

Requesting Organization :	Hold the Child Organisation	
Allocation Type :	1st Round Standard Allocation	
Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100
Project Title :	Provision of emergency lifesaving Nutrition services to boys, girls and women in Old Fangak	
Allocation Type Category :	Frontline services	

OPS Details

Project Code :	SSD-17/H/102789	Fund Project Code :	SSD-17/HSS10/SA1/N/NGO/5155
Cluster :	Nutrition	Project Budget in US\$:	124,558.70
Planned project duration :	6 months	Priority:	
Planned Start Date :	03/04/2017	Planned End Date :	30/09/2017
Actual Start Date:	03/04/2017	Actual End Date:	30/09/2017

Project Summary : Old Fangak in the recent months has been hit by waves of flooding, returnees coming from Unity state, Juba PoCs and Cholera that rose attendance for Nutrition services with high Acute Malnutrition cases across our active sites. The localized hunger in parts of Unity State pose a significant risk to the neighbouring counties including Old Fangak. The implementation of "Provision of emergency lifesaving Nutrition services to boy, girls and women in Old Fangak" between April and September 2017 will complement and re-inforce the ongoing static OTP, TSFP, IYCF operations by Hold the Child with UNICEF and WFP support as well as MSF France (SC). \$ 124558.7 will support additional staffing, mobile outreaches to population pockets, and avert the likely nutrition related morbidities and mortalities for additional 3,512 girls and 3,922 boys and 3,382 P&LW

Direct beneficiaries :

Men	Women	Boys	Girls	Total
0	3,382	3,922	3,512	10,816

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	3,922	3,512	7,434
Pregnant and Lactating Women	0	3,382	0	0	3,382

Indirect Beneficiaries :
Catchment Population:
Link with allocation strategy :

Hold the Child is providing OTP and IYCF services supported by UNICEF through a PCA and managing MAM in boys, girls and Pregnant and Lactating women supported by WFP. Based on the recent scenarios of flooding, Cholera outbreak, the recently declared localized hunger, cases of Acute Malnutrition are likely to continue rising in the next few months and further strain on the quality of already committed resources. To match these increased needs and caseloads, additional support is required. This allocation strategy prioritizes key counties with alarming indicators for emergency including the risk for hunger and influx of IDPs into the affected areas. Old Fangak is one of the priority areas based on the survey findings, proximity to counties already in top emergency lists and the recent disasters that hit the area all tantamount to higher need for additional intervention. This allocation will supplement on the available funding to cope-up with the increasing needs in Old Fangak.

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
UNICEF	305,058.00
WFP	189,928.00
	494,986.00

Organization focal point :

Name	Title	Email	Phone
Kiweesi Alex	Programs Director	kiwesi@holdthechild.org	0912382750
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BACKGROUND**1. Humanitarian context analysis**

Old Fangak in Jonglei state is one of the vast counties in the state (based on the former state system). It borders counties of Upper Nile and Unity state; the states most affected by the more than 3-years Old conflict that started in 2013. Old Fangak continues to be home to several IDPs escaping Hunger in recent months from Leer, those escaping from fears of further conflict from Juba POCs following the July 2016 intense fighting in Juba, Malakal and recently from Khorflus. The area was also hit by flooding in the last quarter of 2016 which destroyed crops and destabilized Nutrition, Health, Education and other livelihood services in the Area. GAM rates reported at over 15% (2015 SMART survey results) indicating critical levels of Malnutrition. It was also classified as IPC 3 in a more recent IPC conducted in 2016 [among emergency counties]. Market prices have continued to rise due to scarcity of goods and the decreasing value of the pounds against the dollar. Food has increasingly become difficult to afford among locals following a series of poor harvests. Access to health services is limited with MSF-France supporting the major Health facility in the centre of Old Fangak and conducting referrals for far facilities. Other Primary Healthcare Units are either understaffed or lack drugs and equipment which exacerbate the risk of developing malnutrition with little or absolutely no healthcare.

2. Needs assessment

Old Fangak is a transit and settlement area for displaced persons escaping either hunger from Unity State or fear of conflict re-occurrence from Juba POCs (as indicated by IDP reports in the last quarter of 2016). Coupled with the hosts of the area, intense pressure is exerted on the usually available services including healthcare, shelters, food and education. The market prices continued to hike since the outbreak of war in 2013. Since the outbreak of the fight in 2013, there has been continued scarcity of food products in the market owing to blocked transit routes from Malakal and Bor through river as a result of the on-going conflicts, the entire host and IDP population in Fangak depend on already meager food items in the market. The recent flooding in the area destroyed crops dooming hopes for food availability in the next lean season.

Increased figures of malnutrition cases have recently been noted from routine program data. Random assessments of arriving IDPs at the time showed visible wasting among children especially. All these facts point to the direction that Malnutrition rates are bound to increase in the next few months if nothing is done. The population needs augmentation of Nutrition services to reduce the occurrence of malnutrition and eventually to prevent morbidity.

3. Description Of Beneficiaries

This project will supplement on the nutrition services in Old Fangak directly to 7,434 children <5 and 3,382 women among the vulnerable populations;

- 3,922 boys and 3,512 girls will be treated for Moderate Acute Malnutrition (MAM)
- 3,382 Pregnant and Lactating Women will be treated for MAM
- 20 nutrition staff trained on Community Management of Acute Malnutrition
- 12 additional staff supported to work in the nutrition sites in Old Fangak

4. Grant Request Justification

In the last quarter of 2016, funding was sought from the afore-mentioned partners to provide OTP, IYCF and TSFP services to boys, girls and women of pregnant and lactating category. These funds were obtained based on the context at the time. In the recent months, increase in cases was detected during routine service provision reported by CMA and other partners which was brought to the attention of the cluster. Again hunger was declared in parts of Unity state of which Old Fangak is bordering some of the highly rated counties with emergency intervention needs in all humanitarian sectors. Further, Old Fangak has witnessed waves of IDPs arriving from various locations. A funding request of \$ 124,558.70 will support [1] Hiring additional staff, [2] Train nutrition staff on the newly adopted CMAM package, [3] Mobile outreaches.

Our progressive nutrition programming in the area has built the relevant operational capacity and active participation in the cluster coordination mechanism both at state and national levels makes Hold the Child most suitable national organisation to undertake the operations as proposed in the this funding applications

5. Complementarity

This project implementation build on the existing interventions with UNICEF and WFP on OTP and TSFP respectively with core support on the additional needs that were not included during the project designs in the last quarter of 2016. Which too build on the 4 years' experience in the area supporting nutrition interventions. The project will support additional training of existing staff on the new CMAM guidelines and additional Job aids

LOGICAL FRAMEWORK**Overall project objective**

To provide supplementary quality emergency life saving Nutrition services to 10815 beneficiaries including boys and girls under 5 and pregnant and lactating women in vulnerable host communities and IDPs in Old Fangak

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection			40		
Ensure enhanced analysis of the nutrition situation and robust monitoring and coordination of emergency nutrition responses.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection			30		
Increase access to integrated nutrition, health and WASH FSL responses in counties with critical levels of acute malnutrition.		SO3: Support at-risk communities to sustain their capacity to cope with significant threats			30		
<p>Contribution to Cluster/Sector Objectives : The project will scale-up the management of Severe Acute Malnutrition without complications among children under 5 years and Moderate Acute Malnutrition in both Children under 5 and Pregnant and lactating Women. This will contribute the the cluster objective of delivering lifesaving management of Acute Malnutrition. In addition, the project will facilitate good quality data collection and management which will be fed to the partners through the established systems like the Nutrition Information System and the Sub-cluster weekly and or biweekly reporting mechanisms. The project will equally integrate active case finding and management of Malaria among beneficiaries visiting for the services. The project also will strengthen the linkage with the communities and the local health authorities on ground contributing to increase access to integration with Health, WASH and the County Health Departments. This relates to the cluster of ensuring enhanced data analysis and robust monitoring of emergency response. All these are derived from the Strategic Objectives 1.</p>							
Outcome 1							
Improved nutrition status and reduced nutrition related morbidities for at least 7434 children (3922 boys and 3512 girls) under 5, and 3382 PLWs in IDP and host communities of Fangak							
Output 1.1							
Description							
Treated additional 588 boys and 527 girls under 6-59 months with Severe Acute Malnutrition in Old Fangak							
Assumptions & Risks							
Continued access to target locations, Stable core cluster pipelines							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with SAM in OTPs and treated with RUTF supplies from the pipeline			329	358	687
Means of Verification : Reports							
Indicator 1.1.2	NUTRITION	Average number children referred for treatment of SAM with complications					17
Means of Verification : Reports							
Indicator 1.1.3	NUTRITION	[Frontline] Number of children (6-59 months) screened and referred for treatment of either SAM or MAM			733	795	1,528
Means of Verification : Reports							
Indicator 1.1.4	NUTRITION	[Frontline] Number of monthly average of children (6-59 months) screened in the community during the project period (should be reported once)			3,711	4,027	7,738
Means of Verification : Reports shared							
Activities							
Activity 1.1.1							
Operate OTP nutrition sites in Fangak including (Old fangak, Toch, Wanchot, Nyantuat, Wanglel and Chotbora)							
Activity 1.1.2							
Recruit additional 12 Nutrition staff to support with additional roles							
Activity 1.1.3							
Treat boys and girls 6-59 months with severe acute malnutrition without complications							
Activity 1.1.4							
Conduct regular rapid assessments with MUAC across the target Vulnerable communities through static and outreach mechanisms							
Output 1.2							
Description							
Treated 1177 boys and 1054 girls 6-59 months and 1,522 PLWs with Moderate Acute Malnutrition in Old Fangak							
Assumptions & Risks							
Continued access to target community, Stable cluster core pipelines							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	[Frontline] Percentage of MAM discharged cured (cure rate) out of the total discharged from TSFP services					512
Means of Verification : Reports							
Activities							
Activity 1.2.1							
Operate 6 TSFP sites in Old Fangaks for the management of MAM in children and PLWs							
Activity 1.2.2							
Conduct rapid screening, active case finding and Management of MAM during scheduled outreaches in the pockets of the catchments areas by site							
Outcome 2							
Improved integration of Nutrition services with other sectors in 6 nutrition sites							
Output 2.1							
Description							
Screened and treated 274 boys, girls and PLWs attending nutrition services with Malaria							
Assumptions & Risks							
Continued access to target community, Stable cluster core pipelines							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	[Frontline] Number of girls and boys (6-59 months) with SAM screened for malaria and tested positive and treated			132	142	274
Means of Verification : Reports, procurement invoices							
Indicator 2.1.2	NUTRITION	Number of clean drinking water facilities installed					5
Means of Verification : Reports, invoices							
Indicator 2.1.3	NUTRITION	Number of hand washing facilities installed					5
Means of Verification : Reports and invoices							
Indicator 2.1.4	NUTRITION	[Frontline] Number of nutrition sites providing integrated OTP and TSFP services in the same site					6
Means of Verification : Reports, invoices, staff payrolls							
Activities							
Activity 2.1.1							
Conduct screening for Malaria with Rapid Diagnostic Tests among children attending Nutrition services							
Activity 2.1.2							
Provide antimalarial treatment to children and women identified with uncomplicated malaria attending Nutrition services							
Activity 2.1.3							
Conduct referral of cases of severe malaria for further care							
Output 2.2							
Description							
Improved hygiene for safer Nutrition services in 6 static nutrition sites in Old Fangak							
Assumptions & Risks							
Continued access to target areas							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	NUTRITION	[Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers					30
Means of Verification : Project reports, Sessions tally sheets, Testimonials							
Activities							
Activity 2.2.1							

Conduct integrated hygiene promotion sessions during regular health education and IYCF counseling							
Activity 2.2.2							
Install/re-fix clean drinking water and hand washing facilities in 6 static sites							
Output 2.3							
Description							
Improved integrated GBV tracking system							
Assumptions & Risks							
Access remains good,							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.3.1	NUTRITION	[Frontline] Number of nutrition sites providing integrated OTP and TSFP services in the same site					0
Means of Verification : Reports, payment vouchers							
Indicator 2.3.2	NUTRITION	Number of GBV cases identified and referred for appropriate care					12
Means of Verification : Reports, coordination meeting minutes							
Activities							
Activity 2.3.1							
Conduct integrated GBV training for Nutrition staff							
Activity 2.3.2							
Conduct active GBV case finding during Nutrition service days							
Activity 2.3.3							
Conduct referral of identified GBV cases to robust GBV management partners							
Outcome 3							
Increased quality of data on malnutrition status of boys and girls <5 and PLWs, and strengthened referrals between supplementary and therapeutic feeding programs among catchment communities of Old Fangak							
Output 3.1							
Description							
Improved quality and timeliness nutrition data, and on-site data management practices and coordination with the cluster system							
Assumptions & Risks							
Access to all sites remains good, allocation of slot by NIWG to conduct SMART survey in Fangak							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	[Frontline] Number of nutrition sites having required number of OTP and TSFP staff					6
Means of Verification : Reports, payrolls							
Indicator 3.1.2	NUTRITION	Number of meetings conducted with the community					2
Means of Verification : Reports							
Activities							
Activity 3.1.1							
Conduct on-job training for nutrition staff on data management at site level							
Activity 3.1.2							
Share program reports with Nutrition cluster and partners on monthly basis							
Activity 3.1.3							
Conduct meetings with the community on the project							
Additional Targets :							

M & R

Monitoring & Reporting plan

Activities will be monitored on daily basis through the HQ level staffing and front-line staff. In Juba, the overall project will be monitored by the Director who will work with the Programs Director and the Associate coordinator as the technical oversight of the project. The Juba team will be supported by the Program Officer who manages the data flow. Regular scheduled field visits by the technical team in Juba will support the supervision of the activities and conduct training for the staff based on the indicated needs. The team in the field will be supervised by the CMAM Supervisor who is the overall technical oversight in the field. This will monitor the activities through routine supervision of day to day activities, to be assisted by the Nutrition Officer.

Regular reports will be shared as follows; Site team leaders will compile reports on daily basis including screening, treatment, referrals and CNV activities among others. These reports will be stored by the team leaders. Weekly reports will eventually be compiled from the daily reports. These weekly reports will be shared with the CMAM Supervisor from all sites. The CMAM supervisor will review the reports and forward to HQ through the Programs Officer who will review and share a copy with the technical head. This is compiled and shared with partners including Sub-clusters on regular basis. Monthly reports are eventually compiled from the weekly reports for sharing with Nutrition Cluster and other partners including donors.

Report data collection tools will include the approved National CMAM guideline tools including tally sheets, monthly report collection forms, supply tracking forms, Community Nutrition Volunteer screening tool, MIYCN data collection tools. The Nutrition Information System (NIS) managed by the Nutrition cluster will be used to report data on nutrition through the cluster to the government and other partners.

The data analysis will be conducted at various levels; at field level by the CMAM staff to ascertain the progress of the program guided by an M&E tool developed at HQ in Juba. In Juba, the data will equally be analyzed based on internal data management sheets and the NIS.

Findings of which will be shared appropriately during coordination and adhoc meetings. At Nutrition cluster level, all Nutrition data received through the NIS is analysed and the results shared during routine cluster meetings. At government level, reports shared with the government partners will also be analysed and results used to monitor the activities in the county.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Operate OTP nutrition sites in Fangak including (Old fangak, Toch, Wanchot, Nyantuat, Wanglél and Chotbora)	2017				X	X	X	X	X	X			
Activity 1.1.2: Recruit additional 12 Nutrition staff to support with additional roles	2017				X								
Activity 1.1.3: Treat boys and girls 6-59 months with severe acute malnutrition without complications	2017				X	X	X	X	X	X			
Activity 1.1.4: Conduct regular rapid assessments with MUAC across the target Vulnerable communities through static and outreach mechanisms	2017				X	X	X	X	X	X			
Activity 1.2.1: Operate 6 TSFP sites in Old Fangaks for the management of MAM in children and PLWs	2017				X	X	X	X	X	X			
Activity 1.2.2: Conduct rapid screening, active case finding and Management of MAM during scheduled outreaches in the pockets of the catchments areas by site	2017				X	X	X	X	X	X			
Activity 2.1.1: Conduct screening for Malaria with Rapid Diagnostic Tests among children attending Nutrition services	2017				X	X	X	X	X	X			
Activity 2.1.2: Provide antimalarial treatment to children and women identified with uncomplicated malaria attending Nutrition services	2017				X	X	X	X	X	X			
Activity 2.1.3: Conduct referral of cases of severe malaria for further care	2017				X	X	X	X	X	X			
Activity 2.2.1: Conduct integrated hygiene promotion sessions during regular health education and IYCF counseling	2017				X	X	X	X	X	X			
Activity 2.2.2: Install/re-fix clean drinking water and hand washing facilities in 6 static sites	2017				X								
Activity 2.3.1: Conduct integrated GBV training for Nutrition staff	2017				X								
Activity 2.3.2: Conduct active GBV case finding during Nutrition service days	2017				X	X	X	X	X	X			
Activity 2.3.3: Conduct referral of identified GBV cases to robust GBV management partners	2017				X	X	X	X	X	X			
Activity 3.1.1: Conduct on-job training for nutrition staff on data management at site level	2017				X	X	X	X	X	X			
Activity 3.1.2: Share program reports with Nutrition cluster and partners on monthly basis	2017				X	X	X	X	X	X			
Activity 3.1.3: Conduct meetings with the community on the project	2017				X				X				

OTHER INFO

Accountability to Affected Populations

The project was designed to ensure AAP is a key component. Meetings will be held with the communities to include; mothers, fathers, children, local leaders and representatives of local groups. These meetings will enlighten the community about the project including the total budget and how the budget will be used to solve the problems related to Malnutrition. It will also point out the roles of the community toward the project, recommendations from the community will be taken in to account. The second phase of the meeting will ascertain from the community the impact of the project. any lessons learnt and recommendations for future program development. Minutes of these meetings will be documented and shared as art of the reporting documents for this project.

Implementation Plan

Implementation is scheduled to start in April 2017 by recruitment, procurement of needed equipment and training of staff for basic required skills. The Nutrition sites are already operational and therefore will continue through April. An advocacy meeting will be conducted within April with the local community where the beneficiaries will come from. Another meeting will be conducted in the last month of the project with the community. Activities that run continuously like screening, monitoring of activities will continue through out the six (6) months of the Project period.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
ACF	WASH
SALF	GBV
CHD	Office for Health in the County
NPA	General Food Distribution
Mothering Across Continents	Education
Nile Hope	WASH in Southern Fangak and Nutrition in Northern Fangak
MSF-France	PHC (In-patient, referrals) including In-patient management of SAM
World Relief	Nutrition in New Fangak

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Hold the Child is looking at building resilience among communities and families to bring up the children in the best possible manner. A child encounters at different stages of development, various people in the society. Based on this fact, gender equality provides the best opportunity of exposure to these children for better development.

The project is designed to meet the needs of boys, girls, women and men differently in order to exercise their role toward bringing up the child. Data will be dis-aggregated by gender and age to have much more intense impact on the services.

Protection Mainstreaming

The project has been designed to identify protection related issues. Standard Operating Procedures will be developed for all nutrition sites to follow in order to factor in protection mainstreaming during assessment of children.

Country Specific Information

Safety and Security

Old Fangak since the fighting broke out in South Sudan in 2013, it has been under the opposition. It is managed through opposition system till present day. The location has not been safe for foreign nationals from Uganda and Dinka ethnic people in South Sudan being a Nuer area. A lot of skepticism still surrounds the freedom of movement for the groups previously not allowed to fly to Old Fangak.

Access

Old Fangak is a vast location divided in to Old Fangak and New Fangak. The main means of movement is by River using speed boats, canoes and by air from Juba. Often times in areas where there is no swamp or river within Old Fangak, walking becomes an option. There are no roads, 4 airstrips are functional; 1 in Toch, far South of Fangak, 2 within Old Fangak located at Old Fangak Centre and in Chotbora, 1 in New Fangak. During rainy seasons, these airstrips are only land-able by Choppers. Fixed wing planes are only feasibly operational in dry seasons.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Programs Director	s	1	3,000.00	6	20.00	3,600.00
	<i>This position is for the head of all programs including Community and Child Health where Nutrition belongs. It provides highest level clearance for the project activities in terms of approval of huge funds for activities, monitoring of project progress and overall welfare of staff in the program. This position will contribute 15% of their time for this project.</i>						
1.2	Associate Coordinator	D	1	2,500.00	6	40.00	6,000.00
	<i>This position is the overall technical person for the project. It will ensure quality program management based on acceptable standards, ensure staff recruited are of good quality, conduct training for staff, make activity plans for the project, supervise the activities of the staff in the project, participate in recruitment of project staff and responsible for reporting of activity results to partners. This position will contribute 30% of its time for this project period.</i>						
1.3	Program Officer	D	1	1,800.00	6	30.00	3,240.00

	<i>This position is responsible for majorly ensuring project reports are submitted to the Associate coordinator on timely basis and in the required quality. This is also responsible for the supply stocks, ensures early supply requisition and arrival at the sites. This will contribute 30% of their time for this project.</i>						
1.4	CMAM Supervisor	D	1	1,500.00	6	50.00	4,500.00
	<i>This position supervises field level day to day activities of Nutrition sites. It is purely to monitor Nutrition activities. 50% of its time will be co-shared with this project. The total salary for this position is 1500 USD and 50% will come from this project.</i>						
1.5	Nutrition Assistant	D	12	550.00	6	100.00	39,600.00
	<i>This position will be a front line service implementer at site level. For this project, the additional 12 staff will increase on the already existing staffing on the ground. It will 100% be funded by this project for payment of 550 USD per staff for 100% of their time dedicated for this project.</i>						
1.6	Human Resource Officer	s	1	2,000.00	6	20.00	2,400.00
	<i>This position will help the project to organize recruitments. 20% of its time will be spent for this project. Paid at a rate of 2000 USD per month, 20% of the salary will come from this project.</i>						
1.7	Finance Officer	s	1	1,800.00	6	15.00	1,620.00
	<i>Finance related issues for this project will be handled by this position. 15% of its time will be spent for this project. It will be paid at a rate of 1800 USD. 15% of the salary will come from this project.</i>						
1.8	Operations Assistant	s	1	1,800.00	6	20.00	2,160.00
	<i>This position will assist with logistical issues including supply movement, material movement, transport arrangements for this project. This position will spend 20% of its time for this project, paid at 1800 USD per month. This project will fund 20% of this salaries.</i>						
	Section Total						63,120.00
Supplies, Commodities, Materials							
2.1	Hand washing facility	D	5	400.00	1	100.00	2,000.00
	<i>For appetite test, hygienic procedures involve hand washing. A water point with soap for washing hands to be installed at all 5 static nutrition sites.</i>						
2.2	Drinking water facility	D	5	200.00	1	100.00	1,000.00
	<i>A clean water container and cup to be installed at all 5 static nutrition sites to facilitate appetite test.</i>						
2.3	Disinfectants	D	5	60.00	2	100.00	600.00
	<i>Rapid Diagnostic Test areas need to be maintained free of infection. This item will be utilized for cleaning tables and materials to be used for RDT in the 5 static sites.</i>						
2.4	Boma tents	D	5	3,000.00	1	100.00	15,000.00
	<i>Boma tents for the beneficiaries as a general waiting and Health Education area to be installed in all 5 static sites</i>						
2.5	Sharps disposal boxes	D	10	30.00	6	100.00	1,800.00
	<i>Sharps resulting from conducting RDT need to safely be disposed off using sharps disposal boxes. 2 boxes needed to be purchased for each of the 5 sites each month.</i>						
2.6	IEC materials	D	1	4,000.00	1	100.00	4,000.00
	<i>Passing information meant to educate the community through printouts like T-shirts, banners and charts. this allocation will be used to print these materials.</i>						
	Section Total						24,400.00
Equipment							
3.1	Clinical Thermometer	D	10	50.00	1	100.00	500.00
	<i>For rapid assessment of the child, temperature needs to be recorded. Clinical thermometers will be employed to record the temperature of the children. 2 per site for the 5 static sites will be purchased for the project duration.</i>						
3.2	Rapid Diagnostic Test kits for Malaria	D	10	88.00	6	100.00	5,280.00
	<i>RDTs needed to conduct screening for malaria among children to be purchased at 88 dollars per kit. Total of 2 kits per site every month for the 5 static sites will be required.</i>						
	Section Total						5,780.00
Contractual Services							
4.1	Contractor	D	1	1,200.00	1	100.00	1,200.00

	<i>to install the hand washing and drinking water facilities and Boma tents</i>							
	Section Total							1,200.00
Travel								
5.1	Return air ticket fare	D	2	275.00	3	100.00		1,650.00
	<i>Monitoring visits to the field by Juba staff will be facilitated through this budget item.</i>							
5.2	Per-diem	D	2	30.00	14	100.00		840.00
	Section Total							2,490.00
General Operating and Other Direct Costs								
7.1	Training participants on conducting of RDT for Malaira	D	2	1,500.00	1	100.00		3,000.00
	<i>Assessing for malaria using the Rapid Diagnostic Test requires training for the staff. This budget line is meant to conduct training for the staff to be able to conduct Assessment of malaria.</i>							
7.2	Boat maintenance cost	S	1	500.00	6	50.00		1,500.00
	<i>To conduct the operations smoothly, a boat has been allocated for that location which will partially serve this project. This will be a shared cost with other project allocations for this item.</i>							
7.3	Fuel cost	D	2	2,200.00	3	50.00		6,600.00
	<i>Fuel for running the boat will be purchased with this budget line. The cost of 2200 USD per 2 months will be shared with this project at 50%.</i>							
7.4	Communication costs	D	1	1,500.00	6	50.00		4,500.00
	<i>Effective communication including internet connection, mobile airtime for satellite communication to facilitate the project activities. This will be a shared cost with other projects at 30% from this project.</i>							
7.5	Fangak office support	D	1	700.00	6	30.00		1,260.00
	<i>Office stationary in Fangak will partially be supported from this project. The 700 monthly cost will be contributed for at 30% from this budget. Office cleaning, site maintenance and administrative tasks are among the services under this cost.</i>							
7.6	Juba Office support cost	s	1	1,200.00	6	30.00		2,160.00
	<i>Juba office support to this project will be contributed for by this project. 30% costs for monthly 1200 will come from this project.</i>							
7.7	Project stationery	D	1	400.00	1	100.00		400.00
	<i>Stationary to run the project will be supported by this line item. Papers for printing tally sheets, pens, markers, flip charts during workshops that are needed for the project will be procured through this line.</i>							
	Section Total							19,420.00
SubTotal				84.00				116,410.00
Direct								102,970.00
Support								13,440.00
PSC Cost								
PSC Cost Percent								7.00
PSC Amount								8,148.70
Total Cost								124,558.70
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 -> Fangak	100		3,382	3,922	3,512	10,816		

Documents

Category Name

Document Description