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

CHF Cluster Priorities for 2013 First Round Standard Allocation

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

CCM /CUAMM

Project CAP Code

SSD-13H/55145/6703

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

Enhancing EP&R to nutrition needs of Host, IDPs and Returnees' communities in Greater Yirol (Lakes State) and Greater Tonj (Warrap State)

Project Location(s) (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)

State	%	County
Lakes	100%	Greater Yirol (Awerial, Yirol East, Yirol West)

Total CAP Project Budget	US$ 822,000
Total funding secured for the CAP project *(to date)*	US$ 223,592

CHF requested Funding	US$ 250,000

Are some activities in this project proposal co-funded?
Yes X No ☐ *(if yes, list the item & indicate the amount under 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:	12,269	24,000
Girls:[1]	9,599	51,000
Men:	755	7,000
Boys:[2]	9,704	50,000
Total:	**32,327**	**132,000**

Indirect Beneficiaries

Total 65,000.
The project target for nutrition curative intervention is composed of U5 (at least 75% of the beneficiaries, boys and girls equally targeted) and P&LW women (at least 18% of the beneficiaries) from host, IDP and returnees' communities or at risk of HIV/TB infection of Greater Yirol (Awerial, Yirol East and Yirol West county of Lakes State: 40% of the target). Nutrition prevention/raising awareness activities will address mostly caretakers (including men, at least 5% of the beneficiaries) and opinion leaders (VHCs, HHPs, women head of households, community/religious leaders, cattle-camps leaders) to promote breastfeeding, nutrition intake and complementary feeding for U5 and safe nutrition/FP for women in childbearing age. Indirect beneficiaries count 485,000 people (70% of the population in the project catchment area).

Catchment Population (if applicable)

Approximately 300,000 people, including IDPs and returnees.

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

CUAMM

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

Indicate number of months: 6 months (April – September)

[1] Girls beneficiaries do differ from the below breakdown since they include also U5 screened (MUAC).
[2] Boys beneficiaries do differ from the below breakdown since they include also U5 screened (MUAC).

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CHF beneficiary breakdown		
Women	P&LW	5,840
	Trainees	12
	Beneficiaries of IYCF promotion	7,130
	Other vulnerable	N/A
Men	Trainees	34
	Beneficiaries of IYCF promotion	713
	Other (CHD)	8
Children U5 Yrs	SAM	668
	MAM	1,585
	BSFP	N/A
	Micronutrient supplementation	3,050
	Deworming	

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[3]

Greater Yirol (Awerial, Yirol East and Yirol West counties of Lakes State) count together 235,961 natives (50% women, 50% men), 25,832 returnees (1,813 more organized returnees have been transferred by IOM to Yirol East county in the sole December 2012) and around 8,000 IDPs.

Yirol East and Awerial are marked by WFP as 'in food crisis', while Yirol West is 'stressed' (more than 80,000 people expected in need for food aid in 2013). The area is highly exposes to a long harsh season limiting farming opportunities (Jan-May) and to seasonal floods damaging crops, worsening hygiene and preventing people from accessing health services (Jun-Oct.). Inter/intra ethnic fights and cattle raids have continued in 2012: incidents with 6 deaths and several injured/temporary IDPs were reported. Insecurity and IDPs flow further hinder access to basic services for MARPs (U1, U5, P&LW, people living in remote areas) and congest the few functional health facilities. On top of this, in 2012 measles outbreaks repeatedly erupted in Awerial. Poverty prevalence rate stands at 48.9% and lack of infrastructure, huge unemployment and poor safety nets further affect living standards. General health data are dire:

- maternal mortality: 2,340/100,000 (GoSS 2011)
- neonatal mortality: 49/1,000 (GoSS 2011)
- U5 mortality: 114/1,000 (GoSS 2011)
- Average DPT3 coverage: 70% (the lowest: 61% in Yirol East and 63% in Yirol West) (GoSS 2012).

Concerning Nutrition data, the most recent SMART survey in Yirol East dates back to 2011 (SAM 3%, GAM 13.7%). Although in Awerial and Yirol West no surveys were undertaken due to limited MoH capacities and lack of partners, CCM/CUAMM records show that: (i) in Awerial U5 MAM rate is over 30% and SAM is 5% (malnutrition counts for 5% of Bunagok PHCC case fatality rate) and (ii) in Yirol West U5 MAM prevalence is 15% and SAM 12%, women's SAM is 8.5%.

Gender differences in U5 SAM/GAM rates or access to treatment are not statistically relevant. MARPs include U5 and P&LW living in households under poverty line, in remote areas cut off services, in cattle-camps and IDP/returnees' sites. Nutrition Activities in Greater Yirol have just started and priority has been given to U5 and P&LW, as vulnerable groups and in line with MoH recommendations. No data have been specifically collected on adult malnutrition. However, no significant cases of this kind have been seen at facility level (between OPD and IPD). For what concern the statistic significance of the difference in service access

[3] 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.

between male and female, although a formal statistic analysis has not been carried out, the access to nutrition service respects the same proportions of access to the health ones, with a slight majority of male, coherently with the fact that the male population is slightly higher than the female.

In Greater Yirol concurrent factors for poor nutritional status include:

- Hunger gaps (one crop/year and insufficient food aid),
- high incidence of communicable diseases and complicated malaria,
- poor measles vaccination and Vitamin A supplementation (less than 10% and 8% respectively),
- scarce exclusive breastfeeding practices for children under 6-month (less than 30%),
- inadequate dietary intake and U5 feeding practices (less than 9% U5 receiving 5 meals/day),
- poor hygiene and sanitation (less than 5% latrine coverage and water-treatment rate under 20%),
- limited caretakers' nutrition/feeding awareness (both men and women).

In the whole target area nutrition service coverage is very poor. In Greater Yirol CCM/CUAMM started nutrition activities in Q3 2012, including Nutrition prevention, treatment and institutional capacity building.

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.

Greater Yirol is poorly served in terms of integrated PHC & Nutrition services, due to the institutional lack of resources, implementing partners and poor capacities to set up timely emergency response to internal clashes and consequent IDPs movements, returnees' influx, floods, food insecurity and outbreaks. The increasing demand for health and nutrition services has further congested functional facilities, which struggle in proving MARP with continuous and effective comprehensive services.

CCM/CUAMM are the sole Lakes SMoH partners in Greater Yirol, supporting 40% of the existing facilities and ensuring integrated Health & Nutrition service delivery. Nutrition programme started in Q3 2012, enabling partners to set up:

- 1 SC in Yirol Hospital and 4 OTPs in Yirol West PHCUs (Pabur, Pandit, Anuol, Aruau PHCUs),
- 3 OTPs in Awerial facilities (Bunagok PHCC; Awerial Centre PHCU and Mingkaman PHCU),
- 3 OTPs in Yirol East (Adior rural hospital, Pagarau PHCU and Thonabuktot PHCU).
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During Q3 and Q4 2012 observed challenges which this proposal intends to answer to include: (i) high patients' drop out rate due to cultural barriers and lack of familiarity with nutrition programmes, (ii) poor referral system for complicated cases (only one ambulance serving 3 counties), (iii) low SC coverage, (iv) nomadic character of the population requiring steady scaling up of outreaches during the dry season to reach P&LW and Us in cattle camps, (v) low community awareness on nutrition principles due to lack of exposure to targeted messages, (vi) inadequate institutional capacities in nutrition surveillance, programme planning/implementation and data recording (Awerial and Yirol East counties have only focal points, not fully functional CHDs).

Activities detailed below aim at tackling these challenges by continuing improving the effectiveness of the ongoing nutrition programme. Nutrition activities will be integrated with ordinary MCH services and nutrition education will be included in the health education session given both at health facilities and during outreaches. People accessing health facilities will familiarize with and benefit from nutrition services, while those remaining in the communities will have direct access to nutrition programmes through the outreaches plan.

The requested resources shall complement the already available funds (cash and kind) granted by other donors (UNICEF, WFP, MoH) and shall not overlap with the current CHF 2012 funding. CHF 2013 funds shall mainly serve to cover gaps in financial allocations for:

- human resources,
- SC/OTP set up /reinforcement,
- expansion of outreach capacities,
- trainings,
- capacity building for health staff and institutions.

Partnerships with other IPs (namely Plan/KHI) to complement action concerning MAM requirements and prevent overlapping is ensured (a MoU is already under discussion).

Added values of the proposal are:

- IPs long-standing partnership with Lakes SMoH and concerned CHDs, in supporting health service delivery,
- High sustainability of the project due to the full integration of nutrition services within the existing institutional health system and to the expansion of the health staff capacities in addressing also nutrition requirements (both CCM and CUAMM have been granted funds to continue health service provision in all the above mentioned facilities up to August 2013 and shall concur as HPF partners),
- The integration of CHF project within a broader programme supported also by other donors (WFP, UNICEF),
- IPs proactive engagement with other stakeholders on the ground to prevent overlapping and look for synergies to increase effectiveness of the programme (namely Plan/KHI for the referral of MAM cases in Awerial),
- Proactive involvement of the local population, through the creating/strengthening of VHCs (in which female participation will be encouraged), tasked with peer-to-peer education to promote nutrition service and enhance nutrition surveillance across the communities. Where present, also women's group shall be proactively involved in awareness-raising activities.

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.

In line with the Nutrition Cluster overall objective, the project aims at ensuring provision of emergency nutrition services in selected counties of Lakes (Greater Yirol), suffering from high malnutrition/food insecurity rates, poor access to basic health and hygiene services, remote hotspots and high influx of IDPs and returnees.

The Project answers to at least 3 of the 5 identified Cluster priorities:

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) capacity building of health workers, partners, key community members and community organizations to enable emergency response, treatment and prevention activities.

Whenever IPs capacities are not adequate to fully achieve the specific objective, partnership with other stakeholders on the ground (MoH, Plan/KHI, etc.) are ensured to comprehensively answer the assessed needs.

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)

Specific objective of the project is to expand access to and utilization of Nutrition preventive and curative services for MARPs (P&LWs, women and boys/girls U1/U5 living under the poverty line, in remote or underserved areas, including IDPs and returnees) in Greater Yirol (Awerial, Yirol East and Yirol West counties) of Lakes State.

In details, the project aims at:

- increase of 20% the number of SAM cases treated at SC/OTP level in the project catchment area in 6 months;
- increase of at least 20% the number of SAM patients with medical complications referred to higher level facility in 6 months;
- Increase of at least 10% the number of U5/P&LW screened through MUAC measurement (static and outreach),
- increase of at least 10% the number of women and care-takers (including men and community leaders) sensitized about Nutrition in 6 months.

Baselines for the assessment of performances are (i) CCM/CUAMM data collected in 2012, and (ii) the outcomes of a SMART Nutrition Survey, which shall be carried out in Greater Yirol in March/April 2013.

For the objective and the identified expected results (see below) specific measurable indicators have been selected, most of which are indicated as Nutrition Cluster priorities and/or are MoH requirements for health reporting since relevant to achieve the HSDP 2012 – 2016 targets. The project timeframe (6 months) is adequate to meet the project objectives, since: (i) both implementing partners (CCM and CUAMM) are already operating and have functioning field bases in each target county; (ii) collaboration with institutional partners (Lakes SMoH and concerned CHDs) for running integrated PHC and Nutrition services has been established and is fruitful, (iii) the dry season (January – June) in the project catchment area marks a steady increase of nutrition-related needs for both U5 and P&LW.

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).

Output n. 1. Integrated nutrition services for U5 and P&LW in Greater Yirol are consistently provided in 2 hospitals, 1 PHCC and 8 PHCUs

1.1.Consolidation of Yirol Hospital SC and set up of Adior rural hospital SC, based on assessed needs (Lakes State),
1.2 Development of OTPs in 9 health facilities Greater Yirol[4],
1.3 Procurement and prepositioning and distribution of essential/emergency drugs and nutrition supplies for SAM/MAM treatment and management of the related complications at facility level,
1.4 Maintaining coordination (through coordination meetings and MoUs with other IPs: namely Plan/KHI and Lakes SMoH) between OTP and STFP services in Greater Yirol counties, when SAM and MAM cases are treated by different partners,
1.5 Maintaining of integrated ANC/PNC and nutrition services for P&LW, including ordinary screening and micronutrient supplementation,
1.6 Integrate U5 growth monitoring within EPI/OPD ordinary service provision, including micronutrient/Vitamin A supplementation and deworming,
1.7 Enhancing the emergency referral system through improved coordination among partners/stakeholders
1.8 Theoretical / on the job training of health staff on (i) Integrated Management of SAM/MAM, (ii) IYCF and (iv) complicated cases emergency referral.
1.9 TA and supportive supervision to health staff responsible for nutrition data collection/recording and drug administration.

DIRECT BENEFICIARIES OUTPUT 1:

- U5 SAM cases treated: 668 diagnosed and initiated to treatment (55% boys, 45% girls)
- U5 MAM cases treated: at least 835 (55% boys, 45% girls)
- U5 MAM cases referred to partners: at least 750 (55% boys, 45% girls)
- Health staff trained/supervised: 46 (at least 25% women)

Output 2. Acute malnutrition is prevented for both U5 and P&LW in host and IDP/Returnee communities in the catchment area

[4] Awerial (Awerial PHCU, Mingkaman PHCU), Yirol East (Pagarau PHCU, Thonabuktot PHCU, Adior rural hospital) Yirol West (Pabur, Pandit, Anuol, Aruau PHCUs).

2.1 Implementation of at least bi-monthly outreaches in each Greater Yirol county, targeting underserved areas, cattle-camps, IDP/returnees camps, marginalized households;
2.2 Organization of weekly nutrition education sessions (breastfeeding, dietary intake, complementary feeding, food hygiene and preparation, FP and RH etc.) at facility and/or outreach level in all supported hospitals/PHCC/PHCU, targeting caretakers (men and women) and women in childbearing age;
2.3 Organization of targeted education sessions on safe nutrition/feeding practices for U5 and P&LWs for opinion leaders and peer-to-peer educators (i.e. Village Health Committees, Home Health Promoters, religious leaders, community/cattle-camps leaders);
2.4 Organization of at least 1 mass raising awareness event per county (Awerial and Yirol East) on nutrition principles (targeting also men);

DIRECT BENEFICIARIES OUTPUT 2:
- U5 screened (MUAC): at least 14,000
- P&LW screened (MUAC): at least 3,000
- U5 supplemented with Vitamin A and dewormed: at least 3,050
- P&LW supplemented with macronutrients: 2,840
- Community members reached by nutrition messages (IYCF): at least 7,130 (at least 10% men)

Output 3. Nutrition EP&R capacities at Greater Yriol county level are enhanced
3.1 Training and TA to concerned CHDs and selected health staff (both male and female) on (i) MoH and Nutrition Cluster reporting tools, (ii) nutrition surveillance and e-warning systems;
3.2 Set up /scale up of joint CHD/implementing partners' supporting supervision mechanism of nutrition-related health facilities performances;
3.3 Effective participation to the Nutrition Cluster coordination mechanism at state and national level;
3.4 Facilitation of inter-cluster coordination system at state and national level (with Health, WaSH and Food Security clusters).

DIRECT BENEFICIARIES OUTPUT 3:
- CHD members capacity built on nutrition surveillance, programme planning/implementation/supervision, record keeping: 8

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

DRR: Disaster risk reduction is mainstreamed in all project components by supporting basic nutrition services for children U5, PL&W both at facility and outreach level and by strengthening the nutrition EP&R of CHDs and selected Health/Nutrition staff.

ENVIRONMENT: All The PHCCs and PHCU adhere to the infection control and universal precautions policies as it is recommended by the Ministry of Health and Public sanitation. Mitigation measures include: (i) incinerators for hazardous waste management are in use and periodically maintained in all CCM-CUAMM supported facilities; (ii) during outreaches, safe collection and waste dumping will be ensured; (iii) food preparation education sessions will mainstream environment education on the collection/use/management of cooking materials (charcoal/wood) (iv) vehicle movements will be effectively planned and coordinated in order duplications of trips to be avoided and several passengers from more stakeholders to be transported.

HIV/AIDS: (i) nutrition surveillance and services will be fully integrated in the health system, including HIV/AIDS prevention promotion (availability of VCT/PMTCT services at hospital level), (iii) nutrition education sessions at both facility and outreach level will also address PMCTC (including infant breastfeeding for HIV+ mother), nutrition requirements for people living with HIV&AIDS, and HIV prevention (within FP education).

GENDER: Girls/women (including most vulnerable ones, like pregnant women, women head of households, women victims of violence, women living in cattle camps) are part of the project main target and are direct beneficiaries of most activities. Moreover, women will play a great role in the successful implementation of the project activities through active participation of the female health/nutrition staff in the nutrition activities, including outreach and nutrition education sessions. Gender mainstreaming is pursued through (i) equal opportunity of accessing nutrition services; (ii) mobile clinic targeting mostly women, penalized by home care duties and traditional rules regulating their movements; (iii) organization of awareness raising and nutrition education sessions targeting also men and opinion leaders to facilitate behavioral changes.

CAPACITY DEVELOPMENT; theoretical and on the job trainings, workshops and coordination meetings involving both nutrition personnel and institutional partners have been included as main project activities to concretely enforce the early warning and nutrition emergency risk reduction in Greater Yirol and ensure adequate sustainability to the project. The identified implementation modalities (see below) envisage and pursue full and active involvement of the institutional stakeholder in the project follow up and consistent monitoring, as well as in the regular info and data sharing with other stakeholders to better coordinate emergency response and manage integrated resources.

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.

The project is aimed at achieving 3 main results, which are strictly linked to the overall and specific objectives of the project and which the above mentioned activities stem from:

1. Frontline nutrition services for U5 and P&LW in Greater Yirol are integrated in the PHC service provision in up to 2 hospitals, 1 PHCCs and 8 PHCUs
   - 2 SC are adequately staffed, refurbished and equipped in Greater Yirol,
   - 9 OTPs in Greater Yirol are operational,
   - SAM/MAM cases in the project catchment area are timely identified, treated and/or referred,
   - P&LW are provided with integrated ANC/PNC and nutrition services,

- U5 (boys and girls) are provided with integrated EPI and nutrition services,
- Nutrition emergency referral system is enhanced,
- Health facility staff is able to provide static nutrition services (prevention, treatment, awareness raising) and to consistently record/submit related data.

2. Severe and moderate malnutrition is prevented for both U5 and P&LW in host and IDP/returnees' communities in the catchment area
   - Underserved communities in Greater Yirol are reached by preventive nutrition services through outreaches and referred to clinics for treatment follow-up,
   - Caretakers (including men) and women in child-bearing age are sensitized / informed on nutrition principles (breastfeeding, dietary intake, complementary feeding, food hygiene and preparation),

3. Nutrition EP&R capacities at Greater Yirol counties level are enhanced
   - CHDs are capacity built on (i) record-keeping tools, (ii) nutrition surveillance and e-warning,
   - CHD/IPs joint supportive supervision mechanism on nutrition needs/performances is established/strengthened,
   - Participation in the national and state Nutrition Cluster mechanism is ensured,
   - Links among relevant clusters (Health, WaSH and FS) is facilitated.

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.	Number of Children initiated to treatment/treated for SAM	668 U5 (349 boys and 319 girls)
X	2.	Number of Children admitted/treated or referred for MAM (Moderate Acute Malnutrition)	Treated: 835 (YE and YW) (440 boys, 395 girls) Referred to Plan/KHI: 750 (Awerial) (390 boys, 360 girls)
X	3.	Number of Children supplemented with Vitamin A	3,050
X	4.	Number of P&LWs supplemented with Micronutrients	2,840
X	5.	Number of Health and nutrition workers trained	46 (at least 30% women)
X	6.	Number of Community members made aware through the community education sessions	7,130 (at least 10% men)

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.

Project implementing partners are the INGOs CCM (Comitato Collaborazione Medica) and CUAMM – Doctors with Africa, respectively Lakes SMoH partners for health care service provision in Awerial/Yirol East and Yirol West counties (11 facilities supported: 3 in Awerial, 3 in Yirol East, 5 in Yirol West). CCM/CUAMM share similar vision/mission, core sectors of intervention and have operational MoU signed with concerned SMoH for supporting the provision of integrated primary/secondary health care and nutrition services in the respective catchment areas. Strengthening local health system through collaboration with stakeholders and researching for synergies, preventing duplications or establishment of parallel health/nutrition structures, are CCM/CUAMM pillars in programme planning and implementation. Both CCM/CUAMM are registered INGOs in SS and acknowledged also by the national MoH. At local level, smooth collaboration with CHD and other local institutions (Counties Manager, RRC Office, Commissioner, etc.) is already in place.

CCM/CUAMM partnership ensures adequate support and supervision to integrated PHC & Nutrition service delivery and emergency response in all Greater Yirol. Existing coordination to enhance the referral system, build CHD capacities and raise community awareness on nutrition shall be strengthened and targeted actions shall be planned to answer the needs, which shall have been identified (a SMART pre-harvest survey in Greater Yirol will be carried out in March/April 2013). Expansion of outreaches, establishment of a SC in Awerial county (Bunagok PHCC) and enforcement of effective referral system at Greater Yirol level are meant at widening population access to and utilization of frontline and emergency nutrition services, as well as to expand the nutrition surveillance capacities. In addition, in Awerial CCM is about to sign a MoU with Plan International, for smooth coordination between SC/OTPs (managed by CCM) and TSFP (managed by Plan International). In Yirol East county CCM is MoH partner for MAM treatment.

The project design is based on sound collaboration among CCM/CUAMM, health institutions at state and county level, other stakeholders (UNICEF, WFP, other INGOs and CBOs). In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), 2 project coordination bodies will be purposely established and meet on regular basis to ensure achievement of expected results:

- MANAGEMENT COMMITTEE (one per county): Composed of CHDs Manager and CCM/CUAMM Project Managers, the MC will meet on monthly basis in each county and will be responsible for: (i) defining/consolidating/readjusting the work plan, (ii) sharing information and data on the activities carried out and in pipeline, (iii) debating possible project implementation challenges and identifying the related way forward, (iv) providing technical assistance in the project supervision, (v) consolidating quarterly project reports, (vi) representing the Project board in front of local stakeholders and when project-related decisions are taken.

- STEERING COMMITTEE (one per State): Composed of Lakes State MoH DG (or his/her delegate), CCM/CUAMM Country Representatives in South Sudan (or his/her delegate), the SC will meet on quarterly basis and will be responsible for: (i) supervising the general project implementation and provide related feedback/advice to the Management Committee, (ii) facilitating integration of the project with other health activities in the catchment areas, (iii) linking with other stakeholders at federal and state level (Nutrition & Health Clusters, WaSH clusters, UNFPA, WHO, UNICEF, other INGOs, etc.) to facilitate the project implementation and promotion.

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)[5].

CCM/CUAMM shall ensure continuous monitoring of project activities by:

- EFFECTIVE REPORTING SYSTEM: (i) compilation of daily/weekly/monthly health facility registers, (ii) compilation of outreach reports, (iii) compilation of monthly and quarterly reports for concerned CHDs and State MoH (Nutrition Cluster reporting tools), (iv) compilation of quarterly progress report for the SC and the donors, (v) monthly and quarterly reports to HQ project department. With regard to data collection and analysis, utilization of DHIS shall ensure integration of project data within the MoH reporting system. Monthly reports to the national Nutrition Cluster shall be timely submitted.
- QUALIFIED TECHNICAL ASSISTANCE: both implementing partners have envisaged employment of technical human resources skilled in Nutrition programme management and supervision, responsible for assisting local health staff at both facility and outreach level. They will be based in each main project location and will ensure daily supervision of the quality of the services provided and consistency of data collected.
- M&E OFFICER: CCM staff includes M&E officer based in SS Head Office (Juba), who will be responsible of periodic visits in the project areas, to check about indicators, targets and performances. The same role will be played by CUAMM Country Manager;
- EXTERNAL MONITORING: implementing partners will share periodical information and data on the project implementation with Health Cluster focal persons both at Lakes State and federal level, to compare views and get additional inputs and comments.
- STEERING COMMITTEE & MANAGEMENT COMMITTEE: among the SC ToR, supportive supervision and technical assistance to the MC throughout the project implementation is included. The MC shall utilize the project logical framework and work plan as primary tools to assess project performances, achieved versus expected results/targets and respect of the timeframe. Greater Yirol CHD is going to start having regular planning meeting, both internal and with the PHCUs and the VHCs. Data coming from project M&E will inform the discussion, providing the base to define further interventions to address nutrition problems or to re orientate the ones on going. Project report data will be also used to brief the State authorities on County situation, supporting a wider decision-making process on the steps to be done to improve people Health and Nutrition status.
- EFFECTIVE FINANCIAL MONITORING SYSTEM: (i) CCM accounting systems is based on the double-entry system, which records transactions into journals and ledgers. Daily transactions, including purchases, cash receipts, accounts receivable and accounts payable are recorded using a specific accounting software which is reconcile on a weekly/monthly basis under the supervision of HQ administrative department; II) Budget follow-up are elaborated and approved by HQ project department together with the request for funds (ii) procurement plan is elaborated at the begin of the project and review on a quarterly basis with the support and supervision of HQ procurement officer; III) compilation of financial report is elaborated by CCM/CUAMM country administration with the support of a Project accountant and subsequently approved by HQ administrative department.

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)
CUAMM (Yirol West - Lakes). Donors: Italian Ministry of Foreign Affairs, UNICEF, EU	99,892 USD
CCM (Awerial and Yirol East – Lakes). Donors: UNICEF, Crown Agents	123,700 USD

[5] 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-13H/55145	**Project title:** Enhancing EP&R to nutrition needs of Host, IDPs and Returnees' communities in Greater Yirol (Lakes State) and Greater Tonj (Warrap State)	**Organisation:** CCM – Comitato Collaborazione Medica (in conjunction with Doctors with Africa CUAMM)

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:* Ensure provision of emergency nutrition services in priority states, focusing on high-risk underserved communities and areas where there is food insecurity, high malnutrition, and/or high numbers of displaced people and returnees	**Indicators of progress:** *What are the key indicators related to the achievement of the CAP project objective?* *SAM 70% needs coverage* *MAM 70% needs coverage* -	**How indicators will be measured:** *What are the sources of information on these indicators?* SMART survey (needs) Monthly reports from treatment records Program coverage survey	
Purpose	**CHF Project Objective:** *What are the specific objectives to be achieved by the end of this CHF funded project?* To expand access to and utilization of Nutrition preventive and curative services for MARPs (P&LWs, women and boys/girls U1/U5 living under the poverty line, in remote or underserved areas, including IDPs and returnees) in Greater Yirol (Awerial, Yirol East and Yirol West counties) of Lakes State	**Indicators of progress:** • What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative • the number of SAM cases treated at SC/OTP level in the project catchment area in 6 months increases of 20%; • the number of SAM patients with medical complications referred to higher level facility in 6 months increase of at least 20%; • the number of U5/P&LW screened through MUAC measurement (static and outreach) increases of at least 10%, • the number of women and care-takers (including men and community leaders) sensitized about Nutrition in 6 months increase of at least 10% (Baseline: CCM/CUAMM data collected in 2012, and the outcomes of a SMART Nutrition Survey, which shall be carried out in Greater Yirol in March/April 2013)	**How indicators will be measured:** *What sources of information already exist to measure this indicator? How will the project get this information?* - Final Narrative project reports for donors, Clusters and SMoH, - Final Technical Performance reports for donors, Clusters and SMoH,	**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?* • Internal and cross-borders political stability; • Stable economic conditions, • Institutional willingness to effectively target emergencies; • No movement restrictions for implementing partners
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*	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?*	**How indicators will be measured:** *What are the sources of information on these indicators?*	**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*

	beneficiaries. 1. Frontline nutrition services for U5 and P&LW in Greater Yirol are integrated in the PHC service provision in up to 2 hospitals, 1 PHCCs and 8 PHCUs 2. Severe and moderate malnutrition is prevented for both U5 and P&LW in host and IDP/returnees' communities in the catchment area 3. Nutrition EP&R capacities at Greater Yirol counties level are enhanced	Monitoring of progress towards meeting the total expected beneficiaries: • Women: 12,269 • Men: 755 • Girls: 9,599 • Boys: 9,704 Out of the total 32,327 beneficiaries: - 2,299 (7,12%) will have access to Acute Malnutrition treatment services (Outcome 1) - 30.020 (92,87%) will be sensitized on Nutrition principles (Outcome 2) - 8 (0,01%) will be CHDs members capacity built on Nutrition surveillance and EP&R (Outcome 3)	• Monthly Nutrition reports; • Outreaches registers • Monthly narrative internal project reports • Training reports and attendance sheets	*achieving these objectives?* - Collaboration of concerned State and local institutions (SMoH, concerned CHDs, HIV/AIDS Commission, etc.); - Conducive environment for INGOs in the project counties; - Collaboration from other stakeholders (UN agencies, other IPs and in Health/WaSH, returnees' sectors),
	Immediate-Results - Outputs (tangible): *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.* <u>For Outcome n. 1</u> - 2 SC are adequately staffed, refurbished and equipped in Greater Yirol, - 9 OTPs in Greater Yirol are operational, - SAM/MAM cases in the project catchment area are timely identified, treated and/or referred, - P&LW are provided with integrated ANC/PNC and nutrition services, - U5 (boys and girls) are provided with integrated EPI and nutrition services, - Nutrition emergency referral system is enhanced, - Health facility staff is able to provide static nutrition services (prevention, treatment, awareness raising) and to consistently record/submit related data. <u>For Outcome n. 2</u> - Underserved communities in Greater Yirol are reached by preventive nutrition services through outreaches and referred to clinics for treatment follow-up, - Caretakers (including men) and women in child-bearing age are sensitized / informed on nutrition principles (breastfeeding, dietary intake, complementary feeding, food hygiene and preparation),	**Indicators of progress:** *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.* <u>For Outcome n. 1</u> - U5 SAM cases treated: 668 diagnosed and initiated to treatment (349 boys, 319 girls) - U5 MAM cases treated: at least 835 (440 boys, 395 girls) - U5 MAM cases referred to partners: at least 750 (390 boys, 360 girls) - Health staff trained/supervised: 46 (at least 25% women) <u>For Outcome n. 2</u> - U5 screened (MUAC): at least 14,000 - P&LW screened (MUAC): at least 3,000 - U5 supplemented with Vitamin A and dewormed: at least 3,050 - P&LW supplemented with macronutrients: 2,840 - Community members reached by nutrition messages (IYCF): at least	**How indicators will be measured:** *What are the sources of information on these indicators?* <u>For Outcome n. 1</u> - Health facilities patients' registers (daily, weekly, monthly), - Health facilities nutrition supply consumption registers, - Health facilities monthly and quarterly reports (EPI, MCH), - Training attendance sheets. <u>For Outcome n. 2</u> - Outreach registers - Health Education registers, - Mass events Reports and Pictures and attendance sheets. - Nutrition education registers	**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?* <u>For Outcome n. 1</u> - Concerned SMoH honour the provisions of the MoU signed with CCM and CUAMM for collaboration in Primary and Secondary Health Service provision in selected counties of Lakes State, - Project funds are timely availed - Local communities, IDPs and returnees do acknowledge and are willing to access/utilize hospital services <u>For Outcome n. 2</u> - Project funds are timely availed - Local communities, IDPs and returnees do acknowledge and are willing to access/utilize health and nutrition services - Concerned CHDs, RRC and other local institutions are supportive in coordinating IPs activities in providing humanitarian aid to host population, IDPs and returnees to prevent overlapping,

	For Outcome n. 3 - CHDs are capacity built on (i) record-keeping tools, (ii) nutrition surveillance and e-warning, - CHD/IPs joint supportive supervision mechanism on nutrition needs/performances is established/strengthened, - Participation in the national and state Nutrition Cluster mechanism is ensured, - Links among relevant clusters (Health, WaSH and FS) is facilitated.	7,130 (at least 10% men) For Outcome n. 3 - CHD members capacity built on nutrition surveillance, programme planning/implementation/supervision, record keeping: 8	For Outcome n. 3 - Workshop Reports and Pictures and attendance sheets	- Local authorities are supportive in mobilizing community members For Outcome n. 3 - Concerned CHDs, RRC and other local institutions are supportive in coordinating IPs activities in providing humanitarian aid to host population, IDPs and returnees to prevent overlapping, - Local authorities are supportive in mobilizing community members on EP&R
	Activities: *List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.*	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?*		**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?*
For Result n. 1				
	Activity 1.1 1.1.Consolidation of Yirol Hospital SC and set up of Adior rural hospital SC, based on assessed needs (Lakes State),	Inputs - Human resources: PM, Procurement Officer - Procurement, contracting and transportation capacities, - Community involvement		Assumptions, risks: - Availability of contractors and construction materials; - Availability of stores
	Activity 1.2 Development of OTPs in 9 health facilities Greater Yirol,	Inputs - Human resources: PM, Procurement Officer - Procurement, contracting and transportation capacities, - Community involvement		Assumptions, risks: - Availability of contractors and construction materials; - Availability of stores
	Activity 1.3 Procurement and prepositioning and distribution of essential/emergency drugs and nutrition supplies for SAM/MAM treatment and management of the related complications at facility level,	Inputs - Human resources: Procurement Officer - Logistic/procurement capacities - Collaboration with concerned institutions (federal and state MoH, CHD, Commissioner, etc.) - Coordination among partners on the ground		Assumptions, risks: - Availability of procurement protocols/guidelines; - Suppliers' and transporters' respect of contract timing
	Activity 1.4 Maintaining coordination (through coordination meetings and MoUs with other IPs: namely Plan/KHI and Lakes SMoH) between OTP and STFP services in Greater Yirol counties, when SAM and MAM cases are treated by different partners,	Inputs - Networking and communication capacities; - Access to IT facilities - Close and continuous collaboration with CHD; - Movement capacities		Assumptions, risks: - Road accessibility / freedom of movement - Availability of functioning vehicle - Effective communication network

	Activity 1.5 Maintaining of integrated ANC/PNC and nutrition services for P&LW, including ordinary screening and micronutrient supplementation,	Inputs - Human resources: PHC Supervisors - Collaboration with SMoHs to sustain local qualified health staff, - Collaboration with concerned CHD and other stakeholders on the ground - Cultural mediation		Assumptions, risks: - No staff turnover; - Availability of nutrition supplies and other pharmaceuticals;
	Activity 1.6 Integrate U5 growth monitoring within EPI/OPD ordinary service provision, including micronutrient/Vitamin A supplementation and deworming,	Inputs - Human resources: PHC Supervisors - Collaboration with SMoHs to sustain local qualified health staff, - Collaboration with concerned CHD and other stakeholders on the ground - Cultural mediation		Assumptions, risks: - No staff turnover; - Availability of nutrition supplies and other pharmaceuticals;
	Activity 1.7 Enhancing the emergency referral system through improved coordination among partners/stakeholders	Inputs - Human resources: PHC Supervisors - Collaboration with SMoHs to sustain local qualified health staff, - Collaboration with concerned CHD and other stakeholders on the ground - Cultural mediation - Movement capacities		Assumptions, risks: - Road accessibility / freedom of movement - Availability of functioning ambulance - Effective communication network - Conducive cultural environment
	Activity 1.8 Theoretical / on the job training of health staff on (i) Integrated Management of SAM/MAM, (ii) IYCF and (iv) complicated cases emergency referral	Inputs - Human resources: trainers - Link with MoH at federal level to ensure continuous update on training strategies, manuals, priorities, etc. - Procurement capacities (training materials)		Assumptions, risks: - Availability of standard IMAM treatment protocols/guidelines; - Collaborative attitude from CHD; - No staff turnover
	Activity 1.9 TA and supportive supervision to health staff responsible for nutrition data collection/recording and drug administration.	Inputs - Human resources: trainers - Link with MoH at federal level to ensure continuous update on training strategies, manuals, priorities, etc. - Procurement capacities (training materials) - Basic IT capacities		Assumptions, risks: - Availability of standard IMAM treatment protocols/guidelines; - Collaborative attitude from CHD; - No staff turnover
For Result n. 2				
	Activity 2.1 2.1 Implementation of at least bi-monthly outreaches in each Greater Yirol county, targeting underserved areas, cattle-camps, IDP/returnees camps, marginalized households;	Inputs - Human resources: Nutrition supervisors / community mobilizers - Logistic and movement capacities - Collaboration with concerned institutions (federal and state MoH, CHD, Commissioner, etc.) - Coordination among partners on the ground		Assumptions, risks: - No staff turnover; - Availability of nutrition supplies and other pharmaceuticals; - Road accessibility; - Availability of functional vehicles - Conducive cultural environment

	Activity 2.2 Organization of weekly nutrition education sessions (breastfeeding, dietary intake, complementary feeding, food hygiene and preparation, FP and RH etc.) at facility and/or outreach level in all supported hospitals/PHCC/PHCU, targeting caretakers (men and women) and women in childbearing age;	Inputs - Human resources: Nutrition Supervisors, - Link with CHD for community involvement - Cultural mediation,		Assumptions, risks: - No staff turnover; - Conducive cultural environment
	Activity 2.3 Organization of targeted education sessions on safe nutrition/feeding practices for U5 and P&LWs for opinion leaders and peer-to-peer educators (i.e. Village Health Committees, Home Health Promoters, religious leaders, community/cattle-camps leaders);	Inputs - Human resources: Nutrition Supervisors, - Link with CHD for community involvement - Cultural mediation,		Assumptions, risks: - No staff turnover; - Availability of IEC materials; - Road accessibility; - Conducive cultural environment
	Activity 2.4 Organization of at least 1 mass raising awareness event per county on nutrition principles (targeting also men);	Inputs - Human resources: Nutrition Supervisors / community mobilizers - Link with CHD for community involvement - Cultural mediation,		Assumptions, risks: - No staff turnover; - Availability of IEC materials; - Road accessibility; - Conducive cultural environment
For Result n. 3				
	Activity 3.1 3.1 Training and TA to concerned CHDs and selected health staff (both male and female) on (i) MoH and Nutrition Cluster reporting tools, (ii) nutrition surveillance and e-warning systems;	Inputs - Human resources: trainers, - Link with MoH at federal level to ensure continuous update on training strategies, manuals, priorities, etc. - Procurement capacities (training materials), - Cultural mediation,		Assumptions, risks: - Availability of standard IMAM treatment protocols/guidelines; - Collaborative attitude from CHD; - No staff turnover
	Activity 3.2 Set up /scale up of joint CHD/implementing partners' supporting supervision mechanism of nutrition-related health facilities performances;	Inputs - Networking and communication capacities; - Close and continuous collaboration with CHD; - Movement capacities		Assumptions, risks: - Road accessibility / freedom of movement - Availability of functioning vehicle
	Activity 3.3 Effective participation to the Nutrition Cluster coordination mechanism at state and national level;	Inputs - Networking and communication capacities; - Close and continuous collaboration with CHD; - Movement capacities		Assumptions, risks: - Road accessibility / freedom of movement - Availability of functioning vehicle
	Activity 3.4 Facilitation of inter-cluster coordination system at state and national level (with Health, WaSH and Food Security clusters).	Inputs - Networking and communication capacities; - Close and continuous collaboration with CHD; - Movement capacities		Assumptions, risks: - Road accessibility / freedom of movement - Availability of functioning vehicle

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	
Result n. 1															
Activity 1.1 1.1.Consolidation of Yirol Hospital SC and set up of Adior rural hospital SC, based on assessed needs (Lakes State),				X	X	X									
Activity 1.2 Development of OTPs in 9 health facilities Greater Yirol,				X	X	X	X	X	X						
Activity 1.3 Procurement and prepositioning and distribution of essential/emergency drugs and nutrition supplies for SAM/MAM treatment and management of the related complications at facility level,				X	X	X	X	X	X						
Activity 1.4 Maintaining coordination (through coordination meetings and MoUs with other IPs: namely Plan/KHI and Lakes SMoH) between OTP and STFP services in Greater Yirol counties, when SAM and MAM cases are treated by different partners,				X	X	X	X	X	X						
Activity 1.5 Maintaining of integrated ANC/PNC and nutrition services for P&LW, including ordinary screening and micronutrient supplementation,				X	X	X	X	X	X						
Activity 1.6 Integrate U5 growth monitoring within EPI/OPD ordinary service provision, including micronutrient/Vitamin A supplementation and deworming,				X	X	X	X	X	X						
Activity 1.7 Enhancing the emergency referral system through improved coordination among partners/stakeholders				X	X	X	X	X	X						
Activity 1.8 Theoretical / on the job training of health staff on (i) Integrated Management of SAM/MAM, (ii) IYCF and (iv) complicated cases emergency referral				X	X	X	X	X	X						
Activity 1.9 TA and supportive supervision to health staff responsible for nutrition data collection/recording and drug administration.				X	X	X	X	X	X						
Result n. 2															
Activity 2.1 2.1 Implementation of at least bi-monthly outreaches in each Greater Yirol county, targeting underserved areas, cattle-camps, IDP/returnees camps, marginalized households;				X	X	X	X	X	X						
Activity 2.2 Organization of weekly nutrition education sessions (breastfeeding, dietary intake, complementary feeding, food hygiene and preparation, FP and RH etc.) at facility and/or outreach level in all supported hospitals/PHCC/PHCU, targeting caretakers (men and women) and women in childbearing age;				X	X	X	X	X	X						
Activity 2.3 Organization of targeted education sessions on safe nutrition/feeding practices for U5 and P&LWs for opinion leaders and peer-to-peer educators (i.e. Village Health Committees, Home Health Promoters, religious leaders, community/cattle-camps leaders);					X	X		X	X						
Activity 2.4 Organization of at least 1 mass raising awareness event per county (Awerial and Yirol East) on nutrition principles (targeting also men);						X			X						
Result n 3															
Activity 3.1				X	X	X	X	X	X						

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		
3.1 Training and TA to concerned CHDs and selected health staff (both male and female) on (i) MoH and Nutrition Cluster reporting tools, (ii) nutrition surveillance and e-warning systems;															
Activity 3.2 Set up /scale up of joint CHD/implementing partners' supporting supervision mechanism of nutrition-related health facilities performances;				X	X	X	X	X	X						
Activity 3.3 Effective participation to the Nutrition Cluster coordination mechanism at state and national level;				X	X	X	X	X	X						
Activity 3.4 Facilitation of inter-cluster coordination system at state and national level (with Health, WaSH and Food Security clusters).				X	X	X	X	X	X						

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