

## South Sudan 2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>  
or contact the CHF Technical Secretariat [chfsouthsudan@un.org](mailto:chfsouthsudan@un.org)

### SECTION I:

|                    |                  |
|--------------------|------------------|
| <b>CAP Cluster</b> | <b>Nutrition</b> |
|--------------------|------------------|

#### CHF Cluster Priorities for 2013 Second Round Standard Allocation

| Cluster Priority Activities for this CHF Round  | Cluster Geographic Priorities for this CHF Round   |
|---|--|
| i) Management of acute malnutrition: Treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups<br>ii) Prevention of acute malnutrition in the vulnerable population targeted (optimal IYCF-E, nutrition education, supplementation, BSFP)<br>iii) Provision of emergency preparedness and response services (rapids assessments and response, trainings on Nutrition in Emergencies)<br>iv) Pipeline: Procurement and management of pipeline(s) from central to end user location<br>v) Provision and strengthening of state-level coordination aimed at improving intervention outcomes | 1. Jonglei-Pibor, Akobo, Nyirol, Ayod, Fangak, Pochalla, Urol, Duk<br>2. Upper Nile -Maban, Nasir and Ulang<br>3. Unity-Panyjar, Koch, Mayom, Abiemnhom, and Mayendit<br>4. NBeG- Aweil East and North<br>5. Warrap- Twic and Abyei area<br>6. WBeG-Raga |

#### Project details

The sections from this point onwards are to be filled by the organization requesting CHF funding.

|  |                        |   |  |
|--|------------------------|---|--|
| <b>Requesting Organization</b>   |                        | <b>Project Location(s)</b> - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State |  |
| UNICEF   |                        | <b>State</b>  | <b>%</b> <b>County/ies (include payam when possible)</b> |
| <b>Project CAP Code</b>  | <b>CAP Gender Code</b> | Jonglei   | 50 Bor, Akobo, Ayod and Gumruk                           |
| SSD-13/H/55044/R/124   | 0                      | WBeG  | 25 Jur River, Wau and Raja                               |
| <b>CAP Project Title (please write exact name as in the CAP)</b>                     |                        | Lakes   | 25 Awerial, Yirol East and Rumbek                        |
| Support to the Nutrition Pipeline for Emergency Therapeutic Responses in South Sudan |                        |   |  |

|  |                    |  |                     |
|--|--------------------|--|---------------------|
| <b>CAP Total Project Budget</b>                            | US\$ 18,765,020.60 | <b>CHF Funding</b>   | <b>US\$ 731,009</b> |
| <b>Total funding secured for the CAP project (to date)</b> | US\$ 6,035,000     | <b>Are some activities in this project proposal co-funded (including in-kind)?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                     |

| Direct Beneficiaries |                         |                   | Indirect Beneficiaries  |  |
|----------------------|-------------------------|-------------------|---|--|
|                      | CHF beneficiaries       | CAP beneficiaries |   |  |
| Women:               |                         | 337,777           | Indirect beneficiaries include 6,800 children under five years (3,400 boys and 3,400 girls) |  |
| Girls:               |                         | 61,390            |   |  |
| Men:                 |                         |                   |   |  |
| Boys:                |                         | 61,390            |   |  |
| <b>Total:</b>        | 9 Implementing partners | <b>460,557</b>    | <b>Catchment Population (if applicable)</b>   |  |

|   |   |
|---|---|
| <b>Implementing Partner/s</b> (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts) | <b>CHF Project Duration</b> (12 months max., earliest starting date will be Allocation approval date) |
| Ministry of Health/RSS, SMOHs in 6 states and various health NGOs partners  | Duration: <b>6 months (1 October 2013 – 31 March 2014)</b>  |

| Contact details Organization's Country Office |   | Contact details Organization's HQ |                        |
|---|---|-----------------------------------|------------------------|
| Organization's Address                        | UNICEF South Sudan<br>Toto Chan Compound,<br>P. O. Box 45, Juba, South Sudan  | Organization's Address            |                        |
| Project Focal Person                          | Name, Email, telephone<br>Dr. Syeeda Begum <a href="mailto:sbegum@unicef.org">sbegum@unicef.org</a><br>+211 956 895 528 | Desk officer                      | Name, Email, telephone |
| Country Director                              | Iyolumun Uhaa, <a href="mailto:iuhaa@unicef.org">iuhaa@unicef.org</a> ,<br>+211912176444                                | Finance Officer                   | Name, Email, telephone |
| Finance Officer                               | Name, Email, telephone<br>Mable Ngandu<br><a href="mailto:mngandu@unicef.org">mngandu@unicef.org</a>                    |                                   |                        |

| Nutrition activity beneficiary breakdown |       |     |                 |                |
|--|-------|-----|-----------------|----------------|
|  | Women | Men | Girls (under 5) | Boys (under 5) |
| SAM                                      |       |     | 3,400           | 3,400          |
| MAM                                      |       |     |                 |                |
| BSFP                                     |       |     |                 |                |
| IYCF promotion                           |       |     |                 |                |
| Trainees                                 |       |     |                 |                |
| Micronutrient supplementation*           |       |     |                 |                |
| Deworming*                               |       |     |                 |                |

\* Not counting beneficiaries treated according to protocols (e.g. SAM or MAM treatment)

## SECTION II

### A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population<sup>1</sup>

Acute malnutrition levels in South Sudan are unacceptably high and continue to be a challenge to the survival of infants and young children. According to the 2010 SHHS, the infant and under five mortality rates are 84/1,000 and 106/1,000 respectively; only 25% of the population has access to health services; 34% have access to improved water sources (30 minutes round trip), and only 15.4% of the population use improved sanitation facilities. The food security situation has also remained fragile, with a hike in food and fuel prices in the post-independence period, whilst the overall performance of the 2013 agricultural season has been affected by late and erratic rainfall. Over 300,000 people have returned from the north, and about 300,000 have been displaced from the Abyei crisis and inter communal conflicts especially in Jonglei, Unity, Upper Nile, Lakes, Warrap and Eastern Equatoria states, areas already showing high malnutrition rates in children.

The projection in 2013 based on projection of the most likely scenario and deteriorating situation of severe acute malnutrition, food insecurity coupled with refugee caseload – as refugees continue to arrive in Unity and Upper Nile states.

Nineteen (19) Pre harvest nutrition surveys conducted by Nutrition Cluster partners in the high risk counties from January to June 2013, and 8 out of 19 surveys are already validated by nutrition cluster in Jonglei (2), Upper Nile (1), Eastern Equatoria (1), Lakes(1) and Unity(1). The total 5 out of 6 states indicate high level of malnutrition with GAM ranging from 15.3-26 percent (15 percent emergency threshold) and SAM ranging from 2.8 to 7.1 percent (2 percent significant concern) with no significant difference between girls and boys. High U5 mortality rates in children were found in Koch county in Unity state, in Nyirol county in Jonglei state.

The Nutrition Cluster has succeeded in increasing the number of partners providing emergency nutrition services in the hot spots from 9 in 2009 to 25 in 2010 and 36 in 2011, 2012 and 2013 through a Capacity Enhancement Initiative targeting health cluster NGOs so the NGOs are able to integrate the services into the primary health care system. This initiative will be expanded further in remaining period of 2013 targeting the health facilities managed by the state Ministry of Health and Faith Based Organisation in underserved counties in order to expand coverage.

This project will enable UNICEF to provide the emergency nutrition supplies to Nutrition and Health sector partners providing humanitarian services. It will benefit 6,800(5.5%) of children with severe acute malnutrition in South Sudan, with a focus on the seven high risk states of Jonglei, Warrap, Unity, Upper Nile, Northern Bahr el Ghazal and Western Bahr el Ghazal.

UNICEF will assess the capacity of all existing and potential partners to deliver the services. Programme Cooperation Agreements will be signed with those partners fulfilling the minimum standards in order to provide them access to emergency nutrition supplies, and support gaps identified in their warehousing and pipeline management needs.

### B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

The Government policy is integrating nutrition services into the primary health care system is taking shape through

<sup>1</sup> To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

advocacy and monitoring the Nutrition Cluster has succeeded in increasing and expanding partnership from 9 in 2009 to 42 in 2012. More health partners have realized that health service delivery is not proper without looking into nutrition issues as the underlying causes of health problems are nutrition related. Based on the increasing malnutrition rates as indicated by the recent SMART nutrition surveys, efforts are needed to be put in place to address the increasing nutrition emergencies taking into consideration the current returnees, Refugees, IDPS, flooding that will directly affect nutrition. Another cluster priority that this project will support is build capacity and support coordination of emergency nutrition response at central level, in 10 states and with particular focus on underserved counties, through emergency assessment and response teams. The cluster has identified focal point in all the 10 states, but there is still gap in responding to nutrition emergencies due to technical capacity.

The project proposed for funding from CHF will enable UNICEF to fill in the highlighted gaps by ensuring that the therapeutic supplies for supporting emergency management of severe acute malnutrition services in the high risk states of South Sudan through **the coming six months of 2013**. This will enable UNICEF to fulfil her core commitments to cater for the increased needs of children less than 5 years of age following the continuous influx of refugees from South Kordofan and Blue Nile States, as well as returnees and internally displaced persons in the priority states. UNICEF is responsible for providing the therapeutic supplies, other essential drugs and anthropometric equipment to the Ministry of Health and NGOs implementing IMSAM activities among the displaced population groups, resulting in all SAM cases (6-59 months) benefiting from IMSAM services.

### C. Project Description (For CHF Component only)

#### i) Contribution to Cluster Priorities

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

To ensure an efficient and uninterrupted provision of core emergency nutrition pipeline supplies to Nutrition Cluster partners

#### ii) Project Objective

State the objective/s of this CHF project. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To ensure an efficient and uninterrupted provision of core emergency nutrition pipeline supplies to 36 Nutrition Cluster partners for responding to the needs of an estimated 6,800(5.5%) severely malnourished girls and boys under five years including refugees, and affected by humanitarian crises within the Republic of South Sudan (with a focus on the seven high risk states of Jonglei, Warrap, Unity, Upper Nile, Northern Bahr el Ghazal and Western Bahr el Ghazal), and increase pipeline management capacity of the cluster partners

#### iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

1. Procurement and pre-positioning of therapeutic supplies in the UNICEF warehouses in the focus states
2. Development of Programme Cooperation Agreements with NGO partners for management of acute malnutrition among children under the age of five years. (This is for the provision of the therapeutic supplies procured by this grant to the NGO partners and does not include any cash component.)
3. Capacity building of Nutrition Cluster partners and UNICEF staff in forecasting pipeline needs and in pipeline management
4. Transportation of supplies to end user points, such as NGO partners and their facilities, in the six high risk states based commitments in the Project Cooperation Agreements.
5. Monitoring of utilisation of the supplies and reporting, consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partner

#### iv). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

##### Addressing Gender issues

This proposal is addressing the most vulnerable children both boys and girls below 5 years of age exposed to the risk of malnutrition. This proposal will contribute in raising awareness among caregivers and services to ensure that rights of boys and girls to nutrition care specifically to nutrition services are realized. During implementation of the project, more female health workers will be enrolled, trained and encouraged to participate in nutrition service provision. The project will also mobilize and advocate for increased female involvement in nutrition service provision.

UNICEF is committed in ensuring that gender equality and equity issues are well addressed in all projects in South Sudan. The analysis of various reports and surveys indicated data disaggregated by sex of children does not show major worrying discrepancies in terms of access and utilization of nutrition services. However, children born to women who are illiterate or those with low level of education and those residing in rural poor communities have inadequate access compared to literate and urban communities. Prevention of malnutrition e.g. optimal IYCF is still low in South Sudan, and this project will advocate for increased IYCF promotion in health facilities especially in high risk states to ensure that children and women are received information and also all nutrition related trainings and other community events will promote equal participation of women and men

##### Environment issues

In addressing the environmental issues, the project will ensure safe disposal of used medical supplies to minimise environmental adverse effect and measures will be taken to ensure safe handling and disposal of empty RUTF and other therapeutic sachets.

##### HIV/AIDS issues

UNICEF in all of the programmes advocates for multi and inter sectoral collaboration. Efforts are currently being made to ensure that HIV/AIDS message are integrated in to all nutrition communication materials.

**v) Expected Result/s**  
Briefly describe (in no more than 100 words) the results you expect to achieve at the end of the CHF grant period.

- 36 NGO partners and 8 state MOHs have uninterrupted access to therapeutic supplies for treatment of severely malnourished children from IDP, returnee, refugees and host communities that have been affected by humanitarian crises
- 8,600 children (3,400 girls and 3,400boys with severe acute malnutrition treated in line with the SPHERE Standards
- 40 UNICEF and NGO nutrition and logistics staff to receive training and support for improved pipeline management.
- 2 monitoring and supportive supervision and end user monitoring conducted

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

| <b>SOI (X)</b> | <b>#</b> | <b>Output Indicators</b><br>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal). | <b>Target (indicate numbers or percentages)</b><br>(Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1) |
|----------------|----------|---|---|
| X              | 1.       | Implementing partners receiving supplies from the pipeline  | 9   |
| X              | 2.       | Estimated beneficiaries reached by the supplies from the pipeline   | 6,800   |
| X              | 3.       | Stock of therapeutic supplies in Lead Agency/Partner's warehouses for pre-positioning   | 6,782 cartons RUTF, 150 cartons F-75, 67 cartons of F-100   |
|                | 4.       | Number of Implementing partners and UNICEF staff trained on pipeline management and warehousing   | 40  |

**vi) Implementation Mechanism**  
Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

The implementation of planned activities will be based on the agreed work plan between UNICEF and the government at central and state level and is accordance with the UNICEF and Republic of South Sudan joint programme of cooperation 2012 -2013. Nutrition services are mainly provided by NGOs partners in South Sudan. UNICEF will assess the capacity of all existing and potential partners to deliver the services through developing and signing of (PCA) Programme Cooperation Agreements or SSFA (Small Scale Funding Agreements) with NGOs/CBOs/FBOs.

All therapeutic supplies procured through UNICEF will be distributed through UNICEF. NGOs will sign a project cooperation agreement with UNICEF and they will be provided with supplies directly from UNICEF warehouses at field offices and the central warehouse in Juba. Government counterparts will also receive nutrition supplies from UNICEF based on the WP

Training of health workers will be done in line with MOH and international guidelines and will be done jointly by UNICEF and the MOH at central and state levels and also by partner NGOs at state and county level.

**vii) Monitoring and Reporting Plan**  
Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project Workplan (Section III)<sup>2</sup>.

The progress and achievement will be monitored through reporting where consolidated monthly pipeline updates are submitted to the Nutrition Cluster and disseminated to OCHA and cluster partners. Monitoring missions will be conducted to the project sites to ensure supplies are utilized correctly and end user monitoring will also be conducted to ensure supplies reached the intended beneficiaries.

| <b>D. Total funding secured for the CAP project</b>                                |                     |
|--|---------------------|
| Please add details of secured funds from other sources for the project in the CAP. |                     |
| <b>Source/donor and date (month, year)</b>   | <b>Amount (USD)</b> |
| Japan  | 1,500,000           |
| ECHO   | 1,300,000           |
| Food For Peace in-Kind Donation (on pipeline)                                      | 935,000             |
| CHF 1  | 1,500,000           |
| Others   | 800,000             |
| <b>Pledges for the CAP project</b>   |                     |
|  |                     |

<sup>2</sup> CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

## SECTION III:

| LOGICAL FRAMEWORK                 |   |   |   |  |
|-----------------------------------|---|---|---|--|
| CHF ref./CAP Code: SSD-13/H/55044 |   | Project title: Support to the Nutrition Pipeline for Emergency Therapeutic Responses in South Sudan   | Organisation: UNICEF  |  |
| Overall Objective                 | <p><b>Cluster Priority Activities for this CHF Allocation:</b><br/><i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <ul style="list-style-type: none"> <li>To ensure an efficient and uninterrupted provision of core emergency nutrition pipeline supplies to 36 Nutrition Cluster partners for responding to the needs of severely malnourished girls and boys under five years within the Republic of South Sudan (with a focus on the seven high risk states of Jonglei, Warrap, Unity, Upper Nile, Northern Bahr el Ghazal, Eastern Equatoria and Lakes), and increase pipeline management capacity of the cluster partners.</li> </ul> | <p><b>Indicators of progress:</b><br/><i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> <li>Number of cartons of Ready to Use Therapeutic Food, F-75 and F-100 procured and distributed to partners (target 6,782 RUTF, 150 cartons F-75, 67 cartons of F-100)</li> <li>Number of partners received therapeutic supplies</li> <li>Quantities of RUTF and Therapeutic milk –F-75 and F-100 prepositioned in Lead Agency/Partner's warehouses</li> </ul> | <p><b>How indicators will be measured:</b><br/><i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Pipeline report</li> <li>Monthly reports from Nutrition Cluster partners</li> <li>Field visit report</li> </ul>   |  |
| Purpose                           | <p><b>CHF Project Objective:</b><br/><i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> <li>Implementing partners receive adequate therapeutic supplies from the pipeline to treat children under five years both boys and girls suffering from severe malnutrition.</li> </ul>   | <p><b>Indicators of progress:</b><br/><i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></p> <ul style="list-style-type: none"> <li>Number of implementing partners received therapeutic supplies</li> </ul>  | <p><b>How indicators will be measured:</b><br/><i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> <li>Procurement report</li> <li>Monthly reports from Nutrition Cluster partners</li> <li>Field visit report</li> </ul> | <p><b>Assumptions &amp; risks:</b><br/><i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> <li>Partners have all supplies required for the program</li> <li>Insecurity remains calm to allow program implementation and insecurity will prevent program implementation</li> </ul>  |
| Results                           | <p><b>Results - Outcomes (intangible):</b><br/><i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries.</i></p> <ul style="list-style-type: none"> <li>Partners received adequate therapeutic supplies to respond to children with Severe Acute Malnutrition</li> </ul>   | <p><b>Indicators of progress:</b><br/><i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> <li>Number of partners with adequate therapeutic supplies</li> </ul>   | <p><b>How indicators will be measured:</b><br/><i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Monthly reports from Nutrition Cluster partners</li> <li>Field visit report</li> </ul>  | <p><b>Assumptions &amp; risks:</b><br/><i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> <li>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</li> <li>Partners have all supplies required for the program</li> <li>Insecurity remains calm to allow program implementation and insecurity will prevent program implementation</li> </ul> |
|                                   | <p><b>Immediate-Results - Outputs (tangible):</b><br/><i>List the products, goods and services (<u>grouped per areas of work</u>) that will result from the</i></p>   | <p><b>Indicators of progress:</b><br/><i>What are the indicators to measure whether and to what extent the project achieves the</i></p>   | <p><b>How indicators will be measured:</b><br/><i>What are the sources of information on these indicators?</i></p>  | <p><b>Assumptions &amp; risks:</b><br/><i>What factors not under the control of the project are necessary to achieve the</i></p>   |

|   |  |  |  |
|---|--|--|--|
| <p><i>implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.</i></p> <ul style="list-style-type: none"> <li>• <i>Supplies procured and distributed</i></li> <li>• <i>PCAs signed with NGO partners</i></li> <li>• <i>UNICEF and NGO nutrition and logistics staff to receive training and support for improved pipeline management</i></li> <li>• <i>Monitoring and supportive supervision and end user monitoring conducted</i></li> </ul>  | <p><i>envisaged outputs?</i><br/><i>Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <ul style="list-style-type: none"> <li>• <i>Number/quantity of supplies procured and prepositioned with partners</i></li> <li>• <i>Number of PCAs signed with NGO partners</i></li> <li>• <i>Number of UNICEF and NGO staffs received training (40)</i></li> <li>• <i>Number of Monitoring and supportive supervision conducted in the project sites (2)</i></li> </ul> | <ul style="list-style-type: none"> <li>• <i>Procurement report</i></li> <li>• <i>Signed PCAs available</i></li> <li>• <i>Monthly Nutrition report</i></li> </ul>   | <p><i>expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> <li>• <i>No disruptions in the timeline for the receipt of supplies received in country and preposition with partners at implementation level</i></li> <li>• <i>Insecurity remains calm to allow program implementation and insecurity will prevent program implementation</i></li> </ul>   |
| <p><b>Activities:</b><br/><i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <ol style="list-style-type: none"> <li>1. Prepare supply plan and requisitions for therapeutic supplies</li> <li>2. Procure and pre-position the supplies in the UNICEF warehouses in the focus states</li> <li>3. Transport the supplies to end user points, such as NGO partners and their facilities, in the seven high risk states based on commitments in the Project Cooperation Agreements.</li> <li>4. Train Nutrition Cluster partners and UNICEF staff in forecasting pipeline needs and in pipeline management</li> <li>5. Monitor utilisation of the supplies and reporting, consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partner</li> </ol> | <p><b>Inputs:</b><br/><i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> <li>• Staff time</li> <li>• Vehicles</li> <li>• Therapeutic supplies</li> </ul>   | <ul style="list-style-type: none"> <li>• <i>Pipeline report</i></li> <li>• <i>Signed PCAs available</i></li> <li>• <i>Monthly pipeline and Nutrition report</i></li> <li>• <i>Field monitoring report</i></li> </ul> | <p><b>Assumptions, risks and pre-conditions:</b><br/><i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> <li>• <i>No disruptions in the timeline for the receipt of supplies received in country and preposition with partners at implementation level</i></li> <li>• <i>Insecurity remains calm to allow program implementation and insecurity will prevent program implementation</i></li> </ul> |

## PROJECT WORK PLAN

This section must include a Workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable). The Workplan must be outlined with reference to the quarters of the calendar year.

**Project start date:** 1 October 2013      **Project end date:** 31 March 2014

| Activities  | Q4/2013 |     |     | Q1/2014 |     |     | Q2/2014 |     |     | Q3/2014 |     |     |     |
|---|---------|-----|-----|---------|-----|-----|---------|-----|-----|---------|-----|-----|-----|
|   | Sep     | Oct | Nov | Dec     | Jan | Feb | Mar     | Apr | May | Jun     | Jul | Aug | Sep |
| Activity 1. Prepare supply plan and requisitions for therapeutic supplies   |         |     |     |         |     |     |         |     |     |         |     |     |     |
| Activity 2. Procure and pre-position the supplies in the UNICEF warehouses in the focus states  |         |     |     |         |     |     |         |     |     |         |     |     |     |
| Activity 3. Training of partners and UNICEF including strengthening the capacity of partner store management  |         |     |     |         |     |     |         |     |     |         |     |     |     |
| Activity 4. Transport the supplies to end user points, such as NGO partners and their facilities, in the seven high risk states based on commitments in the Project Cooperation Agreements. |         |     |     |         |     |     |         |     |     |         |     |     |     |
| Activity 5. Monitor utilisation of the supplies and reporting, consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partner                   |         |     |     |         |     |     |         |     |     |         |     |     |     |

\*: TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%