

Requesting Organization :	Universal Network for Knowledge and Empowerment Agency				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
NUTRITION		100.00			
		100			
Project Title :	Provision of Community Nutrition Services to IDPs, host community and returnees in Nasir County - Upper Nile State				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-16/HSS10/SA1/N/NGO/675		
Cluster :		Project Budget in US\$:	201,717.00		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/02/2016	Planned End Date :	31/07/2016		
Actual Start Date:	01/02/2016	Actual End Date:	31/07/2016		
Project Summary :	<p>UNKEA aims to provide Community Nutrition Services to IDPs, host community and returnees in Nasir County of Upper Nile State. The project will focus on CMAM package, treatment of Severe Acute Malnourished (SAM) children (under-5), treatment of Moderately Acute Malnourished(MAM) Children (under-5), plan to increase access to integrated program preventing under-nutrition through IYCF, provision of vitamin A supplementation for girls, boys and Women, Deworming of children aged 12 – 59 months, training of Health workers on CMAM package, IYCF, and preventive services (deworming, Vitamin A and micro nutrient). UNKEA will also conduct Pre harvest nutrition SMART Survey. UNKEA will implement this project in 11 OTPs (3 new), 11 TSFP (3 new) and 2 SC respectively. The project aim to target and achieve 15200 as direct beneficiary and 900 as indirect beneficiaries which include IDPs, host community, returnees, children under five (boys and girls) pregnant and lactating women, women and men as below;</p> <ul style="list-style-type: none"> - 1360 SAM children (under-5) admitted for treatment - 3500 MAM Children (under-5) admitted for the treatment - 1700 IDPs / returnees - 15200 children screened - 1549 PLW and caretakers of children 0-23 months in IYCF promotion - 1600 children (under -5) reached with Vitamin A supplementation - 1400 children (12 -59 months) dewormed - 100 health workers trained in CMAM and IYCF package - 01 Pre-harvest SMART surveys undertaken <p>UNKEA will carry out nutrition 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 including ongoing community social mobilizations and Sensitization.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	500	1,351	880	780	3,511
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	880	780	1,660
Pregnant and Lactating Women	0	810	0	0	810
Internally Displaced People	200	203	0	0	403
People in Host Communities	300	338	0	0	638

Indirect Beneficiaries :

Elderly 200, Youths 500, Disable people 100 and others 100

Catchment Population:

183808 (For 11 eleven payams)

Link with allocation strategy :

To save lives and alleviate suffering through safe access to services and resources with dignity, UNKEA will deliver quality life saving management of acute malnutrition for the most vulnerable and at risk for at least 70% of SAM and 75% of MAM in girls and boys 6-59 months, and 60% PLW to IDPs and host community. UNKEA will mitigate the threat of acute malnutrition through routine screenings in all OTPs sites, conduct massive community screening, referral of boys and girls for admissions and treat those with severe and moderate acute malnutrition. Also UNKEA will ensure enhanced needs analysis of nutrition situation and robust monitoring and coordination of response by conducting one pre harvest SMART surveys, carry out daily nutrition surveillance, perform weekly and timely monthly reporting, coordinate with partners and engage in assessments like Rapid Respond Missions

To ensure communities are protected, capable and prepared to cope with significant threats, UNKEA will increase access to integrated program preventing under-nutrition by bringing in sectors like food security and livelihood, Health and WASH to address the underlying causes of malnutrition hence prevention of under nutrition. Also UNKEA will renew 20 IYCF mother support groups and form 20 new mother support groups for the IYCF promotion. UNKEA will ensure that all eligible children visiting the health facility receive measles vaccination alongside vitamin A supplement and deworming. This can be achieve by getting the support of the stakeholders, local leaders, religious leaders, women and men including IDPs as well as the returnees through expansion of activities to reach the most vulnerable and unreached people in Nasir county.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Simon Bhan Choul	Excutive Director	unkea.southsudan@gmail.com	+8821655540654,
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BACKGROUND**1. Humanitarian context analysis**

Nasir County in Upper Nile State still needs Nutrition services. 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. Nasir County have 252,644 by mid 2015 and predicted to have 257,177 by mid 2016, 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 (SRRC, Nasir, and 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 nine out of 13 payams which include Nasir, Kiechkon, Mading, Roam, Jikmir, Kurengke, Kierwan, Dinker and Maker but Mandeng payam currently hosts most of the IDPS after the incident of Nasir town on May 4th 2014. More so, the recent fighting in June 2015 in some parts of Upper Nile has increased the number of IDPS seeking shelter in the county especially Mandeng and Jikmir in Nasir county. In a recent visit to Mandeng, the SRRA reported that about three quarters (3/4) of the IDPs from Malakal, Ulang and Nasir town have settled in Mandeng and Jikmir in Nasir county. The pressure of hunger is so huge on the host 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 recent fighting in Malakal and other counties within Upper Nile state plus recent inflation rates, UNKEA strongly believes that malnutrition situation has doubled or gone higher than critical and Food shortages are likely to be highest in Nasir making boys and girls <5 and Pregnant and Lactating Women more prone to severe acute malnutrition. As the malnutrition situation in Nasir was found by UNKEA SMART Survey in June 2015 as 19.9% GAM and SAM prevalence rate was 6.4%. Now 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. UNKEA as the only prominent National NGO providing Nutrition services in Nasir County is calling for this fund to continue providing community Nutrition services, scale up services to unreached new areas and work hard to reduce the Malnutrition rates to acceptable level.

2. Needs assessment

The nutrition situation in Nasir still remains unpredictable even though the peace deal was signed as seen in some fighting in neighboring counties. More so there has been cattle riding within Nasir which led dead of people with increase out movement of population . Also, 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 Riang where RRM mission in 2015 was conducted. In addition 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.

3. Description Of Beneficiaries

The beneficiaries will be IDPs, returnees and host community, people with special needs, disabled people and HIV people will be given high consideration, this includes children under five and pregnant and lactating women in the same context the project will also advocate for men involvement in IYCF as well as those seeking protection.

4. Grant Request Justification

The current CHF funding ends 31st December 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 9 payams of Nasir county namely; Nasir, Jikmir, Kiechkon, Kuerengke, Mading, Keirwan, Mandeng and Roam payams respectively and would scale up to 9 payams. Hence UNKEA would wish to expand from 8 OTPs sites to 11 OTPs sites. 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 recent fighting in Upper Nile State, recent inflation in the county will mean food shortages and, also the pronounced peace return in August 2015 will trigger return of populations from surrounding counties to Nasir. The population movement is likely to compromise program outcome like cure rate and the defaulter rates. There are also other factors that need to be taken into consideration like insecurity, increase morbidity and disease outbreaks (like whooping cough, malaria, Pneumonia, diarrhea), economic crisis (inflation) which is likely to worsen the malnutrition among children in Nasir County and GAM rate may increase higher than 19.9%. UNKEA currently is the only active humanitarian agency in Nutrition activities and 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 like Riang and Vitamin A supplement will be given along side Measles vaccinations as well as deworming. 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 (SC), 11 OTPs sites (8 existing, 3 new) and 11 TSFP sites (8 existing, 3 new) as well as through the forming 40 mother to mother support groups for IYCF which contain 400 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 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. But should this funds not be there, the the GAM rate is likely to go higher than 19.9%.

5. Complementarity

Since UNKEA have PCA with UNICEF for one year and FLA with WFP also for one year, it will receive Nutrition Supplies for the treatment of SAM and MAM cases respectively. UNKEA still have god buffer stock for in kind Nutrition supply / Commodities (RUFT) for the management of SAM cases and Have received new set of Nutrition equipments from UNICEF. This can compliment the budget from CHF SA1 funding in 2016

LOGICAL FRAMEWORK

Overall project objective

Provide life saving management of acute malnutrition and access to integrated preventive programs and enhance needs analysis.

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
CO1: Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	70				
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	15				
CO3: Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses		HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	15				
<p>Contribution to Cluster/Sector Objectives : The project will focus on the Management of SAM and MAM, provide IYCF services to 0 – 23 months, micro nutrient supplementation, Deworming, Nutrition screening, surveys, surveillance and situation monitoring. All these can be achieved through optimizing community outreach and referrals of children under five and PLW for admission in OTPs and TSFP, integration of CMAM into PHCUs/PHCCs, formation of mobile and outreach team to strengthen active case finding, monthly nutrition response monitoring including 5Ws, as well as nutrition assessment and surveillance among the IDPs and host community in Nasir County. This project will strengthen the existing services being provided by UNKEA in 2015 and expand coverage of services to areas not reached yet like, Luakpiny and Dinker and others. The project will engage staff and community nutrition volunteers (CNV) in prevention of Malnutrition by adopting an integrated approach, and work as a team with Health, WASH and FSL. The project will ensure that staff are trained on CMAM and IYCF package, surveillance and SMART surveys. One pre-harvest SMART survey will be conducted, results validated and shared with partners and MOH. Also monitoring and evaluation will be a major component of the project together with timely reporting, coordination meetings with other partners in the nutrition cluster will be attended as well as lessons, experiences and challenges will be shared.</p>							
Outcome 1							
Quality lifesaving management of acute malnutrition for at least 70% of SAM and 75% of MAM cases for girls and boys 6-59 months, 60% PLW cases among the IDPs, returnees and host community in Nasir county							
Output 1.1							
Description							
Optimize community outreach and referrals for CMAM services							
Assumptions & Risks							
Mother will bring their children and Security will prevail							
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							
Treatment and management of children under five (boys and girls) and PLW for severe acute malnutrition							
Activity 1.1.4							
Treatment and management of children under five (Boys and girls) and PLW for MAM.							
Activity 1.1.5							
Recruitment of staff for New OTP /TSFP, additional staff for old sites and volunteers for all the sites							
Activity 1.1.6							
Build technical capacity in CMAM - training							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			680	680	1,360
Means of Verification : Weekly and Monthly reports							
Indicator 1.1.2	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			1,750	1,750	3,500
Means of Verification : Monthly Reports							
Indicator 1.1.3	NUTRITION	Frontline services # of children screened in the community			7,600	7,600	15,200
Means of Verification : Monthly screening reports							
Indicator 1.1.4	NUTRITION	Frontline services # of nutrition sites - No of stabilisation centres supported (new and existing)					2
Means of Verification : Monthly reports							

Indicator 1.1.5	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)						11
Means of Verification : Monthly reports								
Indicator 1.1.6	NUTRITION	Frontline services # of nutrition sites - No of TSFP sites established/maintained supported (new and existing)						11
Means of Verification : Monthly reports								
Outcome 2								
Provide increased access to integrated program preventing under-nutrition through IYCF for at least 60% PLW, 90% vitamin A coverage for girls and boys aged 0-59 months, BSFP for 30% of under-fives and 40% PLW among IDPS, returnees and host community in Nasir county								
Output 2.1								
Description								
Strengthen implementation of IYCF programming, in host community and in IDPs sites in Nasir county								
Assumptions & Risks								
Security prevail/Funding secured for the new location								
Activities								
Activity 2.1.1								
Renew / Formation of 40 mother to mother support groups for IYCF promotion								
Activity 2.1.2								
Continuous social mobilization and education on IYCF								
Activity 2.1.3								
Continuous Vitamin A supplementation for Children 6 - 59 months (Boys and Girls)								
Activity 2.1.4								
Strengthen and implement De-worming of children 12 -59 months (Boys and girls)								
Activity 2.1.5								
Continuous micro Nutrient supplementation (MNP etc)								
Activity 2.1.6								
Training on IYCF, Vitamin A supplementation and deworming plus monthly timely reporting								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 2.1.1	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	0	1,351			1,351	
Means of Verification : Monthly reports								
Indicator 2.1.2	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			800	800	1,600	
Means of Verification : Monthly reports								
Indicator 2.1.3	NUTRITION	Frontline services # of children (12 -59 months) dewormed			700	700	1,400	
Means of Verification : Monthly reports								
Indicator 2.1.4	NUTRITION	Frontline services # of health workers trained in Infant and Young Child Feeding	75	25			100	
Means of Verification : Monthly and quarter reports								
Outcome 3								
Ensure enhanced needs analysis of nutrition situation and robust monitoring and coordination of response.								
Output 3.1								
Description								
Nutritional surveillance enhanced								
Assumptions & Risks								
Security prevail,funding secured,good road and water network connection								
Activities								
Activity 3.1.1								
Monthly reports and training reports								
Activity 3.1.2								
Quarterly and final Narrative report								

Activity 3.1.3

Training of nutrition manager and or M & E Manager on project monitoring & evaluation

Activity 3.1.4

Conduct SMART survey covering whole of Nasir County

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	Frontline services # of SMART surveys undertaken - Pre-harvest					1

Means of Verification : Smart Survey Report

Additional Targets :

M & R

Monitoring & Reporting plan

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 accordingly 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 frequent 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 the 1st quarter, the Project Manager will make necessary field visits , make facility supervision and checks to ensure all activities are initiate well, 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 intenal project data quality assurance and quality control. UNKEA Nutrition Manager in collaboration with Health and Nutrition Adviser 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 learn 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 quarterly 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 one report and end of Project progress report against work plan, budget and verify that the indicated targets are achieved.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Transportation of nutrition supplies to the field	2016		X	X	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	2016		X	X	X	X	X	X					
Activity 1.1.3: Treatment and management of children under five (boys and girls) and PLW for severe acute malnutrition	2016		X	X	X	X	X	X					
Activity 1.1.4: Treatment and management of children under five (Boys and girls) and PLW for MAM.	2016		X	X	X	X	X	X					
Activity 1.1.5: Recruitment of staff for New OTP /TSFP, additional staff for old sites and volunteers for all the sites	2016		X	X	X								
Activity 1.1.6: Build technical capacity in CMAM - training	2016		X	X	X								
Activity 2.1.1: Renew / Formation of 40 mother to mother support groups for IYCF promotion	2016			X									
Activity 2.1.2: Continuous social mobilization and education on IYCF	2016		X	X	X	X	X	X					
Activity 2.1.3: Continuous Vitamin A supplementation for Children 6 - 59 months (Boys and Girls)	2016		X	X	X	X	X	X					
Activity 2.1.4: Strengthen and implement De-worming of children 12 -59 months (Boys and girls)	2016		X	X	X	X	X	X					
Activity 2.1.5: Continuous micro Nutrient supplementation (MNP etc)	2016		X	X	X	X	X	X					
Activity 2.1.6: Training on IYCF, Vitamin A supplementation and deworming plus monthly timely reporting	2016			X									
Activity 3.1.1: Monthly reports and training reports	2016		X	X	X	X	X	X					

Activity 3.1.2: Quarterly and final Narrative report	2016				X			X				
Activity 3.1.3: Training of nutrition manager and or M & E Manager on project monitoring & evaluation	2016				X							
Activity 3.1.4: Conduct SMART survey covering whole of Nasir County	2016			X								

OTHER INFO

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

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 three new TSFP and three OTPs in the first 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. One pre-harvest SMART survey will be conducted to inform nutrition programming. 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

Name of the organization	Areas/activities of collaboration and rationale
WFP	Targeted Supplementary Feeding Program for the treatment of Moderate acute malnutrition under five, pregnant and lactating Women. Also WFP will maintain the six TSFP sites including new sites that will be opened in quarter one to increase coverage and success, refresher trainings will be conducted with WFP technical support on the Management of CMAM.
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, UNKEA and UNICEF will continue to collaborate in the areas of supplies provision, nutrition assessments and SMART Surveys.
CHD	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.

Environment Marker Of The Project

B: Medium environmental impact with NO mitigation

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

Nutrition 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 still keeps a keen focus to equity in nutrition service provision and will keep focus on implementing the CMAM package including IYCF services where boys and girls, women and men will get equal services regardless of sex and ethnicity.

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

Country Specific Information**Safety and Security**

Over the last six months, security in Nasir county has been friendly, humanitarian aid agencies could freely reach beneficiaries without security interference or harassment. UNKEA has a security policy in place which guides both national and international staff. It has an evacuation plan for its staff in case security deteriorates.

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

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Executive Director	S	1	4,500.00	6	20%	5,400.00
	<i>The Executive Director helps in the provision of overall guidance of the project activities in the due course of project implementation</i>						
1.2	Nutrition advisor	D	1	2,500.00	6	100%	15,000.00
	<i>Technical support</i>						
1.3	Nutrition Manager	D	1	2,000.00	6	100%	12,000.00
	<i>Nutrition manager technical guidance and advises</i>						
1.4	Field Nutrition supervisor	D	1	1,000.00	6	100%	6,000.00
	<i>Nutrition Field supervision and program support</i>						
1.5	Data Clerk	D	1	1,000.00	6	100%	6,000.00
	<i>Data collection and data entry</i>						
1.6	Finance Manager	S	1	1,800.00	6	20%	2,160.00
	<i>The finance manager helps in keeping the financial record of the organization</i>						
1.7	Human Resource Manager	S	1	1,600.00	6	20%	1,920.00
	<i>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</i>						
1.8	Accountant	S	1	900.00	6	20%	1,080.00
	<i>The Accountant helps in effecting payments related to the project activities</i>						
1.9	Logistics officer/Administrator	S	1	900.00	6	20%	1,080.00
	<i>The Logistics helps in the transporting of supplies from the head office to the field location</i>						
1.10	M & E officer	S	1	1,400.00	6	20%	1,680.00
	<i>The M & E helps in monitoring of the project activities</i>						
1.11	Nutritionist	D	6	800.00	6	100%	28,800.00
	<i>6 nutritionists for 6 PHCCs to consult with SAM and MAM</i>						
1.12	Nutritionist Assistant	D	11	350.00	6	100%	23,100.00
	<i>To assistant in PHCC on nutrition needs</i>						
1.13	Registrars	D	11	150.00	6	100%	9,900.00
	<i>To registered the children</i>						
1.14	Community Mobilizers	D	11	150.00	6	100%	9,900.00
	<i>To Mobilised the community for nutrition services utilization</i>						

1.15	Store Keepers	S	11	150.00	6	50%	4,950.00
	<i>to keep the supplies safe in the store</i>						
1.16	Guards	S	11	125.00	6	50%	4,125.00
	<i>To safe guard the nutrition supplies in the facilities</i>						
1.17	Cleaners	S	11	120.00	6	50%	3,960.00
	<i>To ensure that the facilities is clean</i>						
1.18	Cooks	S	5	125.00	6	20%	750.00
	<i>Boiling the milk for the children in facilities</i>						
1.19	Drivers	S	4	500.00	6	20%	2,400.00
	<i>4 driver 2 in Nasir and 2 in Juba for coordination of project activities</i>						
1.20	Field Accountant	S	1	1,000.00	6	20%	1,200.00
	<i>For field payment</i>						
	Section Total						141,405.00
Supplies, Commodities, Materials							
2.1	Nutrition Supplies	D	0	0.00	0	100%	0.00
	<i>The supplies will be obtain from UNICEF and WFP (Plumpy nuts, CSB, CSB++F75 and F100)</i>						
2.2	Nutrition Equipments	D	1	0.00	0	100%	0.00
	<i>Nutrition Equipment (Weighing Scale,billboard and others) - UNICEF in-kind</i>						
2.3	Transport of supplies from UNICEF ware house in Juba to Bor Logistic cluster ware house	D	2	5,065.00	1	100%	10,130.00
	<i>Transport of supplies from UNICEF store to Bor Logistic cluster then finally to UNKEA field site at Mangeng</i>						
2.4	Transport from Airstrip to Central store in Mandeng	D	2	1,350.00	2	100%	5,400.00
	<i>Transport from the airstrip to store in fields</i>						
2.5	Loading and Offloading	D	2	675.00	2	100%	2,700.00
	<i>Offloading and loading in Mandeng by porters</i>						
2.6	Handling and Storages	D	2	450.00	2	100%	1,800.00
	<i>Handling and storage</i>						
2.7	Building of OTP/TSFPs in 6 locations	D	1	3,770.02	1	100%	3,770.02
	<i>Putting up local buildings in 6 PHCCs using local materials for use as OTPs / TSFPs</i>						
	Section Total						23,800.02
Equipment							
3.1	Computer for Nutrition staffs	D	1	800.00	1	100%	800.00
	<i>Nutrition Supervisor and Data clerk</i>						
3.2	Thuraya phone	D	1	500.00	1	100%	500.00
	<i>For field communication where there is no internet service</i>						
3.3	Printer Machine	D	1	800.00	1	100%	800.00
	<i>3 in 1 Machine for easy paper work</i>						
3.4	Printing of 20000 Treatment cards	D	1	1,000.00	1	100%	1,000.00

	<i>Printing of Nutrition treatments cards and registers for OTP, SC, and TSFP services</i>						
	Section Total						3,100.00
Contractual Services							
4.1	Pre harvest SMART Survey	D	1	16,167.54	1	100%	16,167.54
	<i>The SMART survey will cover Nasir County to collect the Nutrition data</i>						
4.2		D	0	0.00	0	100%	0.00
4.3		D	0	0.00	0	100%	0.00
4.4		D	0	0.00	0	0%	0.00
4.5			0	0.00	0	0%	0.00
	Section Total						16,167.54
Travel							
5.1	Air travel for Nutrition manager	D	1	200.00	1	100%	200.00
	<i>This for project supervision and monitoring</i>						
5.2	M & E travel	S	1	200.00	1	50%	100.00
	<i>Monitoring and Evaluation of the activities</i>						
5.3	Executive Director	S	1	200.00	1	50%	100.00
	<i>Overall supervisions</i>						
5.4	Finance Manager travel	S	1	200.00	1	50%	100.00
	<i>For payment of staff salary</i>						
5.5	Advisor travel to field	D	1	200.00	1	50%	100.00
	<i>For activities supervisions</i>						
	Section Total						600.00
Transfers and Grants to Counterparts							
6.1	Bank Charges	D	2	200.00	1	100%	400.00
	<i>This is for the fund transfer commission from the donor account to UNKEA account</i>						
6.2		S	0	0.00	0	0%	0.00
6.3		S	0	0.00	0	0%	0.00
6.4		D	0	0.00	0	0%	0.00
6.5		D	0	0.00	0	0%	0.00
	Section Total						400.00

General Operating and Other Direct Costs							
7.1	Vehicle fuel	S	1	100.0 0	6	15%	90.00
	<i>Coordination and it is calculated basing on the current market rate</i>						
7.2	Maintanance of Vehicles;Oils and	S	1	100.0 0	6	13%	78.00
	<i>Keep the vehicle in good condition,calculated basing on the current market rate</i>						
7.3	Compound generator fuel	S	1	300.0 0	6	25%	450.00
	<i>Generator running cost calculated basing on the current market rate</i>						
7.4	Telephone bill	S	1	200.0 0	6	15%	180.00
	<i>Communication</i>						
7.5	Office stationaries	S	1	600.0 0	6	15%	540.00
	<i>Day to day office use and documentation</i>						
7.6	Internet	S	1	800.0 0	6	15%	720.00
	<i>Communication</i>						
7.7	Office rent	S	1	1,000 .00	6	15%	900.00
	<i>in Juba and Field</i>						
7.8	Staff compound maintain	D	2	300.0 0	1	15%	90.00
	<i>for the comfort of staff</i>						
	Section Total						3,048.00
SubTotal			123.00				188,520.56
Direct							154,557.56
Support							33,963.00
PSC Cost							
PSC Cost Percent							7%
PSC Amount							13,196.44
Total Cost							201,717.00
Grand Total CHF Cost							201,717.00

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Upper Nile -> Luakpiny/Nasir	100	500	1,350	680	680	3,210	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 : Treatment and management of children under five (boys and girls) and PLW for severe acute malnutrition Activity 1.1.4 : Treatment and management of children under five (Boys and girls) and PLW for MAM. Activity 1.1.5 : Recruitment of staff for New OTP /TSFP, additional staff for old sites and volunteers for all the sites Activity 1.1.6 : Build technical capacity in CMAM - training Activity 2.1.1 : Renew / Formation of 40 mother to mother support groups for IYCF promotion Activity 2.1.2 : Continuous social mobilization and education on IYCF Activity 2.1.3 : Continuous Vitamin A supplementation for Children 6 - 59 months (Boys and Girls) Activity 2.1.4 : Strengthen and implement Deworming of children 12 -59 months (Boys and girls) Activity 2.1.5 : Continuous micro Nutrient supplementation (MNP etc) Activity 2.1.6 : Training on IYCF, Vitamin A supplementation and deworming plus monthly timely reporting Activity 3.1.1 : Monthly reports and training reports Activity 3.1.2 : Quarterly and final Narrative report Activity 3.1.3 : Training of nutrition manager and or M & E Manager on project monitoring & evaluation Activity 3.1.4 : Conduct SMART survey covering whole of Nasir County

Documents

Category Name	Document Description