

South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against CRP 2014

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat chfsouthsudan@un.org

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 CRP 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:

CRP Cluster

NUTRITION

CHF Cluster Priorities for 2014 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 CRP 2014.

Cluster Priority Activities for this CHF Round

- Deliver quality, life-saving, management of acute malnutrition for at least 75 per cent of SAM cases and at least 60 per cent of MAM cases in all vulnerable groups, at both health facility and camp level, prioritising the 5 most affected states
- Provide access to programmes preventing malnutrition for at least 80 per cent of vulnerable people, at both health facility, community and camp level, prioritising the 5 most affected states
- Ensure enhanced needs analysis of the nutrition situation, and enhanced coordination and monitoring of the nutrition response

Cluster Geographic Priorities for this CHF Round

JONGLEI STATE: Ayod county (covering priority county - 3)

SECTION II

Project details

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

Requesting Organization

COSV - Coordinamento delle organizzazioni per il servizio volontario

Project CRP Code

SSD-14/H/60379

CRP Gender Code

1

CRP Project Title (please write exact name as in the CRP)

Improving the nutrition status of the most vulnerable and hard to reach groups (children < 5, PLWs and KA, TB and HIV-AIDS) in Ayod County

Total Project Budget requested in the in South Sudan CRP

US\$ 700,000

Total funding secured for the CRP project (to date)

155,000

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

State	%	County/ies (include payam when possible)
Jonglei	100%	Ayod (Wau, Pagil, Mogok)

Funding requested from CHF for this project proposal

US\$ 95,000

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

Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CRP 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 CRP
Women:	2200	6,100
Girls:	1400	5000
Men:	800	40
Boys:	1400	5000
Total:	5,800	11,500

Indirect Beneficiaries / Catchment Population (if applicable)

25,000 people (predominantly as IDP in Jiech and other target locations)

Targeted population:

Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

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

Indicate number of months: 3 months

1 October – 31 December 2014

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

Contact details Organization's Country Office	
Organization's Address	
Project Focal Person	<i>Magezi Robert Winx– Nutrition coordinator</i> cosv.nutcoordinator@gmail.com 0927133845
Country Director	<i>Peter claver Olore – Country coordinator</i> cosv.countryrjuba@gmail.com 0920429262
Finance Officer	<i>Cesare Squillante – Country Administrator</i> Cosv.countryadmi.juba@gmail.com 0923066139
Monitoring & Reporting focal person	<i>Magezi Robert Winx– Nutrition coordinator</i> cosv.nutcoordinator@gmail.com 0927133845

Contact details Organization's HQ	
Organization's Address	COSV – Via Soperga 39 – Milano -Italy
Desk officer	<i>Claudia Cui – claudia.cui@cosv.org</i> +39 022822852
Finance Officer	<i>Elena Sironi – elena.sironi@cosv.org</i> +39 022822852

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population¹

In Ayod county, fighting occurred within 27th and 28th April that destroyed COSV compound and other program assets (program vehicles, V-sat internet, staff houses, drug supplies, including some nutrition stores, etc). COSV eventually lost contact with COSV local field staffs and CHD who fled the violence for their safety, until May 13th when COSV went for IRNA in Jiech and confirmed the presence of some CHD and COSV staffs. The Community of Kuachdeng and Ayod payams were also reported to have relocated to Jiech, Mogok, Canal, and Gorwai which have been reported as the latest concentration points. As of today, Ayod County is still split into two authorities (SPLA and SPLA-IO), making access a delicate balance to reach the most needy children and women. COSV has managed to get approvals and resumed operations and deliveries of essential supplies in Northern Ayod (Jiech, Pagil and Menime) by flight, as the facilities are the only ones near a recently used airstrip that are accessible. However, Ayod county is still volatile and experiencing skirmishes in southern area near Duk and Uror.

From the IRNA report of 7-8th March 2014, IDPs situation was: Haat 125, Menime 350, Nyoat 280, Pakuem 170, Pakur 370, and others unaccounted for, as having integrated within Menime Boma. In Pagil, IDPs were reported from Malakal, with 1,569 arriving in January 2014 and 886 in February 2014 respectively. Following the April 27-28th fights, an IRNA assessment led by OCHA on 13-14th May indicated an estimate of 25,000 people displaced to Jiech alone. Population movement within this period of violence had been high with others being displaced twice or more times.

According to the SMART survey conducted in Ayod in March 2013, malnutrition was a critical situation; the results showed a very concerning level of acute malnutrition [GAM: 19.4%, SAM: 5.4%] which is above the WHO emergency threshold level. IRNA conducted from 13th – 14th May, revealed a worsening malnutrition rate (SAM of 17%) in Jiech, an IDP concentration point with about 25,000 people.

B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

The CRP funding will bridge the funding gap envisaged between 1st October and December 31st after the NCE of round one. Funding gap is likely due to lack of response on ECHO proposal. COSV being the only Nutrition partner in Ayod County, this is likely to reduce service scale-up. During the NCE, remaining funds will facilitate to reach the nutrition needs for the period of NCE (July-Sept). However, UNICEF PCA and WFP FLA shall provide supplementary funds and support for in-kind supplies. COSV currently is supporting the community of Ayod in the displacement payam locations of Wau (Jiech), Pagil, and Mogok, as the fighting in Ayod town pushed the community out of town and the area destroyed. CHF R2 funds will support to maintain this scale-up plan to new locations, and support surge capacity for COSV in nutrition response, while maintaining the much needed support over the most difficult period of the crisis.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

The CHF funds will be used to strengthen the implementation of the following key activities which are in line with the cluster priorities:

- (i) Management of acute malnutrition: Treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups - Treatment for SAM and MAM in children U5 years, P&LW and other vulnerable groups with focus on strengthening the SAM and MAM program linkages.
 - Screening of children <5 and PLWs to identify SAM and MAM cases
- (ii) Prevention of acute malnutrition in the vulnerable population targeted (screening, optimal IYCF-E, nutrition education, supplementation, BSFP)
 - Provide micronutrient supplementation to children U5 and PLW
 - Awareness activities on IYCF practices
- (iii) Provision of Emergency preparedness and response services
 - Rapid Nutrition Assessment in IDPs, Hard to access areas where there have been emergencies (measles outbreak in May 2013) so as to timely and appropriately respond as well as involve stakeholders.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CRP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

Overall Objective:

To improve access to quality and effective management of acute malnutrition among the people of Ayod County

Specific objective:

To ensure access to preventive and therapeutic services for malnutrition in children U5 years, Pregnant & Lactating Women (PLW), and other vulnerable groups including people affected with HIV, TB, Kalaazar & other chronic illnesses in IDP concentration points of Ayod county.

iii) Project Strategy and proposed Activities

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

List the main activities and results to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

¹ To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

Strategy 1: Re-establish and support TSFP/OTP sites in the operational lower health centers (PHCUs-Jiech and Pagil)
 Nutrition Unit shall liaise with PHCC/PHCU in management of SAM with complications in Jiech. In case of major complication requiring services beyond PHC, referral shall be conducted in collaboration with other partners, such as MSF, etc. SAM shall be supported at nutrition unit, but PHCU clinical services shall also be involved in case detection. Linkage with Antenatal service points shall improve nutrition services for PLW.

Treatment:

- Therapeutic feeding for children (from 6 up to 59 months) with SAM.

Location: Ayod County (1SC; 2 OTP sites and planning to scale-up to 3OTP/TSFP sites)

Estimated n of beneficiaries: **1000** 500 **male**, 500 **female**

- Supplementary feeding for children (from 6 up to 59 months) with MAM.

Location: Pagil, Jiech facilities

Estimated n of beneficiaries: **1,800; 900 male; 900 female**

- Supplementary feeding for malnourished PLW

Location: 2 Payams - Wau, Pagil

Estimated n of beneficiaries: 500 **PLWs**

Strategy 2: Prevention of malnutrition and Promotion of IYCF principles and practices

- Micronutrient supplementation for pregnant and lactating women. Mothers, on attending ANC, shall receive Folic/ferrous tablet supplementations to prevent against physiological anemia of pregnancy.

Location: Mogok, Wau, Pagil, and Jiech

Estimated n of beneficiaries: 500

- Carry out routine Health Education in communities and health facilities emphasizing on prevention of malnutrition and care. Topics include; hygiene practices, home care for malnourished, breastfeeding, nutrition during pregnancy, importance of immunization for children (positive deviance approach) and infant and young child feeding (IYCF) practices.

Location: Wau, Mogok, Pagil, and Jiech

Estimated n of beneficiaries: 2500 (1700 Women and 800 Men)

Strategy 3: Nutrition Assessment

- Conducting rapid nutrition assessment in IDP concentration areas (Pagil, Mogok, Canal, Menime and other locations that may arise due to change of circumstances to inform, monitor and evaluate the existing interventions

Location: Areas of emergencies and IDP concentration

Estimated n. of activity 1

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

- Three nutrition service facilities for TSFP/OTP are functional to provide essential nutrition services.
- The community is more informed about the best IYCF practices, and other basic nutrition principles.

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
	1.	# of children (under-5) admitted for the treatment of SAM	1000 (500girls, 500 boys)
X	2.	Quality of SAM program - Overall SAM program cure rate (SPHERE standards)	75%
X	3.	Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	1800 (900 girls, 900 boys)
X	4.	Quality of MAM program - Overall MAM program cure rate (SPHERE standards)	75%
X	5.	# of pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	500 Women
X	6.	# of nutrition sites - No of stabilization centres	1
X	7.	# of nutrition sites - No of OTP sites	3
X	8.	# of nutrition sites - No of TSFP sites	3
X	9.	# of Pregnant women receiving iron-folate	500 Women
X	10.	# of functional mother-to-mother support groups	5
	11.	# of people of community awareness & health promotion	2500 (1700 Women and 800 Men)

vi). Cross Cutting Issues

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

Gender and vulnerability:

The proposed intervention aims at supporting basic nutrition needs of vulnerable populations in IDP concentration points in Ayod county. Specifically, the nutrition support program will address **pregnant women, as well as children under 5**, being the most

vulnerable groups in terms of malnutrition in Ayod county. **Male involvement** in nutrition education and awareness will be emphasized. **Women recruitment** shall be encourage, especially in reproductive health services and child care, with establishment of mother support groups to strengthen the women in Jiech and environ.

HIV/AIDS will be mainstreamed as follow:

Awareness for the communities about HIV-AIDS including sensitisation on basics of Nutrition, HIV/AIDS and the Relationship, Infant and Young child feeding and distribution of information, education and communication material, including the celebration of world AIDS days. COSV shall emphasize universal safety precaution at places of work enhance safe practices.

These activities will be implemented as an integrated approach for Primary Health care services, including nutrition activities. At OTP, TSFP and SC emphasis of HIV/AIDS is important as a contribution factor to malnutrition. Collaboration with health service sector for Screening to detect HIV/AIDS will enhance case detection of such underlying factors.

Environment:

COSV overall environmental policies aim at ensuring that, there is no direct or indirect or low negative environmental impact on the areas where it operates. COSV personnel shall ensure collection and disposal of packaging, plastic and other wastes, paying particular attention to waste storage and disposal.

COSV personnel both local and expatriate have been duly trained about the high risks related to medical waste management and thus about the importance of following the correct procedures for the safe collection and disposal of waste. These techniques shall be important in implementing waste management at the facilities in the community.

vii) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

With the complex context of operation, implementation of nutrition activities will be predominantly field based, whenever possible. When situations change, remote management shall be carried. COSV's Implementation of nutrition activities will be integrated in the existing health structures of functional PHCUs (Jiech, Pagil and Mogok) in IDP concentration points. Scale-up implementation to new locations shall take place any time access to a new location is detected, as emergency situations change. Jiech PHCU will become the main centre of referral and treatment of SAM patients that require stabilization. Menime PHCU will be assessed for its capacity to support nutrition services in the Western Island, as Haat remains inaccessible by fixed wings. At field level, implementation of the activities shall be both fixed site and as outreaches to the community where access is possible. The Nutrition health promotion and screening shall be mainly in IDP concentration points. TSFP and OTP shall also be the major nutrition intervention modalities with the support of UNICEF and WFP. Delivery of nutrition supplies and safe storage in the main facilities will be critical to ensure continuity in nutrition services. COSV shall partner with UNICEF for any technical support and Rapid Response missions to strengthen response. Partnership with WFP will also be helpful in linking interventions on GFD, BSFP to the TSFP and OTP services offered by COSV. Never the less, COSV shall collaborate with other partners with higher surge capacity in nutrition emergencies, to strengthen quality of response.

COSV intends to work through **community volunteers**, and any **Mother Support Groups** remobilized, by utilizing the positive heath deviation on infant and young child feeding practices, proper sanitation and hygiene. The Mother Support Groups shall be a group of 10-15 mothers with previous positive experiences (or lessons) in breastfeeding practices. Trained COSV expat team shall provide regular support and technical supervision as well as monitor the progress of the project.

viii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met.
2. Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)².

The frame of reference for monitoring the project is represented by the five criteria defined within the ambit of the PCM approach: relevance, efficiency, effectiveness, impact and sustainability. The **monitoring system** will be based on 3 sets of indicators: **efficiency indicators**, touching the respect of time, expenditures, human resources and outputs; this indicators is to be reviewed by midterm; **effectiveness indicators**, measuring the usefulness of the project activities, quantifying the short and long term impacts in terms of benefits produced by the project and enjoyed by the beneficiaries, and the achievement of intermediate and final objectives; such indicators is to be reviewed at the beginning of the project - once; **context indicators**, analyzing risk factors and project assumptions in order to keep track of sustainability from the beginning; such indicators are established at the starting of the project and revised midterm.

In ensuring all these, the human resource team shall be organized that the project shall have an expatriate technical project Nutrition Coordinator based in the field (Jiech) who leads the emergency response team. The Project officer shall supervise Nutrition team, and work in collaboration with PHCU in-charges, laboratory and maternity staffs. Activities shall be implemented by local staffs in supervision of expat staffs. Interdepartmental activities shall be done collaboratively. Data collection shall be the responsibility of all nutrition staffs at various sections and the Nutrition coordinator shall be responsible for final compilation. The project manager (expatriate) shall provide an overall administrative and managerial oversight to support linkage of Nutriton and health sector activities and as well support coordination with local authority.

Other project team will include TB/KA Coordinator, Laboratory Technologist and a Midwife. A regional/expatriate logistic field coordinator of Field coordinator shall also be based in field to provide administrative and logistic support in setting up a new coordination centre.

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

D. Total funding secured for the CRP project

Please add details of secured funds from other sources for the project in the CRP.

Source/donor and date (month, year)	Amount (USD)
CHF Round 1 (Jan- Jun+ 3month NCE)	USD 155,000
UNICEF (EPI + Nutrition) – 18month (Sep 2013-Feb 2015)	SSP 816,805
WFP (7 months: May-Dec 2014)	USD 13,869
Pledges for the CRP project	

SECTION III:

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

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK		
CHF ref./CRP Code: SSD-14/H/60379	Project title: <u>Improving the nutrition status of the most vulnerable and hard to reach groups (children < 5, PLWs and Kala-azar, TB and HIV-AIDS) in Ayod County</u>	Organisation: <u>COSV</u>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	(i) Management of Acute malnutrition (ii) Prevention of Acute malnutrition (iii) Provision of Emergency preparedness and response services	Number of children (Under-5) admitted for the treatment of SAM (1000 ; 500girls, 500 boys) and MAM (1800; 900 girls, 900 boys)	Nutrition Cluster reports	
CHF project Objective	To improve access to quality and effective management of acute malnutrition among the people of Ayod County	% achievement on targeted direct beneficiaries (95%)	Mid-Term and End of Term Project evaluation	Political instability and insecurity reduces, Natural disasters like floods do not affect access, and Health workers remain committed
Outcome 1	To manage acute malnutrition through integrated and community-based approach.	% Quality of SAM program (75%) % Quality of MAM program (75%)	Monthly Nutrition Cluster reports	Security situation remains calm; Staffs are available and willing to collaborate; No rapture in supplies
Output 1.1	Support existing sites and scale up from 2 to 3, to integrate and treat acute malnutrition	# of nutrition sites functioning (three -3)	Nutrition cluster Monthly reports Facility Reports	Political instability and insecurity Natural disasters like floods affecting access Personnel remain committed
Activity 1.1.1	Re-establish and support TSFP/OTP sites in the operational health units (PHCUs)			
Activity 1.1.2	Delivery of supplies			
Outcome 2	To prevent acute malnutrition in children, pregnant and lactating women and other vulnerable population groups	Number of community IYCF activities running; at least 2 (MSG and Health promotion event)	IYCF monthly activity reports	Community locations (and or facility) are accessible
Output 2.1	Appropriate Infant and Young Child feeding promoted	# of functional mother support groups (5 groups) # of community beneficiaries of health	Nutrition cluster monthly reports Activity monthly reports	Community willing to volunteer and share good IYCF experiences during this crisis period

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
		promotion and health education (2500; 1700 Women and 800 Men)	
Activity 2.1.1	Re-create and support mother support groups in areas of operation		
Activity 2.1.2	Meeting/training sessions for mother support groups		
Activity 2.1.3	Distribution of MSG supplies		
Activity 2.1.4	Community mobilizations for health promotion and IYCF		
Activity 2.1.5	Community sensitisation and awareness on IYCF, detection and management of acute malnutrition		
Output 2.2	Micronutrient supplementation to the vulnerable groups	# of Pregnant women receiving iron-folate (500 women)	Nutrition cluster monthly reports Community willing to attend ANC
Activity 2.2.1	Micronutrient supplementation for pregnant and lactating women		
Outcome 3	Available information for emergency preparedness and timely response	Proportion of emergency areas assessed (80%)	Assessment reports Emergency areas are accessible
Output 3.1	Conducting rapid nutrition assessment in IDP concentration areas to inform , monitor and evaluate the existing interventions	# of assessments undertaken (at least 1)	IRNA report, Internal Assessment reports Areas of assessment needs are accessible
Activity 3.1.1	Monitor emergency situations trends in liaison with community leaders and partners		
Activity 3.1.2	Conduct Rapid Assessments in areas of emergency		
Activity 3.1.3	Recruitments & Orientations		

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).

The workplan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	1 October 2014	Project end date:	31 December 2014
----------------------------	-----------------------	--------------------------	-------------------------

Activities	Q2	Q3/2014				Q4/2014			Q1/2015			Q2/2015	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
Activity 1:1.1 <i>Re-establish and support TSFP/OTP sites in the operational health units (PHCUs)</i>					X	X	X						
Activity 1:1.2 <i>Delivery of supplies</i>					X		X						
Activity 2:1.1 <i>Re-create and support mother support groups in areas of operation</i>					X	X							
Activity 2:1.2 <i>Meeting sessions for mother support groups</i>					X	X	X						
Activity 2:1.3 <i>Distribution of MSG supplies</i>					X	X							
Activity 2:1.4 <i>Community mobilizations for health promotion and IYCF</i>					X	X	X						
Activity 2:1.5 <i>Community sensitization and awareness on IYCF, detection and management of acute malnutrition</i>					X	X	X						
Activity 2:2.1 <i>Micronutrient supplementation for pregnant and lactating women</i>					X	X	X						
Activity 3:1.1 <i>Monitor emergency situations trends in liaison with community leaders and partners</i>								Link with OCHA, etc					
Activity 3:1.2 <i>Conduct Rapid Assessments in areas of emergency</i>								Link with OCHA, etc					
Activity 3:1.3 <i>Recruitment & orientation of Nutrition support staffs</i>					X								

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