

<b>Requesting Organization :</b>	Save the Children	
<b>Allocation Type :</b>	1st Round Standard Allocation	
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>
NUTRITION		100.00
		<b>100</b>
<b>Project Title :</b>	Strengthen and enhanced coverage of nutrition services with a focus on local capacity building, quality service provision and Infant and Young Child Feeding in Emergency (IYCF-E) in the conflict and vulnerable populations in South Sudan.	
<b>Allocation Type Category :</b>	Frontline services	

**OPS Details**

<b>Project Code :</b>	SSD-16/H/89693	<b>Fund Project Code :</b>	SSD-16/HSS10/SA1/N/INGO/869
<b>Cluster :</b>	Nutrition	<b>Project Budget in US\$ :</b>	502,209.81
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	2
<b>Planned Start Date :</b>	01/02/2016	<b>Planned End Date :</b>	31/07/2016
<b>Actual Start Date:</b>	01/02/2016	<b>Actual End Date:</b>	31/07/2016

**Project Summary :** The action will focus on providing therapeutic and supplementary feeding to severely and moderately malnourished children under the age of 5 years and pregnant and lactating women. It will also focus on implementation on Infant and young child feeding in emergencies targeting women, girls and boys and the elderly men and women.

**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
416	4,158	5,472	5,696	15,742

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	5,472	5,696	11,168
Other	416	0	0	0	416
Pregnant and Lactating Women	0	4,158	0	0	4,158

**Indirect Beneficiaries :**
**Catchment Population:**
**Link with allocation strategy :**

Save the Children International will use CHF funding to support the continuation of treatment of acute malnutrition among children 0-59 months and pregnant and lactating women (PLW) through existing nutrition sites in Akobo, Nyirol and Bor South Counties of Jonglei State. As prevention of malnutrition is a priority, existing mother to mother support groups will be strengthened and supported to deliver IYCF messages. These interventions are aimed at saving lives, reducing risks associated with morbidities and mortality among under-five children and PLW.

**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
Laina Henderson	Director Program Development and Quality	Laina.henderson@savethechildren.org	0922412301

**BACKGROUND****1. Humanitarian context analysis**

The complex emergency in South Sudan is caused by high underlying vulnerability and severe effects of the conflict and displacement compounded by limited humanitarian access, resulting in loss of livelihoods, income, assets, inadequate food access, market disruption, high prices, and sustainable coping. Currently, 3.1 million are in Crisis (IPC Phase 3) and 830,000 in Emergency (IPC Phase 4) and of extreme concern are 30,000 people estimated to be Catastrophe (IPC Phase 5) requiring urgent humanitarian assistance. The most affected areas are Unity, Jonglei and Upper Nile States. Although the August-September period typically marks the start of green harvests and reflects an improving situation from the peak-lean season, the long-term effects of the conflict coupled with high food prices, erratic rainfall patterns, depleted livelihood options and limited humanitarian access continue to put pressure on households' food security. Particular to Jonglei, about 545,000 people which is 31% of the population are classified as severely food insecure the prevalence of Malnutrition among children under five has persistently remained above the emergency thresholds. This high prevalence of acute malnutrition is attributed to inadequate food consumption, poor maternal and child feeding practices, morbidity, and constrained health and nutrition service delivery. This critical nutrition context, coupled with the ongoing conflict, sudden population displacements and economic turnaround require an immediate nutrition response.

The SMART survey conducted March 2015 in Akobo West county showed that the prevalence of Global Acute Malnutrition (GAM) (WHZ<-2 and/or edema) for the county was 20.1% (95% CI: 16.4- 24.3), and the severe acute malnutrition (SAM) prevalence (WHZ<-3 and/or edema) was 4.4% (95% CI: 3.0- 6.4). Similarly The results of SMART survey conducted in Nyirol county in March 2015 show that the prevalence of Global Acute Malnutrition (GAM) (WHZ<-2 and/or edema) for the county was 21.1% (95% CI: 17.6-25.1), and the severe acute malnutrition (SAM) prevalence (WHZ<-3 and/or edema) was 2.8% (95% CI: 1.7- 4.5). In both locations the GAM prevalence surpasses the emergency threshold of 15% according to WHO classification. The survey result also indicate that there poor IYCF practices mainly the Early Initiation of BF which less than 50%.

Save the Children's history in Jonglei state dates back to late 1998, implementing a multi-sectorial programme Save the Children work in the area has had emphasis on Nutrition, Child rights governance, Child protection, education, primary health, vocational and literacy training, food security and emergency assistance. In recent years; Save the children has placed emphasis on Maternal child Health and Nutrition, Child protection, Primary education and food aid response to internally displaced households. Save the Children interventions cover three Counties in Jonglei state [Akobo, Nyirol and Bor South]. The programme has established 3 field offices [Akobo, Bor, and Nyirol] that support in the day to day operation in these respective counties. Over the past 10 years the programme has adopted an integrated approach in programing by emphasizing on involvement of constituents, multi-sector and multi-donor project, with a long term emphasis.; this resulted on improved outlook for the beneficiaries.

**2. Needs assessment**

Malnutrition level in Jonglei state is particularly high with Akobo and Nyirol Counties; the SMART survey conducted March 2015 in Akobo West county showed that the prevalence of Global Acute Malnutrition (GAM) (WHZ<-2 and/or edema) for the county was 20.1% (95% CI: 16.4- 24.3), and the severe acute malnutrition (SAM) prevalence (WHZ<-3 and/or edema) was 4.4% (95% CI: 3.0- 6.4). Similarly the results of SMART survey conducted in Nyirol county in March 2015 show that the prevalence of Global Acute Malnutrition (GAM) (WHZ<-2 and/or edema) for the county was 21.1% (95% CI: 17.6-25.1), and the severe acute malnutrition (SAM) prevalence (WHZ<-3 and/or edema) was 2.8% (95% CI: 1.7- 4.5). In both locations the GAM prevalence surpasses the emergency threshold of 15% according to WHO classification. The survey result also indicate that there poor IYCF practices mainly the Early Initiation of Breastfeeding as low as less than 50%. Bor South County Host a PoC whose level of malnutrition remains a major concern to the population trapped due to the ongoing political situation. Save the Children has been undertaking rehabilitation of children and Pregnant and lactating women suffering from acute malnutrition since the 2013 December conflict that future exuberated the complex challenges of malnutrition in this locations. With the support of the CHF funding SCI will be able to ensure continuity of Nutrition Services in the 25 nutrition sites in the state and avert mortality. Without the support the project will close down and risk death. The three location face other challenges of access to health and water and sanitation that also largely contribute to the high levels, the project will therefore continue to foster close collaborations with the Ministry of health and the lead Primary health providers to ensure adequate referrals of sick children; CHD meeting will be key on the coordination as well working with other WASH partners.

**3. Description Of Beneficiaries**

This action will ensure treatment and avert high risk of mortality to 11,168 children who are acutely malnourished 4,158 PLW in Bor South (Host and PoC), Nyirol and Akobo of Jonglei State. This will be done through 29 CMAM sites across the three counties; In the state SCI will continue to work closely with the PHC lead agencies to promote the integration of nutrition services; future inter-sectorial approaches with ongoing SCI programs in the counties i.e. Education, child protection and food security and livelihoods. This action will ensure enhance training and on job coaching on the management of acute malnutrition to 108 facility-based health staff and the CHD in the target counties. The CMAM teams will coordinate with PHC personnel. Children in the OTP/TSFP who have other malnutrition-associated pathologies will be referred for treatment. Health facilities will ensure TSFP for PLW coincide with antenatal care (ANC) days for comprehensive health care service provision. 89 Maternal Child Health Workers (MCHW) will be trained on effective counseling techniques regarding IYCF practices.

**4. Grant Request Justification**

SCI has made a clear institutional commitment to providing quality nutrition programs that support children's, PLW nutritional and health status. SCI continues to invest in highly skilled staffs that have knowledge and skills to ensure provision of optimal nutritional rehabilitation. SCI has been implementing nutrition programs in Bor south, Akobo and Nyirol Counties before December 2013 conflict and scaled up during and after active conflict; SCI has a strong established presence in the targeted counties. With poor rains and anticipated dry/early lean season in 2016; SCI has prioritized nutrition services in the conflict affected counties; this action will ensure timely and adequate response to the deteriorating nutrition situation.

The overall aim of the proposed emergency nutrition response is to address acute nutritional needs of children under 5 years and PLW. The achievement of this goal is predicated upon the achievement of two interrelated objectives: (i) Improved quality and coverage of Nutrition rehabilitation services for children Under five years and Pregnant and Lactating women. (ii) Increased ownership and participation of Mothers, Fathers, community leaders and groups in promoting Maternal Infant and Young Child Nutrition services and behaviors in Jonglei State.

## **5. Complementarity**

This project is a continuation of save the Children ongoing nutrition rehabilitation services in Akobo, Nyirol and Bor South Host community and PoC. The project will ensure continuity of services in the 25 OTP and TSFP in the counties offering SAM and MAM treatment. The currently the project are supported through UNICEF PCA whose funds close in end of February 2016; however the supplies component move to June 2016; Save the children will continue working with UNICEF in the renewal of the PCA before the expiry date; the project is also going to complement the Food security project that closes in March 2016 that integrated the Infant and Young child feeding programming; this is currently active in Akobo and Nyirol counties. Over the course of the period save the children will continue working with its peers to mobilise resources to not only address the acute needs but also focus on nutrition sensitive programming in the area.

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

To contribute to reduction of mortality, morbidity through management of acute malnutrition, and promotion of IYCF in emergencies in Akobo, Nyirol and Bor South of Jonglei State.

### **NUTRITION**

<b>Cluster objectives</b>	<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>
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	60
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	40

#### **Contribution to Cluster/Sector Objectives :**

#### **Outcome 1**

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

#### **Output 1.1**

##### **Description**

11,168 Children (5,472 boys & 5,696 girls) aged 6-59 months and 4,158 pregnant and lactating women referred to nutrition treatment sites and obtained appropriate treatment.

##### **Assumptions & Risks**

There will be no significant deterioration in the security situation  
 There will be no natural disaster such as unprecedented flooding or drought  
 There will be no disease outbreak that will cause excess morbidity in children < 5 years  
 There will be no pipeline ruptures from either WFP or UNICEF  
 WFP will have resources for pre-positioning  
 UNICEF will secure resources for SAM supplies for 2016.

#### **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.

##### **Activity 1.1.2**

Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.

##### **Activity 1.1.3**

Provide therapeutic and medical treatment to boys and girls aged 0-59 months with Severe Acute Malnutrition with medical complication stabilization Center

##### **Activity 1.1.4**

Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition.

##### **Activity 1.1.5**

Support timely prepositioning of nutrition supplies to project sites

#### **Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number of Children aged 0-59 months screened in the community					20,644
<b>Means of Verification :</b>							
Indicator 1.1.2	NUTRITION	Number of PLW admitted for management of moderate acute malnutrition (MAM)					4,158
<b>Means of Verification :</b>							
Indicator 1.1.3	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			2,045	2,129	4,174
<b>Means of Verification :</b>							
Indicator 1.1.4	NUTRITION	Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment					6,994

**Means of Verification :**

**Outcome 2**

Risk of acute malnutrition reduced through infant and young child feeding promotion and Vitamin A supplementation

**Output 2.1**

**Description**

200 IYCF sessions conducted with mother to mother support groups, ToT trainings for staff and IYCF message dissemination to PLW and other community members

**Assumptions & Risks**

There will be no significant deterioration in the security situation  
 There will be no natural disaster such as unprecedented flooding or drought  
 There will be no disease outbreak that will cause excess morbidity in children < 5 years

**Activities**

**Activity 2.1.1**

200 IYCF sessions held to raise awareness on infant and young child feeding

**Activity 2.1.2**

IYCF TOT training held at County level for selected stakeholders (18 individuals in total selected from three Counties)

**Activity 2.1.3**

4,158 PLW and fathers of children <2 years reached with key IYCF messages to enhance care practices for infant and children

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Number of health workers trained in Infant and Young Child Feeding					18
<b>Means of Verification :</b>							
Indicator 2.1.2	NUTRITION	Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions					4,674
<b>Means of Verification :</b>							
Indicator 2.1.3	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	0	200			200

**Means of Verification :**

**Output 2.2**

**Description**

11,168 children aged 6-59 months (5,472 boys & 5,696 girls) receive Vitamin A supplementation.

**Assumptions & Risks**

**Activities**

**Activity 2.2.1**

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

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			5,472	5,696	11,168

**Means of Verification :**

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

All data collected during screening activities will be assessed and used to generate weekly, monthly and quarterly reports. Malnutrition and morbidity rates will be recorded and trends analysed. This will give a comprehensive picture as to the malnutrition trends over the implementation period and alert partners regarding changes that may occur that need to be addressed.

Generally, the project will monitor the following activities related to

- Community mobilization
- Follow-up of timely supply and adequacy of project inputs
- Level of participation and capacity of local MOH staff and facilities
- Number TSFP, OTP and SC established and Functional
- Number of Nurses and Nutrition assistance and Community health Workers (M/F) trained on management acute malnutrition
- Number of practitioners mentored in the Juba Teaching Hospital
- Number of children (M/F) screened and number of both SAM and MAM children (M/F) treated/targeted in the TFP and SFP respectively
- Number of PLW Screened and number of MAM PLW treated/targeted in the TSFP.
- Number of Elders (M/F) screened and treated/targeted in the TSFP
- Mortality rate <10%
- Recovery rate >75%
- Defaulter rate <15%
- Number of Nutrition Surveys Planned and Conducted
- Number of PLW Provided with IYCF Services
- Number of children (M/F) treated/targeted for deworming "

The monthly reports will include information regarding the type and gender of beneficiaries, the amount of services and commodities they received, and distribution losses that are noted. Data will also include rates of coverage, recovery, death, default and weight gain. This information will be compiled and presented compared to the 2015 Nutrition Cluster Indicators/Standards.

Monthly statistics will be submitted to nutrition cluster using the NIS, to CHF on quarter bases. A report will be submitted that includes a compilation of program activities as well as an overall evaluation at the end of the implementation time frame. It will be submitted to the previously mentioned stakeholders including the CHD offices..

Depending on need SCI technical will conduct supportive supervision and provide technical support the field office staff to maintain quality and adequate on time services. SCI involve where relevant host communities in conducting joint project supervision and monitoring.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
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.	2016		X	X	X	X	X						
Activity 1.1.2: Provide therapeutic and routine medical treatment to boys and girls aged 6- 59 months with Severe Acute Malnutrition without medical complications.	2016		X	X	X	X	X	X					
Activity 1.1.3: Provide therapeutic and medical treatment to boys and girls aged 0- 59 months with Severe Acute Malnutrition with medical complication stabilization Center	2016		X	X	X	X	X	X					
Activity 1.1.4: Provide therapeutic treatment to boys and girls 6-59 months, and pregnant, lactating women with moderate acute malnutrition.	2016		X	X	X	X	X	X					
Activity 1.1.5: Support timely repositioning of nutrition supplies to project sites	2016		X		X		X						
Activity 2.1.1: 200 IYCF sessions held to raise awareness on infant and young child feeding	2016		X	X	X	X	X	X					
Activity 2.1.2: IYCF TOT training held at County level for selected stakeholders (18 individuals in total selected from three Counties)	2016				X								
Activity 2.1.3: 4,158 PLW and fathers of children <2 years reached with key IYCF messages to enhance care practices for infant and children	2016		X	X	X	X	X	X					
Activity 2.2.1: Provide Vitamin A supplementation to boys and girls aged 6-59 months	2016		X	X	X	X	X	X					

**OTHER INFO**

**Accountability to Affected Populations**

SC will work to ensure that principles of accountability are mainstreamed throughout our program design, implementation and M&E work; as well through specific accountability activities to improve our information sharing and transparency, beneficiary participation and our ability to receive and respond to feedback and complaints from children, communities and partners. An appropriate, safe and inclusive community based feedback and complaints handling mechanism will be established and implemented to provide platforms for beneficiary's active involvement in project and avenues to voice any issues or concerns about the project.

#### **Implementation Plan**

Explained in the M&R detail plan

#### **Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale

#### **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**

SCI is gender sensitive, under this project will address the nutritional status of pregnant and lactating women. Through community mobilization, this project will raise awareness on the importance of maternal nutrition (during pregnancy and during lactation) and these messages will be communicated during Safe motherhood days that will be organized by the health sector in Kapoeta North. The project will also engage with men as the principle decision maker in the households and with women to develop simple actions that they can take to improve nutritional situation of children under 5 of both male and female and pregnant and lactating mothers. Distribution at the SFPs and OTPs will be well organized so that women do not spend too long at the centres- considering the demand on their time by the households. In addition the project will support Mother to Mother Support groups as well.

#### **Protection Mainstreaming**

To ensure that protection mechanisms are planned Project staff will be sensitized, prioritize mothers/caregivers with physically challenged during distributions, people with disability are actively engaged in the project, measures to encourage involvement of all community members, especially the most vulnerable, including those with disabilities.

#### **Country Specific Information**

#### **Safety and Security**

Conflict affected states- In the case of an escalation in fighting, competition for power, resources and services, there is likely hood of nutrition focal persons turnover, and service interruption The parties signed an agreement. However, intra-clan revenge killing has remained a significant security risk; this has put a challenge in implementation as the intended activities are dependent on the presence of nutrition focal persons and functionality of services. (likelihood = 4, impact = 5)

SC will continue engaging with the NGO security forum to anticipate changes in the security context and make early preparations.

#### **Access**

Access is one of the key challenge in most of the areas where SCI is working, SCI will coordinate with the Logistic Cluster, Nutrition cluster and Local community to deliver programs, and benefices are reached on time

#### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
1.1	IYCF Technical Coordinator ( National staff)	D	1	3,200.00	6	11%	2,186.88
1.2	Nutrition Advisor and Deputy ( International staff)	D	2	8,450.00	6	8%	8,112.00
1.3	Nutrition Programme Manager for Akobo, Nyirol and Bor ( International personnel)	D	3	6,800.00	6	20%	24,480.00
1.4	IYCF Trainer , Nutrition Officer ,	D	6	1,382.00	6	19%	9,229.00
	<i>21 national staff based in Akobo, Nyirol and Bor supporting manager on capacity building and supervision, this include Assistant Nutrition Manager , IYCF Trainer , Nutrition Officers , Community/IYCF Supervisor ,CMAM Supervisors</i>						
1.5	3 Assistant Nutrition Manager	D	3	1,868.00	6	19%	6,237.25

1.6	6 Community/IYCF Supervisor ,6 CMAM Supervisor	D	12	612.00	6	19%	8,173.87
1.7	27 Community Nutrition worker , 27 Community Mobilizers/ IYCF Promoters,27 CMAM registras	D	81	423.00	6	19%	38,134.72
1.8	CMAM Nurse, Data Entry clerk (for SC, OTP, TSFP and WFP Commodities entries)	D	6	612.00	6	19%	4,086.94
1.9	Nutrition Centre 9 Guards and 9 Cleaners	D	18	414.00	6	19%	8,294.08
1.10	Area HR coordinator , Area MEAL officer, Area Security Coordinator,Commodity Therapeutic Supplies Officer [All counties]	S	4	2,290.00	6	20%	10,992.00
1.11	HR, Admin & IT Personnel (This consists of 5 staff based at HO),Country Director, Director of Finance, Finance & Grants Personnel ( based at CO),Director of Awards, Awards Personnel (based at HO), Director of HR & Admin , Logistics Director , Procurement & Logistics Personnel (based at CO)	S	9	12,230.00	6	5%	33,153.08
1.12	MEAL Advisor, MEAL Manager, Business Development Manager, Proposal Coordinator, PDQ Coordinator, Director of Programme Operations, Director Programme Development & Quality, Media / Communications Personnel	S	8	9,000.00	6	10%	42,076.80
1.13	Area Program Manager, Field Program Manager , Area Finance Manager	S	5	6,366.00	6	6%	11,535.19
1.14	Operations Personnel, Security Personnel	S	2	18,000.00	6	5%	10,800.00
1.15	Finance Support staff [Finance Officer], Programme Support Staff [MEAL Officer], Security Officer, HR & Admin Officer, HMIS Officer for all counties	S	11	1,394.32	6	16%	14,604.39
1.16	Logistics Officer , Logistic/Procurement Assistant, Logistic Support staff [Driver],Support Staff [Security Guards],Support Staff [Cook] ,Support Staff [Cleaners and Compound cleaners],Support staff [Store officer],Car Driver	S	24	641.50	6	10%	9,246.84
<b>Section Total</b>							<b>241,343.04</b>
<b>Supplies, Commodities, Materials</b>							
2.1	CMAM TOT for SCI staff	D	1	15,000.00	1	55%	8,250.00
2.2	IYCF TOT for SCI staff	D	1	15,000.00	1	55%	8,250.00
2.3	CMAM on job training for staff 60 SCI, MoH and CHD )	D	1	6,000.00	1	55%	3,300.00
2.4	IYCF Training for staff	D	1	10,000.00	1	55%	5,500.00

2.5	210 CNVs training for active case finding (20 Akobo East, 50 Akobo West, 60 Nyirol and 90 Bor) 1 day	D	1	9,030.00	1	55%	4,966.50
2.6	NIS training for Officers and data entry personal (6 SCI staff from all locations)	D	1	3,000.00	1	55%	1,650.00
2.7	On the job training on Infant management (48 site staff) for 1 day	D	1	1,920.00	1	55%	1,056.00
2.8	IYCF Counselors training	D	89	75.00	1	57%	3,791.40
2.9	TSFP/OTP/IYCF friendly areas Rehabilitation [Sites]	D	9	16,250.00	1	10%	14,625.00
2.10	Rehabilitation of PoC Stabilization roofing [Grass cover]-PoC (Temperature control)	D	1	8,000.00	1	20%	1,600.00
2.11	Nutrition Centers Beneficiaries H&N education session and Waiting area rehabilitation/Construction	D	9	18,000.00	1	10%	16,200.00
2.12	Rehabilitation of Nutrition Centers latrines with Water facilities	D	9	3,200.00	1	20%	5,760.00
2.13	Rehabilitation of Therapeutic Supplies Centers Storage facilities	D	9	18,000.00	1	10%	16,200.00
2.14	MTMSG materials ( Mats, children play materials, Demonstration banners, meeting venue sitting materials, radios, TVs)	D	29	6,425.00	1	10%	18,632.50
2.15	IYCF Counselors incentives( Soap, sugar, T-shirts, Kanga, caps, and bags)	D	265	419.00	1	10%	11,103.50
2.16	Sitting benches for Bor nutrition beneficiaries	D	55	38.00	1	50%	1,045.00
2.17	Cash vouchers/Feeding for SC beneficiaries caregivers (maximum of five day)	D	90	37.50	1	50%	1,687.50
2.18	Plastic Pallets in OTP/TSFP site stores	D	18	250.00	1	50%	2,250.00
2.19	Sitting mats for nutrition beneficiaries	D	29	37.00	1	50%	536.50
2.20	Printing OTP/TSFP U5 and PLW cards (beneficiary and treatment Card)	D	13330	0.50	1	50%	3,336.50
2.21	Registers for OTP/TSFP U5 and PLW for all the (29 sites)	D	82	50.00	1	50%	2,050.00
2.22	Hygiene kits for Patients [Soap and Basin][Blankets and Mats]	D	180	30.00	1	50%	2,700.00
2.23	Program Stationaries and printing	D	3	750.00	1	50%	1,125.00

2.24	IYCF Training package (facilitator manual, participant manual, training aid, planning,	D	1400	20.00	1	20%	5,600.00
<b>Section Total</b>							<b>141,215.40</b>
<b>Equipment</b>							
3.1	Operations Personnel Laptops	S	3	1,500.00	1	100%	4,500.00
	”						
3.2	Tables [5 Nyirol, 4 Akobo, 3 Bor],	D	12	200.00	1	50%	1,200.00
3.3	Chairs [ [5 Nyirol, 4 Akobo,3 Bor],	D	12	250.00	1	50%	1,500.00
3.4	Cabinet (For Files ) [3 Nyirol, 3 Akobo, 3 Bor],	D	9	400.00	1	50%	1,800.00
3.5	Improving security (Strengthening and hibernation)	S	1	12,000.00	1	25%	3,000.00
<b>Section Total</b>							<b>12,000.00</b>
<b>Travel</b>							
5.1	travel and Accommodation Field	D	18	450.00	4	19%	6,285.60
5.2	Charter flight to transport equipment and supplies	D	3	6,500.00	1	20%	3,900.00
5.3	Flight, accommodation and per diem	D	12	400.00	3	20%	2,880.00
5.4	Vehicle (SCI will rent 3 vehicles, one each in Nyirol, Akobo and Bor)	D	3	5,000.00	6	20%	18,000.00
5.5	Vehicle running cost and maintenance for hired vehicles	D	3	1,000.00	6	20%	3,600.00
5.6	Travel field monitoring and Support including TA	D	1	480.00	12	20%	1,157.18
5.7	HQ technical assistance travel	s	1	5,000.00	2	15%	1,505.00
<b>Section Total</b>							<b>37,327.78</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Communication [VSAT, Thuraya, Mobile]	S	3	2,050.00	6	20%	7,380.00
7.2	Office Supplies and running cost	S	3	450.00	6	20%	1,620.00

7.3	Field Office Rent and Accommodation	S	3	3,310.00	6	20%	11,916.00
7.4	office Rent	S	1	23,000.00	6	5%	6,900.00
7.5	Office Utilities and Supplies etc.	S	1	2,000.00	6	5%	600.00
7.6	Guest House Rental, Utilities and Supplies etc.(costs of 3 guesthouses)	S	1	18,000.00	6	5%	5,400.00
7.7	Maintenance and Repair (including Generator Fuel)	S	1	1,500.00	6	5%	450.00
7.8	Bank Charges	S	1	1,700.00	6	5%	510.00
7.9	Security Cost	S	1	10,000.00	6	5%	3,000.00

**Section Total** **37,776.00**

**SubTotal** **469,662.22**  
15,902.00

Direct 290,472.92

Support 179,189.30

**PSC Cost**

PSC Cost Percent 7%

PSC Amount 32,547.59

**Total Cost** **502,209.81**

**Total Audit Cost** **5,022.10**

**Grand Total CHF Cost** **507,231.91**

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Akobo	29						
Jonglei -> Bor South	48						
Jonglei -> Nyirol	23						

**Documents**

Category Name	Document Description
Budget Documents	Final draft (1).xlsx
Budget Documents	final budget 20160103.xlsx