

Project Proposal

Organization	Nile Hope (Nile Hope)																																													
Project Title	Provision of emergency and life saving nutrition service to under 5 children, pregnant and lactating women, IDPs and other vulnerable groups in insecure and hard to reach communities in Pigi, Fangak and Akobo Counties of Jonglei state and Leer county of Unity State.																																													
Fund Code	SSD-15/HSS10/SA2/N/NGO/545																																													
Cluster	Primary cluster		Sub cluster																																											
	NUTRITION		None																																											
Project Allocation	2nd Round Standard Allocation	Allocation Category Type																																												
Project budget in US\$	249,999.87	Planned project duration	5 months																																											
Planned Start Date	01/08/2015	Planned End Date	31/12/2015																																											
OPS Details	OPS Code	SSD-15/H/72969/R	OPS Budget																																											
	OPS Project Ranking		OPS Gender Marker																																											
Project Summary	<p>The project seeks to offer high impact and life-saving nutrition interventions targeting children below five years and PLWs of host communities, IDPs and other vulnerable populations in Fangak, Pigi, Akobo and Leer. In Fangak, the project seeks to reach 720 (360 boys and 360 girls), in Pigi 556 (278 girls and 278 boys), 331 (165 boys and 166 girls) in Leer and 181 (90 girls and 91 boys) in Akobo with SAM treatment interventions. The program will also offer 732 (366 boys and 366 girls) in Fangak, 400 (200 girls and 200 boys) in Leer and 1100 (550 girls and 550 boys) in Pigi with MAM treatment services. The program will equally provide MAM services for PLWs reaching 700 in Fangak, 554 in Pigi and 325 in Leer. Community based screening/active case finding will be a strong component of the project to ensure all children and PLW screened with either SAM or MAM are referred for relevant nutrition intervention. In the nutrition centers, the nutrition staff will take anthropometric measurements either MUAC or weight and height) and enrol/admit children screened with SAM into the OTP program and receive a week's ration of RUTF, children screened with MAM will be admitted to the TSFP and receive a two weeks ration of RUSF, the green MUAC/median will be educated on good nutrition practices to maintain and/or improve the nutrition status of the children. Children screened with SAM with medical complications and/or oedema will be referred to the stabilization center for in-patient management of SAM. PLW screened with MUAC less than 21.0 cm will be admitted to the TSFP and will receive a two week ration of CSB +. A referral linkage mechanism will be established to ensure smooth transition from one program to another. Nile Hope has existing MTMSGs, PLW trained on IYCF will act as peer educators for the new MTMSGs that will be formed and session discussions will be facilitated by staff trained on IYCF. Weekly and monthly reports will be generated at the field level and submitted in a timely manner to the nutrition cluster for analysis and other action. Nile Hope will offer education sessions before service delivery in all nutrition centers on topics including good nutrition practices, promotion of good sanitation and hygiene practices, HIV/AIDS awareness, good health care seeking practices and GBV awareness. Reports from communities living in these locations indicates that several families have been separated from their families with boys and girls under five years, PLW and elderly being at higher risks of malnutrition due to their vulnerability. Infant and young feeding practices have been negatively affected by traumatic experiences. An assessment in Leer County found that lactating women who had survived rape stop breast feeding their children. This has severe effects on the nutrition status of children (Boys and Girls) under age of 2 years. Children who have been severely malnourished as infants are at higher risk of stunted growth and limited brain development hence are prioritized for nutrition interventions. People with disabilities are at higher risks of malnutrition during conflict peaks. Nutrition department will work closely with protection department to provide psycho-social support to men, women, elderly, disabled and minority groups. Currently, CP has a running FLA with WFP and a new PCA with UNICEF that will ensure the supply component of the project is effective. All the project sites mentioned are covered.</p>																																													
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>372</td> <td>1579</td> <td>2010</td> <td>2010</td> <td>5,971</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Children under 5</td> <td>0</td> <td>0</td> <td>2010</td> <td>2010</td> <td>4020</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>1579</td> <td>0</td> <td>0</td> <td>1579</td> </tr> <tr> <td>Internally Displaced People</td> <td>122</td> <td>579</td> <td>464</td> <td>464</td> <td>1629</td> </tr> <tr> <td>People in Host Communities</td> <td>250</td> <td>1000</td> <td>1546</td> <td>1546</td> <td>4342</td> </tr> </tbody> </table>					Men	Women	Boys	Girls	Total	Beneficiary Summary	372	1579	2010	2010	5,971	Total beneficiaries include the following:						Children under 5	0	0	2010	2010	4020	Pregnant and Lactating Women	0	1579	0	0	1579	Internally Displaced People	122	579	464	464	1629	People in Host Communities	250	1000	1546	1546	4342
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Indirect Beneficiaries	Catchment Population																																													
Link with the Allocation Strategy	<p>The project is in a high priority geographical locations the cluster is focusing on, offers life saving interventions, and is feasible since the partner has been operating in the said areas and has a broad understanding of the area and also because it addresses acute needs of children 0-59 months and PLW. There are airstrips in the chosen locations to enable positioning of required supplies. The project largely emphasizes on the treatment of SAM for children (boys and girls) under 5 years and management of MAM for PLW and children (boys and girls) less than 5 years so as to reduce and/or prevent morbidity and mortality related to acute malnutrition. Through IYCF counselling and education, the project will basically be targeting mothers and caregivers (male and female) with children 0-23 months. This will involve promoting behaviour change through preventive measures on IYCF practices by educating mothers on the importance of exclusive breastfeeding for the 1st six months of life, continued breast feeding for up to at least 2 years, good complementary feeding practices so as to prevent malnutrition in the age group where the severe effects of malnutrition can be reversed. Food demonstrations will be incorporated in the IYCF trainings. Nutrition education sessions will also incorporate basic components on WASH, HIV/AIDs, gender and care for the environment. The project will also enhance weekly data collection analysis and use for action. A SMART survey will also guide as a basis to analyse progress of program implementation in operation areas.</p>																																													
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)																																													
Organization focal point contact details	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Phone</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>JACK ACHIENG</td> <td>NUTRITION TECHNICAL LEAD</td> <td>+211 914 742 531</td> <td>jackachieng@nilehope.org</td> </tr> <tr> <td>Eva Waihaka</td> <td>Nutrition Coordinator</td> <td>+211 923 214 394</td> <td>evanjambi@nilehope.org</td> </tr> </tbody> </table>				Name	Title	Phone	Email	JACK ACHIENG	NUTRITION TECHNICAL LEAD	+211 914 742 531	jackachieng@nilehope.org	Eva Waihaka	Nutrition Coordinator	+211 923 214 394	evanjambi@nilehope.org																														
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BACKGROUND INFORMATION	
<p>1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>The May 2015 IPC report classified Akobo as level 3 and Pigi, Leer and Fangak (Frontline areas) as emergencies (Phase 4) hence unlikely to receive sufficient Humanitarian assistance while Akobo was considered phase 3. Overall, the situation in Jonglei and Leer remain very tense for normal operations. In Fangak, the civilians have been internally displaced several times and are currently concentrated in Nyualal, Kuernyung, Keew, Jeybuor and Paguir areas. Until April 2015 New Fangak was a safe destination for over 46,000 IDPs who fled the conflict affected areas of Malakal, Bentiu and Bor. The recent attacks in Phom have scattered populations from New Fangak. With an Increase in disease prevalence, over reliance on dirty Swamp water and inadequate health services, decreased access to food and disruptions in the supply chain; the rate of malnutrition and related complications are expected to rise. Nile Hope will reach the IDP population in the areas using both on-site and mobile nutrition outreach activities and has a team on the ground. According to the IRNA report for Keew in Pullita Payam dated 16-18th June 2015, total number of IDPS stood at 10, 500 (March-Dec 2014) and 5631 (April-June 2015) totalling 16131 IDPs. The host community members are estimated by authorities to be 18, 000 hence a total of 28, 500 people. The coordinated assessment reported proxy GAM and SAM rates of 28.3% and 11.5% among the sampled children under five years. Authorities confirm an upsurge of IDPs in Leer from the neighboring areas of Koch, Guit and Mayendit with about 10,000 around Thornyror and Pilieny (considered to be safe havens). According to the latest SMART survey result done between May 7th to 18th 2015 in Ayod, a county neighbouring Leer county with similar context, GAM rates were estimated at 23.1% and SAM 6.3 % (COSV, May 2015). According to the UNICEF South Sudan Humanitarian situation report #61, 18th June to 2nd July 2015, it is estimated that up to 5624 children who were in SAM treatment programs have since defaulted and 5849 children were not able to access services due to the ongoing security situation in Unity State that has forced many partners to pull out of the area. In Akobo, the rapid increase in population is stressing the existing limited services. Currently, the IMC SMART survey done in May 2015 in Akobo East established a GAM rate of 22.1% way above the recommended threshold of 15% and hence considered critical based on the WHO classification of GAM. In Akobo West the late 2014 GAM rates were 20.8 and SAM rates were 4.2%. At the moment the community is experiencing food shortage with no food available in the market and the food stores are depleted/ getting empty. PLW and children under 5 (boys and girls) will suffer most in the phase of food shortage. The influx of IDPs from Pajut in Urur county is thought to have contributed to the relative increment in nutrition needs. Kalazar incidences among the general population including under fives in Akobo has also aggravated the nutrition status of the target population hence increased needs for nutrition interventions. In Walgak, Nile Hope registered Kalazar</p>

	<p>admissions as 63, 54 and 43 cases for January, February and March 2015.</p> <p>Pigi is one of the counties located in the northern parts of Jonglei state. Indications on the ground are that Pigi has suffered several spats of insecurity since the onset of turbulence between the opposition troops and the government of South Sudan. Currently populations are in Korwai and the expansive Bomas within it. IDPs continue to come into Korwai following recent attacks in Atar. Nile Hope conducted a Rapid Assessment in Pigi between 8th and 17th estimated proxy GAM rates at 16.9%. MAM of 15.6% and SAM cases of 1.3%. Data from ROSS (Relief Organization for South Sudan, June 30th 2015) estimated the host population at 25, 350 and IDP s at 4, 800 totalling to 30, 150 people currently.</p>				
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicate references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	<p>Nile Hope conducted mass screening exercise in Pigi (Korwai and Atar) in February and came up with proxy GAM rates of 16.9%. The Save the children SMART survey (2015) indicated GAM rates of 20.1% in Akobo West where Walgak is located. The present turmoil in Leer and its environs could not allow for proper assessment but GAM rates in the neighbouring area of Koch at 23.1% and estimate figures of 12% GAM for Leer from Med Air informed CP's decision to come up with an acceptable estimate to calculate the caseloads. In Fangak, GAM rates in a recent IRNA report estimated SAM rates at 11.5% and MAM rates at 16.8%. CP used the updated population lists from the local authorities in order to equally capture the IDPs to calculate the percentage of 0-59 months at 19%. 80% of the under fives were considered 12-59 and 90% were considered 6-59. Lactating and pregnant women stood at 8% (4% and 4%) respectively.</p>				
3. Description Of Beneficiaries	<p>The project seeks to offer services to offer management of acute malnutrition services among children 6-59 months, pregnant lactating women and other vulnerable populations of host communities and IDPs in Fangak, Pigi, Leer and Akobo counties. Fangak, Pigi and Leer are frontline zones classified as IPC phase 4 while Akobo was classified as IPC phase 3 (IPC Report 2015). All beneficiaries will be targeted with active-case finding initiatives through community screening, appropriate referrals will be made to the facilities for management and adequate community follow-ups done to optimize service uptake and enhance chances of achieving the desired outputs. Pregnant and Lactating women will be also be targeted with IYCF information and Iron/Folic acid supplementation while children below five years will also benefit from vitamin A supplementation and deworming tabs. In Fangak, the project seeks to reach 720 (360 boys and 360 girls), in Pigi 556 (278 girls and 278 boys), 331 (165 boys and 166 girls) in Pigi and 181 (90 girls and 91 boys) in Akobo with SAM treatment interventions. The program will also offer 732 (366 boys and 366 girls) in Fangak, 400 (200 girls and 200 boys) in Leer and 1100 (550 girls and 550 boys) in Pigi with MAM treatment services. The program will equally provide MAM services for PLWs reaching 700 in Fangak, 554 in Pigi and 325 in Leer.. Most of the expected beneficiaries in Fangak are IDPs from Guit, Koch and a bit of Leer following recent conflicts and related hardships in the areas. Pigi and Leer have IDPs mainly from within their Payams at the moment due to ongoing armed conflicts in the said areas. Akobo's close proximity to the border with Ethiopia predisposes to serious population fluctuations that end up pile pressure on the existing infrastructure. Current IDPs from Nassir and Pajut in Uror have also exacerbated the situation.</p>				
4. Grant Request Justification.	<p>Nile Hope is a prominent humanitarian actor in 5 of the 10 states in South Sudan (in addition to the GPA region) with past and on-going emergency and early recovery programs. Currently Nile Hope implements nutrition programs in 4 counties (2 states). We continue to work with diverse partners like the CHF, IOM (RRF) and UNICEF to implement in addition to nutrition, emergency FSL, WASH, EIE, Health, Nutrition and Protection (GBV and CP) actions in the aforementioned locations. We have the requisite technical, administrative and infrastructure/field presence (e.g. offices/compounds/speed boats in Akobo, Fangak, Pigi/Canal, Ulang, Nasir, Juba), social capital advantage and an understanding of local context. The CHF funding will enable us to fix evidence-based emergency-related gaps in the program, enable us reach more IDPs and vulnerable host community members thereby reducing the scale of suffering and inadequate response/s if at all. We have a dedicated pool of staff to respond to emergencies that can be called to action at short notice, and will continue to support them to improve their competencies – and the wider community - via the CHF resources. Nile Hope has conducted the necessary assessments (in mid July) also involving other agencies like CADA, FH, NPA, CAD, FCDI especially in Northern Jonglei. We also worked closely with local leaders, IDPs and host community representatives in mapping the emergency needs. This is corroborated by successive reports from our field coordinators and staff (for example IDPs and host community members visiting health and nutrition sites). The needs were captured through various tools (questionnaires, case studies.....) and methodologies including interrogative observation, interviews and discussion meetings with key community leaders and local actors, focus group discussions with IDPs and host community members and project site visits (perusal of field project records). Nile Hope has the requisite systems, policies and procedures in place and in the last half of 2012 revised her Strategic Plan to devise a more program- and context-friendlier plan for the ensuing five years (and a 2 year more emergency-context plan!) to enable responsive, relevant and timely programming. Nile Hope continues to participate in key policy, program and coordination forums. We rely overtly on pool funds like CHF for emergency interventions, but also mobilize local resources for response as part of communities' contribution, participation and accountability. The 1st SA of CHF 2015 has just concluded yet there are growing and diverse needs in the community as have been explained. Immediate resources are required to stem the scale of suffering among the most vulnerable. Currently, CP has a running FLA with WFP and a new PCA with UNICEF that will ensure the supply component of the project is effective. All the project sites mentioned are covered.</p>				
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	<p>Nile Hope is the leading agency in Health in Akobo county, the proposed stabilization center in Walgak is situated in the PHCC operated by Nile Hope. It will benefit from the wealth of medical personnel in the facility. There is room to share medical supplies in case of unforeseen shortages and utilize other hospital amenities if need arise. In most of the project sites proposed, CP runs other programs such as Food Security and Livelihoods, Health, WASH and Education. All these have integration links with nutrition services and will be tapped into to ensure sustainable impacts in the long run. Disease and Hygiene issues as well as availability of safe and sufficient food have a direct impact on nutrition status of children and offering these services together in most of the proposed locations means the project has a chance to leave a lasting impression on the beneficiaries and to enhance their resilience in the face of the challenges in emergency setup. Rehabilitating malnourished children with and without medical complications, the project will reduce the health burden and contribute to the general well being of the communities. Nutrition education through IYCF initiatives and the use of Community based Nutrition Volunteers will ensure that the communities are capacity built to handle their own nutrition challenges for better health.</p>				
LOGICAL FRAMEWORK					
Overall project objective	To provide emergency and life-saving therapeutic, preventive and nutrition interventions to under five children, Pregnant and lactating women and other vulnerable populations among the host communities and IDPs in the frontline zones and food insecure areas of Fangak, Leer, Pigi and Akobo counties.				
Logical Framework details for NUTRITION					
Cluster objectives				Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: Deliver quality lifesaving management of acute malnutrition for at least 60% per cent of SAM cases in girls and boys 0-59 months and at least 60 per cent of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups				SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	60
2015 SSO 2: Increase access to integrated programmes preventing undernutrition for at least 30 per cent of girls and boys aged 0-59 months, pregnant and lactating women, older people and other vulnerable groups				SO 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods	30
2015 SS 3: Ensure enhanced needs analysis of the nutrition situation and enhanced monitoring and coordination of response				SO 3: Improve self-reliance and coping capacities of people in need by protecting, restoring and promoting their livelihoods	10
Outcome 1	Improved health condition and resilience due to reduced mortality and morbidity rates related to malnutrition among children 6-59 months and Pregnant and Lactating Women in Fangak, Pigi and Akobo counties in Jonglei State and Leer county in Unity State South Sudan.				
Code	Description				Assumptions & Risks
Output 1.1	2666 boys and 2667 girls 6-59 months and 4230 PLWs screened, 874 children 6-59 months provided with SAM treatment, 1340 provided with MAM treatment and 1579 PLWs provided with MAM treatment services.				Nutrition supplies will be available in country and on on ground, security situation will be favorable, community will be receptive of the services
Indicators					
Code	Cluster	Indicator	End Cycle Beneficiaries		End-Cycle Target
			Men	Women	Boys
					Girls
Indicator 1.1.1	NUTRITION	[Frontline services] [Treatment] Number of boys and girls 6-59 and months and PLW screened for acute malnutrition in a community	4230	2666	2667
		Means of Verification: monthly reports, community mobilizers screening report			
Indicator 1.1.2	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 0-59 months with severe acute malnutrition newly admitted for treatment		437	437
		Means of Verification: stabilization center records, OTP registers, monthly reports, quarterly reports			

Indicator 1.1.3	NUTRITION	[Frontline services] [Treatment] Number of boys and girls aged 6-59 months with moderate acute malnutrition newly admitted for treatment			670	670	1340
Means of Verification:		monthly reports, TSFP registers and other program reports					
Indicator 1.1.4	NUTRITION	[Frontline services] [Treatment] Number of PLW with acute malnutrition newly admitted for treatment			1579		1579
Means of Verification:		monthly reports, TSFP registers and other program reports					
Indicator 1.1.5	NUTRITION	The number of days the program runs without SAM/MAM supplies					14
Means of Verification:		Monthly stock reports					
Indicator 1.1.6	NUTRITION	The number of sites set up and offering nutrition services (1 static OTP site and 1 stabilization centre in Fangak, 2 mobile OTP sites in Pigi, 1 static OTP site in Akobo, 1 static OTP site, one mobile site and a stabilization centre in Leer)					6
Means of Verification:		Monthly per site reports					
Activities							
Activity 1.1.1	Mass community screening and appropriate referral of children 6-59 months reaching 10,800 (5400 girls and 5400 boys) pregnant and lactating 4320 PLW in Fangak, Leer, Pigi and Akobo through community outreach programs						
Activity 1.1.2	Provide Treatment of Severe Acute Malnutrition (SAM) for children below five years reaching 874 (437 boys and 437 girls) of IDPs, other vulnerable populations and The host communities in Fangak, Leer, Pigi and Akobo.						
Activity 1.1.3	Provide Moderate Acute Malnutrition (MAM) treatment to children below 5 years reaching 1340 (670 boys and 670 girls) of IDPs, other vulnerable populations and The host communities in Fangak, Leer, Pigi and Akobo. and						
Activity 1.1.4	Provide Moderate Acute Malnutrition (MAM) treatment to Pregnant and Lactating Women (PLW) reaching 1340 of IDPs, other vulnerable populations and the host .						
Activity 1.1.5	Prompt prepositioning of supplies for management of acute malnutrition in children below 5 years and PLW						
Activity 1.1.6	Set up nutrition sites ready for service delivery						
Output 1.2	Provide capacity building services through training to 75 health and nutrition staffs on management of acute malnutrition (SAM and MAM) to safeguard quality of service provision in the operation areas.				funds will be availed on time, security favorable to conduct training		
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	NUTRITION	Number of staffs who complete training and pass evaluation test on SAM management in the OTPs					43
Means of Verification:		Staff training evaluation reports, training photos and Training attendance sheets					
Indicator 1.2.2	NUTRITION	[Frontline services] [Capacity and emergency prepare] Number of healthcare workers trained on CMAM according to minimum requirements set by the cluster	4	3			7
Means of Verification:		7 staffs trained in SAM management in SC and pass post-training evaluation tests					
Activities							
Activity 1.2.1	Train 43 staffs on SAM management in the OTPs using the IMSAM guideline for South Sudan						
Activity 1.2.2	Train 7 staffs on SAM management in the Stabilization centers using the IMSAM guidelines for South Sudan						
Outcome 2	Improved preventive measures against malnutrition in children <5 years, PLW and other vulnerable groups						
Code	Description	Assumptions & Risks					
Output 2.1	17414 girls, boys and PLW provided with micro-nutrient supplementation and deworming tabs	supplies will be available on ground					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	[Frontline services] [Prevention] Number of 6-59 reached with Vitamin A supplements			1750	1725	3475
Means of Verification:		OTP registers, Program reports					
Indicator 2.1.2	NUTRITION	#children 12-59 months receiving deworming tabs					3475
Means of Verification:		OTP registers, Monthly reports					
Indicator 2.1.3	NUTRITION	[Frontline services] [Prevention] Number of Pregnant women receiving Micro-nutrient tablets/Folic-Iron supplementation		1389			1389
Means of Verification:		TSFP registers, Monthly reports					
Activities							
Activity 2.1.1	Provide Vitamin A supplementation to children 6-59 months of IDPs, other vulnerable populations and the host communities in Fangak, Leer, Pigi and Akobo.						
Activity 2.1.2	Provide deworming tabs to children 12-59 months of IDPs, other vulnerable populations and the host communities in Fangak, Leer, Pigi and Akobo.						
Activity 2.1.3	Provide iron/Folic acid supplements to PLW of IDPs, other vulnerable populations and the host communities in Fangak, Leer, Pigi and Akobo.						
Output 2.2	Capacity building 8722 pregnant and lactating women and 778 men totalling 9500 of IDPs, other vulnerable populations and the host communities in Fangak, Leer, Pigi and Akobo with IYCF messages				IEC material will be available		

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.2.1	NUTRITION	[Frontline services] [Prevention] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF interventions	372	5704			6076
		Means of Verification: Program reports					
Indicator 2.2.2	NUTRITION	# of MTMSGs formed and fully operational during the project life cycle					21
		Means of Verification: Program reports					

Activities

Activity 2.2.1	Conducting IYCF training and outreach activities to pregnant and lactating women of IDPs, other vulnerable populations and the host communities in Fangak, Leer, Pigi and Akobo
Activity 2.2.2	Formation of 3 MTMSGs (Mother-to-Mother-Support Groups) per site in Fangak, Leer, Pigi and Akobo

WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Activity 1.1.1 Mass community screening and appropriate referral of children 6-59 months reaching 10,800 (5400 girls and 5400 boys) pregnant and lactating 4320 PLW in Fangak, Leer, Pigi and Akobo through community outreach programs	2015								X	X	X	X	X
		2016												
	Activity 1.1.2 Provide Treatment of Severe Acute Malnutrition (SAM) for children below five years reaching 874 (437 boys and 437 girls) of IDPs, other vulnerable populations and The host communities in Fangak, Leer, Pigi and Akobo.	2015								X	X	X	X	X
		2016												
	Activity 1.1.3 Provide Moderate Acute Malnutrition (MAM) treatment to children below 5 years reaching 1340 (670 boys and 670 girls) of IDPs, other vulnerable populations and The host communities in Fangak, Leer, Pigi and Akobo. and	2015								X	X	X	X	X
		2016												
	Activity 1.1.4 Provide Moderate Acute Malnutrition (MAM) treatment to Pregnant and Lactating Women (PLW) reaching 1340 of IDPs, other vulnerable populations and the host .	2015								X	X	X	X	X
		2016												
	Activity 1.1.5 Prompt prepositioning of supplies for management of acute malnutrition in children below 5 years and PLW	2015								X			X	
		2016												
	Activity 1.2.1 Train 43 staffs on SAM management in the OTPs using the IMSAM guideline for South Sudan	2015								X			X	
		2016												
	Activity 1.2.2 Train 7 staffs on SAM management in the Stabilization centers using the IMSAM guidelines for South Sudan	2015								X			X	
		2016												
	Activity 2.1.1 Provide Vitamin A supplementation to children 6-59 months of IDPs, other vulnerable populations and the host communities in Fangak, Leer, Pigi and Akobo.	2015								X	X	X	X	X
		2016												
	Activity 2.1.2 Provide deworming tabs to children 12-59 months of IDPs, other vulnerable populations and the host communities in Fangak, Leer, Pigi and Akobo.	2015								X	X	X	X	X
		2016												
	Activity 2.1.3 Provide iron/Folic acid supplements to PLW of IDPs, other vulnerable populations and the host communities in Fangak, Leer, Pigi and Akobo.	2015								X	X	X	X	X
		2016												
	Activity 2.2.1 Conducting IYCF training and outreach activities to pregnant and lactating women of IDPs, other vulnerable populations and the host communities in Fangak, Leer, Pigi and Akobo	2015								X	X	X	X	X
		2016												
	Activity 2.2.2 Formation of 3 MTMSGs (Mother-to-Mother-Support Groups) per site in Fangak, Leer, Pigi and Akobo	2015								X				
		2016												

M & R DETAILS

<p>Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .</p>	<p>Nile Hope shall employ and deploy the project log frame (to capture activities, indicators, cross-cutting issues) as the best measure for progress, timeliness and results achievement. We shall work with the project team, partners and nutrition mechanisms and structures (including the Nutrition Cluster, UNICEF and others) and local actors like mother-to-mother support groups to achieve the set targets. Tools and methodologies employed (including interviews with key persons, case study profiling of beneficiaries, observations, focus group discussions on key program aspects and topics) during the monitoring and evaluation exercise will help to inform learning and the extent to which project objective is realized. We also shall use the MoH/ partner CMAM reporting tool (which disaggregates beneficiaries by age and gender) to report on monthly basis to the cluster for progress tracking. We shall work to ensure accountability to the affected population (AAP) especially through participatory approaches and routinely consult and engage with the communities. Whilst internal monitoring will be regular, a mid-term and end of project evaluation will be conducted to check/ monitor progress towards set objectives, reinforce strong areas and strengthen identified weak areas/address challenges raised. We shall work to strengthen the monitoring and evaluation competencies of local institutions and structures like the mother-to-mother support groups and the County-level Nutrition Clusters (whilst also coordinating and working with other sectors). The MEAL reports will be shared within Nile Hope utilizing the existing reports framework and protocol and under the technical lead of the MEAL Officer. The Executive Director will have an overall birds-eye-view /oversight of the program's progress and will take broad responsibility for administration of the intervention. The Finance Department will ensure responsible and accountable use of the finances and report as required and on time.</p>
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OTHER INFORMATION

Accountability to Affected Populations	The project is community-based and will seek the input and acceptance of the community members from the beginning. The stakeholders' forum at the beginning of the program will be used to introduce the program to the recipients and seek approval and support from the start. Members of the community will be recruited to work in the program either as support staff, volunteers or as direct staff implementing program activities. The project will work for the good of the community and will seek to improve their nutrition status. Due diligence will be done at all times while offering services to ensure that caregivers and recipients of the project services become partners in the process and not passive participants.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	Nile Hope will follow the ideal procedures in project implementation by adhering to the project cycle. Proper planning will be done since the project is already conceived. Planning will involve introducing the program to the community and undertaking stakeholder brief, recruiting personnel, training the personnel on procedures of care, constructing and/or rehabilitating physical infrastructure such as the OTP sites and stores and pre-positioning MAM/SAM supplies. Implementation will follow and the project will dispense the critical services through the trained personnel using the procured supplies. Monitoring will be a

continuous process through data collection and project adjustments where necessary. Evaluation using mass screening procedures and through IRNA missions with other partners will also be done to appraise the project and provide feedback to the stakeholders.

Coordination with other Organizations in project area	Name of the organization	Areas/activities of collaboration and rationale
	1. UNICEF	Supplies for SAM treatment
	2. WFP	Supplies for MAM treatment
	3. ACF/Hold a Child	Coordination in Fangak county
	4. Save The Children	Coordination in Akobo county
	5. Med Air/ICRC/Concern	Coordination in Leer

Environmental Marker Code A+: Neutral Impact on environment with mitigation or enhancement

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

Justify Chosen Gender Marker Code Nile Hope acknowledges that the conflict in South Sudan has affected men, women, boys and girls differently and thus gender equality programming will be applied in this project targeting the most vulnerable groups including children (boys and girls) under 5 years and PLW for SAM and MAM management, men, women, boys, girls, the elderly and the disabled for IYCF in emergencies and boys, girls and PLW for micronutrient supplementation in areas where communities (host and IDP's) are often cut out from services by virtue of being very far away from towns requiring up to 8-12 hours on foot in the counties of Pigi, Fangak, Akobo and Leer. Family matters are often left to the women folk; a trend that the project seeks to address by encouraging even the male counterparts to be engaged in the nutrition well being of their children through employing male CNVs in the dissemination of nutrition knowledge in the community.

Protection Mainstreaming The project seeks to reach the vulnerable populations in the community including children below five years, pregnant and lactating women, IDPs and other vulnerable populations in the catchment areas of the project site. Provision of the preventive and therapeutic nutrition services targeting these populations will be done according to the set guidelines used South Sudan such as the IMSAM guideline. Inclusion and exclusion criteria into the program activities will be based purely on the set criteria in such guidelines and will be enforced without due regard to other secondary factors that may deny truly vulnerable their populations their right to access the services. Service provision will be needs-based to preserve the dignity of the vulnerable populations who need the same rehabilitative services for sustained and healthy life. The project teams in various locations will map out the respective areas to ensure that all inhabitants of the project catchment area have information about the availability of services and how to access the same without any form of bias. Through the formation of Mother-To-Mother-Support-Groups and also using the Community Nutrition Volunteers and Community Mobilizers, the community will be targeted for sustainable nutrition approaches through nutrition education hence capacity building and enhancing the resilience of the community to deal with similar eventualities in future.

Safety and Security For a while now, the areas in Fangak where CP plans to set up nutrition sites have been considered safe havens since they are strategically placed to provide cushion against any form of land ambush on the civilians. They are in the swampy areas, deep inside forests and without proper road network because the community considers such areas safe from any ambush attacks. These hard-to-reach areas provide some form of cushion against attacks and hence some form of relative calm and stability is experienced. CP takes the security of its staff seriously and ensures they are introduced to the local authorities, are wearing their staff badges at all times and maintains constant communication with them to assess the prevailing situations. Nile Hope also works closely with other partners in its field locations and will continue the same to ensure continuity in flow of information. Through radio calls, CP staff will constantly seek updates from the local authorities and update the main office promptly

Access CP is a national NGO with local staff and will be reliably informed about the settlements and movements within its operational areas. The chosen areas are accessible by air courtesy of airstrips and some also accessible via rivers. Supplies will be dropped in the airstrips and distributed using speedboats, donkeys or even porters as has been done by CP in the same regions before when situations dictate. The local employees will enable the organization to access beneficiaries in their various locations. By virtue of being a local NGO, CP has staff capable of moving with the community should any form of emergency arise. This means service provision can continue if there are sufficient supplies. It also means that CP is able to obtain useful information about the situation on the ground even if other staff are withdrawn from the area for security reasons. In Akobo, CP has 2 vehicles in Akobo West and speedboats in Akobo East. CP is already in possession of a speedboat that is destined for Fangak and will be useful in monitoring projects, distributing supplies and conducting other forms of assessment as the program may require from time to time.

BUDGET

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
1.1	Nutrition Technical Lead 1 Nutrition Technical Lead at \$ 5000 per month for a period of 5 months charging 45% to CHF Location: Juba with frequent visits to the field. He will be responsible in coordination of all activities being implemented in this project, Monitoring the project using log frame and Reporting all activities to the donor and MoH.	D	1	5000	5	45.00%	11,250.00	4,500.00	6,750.00	11,250.00
1.2	Nutrition Coordinator 1 Nutrition Coordinator at \$ 4000 per month for a period of 5 months charging 50% to CHF Location: Juba with frequent visits in the field, He/She will be responsible in coordination of field activities and building the capacities in the field to be able to offer quality services.	D	1	4000	5	50.00%	10,000.00	4,000.00	6,000.00	10,000.00
1.3	County Project Manager 2 County Project Manager at \$ 1500 per month for a period of 5 months charging 100% to CHF Location: Pigi and Leer. He/ She responsible in ensuring that OTP centres are running according to Nile Hope mandates and should be in constant communication with the Nutrition Coordinator	D	2	1500	5	100.00%	15,000.00	6,000.00	9,000.00	15,000.00
1.4	Supervisors 3 Health Supervisor Leer at \$ 1200 per month for period of 5 months charging 100% to CHF Oversee the day-to-day management of the health facility in Leer. He gathers and analyse data and using it to plan and manage the health facility in Leer. He also ensures that there are sufficient drugs and quality health administration to the patients. He is a qualified medical officer with extensive work experience	D	3	1200	5	100.00%	18,000.00	7,200.00	10,800.00	18,000.00
1.5	Clinical Officer 1 Clinical Officers at \$1000 per month for period of 5 months charging 100% to CHF The staff will be in-charge of managing Stabilization center where he will consult the malnourished children with medical complication who will be referred from OTPS center or from the village. He/she will also be responsible person for daily follow up of the malnourished child who is admitted for medical treatment in the stabilization center	D	1	1000	5	100.00%	5,000.00	2,000.00	3,000.00	5,000.00
1.6	Nurses 7 Nurses at \$800 per month for period of 5 months charging 100% to CHF The nurses will work in stabilization center to provide nursing care to children that are identified with medical complication are are malnourished	D	7	800	5	100.00%	28,000.00	11,200.00	16,800.00	28,000.00
1.7	IYCF Facilitators 6 IYCF facilitators- Facilitate IYCF education sessions for the mother to mother support groups, offer IYCF and other nutrition education at the nutrition centers and in the community monthly afforded at \$ 300 for a period of 5 months charging 100% to CHF	D	6	300	5	100.00%	9,000.00	3,600.00	5,400.00	9,000.00
1.8	Nutrition Assistants 3 Nutrition assistants- charged with taking anthropometric measurements of children and PLW at the nutrition center, record keeping of program beneficiaries, offering nutrition education with a monthly remuneration of \$ 300 per month for a period of 6 months charging 100% to CHF	D	3	300	5	100.00%	4,500.00	1,800.00	2,700.00	4,500.00
1.9	Community Mobilizers 3 Community Mobilizers at \$ 300 per month for a period of 5 months charging 100% to CHF Location: Pigi, Fangak, Akobo and Leer. He/ She raise awareness to the communities by mobilizing parents with children suffering from acute malnutrition to visit OTP and Stabilization centres.	D	3	250	5	100.00%	3,750.00	1,500.00	2,250.00	3,750.00
1.10	Inpatient Attendants 2 Inpatient Attendants at \$ 300 per month for a period of 5 months charging 100% to CHF Location: Fangak, He/ She will provide supportive care to children who are admitted in the stabilization centres	D	2	400	5	100.00%	4,000.00	1,600.00	2,400.00	4,000.00

1.11	Cleaners /Cooks	D	4	200	5	100.00%	4,000.00	1,600.00	2,400.00	4,000.00
4 Cleaners/Cooks for the Facilities at \$ 200 per month for a period of 5 months charging 100% to CHF Location: Pigi, Akobo, Leer and Fangak. He/ She ensures that the OTP and Stabilization Facilities are clean. She ensures that equipments are cleaned and always are in sterilised.										
1.12	Guards	D	4	200	5	100.00%	4,000.00	1,600.00	2,400.00	4,000.00
4 Cleaners for the Facilities at \$ 200 per month for a period of 5 months charging 100% to CHF Location: Pigi, Akobo, Leer and Fangak. He/ She ensures that the OTP and Stabilization Facilities are clean. She ensures that equipments are cleaned and always are in sterilised.										
1.13	Executive Director	S	1	6500	5	12.00%	3,900.00	1,560.00	2,340.00	3,900.00
1 Executive Director @\$6500 per months for 5 months ,12% charged to CHF activities. Locations:Juba. He oversee the organization policies ,top management,administrative and partners and donors coordination and meetings.He travels to the field frequently for program monitoring and encourage the team										
1.14	Finance Manager	S	1	5000	5	12.00%	3,000.00	1,200.00	1,800.00	3,000.00
1 Finance Manager @\$5000 per month for 5 months ,12% charged to CHF Locations: Juba. Evaluate the financial reporting systems, provide financial reports on a timely basis. Performs financial analysis, reporting and management activities. Develop the financial strategy for the organisation and participate in the evaluation of finance staff. The Finance Manager has over 15 years experience and he is a qualified accountant										
1.15	Human Resource & Partner Relations Manager	S	1	4000	5	12.00%	2,400.00	960.00	1,440.00	2,400.00
Human Resources & Partner Relations Manager based in Juba with frequent field visit with responsibility of staff recruitment, annual appraisals and performance evaluations. He ensure that there is staff welfare and HR policies are well adhered to. He maintains the data base of staff and ensure that there are constant capacity building of staff. Monthly afforded at \$ 4000 with 12% charged to CHF										
1.16	Juba and Field Accountants	S	3	2000	5	15.00%	4,500.00	1,800.00	2,700.00	4,500.00
Accountant based in Juba and Field Accountants to be based in Akobo and Leer charged with responsibility of posting and balancing ledgers in the accounting software, banking and cash flow monitoring, monthly afforded is \$ 2,000 per month for 5 months 15% charged to CHF										
1.17	Program Coordinator	S	1	5000	5	12.00%	3,000.00	1,200.00	1,800.00	3,000.00
Programme Coordinator @ \$5000 per month for 5 months , 12% charged to CHF activities Location: Juba. He is incharge of all programs and he has responsibilities of ensuring that the projects are implemented in accordance with the donors mandate, he will support the health team in monitoring and evaluation										
1.18	Grants Manager	S	1	5000	5	12.00%	3,000.00	1,200.00	1,800.00	3,000.00
1 Grant Manager @\$5000 per month for 5 months 12% charged to CHF Locations: Juba with frequent travel to the field and oversee the budget preparation , management and monitoring process. Monitor and manage all expenses within the allotted budget. The Grants Manager has over 7 years working experience and is an accountant by profession.										
1.19	Field Coordinators	S	2	2000	5	40.00%	8,000.00	3,200.00	4,800.00	8,000.00
2 Field Coordinators at \$ 2000 per month for 5 months charging 40% to CHF Locations: Pigi and Fangak. He/ She will work closely with the Health and Nutrition Program Manager and Program Coordinator and other staff on the field. She/He actively collaborate with other partners and/or Donors as required. plan, implement, monitor/evaluate and report projects on behalf of the Programme Coordinator										
1.20	Juba Logistic officer	S	2	1000	5	30.00%	3,000.00	1,200.00	1,800.00	3,000.00
Juba Logistic officer @\$1000 per month for 5 months,30% charged to CHF, Locations: Juba and is responsible for the movement of staff and materials in and out of Juba.										
Section Total							147,300.00	58,920.00	88,380.00	147,300.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
2.1	Procurement of stabilization center drugs	D	1	1500	1	100.00%	1,500.00	1,500.00	0.00	1,500.00
Procurement and preposition of drugs in 1 locations, i.e. Pigi, Fangak and Leer. Purchase of Acetylsalicylic Acid (ASPIRIN, ASA) 500 mg/1000 tabs @ \$3, Amodiaquine 153 mg/ Artesunate 50mg/24 (blister packs) @ \$65, Atropine 1mg/ml/1 ml Amp. (100) @ \$2, Amoxicillin 250 mg/1000 Packs @ \$15, Adrenaline 1mg/ml/1 ml Amp. (100 amp) @ \$1, Albendazole 400mg tabs/500 tabs @ \$28, Ampicillin 500 mg/100 vials @ \$6.50, Azithromycin 500mg @ \$31.40, Benzathin penicillin 2.4Mu 50 vials @ \$0.50, Benzyl penicillin 600mg(1MU)/100 vials @ \$0.10, Calamine lotion 100 mLs @ \$12, Ceftriaxone powder 1g1 vials @ \$0.55, Cotrimoxazole (480 mg)/1000 @ \$8, Cotrimoxazole junior (120 mg)/1000 @ \$5, Codeine 30mg/100 tabs @ \$6.95, Cotrimoxazole susp.(5 ml) @ \$10.16, Clotrimazole 100 mg vaginal tab @ \$62, Cloxacillin 500mg/50 vials @ \$35, Cloxacillin 250mg/100 caps @ \$17.85, Chlorpheniramine 4mg/1000 tabs @ \$0.770, Chlorphenicol 250mg 1000 caps @ \$20.35, Chlorphenicol 1g powder for inj 50 vials @ \$1, Chlorphenicol 125mg/5mLs/100 ml susp. @ \$0.50, Ciprofloxacin 500mg/100 tabs @ \$2.67, Doxycycline 100mg/1000 caps @ \$11.20, Diazepam 5mg/mL2 ml Amp (100) @ \$0.50, Diclofenac sodium 50mg/1000 tabs @ \$3.50, Erythromycin 500mg/1000 tabs @ \$7.70, Gentamycin 40mg/ml 2 mL 100 Amps. @ \$12.80, Metronidazole 200mg/5mLsusp. @ \$0.36, metronidazole 5mg/ml(100ML) IV @ \$0.25, Griseofulvin 500mg/100 tabs @ \$7.70, Nystatin oral 500.000IU tab/100 tabs @ \$20, Nystatin susp @ \$12, Quinine 300mg/ML100 2ml Amp. @ \$1.50, Quinine 300mg tabs/1000 tabs @ \$61.20, Coartem24 blister packs @ \$2.00, Clotrimazole creame 1% creame 24g @ \$1.00, Salbutamol 4mg tabs/1000 tabs @ \$3, Salbutamol inhaler 200 doses @ \$13.00, Salbutamol inhaler 200 doses @ \$24, 50% Dextrose IV @ \$3, 5% Dextrose IV @ \$3, Normal saline IV @ \$3, Ringer's lactate IV @ \$3, water for injection 10 ml vial 100 vials @ \$3.50, Hydrocortisone 1% ointement @ \$3, Zinc oxide 200mg ointement @ \$5, Chlorhexidine/cetrimide 1.5/15% 1 L @ \$18, Promethazine 25mg/ml/100 2ml Amp. @ \$10, Promethazine 25mg 1000 tabs @ \$5, oxytocin 10iu/ML100 Amps @ \$30, Ergometrine 200mcg/10 Amp @ \$3, Aminophylline 25mg/ml/10 (10 ml Amp) @ \$1, Fansidar (Sulfadoxine + Pyrimethamine) 100 tabs @ \$5.50, prednisolone 5mg/1000 tabs @ \$10.50, Phenobarbitone 30mg/1000 tabs @ \$7.50, Ferrous Sulphate 200mg 1000 @ \$6, Folic acid 0.25 mg 1000 @ \$2, Hydrocortisone Injection(100mg)/48 vials @ \$73, Ibuprofen 200mg 1000 tabs @ \$7.15, Lignocaine 2% Injection/20 ml vials @ \$21.60, Mebendazole 100 mg 1000 @ \$13.65, Metronidazole 200 mg/1000 @ \$12.62, ORS 25 pkts @ \$1.80, Paracetamol adult 500mg 1000 tabs @ \$7.20, Praziquantel 600mg 500 tabs @ \$100, Procaine benzyl penicillin 4 MU vials 100 vials @ \$58.79, Retinol (Vit. A) 200,000 U/1000 caps @ \$57.36, Nalidixic Acid 500mg/100 tabs @ \$64.15, Zinc 20 mg/100 tabs @ \$4.50, Gentian violet 25 gram/1 pc @ \$6.34, Povidone iodine 10%/100 mls @ \$1.00, Whitfield 25 g tube @ \$12.7,										
2.2	Transportation of stabilization center supplies	D	1	8500	1	100.00%	8,500.00	8,500.00	0.00	8,500.00
This includes transportation of stabilization centre supplies and equipment from Juba Fangak. 1 Charter carrying 2 Ton from Juba to the field where there are SC centres @ \$8500. The charter will transport cooking pots, Thermos, buckets and cooking equipments.										
2.3	Outpatient SAM Management Training	D	2	1000	1	100.00%	2,000.00	2,000.00	0.00	2,000.00
It is meant to build the capacity of local staff to be able to provide quality services. The targeted number to be trained are 63 participants in 3 Locations , Pigi , Fangak, and Leer.										
2.4	In Patient management of SAM training	D	1	1000	1	100.00%	1,000.00	1,000.00	0.00	1,000.00
It is meant to equip and build the capacity of Stabilization Centre Staff to enhance them with skills of providing better quality nutrition services to children who are malnourished. It will also train the staff members on how to gather the data and submit cases of SAMS and MAM to the Nutrition Coordinators										
2.5	Transportation of OTP supplies	D	2	8500	1	100.00%	17,000.00	8,500.00	8,500.00	17,000.00
This includes transportation of OTP supplies and equipment from Juba to Pigi, Leer. 2 Charters each carrying 2 Ton from Juba to the field where there are OTP centres @ \$8500. The charter will transportation of plumpy nuts approx 8 tons. Nile Hope wish to send the supplies using charters rather than using logistic cluster which takes long for approvals.										
2.6	ICYF Training	D	2	1000	1	100.00%	2,000.00	1,000.00	1,000.00	2,000.00
This training course aims to enhance the competencies and build capacity of Nile Hope nutrition staff who are involved in Infant and Young Child Feeding (IYCF) programmes in Pigi,. This includes programme development, programme implementation, programme evaluation, and other related activities for improving nutrition and health outcomes of infants and young children.										
2.7	Stakeholder workshops	D	3	700	1	100.00%	2,100.00	2,100.00	0.00	2,100.00
Scaling Up Nutrition (SUN) Movement networks to raise awareness around the importance of nutrition sensitive programs by holding 1 workshop 'Nutrition Sensitive Programmes Workshop' to be held in Pigi, Leer and Fangak										

2.8	Printing of T-shirt promoting good nutrition practices	D	200	10	1	100.00%	2,000.00	2,000.00	0.00	2,000.00
	200 T Shirts will be printed with health promotion messages in local language, mostly targeting the importance of feeding children with balance diet meals and also sensitising the communities on the issues of malnutritions and the dangers to children. Each T shirt will costs approx \$ 10.									
2.9	Offloading and Loading of nutrition supplies	D	4	1000	1	100.00%	4,000.00	2,000.00	2,000.00	4,000.00
	The funds allocated for offloading and loading nutrition supplies and other nutrition materials to OTPs and SC, the amount will be paid for loaders and offloaders									
2.10	Training of community Nutrition Volunteer	D	2	1000	1	100.00%	2,000.00	1,000.00	1,000.00	2,000.00
	80 volunteer trainings to enhance service delivery for CMAM in Pigi, Fangak, Akobo and Leer									
2.11	Construction of New OTP Centres	D	2	3500	1	100.00%	7,000.00	7,000.00	0.00	7,000.00
	Construction of OTP Centres in Jueybor and Pigi. The cost is for clearing the land where OTP will be built, purchase of around 200 poles @\$5, 400 rafters @\$ 2, Plastic Sheets @\$ 500, labourers for construction and mudding approx \$2000									
2.12	Rehabilitation of existing OTPs	D	2	1500	1	100.00%	3,000.00	3,000.00	0.00	3,000.00
	Rehabilitation of Akobo OTP and Pilieny. The cost will include purchase of 100 poles &\$5, 100 bundles of grass for thatching @\$ 5, 200 rafters @\$ 2, Plastic sheets @\$ 100 and labourers for 1,500									
2.13	Purchase of Chairs, Tables and Mats	D	4	1000	1	100.00%	4,000.00	4,000.00	0.00	4,000.00
	This is the cost of purchase of tables, mats and mats for the new OTPS i.e. Keew, Jueybor and Koat and Kuernyang and Thonyor Stabilisation Centres									
	Section Total						56,100.00	43,600.00	12,500.00	56,100.00
3 Equipment (please itemize costs of non-consumables to be purchased under the project)										
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
3.1	Thuraya	D	1	1500	1	100.00%	1,500.00	1,500.00	0.00	1,500.00
	Purchase of 1 Thuraya phones, will be dispatched to Pigi. They will assist in coordination and relying information to Health and Nutrition Coordinator and Health and Nutrition Advisor.									
	Section Total						1,500.00	1,500.00	0.00	1,500.00
4 Contractual Services (please list works and services to be contracted under the project)										
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
	Section Total						0.00	0	0	0.00
5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)										
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
5.1	Flight cost for Nutrition staffs(Akobo, Leer, Pigi and Fangak)	D	8	400	2	100.00%	6,400.00	3,200.00	3,200.00	6,400.00
	This is travel cost for health staff and other supporting staff to travel to the field during the implementation of the project in Akobo, Leer, Pigi and Fangak facilitated through UNHAS.									
5.2	Fuel for Boat	D	2	1500	2	100.00%	6,000.00	3,000.00	3,000.00	6,000.00
	This cost is allocated for preposition and purchase of fuel for the boat. Most Nutrition facilities in Pigi and Fangak are accessible through the river which will require boat transport.									
	Section Total						12,400.00	6,200.00	6,200.00	12,400.00
6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)										
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
	Section Total						0.00	0	0	0.00
7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)										
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
7.1	Compound supplies	S	1	2500	5	65.00%	8,125.00	4,062.50	4,062.50	8,125.00
	Compound supplies for field staff in Pigi, Fangaka, Leer and Akobo									
7.2	Bank charges	S	1	256.54	5	99.90%	1,281.42	640.71	640.71	1,281.42
	This amount is charged on transfer of funds. It is estimated that a total of \$ 1800 will be incurred in remittance of funds in various NH Bank accounts									
7.3	Internet	S	1	1000	5	20.00%	1,000.00	500.00	500.00	1,000.00
	The internet support cost for Juba and Akobo office, the monthly charge is \$ 1000 with 20% allocation in CHF health budget									
7.4	Communication	D	1	575	5	100.00%	2,875.00	1,437.50	1,437.50	2,875.00
	Communication costs i.e. for buying calling cards for satellite and other networks estimated to be \$745 in relation to nutrition budget									
7.5	Lighting (Generator Running Costs)	S	1	1000	5	15.00%	750.00	375.00	375.00	750.00
	This costs is for lighting our Juba office, The costs is related to buying fuel and repairs and maintenance of Generator.									
	Section Total						14,031.42	7,015.71	7,015.71	14,031.42
Sub Total Direct Cost									231,331.42	
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)									7%	

Audit Cost (For NGO, in percent) 1%

PSC Amount 16,193.20

Quarterly Budget Details for PSC Amount	2015		Total
	Q3	Q4	
	8,096.60	8,096.60	16,193.20

Total Fund Project Cost 247,524.62

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Akobo	15	30	120	91	90	331	
Jonglei -> Canal	38	142	754	715	716	2327	
Jonglei -> Fangak	22	82	900	560	560	2102	
Unity -> Leer	25	100	525	881	881	2387	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS

Document Description
1. IRNA Final Draft Report for Keew of Fangag County 16 to 18 June 2015.doc
2. NYANLUAL - FIELD ASSESSMENT (February 2015).doc
3. template.doc

