South Sudan
2012 CHF Standard Allocation Project Proposal
Proposal for CHF funding against Consolidated Appeal

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 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 proposal should explain and justify the activities for which CHF funding is requested and it 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. 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

SECTION I:

CAP Cluster	**NUTRITION**

CHF Cluster Priorities for 2012 First Round Standard Allocation
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities	**Cluster Geographic Priorities**
Cluster objectives and activities as outlined in CAP **Treatment services** for Severe Acute Malnutrition and Moderate Acute Malnutrition in children under 5 years, P&LW and other vulnerable groups, through SCs, OTPs and TSFPs - including training of staff **Prevention services** for children under 5 years and P&LW through - micronutrient supplementation U5 & P&LW, community screening (MUAC) and referral of U5, blanket supplementary feeding in hunger gap and in acute emergency 3-36mths, promotion and support of IYCF; includes training health workers, MSGs and CBOs **Strengthen Nutrition emergency preparedness and response capacity -** Cluster coordination, Management and analysis of nutrition information, Rapid assessments and SMART surveys in line with cluster standards, Capacity building of CBOs, MSGs, NNGOs and CHD & SMOH on emergency preparedness and response.	Hot spot areas in high priority states will be prioritized

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

Requesting Organization	**Project Location(s)** (list State, County and if possible Payam where CHF activities will be implemented)
ACF-USA / Action Against Hunger	1. State: Warrap County: Twic Payams: Wunrok, Turalei,Ajak-Kuac, Aweng 30% 2. State: Warrap County: Gogrial West Payams: Alek North, Alek West, Alek South, Riau 30% 3. State: Northern Bahr el Ghazal County: Aweil East Payams: Baac, Maluabai, Yargot, Maneok 40%
Project CAP Code SSD-12/H/46161/14005	
CAP Project Title Treatment and Prevention of Acute Malnutrition in Warrap and Northern Bahr el Ghazal States and capacity building in Lakes state	

Total Project Budget in South Sudan CAP	**Amount Requested from CHF**	**Other Resources Secured**
US$ 4,814,000	US$ 500,000	US$ 2,175,148 US$ 890,361 (in kind)

Direct Beneficiaries : 43,688	
Women:	19,488
Men:	6,500
Girls:	8,850
Boys	8,850

Total Indirect Beneficiary

95,975

Catchment Population (if applicable)

Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)

Project Duration (max. of 12 months, starting from allocation date)

Start Date (mm/dd/yy): 20 March , 2012

End Date (mm/dd/yy): 19 March, 2013

Address of Country Office

Email & Tel: +211 (0)912 730 534 or +211 927820119

e-mail country director: hom.ssd@acf-international.org

e-mail finance officer: admin.ssd@acf-international.org

Address: Plot AXT, 2nd class Hai Cinema. Juba, South Sudan

Address of HQ

Contact Person: Youcef Hammache

e-mail desk officer:: yhammache@actionagainsthunger.org
Address: 247 West 37th Street,
10th Floor. New York, U.S.A. 10018, Telephone: +1(212)967-7800

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population[1]

The ACF project areas in Warrap and NBeG States (Aweil East, Twic and GWC) are among the major entry points for returnees from Sudan. In addition, it is a conflict-prone area and has a high concentration of IDPs who flee from inter-communal and localized conflicts and tensions. According to OCHA[2], large numbers of returnees have reached their final destinations in South Sudan. However, the spontaneous return of people has continued with an average of 400 returnees per week arriving since the beginning of 2012. In early 2012, the prediction of the returnees (either forced of voluntary) is estimated to be 500,000 South Sudanese who are living in Sudan. Approximately, 140,000 (28% of the total) returnees are expected to return to Warrap and NBeG Sates. In addition, several risk factors that affect food insecurity in these areas were reported to continue with high food prices, and adverse changes in security along the border area, droughts and floods[3]. Hence, a continued need exists for responding through provision of nutrition services (screening, referral and treatment) for returnees and IDPs. Similarly, the host communities are competing for the already reduced food basket and over-stretched resources that will further deteriorate the nutritional status of the whole population. Taking the high influx of returnees and the limited food availability, the numbers of both moderate and severe acute malnutrition cases are still expected to be high in 2012. Nutrition surveys that were conducted by ACF in the pre-harvest period in 2011 in Gogrial West County of Warrap State showed GAM and SAM rates of 22.3% and 4.4%, respectively. These figures in Aweil East County of the NBeG State were 23.5 % and 5.3 %, respectively. According to ANLA 2011[2], 38% and 23% of the households had poor access to food in NBeG and Warrap, respectively. Similarly, the WFP Report[4] showed 10% of the HHs at national level to be severely food insecure, while 37% of households were moderately food insecure. In October 2011, the South Sudan National Bureau of Statistics reported that all staple foods, such as maize and sorghum, were between 100 and 250% more expensive than a year before[5]. According to government reports, the national consumer price index (CPI) increased by 71.7% from October 2010 to October 2011[6]**.** Hence, the overall humanitarian problems observed in 2011 are likely to continue in 2012 or even deteriorate further. Even though South Sudan has become independent, the government capacity to provide basic services including management of acute malnutrition remains very low. Therefore, delivering treatment and prevention of acute malnutrition by ACF are still crucial in the proposed areas.

B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

To support the nutrition cluster agreed priorities, ACF will focus on the following approaches:

Assessment: ACF will conduct a number of rapid assessments for early detection of the nutrition situation. ACF will continue to monitor the nutritional situation through conducting standard nutrition surveys (SMART) in all its operational areas in both pre and post-harvest seasons. In addition, it will also undertake program coverage as well as KAP surveys.

Treatment: ACF will run 22 OTPs, 3 stabilization centers and 9 SFPs for management of acute malnutrition in three counties, as per IM-SAM guidelines and SPHERE standards. The plan is to reach 11,500 direct beneficiaries at TFP and SFP. The existing referral systems will be strengthened for effective and efficient management of acute malnutrition.

Prevention: The number of beneficiaries to be targeted for prevention of malnutrition through health and nutrition education, community mobilization and screening is 30,850. Strategies to be applied for out-reach approach include, but are not limited to, IYCF, micro-nutrient supplementation/de-worming (U5 children and PLW), mother support group and BSFP.

[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.
[2] OCHA South Sudan Weekly Humanitarian Bulletin 6-12 January 2012
[3] Annual Needs and Livelihoods Analysis (ANLA), 2011
[4] WFP 'South Sudan Food Security Monitoring' Round 5, October 2011
[5] UN Office for the Coordination of Humanitarian Affairs. "Weekly Humanitarian Bulletin". 27 October 2011
[6] south Sudan National Bureau of Statistics, November 4, 2011

Capacity Enhancement[7]: For effective implementation of CMAM and its sustainability, the MoH/RSS capacity needs to be strengthened. Although the IMSAM guidelines were released in December 2009, there is also a need to develop guidelines for survey/surveillance and IMAM. State level nutrition offices are crucial for proper planning, monitoring and reporting of state level nutrition activities in the proposed states. It is essential that at this time, the MoH receives the technical support to build its capacity needed to integrate nutrition into the primary health care levels.

In addition, the MoH at County level needs support in developing systems for responding to nutrition emergencies. These include, building the MoH for integration of nutrition services as part of its BPHS and the capacity to respond to nutrition emergencies in a timely fashion, for reduction of the risk of morbidity and mortality related to the chronic levels of acute malnutrition in South Sudan.

Conducting a surveillance training package based on SMART methodology (one in each state) is needed to ensure that the MoH and partner agencies have the capacity to carry out anthropometric measurements in the correct way in accordance with the protocol. Since the capacity is very limited, the national and local NGOs as well as the SMoH staff need to be trained on the standardized methodologies and protocols to enhance the capacities of the communities and ensure long term sustainability. The capacity building will boost the quality health and nutrition service provision to the vulnerable communities. The County level MoH staff needs also to be trained in surveys (anthropometric, coverage and KAP) and then followed by coaching.

In general, the MOH at County, State and at Juba level needs capacity building on planning, monitoring, evaluation. Data collection, analysis and dissemination of nutrition related interventions.

C. Project Description (For CHF Component only)

i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

The CHF funding will be used to support nutrition intervention in the proposed areas with high risk of malnutrition. The purpose is to contribute for the treatment and prevention of acute malnutrition in Warrap State and NBeG State, South Sudan.

ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

To reduce morbidity and mortality from malnutrition among boys and girls of U5 years in Warrap and NBeG states of the Republic of South Sudan, through the provision of nutrition services (assessment, treatment and prevention and capacity building), from March 2012-February 2013, as measured by SMART, KAP, and coverage surveys

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.

The main activities to be implemented with CHF funding includes:

- Conduct anthropometric/mortality (SMART) surveys, in Aweil East, Gogrial West and Twic Counties, during pre and post harvest periods (March/April and October/November)
- Conduct rapid assessments in hot-spot areas
- Establish improved nutrition screening systems, ready for timely response in high risk area in case of humanitarian crisis.
- Provide OTP services from facilities and mobile sites, for the U5 children, using IMSAM guidelines and WHO standards. (Approximately 10,000 direct U5 beneficiaries). Under the OTP program, children will attend weekly, follow-up. Anthropometric measurements will be monitored and those who satisfy the criteria will receive a weekly supply of plumpy'nut and routine medication.
- Running SC for admission and treatment of SAM children with health complications for admitting 250 cases.
- Running SFP for admission and treatment of MAM children.
- Establish/strengthen effective referral system for acute malnutrition.
- Establish effective data collection system (admission data, including GAM and SAM rates disaggregated by age, sex and physiological status).
- Improve access to nutrition services for difficult to reach areas through weekly mobile nutrition services.
- Conduct effective monitoring and evaluation with regular clinic supervision at each OTP and SC sites as well as out-reach activities.
- Conduct training and capacity building for MoH, INGOs, CBOs and community volunteers on management of acute malnutrition. In addition, all front-line nutrition staff for screening, diagnosis and treatment of malnutrition

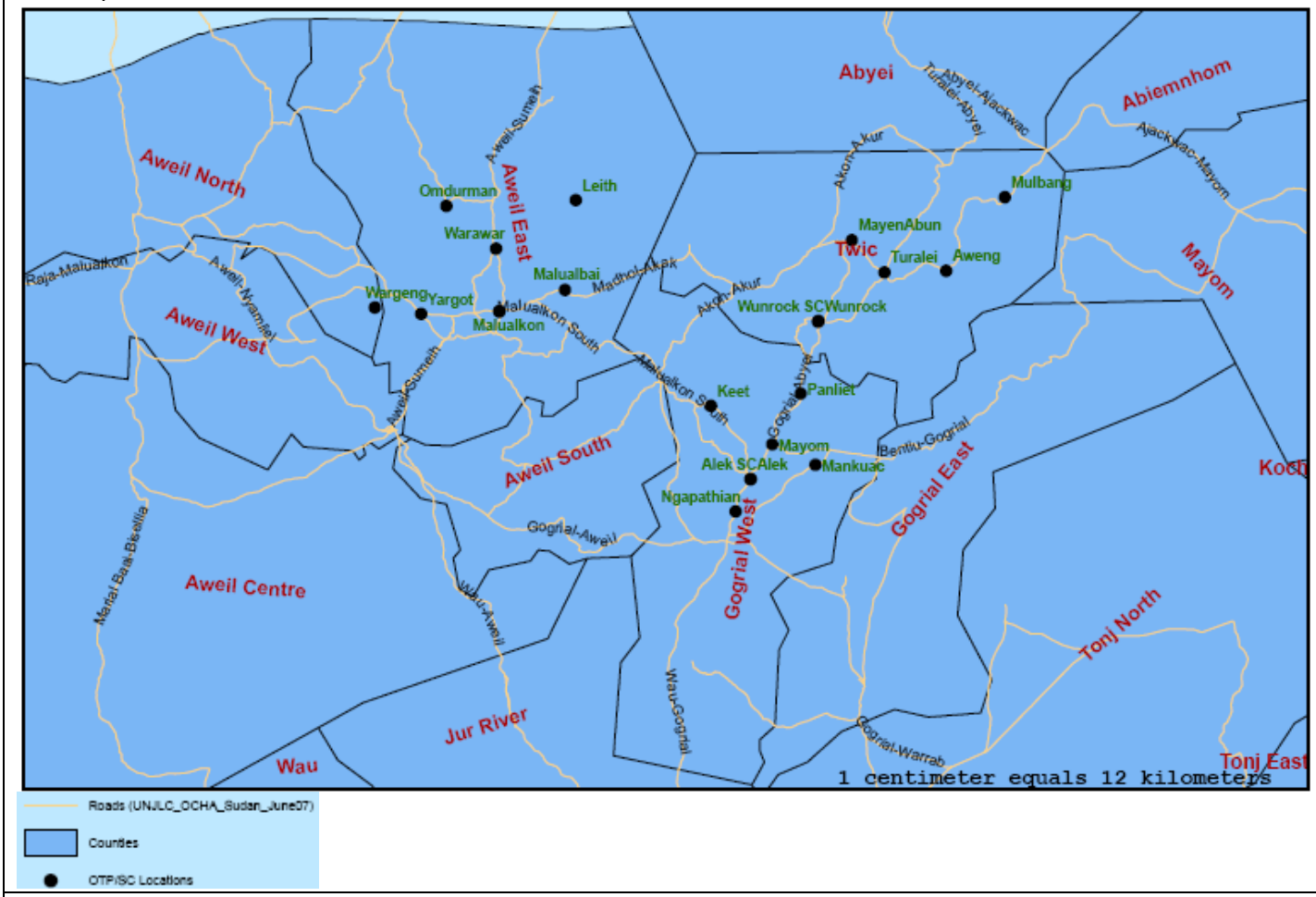
[7] Capacity building in Lakes state is a part of the Project , However the funding is already garneted from other donors and ACF is not putting this budget under the CHF

using nutrition guidelines. It will focus on prevention and treatment aspects also be followed by refresher training on, The trainings will have different modules for SC, OTP, SFP, community mobilizations. A total of 138 direct beneficiaries are targeted for training. Training of community members will focus on IYCF, referrals as well as active case finding.

- Actively work on prevention of acute malnutrition using de-worming medication, micronutrient supplements and measles vaccination for 9,000 beneficiaries.
- Promote exclusive breastfeeding for the first 6 months, introduction of appropriate complementary foods, hand washing and sanitary practices, immunization, prevention of diarrhea, prevention of malnutrition, prevention of malaria.
- Conduct program coverage surveys in the last quarter of the year (October to December)

Although part of the funding has been secured, ACF is still facing a considerable gap to implement its planned nutrition related activities for 2012. CHF contribution is therefore necessary and valuable in order to guarantee continued services to the needy population and also build emergency response capacity.

The map of ACF nutrition treatment center is as follow:



iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

Gender

The program targets all boys and girls of U5 age with acute malnutrition. All of ACF nutrition programs have a high percentage of female beneficiaries, as women are traditionally the main caretakers (especially for childcare) in the family in South Sudan. Although the majority of care-takers of children coming to ACF nutrition centre are women, fathers who bring their children for screening or to attend nutrition education at community level will also benefit from the program. Female beneficiaries engaged as caretakers of malnourished boys and girls in the nutrition program will get IYCF nutrition/health education at OTPs and SCs. In addition, women who qualify for Community Nutrition Workers (CNW) position will be given priority for selection. Both men and women will also be involved as the Community Nutrition Volunteers at the OTP and SFP centers.

Environment

All construction under the nutrition activities as well as disposal of medical supplies will be undertaken with efforts to minimize any adverse/negative impact, if any, on the environment. All measures will be taken to ensure safe handling and disposal of medical waste.

HIV/AIDS

There is no discrimination on beneficiaries based on the status of HIV/AIDS.

v) Expected Result/s

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

The summary of results to be achieved, targets and location is as follows:

	Indicator		Target (indicate numbers or percentages)
1	Treatment of acute malnutrition	Number of severely acute malnourished children treated with medical complications	250
		Number of severely acute malnourished children treated without medical complications	5,000
		Number of moderately acute malnourished children treated	6,250
2	Prevention of acute malnutrition	Health/nutrition education	10,450
		Community mobilization and screening	11,400
		Micronutrients supplementation	9,000
		De-worming	
3	Assessment and monitoring of nutrition situation	Boys and girls U5 yrs screened during anthropometric and program coverage surveys	1,200
4	Training/capacity building	MoH Staff, INGOs, and Local staff,	50
		CBOs and community volunteers trained	88

vi) Implementation Mechanism

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

The ACF nutrition programs at OTP level are run through two Community nutrition workers who are trained at the program start and receive quarterly regular refresher trainings. OTP supervisors provide the necessary supplies and conduct a regular monitor of the activities. Four nutrition treatment workers under the supervision of nurses (SC supervisor and PO having clinical background) run each stabilization center. The overall activities are coordinated by a program Officer and a Program Manager.

The nutrition program will be implemented using CMAM approach. Using this community-based approach to target the malnourished boys and girls under the age of 5. ACF will make sure that at least the minimum package of nutrition interventions are delivered for the treatment of severe and moderate malnutrition (SC, OTP as well as SFP); assessments of the situation (SMART/rapid assessments); and prevention and timely identification of malnutrition cases (community based screening and referral, nutrition education including IYCF promotion). The project will operate through 22 OTP centres located in Aweil East County (Malualkon, Malualbaai, Warawar, Lieth, Yargot, Aweil East and Omdurman); Aweil North: Wargeng; Gogrial West County (Alek, Keet, Ngapathian, Mankuac, Panliet and Atukuel); and Twic County (Wunrok, Turalei, Mayen Abun, Aweng and Mulbang) and also from three Stabilization Centers located in Malualkon, Alek and Wunrok. The TSFPs will be implemented through mobile teams in nine centers, of which 3 will operate in NBeG while 6 in Warrap state. The aim of the TSFP program is to treat the moderately acute malnourished boys and girls before they become severely acute malnourished. The nutrition education at the community level and the treatment sites focus on raising awareness on nutritional issues as well as on IYCF.

The overall components for the management of SAM (OTP & SC), MAM and community mobilization, as well as capacity building and assessments will be implemented as per the South Sudan IMSAM guideline. ACF works in very close partnership with UNICEF that will provide in-kind supply of medication and RUTF for SAM treatment and with WFP that provides in-kind supply of plumpy-doz and CSB for MAM treatment. To strengthen the sustainability of the program, ACF will focus on capacity building of the local authorities, mainly for state MOH. In addition the program includes a training & capacity building component for the ACF staff, MoH staff, CBOs and community members with regards to screening, recognition and treatment of malnourished boys and girls.

ACF will run a total of 22 OTP centers. The OTPs in Aweil East County are integrated in IRC run PHCC/PHCUs and while those in Twic County are integrated in PHCU/PHCCs run by GOAL. The CNWs from OTPs and SFPs, the nurse from SCs and the Community Mobilization Officer provide report on admission, discharges and all information as per

the national guideline (IMSAM) and international guidelines for MAM on a weekly basis that will be compiled for monthly reports. The reporting includes:

vii) Monitoring Plan
Describe how you will monitor progress and achievements of the project.

Monitoring: ACF has an OTP, SFP and SC supervisor for each county. As there is one SC per county, the SC supervisor has a direct day to day monitoring of the activities of the nurse-aids. The OTP supervisor makes a weekly monitoring plan and travels with monitoring check-list. The check-list includes the main activities at OTP level and has ratings. The rating will also be used for performance evaluation of the CNWs. The SFP supervisor besides supporting the SFP CNWs also will monitor their day to day activities as per their weekly plan. In general, there is a regular inputs, outputs and process monitoring at all OTP, SC, SFP and community mobilization activities.

Activities are monitored on an ongoing basis by field staff and monthly by Juba based technical coordinators through monthly reports and periodic visits. To ensure the highest standard of the intervention, technical support on specific program activities is provided on an ongoing basis to the coordination team and field teams by a sector technical advisor from the headquarters.

E. Committed funding
Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

Source/donor and date (month, year)	**Amount** (USD)
Multiple donors in cash (2012)	2,175,148
In Kind	890,361

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.

LOGFRAME		
CHF ref. Code: SSD-12/H/46161/14005	**Project title:** Treatment and Prevention of Acute Malnutrition in Warrap and Northern Bahr el Ghazal States and capacity building in Lakes states	**Organisation:** ACF-USA

Overall Objective: *What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.* • To reduce morbidity and mortality from acute malnutrition in IDPs, returnees and host populations in Warrap and NBeG States through the provision of comprehensive community based quality nutrition services in the areas of assessment, treatment, prevention and capacity building.	**Indicators of progress:** *What are the key indicators related to the overall objective?* • Atleast50% of the under 5 years has **access** to treatment for acute malnutrition • 70% of the people in ACF operational areas have the **knowledge** on prevention of acute malnutrition • Improved child care **practices**	**How indicators will be measured:** *What are the sources of information on these indicators?* • Monthly program reports • Baseline and program evaluation reports	
Specific Project Objective/s: *What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.* • To reduce morbidity and mortality from malnutrition among boys and girls of U5 years in Warrap and NBeG states of the Republic of South Sudan, through the provision of nutrition services (assessment, treatment and prevention and capacity building), from March 2012-February 2013, as measured by SMART, KAP, and coverage surveys	**Indicators of progress:** *What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?* • *Number of children admitted & treated* • *Number of people provided with health/nutrition education* • *Number of children screened during community mobilization and surveys* • *Quality of service as per Sphere Standard (percentage cured, defaulted, died, non-respondents)*	**How indicators will be measured:** *What are the sources of information that exist and can be collected? What are the methods required to get this information?* • Monthly program reports	**Assumptions & risks:** *What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?* • Therapeutic products, drugs and non-food items pipeline from partners / suppliers is maintained

Results - Outputs (tangible) and Outcomes (intangible): • *Please provide the list of concrete DELIVERABLES - outputs/outcomes (**grouped in Workpackages**), leading to the specific objective/s:*	**Indicators of progress:** *What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?*	**How indicators will be measured:** *What are the sources of information on these indicators?*	**Assumptions & risks:** *What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?*
• Severely & moderately malnourished children U5 yrs are treated in ACF nutritional centers	• 5,250 malnourished children U5 yrs are admitted at OTP's and stabilization centre • 6,250 moderately malnourished children U5 yrs are admitted at SFP • Nutrition programme performance indicators reach SPHERE standards (Cured rate >75%, mortality rate <5%, defaulter rate <15%, GoW in OTP *4* g/kg bodyweight/day, LoS in OTP <60days, and coverage of TFP >=50%) • 10,450 caretakers/mothers have received health and nutrition promotion messages	• ACF monthly nutrition reports • ACF coverage survey Reports • ACF anthropometric and mortality survey Reports	• Therapeutic products, drugs and non-food items pipeline from partners / suppliers is maintained • No epidemic outbreak • Security and political situation remains stable, Access to beneficiaries is ensured • Involvement and interest for collaboration of communities, local partners and authorities is adequate
• The nutritional status of children U5 yrs and underlying causes of malnutrition are monitored	• 11,400 children U5 yrs are screened in the community, at ACF nutrition centres, in all OTP catchment areas as well as during standard surveys		
• Trained manpower for sustainable management of acute malnutrition	• 138 staff, MoH Staff, CBOs and community volunteers trained		
• Baseline information on the nutritional status of the population	• 2 anthropometric surveys (SMART) completed and reported on		

and coverage of the program	• 1 coverage surveys completed and reported on		
Activities: *What are the key activities to be carried out (**grouped in Workpackages**) and in what sequence in order to produce the expected results?* • Running of 3 Stabilization Centres (SCs) for inpatient treatment and 22 Out-patient Therapeutic Program (OTPs) and 9 supplementary feeding programs (SFPs) for 12 months • Set-up screening of beneficiaries for admission at community as well as OTPs /SFPs • Conducting community mobilization activities • Screening and referral • Health/nutrition education • Provision of training on management of acute malnutrition • Conduct Training on IMSAM for SMOH and staff • Conduct training for mother support groups, CBOs, TBA, community leaders Conducting 6 anthropometric /mortality and coverage surveys • Conduct 3 anthropometric survey Conduct 3 coverage survey • Preparation and dissemination of 3 anthropometric and mortality survey reports to key stakeholders	**Inputs:** *What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?* • Medication, supplies, staff time, nutrition equipment, transportation, and stationeries	• Monthly report	**Assumptions, risks and pre-conditions:** *What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?* • Security and political situation remains stable, Access to beneficiaries is ensured • Involvement and interest for collaboration of communities, local partners and authorities is adequate

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.

Activity	**Q1 / 2012**			**Q2 / 2012**			**Q3 / 2012**			**Q4 / 2012**			**Q1. / 2013**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Result 1: Severely acute malnourished children U5 yrs are admitted and treated in ACF nutritional centers															
Activity (1.1): Running OTP			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.2): Running SC			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.3): Running SFP			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (1.4): Conducting health and nutrition education			X	X	X	X	X	X	X	X	X	X	X	X	X
Result 2: Preventive measures on acute malnutrition are instituted in the community															
Activity (2.1): Screenings, referral & active case finding in the community			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (2. 2): Screenings at ACF facilities			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (2. 3): Health/nutrition education			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (2. 4): Micronutrients supplementation			X	X	X	X	X	X	X	X	X	X	X	X	X
Activity (2. 5): Deworming			X	X	X	X	X	X	X	X	X	X	X	X	X
Result 3: Information on the nutritional status of the population and coverage of the program identified															
Activity (3.1): Conducting anthropometric surveys (SMART)			X	X	X					X	X	X			
Activity (3.2): Conducting coverage survey													X	X	X
Result 4: Trained manpower for sustainable management of acute malnutrition															
Activity (4.1): Conducting training on SAM			X			X			X			X			
Activity (4.2): Conducting training on MAM				X			X			X			X		

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