

<b>Requesting Organization :</b>	United Nations Children's Fund	
<b>Allocation Type :</b>	Reserve allocation 4	
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>
WATER, SANITATION AND HYGIENE		75.00
NUTRITION		25.00
		<b>100</b>
<b>Project Title :</b>	Integrated WASH and Nutrition intervention in Kapoeta East County, Eastern Equatoria State”	
<b>Allocation Type Category :</b>	Frontline services	

**OPS Details**

<b>Project Code :</b>		<b>Fund Project Code :</b>	CBPF-SSD-23-R-UN-25556
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	1,933,913.50
<b>Planned project duration :</b>	12 Months	<b>Priority:</b>	
<b>Planned Start Date :</b>	01/07/2023	<b>Planned End Date :</b>	30/06/2024
<b>Actual Start Date:</b>	10/08/2023	<b>Actual End Date:</b>	09/08/2024

<b>Project Summary :</b>	<p>In 2022 South Sudan experienced early flooding and droughts, devastating effects adding to the calamity of previous years. The impact of droughts and floods, linked to the effects of climate change, are affecting the gains made in expanding WASH infrastructure. Increased population displacements due to subnational violence place an extra burden on existing WASH infrastructure in IDP sites and put a strain on scarce resources for the operation and maintenance of WASH services.</p> <p>Limited access to safe water, sanitation, and hygiene services contributes to the high prevalence of malnutrition, water-borne diseases, poor menstrual health/hygiene management, risk of GBV at water points, absenteeism from school, and school dropout. Women and girls have specific WASH risks and needs, for example, they may face an increased risk of GBV when collecting water, accessing, and using communal latrines: in 2020 more than 20% of people using water facilities reported safety concerns, including violence and discrimination, particularly in IDP sites and other crowded settlements. This proposed project will mainly focus on Kapoeta East County in Eastern Equatoria State, South Sudan.</p> <p>Kapoeta is mainly arid with sparse desert vegetation. For a long time, Kapoeta has been a subject of adverse humanitarian crises ranging from internal migrations due to hunger to lack of basic WASH services, particularly water supply. This crisis is driven by multiple intertwining factors identified during the assessment. Among them was the changing climate patterns that led to drought in the last three years. The three years drought wiped away crops on which food security depends and this has deepened the rates of malnutrition in the county. High food insecurity, lack of adequate WASH services and inadequate maternal and childcare practices are key drivers of malnutrition in Kapoeta. Outside of humanitarian assistance, communities in Kapoeta could not produce food due to the impact of climate change while the lack of pasture due to the prolonged dry season has pushed the remaining livestock to distant places in search of pasture and water. Lack of static humanitarian presence, services, and perennial water sources have aggravated the situation. The estimated vulnerable population in Kapoeta East is 38,000 people. Based on the humanitarian need in Kapoeta East in Eastern Equatoria State, UNICEF will provide intervention in water supply and nutrition services both in communities and nutrition centers.</p>
--------------------------	--

UNICEF will provide host communities in Kapoeta East with life-saving WASH services through the rehabilitation of the Jie dam, the Motorization of high-yielding boreholes with solar power pumps, the rehabilitation of non-functional water facilities in communities and Nutrition centers. The intervention will ensure sustainability through the training of pump mechanic technicians and Water User Management Committees. A total of 38,000 people will be reached with safe water in Kapoeta East.

For Nutrition interventions, UNICEF will implement two main components, i) a nutrition-specific component that will focus on identifying and treating active cases of severe acute malnutrition and, ii) and on preventive services, provided to the targeted 11,495 children 6-59 months, pregnant and lactating women. UNICEF will work with its Implementing partner, Andre Foods South Sudan (AFSS) who will screen, treat children with wasting, and provide counseling services.

For WASH interventions, UNICEF will work through its Implementing partner Norwegian Refugee Council (NRC) in community entry and engagement, capacity building of volunteers, hygiene promotional activities, distribution of WASH hygiene kits to SAM/MAM families, and rehabilitation of the Jie dam. For the rehabilitation of broken-down water facilities and the conversion to solar-powered motorized systems, UNICEF will harness the capacity of the private sector as it involves heavy equipment.

**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
9,120	17,480	9,191	10,149	45,940

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	9,120	17,480	9,191	10,149	45,940
	0	0	0	0	0

**Indirect Beneficiaries :**

Through the WASH and Nutrition intervention services at the community level, families of the wasted, community leaders, and other influential members of the community will indirectly benefit from Nutrition and hygiene education messages offered to create awareness in the community for optimal Nutrition and health-seeking behaviors.

**Catchment Population:**

**Link with allocation strategy :**

The allocation will focus on preventing the risk of famine while making a more lasting impact on household food security, this SSHF allocation will promote area-based multi-sectoral interventions. It will address the food insecurity and malnutrition impact on the targeted population in addition to the critical health and water, sanitation, and hygiene (WASH) needs while ensuring protection needs are addressed.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone

**BACKGROUND**

**1. Humanitarian context analysis**

**2. Needs assessment**

UNICEF will provide host communities in Kapoeta East with life-saving WASH services through the rehabilitation of the Jie dam, the Motorization of high-yielding boreholes with solar power pumps, the drilling of new water points in nutrition centers, and the rehabilitation of non-functional water facilities. The intervention will ensure sustainability through the training of pump mechanic technicians and WASH management committees. A total of 38,000 people are targeted to be reached with safe water in Kapoeta East. There was no specific need assessment undertaken for this location by UNICEF. However, WASH cluster partners did an assessment of the situation of WASH and Nutrition in the areas in 2022. In Kapoeta East County, three years of severe drought have wiped out the crops on which the population's food security and sources of water supply depend. High food insecurity, lack of safe water supply, hygiene, health, and environmental sanitation services, are the main drivers of malnutrition in Kapoeta. The partners' assessment recommends the provision of water supply installed with solar systems constructed with animal troughs; giving the livestock livelihood of the community to reduce damages caused by animals especially cows invading the hand pump borehole platforms and drainage channels. This approach of motorization and solarization of high-yield boreholes for wider distribution and water coverage; shall reduce borehole stress on pumping and increase sustainability.

**3. Description Of Beneficiaries**

#### 4. Grant Request Justification

The critical WASH and Nutrition gaps reported show the severity of drought impact on the population in Kapoeta East County. The requested funds in the joint allocation aim at salvaging the deteriorating humanitarian situation occasioned by the combined impacts of drought, conflict, poor macroeconomic conditions, and high cost of living. It will advance the existing food security initiatives linked to a broader preventive multisectoral intervention.

The WASH drought mitigation response will address critical needs in reducing the impact caused by drought and will focus on the provision of WASH services both to the communities and nutrition centers. The key WASH services to be provided are hygiene promotion, provision of water supply in nutrition facilities and their catchment areas, rehabilitation of the dam in Jie County, and rehabilitation of boreholes in locations with high population passage. UNICEF will also scale up Nutrition services to ensure the continuation of essential services and strengthen prevention and treatment services.

#### 5. Complementarity

### LOGICAL FRAMEWORK

#### Overall project objective

Provision of safe water supply for host communities to mitigate projected climate-related impacts on the lives and livelihoods of people in Kapoeta through targeted early action interventions in WASH and Nutrition. Provide increased equitable access and utilization of quality lifesaving Nutrition services for early detection and treatment of wasting for girls and boys under five years of age.

### NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
To increase equitable access and utilization of quality lifesaving nutrition services for early detection and treatment of acute malnutrition for girls and boys under five years of age and PLW affected by acute malnutrition in prioritized locations by the end of 2023.	SO1: Vulnerable people who experience multi-sectoral severity levels of 4 and 5 have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services	100

#### Contribution to Cluster/Sector Objectives :

As the lead for the Nutrition Cluster, UNICEF is committed to ensuring there is an effective coordination mechanism operating within the sector (national and subnational) and at the inter-cluster level. UNICEF will work in collaboration and in coordination with other humanitarian agencies at national and state level actors to ensure that the targets are prioritized, services are duly provided, and lives are saved.

#### Outcome 1

More children and women benefit from access to and use of improved nutrition services and practices, including in emergencies

#### Output 1.1

#### Description

More children, adolescent girls, and pregnant and lactating women - including those in humanitarian situations - have equitable access to integrated and quality preventative nutrition services and adopt positive nutrition practices through evidence-informed social and behavior change strategy

Assumptions & Risks							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number of caregiver receiving Maternal, Infant and Young Child Nutrition (MIYCN) counselling	0	6,840			6,840
<b>Means of Verification</b> : <p>NIS reports</p>							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Infant and young child feeding counselling</b>							
UNICEF will provide oversight to AFSS to mobilize communities to understand the need for proper feeding, hygiene and care practices for children 6-24 months. Through the community mobilization, family support groups will be formed for group messaging and individual counseling on improved caregiving practices, including feeding and hygiene for children 6-24months.							
<b>Output 1.2</b>							
<b>Description</b>							
More children and pregnant and lactating women - including those in humanitarian situations - have equitable access to integrated and quality curative services for the management of wasting							
<b>Assumptions &amp; Risks</b>							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	Number of girls and boys (6-59 months) screened for malnutrition			2,368	3,408	5,776
<b>Means of Verification</b> : <p>NIS report</p>							
Indicator 1.2.2	NUTRITION	Number of girls and boys (6-59 months) with SAM admitted for treatment			451	649	1,100
<b>Means of Verification</b> : <p>NIS reports</p>							
Indicator 1.2.3	NUTRITION	Proportion of SAM children admitted for treatment who defaulted					15
<b>Means of Verification</b> : <p>NIS reports</p>							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
<b>Standard Activity : Community screening for malnutrition and referral</b>							
UNICEF will provide oversight to AFSS to conduct community mobilization on and conduct MUAC Screening for and early detection of children 6-59 months who are wasted.							
<b>Activity 1.2.2</b>							
<b>Standard Activity : Treatment of severe acute malnutrition in children 6-59months</b>							
AFSS will provide outpatient management for children 6-59 months affected with severe wasting using RUTF and other routine medications as per the national guidelines. The RUTF and other routine medications will be provided as an in-kind contribution using other resources outside this proposal.							
<b>Additional Targets :</b>							



**Standard Activity : Not Selected**

Community entry and mobilization

To start up the project, there will be a community entry process where a joint team of UNICEF and IP partner (NRC) will arrange a meeting with the leaders to introduce the project, expected outcomes, and expected roles of stakeholders. After the entry process, further meetings with the community and various target groups will be carried out to sensitize them on the project, their roles, and other important aspects. Through this process, the water user committees will be formed, and volunteers identified/selected. The community entry process is critical for the ownership and sustainability of the project.

**Activity 1.1.2**

**Standard Activity : Rehabilitation of water point at community level**

UNICEF will carry out an assessment of identified broken-down (non-functional) water points at the community level/nutrition centers. Based on the assessment, the 30 handpump boreholes found to be viable will be rehabilitated/repared and 5 additional high-yielding boreholes in communities with high populations will be upgraded/converted into a solar-powered system to serve more people. While UNICEF will carry out the assessment, the private sector will be contracted to bring in the required heavy-duty equipment needed for rehabilitation/repair and other civil works.

UNICEF will team up with IP partner NRC to rehabilitate the Jie dam (Hafir) which is the only source for the Jie communities. While UNICEF will provide oversight and supervision, NRC will carry out the actual rehabilitation. The dam is silted and is impacted by climate change. The rehabilitation will include cleaning up the dam and its catchment of silt, expanding the dam area to increase the storage capacity, reinforcing the dam walls, protecting strategic areas of the dam, and creating safe fetching points to grant safe water to communities depending on it.

**Activity 1.1.3**

**Standard Activity : Safe water and hygiene promotion at HH level**

UNICEF and NRC will together promote safe hygiene behaviors (including safe water practices) at the household level through community engagement and social mobilization to create a demand for proper hygiene practices. NRC will train community hygiene/nutrition volunteers, using behavior change and community engagement materials. UNICEF will deploy the trained volunteers to engage community members and monitor the progress providing further on-the-job capacity enhancement. Efforts to create a social norm towards proper hygiene behaviors will be pursued around the use of sanitation and hygiene, linking to nutrition outcomes at the community level. The monitors will supervise the activities at the community level and carry out quality assurance of the engagement. The use of the trained community volunteers will ensure constant engagement at the community level.

**Activity 1.1.4**

**Standard Activity : WASH Standard Hygiene kit distribution for SAM/MAM caregiver families at household level**

NRC will distribute WASH Hygiene kits to families of children with SAM/MAM who had undergone treatment at the treatment center and are being discharged. This will ensure that hygiene is maintained after discharge to gain full nutrition benefits. The Hygiene kits will be provided by the WASH cluster through the WASH core-pipeline.

**Activity 1.1.5**

**Standard Activity : Not Selected**

Capacity building of community-based volunteers in nutrition activities, hygiene promotion, operation, and maintenance of water facilities

An integrated approach to capacity building for community volunteers will be used, recognizing the fact that hygiene promotion, health and nutrition promotion are connected and interrelated. Training and refresher sessions will be carried out for Community Health Workers, Community Nutrition Volunteers, and community hygiene volunteers. The trained volunteer, the training will be complimenting each other to impact the maximum knowledge of the volunteers. To ensure sustainability, the project will form and train water user committees to be in charge of operation and maintenance of the water points. Gender parity will be ensured in the formation of the water user committees to enable addressing gender issues with safe water. In Addition, local mechanics will also be trained to support the repair of the water points. Implementing partner Mentor Initiative will support the formation and training of the Water User Committees. NRC will carry out the capacity building trainings.

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

**Monitoring and Evaluation**

Close monitoring and supervision of project activities by UNICEF staff (at the Field Office level), implementing partners, and local government counterparts will be carried out to strengthen quality control measures. Lessons learned and best practices will be documented and disseminated for sharing and implementation beyond project areas. Quarterly reviews involving all stakeholders will be organized and an independent end-user of-project monitoring conducted.

Periodic joint field monitoring visits to project sites will constitute the major component of the monitoring and evaluation of the project, with the view of ensuring quality control and quality assurance. The potential participants in the joint monitoring visits will include the UNICEF field office team, WASH, and Nutrition team at the country office as well as government counterparts and communities. Implementing partners will be reporting using 5Ws

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
NUTRITION: Activity 1.1.1:  UNICEF will provide oversight to AFSS to mobilize communities to understand the need for proper feeding, hygiene and care practices for children 6-24 months. Through the community mobilization, family support groups will be formed for group messaging and individual counseling on improved caregiving practices, including feeding and hygiene for children 6-24months.	1												
	2												
NUTRITION: Activity 1.2.1:  UNICEF will provide oversight to AFSS to conduct community mobilization on and conduct MUAC Screening for and early detection of children 6-59 months who are wasted.	1												
	2												

<p>NUTRITION: Activity 1.2.2:</p> <p>AFSS will provide outpatient management for children 6-59 months affected with severe wasting using RUTF and other routine medications as per the national guidelines. The RUTF and other routine medications will be provided as an in-kind contribution using other resources outside this proposal.</p>	1																		
	2																		
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.1:</p> <p>Community entry and mobilization</p> <p>To start up the project, there will be a community entry process where a joint team of UNICEF and IP partner (NRC) will arrange a meeting with the leaders to introduce the project, expected outcomes, and expected roles of stakeholders. After the entry process, further meetings with the community and various target groups will be carried out to sensitize them on the project, their roles, and other important aspects. Through this process, the water user committees will be formed, and volunteers identified/selected. The community entry process is critical for the ownership and sustainability of the project.</p>	1																		
	2																		
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.2:</p> <p>UNICEF will carry out an assessment of identified broken-down (non-functional) water points at the community level/nutrition centers. Based on the assessment, the 30 handpump boreholes found to be viable will be rehabilitated/repared and 5 additional high-yielding boreholes in communities with high populations will be upgraded/converted into a solar-powered system to serve more people. While UNICEF will carry out the assessment, the private sector will be contracted to bring in the required heavy-duty equipment needed for rehabilitation/repair and other civil works.</p> <p>UNICEF will team up with IP partner NRC to rehabilitate the Jie dam (Hafir) which is the only source for the Jie communities. While UNICEF will provide oversight and supervision, NRC will carry out the actual rehabilitation. The dam is silted and is impacted by climate change. The rehabilitation will include cleaning up the dam and its catchment of silt, expanding the dam area to increase the storage capacity, reinforcing the dam walls, protecting strategic areas of the dam, and creating safe fetching points to grant safe water to communities depending on it.</p>	1																		
	2																		
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.3:</p> <p>UNICEF and NRC will together promote safe hygiene behaviors (including safe water practices) at the household level through community engagement and social mobilization to create a demand for proper hygiene practices. NRC will train community hygiene/nutrition volunteers, using behavior change and community engagement materials. UNICEF will deploy the trained volunteers to engage community members and monitor the progress providing further on-the-job capacity enhancement. Efforts to create a social norm towards proper hygiene behaviors will be pursued around the use of sanitation and hygiene, linking to nutrition outcomes at the community level. The monitors will supervise the activities at the community level and carry out quality assurance of the engagement. The use of the trained community volunteers will ensure constant engagement at the community level.</p>	1																		
	2																		

<p>WATER, SANITATION AND HYGIENE: Activity 1.1.4:</p> <p>NRC will distribute WASH Hygiene kits to families of children with SAM/MAM who had undergone treatment at the treatment center and are being discharged. This will ensure that hygiene is maintained after discharge to gain full nutrition benefits. The Hygiene kits will be provided by the WASH cluster through the WASH core-pipeline.</p>	1																		
	2																		
<p>WATER, SANITATION AND HYGIENE: Activity 1.1.5:</p> <p>Capacity building of community-based volunteers in nutrition activities, hygiene promotion, operation, and maintenance of water facilities</p> <p>An integrated approach to capacity building for community volunteers will be used, recognizing the fact that hygiene promotion, health and nutrition promotion are connected and interrelated. Training and refresher sessions will be carried out for Community Health Workers, Community Nutrition Volunteers, and community hygiene volunteers. The trained volunteer, the training will be complimenting each other to impact the maximum knowledge of the volunteers. To ensure sustainability, the project will form and train water user committees to be in charge of operation and maintenance of the water points. Gender parity will be ensured in the formation of the water user committees to enable addressing gender issues with safe water. In Addition, local mechanics will also be trained to support the repair of the water points. Implementing partner Mentor Initiative will support the formation and training of the Water User Committees. NRC will carry out the capacity building trainings.</p>	1																		
	2																		

**OTHER INFO**

**Accountability to Affected Populations**

UNICEF is working with the government and other partners to ensure that the services provided meet the needs. UNICEF has key technical staff who conduct regular monitoring visits to the recipient facilities and communities to ensure the rational use of services and supplies and get first-hand feedback from beneficiaries. Community leaders are fully engaged in the implementation and monitoring of the project activities. Day-to-day consultations with communities will be the responsibility of implementing partners to ensure correct and timely information flow of the WASH and Nutrition services and supplies. This feedback constitutes a part of the project performance reporting to the WASH and Nutrition Clusters and will help guide the fine-tuning of the project to enhance positive beneficiary experiences.

**Implementation Plan**

UNICEF has dedicated WASH and Nutrition staff based in the Juba field office covering Eastern Equatoria. The Country office has dedicated WASH and Nutrition staff responsible for the humanitarian pillars who provide technical supervision and oversight to the field office staff. UNICEF has long-term agreements (LTAs) for goods and services with private drilling contractors and suppliers. Contracts for borehole rehabilitation and upgrading of solar water supply systems will be signed within 2 months for implementation. UNICEF and NRC have already discussed the process for the rehabilitation of the Jie Dam. A partnership agreement will be signed as soon as the project is approved. UNICEF has an ongoing cooperation agreement with AFSS that will be used for the implementation of the proposed nutrition activities. UNICEF has LTA with transporting companies as such, not much time is required for supplies input to reach the beneficiaries. LTA contracts will be finalized within 2 months.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
--------------------------	---

**Environment Marker Of The Project**

**Gender Marker Of The Project**

4- Likely to contribute to gender equality, including across age groups

**Justify Chosen Gender Marker Code**

**Protection Mainstreaming**

Even though the project will not involve a protection component. There are considerations put in place in this project to address protection issues. Protection is cross-cutting and will involve local authorities, community leaders, and civil society in coordination with the protection cluster, AAP Technical Working Group, Nutrition Cluster, and WASH Cluster. Key protection issues such as GBV issues related to access to water facilities and services will be done through consultation with community groups to ensure the facilities do not pose a threat to their safety, security, and dignity. Safety audits will be conducted to assess risks level associated with access to WASH and Nutrition facilities and services and the recommendation will be addressed to ensure women and children are not exposed to GBV-related risks when accessing WASH and Nutrition facilities and services.

### Country Specific Information

#### Safety and Security

#### Access

UNICEF has a logistical presence in Kapoeta with two vehicles stationed in the area where the project will be implemented. Therefore, access constraints will not be a challenge unless unpredictable risks may occur such as insecurity and climate condition of the road. To mitigate those risk UNICEF have scheduled the activities within the dry period where access to the site will not be a problem. Insecurity is normally caused by competition for water for animals which the proposed project addresses. Community mobilization and engagement will be the key to the success of this project. The mobilization activities will kick start in the first two months to educate communities on the benefit of the project to their livelihood.

### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	WASH Specialist NOC	D	1	11,949.00	9	20.00	21,508.20
	<i>WASH Specialist (NOC) in Juba @USD11,949 per month for 9 months. This WASH Specialist will support oversight, reporting, central-level coordination, and M&amp;E of the project.</i>						
1.2	WASH Officers NOB	D	2	8,740.75	9	40.00	62,933.40
	<i>Two WASH Officers (NOB) @USD 8740.75 per month for 9 months. One WASH Officer based in Greater Equatoria FO will be responsible for coordination and oversight of the project activities at the FO level. 1 WASH Officer based in Juba CO will provide technical support specifically for the engineering component of the implementation</i>						
1.3	WASH Manager P4	D	1	27,913.50	9	15.00	37,683.23
	<i>The WASH Manager in Juba provides overall project management as the project manager. He will be in charge of reporting, monitoring and donor coordination. SSHF will contribute 15% of the total salary requirements for 9 months.</i>						
1.4	WASH programme associate GS-6	D	1	4,659.08	9	25.00	10,482.93
	<i>One WASH programme associate provides support in facilitating WASH partners and funds management</i>						
1.5	Nutrition Officer NoB	D	1	8,740.75	12	54.35	57,007.17
	<i>One Nutrition Officer based in Juba to coordinate and support the implementation of the programme.</i>						
1.6	Contract Specialist/Implementing Management Specialist, P3	D	1	23,502.25	9	15.00	31,728.04
	<i>Contract Specialist/Implementing Management Specialist, P3, based in Juba providing procurement and logistics support in Juba and field locations at 15% for 9 months ( Focus on procurement and capacity building of Nutrition and WASH partners as cross-cutting to ensure quality assurances and compliances).</i>						

1.7	Driver G-2	D	2	2,152.40	12	10.00	5,165.76
	<i>Driver G-2, based in field and Juba for 12 months @ 2,152.4 per month to provide support at 10%</i>						
1.8	Security Specialist (P3)	D	1	23,502.25	12	10.00	28,202.70
	<i>Security Specialist (P3) provides security-related services to staff. CBPF will contribute 10% of the total salary requirements for 12 months.</i>						
1.9	WASH Emergency Specialist (P4)	D	1	29,153.42	9	13.33	34,975.36
	<i>One WASH Emergency Specialist (P4) supporting overall coordination and conflict/access analyses for program implementation. CBPF will contribute 20% of the total salary requirements for 12 months.</i>						
	<b>Section Total</b>						<b>289,686.79</b>
<b>2. Supplies, Commodities, Materials</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>3. Equipment</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>4. Contractual Services</b>							
4.1	Upgradation of BH into solar motorized small scale solar water supply schemes	D	5	74,349.60	1	100.00	371,748.00
	<i>5 High-yielding boreholes within densely populated areas will be updated into solar motorized water systems to serve more people Kapoeta East County in Jie Payam</i>						
4.2	Rehabilitation of damaged and or abandoned Boreholes with provision of animal trough -30 BHs :	D	30	6,500.00	1	100.00	195,000.00
	<i>Broken-down boreholes will be assessed and rehabilitated. animal drinking trough will be included and new handpumps installed where needed Kapoeta East County in Jie Payam</i>						
	<b>Section Total</b>						<b>566,748.00</b>
<b>5. Travel</b>							
5.1	Flight cost WASH programme monitoring visit flight	D	16	550.00	1	100.00	8,800.00
	<i>Flight cost WASH programme monitoring visit flight WASH Manager - 2 monitoring visits WASH Specialist - 3 monitoring visits 2 WASH Officers - (2X6) 12 monitoring visits (airfare to and from @ US\$550 per person)</i>						
5.2	WASH Monitoring programmatic visits (Program Monitoring)	D	4	91.00	36	100.00	13,104.00
	<i>WASH Monitoring programmatic visits ( Program Monitoring ) - DSA for 4 Staffs for 6 field monitoring visit each (4staff*6trip*6 days)</i>						
5.3	Nutrition Monitoring programmatic visits (Program Monitoring)	D	1	91.00	30	100.00	2,730.00
	<i>Nutrition Programmatic monitoring visits - DSA for one UNICEF Nutrition staff for 6 trip for 5 days in 12 months (1*1*6*5)=30 days</i>						
5.4	Flight cost for programmatic visits by UNICEF nutrition Staff	D	6	550.00	1	50.00	1,650.00
	<i>Flight cost for programmatic visits by UNICEF nutrition Staff ( Flight cost for Nutrition Monitoring trips) (1 Nutritoin Officer 6 times over 12 months)</i>						
	<b>Section Total</b>						<b>26,284.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
6.1	Subgrant to Andre Foods South Sudan (AFSS)	D	1	296,413.00	1	100.00	296,413.00
	<i>AFSS as the local partner to implement Nutrition activities which include community engagement, counseling and support services for caregivers, treatment of SAM/MAM (Kapoeta East county)</i>						

6.2	Subgrant to Norwegian Refugee Council (NRC)	D	1	467,290.00	1	100.00	467,290.00
	<i>Norwegian Refugee Council (NRC) will implement Community entry, hygiene promotion, distribution of hygiene kits, rehabilitation of water points, rehabilitation of Jeie Dam, upgrade to solar powered water system in Kapoeta East county)</i>						
	<b>Section Total</b>						<b>763,703.00</b>
<b>7. General Operating and Other Direct Costs</b>							
7.1	Office supplies & Stationery	D	2	7,350.00	12	15.00	26,460.00
	<i>Office supplies and stationery to be procured to use for Juba and Zone office in charge of Kapoeta (as per break up in the BoQ)</i>						
7.2	Internet & Communication	D	2	7,675.00	12	15.00	27,630.00
	<i>Internet Connectivity for Juba and Zone office in charge of Kapoeta (as per break up in the BoQ)</i>						
7.3	Fuel for project vehicles	D	5000	2.00	12	30.00	36,000.00
	<i>Fuel for project vehicles Fuel for project vehicles at the cost of USD 2 per litre to carry out project activities in Juba and field locations (Juba and Kapoeta)</i>						
7.4	Vehicle maintenance & repair	D	16	580.00	12	15.00	16,704.00
	<i>Vehicle maintenance &amp; repair Vehicle maintenance &amp; repair for project activities in Kapoeta and Juba @580 per month for each car</i>						
7.5	Office Maintenance	D	2	5,000.00	12	15.00	18,000.00
	<i>Office Maintenance cost includes the electrical Maintenance of Juba and Zone office in charge of Kapoeta @5,000 per office for a month (as per break up in the BoQ)</i>						
7.6	office Maintenance	D	2	10,050.00	12	15.00	36,180.00
	<i>Office Maintenance cost includes the Cleaning services and maintenance of premises for Juba and Zone office in charge of Kapoeta (as per break up in the BoQ)</i>						
	<b>Section Total</b>						<b>160,974.00</b>
<b>SubTotal</b>				5,099.00			<b>1,807,395.79</b>
Direct							1,807,395.79
Support							
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							126,517.71
<b>Total Cost</b>							<b>1,933,913.50</b>

### Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
South Sudan > Eastern Equatoria > Kapoeta East	100.00000	0	0	0	0		N: Activity 1.1.1: UNICEF will provide oversight to AFSS to... N: Activity 1.2.1: UNICEF will provide oversight to AFSS to... N: Activity 1.2.2:  WASH: Activity 1.1.2:  WASH: Activity 1.1.4:  NRC will distribute W... WASH: Activity 1.1.5:

### Documents

Category Name	Document Description
Project Supporting Documents	Kapoeta East County Nutrition SMART Survey Final Report_AAH_202301.pdf
Budget Documents	UNICEF_SSHF Budget - CBPF-SSD-23-R-UN-25556_ WASH & NUT_vers 02 August 2023.xlsx
Sub Grant Budget	Annex 13a. SSHF Budget Template_Final F2_NRC 02 August_revised.xlsx
Sub Grant Budget	Annex 13a. SSHF Budget Template_IP_AFSS_F1_Nutrition_vers 02 August 2023.xlsx
Budget Documents	BoQ_UNICEF Direct implement _D1_D2_G_SSHF BOQ TEMPLATE_04 August 2023_VF.xlsx