

## 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 CLUSTER</b>
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### CHF Cluster Priorities for 2013 First Round Standard Allocation

<p><b>Cluster Priority Activities for this CHF Round</b></p> <p>Cluster priority activities for the first round standard allocation are:</p> <p>a) the integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups;</p> <p>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;</p> <p>c) procurement and management of key pipelines to enable priority a) and b)</p> <p>d) capacity building of health workers, partners, key community members and community organisations to enable emergency response, treatment and prevention activities; and</p> <p>e) if required, emergency preparedness and response activities.</p>	<p><b>Cluster Geographic Priorities for this CHF Round</b></p> <p>Cluster geographic priorities for the first round standard allocation are:</p> <p>a) Jonglei (Pibor, Akobo )</p> <p>b) Upper Nile (host communities around Maban, Renk)</p> <p>c) Unity (likely northern counties but also in the south such as in Mayendit county )</p> <p>d) Northern Bahr el Ghazal (all counties)</p> <p>e) Warrap (Twic, Tonj East)</p> <p>f) High risk spots of Western Bahr el Ghazal, Eastern Equatoria and Lakes.</p>
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### 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>	
UNICEF	<b>State</b>	<b>%</b>
<b>Project CAP Code</b>	Jonglei,	10%
SSD-13/H/55044/124	Upper Nile	10%
<b>CAP Project Title</b>	Unity,	15%
Support to the Nutrition Pipeline for Emergency Therapeutic Responses in South Sudan	NBEG	25%
	Warrap, , EES, Upper Nile, and Lakes	40%

<b>Total Project Budget requested in the South Sudan CAP</b>	US\$ 18,765,020.60	<b>Funding requested from CHF for this project proposal</b>	US\$ 1,500,012
<b>Total funding secured for the CAP project (to date)</b>	US\$ 3,135,000	<b>Are some activities in this project proposal co-funded?</b>	
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)	

<b>Direct Beneficiaries</b> (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)			<b>Indirect Beneficiaries</b>		
	<b>Number of direct beneficiaries targeted in CHF Project</b>	<b>Number of direct beneficiaries targeted in the CAP</b>	<p><i>Note - If you provide a figure for indirect beneficiaries please write a brief note on how this figure is derived.</i></p>		
Women:	30000	337,777	<b>Catchment Population (if applicable)</b>		
Girls:	6000	61,390			
Men:	0				
Boys:	6000	61,390			
<b>Total:</b>	<b>42,000</b> (The beneficiaries will be covered through govt. & NGO partners)	<b>460,557</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)
	12 months (1 May 2013 – 30 April 2014)

<b>Contact details Organization's Country Office</b>		<b>Contact details Organization's HQ</b>	
Organization's Address	UNICEF South Sudan Toto Chan Compound, P. O. Box 45, Juba, South Sudan	Organization's Address	
Project Focal Person	Dr. Syeeda Begum <a href="mailto:sbegum@unicef.org">sbegum@unicef.org</a> +211 956 895 528	Desk officer	Name, Email, telephone
Country Director	Dr. Yasmin Ali Haque <a href="mailto:yhaque@unicef.org">yhaque@unicef.org</a> +211 912 176 144	Finance Officer	Name, Email, telephone
Finance Officer	Ilona Milner <a href="mailto:imilner@unicef.org">imilner@unicef.org</a> +211 955 887 723		

CHF beneficiary breakdown		
Women	P&LW	8000
	Trainees	
	Beneficiaries of IYCF promotion	
	Other vulnerable	
Men	Trainees	
	Beneficiaries of IYCF promotion	
	Other - vulnerable	
Children U5 Yrs	SAM	10,000
	MAM	
	BSFP	
	Micronutrient supplementation	
	Deworming	
Partners	INGOs/CBOs/FBOs	36

## 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<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 2011 agricultural season has been affected by late and erratic rainfall (South Sudan Food Security Outlook, July August 2011). 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 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 three (23) Pre harvest nutrition surveys conducted by Nutrition Cluster partners in the high risk counties from January to July 2012, and 20 out 23 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 36 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. 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.

This project will enable UNICEF to provide the emergency nutrition supplies to Nutrition and Health sector partners providing humanitarian services. It will benefit 10,000 (10%) 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, Eastern Equatoria and Lakes.

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 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, 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. This grant will be utilized to procure nutrition supplies to respond to nutrition emergencies within 24 hours and beyond the onset of the emergency.

<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.

<b>C. Project Description (For CHF Component only)</b>			
<b>i) Contribution to Cluster Objectives</b>			
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			
<b>ii) Project Objective</b>			
State the objective/s of this CHF project will achieve. 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 12,000(10%) severely malnourished girls and boys under five years including refugees, and 200,000 pregnant and lactating women 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, Eastern Equatoria and Lakes), and increase pipeline management capacity of the cluster partners			
<b>iii) Proposed Activities</b>			
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).			
<ol style="list-style-type: none"> <li>1. Prepare supply plan and requisitions for therapeutic, anthropometric and micronutrient supplies</li> <li>2. Procure and pre-position the supplies in the UNICEF warehouses in the focus states</li> <li>3. Prepare Programme Cooperation Agreements with NGO partners (AAA, ACF USA, ADRA, ARC, BRAC, CARE, CECDAG, COSV, CW, CRADA, DoR, DoW, GOAL, IMC, JDF, MC, Medair, Merlin, MSF B, MSF CH, MSF F, MSF H, MSF S, SCiSS, SP, Tearfund, UNKEA, WR, and WVI) 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.)</li> <li>4. Train Nutrition Cluster partners and UNICEF staff in forecasting pipeline needs and in pipeline management</li> <li>5. Transport the supplies to end user points, such as NGO partners and their facilities, in the seven high risk states based commitments in the Project Cooperation Agreements.</li> <li>6. Monitor utilisation of the supplies and reporting, consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partner</li> </ol>			
<b>iv). Cross Cutting Issues</b>			
Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.			
Boys and girls affected /infected with HIV/AIDS and Kalaa zar will not be neglected as these diseases will cause malnutrition and they will benefit from the therapeutic supplies.			
<b>v) Expected Result/s</b>			
Briefly describe (in no more than 300 words) the results you expect to achieve at the end of the CHF grant period.			
<p>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</p> <p>12,000 children (6,000 girls and 6,000 boys with severe acute malnutrition treated in line with the SPHERE Standards</p> <p>30,000 pregnant and lactating women provided the minimum package of micronutrient supplements.</p> <p>40 UNICEF and NGO nutrition and logistics staff to receive training and support for improved pipeline management.</p> <p>4 monitoring and supportive supervision and end user monitoring conducted</p>			
List below the output indicators you will use to measure the progress and achievement of your project results. <u>At least three</u> of the indicators should be taken from the cluster <u>defined Standard Output Indicators (SOI) (annexed)</u> . Put a cross (x) in the first column to identify the cluster <u>defined SOI</u> . Indicate as well the total number of direct beneficiaries disaggregated by gender and age.			
<b>SOI (X)</b>	<b>#</b>	<b>Output Indicators</b> <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	<b>Target (indicate numbers or percentages)</b> <small>(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)</small>
x	1.	Number and quantity of nutrition supplies procured and delivered to the partners	100% of Target: 12,300 RUTF, 127 cartons F-75, 121 cartons F-100, 1220 PACs Iron Folate/Multiple Micronutrients tablets
x	2.	Number of severely malnourished children admitted in Therapeutic feeding programme	12,000
x	3.	Pregnant & lactating women supplemented with multiple micronutrient supplement	30,000
x	4.	Number of Joint monitoring missions to the implementation sites (SOI: Supervisory visits/quarter/to the nutrition treatment sites during the reporting period)	4
	5.	Number of Implementing partners and UNICEF staff trained on pipeline management and warehousing	40
<b>vi) Implementation Mechanism</b>			
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.			
Since UNICEF does not implement directly, 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 and develop an AWP(Annual Work Plan) with the Government partners.			
<b>vii) Monitoring and Reporting Plan</b>			
Describe how you will monitor and report on the progress and achievements of the project. Notably:			
<ol style="list-style-type: none"> <li>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</li> </ol>			

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.

#### **E. Total funding secured for the CAP project**

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>
ECHO December 2012	700,000
Food For Peace in-Kind Donation (on pipeline)	935,000
Japan funds ( yet to be received )	1,500,000

<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:

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: 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>  <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 42 Nutrition Cluster partners for responding to the needs of an estimated 12,000 severely malnourished girls and boys under five years including refugees, and 30,000 pregnant and lactating women 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, Eastern Equatoria and Lakes), and increase pipeline management capacity of the cluster partners.</li> </ul>	<p><b>Indicators of progress:</b>  <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 12,300 RUTF, 127 cartons F-75, 121 cartons F-100, 1220 PACs Iron Folate/Multiple Micronutrients tablets)</li> <li>Number of children treated in SC and OTP (target 12,000)</li> </ul>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</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>	
Purpose	<p><b>CHF Project Objective:</b>  <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>To procure 12,300 cartons RUTF, 171 cartons of F-75 and 121 cartons of F-100 procured and distributed to partners to reach 12,000 children with severe acute malnutrition</li> <li>To procure micronutrient supplements to reach 30,000 pregnant and lactating mothers</li> </ul>	<p><b>Indicators of progress:</b>  <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 cartons of Ready to Use Therapeutic Food procured and distributed to partners to cover 12,000 children</li> <li>Number pack of micronutrient supplements procured to supplement 30,000 pregnant and lactating mothers</li> </ul>	<p><b>How indicators will be measured:</b>  <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>  <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>  <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>12,000 children (6,000 girls and 6,000 boys) with severe acute malnutrition treated in line SPHERE Standards</li> <li>30,000 pregnant and lactating women</li> </ul>	<p><b>Indicators of progress:</b>  <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 children ( girls and boys with severe acute malnutrition treated in line with the SPHERE Standards</li> <li>Number of pregnant and lactating women provided the minimum package of Iron folate/micronutrient supplements.</li> </ul>	<p><b>How indicators will be measured:</b>  <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>  <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>Partners have all supplies required for the program</li> <li>Insecurity remains calm to allow program implementation and insecurity will prevent</li> </ul>

	provided the minimum package of Iron folate/micronutrient supplements.			program implementation
	<p><b>Immediate-Results - Outputs (tangible):</b>  <i>List the products, goods and services (<b>grouped per areas of work</b>) 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.</i></p> <ul style="list-style-type: none"> <li>Supplies procured and distributed</li> <li>PCAs signed with NGO partners</li> <li>UNICEF and NGO nutrition and logistics staff to receive training and support for improved pipeline management</li> <li>Monitoring and supportive supervision and end user monitoring conducted</li> </ul>	<p><b>Indicators of progress:</b>  <i>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.</i></p> <ul style="list-style-type: none"> <li>Number/quantity of supplies procured and prepositioned with partners</li> <li>Number of PCAs signed with NGO partners</li> <li>Number of UNICEF and NGO staffs received training (40)</li> <li>Number of Monitoring and supportive supervision conducted in the project sites (4) (SOI: Supervisory visits/quarter/to the nutrition treatment sites during the reporting period)</li> </ul>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Procurement report</li> <li>Signed PCAs available</li> <li>Monthly Nutrition report</li> </ul>	<p><b>Assumptions &amp; risks:</b>  <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>No disruptions in the timeline for the receipt of supplies received in country and preposition with partners at implementation level</li> <li>Insecurity remains calm to allow program implementation and insecurity will prevent program implementation</li> </ul>
	<p><b>Activities:</b>  <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>Prepare supply plan and requisitions for therapeutic, anthropometric and micronutrient supplies</li> <li>Procure and pre-position the supplies in the UNICEF warehouses in the focus states</li> <li>Prepare Programme Cooperation Agreements with NGO partners (AAA, ACF USA, ADRA, ARC, BRAC, CARE, CECDAG, COSV, CW, CRADA, DoR, DoW, GOAL, IMC, JDF, MC, Medair, Merlin, MSF B, MSF CH, MSF F, MSF H, MSF S, SCiSS, SP, Tearfund, UNKEA, WR, and WVI) 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.)</li> <li>Train Nutrition Cluster partners and UNICEF staff in forecasting pipeline needs and in pipeline management</li> <li>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>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>  <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>Supply plan and requisitions for therapeutic, anthropometric and micronutrient supplies is available</li> <li>Number and quantity of supplies procured and pre-positioned in the UNICEF warehouses in the focus states</li> <li>Number of PCAs signed with NGOs for provision of the therapeutic supplies procured by this grant</li> <li>Number of training conducted Nutrition Cluster partners and UNICEF staff in forecasting pipeline needs and in pipeline management</li> <li>Number and quantity of supplies 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 PCAs.</li> <li>Consolidated monthly pipeline updates for the Nutrition Cluster and disseminate on time to OCHA and cluster partner</li> </ul>	<ul style="list-style-type: none"> <li>Procurement report</li> <li>Signed PCAs available</li> <li>Monthly pipeline and Nutrition report</li> </ul>	<p><b>Assumptions, risks and pre-conditions:</b>  <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>No disruptions in the timeline for the receipt of supplies received in country and preposition with partners at implementation level</li> <li>Insecurity remains calm to allow program implementation and insecurity will prevent program implementation</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.

Activities	Q1/2013			Q2/2013			Q3/2013			Q4/2013			Q1/2014			Q2
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Activity 1. Prepare supply plan and requisitions for therapeutic, anthropometric and micronutrient supplies																
Activity 2. Procure and pre-position the supplies in the UNICEF warehouses in the focus states																
Activity 3. Prepare Programme Cooperation Agreements with NGO partners (AAA, ACF USA, ADRA, ARC, BRAC, CARE, CECDAG, COSV, CW, CRADA, DoR, DoW, GOAL, IMC, JDF, MC, Medair, Merlin, MSF B, MSF CH, MSF F, MSF H, MSF S, SCiSS, SP, Tearfund, UNKEA, WR, and WVI) 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.)																
Activity 4. Train Nutrition Cluster partners and UNICEF staff in forecasting pipeline needs and in pipeline management																
Activity 5. 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 6. 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%