

## 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](mailto: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:

<b>CAP Cluster</b>	<b>Nutrition</b>
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**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.

<b>Cluster Priority Activities</b>	<b>Cluster Geographic Priorities</b>
<p>Cluster objectives and activities as outlined in CAP <b>Treatment services</b> for Severe Acute Malnutrition and Moderate Acute Malnutrition in children under 5 years, P&amp;LW and other vulnerable groups, through SCs, OTPs and TSFPs - including training of staff <b>Prevention services</b> for children under 5 years and P&amp;LW through - micronutrient supplementation U5 &amp; P&amp;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 <b>Strengthen Nutrition emergency preparedness and response capacity</b> - 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 &amp; SMOH on emergency preparedness and response</p>	<p>Hot spot areas in high priority states will be prioritized</p>

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

<b>Requesting Organization</b>	<b>Project Location(s)</b> (list State, County and if possible Payam where CHF activities will be implemented)
International Medical Corps <sup>1</sup> -UK	Jonglei State – Akobo County – All Payams (100%)
<b>Project CAP Code</b>	
SSD-12/H/46182	
<b>CAP Project Title</b>	
Mitigating Malnutrition in Akobo County, Jonglei State	

<b>Total Project Budget in South Sudan CAP</b>	<b>Amount Requested from CHF</b>	<b>Other Resources Secured</b>
US\$ 476,194	US\$ 200,000	US\$ 600,000

<b>Direct Beneficiaries</b>	<b>Total Indirect Beneficiary</b>
Women: 15,015	136,210
Men: 10,015	
Girls: 6,456	<b>Catchment Population (if applicable)</b>
Boys: 6,455	136,210 in Akobo County
120 SC, 1,800 children admitted in OTP and 2,818 TSFP U5, 1,454 TSFP PLW, 8,173 BSFP, 25,030 education and 30 people trained.	

<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.

**Implementing Partners** (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)  
 Akobo County: County Health Department, and State Ministry of Health

**Project Duration** (max. of 12 months, starting from allocation date)  
**Start Date (mm/dd/yy): 03/15/2012**  
**End Date (mm/dd/yy): 03/14/2013**

**Address of Country Office**  
 Project Focal Person: Hilde Bergsma  
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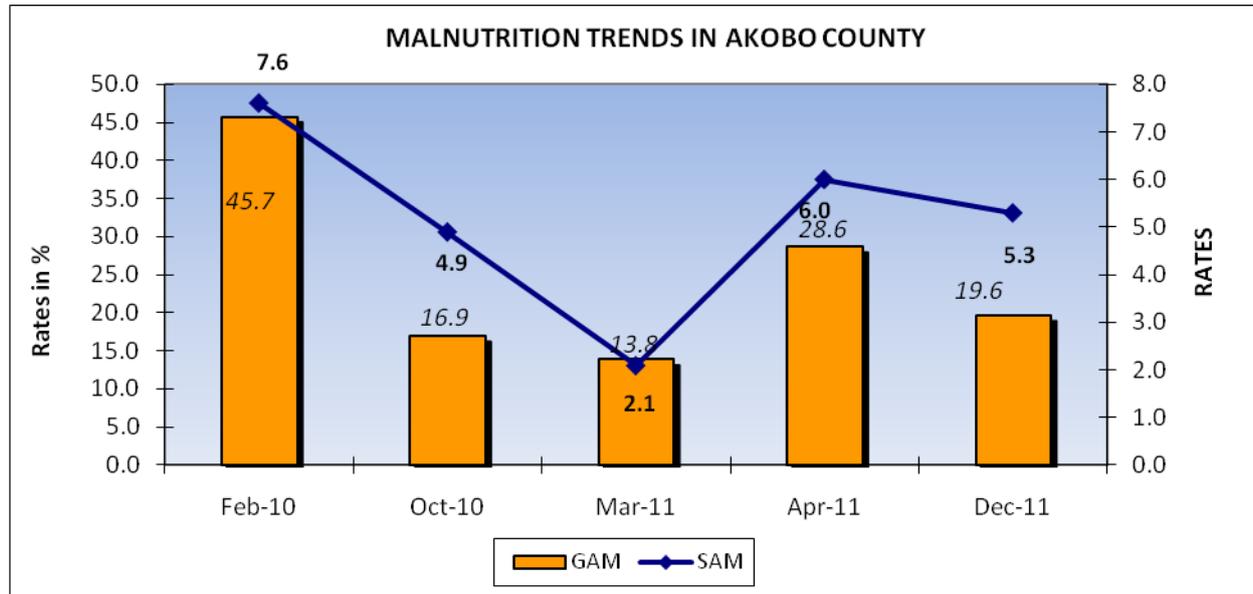
**SECTION II**

**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

Development indicators in South Sudan are among the lowest in the world, reflecting the burden of disease that continues to plague the country. An estimated 50.6%<sup>2</sup> of the population lives below the poverty line, and the social service sector remains grossly ill-equipped to meet the population's needs. Facilities and infrastructure either do not exist or are in poor condition, trained staff are in short supply, and systems for collecting and sharing data and ensuring quality services are poor.

**2.1 Akobo County**

The food security situation has declined in Akobo County. Low rainfall from May to October 2011 led to delayed planting and decreased expected harvests<sup>3</sup>. A 'crisis' food insecurity situation is anticipated, due the below-average 2011 harvests, insecurity and conflict, increased demand due to the growing IDP, returnee, and refugee populations, and high cereal prices<sup>4</sup>. Akobo County is one of the key areas of concern for severe food insecurity in Jonglei State<sup>5</sup>, and there is potential for the situation to deteriorate further, due to restricted market access and trade restrictions<sup>6</sup>.



A SMART survey conducted in December 2011 found malnutrition rates that are **critical**. Trend analysis with previous nutrition

<sup>2</sup> Sources: New Sudan Centre for Statistics and Evaluation  
<sup>3</sup> RoSS Rapid Crop Assessment Report- September 2011  
<sup>4</sup> FEWSNET December 2011 food security outlook  
<sup>5</sup> FEWSNET December 2011 food security outlook  
<sup>6</sup> Famine Early Warning Systems Network (FEWSNET) Food security outlook, December 2011

surveys shows that there has been no significant difference in GAM/SAM reported for Akobo County since 2010, taking into consideration seasonality: Five surveys were carried out in Akobo County in 2010 and 2011. Pre-harvest surveys showed a significant difference (Feb 2010: 45.7%; April 2011: 28.6%) but post-harvest surveys showed no significance difference.

## 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

The proposed program falls within the key priorities of the Nutrition Cluster to provide services for treatment of acute malnutrition in children U5, pregnant, lactating women, and other vulnerable groups; provide services for prevention of under nutrition in children U5 and pregnant and lactating women; and strengthen nutrition emergency preparedness, needs assessment and response capacity. It falls under the second priority, category B of CHF focusing on nutrition, protection, live-saving services in areas at high-risk and with high number of displaced, refugees and returnees.

Jonglei State is located in the nutrition cluster's eight high-priority states. In particular, Akobo County has high food insecurity.

All interventions will follow the guidelines and protocols of MoH and Nutrition Cluster. International Medical Corps was an active participant of the Nutrition Cluster in 2011, and intends to continue participation. It will also actively participate in technical working groups as needed, and share experiences and lessons learned with the nutrition cluster, County Health Department (CHD), and the State and National Ministries of Health.

International Medical Corps has been providing health services in South Sudan since 1994. Since May 2011, International Medical Corps has been running a comprehensive nutrition program in Akobo County, with outpatient treatment program (OTP) and blanket supplementary feeding program (BSFP) services as much as possible. 639 children have been treated for SAM in outpatient services, 35 treated in inpatient services, 1,762 pregnant and lactating women received supplementary rations and 6,242 children 6-23 months old received supplementary rations during the lean season. Access was altered due to insecurity, but International Medical Corps is hopeful that accessibility will be better in 2012.

International Medical Corps is the primary NGO providing health care in Akobo County; the design of this project utilizes this experience. The community and CHD in Akobo have played important roles in the project's development, and will continue to participate during implementation.

The nutrition activities conducted by International Medical Corps will not only benefit the direct beneficiaries in Akobo County, but will also indirectly benefit the complete catchment area. This program has a very strong community component, with active screening and behavioral change communication. The whole catchment area will indirectly benefit from the services offered.

## 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

This project will focus on life-saving activities, targeting the most vulnerable people in the population; specifically, children and women. The proposed interventions will be implemented in geographically underserved areas in Jonglei. International Medical Corps will also run capacity strengthening activities with the Ministry of Health, ensuring their commitment to the project.

### ii) Objective

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

6,192 children under five, and pregnant and lactating women will receive curative nutrition services, while 8,173 children 6 to 36 months will receive preventive rations. 25,000 women and men will receive health and nutrition promotion services.

### 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.

#### **Provide community-based management of acute malnutrition to acutely malnourished children under five:**

- Refer and manage all children under 5 with SAM and medical complications in the **SC** for inpatient care. This program provides therapeutic food and medical treatment in an inpatient setting 24 hours a day until the beneficiary is stable enough to be discharged to OTP. Close anthropometric monitoring and medical treatment is provided, in addition to nutrition education and referrals.
- Manage all children under 5 with SAM and no medical complications in **OTP** using ready-to-use therapeutic food (RUTF). Anthropometry, medical treatment, nutrition education and referrals are also provided, and children are referred for primary health care services, such as the expanded program on immunizations. Caregivers also receive nutrition education at each OTP session.
- Manage all children under 5, and pregnant and lactating women (PLW) with MAM through a **SFP** using ready to use supplementary food for the children, and CSB+, oil and sugar for PLW

**Location:** Akobo County

**Direct beneficiaries:** 120 children admitted in SC, 1,800 children admitted in OTP and 2,818 children admitted in TSFP, 1,454 PLW admitted in TSFP in Akobo

#### **Provide preventative nutrition interventions to target both immediate and underlying causes of malnutrition:**

- Conduct community-based and clinic-based screening of children under five and pregnant and lactating women for acute malnutrition

- Provide CSB ++ to all children 6-36 months old during the lean season. As part of its contingency plan, WFP is providing this commodity to partners with the capacity to distribute it.
- Provide nutrition, hygiene and health education, focusing on **IYCF** and care and the essential nutrition actions to program beneficiaries and their families both during treatment and home visits. Conduct additional behavior change communication (BCC) activities such as drama and discussions on these topics at public venues such as community-based organizations and churches.
- Run **mother-support groups** for all PLWs and mothers with children under 2 to strengthen BCC activities and help increase compliance with treatment programs. PLWs and mothers of children under 2 are gathered in groups of up to 15. Those groups are then gathered under leader mothers who oversee 12 groups of 15 households. CHWs and nutrition assistants also help oversee activities, which include BCC sessions, during which ICYF, health and hygiene topics are discussed in depth and challenges caregivers face are addressed. Cooking demonstrations and new recipes can also be part of the activities to help caregivers diversify their families' diets and make better use of locally available foods.
- Distribute **micronutrient sprinklers** targeting women in child bearing age, and the community at large.
- Refer all children under 5 in the program to PHC services such as the expanded program on immunizations

**Location:** Akobo County

**Direct beneficiaries:** 8,173 children 6-36 months

5,000 caretakers in mother-support groups, and 20,000 community members receive nutrition, health and IYCF education in Akobo County, and 1,000,000 micronutrient sprinkler sachets are distributed in Akobo County

**Provide continuous capacity strengthening to International Medical Corps nutrition staff and increase Ministry of Health (MoH) capacity to manage CMAM programs within the South Sudan health system, in compliance with the MoH Integrated Management of Severe Acute Malnutrition (IMSAM) protocol:**

- Provide in-class and on-the-job **training and mentoring** to International Medical Corps and MOH nutrition staff on CMAM, IYCF, supply chain and MoH information management systems and other nutrition topics. Training will be based on the national South Sudan guidelines and protocols.

**Location:** Akobo County

**Direct beneficiaries:** 30 MoH and International Medical Corps staff

**iv). Cross Cutting Issues**

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

**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 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. To help ensure men do not undermine women's rights, some BCC messages will primarily target men. In addition, gender issues will be accounted for when analyzing possible barriers to access to services. International Medical Corps also advocates for greater female participation at all levels. Even though at present there is a great gender imbalance at community level (Village Health Committees and Community Health Workers), International Medical Corps has adapted various strategies in increasing the number of female engagement.

**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.

- Malnourished children under 5 and PLWs will receive treatment. Of those beneficiaries, at least 75% will be discharged cured.
- Preventative supplementary distributions will help prevent the GAM rates from increasing during the lean season in the program area among children 6-36 months while caregivers will gain new knowledge and adopt improved IYCF, nutrition and health behaviors to help prevent malnutrition.
- MoH skills to manage acute malnutrition will be strengthened and MoH staff will begin taking on greater levels of responsibility.

	<b>Indicator</b>	<b>Target (indicate numbers or percentages)</b>
1	Total direct beneficiaries	15,015 women, 10,015 men, 6,455 boys and 6,456 girls
2	Quality of SAM services	Overall program cure rate (> 75%, SPHERE standards) Overall program default rate (< 15%, SPHERE standards) Overall program death rate (< 10%, SPHERE standards)
3	Supervisory visits/quarter/nutrition treatment sites	1 supervisor visits per nutrition center site each quarter
4	Timely and complete reports submitted every month	80% of the monthly reports timely submitted by international medical corps and MoH
5	Health and nutrition workers trained (includes facility and community level health workers)	30 health facility staff

**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.

International Medical Corps activities are integrated into MOH structures at the referral hospital and PHC clinic levels. MOH staff members will work full time alongside International Medical Corps staff members to implement nutrition activities.

**vii) Monitoring Plan**

Describe how you will monitor progress and achievements of the project.

International Medical Corps will follow the IMSAM protocol for monitoring and reporting on CMAM activities in Akobo County. This includes clinic and mobile site-level reporting, followed by district then state-level reporting. The SMOH reports to the national MOH. Data collection will be done by International Medical Corps to monitor program performance in terms of relapse, defaulter, 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, and PHC).

International Medical Corps will monitor program progress from Akobo West on a bi-weekly basis (every other week). The expatriate program staff and project nutritionists will be responsible for data collection and reporting on routine activities or changes in the beneficiary needs that may require donor attention.

Regular (weekly) reporting from some sites may be delayed during times of insecurity or flooding in the region. If security allows, International Medical Corps staff will move on foot or bicycle, if vehicles are not able to access some of the sites. In extreme circumstances, when floodwaters are too deep for staff to pass, information will be collected as soon as movement is possible.

**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)
USAID/OFDA (5/11-5/12) \$1,200,000 Total amount	Remaining \$ 600,000

### 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: <u>SSD-12/</u>	Project title: Mitigating malnutrition in Akobo County	Organisation: <u>International Medical Corps</u>	
<p><b>Overall Objective:</b>  <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i></p> <ul style="list-style-type: none"> <li>To mitigate the effects of malnutrition among the vulnerable populations living in Akobo County</li> </ul>	<p><b>Indicators of progress:</b>  <i>What are the key indicators related to the overall objective?</i></p> <ul style="list-style-type: none"> <li>GAM rates maintain below emergency level</li> </ul>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Pre- and post SMART survey results</li> </ul>	
<p><b>Specific Project Objective/s:</b>  <i>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.</i></p> <p>6,292 children under five and pregnant and lactating women will receive curative nutrition services, while 8,173 children 6 to 36 months will receive preventive rations and 25,000 women and men will receive health and nutrition promotion services.</p>	<p><b>Indicators of progress:</b>  <i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i></p> <ul style="list-style-type: none"> <li>6,192 admissions to curative program and 8,173 admissions to BSFP program</li> <li>10,000 men and 15,000 women received health and nutrition promotion services</li> </ul>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i></p> <ul style="list-style-type: none"> <li>Program records at SC, OTP, SFP, and BSFP levels</li> <li>Community health workers reporting records</li> <li>Health facility reporting records</li> </ul>	<p><b>Assumptions &amp; risks:</b>  <i>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?</i></p> <ul style="list-style-type: none"> <li>Security will continue to permit programs to operate</li> <li>Access continues to permit beneficiaries to be reached and for supplies to be delivered</li> <li>IMC will receive additional supplies from WFP and UNICEF</li> </ul>
<p><b>Results - Outputs (tangible) and Outcomes (intangible):</b></p> <ul style="list-style-type: none"> <li>Result 1: Malnourished children under 5 and PLWs will receive treatment. Of those beneficiaries, at least 75% will be discharged cured.</li> <li>Result 2: Preventative supplementary distributions will help prevent the GAM rates from increasing during the lean season in the program area among children 6-36 months while caregivers will gain new knowledge and adopt</li> </ul>	<p><b>Indicators of progress:</b>  <i>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</i></p> <ul style="list-style-type: none"> <li>Quality of services reached based on sphere standards (SAM: cure rate &gt; 75, default rate &lt; 15%, program death rate &lt; 10%; MAM U5 cure rate &gt; 75, default rate &lt; 15%, program death rate &lt; 3%)</li> <li>40 % increase of correct IYCF practices</li> <li>75 % of staff retaining 75% of key knowledge</li> </ul>	<p><b>How indicators will be measured:</b>  <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> <li>Program records at SC, OTP and SFP levels</li> <li>SMART survey</li> <li>Training reports</li> </ul>	<p><b>Assumptions &amp; risks:</b>  <i>What external factors and conditions must be realized to obtain the expected outcomes and results on schedule?</i></p> <ul style="list-style-type: none"> <li>MOH continues to make available staff on a long-term basis to work in the nutrition programs.</li> <li>Security will continue to permit programs to operate</li> <li>Access continues to permit</li> </ul>

<p>improved IYCF, nutrition and health behaviors to help prevent malnutrition.</p> <ul style="list-style-type: none"> <li>Result 3: MoH skills to manage acute malnutrition will be strengthened and MoH staff will begin taking on greater levels of responsibility.</li> </ul>			<p>beneficiaries to be reached and for supplies to be delivered</p> <ul style="list-style-type: none"> <li>IMC will receive additional supplies from WFP and UNICEF</li> </ul>
<p><b>Activities:</b>  <i>What are the key activities to be carried out (<b>grouped in Workpackages</b>) and in what sequence in order to produce the expected results?</i></p> <ul style="list-style-type: none"> <li>Activity 1.1 Refer and manage all children under 5 with SAM and medical complications in the SC for inpatient care.</li> <li>Activity 1.2 Manage all children under 5 with SAM and no medical complications in OTP Activity</li> <li>1.3 Manage all children under 5 and pregnant and lactating women (PLW) with MAM through a SFP</li> <li>Activity 2.1 Conduct community-based and clinic-based screening of children under five and pregnant and lactating women for acute malnutrition</li> <li>Activity 2.2 Provide CSB ++ to all children 6-36 months old during the lean season</li> <li>Activity 2.3 Provide nutrition, hygiene and health education, focusing on IYCF and care and the essential nutrition actions</li> <li>Activity 2.4 Run mother-support groups for all PLWs and mothers with children under 2 t</li> <li>Activity 2.5 Distribute micronutrient sprinklers</li> <li>Activity 2.6 Refer all children under 5 in the program to PHC services such as the expanded program on immunization</li> <li>Activity 3.1 Provide in-class and on-the-job training and mentoring</li> </ul>		<p><b>Inputs:</b>  <i>What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</i></p> <p>Program and support staff  Nutrition supplies  Transport by boat and vehicle (fuel and maintenance)  Training materials  Rehabilitation of nutrition units in PHCU  Micronutrient sprinklers  Other operational costs</p>	<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> <ul style="list-style-type: none"> <li>MOH continues to make available staff on a long-term basis to work in the nutrition programs.</li> <li>Security will continue to permit programs to operate</li> <li>Access continues to permit beneficiaries to be reached and for supplies to be delivered</li> <li>Qualified staff will be available and timely recruited</li> </ul>

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<b>Result 1</b> Malnourished children under 5 and PLWs will receive treatment. Of those beneficiaries, at least 75% will be discharged cured												
Activity 1.1 Refer and manage all children under 5 with SAM and medical complications in the <b>SC</b> for inpatient care.			X	X	X	X	X	X	X	X	X	X
Activity 1.2 Manage all children under 5 with SAM and no medical complications in <b>OTP</b> .			X	X	X	X	X	X	X	X	X	X
Activity 1.3 Manage all children under 5 and pregnant and lactating women (PLW) with MAM through a <b>SFP</b>			X	X	X	X	X	X	X	X	X	X
<b>Result 2</b> Preventative supplementary distributions will help prevent the GAM rates from increasing during the lean season in the program area among children 6-36 months while caregivers will gain new knowledge and adopt improved IYCF, nutrition and health behaviors to help prevent malnutrition.												
Activity 2.1 Conduct community-based and clinic-based screening of children under five and pregnant and lactating women for acute malnutrition			X	X	X	X	X	X	X	X	X	X
Activity 2.2 Provide CSB ++ to all children 6-36 months old during the lean season			X	X	X	X	X					
Activity 2.3 Provide nutrition, hygiene and health education, focusing on <b>IYCF</b> and care and the essential nutrition actions			X	X	X	X	X	X	X	X	X	X
Activity 2.4 Run <b>mother-support groups</b> for all PLWs and mothers with children under 2 t			X	X	X	X	X	X	X	X	X	X
Activity 2.5 Distribute <b>micronutrient sprinklers</b>			X	X	X	X	X	X	X	X	X	X
Activity 2.6 Refer all children under 5 in the program to PHC services such as the expanded program on immunization			X	X	X	X	X	X	X	X	X	X
<b>Result 3</b> MoH skills to manage acute malnutrition will be strengthened and MoH staff will begin taking on greater levels of responsibility.												
Activity 3.1 Provide in-class and on-the-job <b>training and mentoring</b>			X	X	X	X	X	X	X	X	X	X

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