

**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)

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

**SECTION I:**

<b>CAP Cluster</b>	<b>NUTRITION CLUSTER</b>
--------------------	--------------------------

**CHF Cluster Priorities for 2013 First Round Standard Allocation**

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2013.

<b>Cluster Priority Activities for this CHF Round</b>	<b>Cluster Geographic Priorities for this CHF Round</b>
<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>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>

**Project details**

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

<b>Requesting Organization</b>	<b>Project Location(s)</b> (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)		
INTERNATIONAL MEDICAL CORPS–UK (IMC-UK) <sup>1</sup>	<b>State</b>	<b>%</b>	<b>County</b>
<b>Project CAP Code</b>	Jonglei	60	Akobo
SSD-13/H/55043/13107	Upper Nile	40	Maban
<b>CAP Project Title</b> (please write exact name as in the CAP)			
Community Based Nutrition Intervention in Jonglei, and Upper Nile and Western Bahr el Ghazal States			

<b>Total Project Budget requested in the in South Sudan CAP</b>	US\$ 2,518,599	<b>Funding requested from CHF for this project proposal</b>	US\$ 320,000
<b>Total funding secured for the CAP project (to date)</b>	US\$ 228,317	<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)	

<sup>1</sup> International Medical Corps UK (IMC-UK) is an independent affiliate of International Medical Corps (IMC), with which it shares the same name and charitable objectives and mission. IMC-UK and IMC work together to deliver assistance programs in an accountable and effective manner in pursuit of their commonly-held charitable objectives. International Medical Corps will be performing services under any agreement under the supervision of IMC-UK.

<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>Number of direct beneficiaries targeted in CHF Project</b>	<b>Number of direct beneficiaries targeted in the CAP</b>
Women:	21941	55000
Girls:	6186	14700
Men:	9404	15000
Boys:	6439	15300
<b>Total:</b>	<b>43,970</b>	<b>10000</b>

<b>CHF beneficiary breakdown</b>		
Women	P&LW	353
	Trainees	2500
	Beneficiaries of IYCF promotion	21941 <sup>4</sup>
	Other vulnerable	
Men	Trainees	150
	Beneficiaries of IYCF promotion	9404 <sup>5</sup>
	Other - vulnerable	
Children U5 Yrs	SAM	598
	MAM	936
	BSFP	12625
	Micronutrient supplementation	
	Deworming	

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

<b>Indirect Beneficiaries</b>
Note - If you provide a figure for indirect beneficiaries please write a brief note on how this figure is derived.
<b>Catchment Population (if applicable)</b>
Akobo east :79,064 <sup>2</sup> (Population for 3 payams in Akobo East) Jinkwata payam: 15,864 <sup>3</sup>

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

Indicate number of months: 7 (March– September)

<b>Contact details Organization's Country Office</b>	
Organization's Address	Plot no. 246, Block 3K South Tongping Area Juba Central Equatoria South Sudan
Project Focal Person	Sibida George sgeorge@internationalmedicalcorps.org  +211926121596
Country Director (Acting)	Patricia McLaughlin <a href="mailto:pmclaughlin@internationalmedicalcorps.org">pmclaughlin@internationalmedicalcorps.org</a> Mobile: +211921236807
Finance Director	James Oywech <a href="mailto:joywech@internationalmedicalcorps.org">joywech@internationalmedicalcorps.org</a> mobile:+211928614869

<b>Contact details Organization's HQ</b>	
Organization's Address	1919 Santa Monica Blvd. Suite 400 Santa Monica, CA 90404:
Desk officer	Mera Eftaiha meftaiha@InternationalMedicalCorps.org
Finance Officer	Kristina Ribicic kribicic@InternationalMedicalCorps.org

<sup>2</sup> SSRRC population estimates

<sup>3</sup> SSRRC population estimates

<sup>4</sup> 2,500 women trainees are part of these beneficiaries of IYCF

<sup>5</sup> 150 men trainees (community leaders) are part of these beneficiaries of IYCF

## 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>6</sup>

#### Jonglei State, Akobo County, Akobo East

Jonglei State has experienced a series of shocks over the period that led to the internal displacement of about 56 communities.<sup>7</sup> The shocks are as an outcome of both natural and man-induced disasters including erratic rainfall patterns (dry spell or flooding) and inter communal violence respectively. In August 2012, thousands of households/individuals were displaced due to flooding in Jonglei State. Specifically, in Akobo County, many communities were affected. A rapid joint government and interagency assessment of only 12 villages in Akobo East reported a total of 980 households affected with 660 households displaced. Many crops were destroyed as a result of the flooding that affected harvest in 2012. The flooding accounted for 47% of household food security shocks in Akobo County.<sup>8</sup> The most affected payams in Akobo East are Nyandit and Denjok, where the proposed project will take place. The flooding caused double displacement for some of the communities in Akobo County. Such communities had initially experienced displacement as a result of inter-communal violence between the Luo Nuer and Murle communities in mid-2011 to early 2012, leaving 848 people dead, and approximately 120,000 people displaced.<sup>9</sup> By the end of 2012, there was increased tension and insecurity within and around Akobo County in anticipation of possible Murle attacks and a new insurgence group led by a self-styled prophet, called Kuoth. The security situation in Akobo County continues to be volatile, and access to basic services (health, nutrition, shelter, water and sanitation, and education) by affected populations is very limited. The livelihoods of the internally displaced persons (IDPs) are disrupted, negatively impacting the household food and nutrition security situation, leaving children below five years and PLW are at risk of acute malnutrition. The recent post-harvest SMART survey reported global and severe acute malnutrition rates of 21.7% and 5.3% respectively among children under five years. It was observed that the GAM was higher among girls (23%) than boys (20.5%).<sup>10</sup> These rates are above the emergency threshold of 15%.

#### Upper Nile, Maban County, Jinkwata

Upper Nile State, among others, experienced an influx of refugees and/returnees from Sudan since the start of 2012 due to conflict in Sudan. Jinkwata is one of the payams in Upper Nile State with an estimated population of 15,864 and hosts Gendressa camp (14,711 refugees), where International Medical Corps implements nutrition program.<sup>11,12</sup> The refugee/returnee crisis has created a challenging context for the host community in gaining access to the available resources, services (health & nutrition) and livelihoods opportunities. Food prices have doubled to about 2-3 times above the five-year average. The needs of the affected local population in Bunj and Jinkwata are many and are amplified by ongoing displacement in the area.

The Food Security Monitoring System (FSMS) Round 7 reported severe food insecurity and global acute malnutrition (GAM) rates averaging 20-25% in Upper Nile State among children 6-59 months. The food security forecast through March 2013 projected stressed levels of food insecurity across much of Upper Nile State.<sup>13</sup> Malnutrition rates are expected to increase especially among children, and PLW. This is exacerbated by non-standard infant and young child feeding (IYCF) and caring practices combined with poor water and sanitation facilities. A recent knowledge, attitudes and practice study on IYCF in Jinkwata Payam reported an average score of 54.08% with the least score on complementary feeding (44%) for young children.<sup>14</sup>

The humanitarian response to the crisis has been strong by the provision of basic services (health; nutrition; water, sanitation and hygiene [WASH], etc.), given the challenging conditions. Through the implementation of a community base management of acute malnutrition (CMAM) project targeting refugees in Gendressa Camp, Maban County, International Medical Corps noted significant unmet nutritional needs affecting vulnerable groups, i.e. children under five years and PLW within the host community. Addressing this need requires strategic community outreach interventions to complement ongoing nutrition efforts in the camp and host community. International Medical Corps is presently rolling out a five-month community-based preventative nutrition project using support groups approach with a component of early childhood development (ECD) care services in the host community. The initiative requires further strengthening and expansion to meet the growing needs of the targeted population.

### 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.

Notes –

*In this section please ensure you highlight how activities covered under CHF are critical life-saving activities and explain why they are time critical.*

*Given there are two standard allocations for 2013, grant requests should focus on activities that will be implemented during the 6 month period from March to September. For funding requests for activities that exceed this timeframe (e.g. projects that extend to 12 months) please provide a strong justification here.*

<sup>6</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.

<sup>7</sup> UNOCHA report 2012

<sup>8</sup> IMC post harvest SMART survey, December 2012, (pending validation by the nutrition cluster)

<sup>9</sup> UNMISS and OCHA updates January 2012,

<sup>10</sup> IMC post harvest SMART survey, December 2012, (pending validation by the nutrition cluster)

<sup>11</sup> SSRRC population estimates of Jinkwata payam

<sup>12</sup> UNHCR report, 2012

<sup>13</sup> Famine and Early Warning Systems Network ( FEWSNET) South Sudan, Food Security Outlook updates, October 2012 – March 2013

<sup>14</sup> IMC KAP study on infant and young child feeding in Jinkwata payam, Dec 2012

International Medical Corps provided lifesaving nutrition activities in Akobo County with support from donors, including CHF in 2012. In total, a minimum of 1,195 cases of SAM and 1,872 cases of MAM were treated with timely and appropriate nutrition care that prevented cases from further deterioration and death in children under five. Regarding PLWs, it partly prevented low birth weight of neonates, reduced the risk of acute malnutrition among children less than six months and contributed to improved maternal diets during pregnancy and lactation.<sup>15</sup> In Akobo County, acute malnutrition was managed among children under five and PLWs in 2012, with an average cure rate above Sphere standards (>75%).

However, the prevalence of acute malnutrition remains critical partly because of the natural and man induced hazards and shocks they are prone to, which renders the population (especially women and children) highly vulnerable. The vulnerability and risk of acute malnutrition of these special groups are further exacerbated by other aggravating factors including disease incidence, poor water and sanitation facilities and food insecurity. The precarious nutrition status of children under five and PLWs requires a strategic nutrition initiative to prevent morbidity and mortality, thus the need for a timely intervention like the one proposed to prevent the situation from worsening. The proposed project will strengthen access to nutrition care services for children under five and PLWs. In addition men will also participate and benefit from the preventative initiatives to promote good nutrition in their households and communities in general.

The intended project will be implemented for one year (March 2013 to February 2014). Grants will be required beyond September 2013 to continue activities and, moreover, to be able to prepare and respond to emergencies that normally take place around the onset of the dry season (October – December) especially in Akobo County. Over the past two years inter communal violence takes place around this time and the impact of flooding is also experienced with poor harvests by the end of the year. Support to nutrition activities around this period is essential, such as blanket supplementary feeding to prevent incidence of acute malnutrition and relapse of cases that had been treated within the course of the program. International Medical Corps is requesting funds from CHF to support the program and personnel running cost to be able to save lives that are at risk of acute malnutrition.

International Medical Corps' internal financial reserve is limited to support the program in its entirety and therefore require financial support from other donors such as CHF to ensure the implementation of quality nutrition services to targets in Akobo County, where IMC has operated similar projects for over three years.

### 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.

International Medical Corps proposes to continue nutrition care services in accordance with the cluster priorities by:

- a) providing integrated management of acute malnutrition for children under five, and PLW through 8 SFPs, 7 OTPs and 1 SC
- b) preventing malnutrition in pregnant and lactating women and children under five through micronutrient supplementation, support and promotion of optimal IYCF including health and nutrition education using the care group approach
- c) building capacities of health and nutrition service providers, partners, and key community members to enable emergency response, treatment, prevention and mitigation of the impact of acute malnutrition.

#### 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)

The overall objective is to provide evidenced-based community nutrition care services (curative & preventative) to 21,941 vulnerable women and 12,625 children under five years in IDP, returnee and refugee host communities by August 2013. The specific objectives include:

- 1) Provide curative nutrition services in 7 OTPs, 8 TSFPs & 1 SC to a minimum of 598 children with SAM, 636 children with MAM and 353 PLWs in Akobo County and one mobile TSFP in Jinkwata payam targeting 300 children with MAM.
- 2) Improve demonstrated feeding and nutritional practices during early childhood, pregnancy and lactation targeting 100 infant and young child feeding support groups (IYCFSG) in Akobo County.
- 3) Improve demonstrated feeding and nutritional practices during early childhood, pregnancy and lactation through 70 IYCFSG in Jinkwata, Maban County.
- 4) Train 60 MOH & International Medical Corps staff, 60 Community Nutrition Promoters (CNP) and lead mothers in nutrition (CMAM, IYCF, Nutrition in Emergencies, etc.), to prepare for, respond to and mitigate acute malnutrition in Akobo County and Jinkwata Payam, Maban County.
- 5) Engage a host community targeting 70% households to identify targets - PLWs and children U2 in Jinkwata Payam, Maban County.

<sup>15</sup> Inhibits further growth and cognitive development and increased risk of chronic disease later in life

### 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).

**Objective 1: Provide curative nutrition services in 7 OTPs, 8 TSFPs & 1 SC to a minimum of 598 children with SAM, 636 children with MAM and 353 PLWs in Akobo County and one mobile TSFP targeting a minimum of 300 children (6-59months) in Jinkwata payam**

**Location:** Akobo East & Jinkwata payam

**Direct beneficiaries:** Akobo: 1,234 children < 5 years (boys: 629, girls: 605) and 353 women  
Jinkwata: 300 children <5 years (boys:153, girls:147)

#### Activities:

- 1) Provide therapeutic treatment and care for children under five with SAM without medical complications in **OTP** using ready-to-use therapeutic food (RUTF). Anthropometry, medical treatment, nutrition education and referrals will be also provided. Children will be referred to International Medical Corps run primary health care for the expanded program on immunizations. Caregivers will also receive nutrition education at each OTP session.
- 2) Provide inpatient clinical and therapeutic treatment for children under five with SAM and associated medical complications in the **SC**. The program will provide therapeutic food and medical treatment in an inpatient setting 24 hours a day until the child is stabilized for discharged to OTP. Close anthropometric monitoring and medical treatment will be provided, in addition to nutrition education and referrals.
- 3) Provide supplementary feeding rations, anthropometric follow-up and medical care for children 6-59 months with MAM in TSFPs in Akobo and Jinkwata.
- 4) Distribute micronutrient sprinkles to PLWs and children under five years.
- 5) Facilitate and follow up on referrals of targets.
- 6) Ensure SC, OTP and TSFPs are equipped to standard with supplies and materials.
- 7) Organize community-based mass MUAC screening, case identification and appropriate referrals of children five.

**Objective 2: Improve demonstrated feeding and nutritional practices during early childhood, pregnancy and lactation targeting 100 care groups (CG) in Akobo County.**

**Location :** Akobo County

**Direct Beneficiaries:** 1500 PLW in Akobo East

- 1) Promote IYCFSG targeting 70% of PLW with children under two to strengthen IYCF practices
- 2) Organize IYCFSG session and facilitate open discussions and experience on:
  - Essential nutrition actions (exclusive breastfeeding, complementary feeding, feeding during illnesses, health care seeking behavior, nutritional care during child illness, pregnancy and lactation)
  - Essential hygiene actions (hygiene during feeding, potable water, hand washing among others)
  - Early Childhood Development (ECD)
- 3) Monitor IYCFSG & BCC sessions, and ensure support groups participants disseminate messages and promote practices at community level (i.e. maximum of 10 households that each mother will be assigned)
- 4) Organize community base large gatherings using local theatre groups on nutritional practices, IYCF and hygiene.

**Objective 3: Improve demonstrated feeding and nutritional practices during early childhood, pregnancy and lactation through 70 community based IYCFSG in Jinkwata, Maban County.**

**Location :** Selected villages in Jinkwata Payam

**Direct Beneficiaries:** 1,000 PLW and 400 children under in Jinkwata Payam;

- 1) Identify a minimum of 70 spaces throughout the Jinkwata Payam to host care group sessions
- 2) Train 70 mentor mothers in care groups on ECD and IYCF practices and lead mothers groups
- 3) Form support groups targeting 70% of PLWs with children under 2 to strengthen BCC activities.
- 4) Organize IYCFSG sessions and facilitate open discussions and experience sharing on:
  - Essential nutrition actions (exclusive breastfeeding, complementary feeding, feeding during illnesses, health seeking behavior, Nutritional care during child illness, pregnancy and lactation)
  - Essential hygiene actions (hygiene during feeding, potable water, hand washing among others)
  - Early Childhood Development (ECD)
- 5) Facilitate ECD stimulation activities during care group sessions
- 6) Monitor support group behavior change communication (BCC) sessions.
- 7) Organize large community gatherings using local theatre groups on nutritional practices, IYCF and hygiene.

**Objective 4: Train 60 MOH and International Medical Corps staff, 60 Community Nutrition Promoters (CNP) and lead mothers in state of the art nutrition (CMAM, IYCF, Nutrition in Emergencies etc.), to prepare, respond and mitigate acute malnutrition in Akobo County and Jinkwata Payam, Maban County.**

**Locations:** Akobo East & Jinkwata Payam

**Direct beneficiaries:** 60 MOH staff (Akobo County 20; Maban County 40), 60 CNP and lead mothers

**Activities:**

- 1) Conduct training needs assessment of targets
- 2) Develop a training plan and execute
- 3) Conduct trainings on nutrition, e.g. CMAM, IYCF, Nutrition in Emergencies

**Objective 5: Engage a host community targeting 70% Households to identify targets - PLWs and children U2 in Jinkwata Payam, Maban County.**

**Location:** Jinkwata Payam

**Direct beneficiaries:** 70% of households in Jinkwata Payam, 15,864 host community

**Activities:**

- 1) Train 30 Community Nutrition Promoters on community mobilization, active case finding and nutrition education
- 2) Organize MUAC screening, case identification and referrals to feeding programs organized by partner agencies
- 3) Conduct home visits to identify PLW and refer them to health services, ANC, PNC, immunization
- 4) Conduct follow up home visits to enroll women in community based IYCFSG and ECD activities
- 5) Provide household level nutrition, hygiene and health education to program beneficiaries
- 6) Organize awareness raising sessions for community leaders and men on basic support groups, ECD and IYCF paradigms.

**iv). Cross Cutting Issues**

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

**Gender:** Gender-sensitive messages and services specifically targeting men and women as separate groups will be designed to ensure women and their children are empowered and able to access all services provided. The role of women and grandmothers in the household and their ability to make decisions concerning child care and feeding will be taken strongly into consideration when designing nutrition education messages and selecting distribution sites. Men will be engaged in and mobilized to support good infant and young child feeding practices, as prevailing gender roles often discourage men from engaging in this activity. Studies have shown that providing men with correct information and encouraging them to take an interest in their children's feeding practices can lead to improvements in infant feeding practices. Therefore, in Jinkwata specifically, International Medical Corps will provide training to relevant village leaders (Sheikhs) on IYCF and gender. In addition, gender issues will be accounted for when analyzing possible barriers to access to services. International Medical Corps will advocate for greater female participation at all levels and ensure gender balance for the Community Nutrition Promoters. In addition women an enabling environment will be created for women to be included in meetings with the Sheikhs to improve their role in nutrition.

**Environment:** The project is not expected to have any long term negative environmental impact in the target areas. Instead, the project will undertake activities to strengthen environmental protection where possible for example, the use of biodegradable packaging materials for supplies and drugs (in SC) will be ensured. The project is not expected to generate any significant amounts of wastes during implementation. It will also not be engaged in any unconstructive earth movement for the sole purpose of infrastructural reconstruction/rehabilitation of OTPs, TSFPs or CG sites.

**HIV/AIDS:** With linkages to the International Medical Corps health project, community leaders and women shall be oriented on overall health issues including HIV-AIDS. Target beneficiaries especially PLWs will be mobilized to participate in HIV&AIDS prevention awareness raising programs organized in the Jinkwata and Akobo communities. HIV & AIDS information on prevention and access to services would also be disseminated during mother support group sessions.

**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.

**Akobo East, Akobo County**

- > 75% of children under five admitted with SAM and MAM cured, according South Sudan IMSAM/IMAM guidelines and Sphere standards.
- > 30% of community members received messages on nutrition, hygiene, IYCF during community mobilization activities.
- > 70% of MOH staff demonstrates knowledge gained in trainings in executing their jobs.
- Minimum of 15,000 children between 6 -59 months screened using MUAC and nutrition status identified.
- > 30% of care group participants demonstrates knowledge of key IYCF indicators (early initiation of breastfeeding, exclusive breastfeeding, introduction of complementary food, diet diversity and minimum meal frequency).

**Jinkwata Payam, Maban County**

- 30 Community Nutrition Promoters demonstrate knowledge in MUAC screening, case identification referral, follow-up home visits to enroll and follow women in care groups focusing on IYCF and ECD.
- > 75% of children 6 -59 months admitted with MAM and SAM cured, according South Sudan IMAM guidelines and Sphere standards.
- Minimum of 1,000 households visited to identify PLW and link them to health services, ANC, PNC, immunization.
- > 30% of community leaders/men participate in community mobilization activities focusing on IYCF, ECD and nutrition for children under five and PLWs.
- 25 % of lead mothers show increase knowledge in support groups, ECD and IYCF practices.
- 25% of PLW in care groups show increased knowledge on key IYCF topics.
- 25% of PLW demonstrate knowledge in ECD.
- 50% PLWs in catchment areas participate in support groups.
- >70% of MOH staff satisfactorily demonstrates knowledge gained in executing their job.

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> (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	<b>Target (indicate numbers or percentages)</b> (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.	Children (under-5) admitted for the treatment of SAM	598 (Boys: 305; Girls:293)
X	2.	Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing Severe Acute Malnutrition (SAM)	7 OTP sites will be operated in Akobo East
X	3.	Quality of SAM treatment	Overall program cure rate > 75%, default rate < 15% and death rate < 10% (Sphere standards)
X	4.	Number of MAM treatment centers/TSFP sites	8TSFPs in Akobo and 1 outreach TSFP in Jinkwata
X	5.	Children (under-5) admitted for the treatment of MAM	936 (Boys:478; Girls: 458) ( Akobo:636; Maban:300)
X	6.	Pregnant and Lactating Women (PLWs) admitted for MAM	353 PLWs
X	7.	Quality of MAM program	Overall program cure rate > 75%, default rate < 15% and death rate < 10% (Sphere standards)
X	8.	Children screened in the community	12625 (Boys:6439; Girls: 6186) (Akobo:7575; Maban:5050)
X	9.	PLW and children (under- 5yrs) receiving micronutrient supplementation	353 PLWs, 936 children under five
x	10.	PLW and children (6-36 months) receiving supplementary foods through Blanket Supplementary Feeding Programmes (BSFP)	12,625 (Boys: 6439, Girls:6186)
X	11.	Community members made aware through education sessions on nutrition and IYCF	31345 (Women: 21941; Men:9404) ( Akobo:25000; Maban:6345)
X	12.	Number of IYCF support groups	Akobo: 100 groups & Maban:70 groups
X	13.	Health and nutrition workers and volunteers trained (includes facility and community level health and nutrition workers and lead mothers) in SAM and MAM protocols	150 staff and volunteers ( 60 MOH, 60 CNVs, 30 IMC staff) Male: 120; Female: 30
	14.	Percentage increase in IYCFSG participants that are knowledgeable on feeding and nutritional practices during early childhood, pregnancy and lactation in Akobo County.	Minimum of 6,582 women
	15.	Number of children under 5 years targeted for ECD initiatives in Jinkwarta host community	2000 in Jinkwarta ( Boys: 1020; Girls: 980)
X	16.	Number of surveys undertaken during the reporting period	1 SMART/Coverage study)
<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.			
<b>Mechanisms for implementation:</b>			
The proposed project activities will predominantly focus on both curative and preventative nutrition care initiatives through 17 nutrition program sites and community structures in Akobo & Maban Counties. International Medical Corps will implement the project in partnership with the MoH, as present activities are integrated into MOH structures, including at the health facility level especially in Akobo County. Community leaders and structures will be strategically engaged and local capacity will be enhanced through practical work experience acquired, workshops and trainings on the state of the art nutrition and standard /South Sudan nutrition protocols. Overall supervision, technical and managerial support will be provided by International Medical Corps.			
International Medical Corps nutrition program is managed by a nutrition expert, delegated with the overall responsibility to provide technical guidance and strategic leadership, overseeing the quality, and ensuring cost effective and efficient use of resources. At the field level in both Maban and Akobo, the day-to-day nutrition activities will be supervised by expatriate nutritionists responsible for quality deliverables at the field level with support from national Nutrition Assistants. The Nutrition Assistants will be engaged in community outreach efforts to mobilize communities, and assists in strengthen local capacity, and knowledge enhancement. The team includes a Medical Director that provides technical backstopping and clinical guidance to the SCs and monitoring & evaluation (M&E) Advisor to support the nutrition information system (NIS) management.			
<b>Coordination with partners, government actors:</b>			
International Medical Corps will work closely with MOH and Nutrition Cluster partners in the implementation of this program.			

International Medical Corps relationship will be collaborative and professional including prompt submission of monthly, quarterly and end of project reports. International Medical Corps will participate in Nutrition cluster coordination meetings at County and Juba levels, thus ensuring that proposed nutrition activities are consistent with the sector's unmet needs.

Finally, at the field level for the proposed project, a feedback mechanism will be established to ensure project beneficiaries are satisfied with the services provided.

**vii) Monitoring and Reporting Plan**

International Medical Corps will follow the IMSAM protocol for monitoring and reporting on CMAM. This includes clinic and mobile site-level reporting, followed by district then state-level reporting. The state MoH reports to the national level. Data collection will be done to monitor program performance in terms of relapse, default, cure, death and non response rates according to the Sphere standards. International Medical Corps will also monitor and track distributions and how effective referrals are between different program components (SC, OTP, SFP, PHC).

International Medical Corps will carry out a mid-term coverage survey using the SQUEAC/SLEAC methodology.

In addition, a recent KAP survey will provide baseline data and a second KAP survey done at the end of the project will help determine the impact of the IYCFSG and BCC activities on behavior change and refine the interventions under follow-on programs. Since this is six months program, the focus will be on measuring new knowledge gained and the change in attitudes among beneficiaries about behaviors that have a heavy impact on nutrition such as exclusive breastfeeding, hand washing, and providing a greater degree of dietary diversity to PLWs and young children.

IMC's monitoring plan aims to achieve three objectives: 1) assess progress of project activities; 2) identify the gaps and weaknesses during project implementation; and 3) provide targeted and relevant monitoring data that allows IMC and relevant partners to develop recommendations for changes, allowing for adjustments and improvements throughout the life of the project. IMC will utilize an indicator performance-tracking table (IPTT), which details monthly targets per indicator, allowing a standard tool for routine monitoring of project progress.

IMC employs a dedicated M&E team consisting of an M&E Advisor and M&E Coordinator, who will maintain responsibility for supervising all M&E activities during the project. The M&E Advisor will work jointly with the project staff and Nutrition Program Manager on all monitoring activities, including analysis of data for informed decision-making. The M&E Advisor will be responsible for ensuring that data and results are obtained and reported timely, using SMOH standards, registers and reporting forms. The M&E team will perform the following core functions:

- (1) Conduct routine monitoring, including analysis of project data;
- (2) Prepare interim and final reports to CHF;
- (3) Supportive supervision and feedback: The Nutrition Program Manager and M&E Advisor will visit the county on a quarterly basis, to assess the performance of the project. Based on the gaps identified, a plan of action will be developed to improve the project;
- (4) Coordinate with CHF or UNDP staff for on-site monitoring visits as requested;
- (5) Conduct data quality assessments (DQA) to determine the integrity, validity and reliability of data, including data collection, storage, and retrieval processes.

**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)
OFDA, August 20, 2012 – August 19, 2013	US\$ 228,317

**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				
<b>CHF ref./CAP Code:</b> SSD-13/H/55043		<b>Project title:</b> Community Based Nutrition Intervention in Jonglei, and Upper Nile States		<b>Organisation:</b> International Medical Corps (UK)
<b>Overall Objective</b>	<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> <ol style="list-style-type: none"> <li>1. Ensure integrated management of acute malnutrition in children under five, pregnant and lactating women, and other vulnerable groups;</li> <li>2. Promote 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;</li> <li>3. Ensure capacity building of health workers, partners, key community members and community organizations to enable emergency response, treatment and prevention activities;</li> </ol>	<p><b>Indicators of progress:</b> <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ol style="list-style-type: none"> <li>1. Number of established and functioning nutrition/feeding program targeting acute malnourished children below 5 years and PLWs.</li> <li>2. % decrease in GAM and SAM in target communities and percentage increase in PLWs demonstrating standard IYCF practices.</li> <li>3. Number of health and nutrition service providers including community volunteers trained in nutrition in emergency response, treatment and prevention activities.</li> </ol>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <ol style="list-style-type: none"> <li>1. Field monitoring visits/observation, nutrition program or cluster report.</li> <li>2. Nutrition SMART survey, KAP study on IYCF reports</li> <li>3. Field monitoring visits, training reports, nutrition program center records</li> </ol>	

<b>Purpose</b>	<p><b>CHF Project Objective:</b>  <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i>  The overall objective is to provide evidenced-based community nutrition care services (curative &amp; preventative) to 21,941 vulnerable women and 12,625 children under five years in IDP, returnee and refugee host communities by August 2013. The specific objectives include:</p> <ol style="list-style-type: none"> <li>1. Provide curative nutrition services in 7 OTPs, 8 TSFPs &amp; 1 SC to a minimum of 598 children with SAM, 936 children with MAM and 353 PLWs in Akobo County and one mobile TSFP with a minimum of 300 children (6-59months) in Jinkwata payam.</li> <li>2. Improve demonstrated feeding and nutritional practices during early childhood, pregnancy and lactation targeting 100 IYCFSG) in Akobo County.</li> <li>3. Improve demonstrated feeding and nutritional practices during early childhood, pregnancy and lactation through 70 community based IYCFSG in Jinkwata, Maban County.</li> <li>4. Engage a host community targeting 70% households to identify targets – PLWs and children U2 in Jinkwata Payam, Maban County.</li> <li>5. Train 60 MOH &amp; International Medical Corps staff, 60 Community Nutrition Promoters (CNP) and lead mothers in nutrition (CMAM, IYCF, Nutrition in Emergencies, etc.), to prepare for, respond to and mitigate acute malnutrition in Akobo County and Jinkwata Payam, Maban County.</li> </ol>	<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> <ol style="list-style-type: none"> <li>1.1 Number of children (under-5) admitted for the treatment of SAM</li> <li>1.2 Number of OTP &amp; TSFP sites</li> <li>1.3 Quality of SAM &amp; MAM treatment (Recovery &gt;75%, death &lt;10%, defaulter &lt;15%)</li> <li>1.4 Number of children (6-59 months) and PLWs admitted for the treatment of MAM</li> <li>1.5 Number of children screened in the community</li> <li>1.6 Number of surveys undertaken during the project period</li> <li>2.1 &gt; 30% increase of IYCFSG participants that are knowledgeable on feeding and nutritional practices during early childhood, pregnancy and lactation in Akobo County.</li> <li>3.1 &gt; 30% increase of IYCFSG participants that are knowledgeable on feeding and nutritional practices during early childhood, pregnancy and lactation in Jinkwata payam, Maban County.</li> <li>4.1 Number of community members made aware through education sessions on nutrition and IYCF.</li> <li>4.2 Number of children under 5 years targeted for ECD initiatives in Jinkwata host community.</li> <li>5.1 Number of Health and nutrition workers and volunteers trained (includes facility and community level health and nutrition workers and lead mothers) in SAM and MAM protocols.</li> </ol>	<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> <ol style="list-style-type: none"> <li>1.1.1 Monthly NIS report</li> <li>1.1.2 Nutrition program center records (daily tally sheets, weekly statistics etc.)</li> <li>1.1.3 Monthly nutrition cluster report</li> <li>1.1.4 Nutrition survey report</li> <li>2.1.1 Pre &amp; post test results of Community based mother support and IYCF group sessions in Akobo.</li> <li>3.1.1 Pre &amp; post test results of Community based IYCFSG group sessions in Jinkwata.</li> <li>4.1.1 Monthly reports, Field visits/observation</li> <li>5.1.1 Training reports, pre and post test results. Monthly reports</li> </ol>	<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> <ol style="list-style-type: none"> <li>1. Stability in South Sudan and security permits programs to operate</li> <li>2. Target communities continue to be receptive to IMC interventions.</li> <li>3. UNICEF and WFP maintain nutrition supplies pipeline in country.</li> </ol>
	<b>Results</b>	<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,</i></p>	<p><b>Indicators of progress:</b>  <i>What are the indicators to measure whether and to what extent the project achieves the</i></p>	<p><b>How indicators will be measured:</b>  <i>What are the sources of</i></p>

<p><i>practice/behaviors of the direct beneficiaries.</i></p> <ol style="list-style-type: none"> <li>1. Increased access to quality nutrition care for children below 5 years and PLWs.</li> <li>2. Improved knowledge on nutrition, ECD and IYCF in target communities</li> <li>3. Increased capacity of MOH and IMC staff in nutrition approaches</li> </ol>	<p><i>envisaged outcomes?</i></p> <ol style="list-style-type: none"> <li>1. &gt; 50% coverage of targets</li> <li>2. % increase in optimal nutrition, ECD and IYCF practices by targets</li> <li>3. &gt;80% of MOH and IMC staff demonstrate standard skills and knowledge in CMAM, IYCF and other nutrition approaches</li> </ol>	<p><i>information on these indicators?</i></p> <ol style="list-style-type: none"> <li>1 Coverage study report</li> <li>2 Field observation, FGD</li> <li>3 Training reports, CMAM program performance in monthly reports</li> </ol>	<p><i>outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> <li>• Same as above</li> </ul>
<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> <ol style="list-style-type: none"> <li>1. &gt; 75% of children under five admitted with SAM and MAM cured, according South Sudan IMSAM/IMAM guidelines and Sphere standards.</li> <li>2. &gt; 30% of community members received messages on nutrition, hygiene, IYCF during community mobilization activities.</li> <li>3. &gt; 70% of MOH staff demonstrates knowledge gained in trainings in executing their jobs.</li> <li>4. Minimum of 15,000 children between 6 -59 months screened using MUAC and nutrition status identified.</li> <li>5. &gt; 30% of care group participants demonstrate knowledge of key IYCF indicators (early initiation of breastfeeding, exclusive breastfeeding, introduction of complementary food, diet diversity and minimum meal frequency).</li> <li>6. &gt; 30% of community leaders/men participate in community mobilization activities focusing on IYCF, ECD and nutrition for children under five and PLWs.</li> <li>7. 25 % of lead mothers show increase knowledge in IYCFSG, ECD and IYCF practices.</li> <li>8. 25% of PLW in care groups show increased knowledge on key IYCF topics.</li> <li>9. 25% of PLW demonstrate knowledge in ECD.</li> <li>10. 50% PLWs in catchment areas participate in IYCF support groups.</li> </ol>	<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> <ol style="list-style-type: none"> <li>1.1 Quality of SAM &amp; MAM treatment</li> <li>1.2 Children (under-5) admitted for the treatment of SAM</li> <li>1.3 Number of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) experiencing SAM.</li> <li>1.4 Number of MAM treatment centers/TSFP sites</li> <li>1.5 Children (under-5) and PLWs admitted for the treatment of MAM</li> <li>2. Community members made aware through education sessions on nutrition and IYCF.</li> <li>3. Health and nutrition workers and volunteers trained (includes facility and community level health and nutrition workers and lead mothers) in SAM and MAM protocols</li> <li>4. Children screened in the community</li> <li>5. Percentage increase in IYCFSG participants that are knowledgeable on feeding and nutritional practices during early childhood, pregnancy and lactation in Akobo County.</li> <li>6. Number of community leaders/men participating in community mobilization, IYCF, ECD and nutrition activities</li> <li>7. Number of children under 5 years targeted for ECD initiatives in Jinkwata host community</li> <li>8. Number of PLWs participating in IYCFSG group sessions</li> <li>9. Number of IYCF support groups</li> </ol>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p> <ol style="list-style-type: none"> <li>1. Monthly reports</li> <li>2. Observations during Field Monitoring visits</li> <li>3. Training reports</li> <li>4. MCG and CG session attendance records</li> </ol>	<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> <p><b>Same as above</b></p>

<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> <p><i>Treatment:</i></p> <ol style="list-style-type: none"> <li>1. Provide therapeutic treatment and care for children under five with SAM without medical complications in</li> <li>2. Provide inpatient clinical and therapeutic treatment for children under five with SAM and associated medical complications in the <b>SC</b>.</li> <li>3. Provide supplementary feeding rations, anthropometric follow-up and medical care for children 6-59 months with MAM in TSFPs in Akobo and Jinkwata.</li> <li>4. Spot maintenance and repairs on OTP/TSFP and SC.</li> </ol> <p><i>Prevention</i></p> <ol style="list-style-type: none"> <li>1. Distribute micronutrient sprinkles to PLWs and children under five years.</li> <li>2. Organize community-based mass MUAC screening, case identification and appropriate referrals of children under five years.</li> <li>3. Organize care group session and facilitate open discussions and experience EDC, Nutrition, and IYCF</li> <li>4. Organize community base large gatherings using local theatre groups on nutritional practices, IYCF and hygiene.</li> <li>5. Facilitate ECD stimulation activities during care group sessions</li> <li>6. Monitor care group behavior change communication (BCC) sessions.</li> <li>7. Conduct home visits to identify PLW and refer them to health services, ANC, PNC, immunization.</li> <li>8. Conduct follow up home visits to enroll women in community based CG and ECD activities.</li> </ol> <p><i>Capacity Building</i></p> <ol style="list-style-type: none"> <li>1. Conduct training needs assessment of targets and develop a training plan and execute.</li> <li>2. Conduct trainings on nutrition, e.g. CMAM, IYCF, Nutrition in Emergencies</li> <li>3. Train 60 Community Nutrition Promoters on community mobilization, active case finding and nutrition education</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> <p><i>Treatment</i></p> <ol style="list-style-type: none"> <li>1. Staff time</li> <li>2. Contractor for the repair of the OTP site</li> <li>3. Mats</li> <li>4. Weighing scale</li> <li>5. Height board</li> <li>6. Benches</li> <li>7. Table and chairs</li> <li>8. Flip charts</li> <li>9. Water dispenser</li> <li>10. MUAC Tapes</li> <li>11. Staff time</li> <li>12. Plumpy nut, deworming tablets, antibiotics</li> <li>13. Buckets for beneficiaries</li> <li>14. Record cards</li> <li>15. Water</li> </ol> <p><i>Prevention</i></p> <ol style="list-style-type: none"> <li>1. Staff time</li> <li>2. Vitamin A</li> <li>3. Deworming tablets</li> <li>4. Micronutrient sprinkles</li> <li>5. IYCF counseling cards</li> <li>6. Mats</li> <li>7. Space in the hall</li> <li>8. IEC materials</li> </ol> <p><i>Capacity Building</i></p> <ol style="list-style-type: none"> <li>1. IMSAM training curriculum</li> <li>2. Travel expenses for staff</li> <li>3. Staff time</li> <li>4. Refreshments for training sessions</li> </ol>		<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> <ol style="list-style-type: none"> <li>1. Availability of funds</li> <li>2. MOU with line Ministry at State level</li> <li>3. Stable security situation</li> <li>4. Accessibility, rainy season does not start earlier than the usual pattern</li> <li>5. Localised conflict and emergency.</li> <li>6. Mothers willing to engage in groups</li> <li>7. and be trained on IYCF</li> <li>8. Absence of large scale humanitarian crisis or disasters</li> <li>9. Access to Unicef pipeline for nutrition supplies</li> </ol>

**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
1. Provide therapeutic treatment and care for children under five with SAM without medical complications in OTP		X	X	X	X	X	X	X					
6 Provide inpatient clinical and therapeutic treatment for children under five with SAM and associated medical complications in the SC.		X	X	X	X	X	X	X					
7 Provide supplementary feeding rations, anthropometric follow-up and medical care for children 6-59 months with MAM in TSFPs in Akobo and Jinkwata.		X	X	X	X	X	X	X					
8 Spot maintenance and repairs on OTP/TSFP and SC			X	X									
9 Distribute micronutrient sprinkles to PLWs and children under five years.		X	X	X	X	X	X	X					
10 Organize community-based mass MUAC screening, case identification and appropriate referrals of children under five years.		X	X	X	X	X	X	X					
11 Organize IYCF support group session and facilitate open discussions and experience EDC, Nutrition, and IYCF		X	X	X	X	X	X	X					
12 Organize community base large gatherings using local theatre groups on nutritional practices, IYCF and hygiene.			X		X								
13 Facilitate ECD stimulation activities during IYCFSG sessions		X	X	X	X	X	X	X					
14 Monitor IYCF support group behavior change communication (BCC) sessions.		X	X	X	X	X	X	X					
15 Conduct training needs assessment of targets and develop a training plan and execute		X		X	X								
16 Conduct trainings on nutrition, e.g. CMAM, IYCF, Nutrition in Emergencies		X		X		X							
17 Train 60 Community Nutrition Promoters on community mobilization, active case finding and nutrition education.			X		X								
18 Conduct home visits to identify PLW and refer them to health services, ANC, PNC, immunization		X	X	X	X	X	X	X					
19 Conduct follow up home visits to enroll women in community based CG and ECD activities		X	X	X	X	X	X	X					

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