.00	0.00	10,000.00	10,000.00
1.4	Executive Director The Executive Director helps in the provision of overall guidance of the project activities in the due course of project implementation	S	1	4500	4	60.00%	10,800.00	0.00	10,800.00	10,800.00
1.5	Finance Manager The finance manager helps in keeping the financial record of the organization and perhaps helps in the process of Auditing and other finance activities related to the project	S	1	1600	4	60.00%	3,840.00	0.00	3,840.00	3,840.00
1.6	Human Resource Manager The human resource also helps in ensuring that all personnel are always present and doing the right work to help the project achieved its activities	S	1	1600	4	50.00%	3,200.00	0.00	3,200.00	3,200.00
1.7	Accountant The Accountant helps in effecting payments related to the project activities	S	1	1100	4	60.00%	2,640.00	0.00	2,640.00	2,640.00
1.8	M & E officer The M & E helps in monitoring of the project activities	S	1	1100	4	60.00%	2,640.00	0.00	2,640.00	2,640.00
1.9	Logistics officer/Admin The Logistics helps in the transporting of supplies from the head office to the field location	S	1	1100	4	60.00%	2,640.00	0.00	2,640.00	2,640.00
1.10	Drivers They helps in the running of day today activities in a smooth way	S	4	200	4	50.00%	1,600.00	0.00	1,600.00	1,600.00
1.11	Field nutrition supervisor Field supervision ans support	D	1	1200	4	100.00%	4,800.00	0.00	4,800.00	4,800.00
1.12	Nutrition advisor Technical support	S	1	2500	4	50.00%	5,000.00	0.00	5,000.00	5,000.00
1.13	Nutritionists They do the screening and treatment of children in the 8 payams of Jikmir, Madeng, Kierwan, Nasir,	D	6	900	4	100.00%	21,600.00	0.00	21,600.00	21,600.00
1.14	Assistant nutritionists To assist the nutritionists in screening and treating malnourished children	D	6	400	4	100.00%	9,600.00	0.00	9,600.00	9,600.00
1.15	cooks To boil water for milk preparation and also ensures that all the facility utensils are kept clean	S	5	100	4	50.00%	1,000.00	0.00	1,000.00	1,000.00
1.16	Guards Guarding the security of supplies, facilities and personels on ground	S	6	100	4	50.00%	1,200.00	0.00	1,200.00	1,200.00
1.17	Cleaners Cleaners	S	6	100	4	60.00%	1,440.00	0.00	1,440.00	1,440.00
1.18	Store Keepers Conrolling the movement of supplies and also make sure they stored under good conditions	D	2	150	4	100.00%	1,200.00	600.00	600.00	1,200.00
Section Total							95,200.00	600.00	94,600.00	95,200.00

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
2.1	Nutrition Supplies Nutrition Supplies (Plumpy nuts,F100) - UNICEF in-kind		0	0	0	0.00%	0.00	0.00	0.00	0.00
2.2	Nutrition Equipment Nutrition Equipment (Weighing Scale,billboard and others) - UNICEF in-kind		0	0	0	0.00%	0.00	0.00	0.00	0.00
2.3	Transportation Transportation of supplies from Juba to Jikmir and sites (Chatter of flights)	D	1	8600	2	100.00%	17,200.00	0.00	17,200.00	17,200.00
2.4	Loading and off-loading Loading and offloading of supplies from Juba-Nasir-Sites/Juba to Nasir 600 and Nasir to sites 600	D	1	600	2	100.00%	1,200.00	0.00	1,200.00	1,200.00
2.5	Printing Printing of IEC materials:Awareness campaign(500 each for two campaigns), Nutrition Registers (20 pcs)and treatment cards (5000)	D	1	300	4	100.00%	1,200.00	0.00	1,200.00	1,200.00
2.6	Rehabilitation Rehabilitation/construction of SC/OTPs	D	1	3520	4	100.00%	14,080.00	0.00	14,080.00	14,080.00

Section Total							33,680.00	0.00	33,680.00	33,680.00
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3 Equipment (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
3.1	Computers	D	2	1000	1	100.00%	2,000.00	0.00	2,000.00	2,000.00
Two computers.one for the field nutrition supervisor and the other for the data clerk										
Section Total							2,000.00	0.00	2,000.00	2,000.00

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		Quarterly Total
								Q3	Q4	
Section Total							0.00	0	0	0.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
5.1	Monitoring and evaluation officer	S	1	400	2	60.00%	480.00	0.00	480.00	480.00
The M & E officer helps in the overall monitoring of the project activities in the field from time to time for accurate data to be produce										
5.2	Executive Director	S	1	400	2	60.00%	480.00	0.00	480.00	480.00
Executive Director: helps in Provision of monitoring and technical guidance to the staff implementing the project										
5.3	Accountant/Finance manager	S	2	400	2	50.00%	800.00	0.00	800.00	800.00
Accountant:Helps in effecting payment and provides necessary reconciliations for the project										
Section Total							1,760.00	0.00	1,760.00	1,760.00

6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
Section Total							0.00	0	0	0.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
7.1	Fuel for Speed boat for monitoring of activities	D	1	1800	4	100.00%	7,200.00	0.00	7,200.00	7,200.00
Transport for supervision within the the project sites/Mobile out reaches										
7.2	Motorcycle maintainance	S	1	100	4	60.00%	240.00	0.00	240.00	240.00
Day to day maintenance of the vehicle										
7.3	Vehicle fuel:	S	1	600	4	65.00%	1,560.00	0.00	1,560.00	1,560.00
Coordination,and it is calculated basing on the current market rate										
7.4	Maintanance of Vehicles;Oils and other	S	1	200	4	60.00%	480.00	0.00	480.00	480.00
Keep the vehicle in good condition,calculated basing on the current market rate										
7.5	Compound generator fuel	S	1	600	4	50.00%	1,200.00	0.00	1,200.00	1,200.00
Generator running cost calculated basing on the current market rate										
7.6	Telephone bill	S	1	200	4	70.00%	560.00	0.00	560.00	560.00
Communication										
7.7	Office stationaries	S	1	500	4	60.00%	1,200.00	0.00	1,200.00	1,200.00
Day to day office use and documentation										
7.8	Internet	S	1	400	4	70.00%	1,120.00	0.00	1,120.00	1,120.00
Communication										
Section Total							13,560.00	0.00	13,560.00	13,560.00

Sub Total Direct Cost 146,200.00

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

Audit Cost (For NGO, in percent) 1%

PSC Amount 10,234.00

Quarterly Budget Details for PSC Amount	2015		Total
	Q3	Q4	
	0.00	10,234.00	10,234.00

Total Fund Project Cost 156,434.00

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
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Upper Nile -> Luakpiny/Nasir	100							0	
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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

