

<b>Requesting Organization :</b>	Andre Foods South Sudan		
<b>Allocation Type :</b>	1st Round Standard Allocation		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
NUTRITION		100.00	
		<b>100</b>	
<b>Project Title :</b>	CASH FOR NUTRITION TRAINING AND REFERRALS OF MOTHERS TO STABILIZATION CENTERS.		
<b>Allocation Type Category :</b>	Frontline services		

**OPS Details**

<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-18/HSS10/SA1/N/NGO/7911
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	100,012.90
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	20/03/2018	<b>Planned End Date :</b>	30/08/2018
<b>Actual Start Date:</b>	20/03/2018	<b>Actual End Date:</b>	30/08/2018

**Project Summary :** Kapoeta east with a high level of acute malnutrition in EES with a IPC GAM rate of 28.1% which is above emergency threshold, implemented according to the Interim Guidelines on the Integrated Management of Severe Acute Malnutrition. Whose components include Outpatient care for management of SAM without medical complications and inpatient care for management of SAM with medical complication, Children with SAM in outpatient care who develop medical complications or who are not responding well to treatment are referred to inpatient care for further management and care. Most of the facilities are located far away from the inpatient care centers/stabilization centers hence this resulting to delays of care-takers to take the referred child to the care centres for timely management. AFSS therefore proposes to partner with SSHF to provide cash to all caretakers/mothers whose children have been referred from OTP to SC as a positive motivational influence to ensure that the referred child are taken to the SC centres early enough for treatment, and cash for training for mother to mother support groups on MIYCN ,Hygiene and sanitation, immunization and use of therapeutic foods,AFSS will give cash to each mother in the MtMSGPs that attend and finish all packages of training.

**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
208	740	40	60	1,048

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	40	60	100
Pregnant and Lactating Women	0	720	0	0	720
Other	208	20	0	0	228

**Indirect Beneficiaries :**

100 indirect beneficiaries will be targeted in this cash programming project.

**Catchment Population:**

100 beneficiaries (20 mens,40 girls,30 womens and 10 boys).

**Link with allocation strategy :**

Kapoeta east with IPC of (28.1%) which is above the emergency threshold,with high level of malnutrition,kapoeta east with health facilities which are mainly located along kapoeta-Narus road living 60% of the community with few or no health facility within the villages which becomes hard for the caregivers to reach the facility in case of referrals. AFSS posses that if caregivers are positively motivated with conditional cash for referrals of caregivers to SC and training of mtmsgps on MIYCN ,hygiene and sanitation,immunization and the proper use of therapeutic foods,this will encourage caregivers to take children to SC upon referrals as well as knowledge and hygiene of mothers being improved.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$
ANDRE FOODS SOUTH SUDAN	National NGO	100,000.00
		<b>100,000.00</b>

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
KIRI ANDREW AMEGOVU	EXECUTIVE DIRECTOR	kiri_andrew@yahoo.com	+211954858761,
AWOR EVELYN AKOT	PROGRAMME COORDINATOR	aworevelyn2016@gmail.com	+211956818302
JOKUDU SUZAN	PROGRAMM ASSISTANT	jokudu31@gmail.com	0956207929

**BACKGROUND****1. Humanitarian context analysis**

The political, economic and social situation of South Sudan continued to deteriorate since the December 2013 conflict yet again the worst conflict of July 2016 hampered peoples live in the country that disrupted the Capital city of Juba and the Equatorial Region that was stable since long time before independence of South Sudan in 2011. In addition to the conflict that forced people to flee the country and be displaced in other parts of the country, the economic downturn made it difficult for affected people to cope resulting to increased food insecurity and malnutrition.

The Food Security and Monitoring Report December 2017 indicates that households are spending almost two thirds (64%) of their monthly expenditures on food, higher than the same period in the precious year (57 percent), showing a decrease in their purchasing power and their ability to procure essential non-food items and services. The prevalence of minimum dietary diversity (MDD) in EES is very low, only 8.0% percent of infants and young children 6-23 months of age had received four or more food groups. About 29.6% percent of children received solid, semi-solid or soft foods, the minimum number of times or more during the previous day of the survey. The composite indicator of quality and quantity of complimentary feeds referred to as Minimum Acceptable Diet (MAD) shows that only 2.0% of the infants and young children in EES are receiving the recommended quality (FSNMS July-August 2017). The survey also indicated that the children 6-59 month in EES reportedly suffered from one or more illnesses in the two weeks prior to the assessment, majority (66%) had suffered from diarrhea 36% fever and 17% had suffered from cough. The statistical analysis showed that their illness was strongly associated with acute malnutrition with kapoeta east having a GAM rate of (28.1%).

**2. Needs assessment**

Based on the last IPC analysis,Kapoeta East in Eastern Equatoria state shows Critical levels of Global Acute Malnutrition (GAM 28.1%).in the lead-up to the lean season of May–July 2018, the nutrition situation in kapoeta east is worsening ,with this information AFSS will implement cash for referrals of care givers to SC and cash for training for MtMSGPs in kapoeta east county.

**3. Description Of Beneficiaries**

Total: 1048 .Renewed conflict since July 2016 has deepened the humanitarian crisis in South Sudan, with women and children facing immediate risks of violence, displacement, hunger and life threatening diseases. These risks are exacerbated by the rapidly deteriorating economic situation, with inflation above 800 per cent. The country is facing a critical food security crisis, with an estimated 31 per cent of the population experiencing severe food insecurity as of December 2016, and children among the most vulnerableMalnutrition continues to pose a great challenge to child survival in South Sudan particularly for children under 5 years of age. According to FSNMS report of June 2016 for South Sudan, GAM is at critical level of 17.9%, above the 15% emergency threshold

the total number of beneficiary was reached by getting the date from 2017 data and AFSS added 30 on prediction base on the high level of malnutrition in kapoeta east of 28.1%,which above 15% emergency threshold.AFSS currently have 60 mtmsgps with 15 members in each group (3 males and 12 females) .only mothers in mtmsgps attending MIYCN sessions will be trained and conditional cash will be given to them upon completion of the training. on caregivers of children that are referred to SC they will get cash upon reaching SC and being discharged.AFSS will work in close collaboration with CHD,SAVE THE CHILDREN (SC) ,facility in charges and all the partners that are closely working in nutrition to see to it that children are referred to the SC ,AFSS will do this by use of referral leaflets (a mother is given a referral form from the facility to go to SC and MESSAGE to MESSAGE will be communicated if the caregivers reaches the SC) .

Female: 740

Male: 208

Boys: 40

Girls: 60

**4. Grant Request Justification**

Kapoeta east with the GAM rate of (28.1%) which is above the emergency threshold, in 2017 the total numbers of children admitted and treated in the stabilization centers were 20 by save the children international, however its still believed that a lot number of children are not brought to the SC upon referrals this because of long distances, and fear of leaving other children at home in case a mother is to take only one child to the SC. AFSS therefore posses to implement cash for referrals of mothers to stabilization centers to encourage mothers of children with ,medical complications to SC. AFSS will work in collaboration with other partners for close monitoring. in 2017 ,there were rampant outbreaks of cholera in kapoeta east, cultural rigidities, low coverage of immunization due to verse terrain and cultural believes ,therefore AFSS will train all mothers in the mtmsgps on MIYCN, IMMUNIZATION, HYGIENE AND SANITATION, AND USE OF THERAPEUTIC FOODS. in kapoeta east. AFSS currently implementing nutrition programs funded by both UNICEF and UNWFP, With this project of cash for referrals and training more caregivers will be encouraged to take their children to SC and more mothers will be enrolled into MtMSGPS and participated actively since there will be motivational incentives upon completion of the training.

### 5. Complementarity

AFSS will collaborate with SCI OTPs sites and its own OTPs to link and motivate caregivers of children with complicated SAM to get to the stabilization centre and stay until discharge. there will be close follow ups and linked to other projects such as TSFP, BSFP for growth monitoring and promotions. In addition, AFSS will work closely with the targeted PHCC's and PHCUs, It will also work closely with the county Health Department (CHD) Ministry of Health and UNICEF. AFSS will submit, monthly, quarterly and annual statistical and narrative reports to CHD, SMOH and UNICEF.

### LOGICAL FRAMEWORK

#### Overall project objective

To improve on the nutrition status of children under five and Increased access to Maternal Infant and Young Child Nutrition programs preventing under nutrition among the most vulnerable and at risk, reaching at least 60% of PLW in need; BSFP for 44% of under fives and PLWs in need in kapoeta east county. AFSS will achieve this project through training of mothers on MIYCN, Immunization, Hygiene and sanitation and used of therapeutic foods. AFSS will ensure that mothers of children with medical complications are reached, followed up and referred to SC and receive conditional cash for referrals.

### NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Increase access to maternal, infant and young child nutrition programmes to prevent under-nutrition among the most vulnerable and at risk, including U5 children and PLW in need in conflict and high-burden states	SO1: Save lives by providing timely and integrated multisector assistance to reduce acute needs	60
Increase access to maternal, infant and young child nutrition programmes to prevent under-nutrition among the most vulnerable and at risk, including U5 children and PLW in need in conflict and high-burden states	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	25
Increase access to integrated nutrition, health, WASH, and food security and livelihoods activities in counties with critical levels of acute malnutrition	SO2: Reinforce protection and promote access to basic services for the most vulnerable people	15

**Contribution to Cluster/Sector Objectives :** The project will benefit 1048 beneficiaries in kapoeta east county and will contribute 65% to mothers/caregivers on maternal infant young child nutrition practices that will help in the reduction of malnutrition in kapoeta east county, eastern equatorial state. Cash provision targets all households of children with severe acute malnutrition without segregation based on gender and age and mother to mother support groups with MIYCN key messages. During community mobilization and sensitization identified gender issues will be emphasized. However, to ensure that the most vulnerable are reached, extremely vulnerable individuals, women and child headed households will be given extra attention. The training will therefore be tailored to suite both female headed, child headed and male-headed households. Men will be encouraged to accompany their women to the health centre especially during OTP programme days. During sensitization sessions, the equal responsibility of men and women in children upbringing and nutritional wellbeing of the family will be emphasized. In general, all program activities will seek to reach all women, men, girls and boys. All the beneficiary data collected will be disaggregated into sex and age. This will provide for a clear understanding of needs based on age and sex enabling further designing of the programme activities to suit the category that is disadvantaged.

- # of mothers/caretakers trained on adequate infant and young child feeding practices
- # of trained mothers/Caregivers that received cash.
- # of mothers/caretakers trained on good hygiene and sanitation practices

#### Outcome 1

Increasing SC admissions for caregivers by giving cash for referrals and Mtmsgps participation on MIYCN services by cash for training.

#### Output 1.1

##### Description

Increased number of mothers/caregivers attending and participating in MIYCN sessions at OTP sites and the SC.

##### Assumptions & Risks

mothers might be starving their children so that they are enrolled in the programme or one child be used by several mothers for that purpose only.

##### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	(Frontline Services) Number of PLWs trained on nutrition package (MIYCN, WASH, Health, Use of Nutrition supplies etc)	0	720	0	0	720
<b>Means of Verification</b> : AFSS will ensure that all mothers are referred and reached to the SC, complaints are recorded and feedback given to the community and other partners in a way to ensure accountability to the affected population. AFSS will conduct home visits and follow-ups in order to understand the beneficiaries perception of the project so as inform better programming							
Indicator 1.1.2	NUTRITION	(Frontline Services) Number of lactating women (mothers) that accepted SC referrals linked with cash programming		100			100
<b>Means of Verification</b> : OTP registers of children with medical complications.							
Indicator 1.1.3	NUTRITION	(Frontline Services) Number of nutrition/healthcare workers trained on CMAM	28	20			48
<b>Means of Verification</b> : Attendance sheet, training reports, Photos.							
Indicator 1.1.4	NUTRITION	(Frontline Services) Number of health workers trained in Infant and Young Child Feeding	28	20			48
<b>Means of Verification</b> :							
Indicator 1.1.5	NUTRITION	# of men trained on nutrition package (MIYCN, WASH, Health, Use of Nutrition supplies etc)					180
<b>Means of Verification</b> : Attendance sheet, training report, Photos.							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Cash for training to PLWs in the mother to mother support groups (MtMSGs) on Nutrition package (MIYCN, WASH, Health, use of Nutrition supplies etc.							
<b>Activity 1.1.2</b>							
Provision of conditional cash to Lactating women (mothers) that accepted SC referrals upon discharge.							
<b>Activity 1.1.3</b>							
Train Community Nutrition Volunteers (CNVs) and Nutrition assistants on IYCF and CMAM.							
<b>Activity 1.1.4</b>							
Train selected men on nutrition package (MIYCN, WASH, Health, use of Nutrition supplies) to support the PLWs at teh community levels.							
<b>Additional Targets</b> :							

## M & R

### Monitoring & Reporting plan

Reporting techniques for referrals of mothers to SC.

1-The trained number of mothers (mother to mother support groups) and mothers referred for treatment to the SC will be verified through monthly narrative report and quarterly respectively.

2-AFSS will be responsible for collecting,analyzing project data in order to monitor and report the on going of the overall implementation.

3-Attendance registers

4-Community referral forms to the SC, Facility referral forms, IYCF training session reports, MtMSG feed backs, Questionnaires, Community Feed backs.

5-Data will be collected daily upon referrals to SC, weekly and monthly narrative reports.

Reporting techniques for MIYCN

- MIYCF training session reports

- MtMSG feed backs

- Questionnaires

- Community Feed backs

### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Cash for training to PLWs in the mother to mother support groups (MtMSGs) on Nutrition package (MIYCN, WASH, Health, use of Nutrition supplies etc.	2018			X	X	X	X	X	X				
Activity 1.1.2: Provision of conditional cash to Lactating women (mothers) that accepted SC referrals upon discharge.	2018			X	X	X	X	X	X				

Activity 1.1.3: Train Community Nutrition Volunteers (CNVs) and Nutrition assistants on IYCF and CMAM.	2018			X	X										
Activity 1.1.4: Train selected men on nutrition package (MIYCN, WASH, Health, use of Nutrition supplies) to support the PLWs at teh community levels.	2018			X	X	X	X	X	X						

## OTHER INFO

### Accountability to Affected Populations

1-Kapoeta east emerging with the current IPC GAM rate of 28.1% which is above the emerging threshold.AFSS in its implementation of cash for nutrition will include both MWBG (men women boys and girls) in the overall stages of the project through cash for training for mother to mother support groups and cash for referrals of mother to stabilization centers.  
2-AFSS will ensure that all complaints are recorded and feedback given to the community in a way to ensure accountability to the affected population.  
AFSS will conduct home visits and follow-ups in order to understand the beneficiaries perception of the project so as inform better programming.  
3-AFSS will work closely with the targeted PHCC's and PHCUs, It will also work closely with the county Health Department (CHD) Ministry of Health and UNICEF. AFSS will submit, monthly, quarterly and annual statistical and narrative reports to CHD, SMOH and UNICEF  
4-AFSS will ensure that the project reach 80% of the beneficiary (AAP) ,cash for referalls will improves mothers to bring children to the SC and cash for traings will increase mothers participation on MIYCN services.

### Implementation Plan

cash for referrals will be given to the mother/caregivers of referred children who reach SC and stay for all the recommended clinical stay in the SC and cash for training will be given only to mothers who attend and complete the overall session .  
AFSS will use the beneficiary criteria to get both mothers for referrals and for training,this will only be done to caregivers who accepts to take their children to the SC and for the training AFSS will only target mothers in the MtMSGPs.  
AFSS will undertake four (4) sessions on ( MIYCN,hygiene and sanitation,immunization,and the use of therapeutic foods)  
A mother qualify to get cash if only she finish the overall required sessions (four).  
AFSS will give 40\$ to caregivers of children upon reaching SC and 40\$ to MtMSGPS  
- This project will be directly implemented by AFSS.  
- There will weekly and monthly close monitoring by AFSS staffs to ensure follow ups of the referred mothers to the SC.  
- AFSS will conduct home visits and follow-ups in order to understand the beneficiaries perception of the project so as inform better programming

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
SAVE THE CHILDREN INTERNATIONAL,PLAN INTERNATIONAL,ISLAMIC RELIEF	Treatment of referred children in the SC,Referrals of mothers/caregivers to SC,Referrals of mothers to SC

### Environment Marker Of The Project

N/A: Not applicable, only used for a small number of services

### Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

### Justify Chosen Gender Marker Code

Cash provision targets all households of children with severe acute malnutrition without segregation based on gender and age. During community mobilization and sensitization identified gender issues will be emphasized. However, to ensure that the most vulnerable are reached, extremely vulnerable individuals. Men will be encouraged to accompany their women to the health centre especially during OTP programme days. During sensitization sessions, the equal responsibility of men and women in children upbringing and nutritional wellbeing of the family will be emphasized. In general, all program activities will seek to reach all women, men, girls and boys. All the beneficiary data collected will be disaggregated into sex and age. This will provide for a clear understanding of needs based on age and sex enabling further designing of the programme activities to suit the category that is disadvantaged.

### Protection Mainstreaming

In general, all program activities will seek to reach all women, men, girls and boys. All the beneficiary data collected will be disaggregated into sex and age. This will provide for a clear understanding of needs based on age and sex enabling further designing of the programme activities to suit the category that is disadvantaged.

### Country Specific Information

#### Safety and Security

-Kapoeta East security is stable,the communities are friendly in the selected areas of operations to nutrition programs and other related humanitarian projects,employ local and learned personnel from the selected villages of the project implementation who understand the local language and dynamics is one way of ensuring project implementation success without disturbances

#### Access

AFSS has three strong Land cruisers/vehicles for easily mobility, well versed with the terrain, security and nature of Kapoeta East, sites of operations and road access, located in areas of clustered settlements and target groups can easily come for trainings at the facilities. AFSS equipped with trained and skilled staffs stationed at the various locations of project implementation, internet and phone connectivity and this eases reporting and information exchange.

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	PROJECT MANAGER	D	1	1,500.00	6	20.00	1,800.00
	<i>OVERALL SUPERVISION OF THE PROJECT</i>						
1.2	NUTRITIONIST	D	1	800.00	6	31.25	1,500.00
	<i>TRAININGS OF NUTRITION STAFF AND FOLLOWUPS</i>						
1.3	M&E OFFICER	D	1	1,000.00	6	30.00	1,800.00
	<i>COLLECT AND REPORTS THE ONGOING OF THE PROJECT ACTIVITIES</i>						
1.4	COMMUNIUTY NUTRITION ASST	D	10	80.00	6	100.00	4,800.00
	<i>VERIFY AND ADMITTING CHILDREN INTO THE PROGRAM</i>						
1.5	COMMUNITY NUTRITION VOLUNTEERS	D	10	40.00	6	100.00	2,400.00
	<i>SCREEN, REFERRALS,IDENTIFY AND HOME VISITS</i>						
1.6	FINANCE AND ADMIN ASST	S	1	200.00	6	50.00	600.00
	<i>PETTY CASH MANAGEMENT AND FINANCIAL REPORTS,FILING VOUCHERS</i>						
1.7	HUMAN RESOURSE OFFICER	S	1	400.00	6	50.00	1,200.00
	<i>MANAGERS AND DEVELOPS A SYSTEMS FOR STAFF PLANNING AND RECRUITMENT</i>						
	<b>Section Total</b>						<b>14,100.00</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	CASH FOR TRAINING TO PLWS, MEN AND STAFF OF AFSS DURING NUTRITION PACKAGE TRAINING	D	900	35.00	1	100.00	31,500.00
	<i>TRAINING ON MIYCN,IMMUNIZATION AND USED OF THERAPEUTIC FOODS</i>						
2.2	CASH VOUCHERS FOR REFERAL OF CAREGIVERS TO SC	D	100	35.00	1	100.00	3,500.00
	<i>MOTHERS WHICH ARE REFEREED TO SC AND REACHED WILL BE GIVEN A VOUCHER.</i>						
2.3	FACILITATION TO PLWS, MEN AND STAFF OF AFSS DURING NUTRITION PACKAGE TRAINING	D	948	35.00	1	100.00	33,180.00
	<i>FACILITATION OF MEALS,REFRESHMENT AND LOCAL TRAVEL FOR MOTHERS</i>						
	<b>Section Total</b>						<b>68,180.00</b>
<b>3. Equipment</b>							
3.1	PRINTER	D	2	400.00	1	100.00	800.00
	<i>PRINTING OF TRAINING MATERIALS.</i>						
3.2	COMPUTERS	D	2	800.00	1	100.00	1,600.00
	<i>REPORTING,BUDGETING AND RECORD KEEPING</i>						
	<b>Section Total</b>						<b>2,400.00</b>
<b>4. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>

5. Travel							
5.1	TRAVEL COST	D	1	550.00	2	100.00	1,100.00
	<i>FOR THE PROJECT MANAGER TO THE FIELD SITE</i>						
	<b>Section Total</b>						<b>1,100.00</b>
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	<b>Section Total</b>						<b>0.00</b>
7. General Operating and Other Direct Costs							
7.1	OFFICE RENT	S	2	450.00	6	50.00	2,700.00
	<i>FOR FIELD OFFICE AND JUBA OFFICE</i>						
7.2	STATIONARY	S	1	300.00	6	50.00	900.00
	<i>FOR FIELD OFFICE</i>						
7.3	OFFICE SUPPLIES	S	1	330.00	6	50.00	990.00
	<i>FOR FIELD OFFICE</i>						
7.4	VEHICLE RUNNING COST	S	1	400.00	6	50.00	1,200.00
	<i>REPAIR AND MAINTENANCE, FUEL AT THE FIELD</i>						
7.5	UTILITIES	S	1	200.00	6	50.00	600.00
	<i>WATER, ELECTRICITY EXPENSES</i>						
7.6	COMMUNICATION (INTERNET AND TELEPHONE)	S	1	300.00	6	50.00	900.00
	<i>FOR COORDINATION OF ACTIVITIES</i>						
7.7	MAINTANACE OF OFFICE EQUIPMENTS	S	2	50.00	4	100.00	400.00
	<i>REPAIR AND MAINTENANCE OF EQUIPMENTS SUCH AS PRINTERS, COMPUTERS</i>						
	<b>Section Total</b>						<b>7,690.00</b>
<b>SubTotal</b>			1,987.00				<b>93,470.00</b>
Direct							83,980.00
Support							9,490.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							6,542.90
<b>Total Cost</b>							<b>100,012.90</b>

## Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Eastern Equatoria -> Kapoeta East	100	208	740	40	60	1,048	<p>Activity 1.1.1: Cash for training to PLWs in the mother to mother support groups (MtMSGs) on Nutrition package (MIYCN, WASH, Health, use of Nutrition supplies etc....</p> <p>Activity 1.1.2: Provision of conditional cash to Lactating women (mothers) that accepted SC referrals upon discharge.</p> <p>Activity 1.1.3: Train Community Nutrition Volunteers (CNVs) and Nutrition assistants on IYCF and CMAM.</p> <p>Activity 1.1.4: Train selected men on nutrition package (MIYCN, WASH, Health, use of Nutrition supplies) to support the PLWs at teh community levels.</p>

## Documents

Category Name	Document Description
Budget Documents	AFSS NUTRITION BUDGET 2018.xls
Budget Documents	AFSS NUTRITION BUDGET 2018.xls