

South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2014

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
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SECTION II

Project details The sections from this point onwards are to be filled by the organization requesting CHF funding.																													
Requesting Organization UNICEF	Project Location(s)																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Project CAP Code</th> <th style="width: 70%;">CAP Gender Code</th> </tr> <tr> <td>SSD-14/H/60303</td> <td>1</td> </tr> </table>	Project CAP Code	CAP Gender Code	SSD-14/H/60303	1	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">State</th> <th style="width: 10%;">%</th> <th style="width: 75%;">County/ies (include payam when possible)</th> </tr> </thead> <tbody> <tr> <td>Jonglei</td> <td>18</td> <td>all</td> </tr> <tr> <td>Upper Nile</td> <td>17</td> <td>Malakal, Melut, Nasir, Ulang, Baliet, Maban</td> </tr> <tr> <td>Unity</td> <td>16</td> <td>Counties covering Bentiu, Panyjar, Koch, Mayom, Abiemnhom, Mayendit</td> </tr> <tr> <td>Lakes</td> <td>16</td> <td>Awerial</td> </tr> <tr> <td>Warrap</td> <td>16</td> <td>Twic, Tonj East, Tonj north</td> </tr> <tr> <td>Central Equatoria</td> <td>10</td> <td>Juba and surrounding</td> </tr> <tr> <td>Abyei area</td> <td>7</td> <td></td> </tr> </tbody> </table>	State	%	County/ies (include payam when possible)	Jonglei	18	all	Upper Nile	17	Malakal, Melut, Nasir, Ulang, Baliet, Maban	Unity	16	Counties covering Bentiu, Panyjar, Koch, Mayom, Abiemnhom, Mayendit	Lakes	16	Awerial	Warrap	16	Twic, Tonj East, Tonj north	Central Equatoria	10	Juba and surrounding	Abyei area	7	
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CAP Project Title (please write exact name as in the CAP) Support Nutrition Pipeline for Emergency Therapeutic Responses in South Sudan	Funding requested from CHF for this project proposal US\$ 1,000,000																												
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Targeted population: Abyei conflict affected, IDPs, Returnees, Host communities, Refugees	CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)																												
Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)	Indicate number of months: 6 months 1 January to 30 June 2014																												
Contact details Organization's Country Office	Contact details Organization's HQ																												
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CHF Cluster Priorities for 2014 First Round Standard Allocation

Cluster Priority Activities for this CHF Round

- (i) Management of Acute malnutrition**
Treatment of acute malnutrition in children U5 years, P&LW and other vulnerable groups with focus on strengthening linkages of programme activities for SAM and MAM. This will also include management of essential nutrition supplies from procurement to end user location
- (ii) Prevention of Acute Malnutrition**
During lean seasons, supplementary foods to (BSFP) to boys and girls aged 6-36 months. Promotion of optimal infant and you child feeding in emergencies.
- (iii) Provision of Emergency preparedness and response services**
Investing in the skills to conduct rapid assessments and to conduct nutrition surveys to determine the prevalence of malnutrition is selected counties.

Cluster Geographic Priorities for this CHF Round

1. Jonglei state(all counties)
2. Upper Nile state (especially in Malakal, Melut, Nasir, Ulang, Baliet, Maban)
3. Unity State (counties covering Pentiu, Panyjar, Koch, Mayom, Abiemnhom, Mayendit)
4. Lakes (Awerial)
5. Central Equatoria (Juba and surrounding)
6. Warrap (Twic, Tonj East, Tonj north)
7. Abyei area

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 population¹

Before the current crisis, acute malnutrition levels in South Sudan are unacceptably high and continue to be a challenge to the survival of infants and young children .The 2013 pre harvest annual SMART surveys also indicates great concern in the nutrition situation of children under five years of age especially acute malnutrition. In the seven surveyed states, county level SMART surveys indicate very high Global Acute Malnutrition (>15% according to WHO) in six states (Unity, Jonglei, Northern Bahr el Ghazal, Eastern Equatoria, Lakes, Warrap) where county GAM ranged from 15.3 to 35.6% and SAM ranged from 2.8 to 13.4 %. High U5 mortality rates in children were found in some surveyed counties in the two states of Unity and Jonglei.

The four weeks conflict has led to several systems disruption such as livelihoods, health care service delivery which ultimately reduce household capacity to cope and increase children, pregnant and lactating women vulnerability to diseases, micronutrients deficiencies and acute malnutrition. Current and forecasted risk factors are likely to lead to a major nutritional crisis in 2014 in South Sudan affecting thousands of children under-fives. In 2013, total 36 MoH and NGO implementing partner has succeeded providing emergency nutrition services in the 7 critical states hence there was a good distribution of nutrition partners in the country to address the needs in the states including the most affected by high rates of global acute malnutrition. While the crisis started, most partners had to relocate their staff to Juba and/or outside the country. However, partners are started accessing the most of the critical states. Hence rapid scaled-up nutrition response by partners is critical for an efficient implementation of life saving nutrition interventions for children under-fives, pregnant and lactating women.

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(7%) of targeted children with severe acute malnutrition in South Sudan, with a focus on the seven high risk states of Jonglei, Warrap, Unity, Upper Nile, Central and Eastern Equatoria. UNICEF will assess the capacity of all existing 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.

Recent one month conflict has led to several systems disruption such as livelihoods, health care service delivery which ultimately reduce household capacity to cope and increase children, pregnant and lactating women vulnerability to diseases, micronutrients deficiencies and acute malnutrition. Current and forecasted risk factors are likely to lead to a major nutritional crisis in 2014 in South Sudan affecting thousands of children under-fives. Hence rapid scaled-up nutrition response by partners is critical for an efficient implementation of life saving nutrition interventions for children under-fives, pregnant and lactating women.

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 continuous internally displaced population due to recent crises in the 6 priority states. UNICEF is responsible for providing the therapeutic supplies, and other essential drugs 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 and how it links to your CAP project (one specific geographical area, one set of activities or kickstart/support the overall 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 10 Nutrition Cluster partners for responding to the needs of an estimated 10,000(7%) severely malnourished girls and boys under five years affected by recent humanitarian crisis in South Sudan

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.

including refugee in six high risk states and strengthen pipeline management capacity of the cluster partners

iii) **Project Strategy and proposed Activities**
 Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.
List the main activities and results 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).

Main strategy:

Uninterrupted provision of core emergency nutrition pipeline supplies to Nutrition Cluster partners in order to treat severe acute malnutrition through integrated facility and community-based approach to prevent excess mortality, morbidity for affected children under five in the recent crisis in South Sudan.

Activities:

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 seven high risk states based commitments in the Project Cooperation Agreements.
5. Monitoring of utilization of the supplies and reporting consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partner.

iv) **Expected Result(s)/Outcome(s)**
 Briefly describe the results you expect to achieve at the end of the CHF grant period.

- 10 NGO partners and 6 state MOHs have therapeutic supplies for treatment of severely malnourished children from IDP, returnee, refugees and host communities that have been affected by humanitarian crises
- 10,000 children (4,800 girls and 5,200 boys) with severe acute malnutrition treated in line with the SPHERE Standards
- 50 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

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are 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. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard 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)
xx	1.	Estimated beneficiaries reached by supplies from the pipeline <i>Girls (Under 5 - RUTF)</i> <i>Boys (Under 5 - RUTF)</i>	10,000 children (4,800 girls and 5,200 boys)
xx	2.	Number of metric tons or cartons of commodities procured and distributed to partners (RUTF)	9,974 Cartons of RUTF
	3.	Number of Joint monitoring missions to the implementation sites	2
	4.	Number of Implementing partners and UNICEF staff trained on pipeline management and warehousing	30

vi). **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. This project will advocate and 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 minimize 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

vii) **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 -2016. 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 MoH at central and state levels and also by partner NGOs at state and county level.

viii) 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 are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)².

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

D. 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)
Japan (agreed and will be received)	300,000
ECHO (approved by donor)	1,500,000
Spain(approved by donor)	250,000
OFDA (approved by donor)	1,000,000

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. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK			
CHF ref./CAP Code: SSD-14/H/60303	Project title: Support Nutrition Pipeline for Emergency Therapeutic Responses in South Sudan.	Organisation: UNICEF	
Goal/Impact (cluster priorities)	Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification
<p><i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i></p> <p>To ensure an efficient and uninterrupted provision of core emergency nutrition pipeline supplies to Nutrition Cluster partners</p>	<p><i>What are the key indicators related to the achievement of</i></p> <ul style="list-style-type: none"> 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 and F-100 Number of partners received therapeutic <p><i>What indicators will be used to measure whether the CHF Project Objective are achieved?</i></p> <ul style="list-style-type: none"> Number of partners with adequate therapeutic supplies Number of severe acute malnourished children treated in line with the SPHERE Standards 	<p><i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Pipeline report Monthly reports from Nutrition Cluster partners Field visit report <p><i>What sources of information will be collected/already exist to measure this indicator?</i></p> <ul style="list-style-type: none"> Pipeline report Monthly reports from Nutrition Cluster partners Field visit report 	<p>Insecurity will prevent/slow program implementation</p> <p><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"> Partners have all supplies required for the program Insecurity will prevent/slow program implementation
<p><i>What is the result the project will contribute to by the end of this CHF funded project?</i></p> <p>To ensure an efficient and uninterrupted provision of core emergency nutrition pipeline supplies to 10 Nutrition Cluster partners for responding to the needs of an estimated 10,000(7%) severely malnourished girls and boys under five years affected by recent humanitarian crisis in South Sudan including refugee in six high risk states and strengthen pipeline management capacity of the cluster partners.</p> <ul style="list-style-type: none"> What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries? 10 NGO partners and 6 state MOHs have received therapeutic supplies for treatment of severely malnourished children from IDP, returnee, refugees and host communities that have been affected by humanitarian crises. 10,000 children (4,800 girls and 5,200 boys) with severe acute malnutrition treated in line with the SPHERE Standards 	<p><i>What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> Number of partners with adequate therapeutic supplies Number of severe acute malnourished children treated in line with the SPHERE Standards 	<p><i>What are the sources of information collected for these indicators?</i></p> <ul style="list-style-type: none"> Monthly reports from Nutrition Cluster partners Field visit report 	<p><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"> Partners have all supplies required for the program Insecurity will prevent/slow program implementation
<p>Outcome 1</p>			

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
<p>Output 1.1 List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.</p> <ul style="list-style-type: none"> Supplies procured and distributed PCAs signed with NGO partners UNICEF and NGO nutrition and logistics staff to receive training and support for improved pipeline management Monitoring and supportive supervision and end user monitoring conducted 	<p>What are the indicator(s) to measure whether and to what extent the project achieves the output? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</p> <ul style="list-style-type: none"> Number of metric tons or cartons of commodities procured and distributed to partners (Target : 9,974 or cartons of RUTF) Estimated beneficiaries under five (Girls and boys) reached by supplies from the pipeline (Target 10,000/ Girls - 4,800 , Boys – 5,200) Number of PCAs signed (Target -10 Partners) Number of Implementing partners and UNICEF staff trained on pipeline management and warehousing (Target-30) Number of Joint monitoring missions to the implementation sites (Target-2) 	<p>What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> Procurement report Signed PCAs available Monthly Nutrition report 	<p>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?</p> <ul style="list-style-type: none"> No disruptions in the timeline for the receipt of supplies received in country and preposition with partners at implementation level insecurity will prevent/slow program implementation
Activity 1.1.1	1.1.1 Procurement and pre-positioning of therapeutic supplies in the UNICEF warehouses in the focus states		
Activity 1.1.2	1.1.2. 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.)		
Activity 1.1.3	1.1.3.Capacity building of Nutrition Cluster partners and UNICEF staff in forecasting pipeline needs and in pipeline management		
Activity 1.1.4	1.1.4. Transportation of 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.		
Activity 1.1.5	1.1.5. Monitoring of utilization of the supplies and reporting consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partner.		

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date: 1 January 2014 **Project end date:** 30 June 2014

Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.1.1 Procurement and pre-positioning of therapeutic supplies in the UNICEF warehouses in the focus states	X	X	X	X								
1.1.2. 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.)	X	X	X									
1.1.3.Capacity building of Nutrition Cluster partners and UNICEF staff in forecasting pipeline needs and in pipeline management			X	X								
1.1.4. Transportation of 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.			X	X	X	X						
1.1.5. Monitoring of utilization of the supplies and reporting consolidate monthly pipeline updates for the Nutrition Cluster and disseminate to OCHA and cluster partner.		X	X	X	X	X						

CAP Project code: SSD-14/H/60303

Project title: Support Nutrition Pipeline for Emergency Therapeutic Responses in South Sudan

Organization: UNICEF

Total Estimated Budget USD

1,000,000

PART I								
(a) Items Description (Insert more budget line rows as needed)	(b) Location	(c) ** Cost Type	(d) Unit of measurement	(e) Percentage/ FTE	(f) Quantity	(g) Unit Cost	(h) Total CHF Cost	(i) *Other funding to this project including in-kind
		D or I						
1 RELIEF ITEMS and TRANSPORTATION (please seprate relief items and transportation budget lines)								
1.1	F75 Therapeutic diet, sachet 102.5g/CAR-120	D	Carton	6.0%	3097	26.50	4,924	
1.2	F100 Therapeutic diet, sachet 114g/CAR-90	D	Carton	6.0%	1377	44.50	3,677	
1.3	Therapeutic spread, sachet 92g/CAR-150	D	Carton	7.0%	140,389	54.68	537,353	
1.4	Transportation of therapeutic supplies(fright cost -offshore)	D	Lumpsum	6.7%	1.0	2,115,651	141,749	
1.5	Transportation of therapeutic supplies(incountry)	D	Lumpsum	7.0%	1.0	1,833,564	128,350	
Sub-total							816,052	-
2 PERSONNEL (provide detailed information on responsibility/title, post location and the percentage dedicated to the CHF project)								
2.1	Nutrition Manager L4 (10% of Pipeline CAP budget)	I		10.0%	12	22,500	27,000	
2.2	Nutrition Specialist NOC (15%of Pipeline CAP budget)	I		15%	12	7,000	12,600	
2.3	Emergency Specialist (Pipeline manager) (15%of Pipeline CAP budget)	I	Lumpsum	15%	1	30,000	4,500	
Sub-total							44,100	-
3 STAFF TRAVEL (Flights, DSA, Peridium, Terminals - Describe the nature of the travel and staff members responsibility/title)								
3.1	Field visit for monitoring therapeutic supplies - end user monitoring (25% of Pipeline CAP budget)	I	Number of visits	25%	15.0	2,000	7,500	
Sub-total							7,500	-
4 TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS - (Describe type of training, number of participants, duration)								
4.1	Two Training of partners and UNICEF including strengthening the capacity of partner store management (30% of Pipeline CAP budget)	D	number of participants	26%	50.0	1,400	18,200	
Sub-total							18,200	-
5 CONTRACTS/SUB GRANTS (Specialized services for the project provided by outside contractors or partners/NGOs)								
5.1							0	
Sub-total							0	-
6 VEHICLE OPERATING & MAINTENANCE COSTS (provide detailed information on item/activity)								
6.1	Vehicle Maintenance	I		13%	10.0	15,500	20,150	
6.2	Fuel for Vehicles and Office Generator	I		13%	10.0	15,500	20,150	
Sub-total VEHICLE OPERATING & MAINTENANCE COSTS							40,300	-
7 OFFICE EQUIPMENT & COMMUNICATIONS (provide detailed information on item/activity)								
7.1							0	
Sub-total							0	-
8 OTHER COSTS (e.g. bank charges) - provide itemized description of costs.								
8.1	Bank charges	I			1.0	8,428	8,428	
Sub-total							8,428	-
(i) SUBTOTAL Project Costs							934,580	-
(ii) Programme Support Costs NOT TO EXCEED 7% of Project Costs(i)		I		% PSC rate>>		7%	65,421	
(iii) AUDIT COSTS for NGO implemented projects NOT LESS THAN 1% of the Project Costs(i) and PSC(ii)		I		% NGO Audit costs rate>>			0	
GRAND TOTAL (i+ii+iii)							1,000,000	-