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

SECTION I:

CAP Cluster	**NUTRITION CLUSTER**

Cluster Priority Activities for this CHF Round

Cluster priority activities for the first round standard allocation are:
a) the integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups;
b) the prevention of malnutrition in pregnant and lactating women and children under five through micronutrient supplementation, the provision of supplementary foods, support of infant and young child feeding, and health and nutrition education;
c) procurement and management of key pipelines to enable priority a) and b)
d) capacity building of health workers, partners, key community members and community organisations to enable emergency response, treatment and prevention activities; and
e) if required, emergency preparedness and response activities.

Cluster Geographic Priorities for this CHF Round

Cluster geographic priorities for the first round standard allocation are:
a) Jonglei (Pibor, Akobo)
b) Upper Nile (host communities around Maban, Renk)
c) Unity (likely northern counties but also in the south such as in Mayendit county)
d) Northern Bahr el Ghazal (all counties)
e) Warrap (Twic, Tonj East)
f) High risk spots of Western Bahr el Ghazal, Eastern Equatoria and Lakes.

Project details

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

Requesting Organization

UNICEF

Project CAP Code

SSD-13/H/55041/124

CAP Project Title *(please write name as in the CAP)*

Expanding Partnership for Addressing Emergency Nutrition Needs in Underserved Counties

Project Location(s)

State	%	County
Jonglei,	10%	
Upper Nile	20%	
Unity,	15%	
NBEG	25%	
Warrap, EES, and Lakes	30%	

Total Project Budget requested in the in South Sudan CAP	US$4,614,731
Total funding secured for the CAP project ***(to date)***	US$ 1,200,000

Funding requested from CHF for this project proposal	US$400,000

Are some activities in this project proposal co-funded?
Yes ☒ No ☐ *(if yes, list the item and indicate the amount under column i of the budget sheet)*

Direct Beneficiaries *(Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)*

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	500	8,000
Girls:		
Men:	500	
Boys:		8,000
Total:	**1,000** (trainees)	16,000

Indirect Beneficiaries

12,000 children and 12,000 mothers/caretaker
3,000 fathers and grandmothers and 200 mothers support group, each group consists of 15 mothers(3,000 mothers)
Total:12,000+12,000+3000 +3,000= 30,0000

Total direct and indirect beneficiaries = 1000+30,000=31,000

Catchment Population (if applicable)

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

6 months (1 May – 31 October 2013)

Contact details Organization's Country Office

Organization's Address	UNICEF Totto Chan Compound, P O Box. 45, Juba, Republic of South Sudan
Project Focal Person	Name: Dr.Syeeda Begum Email: sbegum@unicef.org Tel: +211 956 895 528
Country Director	Name : Dr. Yasmin Ali Haque Email : yhaque@unicef.org Tel : +211 912 176 144
Finance Officer	Ilona Milner Email imilner@unicef.org Tel: +211 955 887 723

Contact details Organization's HQ

Organization's Address	
Desk officer	*Name, Email, telephone*
Finance Officer	*Name, Email, telephone*

CHF beneficiary breakdown		
Women		
	Trainees	500
Men	Trainees	500

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 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[1]

Acute malnutrition levels in South Sudan are unacceptably high since last couple of years and malnutrition remains above the emergency threshold in 2013. According to the 2010 SHHS, the infant and under five mortality rates are 84/1,000 and 106/1,000 respectively; more than a third (34.4%) of all children under-five suffers from diarrhoea 19% from pneumonia and 33% from malaria. These 3 preventable diseases continue to be the main killers of young children in the country; Use of unsafe water for drinking, food preparation, hygiene, and lack of access to sanitation facilities contribute to around 88 per cent of deaths from diarrhoea. Only 5.6% of households have access to improved water sources and sanitation (SSHS 2010) and only 25% of the population has access to health services; 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 2011 and 2012 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 Nle, Lakes, Warrap and Eastern Equatoria states, areas already showing high malnutrition rates in children. The increased projection in 2013 s 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.

Twenty five (25) Pre harvest nutrition surveys conducted by Nutrition Cluster partners in the high risk counties from January to July 2012, and 20 out 25 surveys are already validated by nutrition cluster in Jonglei (4), Warrap (5), NBeG (5), Upper Nile (1), Western Equatoria (4) and Lakes (1). The total 5 out of 6 states indicate high level of malnutrition with GAM ranging from 18.1-24.4 percent (15 percent emergency threshold) and SAM ranging from 3.6 to 6.1 percent (2 percent significant concern) with no significant difference between girls and boys.

High U5 mortality rates in children were found in Ezo county in Western Equatoria state, in Akobo and Nyirol counties in Jonglei state, in Pariang county in Lakes 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 42 in 2011 and 2012 through a Capacity Enhancement Initiative targeting health cluster NGOs so they can integrate the services into the primary health care system. Never the less there are still significant capacity gaps in many counties, where limited or no nutrition services are available although health facilities may be partially or fully functional. Identified partners for capacity enhancement include NGOs, SMoH, other FBOs and CBOs.UNICEF will work with the above mentioned partners in underserved counties. The Nutrition Cluster was established in 2010 at National level and State clusters were established in 8 priority states in March 2011 with appointment of SMOH and NGO focal persons. The capacity of the state clusters to provide support and direction for emergency response is not optimal due to multiple factors including size of states, inaccessibility, poor communication networks, commitment of NGO focal points vis a vis other organisational responsibility, capacity of state MOH This initiative will be expanded further in 2013 targeting the health facilities managed by the state Ministry of Health and Faith Based Organisation in underserved counties in order to expand coverage.

B. Grant Request Justification

Briefly describe (in no more than 500 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 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, Refuges, 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. This project will identify the capacity gaps and allow training of emergency teams and partners that will be able to respond to nutrition emergencies within 24 hours on the onset of the emergency.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

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

Partner capacity enhancement is one of the core cluster priorities, and this project will support partners with limited nutrition expertise to enhance their capacity and be able to respond to nutrition emergencies.

ii) Project Objective

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

Enhance the capacity of SMoH, Health partners and Mother Support Groups to assess and respond to the nutrition needs of boys, girls, pregnant and lactating women in 20% of health facilities in Counties affected by humanitarian crisis (acute malnutrition rates above 15%), and provide technical support for Emergency Assessment and Response.

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] 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.

1. Recruit nutritionists to support State and County Health Departments mentoring the new cluster partners in underserved counties with weak capacity
2. Develop and monitor implementation of Programme Cooperation Agreements with new partners (national and health NGOs, CBOs, and FBOs)
3. Train staff of new NGO partners and SMOH staff (100) and provide technical and logistic support for establishment of Stabilisation Centres and Outpatient Treatment Programmes including Infant and young child feeding in health facilities and communities in need for effective management of complicated and non-complicated severe acute malnutrition in girls and boys
4. Train and support Community Nutrition workers /volunteers (900) in community based MUAC screening and promotion of appropriate infant and young child feeding especially in emergencies
5. Build capacity and support partner agencies to conduct initial rapid assessments and SMART surveys in the underserved counties affected by humanitarian crisis
6. Build capacity and support community based MUAC screening and referral of children with acute malnutrition for appropriate treatment at SCs, OTPs and SFPs.
7. Support de-worming and micronutrient supplementation in all children 6 59 months and pregnant and lactating women
8. 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,
9. Compile/analyse monthly reports from all partners, prepare monthly updates and disseminate to stakeholders at central, state, county and community levels
10. Support the Nutrition Cluster at state and national level in adapting nutrition guidelines and training cluster partners in implementation of those guidelines and tools.
11. Support National and state level coordination activities through Cluster meetings, Technical Working Groups, Streamlining information processes and reporting, Information sharing and support to partners.
12. Provision of surge capacity for cluster to support above activities
13. Provide supportive supervision and monitor performance of new stabilization centers and OTPs established in the underserved counties, as well as community based nutrition screening and referral, and health and nutrition education sessions including IYCF.
14. Monitor utilisation of the supplies and reporting, consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partners

iv). Cross Cutting Issues

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

Both males and females will attend the training, and specifically in Unity, WBEG, Lakes, and Warrap where there are limited INGOs and weak/no SMoH capacity to respond to nutrition emergencies. Disposal of used nutrition supplies will be done with efforts to minimize any environmental adverse/negative impact on the environment. There is no discrimination on beneficiaries based on the status of HIV/AIDS.

v) Expected Result/s

Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.

Increased capacity of SMOH and health partners (NGO and FBO) in assessment, planning and implementation of emergency nutrition response in line with national guidelines, Increased capacity of CBO to identify and refer children with nutritional need and to promote optimal IYCF.
Strengthened and well-functioning nutrition cluster coordination mechanisms at national and state level with particular focus on 8 high risk states.
Strengthened emergency nutrition reporting in states, especially in the 8 high risk states
This project will contribute to increased coverage of emergency nutrition services and will enable the nutrition cluster to reach its target 10% (122,780) of children with severe acute malnutrition treated in South Sudan

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.

SOI (X)	#	Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (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.	Health and nutrition workers trained (includes facility and community level health and nutrition workers)	
		in inpatient treatment of SAM/SC protocols	200 (100 Females and 100 Males)
		in outpatient treatment of SAM protocols	400 (200 Males and 200 Females)
		in treatment of MAM protocols	
		in IYCF	100 (70 females and 30 Males)
		in screening and referral	300 (150 Males and 150 Females)
x	2.	Number of Health & Nutrition workers trained on SMART	30
	3.	Number of Community Health & Nutrition workers/volunteers trained on Rapid assessment (Basic and on-job training)	880
	4.	Number of Technical assistant for surge capacity(Emergency Nutrition Consultants)	1
	5.	Number of PCAs developed with implementing partners	4
x	6.	Total direct beneficiaries	
		Women	
		Girls	6,000
		Men	
		Boys	6,000
x	7.	Quality of SAM program	
		Overall SAM program cure rate (> 75%, SPHERE standards)	>75%
		Overall SAM program default rate (< 15%, SPHERE standards)	<15%
		Overall SAM program death rate (< 10%, SPHERE standards)	<10%

- **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.
This project will be implanted through UNICEF zonal health and nutrition specialists and Emergency Nutrition consultants/ where the consultants will be recruited and placed in the SMoH in the states where there are limited partners and the SMoH capacity is weak. The zonal health and nutrition specialists /consultants will work with the SMOH/CBOs/FBOs and other health partners to build their capacity to assess, refer and manage children with Severe Acute malnutrition and also to conduct rapid nutrition assessment and SMART surveys. Also PCAs/SSFAs will be signed with potential nutrition partners to build capacity of other weak partners. In addition Infant and young child feeding activities will be important component of management of severe acute malnutrition.
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)[2].
The progress and achievement will be monitored through training reports where number of people and cadres trained are recorded and improvement in admission numbers to reached the indicated target of 12,000 children with SAM. Monitoring missions will be conducted to improve the quality of the project i.e. ensure correct guidelines are followed and children recover well from the program and the cluster indicators for cure, defaulter and death rates are met.

E. Total funding secured for the CAP project
Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)	**Amount** (USD)
ECHO	700,000
Japan	500,000

[2] 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:

This section is NOT required at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.
Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK		
CHF ref./CAP Code:	**Project title: .....**	**Organisation: .....**

Overall Objective	**Cluster Priority Activities for this CHF Allocation:** *What are the Cluster Priority activities for this CHF funding round this project is contributing to:* • Partner capacity enhancement is one of the core cluster priorities, and this project will support partners with limited nutrition expertise to enhance their capacity and be able to respond to nutrition emergencies.	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* • Number of health and nutrition partners (NGO and FBO) including SMOH increased capacity in assessment, planning and implementation of emergency nutrition response in line with national guidelines	**How indicators will be measured:** *What are the sources of information on these indicators?* • Partners reports • Field visit reports	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* • Enhance the capacity of SMoH, Health partners and Mother Support Groups to assess and respond to the nutrition needs of boys, girls, pregnant and lactating women in 20% of health facilities in Counties affected by humanitarian crisis (acute malnutrition rates above 15%), and provide technical support for Emergency Assessment and Response.	**Indicators of progress:** • *What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative* • Number of health and nutrition partners (NGO and FBO) including SMOH responding to the nutrition needs of boys, girls, pregnant and lactating women. • Cure rate > 75%, Defaulter rate <15% and Death rate <10% • 12,000 children (both boys & girls) with SAM successfully treated through SCs and OTPs	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* • Partners reports • Field visit reports	**Assumptions & risks:** *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?* • Security remains stable to allow activity implementation
Results	**Results - Outcomes (intangible):** *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*. Increased capacity of SMOH and health partners (NGO and FBO) in assessment, planning and implementation of emergency nutrition response in line with national guidelines, Increased capacity of CBO to identify and refer children with nutritional need and to promote optimal IYCF. Strengthened and well-functioning nutrition cluster coordination mechanisms at national and state level with particular focus on 8 high risk states. Strengthened emergency nutrition reporting in states, especially in the 8 high risk states	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?* • Number of health and nutrition partners (NGO and FBO) including SMOH increased capacity to assess and respond to the nutrition needs of boys, girls, pregnant and lactating women.	**How indicators will be measured:** *What are the sources of information on these indicators?* • Partners reports • Field visit reports	**Assumptions & risks:** *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?* • Security remains stable to allow activity implementation
	Immediate-Results - Outputs (tangible):	**Indicators of progress:**	**How indicators will be**	**Assumptions & risks:**

	*List the products, goods and services **(grouped per areas of work)** that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.* • Health & Nutrition workers trained on IMSAM/CMAM/IYCF • Health & Nutrition workers trained on SMART • Community Health & Nutrition workers/volunteers trained on Rapid assessment (Basic and on-job training) • Technical assistant for surge capacity (Emergency Nutrition Consultants) • PCAs developed with implementing partners	*What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* • Number of Health & Nutrition workers trained on IMSAM/CMAM/IYCF • Number of Health & Nutrition workers trained on SMART • Number of Community Health & Nutrition workers/volunteers trained on Rapid assessment (Basic and on-job training) • Number of Technical assistant for surge capacity(Emergency Nutrition Consultants) • Number of PCAs developed with implementing partners	**measured:** *What are the sources of information on these indicators?* • Partners reports • Field visit reports	*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?* • Security remains stable to allow activity implementation
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.* 1. Recruit nutritionists to support State and County Health Departments mentoring the new cluster partners in underserved counties with weak capacity 2. Develop and monitor implementation of Programme Cooperation Agreements with new partners (national and health NGOs, CBOs, and FBOs) 3. Train staff of new NGO partners and SMOH staff (100) and provide technical and logistic support for establishment of Stabilisation Centres and Outpatient Treatment Programmes including Infant and young child feeding in health facilities and communities in need for effective management of complicated and non-complicated severe acute malnutrition in girls and boys 4. Train and support Community Nutrition workers /volunteers (900) in community based MUAC screening and promotion of appropriate infant and young child feeding especially in emergencies 5. Build capacity and support partner agencies to conduct initial rapid assessments and SMART surveys in the underserved counties affected by humanitarian crisis 6. Build capacity and support community based MUAC screening and referral of children with acute malnutrition for appropriate treatment at SCs, OTPs and SFPs. 7. Support de-worming and micronutrient supplementation in all children 6 59 months and pregnant and lactating women 8. Build capacity and support coordination of emergency nutrition response at central level, in 10 states and with particular focus on underserved counties, through	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?* • Presence of Nutrition Specialists in UNICEF Country Office and Nutrition Officers at UNICEF Zonal offices • Partners conduct SMART surveys in the underserved counties affected by humanitarian crisis • Signed Programme Cooperation Agreements with new NGO partners • Training (basic, refresher and on-site training) NGO partners and SMOH staff (1000) • Recording and reporting tools on CMAM available in intervention areas • Monitoring and supervision nutrition programme of NGO partners and SMoH	• Partners reports • Field visit reports	**Assumptions, risks and pre-conditions:** *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?* • Security remains stable to allow activity implementation

	emergency assessment and response teams, 9. Compile/analyse monthly reports from all partners, prepare monthly updates and disseminate to stakeholders at central, state, county and community levels 10. Support the Nutrition Cluster at state and national level in adapting nutrition guidelines and training cluster partners in implementation of those guidelines and tools. 11. Support National and state level coordination activities through Cluster meetings, Technical Working Groups, Streamlining information processes and reporting, Information sharing and support to partners. 12. Provision of surge capacity for cluster to support above activities 13. Provide supportive supervision and monitor performance of new stabilization centers and OTPs established in the underserved counties, as well as community based nutrition screening and referral, and health and nutrition education sessions including IYCF. 14. Monitor utilisation of the supplies and reporting, consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partners			

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.

Activities	Q1/2013			Q2/2013			Q3/2013			Q4/2013			Q1/2014		
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Activity 1. Recruit nutritionists to support State and County Health Departments mentoring the new cluster partners in underserved counties with weak capacity															
Activity 2. Develop and monitor implementation of Programme Cooperation Agreements with new partners (national and health NGOs, CBOs, and FBOs)															
Activity 3. Train staff of new NGO partners and SMOH staff (100) and provide technical and logistic support for establishment of Stabilisation Centres and Outpatient Treatment Programmes including Infant and young child feeding in health facilities and communities in need for effective management of complicated and non-complicated severe acute malnutrition in girls and boys															
Activity 4. Train and support Community Nutrition workers /volunteers (900) in community based MUAC screening and promotion of appropriate infant and young child feeding especially in emergencies															
Activity 5. Build capacity and support partner agencies to conduct initial rapid assessments and SMART surveys in the underserved counties affected by humanitarian crisis															
Activity 6. Build capacity and support community based MUAC screening and referral of children with acute malnutrition for appropriate treatment at SCs, OTPs and SFPs.															
Activity 7. Support de-worming and micronutrient supplementation in all children 6 59 months and pregnant and lactating women															
Activity 8. 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,															
Activity 9. Compile/analyse monthly reports from all partners, prepare monthly updates and disseminate to stakeholders at central, state, county and community levels															
Activity 10. Support the Nutrition Cluster at state and national level in adapting nutrition guidelines and training cluster partners in implementation of those guidelines and tools.															
Activity 11. Support National and state level coordination activities through Cluster meetings, Technical Working Groups, Streamlining information processes and reporting, Information sharing and support to partners.															
Activity 12. Provision of surge capacity for cluster to support above activities															
Activity 13. Provide supportive supervision and monitor performance of new stabilization centers and OTPs established in the underserved counties, as well as community based nutrition screening and referral, and health and nutrition education sessions including IYCF.															
Activity 14. Monitor utilisation of the supplies and reporting, consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partners															

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