OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Comitato Collaborazione Medica
Allocation Type :	2nd Round Standard Allocation

Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100

Project Title :	Promote the universal access of integrated nutrition care among vulnerable groups, children and P&EW in particular, in Warrap State through the support of static and mobile services
Allocation Type Category :	Frontline services

OPS Details

Project Code :		**Fund Project Code :**	SSD-16/HSS10/SA2/N/INGO/3597
Cluster :		**Project Budget in US$:**	308,769.24
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	01/10/2016	**Planned End Date :**	31/03/2017
Actual Start Date:	01/10/2016	**Actual End Date:**	31/03/2017

Project Summary :

The project main goal is to enhance the prevention and treatment of SAM and MAM among children U5, P&LW and other vulnerable groups (IDPs, refugees, elders) through improved coverage and quality of nutrition services at HFs and outreach level and the capacity building of local institution in their coordination.
The project area includes 2 counties (Tonj East and Tonj South) of Warrap State which, according to FSNMS report of June 2016, classify at critical nutrition levels for GAM (23.1%) and show a steady increase in the last two years (GAM at 14.8% in August 2014).
The project specific purposes, aligned with the Nutrition cluster, strategy are:
I. Scale up the integrated management of acute malnutrition through provision of high quality and comprehensive health services (PHCUs, PHCCs, outreaches) for girls and boys aged 0-59 months, pregnant and lactating women (PLW), elders and other vulnerable people of Warrap State;
II. Increase the access to integrated health and nutrition services for children U5 and PLWs and other vulnerable groups by enhancing safe and appropriate infant and young child feeding practices, micronutrient deficiencies supplementation and nutrition initiatives through theinvolvement of local communities;
III. Ensure the coordination and monitoring of the nutrition response, through improved nutrition surveillance, monitoring and coordinated interventions, as well as the reinforcement of monthly data collection and analysis.
The prevention and treatment of acute malnutrition will be ensured through its integration into the health services, the involvement of local community and authorities in nutrition surveillance, the technical assistance and continuous supportive supervision to HFs, the capacity building of local health and nutrition staff and authorities. A detailed work plan shared with the local authorities and communities and the establishment of a reporting and data collection system dedicated to nutrition, will allow monitoring closely the nutrition status of the population in the target area. The integration of the present project into the wider HPF intervention, envisaging the reinforcement of the CHD and a consistent involvement of communities, will positively influence the intervention impact and sustainability, facilitating the accessibility to services even to the vulnerable and remote communities. Working as leading agency and in close cooperation with the other main nutrition actors (Hold the Child and World Vision) in both Tonj South and East counties, CCM will be in the position to implement a network of local institutions, international NGOs and community groups to assess the counties needs and define common and synergic plans.
The project foresees to reach a total of 95,891 direct beneficiaries, including 63,190 children-U5 and 32,701 men and women. A total of 49,600 children U5 are estimated to be screened through MUAC at Health Facility and Community level. Based on the current GAM and SAM rates, about 2,300 are expected to be enrolled in the OTP services and 90 in the SC for the management of SAM. This caseload is based on a 80% coverage and, although it is above the cluster target, we consider that CCM is in a position to meet this target. We aim to go beyond cluster's target in consideration of our past experience and performance and, particularly, because of the increased number of outreaches that CCM is going to carry out on a weekly basis. Concerning the MAM treatment, please note that CCM is not responsible for its management in either of the two counties, but a close link and collaboration with Hold the Child (local NGO based in the area) will ensure the proper referral and management of the cases. CCM is expecting to refer about 4,300 MAM cases (65% of the coverage) to Hold the Child over the 6-month project period. The target is slightly above the cluster target and the one from the CN, because MAM cases might be additionally identified directly by HtC.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
1,511	31,190	31,595	31,595	95,891

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	0	0	0
Internally Displaced People	0	1,200	2,900	2,900	7,000
People in Host Communities	1,511	29,990	28,695	28,695	88,891
Pregnant and Lactating Women	0	0	0	0	0

Indirect Beneficiaries :

The indirect beneficiaries will be almost 150.000 people that will benefit of the improved nutrition and health behaviors spread in the IDPs and host communities. We can consider among the indirect beneficiaries also the families of the mother groups joining the meeting at community level, because of the improved awareness about nutrition and health created among the women.

Catchment Population:

The catchment population is an estimated 300,000 for both Tonj East and Tonj South counties. These account for about 276,886 inhabitants (DHIS 2016) (roughly 50% women, 50% men) and the immediate surroundings.

Link with allocation strategy :

In the last two years, CCM has increased the number and the quality of nutrition services by establishing new services and by improving the coordination with the local authorities and the other actors in the area.
The project will contribute to the nutrition cluster strategy by integrating nutrition sensitive interventions into the existing health system and thanks to the enhancement of the health and nutrition system developed in the past years in both counties.
In Tonj South, CCM runs six (6) active fixed OTP sites, one (1) functional outreach OTP site and two (2) functioning stabilization centers. Besides, in Tonj East, CCM runs seven (7) active OTP sites, two (2) outreach posts (to be expanded to five which means covering all health facilities) and one (1) stabilization center. All the established sites are at the health facilities where other curative and preventive services are offered and, currently, all the available nutrition staffs have been fully integrated into the primary health care system.
The present project will ensure that the services won`t be disrupted and will contribute to the scaling up of nutrition services through community mobilization, mobile and outreach services and strengthening of the County Health system competence in the nutrition services delivery.
The involvement of the Village Health Committees (VHCs) and of the mothers/women groups in spreading education messages on nutrition and the empowerment of the CHDs members on the surveillance tools and methodologies will facilitate the monitoring of the nutrition needs and the ability to give a quick and effective response to them. In this framework, the involvement of local communities in assessing the needs will be determinant to better understand the main problems and concerns of the population and to identify the most effective and targeted solutions to them. The women/mothers groups meeting and focus groups will also be useful to enlighten the impact of the provided services access to the population and exclude the possibilities of negative ones.
Furthermore, the deep knowledge of the context, the existing network of VHCs and community groups and the long terms relationship with the local authorities will facilitate the strengthening of the information management through the proposed SMART survey, and Rapid assessments/IRNA (when needed and carried out with other partners). This will allow to better informing emergency nutrition response, decision making and advocacy activities, thanks even to the access to the most remote communities and the identification of high vulnerable groups in need of nutritional assistance.

Finally, the activated monthly meeting with the local authorities (RRC, CHD, and Commissioner officer) will give the IP clear information on the county internal threats and risks, both for the IPs staff and the population and will facilitate the implementation of mitigation measures to provide the needed services reducing the risks. This activity allows the IP to better monitoring the threats for the population (e.g. the frequent cattle raid in the area) and the impact they could have for the population reaching services.
The existing multi-sector coordination network (involving local institutions, international NGOs and local community groups in information sharing) has the primary goal of facilitating a better context need analysis and the development of a more synergic response plan in order to avoid overlapping in services provision and giving the highest value to the actions of the involved networks members.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Samuele Tognetti	Country Representative CCM	countryrep.ssd@ccm-italia.org	+211 918570727
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BACKGROUND

1. Humanitarian context analysis

For the last two years, Warrap state has experienced an increasingly worsening nutritional status. The FSNMS Survey results, June 2016, indicate that in this state malnutrition is perennially high, with a global acute malnutrition (GAM) prevalence of 23.1 per cent, far much above the emergency threshold of 15% as per WHO classification (going from 14.8% in August 2014 to 23.1% in June 2016). The worst affected counties are Tonj South, Tonj East, Gogrial East and West Counties.
Tonj East and Tonj South (Warrap) counties mount more than 281,000inhabitants (roughly 50% women, 50% men) living mostly of agriculture and livestock. The economic situation in both counties has severely deteriorated. A dramatic drop in the value of the South Sudanese pound and inflation estimated at close to 300% resulted in record high food prices (up to 150% compared to average) and they are likely to become even higher due to insecurity, further exacerbating food insecurity.
The above scenario has significantly affected the purchasing power of households across the state. The vast majority of households are struggling to cope with massive price rises on basic foodstuffs. Supply lines have been severely disrupted, with insecurity continuing along key transport routes.
In both TE and TS, high prevalence of acute malnutrition is attributed mainly to poor food consumption (because of poor access through markets and reduced personal food stocks), poor maternal and Infant and Young Children Feeding (IYCF) practices, morbidity, poor water, sanitation and hygiene (WASH) facilities and practices, and constrained health and nutrition service delivery.
Particularly, child-feeding practices such as untimely introduction of complementary foods or poor quality and inadequate quantity of these foods contribute substantially to the high levels of malnutrition. Additionally, low exclusive breastfeeding practices are a key contributing factor to the nutrition situation in these areas. In terms of WASH, poor access to safe water and improved sanitation facilities is contributing significantly to high morbidity levels with a resultant adverse effect on nutrition. Low access to PHC services for mothers and children, mostly due to movement constraints, poverty and limited awareness on health and nutrition risks, contribute to the extremely alarming levels of child mortality in the targeted counties. Severe shortages of health workers and functional facilities, socio-economic barriers, inadequate mechanisms to reach pastoralist communities and displaced populations, and the under financing of the health system make universal access to health services very difficult. Most health infrastructure are dilapidated, essential medical and surgical equipment outdated or lacking. This limited service provision capacity disproportionately affects women and girls. All the above factors clearly indicate an underlying nutritional vulnerability of the population in the two counties. Besides, the nutritional situation in the area risks to deteriorate considering the high reduction of funds from HPF and UNICEF during 2016 which are forecast also for the beginning of 2017.
The worst affected population is likely to include the Internally Displaced Persons (IDPs), returning households and the low-income earners who are characterized by minimal assets and low purchasing power to satisfy their food needs and who are worst hit by the economic crisis, high market prices, as well as conflict related market and trade disruptions.
Close monitoring of the situation and scaling up of interventions to address the contributing factors is urgent, while continued focus on the treatment of acute malnutrition should also be prioritized.

2. Needs assessment

CCM, in close coordination with Tonj East and Tonj South County Health Departments, is leading the delivery of health and nutrition services in both counties with the HPF support. A total of 16 health facilities (TE:1 SC, 7 OTP: TS: 2SC, 6 OTP) are currently functional in TE and TS counties. All of them are supported by CCM under HPF and MOH.
The health and nutrition profile of both Counties, compared also to the national data, shows that TE and TS county health systems face several challenges attributed to low health service coverage, lack of trained health workers, fragile state of security, low level of literacy rate, and poor roads condition. Please refer to annex 1 which explain the specific need of the target groups and give a detailed explanation of exiting capacity and gaps.
The need assessment was conducted as parts of an analysis exercise in April 2016. Main goals of the analysis exercise were:
1. Having updated information on the nutrition situation in the counties, in order to have an updated picture of GAM, SAM and MAM rates as per the latest data available. The nutrition assessment was based on the successes and challenges of the past three years of activities carried out by CCM in close coordination with the County Health Departments in both counties.
2. Supporting the drafting of the new proposals aiming at the strengthening of the County Health System.
All essential national documents, strategies and policies guided the development and management of all health and health-related services and activities carried out by CCM and the CHDs in both Counties. They include the most updated versions of Strategic Plans, Services Protocols, Training Manuals and Treatment Guidelines.
Specifically, both secondary (national and county reports and strategies) and primary data (NIS) were utilized to describe the nutrition situation in the areas as per the latest data available.
Finally, the number of beneficiaries considered for this proposal has been based on projection of ongoing and planned activities, considering county population and current trends of service provision.

3. Description Of Beneficiaries

The main project beneficiaries are children U5 and P&LW, from host and IDPs communities, living in poor condition in the two counties of Tonj East and Tonj South. The project directly targets the most vulnerable people to acute malnutrition and micronutrient deficiencies, with particular focus on children U5 (boys and girls), pregnant and lactating women, elderly, and displaced or refugee persons in spontaneous or organized settlements. Beneficiaries have been identified among all patients accessing health services at facility and community level (OPD U5 and Adult, ANC/PNC, EPI, outreaches and mobile clinics), with particular attention to groups heavily affected by natural disasters (flood, heat) and with low financial capacity and income (reduced harvest capacity, loss of livestock, unhealthy household).
Out of 95,801 total beneficiaries, 32% are woman accessing both preventing and curative care and H&N promotion activities. It is widely recognized that women can influence child survival through appropriate caring practices, such as breastfeeding, adequate complementary feeding, hygiene and health seeking behaviors, including early identification of common diseases. 66% of the target beneficiaries are children U5 suffering from the consequences of household food insecurity, inadequate care and feeding practices, unhealthy household environment and lack of health services more than other vulnerable people. Community involvement will ensure better targeting of beneficiaries in need and the identification of the “best” nutrition practices, consistent with local culture, capabilities and the physical environment. Nutrition services will be equally accessible for people with disabilities and minorities, even if the project does not specifically target such categories.

4. Grant Request Justification

Comitato Collaborazione Medica (CCM) is an international non-governmental organization specialized in the health sector. CCM is present in Southern Sudan since 1983, with a valuable experience in the management of both health and nutrition projects founded by several donors. The presence of CCM in the project target counties dates back to 2005. In the framework of the countywide funding approach, CCM is the CHD leading agency and the main health service provider in the 2 project counties, responsible for Nutrition program within the PHC system. During the past year and half CCM, thanks to CHF and UNICEF support, has had the chance to increase widely the number of SC and OTP sites (as well as of the outreaches sites) and to reorganize the county nutrition services system, integrating it in the health county system. The current project is of upmost importance to integrate critical funding gap in the las quarter of 2016. UNICEF support will mostly focuses on supplies and logistics. Health Pooled Fund resources are not enough to guarantee a proper nutrition services coverage. CHF resources are therefore crucial to complement CCM secured funds, covering financial gaps to ensure the management and prevention of acute malnutrition and the provision of emergency preparedness and response services. The lack of the CHF support, on the other hand, will lead to a significant reduction of the services due to the shortage of funds such as: SC/OTP strengthened, expansion of outreach capacities, capacity building, community awareness and empowerment and IYCF.
Added values to the present proposal is based on: CCM long-standing partnership with SMoHs/CHDs in both counties; integration of CHF project within broader programs supported by other donors and mainly focusing on institutional capacity building of CHDs and development of County Health Systems; prevention and treatment of SAM ensured through their integration into the basic package of health services provided at HFs level, and through the involvement of the community for the referral of cases; coordination with the existing partners (WVI and Hold the Child) in charge of the complementary nutrition components to ensure an effective and timely referral of MAM cases; cooperation and partnership with the aforementioned organization to ensure a coordinated response to the nutrition needs in both counties; and scaling-up community activities to better targeting the beneficiaries and to identify the best nutrition practices consistent with local culture and capabilities.

5. Complementarity

The project will complement activities and resources planned in the new HPF2 proposal, which CCM submitted to HPF and is foreseen to start in October. Budget allocation from HPF is not enough to cover and address the nutrition related needs, especially concerning technical assistance, supplies and consumables, outreaches and community activities.

LOGICAL FRAMEWORK

Overall project objective

Promote the universal access of integrated nutrition care among vulnerable groups, children and P&EW in particular, in Warrap State through the support of static and mobile services

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	50
CO2: Increased access to integrated programmes preventing under-nutrition for the most vulnerable and at risk	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	30
CO3: Ensure enhanced needs analysis of nutrition situation and robust monitoring and effective coordination of responses	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	20

Contribution to Cluster/Sector Objectives : Thanks to the enhancement of the health and nutrition system developed in the past years in both counties, the project will contribute to the nutrition cluster objective 1 (Deliver quality life-saving management of acute malnutrition) by addressing at least 70 per cent of SAM cases in girls and boys 0-59 months and at least 75 per cent of MAM cases in girls and boys aged 6-59 months, pregnant and lactating women, older people and other vulnerable groups",
CCM experience in the project area as well as the close cooperation with the CHDs will facilitate the integration of nutrition services in Tonj East and Tonj South Health System (TE: 1 SC, 7 OTP; TS: 2SC, 6 OTP) and outreaches site (TE: 5; TS: 2).
The project will also contribute to the nutrition cluster objective 2 (Increased access to integrated programs preventing under-nutrition through IYCF) for at least 60% PLW, 90% Vit A coverage for children under five, BSFP for 30% under-fives and 40% PLW. The long terms relationship with the local authorities, the deep knowledge of the context and the existing network of VHCs and community groups will facilitate the access to the most remote communities. Besides, all the above will allow the identification of high vulnerable groups to food security or in need of nutritional assistance, due also to the fact that the economic crisis affecting the country is having different impact on different areas.
The involvement of the VHCs and of the mothers/women groups in spreading education messages on nutrition and the empowerment of the CHDs members on the surveillance tools and methodologies will facilitate the monitoring of the nutrition needs and the ability to give a quick and effective response to them.
Finally, the project will contribute to the Nutrition cluster objective 3 (Ensure enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of response) through the already existing health and nutrition system and the promotion of a multi sector coordination network involving local institutions, international NGOs and local community groups in information sharing, context need analysis and synergic response plan that prevent overlapping in services provision and give the highest value to the actions of the involved networks members.

Outcome 1

The scale-up of integrated management of acute malnutrition through the provision of high quality and comprehensive health services (PHCUs, PHCCs, outreaches) for girls and boys aged 0-59 months, pregnant and lactating women (PLW), elders and other vulnerable people of Warrap State.

Output 1.1

Description

Enhanced quality and integration of nutrition and health services in 13 OTPs and 3 SC in the target area

Assumptions & Risks

• The CHD and health workers committed to improve their capacity and skills.
• WS MoH policy supports the integration of nutrition services within the primary and secondary healthcare facilities
• Local communities do acknowledge and are willing to access/utilize frontline nutrition services
• Internal and cross-borders political stability

Activities

Activity 1.1.1

Build relationships and foster participation of the community to improve safe access to nutrition services for treatment and prevention of SAM, including program performance feedback

Activity 1.1.2

Provide home based treatment through RUTF for children with uncomplicated SAM

Activity 1.1.3

Monitor children's progress through regular outpatient clinics (13 OTPs)

Activity 1.1.4

Provide intensive in patient medical and nutrition care for complicated SAM cases in 3 SCs

Activity 1.1.5

Provide feeding/accommodation solutions for caregivers and siblings of admitted children

Activity 1.1.6

Training of HW on IMAM feeding for IPD care and IMAM therapeutic feeding for OPD care

Activity 1.1.7

Training on identification and detection of SAM for CHWs, Nutrition assistants, CMAM volunteers

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	N of screened P&LW					24,400
Means of Verification : nutrition reports, NIS							
Indicator 1.1.2	NUTRITION	N of children screened with MUAC (boys and girls) at HF level					22,600
Means of Verification : nutrition reports, NIS							
Indicator 1.1.3	NUTRITION	N of outreaches done per month					4
Means of Verification : nutrition reports							
Indicator 1.1.4	NUTRITION	Overall SAM program cure rate (%)					90
Means of Verification : nutrion reports, NIS							
Indicator 1.1.5	NUTRITION	Overall SAM program default rate (%)					6
Means of Verification : nutrition report, NIS							
Indicator 1.1.6	NUTRITION	Frontline services # of children screened in the community			13,500	13,500	27,000
Means of Verification : nutrition report							
Indicator 1.1.7	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			1,195	1,195	2,390
Means of Verification : Nutrition Reports, NIS							
Indicator 1.1.8	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)					13
Means of Verification : Nutrition reports, NIS							
Indicator 1.1.9	NUTRITION	Frontline services # of nutrition sites - No of stabilisation centres supported (new and existing)					3
Means of Verification : Nutrition reports, NIS							

Outcome 2

Increased and safe access to nutrition programs for children U5 and PLWs and other vulnerable groups by promoting appropriate infant and young child feeding (IYCF) practices, micronutrient supplementation and nutrition initiatives through the involvement of local communities

Output 2.1

Description

Increased access to nutrition services through mobilization of the VHC members and women/mothers groups members, who are actives in the promotion of nutrition education messages and able to refer cases to the nutrition services in the county.

Assumptions & Risks

• The CHD and health workers committed to improve their capacity and skills.
• Other partner are willing to join and contribute to the networks
• The local authorities promote the synergic action of different sector partners
• Internal and cross-borders political stability

Activities

Activity 2.1.1

Vitamin A supplementation and de worming in children 6 59 months, integrated to measles immunization

Activity 2.1.2

Micronutrient supplementation for PLW during ANC, EPI and consultation

Activity 2.1.3

Integrate U5 growth monitoring and MUAC screening within EPI/OPD service provision

Activity 2.1.4

Ensure MAM referral system and BSFP access for children U5 and PLWs

Activity 2.1.5

MtMSGs` members skilled and active in IYCF sensitization

Activity 2.1.6

Weekly mobilization and sensitization activities on IYCF promoted by MtMSGs to fellow women in the community about IYCF delivered

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.1.1	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			2,450	2,450	4,900
Means of Verification : nutrition report							
Indicator 2.1.2	NUTRITION	Frontline services # of children (12 -59 months) dewormed			1,000	1,000	2,000
Means of Verification : Nutrition report							
Indicator 2.1.3	NUTRITION	N of education session on IYCF					1,000
Means of Verification : community and nutrition reports							
Indicator 2.1.4	NUTRITION	N of P&LW receiving micronutrients					3,000
Means of Verification : nutrition reports, NIS							
Indicator 2.1.5	NUTRITION	N of women joining the women groups					87
Means of Verification : community report							
Indicator 2.1.6	NUTRITION	N of MAM cases referred (75% of children)					4,300
Means of Verification : nutrion report, NIS							
Indicator 2.1.7	NUTRITION	Frontline services # of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions	1,500	2,700			4,200
Means of Verification : Community reports							
Indicator 2.1.8	NUTRITION	Frontline services # of functional mother-to-mother support groups					12
Means of Verification : Community reports							
Indicator 2.1.9	NUTRITION	Health workers trained on IMAM (SC and OTP)					40
Means of Verification : Activity report							

Outcome 3

Ensure an effective coordination and monitoring of the nutrition response, through improved nutrition surveillance, monitoring and coordinated intervention and the reinforcement of monthly data collection and analysis

Output 3.1

Description

A network of local institution, international NGOs, and local community groups to define a simple and effective monitoring system to collect quality information on nutritional status of boys and girls aged 6-59 months, P&LW and the elderly. Data timely and properly collected among the community will be availed for decision-making and planning of interventions.

Assumptions & Risks

• The CHD and health workers committed to improve their capacity and skills.
• Other partner are willing to join and contribute to the networks
• The local authorities promote the synergic action of different sector partners
• Internal and cross-borders political stability

Activities

Activity 3.1.1

Conduct one Smart survey in Tonj East County

Activity 3.1.2

Increase the capacities of CHDs members on nutrition assessment, quality assurance and nutrition information system utilization.

Activity 3.1.3

Monthly county nutrition monitoring and data validation

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 3.1.1	NUTRITION	Frontline services # of SMART surveys undertaken - Pre-harvest					1
Means of Verification : SMART survey report							
Indicator 3.1.2	NUTRITION	Core pipeline # of joint monitoring missions to the implementation sites					78
Means of Verification : monthly reports							
Indicator 3.1.3	NUTRITION	N of joint CHD/CCM supervision per month					13
Means of Verification : monthly reports, DHIS							
Indicator 3.1.4	NUTRITION	N of CHD members trained					11
Means of Verification : monthly reports, training reports							
Indicator 3.1.5	NUTRITION	N of state nutrition cluster joined					6
Means of Verification : meeting minutes							
Additional Targets :							

M & R

Monitoring & Reporting plan

Throughout the project life time, the continuous monitoring and reporting of project activities will be ensured by a combination of different activities:
1. PLANNING MANAGEMENT AND MONITORING TOOLS: the project activities shall be planned and monitored through the constant and consistent utilisation of CCM Planning & Monitoring Procedures and Tools. These procedures, that avail the whole organization with standard and tools to share information about projects implementation, aims at providing all CCM Project Managers and technical staff with a basic set of tools to:
i. ensure an appropriate and standardized planning and monitoring of project activities;
ii. collect the information required to fulfil donors reporting requirements.
The supervision visits by the PM and the technical staff will be conducted on a daily basis in all facilities included in the project porposal. This will allow:
i. assessing/measuring key nutrition system components (infrastructure, equipment, human resources and management, NIS, service provision and utilization), and
ii. identifying achievements and, most importantly, bottlenecks that may cause the deterioration of the nutrition care services provided.
Written reports will be discussed and shared with the facilities in-charges that will be supported by CCM and the CHD to prepare an action plan addressing challenges and bottlenecks and ameliorating/solving them in the shortest time possible.

2. EFFECTIVE REPORTING SYSTEM carried out through:
iii. compilation of daily/weekly/monthly OTP registers;
iv. compilation of outreach reports;
v. compilation and transmission of weekly IDSR and monthly DHIS data to all relevant stakeholders (including SMOH), as per the national time schedule and communication flow;
vi. compilation of monthly, quarterly and yearly technical and financial progress report for the SMOH and the donor, as per the agreed template and time schedule. With regard to data collection and analysis, utilization of DHIS/NIS shall ensure integration of project data within the MOH reporting system. Any other official MOH reporting tools that may come into force will be integrated as relevant project tool.

Besides, CCM envisages the employment of additional technical and qualified staff in order to provide sound and continuous TA to the CHDs in each project intervention area and to ensure regular supervision of the quality of services provided and consistency of data collected:
- CCM M&E Officer based in SS Head Office (Juba) will be responsible for periodic visits in the project areas, to check indicators, targets and performances. Besides, he will provide technical feedback on the quality of data and performances registered and advice on possible corrective measures to improve the project outcomes. Further, CCM Regional Health Advisor (Dr Micol Fascendini) shall guarantee a constant technical support from distance (through the monthly revision of NIS data and project reports) to assess the progress towards performances and assist in better tuning the activities to a context that is expected in continuous development;
- External monitoring missions from the donor, SMOH officials or other stakeholders (i.e. UNICEF, WHO) will be welcome and solicited, in order to provide specific advice and support on key project components, according to each visitor's expertise.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Build relationships and foster participation of the community to improve safe access to nutrition services for treatment and prevention of SAM, including program performance feedback	2016										X	X	X
	2017	X	X	X									
Activity 1.1.2: Provide home based treatment through RUTF for children with uncomplicated SAM	2016										X	X	X
	2017	X	X	X									
Activity 1.1.3: Monitor children's progress through regular outpatient clinics (13 OTPs)	2016										X	X	X
	2017	X	X	X									

Activity 1.1.4: Provide intensive in patient medical and nutrition care for complicated SAM cases in 3 SCs	2016										X	X	X
	2017	X	X	X									
Activity 1.1.5: Provide feeding/accommodation solutions for caregivers and siblings of admitted children	2016										X	X	X
	2017	X	X	X									
Activity 1.1.6: Training of HW on IMAM feeding for IPD care and IMAM therapeutic feeding for OPD care	2016										X	X	X
	2017	X	X	X									
Activity 1.1.7: Training on identification and detection of SAM for CHWs, Nutrition assistants, CMAM volunteers	2016										X	X	X
	2017	X	X	X									
Activity 2.1.1: Vitamin A supplementation and de worming in children 6 59 months, integrated to measles immunization	2016										X	X	X
	2017	X	X	X									
Activity 2.1.2: Micronutrient supplementation for PLW during ANC, EPI and consultation	2016										X	X	X
	2017	X	X	X									
Activity 2.1.3: Integrate U5 growth monitoring and MUAC screening within EPI/OPD service provision	2016										X	X	X
	2017	X	X	X									
Activity 2.1.4: Ensure MAM referral system and BSFP access for children U5 and PLWs	2016										X	X	X
	2017	X	X	X									
Activity 2.1.5: MtMSGs` members skilled and active in IYCF sensitization	2016										X	X	X
	2017	X	X	X									
Activity 2.1.6: Weekly mobilization and sensitization activities on IYCF promoted by MtMSGs to fellow women in the community about IYCF delivered	2016										X	X	X
	2017	X	X	X									
Activity 3.1.1: Conduct one Smart survey in Tonj East County	2016												X
	2017												
Activity 3.1.2: Increase the capacities of CHDs members on nutrition assessment, quality assurance and nutrition information system utilization.	2016										X	X	X
	2017	X	X	X									
Activity 3.1.3: Monthly county nutrition monitoring and data validation	2016										X	X	X
	2017	X	X	X									

OTHER INFO

Accountability to Affected Populations

The proposed action has been designed thanks to the effective and close collaboration established with local authorities, at both County and State level, to ensure it properly responds to the critical needs of Tonj South and Tonj East conties and it is in line with the State and County plans.
A need assessment of the two counties was carried out in June 2016, involving all relevant stakeholders, analyzing relevant data and discussing with local communities.
CCM will adopt systems to monitor, collect feed-backs and evaluate their action, to be accountable towards project beneficiaries, ensuring a transparent and fair management and to improve the quality of services provided. CHD is involved in staff recruitment, induction, training and performance appraisal. Partnership agreements are in place to regulate the process. When required, CCM provides accessible information on organizational procedures and processes. CCM regularly carries out exit interviews of service beneficiaries and conduct community discussions during health promotion activities and outreaches.
Suggestions, requests and complaints are analysed with the health care providers and in the management meetings between CCM and the local health authorities and action points are decided accordingly. Specific issues raised are referred to the competent authorities.
Communities will be strongly and effectively involved throughout the project timeline, promoting their active engagement in the development of the County Health Systems, the provision of nutrition services and their integration with primary health care and the collaboration with Food Security authorities and stakeholders. HHPs and othre community members will be involved regularly for defaulters tracing, promotion of correct nutrition practices and development of community responses to nutrition needs.
The proposed action has been designed thanks to the effective and close collaboration established with local authorities, at both County and State level, to ensure it properly responds to the critical needs of Tonj South and Tonj East conties and it is in line with the State and County plans.
Accountability to the affected population will be streamlined into CCM strategies and project/monitoring activities in order to enable improved participation, information provision, feedback and complaints handling.
It will be measured through the following main indicators:
1. % of beneficiaries that are aware of their entitlements. CCM will engage the affected populations in all processes that affect them to ensure that they can make informed decisions and choices by routinely providing accessible and timely information to the affected population about their rights and entitlements;
2. Number of feedback mechanisms created. CCM will strengthen the partnership with local radio stations to disseminate information to beneficiaries which aims to save and improve lives through the provision of timely, relevant and accurate information and support an environment of transparency and accountability;
3. Number of complaints and response mechanisms in place. We refer to mechanisms through which CCM will enable its beneficiaries to address complaints against its decisions and actions and through which it will ensure that these complaints are properly reviewed and acted upon;
4. CCM targets to ensure that 80% of complaints submitted are addresses and a feedback provided. CCM will actively seek the views of affected population to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about stakeholder dissatisfaction.
5. 80% of promotional materials such as t-shirts promote key aspects of the programme.

Implementation Plan

CCM direct project staff includes 2 nutrition expatriate experts (one in each county), who will be responsible for project activity implementation and mentorship of the nutrion assistants (NAs). NAs are responsible for screening and referral of cases. At CHD there is a nutrition officer who works jointly with the nutrition expert in activity planning and implementation. The VHCs and HHPs are responsible for tracking the defaulters, referring cases and disseminating nutrition messages. A program coordinator, financed by HPF2 will coordinate the two dedicated Nutrition Experts and ensure institutional relationships with relevant stakeholders. The administrator will be involved in HR management and logistician to follow up the supplies request and delivery to the project. The health advisor is responsible for technical guidance, reports review and submission to the donor.
CCM works closely with the CHD and the south Sudanese NGO Hold the child which is currently supporting the CHD in the implementation of community based MAM treatment activities. CCM and hold the child are already referring patients to the needed nutrition services. Joint supervision with Hold the child together with the CHD staff are planned. Guidelines distribution, training and health promotion activities will be planned together and ensured to be consistent. CCM and Hold the Child will regularly participate at the meeting forecast at county and state level.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Hold the Child	The national NGO Hold the Child is currently supporting the community-based management of Moderate Acute Malnutrition among children-U5 and pregnant and lactating women in TS and TE Counties. Close linkages and collaboration have been established between the two organisations, to ensure a prompt referral of MAM and SAM cases across the two programs and the establishment of effective synergies to increase the impact of both interventions.
WFP	WFP has established a cooperation with CCM to support the supply of food to caregivers of children affected by SAM and admitted in the Stabilisation Centres managed, in order to reduce defaulters.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

65% of project beneficiaries are women and girls. Most activities will address women so that their aptitude can positively influence child survival through appropriate caring practices, such as breastfeeding, adequate complementary feeding, hygiene and health seeking behaviors, including early identification of common diseases. The current M&E data collection tools we use in all departments disaggregate data by gender and age. All health and nutrition services are provided through female health staff in order to promote women involvement in decision-making, within a male-dominated community. Some other actions carried out in order to enhance gender issues are: (i) TBAs, VHC, and women groups are involved in the project activities to improve the referral system and the nutrition education services. (ii) Mobile clinic services in the most remote areas and critical contexts (returnees and IDPs camps) will facilitate women in accessing health care, as they are usually penalized by the distance from the HFs and due to their home care duties and traditional rules regulating their movements. (iii) Female health staff will be always involved in nutrition activities (including outreaches and health/nutrition awareness sessions) so as to facilitate and promote the access of women to notions usually not available during community gatherings or meetings.

Protection Mainstreaming

The action in itself, considering the high level of community participation, community-based services and integration with the local health system, is strengthening the community resilience and improving safety and dignity of project beneficiaries. The project sets performance goals for a vital service, prioritised by the local authorities and communities and forecast outreach activities to avoid unnecessary movements by affected vulnerable groups.
CCM adopts a conflict sensitive approach, through a fair distribution of resources and ethical behaviour of its staff. CCM is committed to ensure a fair distribution of resources in the target area, according to the national BPHNS standards and ensuring a balance in the recruitment of women and men coming from different groups and locations.
CCM staff are required to behave in a peace-promoting manner. They do not hire armed guards. They cooperate and are available to discuss with other organisations and people of different origins or views. In case of security matters, if an evacuation is decided for international staff, security measures are taken also for local staff. Personal use of project assets and goods is prohibited or strictly regulated. Offensive, aggressive, non-respectful behaviours are condemned.
CCM staff are encouraged to support local mechanisms of conflict resolutions. CCM adopts the Common Humanitarian Standards and its action is guided by the core principles of humanitarian action, in particular in the current situation in South Sudan:
- Humanity: the project aims at alleviating suffering and protecting life and health and ensures respect for human beings;
- Impartiality: the project activities and decisions promoted by CCM staff are based on the need alone, giving priority to the most urgent cases of distress and making no adverse distinction, on the basis of nationality, race, gender, religious belief, class or political opinion;
- Independence: CCM acts autonomously from the political, economic, military or other objectives that might influence economic or social dynamics in the area and will transparently report decisions taken. However, constant collaboration and shared responsibility of CCM with the MOH and CHDs will characterise the action and therefore require the full collaboration of local counterparts;
- Neutrality: CCM will continue support service provision and promote the universal access to health care, during potential hostilities and will not engage in controversies of a political, racial, religious or ideological nature.
Due to the nature of violence that has affected the country, the project carefully considers the ethical issue and cultural point of view that may arise during the implementation. These include the need to protect the confidentiality of data relating to all parties especially people at risk as well as, for example, the way data are collected, how they are stored, who has access to them and how they are used. High attention will be addressed to the nature of questions asked, especially given the often intimate personal nature of violent relationships and suffering. The right to privacy of all parties will be promoted at any time as well as the risk of those working on the project when enter in contact with perpetrators.

Country Specific Information

Safety and Security

The program is based on the assumptions that the level of violence remains stable during the project implementation.
The two counties of intervention are relatively homogeneous and not directly interested by the conflict raised in 2013, but they are historically characterized by inter-clanic clashes between cattle keepers, leading to limitation of movements and some security problems. One of the latest event, occurred in October 2015, led to the death of tens of people, the destruction of several houses and the temporary closure of a number of health facilities. CCM will support CHDs and hospitals to improve security of their assets and resources, avoid steeling of armed groups and, most of all, identify effective strategies to guarantee an uninterrupted provision of basic and emergency health and nutrition services to the population. However, in the last years, after the raising up of the conflict in the country, the security conditions have been going worst and worst even in the States not directly affected by the conflicts. Then the depreciation of the SS pounds in the last year has exacerbated the already poor condition of the population and increased the local criminality. Looking to the situation, CCM is improving its security policies and defining good practices to mitigate the risk, while ensuring equal services for all the communities. Bi-monthly meetings with the Commissioner Office will be organized by the CHD/CCM staff to get information about the security in the county and to consider them in the activities planning. Before each movement the staff will keep in touch with the community to be visited to get further information about the condition in the area. In case of tension in some areas, CCM/CHDs will monitor the population movement to be sure reaching the most vulnerable groups that could affect by the conflicts. Emergency kits are available in CCM cars and compounds and good communication tools will be ensured for each base. Good visibility at field level will be enhanced to ensure clear understanding of CCM mission and interventions. At Central level, CCM strictly monitor the security situation through information received by VSS and NGO forum and the Italian embassy.

Access

CCM is already present in the target counties with two compounds able to accommodate the project staff in Tonj and Kachuat and 4 operating vehicles.
During the recent conflict events in Juba, CCM staff operating in the two counties moved to Tonj for a few days in order to understand the evolution of the political situation.
Since the beginning of August all staff have returned to project locations.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Nutritionist (Wararp State)	D	2	1,800.00	6	100.00	21,600.00
	2 nutrition expert for Warrap State at 2,000$ per month. LOCATION: 1 Tonj East (100% charged to CHF); 1 Tonj South (100% charged to CHF)						

1.2	Technical and support nutrition staff (local) 13 OTP, 3 SC	D	1	14,000.00	6	60.00	50,400.00
	Local nutrition staff of TE and Tonj South. Monthly salary at 14.000$ per month. LOCATION: Tonj East and Tonj South, (60% charged to CHF)						
1.3	Country Representative	S	1	4,500.00	6	20.00	5,400.00
	"1 Country Representative at $4,500 per month for 6 months. LOCATION: Juba. (17% charged to CHF) Location: Juba" 1 Country Representative at $4,500 per month for 6 months. LOCATION: Juba. (17% charged to CHF) Location: Juba" 1 Country Representative at $4,500 per month for 6 months. LOCATION: Juba. (17% charged to CHF) Location: Ju1 Country Representative at $4,500 per month for 6 months. LOCATION: Juba. (17% charged to CHF) Location: Juba" ba"						
1.4	Country Administrator	S	1	4,100.00	6	20.00	4,920.00
	1 Administrator at $4,100 per month for 6 months. LOCATION: Juba. (17% charged to CHF)						
1.5	Adm/Log Assistant	S	1	1,250.00	6	50.00	3,750.00
	1adm/Logistician at $ 1250 per month for 6 months. LOCATION: Juba. (17% charged to CHF)						
1.6	R&R allowance	D	5	550.00	6	50.00	8,250.00
	R&R allowance for CCM staff consist of the cost of international flight to a destination outside South Sudan. LOCATION: ALL (charged: 50%)						
	Section Total						**94,320.00**
Supplies, Commodities, Materials							
2.1	Trainings for nutrition staff (OTP, IPD stabilisation management, IYCF, survey)	D	60	50.00	2	100.00	6,000.00
	2 days training for 60 health staff (printing materials, food, small equipment) at 50$ a day twice a quarter. LOCATION: ALL (80% charged to CHF).						
2.2	Community outreach	D	150	15.00	5	100.00	11,250.00
	Refreshment and small items for HHP during outreaches (twice a month) at 15$. LOCATION: ALL (60% covered by CHF)						
2.3	Public sensitization events (Exclusive breastfeeding, Complementary Feeding, Malnutrition, etc.)	D	2	7,000.00	1	100.00	14,000.00
	Refreshments and NFI, printing materials and documents during 2 public sensitization events at 4000 each. LOCATION: TE, TS (100% charged to CHF).						
2.4	SMART Survey Tonj East	D	1	26,000.00	1	100.00	26,000.00
	1 SMART survey at 25000$. LOCATION: TE (100% charged to CHF)						
2.5	Cargo/road transport for supplies	D	1	15,000.00	1	80.00	12,000.00
	Transport of nutrition materials and supplies for Tonj East, Tonj South health facilities. 6 tons at 35,000$. LOCATION: ALL (70% charged to CHF)						
	Section Total						**69,250.00**
Equipment							
3.1	IEC material, guidelines, etc for SC/OTP	D	1	7,139.38	1	100.00	7,139.38
	Printing materials and guidelines for SC/OTP at 4.000$ per quarter. LOCATION: TE, TS (80% charged to CHF) Printing materials and guidelines for SC/OTP at 4.000$ per quarter. LOCATION: TE, TS (80% charged to CHF) Printing materials and guidelines for SC/OTP at 4.000$ per quarter. LOCATION: TE, TS (80% charged to CHF) Printing materials and guidelines for SC/OTP at 4.000$ per quarter. LOCATION: TE, TS (80% charged to CHF) Printing materials and guidelines for SC/OTP at 4.000$ per quarter. LOCATION: TE, TS (80% charged to CHF) Printing materials and guidelines for SC/OTP at 4.000$ per quarter. LOCATION: TE, TS (80% charged to CHF) Printing materials and guidelines for SC/OTP at 4.000$ per quarter. LOCATION: TE, TS (80% charged to CHF) Printing materials and guidelines for SC/OTP at 4.000$ per quarter. LOCATION: TE, TS (80% charged to CHF)						
3.2	Satellite phone	D	2	1,000.00	1	100.00	2,000.00

	Turaya phone for security access in remote areas of intervention						
	Section Total						**9,139.38**
Travel							
5.1	UNHAS flight for project staff	D	10	550.00	6	50.00	16,500.00
	WPF/UNAHS flight at 5500$ (A/R) each travel. LOCATION: ALL (40% charged to CHF						
5.2	Road transport Direct staff (including food and accommodation allowance)	D	20	100.00	6	40.00	4,800.00
	Accommodation, meals, taxi in Juba and field location for movements of project staff (5 persons, 2 times a month each county) at 100$ per travel. LOCATION: JUBA & ALL (20% charged to CHF)						
	Section Total						**21,300.00**
General Operating and Other Direct Costs							
7.1	Airtime/internet	D	2	1,500.00	6	50.00	9,000.00
	Cost for airtime and internet at 1.500$ per month. LOCATION: all (35% charged to CHF						
7.2	Field offices running costs and maintenance	D	2	4,500.00	6	50.00	27,000.00
	Cost for field office (included food and NFI) at 4.500$ per month. LOCATION: ALL (40% charged to CHF						
7.3	Country Office rent, maintenance and running costs (Juba)	S	1	10,000.00	6	22.00	13,200.00
	Cost for field office in Juba (included food and NFI) at 9.000$ per month. LOCATION: Juba (20% charged to CHF						
7.4	Visibility/bank charges	S	1	1,320.00	6	50.00	3,960.00
	Bank charges at 1.320$ per month. LOCATION: ALL (50% charged to CHF)						
7.5	Audit (for NGO only - 1%)	D	1	3,000.00	1	100.00	3,000.00
	Audit (for NGO only - 1%)						
7.6	Fuel for project vehicles and motorbikes	D	2	2,000.00	6	80.00	19,200.00
	Field car and motorbikes fuel and insurance at 2.000 $ per month. LOCATION: ALL 80% charged to CHF						
7.7	Maintenance for project vehicles and motorbikes	D	2	500.00	6	80.00	4,800.00
	Field car and motorbikes maintenance at 500$ per month. LOCATION: ALL (80% charged to CHF)						
7.8	SC/OTP maintenance and running costs for Nutrition corners/wards	D	16	1,500.00	1	60.00	14,400.00
	Contribution to running costs and minor work in the existing SC. LOCATION: TE, TS (60% charged to CHF).						
	Section Total						**94,560.00**
SubTotal			285.00				**288,569.38**
Direct							257,339.38
Support							31,230.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							20,199.86
Total Cost							**308,769.24**
Grand Total CHF Cost							**308,769.24**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Warrap -> Tonj East	50	755	19,345	17,310	17,310	54,720	Activity 1.1.1 : Build relationships and foster participation of the community to improve safe access to nutrition services for treatment and prevention of SAM, including program performance feedback Activity 1.1.2 : Provide home based treatment through RUTF for children with uncomplicated SAM Activity 1.1.3 : Monitor children's progress through regular outpatient clinics (13 OTPs) Activity 1.1.4 : Provide intensive in patient medical and nutrition care for complicated SAM cases in 3 SCs Activity 1.1.5 : Provide feeding/accommodation solutions for caregivers and siblings of admitted children Activity 1.1.6 : Training of HW on IMAM feeding for IPD care and IMAM therapeutic feeding for OPD care Activity 1.1.7 : Training on identification and detection of SAM for CHWs, Nutrition assistants, CMAM volunteers Activity 2.1.1 : Vitamin A supplementation and de worming in children 6 59 months, integrated to measles immunization Activity 2.1.2 : Micronutrient supplementation for PLW during ANC, EPI and consultation Activity 2.1.3 : Integrate U5 growth monitoring and MUAC screening within EPI/OPD service provision Activity 2.1.4 : Ensure MAM referral system and BSFP access for children U5 and PLWs Activity 2.1.5 : MtMSGs` members skilled and active in IYCF sensitization Activity 2.1.6 : Weekly mobilization and sensitization activities on IYCF promoted by MtMSGs to fellow women in the community about IYCF delivered Activity 3.1.1 : Conduct one Smart survey in Tonj East County Activity 3.1.2 : Increase the capacities of CHDs members on nutrition assessment, quality assurance and nutrition information system utilization. Activity 3.1.3 : Monthly county nutrition monitoring and data validation

Warrap -> Tonj South	50	756	11,845	14,285	14,285	41,171	Activity 1.1.1 : Build relationships and foster participation of the community to improve safe access to nutrition services for treatment and prevention of SAM, including program performance feedback Activity 1.1.2 : Provide home based treatment through RUTF for children with uncomplicated SAM Activity 1.1.3 : Monitor children's progress through regular outpatient clinics (13 OTPs) Activity 1.1.4 : Provide intensive in patient medical and nutrition care for complicated SAM cases in 3 SCs Activity 1.1.5 : Provide feeding/accommodation solutions for caregivers and siblings of admitted children Activity 1.1.6 : Training of HW on IMAM feeding for IPD care and IMAM therapeutic feeding for OPD care Activity 1.1.7 : Training on identification and detection of SAM for CHWs, Nutrition assistants, CMAM volunteers Activity 2.1.1 : Vitamin A supplementation and de worming in children 6 59 months, integrated to measles immunization Activity 2.1.2 : Micronutrient supplementation for PLW during ANC, EPI and consultation Activity 2.1.3 : Integrate U5 growth monitoring and MUAC screening within EPI/OPD service provision Activity 2.1.4 : Ensure MAM referral system and BSFP access for children U5 and PLWs Activity 2.1.5 : MtMSGs` members skilled and active in IYCF sensitization Activity 2.1.6 : Weekly mobilization and sensitization activities on IYCF promoted by MtMSGs to fellow women in the community about IYCF delivered Activity 3.1.1 : Conduct one Smart survey in Tonj East County Activity 3.1.2 : Increase the capacities of CHDs members on nutrition assessment, quality assurance and nutrition information system utilization. Activity 3.1.3 : Monthly county nutrition monitoring and data validation

Documents

Category Name	Document Description
Project Supporting Documents	Annex1_Nutrition_Analysis of Situation (TE and TS_WARRAP).docx