

<b>Requesting Organization :</b>	World Vision South Sudan		
<b>Allocation Type :</b>	2nd Round Standard Allocation		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
NUTRITION		100.00	
		<b>100</b>	
<b>Project Title :</b>	Emergency Nutrition Project in Gogrial East and Gogrial West		
<b>Allocation Type Category :</b>	Frontline services		
<b>OPS Details</b>			
<b>Project Code :</b>	SSD-16/H/89689	<b>Fund Project Code :</b>	SSD-16/HSS10/SA2/N/INGO/3458
<b>Cluster :</b>	Nutrition	<b>Project Budget in US\$ :</b>	300,000.02
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	1
<b>Planned Start Date :</b>	01/09/2016	<b>Planned End Date :</b>	28/02/2017
<b>Actual Start Date:</b>	01/09/2016	<b>Actual End Date:</b>	28/02/2017

<b>Project Summary :</b>	<p>This project will contribute to the HRP 2016 objective of saving lives and alleviate suffering through safe access to services and resources with dignity. The proposed lifesaving interventions will target delivering quality lifesaving management of acute malnutrition for at least 70% of SAM and 75% of MAM in girls and boys (0-59 months) 60% of PLWs in Gogrial East and Gogrial West. World Vision is currently implementing nutrition interventions in Gogrial East and Gogrial West and working in 27 OTP/TSFP sites through private funding. The proposed project will compliment nutrition interventions being undertaken by World Vision, SMOH and other partners, through improved enhancing nutrition service delivery for SAM and MAM management among children under 5 and PLWs. The project will support surveillance of cases and referral for further management. The project will continue to increase knowledge among mothers, caregiver and the community on IYCF messages and practices as a way to prevent under nutrition in the long term. The project will deliberately integrate nutrition sensitive interventions with existing World Vision projects in the targeted areas which include WASH, food security and livelihoods, and HIV&amp;AIDS to provide holistic nutrition services and to contribute towards increased recovery and reduction of malnutrition in the 2 counties. Children under five will benefit directly through provision of treatment packages such as therapeutic feeds and medicines, pregnant and lactating women will benefit from micronutrient supplements. Furthermore, the project will be aiming at strengthening the capacity of the CHD across all aspects (nutrition supplies, training on nutrition service delivery, reporting and nutrition surveillance). Improving coordination will strengthen referral systems among nutrition actors in the targeted counties and this will lead to improved nutrition service provision.</p> <p>The proposed activities are as follows:</p> <p>Improved case identification and referrals of 3,257 SAM and 17,353 MAM cases for CMAM</p> <ul style="list-style-type: none"> <li>• Continuous screening of children 0-59 months and PLW in the community and health facilities</li> <li>• Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC</li> <li>• Continuous follow up of defaulter cases and home visits for non-respondent cases.</li> <li>• Train CNVs and HHPs on techniques of screening, defaulter tracing and home visits</li> </ul> <p>Improved coverage of service delivery points for treatment of acute malnutrition for 3,257 SAM and 10,962 MAM Children under 5, and 6,391 PLW.</p> <ul style="list-style-type: none"> <li>• Procurement, prepositing and provision of MAM and SAM supplies to all OTP and TSFP sites</li> <li>• Train 30 CHD and WV staff on CMAM</li> <li>• Community nutrition outreach</li> <li>• Mass community mobilisation, sensitization, and screening campaign</li> </ul> <p>Increased provision of IYCF messages and counselling in nutrition centres and health facilities for all vulnerable groups</p> <ul style="list-style-type: none"> <li>• Train 30 CHD and WV staff on IYCF</li> <li>• Establish 20 new mother to mother support groups and support 6 existing mother to mother support groups</li> <li>• Identify and train 26 lead mothers IYCF promoters on IYCF</li> <li>• Support bi-monthly meetings for mother to mother support groups.</li> <li>• Train 300 members of mother to mother support groups on IYCF</li> <li>• Provide inputs and training for kitchen gardens for 300 mother to mother support group members</li> <li>• Conduct 26 cooking demonstrations in mother to mother support groups</li> <li>• Conduct community sensitization campaigns on IYCF targeting men and community leaders</li> </ul> <p>Increased coverage of Vitamin A supplementation among children below the age of five</p> <ul style="list-style-type: none"> <li>• Provide Vit A supplements for National Immunization Days (NID)</li> <li>• Support NIDs (Training of HHPs, planning, monitoring)</li> </ul> <p>Improved coordination among nutrition actors</p> <ul style="list-style-type: none"> <li>• County nutrition quarterly review meetings</li> <li>• Monthly coordination meetings between local leadership, CHD and nutrition actors</li> <li>• Monthly reports shared</li> <li>• Train 20 SMOH and CHD staff on</li> </ul>
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<b>Direct beneficiaries :</b>				
Men	Women	Boys	Girls	Total
400	6,391	7,000	7,219	21,010

<b>Other Beneficiaries :</b>					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	7,000	7,219	14,219
Pregnant and Lactating Women	0	6,391	0	0	6,391
Trainers, Promoters, Caretakers, committee members, etc.	400	0	0	0	400

**Indirect Beneficiaries :**

The project will promote prevention of malnutrition in the targeted areas through training of mothers and caregiver on recommended feeding practices however community outreach and awareness sessions on the same will be done. To this end, the projects anticipates to reach 89,476 children under 5 and 37,674 pregnant and lactating women indirect beneficiaries in the Gogrial East and Gogrial West.

**Catchment Population:**

The catchment area of the population is the total population of the targeted counties which stands at 470972. The project will develop community based mechanisms to address malnutrition and this will benefit not only the targeted beneficiaries but the whole community in the long term.

**Link with allocation strategy :**

The proposed nutrition project will use the CHF funding to support the continuation of treatment of acute malnutrition among children 0-59 months and pregnant and lactating women through existing nutrition sites in Gogrial East and Gogrial West in 2 stabilization centres and 27 OTP/TSFP). Due to the huge nutrition needs in the targeted locations, prevention of malnutrition is a priority. Over and above treating cases of malnutrition, the proposed project will strengthen 20 existing mother support groups and establish 6 more mother to mother support groups in the target locations. These mother to mother groups will continue sharing Infant Young Child feeding and hygiene and sanitation messages. Nutrition surveillance will continue in both locations, mostly supporting the community nutrition volunteers to continue with routine screening, and identification and referral of acute malnutrition cases at the community level.

The food security situation has changed drastically and the food insecurity population has increased and the GAM rates have increased steadily from 18% in 2014 to 29% in April 2016. The same situation exists in Gogrial East which has a GAM rate of 18,3%. With 43% of the population relying on purchases as their main food source, the situation is exacerbated by the prevailing economic crisis which has seen consumer price index rise to 661% year on year in July 2016 [WFP]. The need for interventions for treatment and prevention of malnutrition cannot be understated

**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
Perry Mansfield	National Director	perry_mansfield@wvi.org	+211-921-406-137
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**BACKGROUND****1. Humanitarian context analysis**

The overall food and nutrition security situation has deteriorated in many parts of the country with an estimated 4.3 million people in Phases 3, 4 & 5 in April 2016, a significant increase from the 2.8 million people in January–March 2016 projection. This population is also a significant increase when compared to the 3.8 million people that faced severe food insecurity in April 2015. According to the normal 'lean season' pattern, the situation is expected to deteriorate further during the May–July 2016 lean season with an estimated 4.8 million people being severely food insecure. The current deterioration in food security and nutrition is primarily due to physical insecurity, the effects of the economic crisis and depleted stocks from the last harvest. This situation is prevailing in the targeted areas of Gogrial East and Gogrial West where chronic food insecurity has resulted in GAM rate of 19,6% and 29,3% respectively which are above the WHO emergency threshold. The current deterioration in food security and nutrition is primarily due to physical insecurity, the effects of the economic crisis and depleted stocks from the last harvest.

Farmers in the target counties are facing new challenges in crop production which have adversely affected their ability to access food from own crop production. Climate change is a major element which has affected farmers with agricultural seasons being characterized by long mid-season dry spells which lead to crop loss. Farmers are also unable to access nutritious high yielding seed varieties due to impassible roads and dysfunctional markets. Occasional violent conflict between the Agok and Apuk communities of Gogrial East and Gogrial West has also led to food insecurity due to temporary displacement which has seen farmers abandoning their fields during the peak of the agricultural season.

Cultural values in the targeted areas are also a major determinant of child care and feeding practices. The targeted counties are inhabited by Dinka Bahr el Ghazal ethnic groups, Aguok sub ethnic groups who are traditionally agro-pastoralists. The majority of the community depends on subsistence crop farming for their livelihood activity. The main crops cultivated are sorghum, sesame, ground nuts and maize which lack dietary diversity. Due to its lengthy presence in the targeted counties, World Vision has observed key social and cultural determinants of malnutrition children under the age of five years as: Cultural practices, such as food sharing, sending infants to the cattle camps, cultural beliefs towards pregnant women, introducing water to babies younger than 6 months old, and polygamy; lack of knowledge and understanding of nutrition and malnutrition; and the effects of hygiene practices and cultivation practices and dietary practices.

**2. Needs assessment**

World Vision has been operating in Gogrial East and Gogrial West counties implementing nutrition projects among others. SMART surveys were conducted in June 2016 which emphasized the need to continue supporting nutrition initiatives in the 2 counties. According to the Integrated Food Security Phase classification analysis update of April 2016, Gogrial East and West Counties were predicted to remain at 'crisis' level, phase 3 of food insecurity. Findings from the June 2016 SMART survey in Gogrial East showed that Global acute malnutrition (GAM) WHZ was 26.1 % (21.8 - 31.0, 95% C.I.), severe acute malnutrition (SAM) WHZ was 6.9 % (4.6 - 10.3, 95% C.I.), with no oedema case.

The Crude Death Rate finding was 0.22 (0.10-0.48) per 10,000 persons per day, below the emergency threshold of 1/10,000/day.

About half (50.3%) of surveyed children had some form of illness in the two weeks prior to the survey an indication of a high incidence of disease. The most commonly reported illnesses included fever, (68.4%), cough (14.3%) and diarrheal incidents 18.4%. Illness exacerbates a poor nutritional status which in turn reduces the body's ability to utilize nutrients.

In Gogrial West, the survey GAM and SAM rates were estimated at 32.5 % (28.3 - 36.9 95% C.I.) and 8.5 % (6.3 - 11.3 95% C.I.) respectively (WHO, 2006 standards). The crude mortality rate (CMR) and Under-five mortality rate (U5MR) were found at 0.70 (0.43 - 1.12 95% C.I.) and 0.89 (0.38 - 2.06 95% C.I.) respectively.

The key recommendations were as follows:

Continued provision of quality Community based management of malnutrition services (SC, OTP, TSFP and Community mobilization) for children (6-59 months) and PLW in Gogrial East and West County. Case detection could potentially be enhanced via systematic mass screenings.

Scale up the integrated community case management or mobile clinics to increase access of the population to treat and prevent illnesses like diarrhoea, upper respiratory infections and fever.

Continue to actively vaccinate children for measles, provide vitamin A supplementation and deworming. Focus should be amplified to ensure coverage of 70% or more by ensuring that outreach services are strengthened and CMAM activities are integrated into Child Health Days and immunization campaigns.

Further strengthening of coordinated county-wide behavior change strategy, focusing on IYCF practices and health seeking. Harmonising the work of outreach workers and volunteers; ensuring extensive coverage of IYCF and health services. Awareness campaigns and community education programmes on exclusive breastfeeding, appropriate complementary feeding, and appropriate feeding during illness needs to will be emphasised in Gogrial East and West Counties.

The proposed project is designed to respond to malnutrition prevailing in the targeted areas.

### **3. Description Of Beneficiaries**

#### **Management of acute malnutrition**

The project targets severely and acutely malnourished children 0-59 months (boys and girls), pregnant and lactating women. Community and facility based screening will be done for identification of the acute malnutrition cases. The project will promote the use of MUAC at community level by the community nutrition volunteers and Home Health Promoters for screening purposes. Refresher training coupled on the job training on the correct MUAC measurements will be conducted to minimize inappropriate referrals. The project realises that the caseload has significantly increased from the previous phases and will put in place measure to support this increase. This will be done by recruiting and retaining at least one nutrition assistant per OTP/TSFP site to support already existing nutrition personnel. The project's direct beneficiaries are 3,257 severely acutely malnourished children under the age of 5, 10,962 Moderately acutely malnourished children under the age of 5 and 6,391 pregnant and lactating women.

#### **Prevention of malnutrition**

The proposed project will utilize new and existing mother to mother support groups to reach out to mothers and caregivers of reproductive age on promotion of ideal feeding practices. Mother to mother groups will be mobilized too attend bi-monthly mother to mother support groups meetings to learn how to improve child feeding and care practices, with an emphasis on the first 1000 days. World Vision has 20 existing mother to mother support groups in Gogrial East and Gogrial West and will form 6 new groups within this project. The project will train lead mothers on Infant and Young Child Feeding (IYCF) and this will enable them to cascade the same knowledge to other mothers and women. The project will promote peer to peer learning and it is anticipated that mothers and caregivers will learn from each other and enhance positive child care and feeding practices. The lead mother will be supported by community nutrition volunteers, and the nutrition assistant who will provide routine supervision monitoring. The project will support increased participation of men in child feeding and care practices utilising the network of men's champion groups which are already present in the targeted locations. CHF resources will be used to promote child care and hygiene messaging to scale up the prevention strategy to bring men on board. The project will support existing Community Nutrition Volunteers (CNV) and Home Health Promoters (HHP) to participate in nutrition activities. Refresher training on IYCF will be done for all CNVs and HHPs. Due to migration of some of the CNVs and HHPs, World Vision will provide guidance to the community leaders to be able to select a dedicated team (Female and Men) that are capable of providing voluntarily services in order to improve the health and nutrition status of the specific households/ villages they will be serving. This is to promote accountability and sustainability of this structure at community level.

#### **Coordination of nutrition partners/actors**

The project will support CHD to take ownership of nutrition initiatives at County level. This will be achieved through promotion of integration of nutrition activities within health facilities. The project will also support the training of CHD staff in conducting nutrition assessments and surveys. Furthermore, coordination of nutrition partner activities will be achieved through coordination meeting which will be conducted at County level on a monthly basis.

The project will allocate support to all social groups to enhance equal access. Disabled, physically challenged and chronically ill children and/or mothers/caregivers of the community will be supported accordingly in cognizance of their nutrition needs.

### **4. Grant Request Justification**

World Vision is well positioned for the second allocation of CHF funding due to the following reasons: Responding to the critical needs, delivering life- saving response among cases of acute malnutrition in priority areas of Gogrial East and Gogrial West in response to high rates of GAM rates above 15% highlights the critical food security and nutrition situation in both locations. This calls for treatment and prevention intervention. World Vision will both provide treatment of SAM and MAM, plus continue supporting and strengthening mother to mother support groups for continuity of the Infant and Young child feeding program. World Vision will continue working with the CHDs in the targeted counties to integrate nutrition activities into on-going activities within health facilities. CHF resources will be used to respond to the increased needs which now exist in the targeted location as reflected in the increased GAM rates noted in the 2016 SMART surveys for the target locations.

World Vision has a Zonal Office in Kuajok Town of Warrap State which will serve the project. This office will provide all the supervision, administrative and financial support to the proposed project. World Vision has offices in Gogrial East and Gogrial West as well as staff camping facilities to support the project. Since this project will support the work which World Vision has been doing, the organization has well established relations with the target communities, CHDs and SMoH to support quick project start up and provision of the much needed services. The project will utilize existing staff that have experience and are well knowledgeable of the target areas. The proposed project will support an increment in the number of nutrition assistants providing services at OTP/TSPF sites. The additional staff will be crucial in supporting nutrition services to the increased caseload as well as supporting scale up for outreaches services. World Vision has the logistical support required by the project which includes vehicles and motor cycles which will be fueled and maintained by the proposed project. Communication and internet infrastructure is available in both locations and project staff will be able to send reports and communicate timeously. The project will be managed by a highly experienced Nutrition project manager who will provide support to Nutrition coordinators who will be based at County level. The project manager will be supported by the WV Nutrition advisory team based in Juba who will provide technical back stopping to the project. A dedicated logistic team based in Kuajok in the field will support quick procurement of supplies and dispatch timely consignments, while the field to facilitate implementation.

World Vision is currently implementing the Health Pooled Fund project in the target locations which compliments the proposed project. The proposed project will leverage on the existing HPF funding to maximize benefits to the targeted population. Synergies will be created between the 2 project which to share available resources in the form of training materials and project resources. The proposed project will consider gender mainstreaming as an important aspect, ensuring that there is gender equity, that boys, girls, men and women are fully involved in the nutrition program, advocacy to include them in other project is key during implementation. Data collection will be segregated to allow analysis by gender to help inform better the trends, of malnutrition of different gender, hence been able to provide specific intervention to the more affected gender group.

## 5. Complementarity

World Vision has been implementing Nutrition interventions in Gogrial East and Gogrial West through its private funding. These funds are now limited and are not sufficient to serve the increased nutrition needs in these two counties. To this end, World Vision proposes to utilize CHF resources to continues supporting nutrition needs of the communities in the targeted counties. Essential nutrition supplies will be access from UNICEF through the existing Nutrition PCA. World Vision will access more supplies through the existing Field Level Agreement with WFP.

## LOGICAL FRAMEWORK

### Overall project objective

To contribute to the reduction global acute malnutrition among children 0-59 months and PLW in Gogrial East and Gogrial West.

## 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	40
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	40
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 :** The project objective are similar to the cluster objectives. The project is designed to contribute to saving lives through promotion of identification of cases of malnutrition and referring them for treatment. Malnutrition is rampant in South Sudan and more so in the proposed counties of Gogrial East and West. World Vision proposes to scale up treatment of SAM and MAM while simultaneously supporting prevention of new SAM and MAM cases. Treatment will directly contribute to the objective of saving lives and reduced mortality and morbidity among children in the country.

### Outcome 1

Increased, availability, access and utilization of quality acute malnutrition treatment services, for children 6-59 months, pregnant and lactating women.

### Output 1.1

#### Description

Improved case identification and referrals of 3,257 SAM and 17,353 MAM cases for CMAM

#### Assumptions & Risks

Assumptions  
 Mothers\caregivers bring children 6-59 months for Vitamin A supplementation  
 Availability of Vitamin A  
 Trained health workers provide the supplements  
 Access and security enable delivery of the service  
 Community Mobilization done  
 Funds are adequate to support the activities

Risks  
 Lack of mothers\caregivers participation  
 Lack of Vitamin A  
 Insufficient trained health workers  
 Lack of funds to support mother support groups  
 Insecurity

**Activities**

**Activity 1.1.1**

Conduct continuous screening of children 0-59 months and PLW in the community and health facilities

**Activity 1.1.2**

Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC

**Activity 1.1.3**

Continuous follow up of defaulter cases and home visits for non respondent cases.

**Activity 1.1.4**

Train CNVs and HHPs on techniques of screening, defaulter tracing and home visits

**Activity 1.1.5**

Treat children with SAM with medical complications in 2 Stabilization centres

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Frontline services # Children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)			5,262	5,700	10,962

**Means of Verification** : Monthly reports/weekly reports/Cluster reports/

Indicator 1.1.2	NUTRITION	Frontline services # PLWs with acute malnutrition newly admitted for treatment		6,391			6,391
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**Means of Verification** : Project reports, SC records and data treatment sheets

Indicator 1.1.3	NUTRITION	Frontline services # of children (under-5) admitted for the treatment of SAM			1,590	1,624	3,214
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**Means of Verification** : Project reports  
 Quarterly reports

**Output 1.2**

**Description**

Improved coverage of service delivery points for treatment of acute malnutrition for 3,257 SAM and 10,962 MAM Children under 5, and 6,391 PLW.

**Assumptions & Risks**

Assumptions  
 Supplies are adequate and prepositioned timely  
 Accessibility is allowable for activities to continue  
 Security situation improved  
 Funds are adequate to support the activities

Risks  
 Heightened insecurity, no access  
 Supplies looted, or no access to preposition  
 Funds delay

**Activities**

**Activity 1.2.1**

Procurement, prepositing and provision of MAM and SAM supplies to all OTP and TSFP sites

**Activity 1.2.2**

Train 30 CHD and WV staff on CMAM

**Activity 1.2.3**

Conduct mass community mobilisation, sensitization, and screening campaign

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	Frontline services # of nutrition sites - No of TSFP sites established/maintained supported (new and existing)					27
<b>Means of Verification</b> : Monthly reports/ Weekly reports/cluster reports							
Indicator 1.2.2	NUTRITION	Frontline services # of nutrition sites - No of OTP sites (new and existing)					27
<b>Means of Verification</b> : Weekly reports, Monthly reports, Progress reports							
Indicator 1.2.3	NUTRITION	Frontline services # of nutrition sites - No of stabilisation centres supported (new and existing)					2
<b>Means of Verification</b> :							
<b>Outcome 2</b>							
Strengthen and support prevention of malnutrition among boys and girls aged 0-59 months, pregnant and lactating women.							
<b>Output 2.1</b>							
<b>Description</b>							
Increased coverage of Vitamin A supplementation among children below the age of five							
<b>Assumptions &amp; Risks</b>							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Provide Vit A supplements for National Immunization Days (NID)							
<b>Activity 2.1.2</b>							
Support 2 NIDs (Training of HHPs, planning, monitoring) in Gogrial East and West							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Frontline services # of children (under -5) supplemented with Vitamin A			7,000	7,219	14,219
<b>Means of Verification</b> : Project reports							
<b>Outcome 3</b>							
Ensure enhanced needs analysis of nutrition situation and enhanced monitoring and coordination of response							
<b>Output 3.1</b>							
<b>Description</b>							
Improved coordination among nutrition actors							
<b>Assumptions &amp; Risks</b>							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
County nutrition quarterly review meetings in Gogrial East and Gogrial West							
<b>Activity 3.1.2</b>							
Monthly coordination meetings between local leadership, CHD and nutrition actors							
<b>Activity 3.1.3</b>							
Monthly reports compiled and shared with partners for nutrition situation monitoring and program performance.							
<b>Activity 3.1.4</b>							
Train 20 SMoH and CHD staff on nutrition assessments							
<b>Activity 3.1.5</b>							
Quarterly technical and monitoring support visits by the Juba based Nutrition advisory team and the CHD.							
<b>Activity 3.1.6</b>							
Monthly supportive supervision to all SC, OTP and TSFP sites							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	Core pipeline # of joint monitoring missions to the implementation sites					4

**Means of Verification** : Weekly reports, Monthly reports, Quarterly reports

**Additional Targets** :

## M & R

### Monitoring & Reporting plan

Monitoring and reporting:

In order to keep track of the project outputs and make sure that the project is meeting its intended goals, World Vision will put in place monitoring systems using a participatory monitoring and evaluation approach between WVSS and the beneficiary communities, households and Government to foster a greater sense of ownership.

Monitoring tools will be used to ensure that documentation and reporting is timely and representative throughout the life of the project. Once the project is approved, the Quality Assurance team, the Project Manager and the Nutrition sector advisor will jointly complete the Monitoring and evaluation framework, and will identify tools to be used for collecting data for each of the respective indicators. The data sources, roles and responsibility and frequency of data collection will also be established. The following mechanisms will be used to monitor the project:

**Evidence based field monitoring:**

Regular monitoring of the SC and OTP sites will ensure correct data collection that will reflect the actual situation of the sites. Monitoring staff will make regular visits to project sites and ensure timely and appropriate follow-up of problems identified during monitoring. The regular field supervision will also help ensure protocols and criteria are strictly adhered to and that activities are correctly documented. These onsite activity monitoring will be conducted by the Monitoring Officers under the supervision of the Zonal Quality Assurance Coordinator. Evidence-based monitoring findings from this project will be considered as inputs to improve programme design and implementation.

**Output Monitoring:**

The project output indicators will be tracked on monthly basis using an indicator tracking table (ITT). Any deviation from the agreed outputs and activities will be discussed. The purpose will be to ensure that the overall objectives for the project are met. WVSS Quality Assurance staff will provide regular guidance and monitoring of the project progress to ensure standards of project implementation and CHF resources are used effectively.

Besides, the project will also use the Nutrition online database to document the number of children who received treatment in the OTPs and SC which will also facilitate sharing of this information with all stakeholders.

**Outcome Monitoring:**

Quantitative as well as qualitative data will be collected to measure the outcome level indicators. Story gathering will be an on-going process that will run throughout the project life and final selection and verification of the success story will take place in the last months of the project.

**Reflection and Learning:**

To check on effectiveness, appropriateness and quality of the project, a mini-learning event will be conducted in the last month of the project implementation to help inform future programme design. Besides, World Vision will organize County level review meetings as needed to identify gaps in the management of the project implementation as well as to ensure proper coordination and timely implementation of the activities proposed which will contribute to achieving the intended outputs.

**Regular reporting:**

Monthly project progress narrative reports as well as an end of project report will be produced and shared with CHF and other concerned parties. Outcome and output level indicators and targets will form the foundation for the monthly and end of project narrative reports that will be populated with quantitative and qualitative data collected by the project staff. The monthly reports will be analyzed and used by the Project Manager to track progress and make programmatic decisions.

The Quality Assurance Unit will also produce monthly monitoring reports that will reveal any variance against targets. The findings will be shared with the donor and used internally to improve operational practices.

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Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct continuous screening of children 0-59 months and PLW in the community and health facilities	2016									X	X	X	X
	2017	X	X										
Activity 1.1.2: Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC	2016									X	X	X	X
	2017	X	X										
Activity 1.1.3: Continuous follow up of defaulter cases and home visits for non respondent cases.	2016									X	X	X	X
	2017	X	X										

Activity 1.1.4: Train CNVs and HHPs on techniques of screening, defaulter tracing and home visits	2016									X	X		
	2017												
Activity 1.1.5: Treat children with SAM with medical complications in 2 Stabilization centres	2016												
	2017												
Activity 1.2.1: Procurement, prepositing and provision of MAM and SAM supplies to all OTP and TSFP sites	2016									X	X		
	2017	X											
Activity 1.2.2: Train 30 CHD and WV staff on CMAM	2016										X		
	2017												
Activity 1.2.3: Conduct mass community mobilisation, sensitization, and screening campaign	2016									X	X	X	X
	2017	X	X										
Activity 2.1.1: Provide Vit A supplements for National Immunization Days (NID)	2016										X		
	2017	X											
Activity 2.1.2: Support 2 NIDs (Training of HHPs, planning, monitoring) in Gogrial East and West	2016										X		
	2017	X											
Activity 3.1.1: County nutrition quarterly review meetings in Gogrial East and Gogrial West	2016											X	
	2017		X										
Activity 3.1.2: Monthly coordination meetings between local leadership, CHD and nutrition actors	2016									X	X	X	X
	2017	X	X										
Activity 3.1.3: Monthly reports compiled and shared with partners for nutrition situation monitoring and program performance.	2016									X	X	X	X
	2017	X	X										
Activity 3.1.4: Train 20 SMoH and CHD staff on nutrition assessments	2016												X
	2017	X											
Activity 3.1.5: Quarterly technical and monitoring support visits by the Juba based Nutrition advisory team and the CHD.	2016										X		
	2017	X											
Activity 3.1.6: Monthly supportive supervision to all SC, OTP and TSFP sites	2016									X	X	X	X
	2017	X	X										

**OTHER INFO**

**Accountability to Affected Populations**

**Gender:** The project will conduct continuous assessments which will investigate gender specific differences and needs in the prevention and treatment of acute malnutrition. Information collected from assessments and performance reports will be disaggregated by gender, so as to identify any unique needs to the gender. The project teams will be trained on gender mainstreaming and this training will enable the team to identify specific needs of gender groups with regards to promotion of treatment and prevention of acute malnutrition. Specific measures shall therefore be taken to promote active involvement of women and children in planning and design to ensure that the project is appropriate to their own needs and priorities. In addition, the nutrition interventions specifically targets children under 5 and Pregnant and Lactating women. The project will support the participation of socially excluded groups including people living with disabilities, households with chronically ill and elderly members to ensure that MAM and SAM cases in these households are reached with nutrition services. Project staff will be sure to seek out physically challenged members of the communities to work against challenges in accessing nutrition centers and participation in project activities.

**Advocacy:** The proposed project will build the capacity of communities to advocate for the expressed needs of the community and the most vulnerable. In order to improve the nutrition situation as well as security situation faced by the communities, greater efforts must be made to advocate for infrastructure development and safety of these communities especially for women, and children. Advocacy efforts will be made to enhance assistance from the Warrap state government to support development of health and nutrition basic services and social infrastructure. World Vision Sudan Policy and Advocacy Officer based in Juba along with greater policy networks will work closely with project staff to support community needs. Project staff humanitarian accountability standards will also support transparency of programming while making efforts to increase the influence of and representation of citizens (including children) at local, regional, and national levels.

**HIV & AIDS:** HIV AIDS remains an aggravating factor for malnutrition and beneficiaries from the nutrition program will be directly linked to existing HIV services at the clinics and referral hospitals which include awareness raising, voluntary counseling and testing care and support for PLWHA.

**Environment:** The proposed project will work to enhance sustainability, including environmental sustainability, of project impact and service delivery. Activities will support proper disposal of supplies refuse and keen attention to location and sustainability so that the environment is conserved. The techniques promoted will result in environmental enhancement and sustainable use of resources

The project will setup Humanitarian accountability systems which will be used for feedback and complaints handling. Consultations will be done during project inception to determine the method through which the community prefers for dissemination of project information. The project will provide information through preferred means on entitlements of project beneficiaries, treatment guidelines, partners and how to give feedback and/or complaints. Complaints and feedback mechanisms will be established in the community as well as at health facilities. The project will keep feedback and complaint registers which will be reviewed on a fortnightly basis and the issues raised addressed.

**Implementation Plan**

The WV Greater Bahr el Ghazal Zonal Office in Kuajok will support the project team to ensure timely start-up and implementation, leverage existing strong working relationships with SMOH, ensure timely monthly reporting, and provide logistics/procurement support for necessary nutrition supplies. WV's Zonal Quality Assurance Officer and Zonal Program Development & Management Officer will also support the project team to ensure effective tracking of project activities, key indicators, timely reporting, and donor compliance for the project. Additional technical oversight will also be provided by the WV National Health and Nutrition Sector Specialist (MD, MPH) and the WV Health & Nutrition Sector Coordinator.

WV's health and nutrition team has wide-ranging experience in health and nutrition systems strengthening including the training of nutrition managers and frontline staff on the utilization of NIS tools, the interpretation and analysis of nutrition data, as well as supporting periodic data quality audits. The team will also focus on strengthening the technical capacity of the local health and nutrition workforce by providing training to health facility workers (doctors, nurses etc.) on nutrition as an integral part of the health delivery system as well as on infant and young child feeding. Additional emphasis will be put on strengthening the capacity of CHD and hospital management to plan, implement and monitor nutrition programming

The project will be managed by a Nutrition Project Manager based in Gogrial West who will oversee the day to day operation of the project. The project manager will develop monthly detailed work plans and share with field teams for guidance. The project manager will take the lead in reporting project progress while also interacting with SMOH and the Nutrition Cluster at State level.

Nutrition Field Coordinators will lead implementation of activities at County level in collaboration with other Nutrition actors and the CHD. This position will be responsible for coordination and ensuring that nutrition supplies are available within the county in sufficient quantities as informed by the caseloads calculation. The coordinator will provide support supervision to Nutrition Assistants and health facility staff providing front line services to communities

Nutrition Assistants will be based at the TSFP/OTP sites and stabilisation centre conducting active and passive case finding. They will work with Community Nutrition Volunteers and Home Health Promoter who will provide the same services at community level.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
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**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**

The proposed project will encourage the participation of women, boys, girls and men in the project as follows: active and passive case finding among all children aged 6-59 months (boys and girls), women (pregnant and lactating), strengthening and maintaining referral systems to nutrition feeding sites for treatment. The project will conduct health education sessions targeting mothers/caregivers, men, and other groups. Prevention and treatment of malnutrition. The Infant and Young Child Feeding program will involve both women and men, through mother support care groups that are already in place in new groups to be formed. World Vision will coordinate with food security implementing partners, where men are most involved, to integrate nutrition messages with food security information. A nutrition assessment (anthropometric and mortality SMART survey) will be undertaken to capture children aged 6-59 months (boys and girls). Survey methodology will ensure that all households within the cluster are given equal chances for participation, in this way all family members (boys, girls, women, and men) are included, especially during the demographic and mortality section of the survey.

The elderly population (Female and Male), especially those taking care of the orphans, will be given priority and more time will be dedicated to listen to difficulties they are going through while taking care of the children. Linking the elderly (Female and Male) that need extra health care and social support will be done through coordinating with other partners who support the elderly. If the needs of these caretakers are covered, it is expected that the growth and development of the children will be better, compared to when they are unable to support them. The community elders are considered role models in many communities, hence this group will play a key role in educating, sharing, and influencing the young mothers on Infant and Young child feeding practices as well as best child care practices.

**Protection Mainstreaming**

Protection mainstreaming is a priority in World Vision throughout the project cycle to respond to the protections needs of the beneficiaries and promote their dignity, integrity and beneficiary security. Field Staff shall be oriented and trained on Do No Harm principles and the negative impacts of not practicing these principles at field level to minimize harm that might be unintentionally caused by project activities and create or further increase tension among beneficiaries. The project team will ensure that proposed locations for project activities are free from possible risks and threats there by increasing safe access by all beneficiaries including women and children who can be vulnerable. They can also be subjected to risk of gender based violence if the project does not consider protection mainstreaming. Such unintended consequences shall be minimized through meaningful access or equitable serving of beneficiaries. This shall be emphasized by the project team among the team members, partners and the beneficiaries. The project’s community component will include men and promote messages that increase their participation and ownership of family nutrition as well as gender based violence. Extremely vulnerable or marginalized groups will be prioritized, child headed households, elderly and people with disability, through support from the community leaders and other protection actors operating in the selected locations. Furthermore, meeting locations shall be adapted to reduce the distance and to ensure that these most vulnerable/marginalized have access and distances are reasonable.

Protection sensitization sessions shall be conducted in partnership with other protection actors in the locations particularly during community outreach. During such platforms beneficiaries shall be made aware of some their rights such as right to be served with dignity , right to aid, right to information, right to give feedback , right to participation through during any engagements and through committee representatives. Simple participatory and learning tools shall be adapted and translated so that the beneficiaries can access the information in a simple and user friendly manner. Existing community notice boards shall be used where they exist to stick useful protection information so that beneficiaries are empowered. Where protection committees exist such structures shall be used to strengthen the protection capacities at individual and community level.

**Country Specific Information**

**Safety and Security**

World Vision has a security strategy in South Sudan which is continuously updated to match the prevailing context. The Juba based security Manager is supported by security focal persons based in each of the World Vision’s operational states. The security focal persons collect security related information and share with management for real time decision making.

Staff security training: World Vision staff go through security training as part of recruitment process and this increases capacity of staff to respond to security incidents. The security training focuses on key strategies of deescalating potential security incidents as well as immediate first aid provision in the event of injuries. While in the field, staff have access to mobile communication devices for security purposes (i.e. thuraya). Staff have quick run bag which are occasionally restocked with essential supplies for use in case of security incidents.

Security equipment: All World Vision Offices are equipped with safety equipment including fire extinguishers, VHF radios, first aid kits and supplies that can be utilized in case of insecurity. Safety is a key aspect of office procedure. World Vision vehicles are also equipped with fire extinguishers, VHF radios and first aid kits to ensure staff safety and security. The same safety and security strategies will be used for the proposed project.

**Access**

Gogrial East and Gogrial West are in Warrap State and these counties are accessible from Wau and Kuajok town. Gogrial West hosts the Capital of Warrap state and has an airstrip which is available for use. The two counties are accessible through Wau which has an airport with several domestic and private flights. The roads in the 2 counties are not in good condition however they are usable for transportation of project supplies and teams. From past experience, the two targeted counties are accessible by road and the project does not anticipate to encounter challenges in that regard. It should be noted that some payams are inaccessible during the peak of the rain season due to flooding however the project will be implemented post rain season making most of the targeted areas accessible.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
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**Staff and Other Personnel Costs**

1.1	Project Manager	D	1	2,800.00	6	100.00	16,800.00
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*This position will manager the day to day running of the project, including managing staff and deliverables of the project. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing allowances*

1.2	Nutrition field Coordinator	D	2	1,096.00	6	100.00	13,152.00
	<i>These will lead implementation of project activities at field level as well as supervision monitoring during implementation. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing allowances</i>						
1.3	Nutrition Officer (National level)	D	1	2,500.00	6	10.00	1,500.00
	<i>Provides technical support to the project teams. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing allowances</i>						
1.4	Programme Officer	D	1	7,900.00	6	5.00	2,370.00
	<i>Donor liaison and reporting (The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.5	Quality assurance Coordinator	D	1	7,900.00	6	5.00	2,370.00
	<i>Monitoring, evaluation and quality assurance. (The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.6	Zonal Finance manager	D	1	7,900.00	6	5.00	2,370.00
	<i>Financial and grant financial reporting-(The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.7	Zonal Programme manager	D	1	8,500.00	6	5.00	2,550.00
	<i>Provides oversight of the project implementation on timeliness, scope and budget. (The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.8	National Office National support staff- based in Juba and charged 5 % to CHF (P & C Officer, Logistics Officer, Financial accountant ,booking officer)	S	5	1,500.00	6	5.00	2,250.00
1.9	National Office Support( International) based in Juba and Charged 5% to CHF. (Facilities and Security Director, Operations Director, Resource Acquisition Director, National Director, and Finance Director)	S	4	7,400.00	6	5.00	8,880.00
1.10	Incentives for CNVs and HHPs	D	81	30.00	6	100.00	14,580.00
	<i>The project will pay CNVs and HHPs incentives of approximately \$30/person/month for the days they work in communities conducting screening and other related activities</i>						
1.11	Nutrition Assistants manning OTP/TSFP sites	D	23	800.00	5	100.00	92,000.00
	<i>These will conduct screening at health facility and admit SAM and MAM in OTP and TSFP respectively. Supervise outreach activities done by CNVs. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing allowances</i>						
1.12	Nutrition nurse for SC	D	4	800.00	5	100.00	16,000.00
	<i>The project will pay nutrition nurses based at the SC. These will conduct the day to day management of SAM children in the SC The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing allowances</i>						
	<b>Section Total</b>						<b>174,822.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Train 81 CNVs and HHPs on techniques of screening, defaulter tracing and home visits	D	81	60.00	1	100.00	4,860.00
	<i>The training will be for CNVs and HHPs and costs will be for transport, accommodation and meals for participants</i>						
2.2	Train 30 CHD and WV staff on CMAM	D	30	60.00	2	100.00	3,600.00
	<i>2 day training session. Costs are for accommodation and meals and transport for participants</i>						
2.3	Conduct mass community mobilisation, sensitization, and screening campaign	D	27	200.00	2	100.00	10,800.00
	<i>The costs are for hire of public address systems and lunch for the organizing teams</i>						
2.4	Support NIDs (Training of HHPs, planning, monitoring) in Gogrial East and West	D	2	1,500.00	2	100.00	6,000.00
	<i>Costs will be for logistics support, monitoring and training of personnel to participate in the NIDs</i>						
2.5	County nutrition quarterly review meetings in Gogrial East and Gogrial West	D	2	400.00	1	100.00	800.00

	<i>Costs being for venue hire and refreshments during the meeting</i>						
2.6	Monthly coordination meetings between local leadership, CHD and nutrition actors	D	27	30.00	5	100.00	4,050.00
	<i>Costs being for venue hire and refreshments during the meeting</i>						
2.7	Visibility (Banners, T-shirts, Hats and Humanitarian vests)	D	40	50.00	1	100.00	2,000.00
	<i>This is to ensure that the team are visible and easily identified by the beneficiaries and other partners to promote accountability.</i>						
2.8	Local accommodation costs	D	5	100.00	5	100.00	2,500.00
	<i>Estimate/Cost towards lodging of teams while on mission. Cost of USD 100 estimated for at least 5 staff in a mission in a month .</i>						
2.9	local Transportation RUTF from UNICEF through the existing PCA and transport to all counties	D	2	1,500.00	3	100.00	9,000.00
	<i>local transport hire for nutrition supplies</i>						
2.10	Monthly supportive supervision visits	D	2	300.00	6	100.00	3,600.00
	<i>The costs will be for Travel, subsistence and perdiems of project supervisor and CHD staff participating in support supervision visits</i>						
2.11	Quarterly monitoring technical support visits by Juba based Nutrition advisory meeting	D	2	400.00	2	100.00	1,600.00
	<i>The costs will be for travel and subsistence and perdiems of Juba based technical advisory staff</i>						
2.12	Essential materials for stabilisation centre operations	D	2	920.00	1	100.00	1,840.00
	<i>The costs will be for detergents for cleaning, replacement of bedding materials and handwashing materials</i>						
	<b>Section Total</b>						<b>50,650.00</b>
<b>Equipment</b>							
3.1	Stationery		0	0.00	0	0.00	0.00
	<i>Being costs for bond paper, cartridges</i>						
	<b>Section Total</b>						<b>0.00</b>
<b>Travel</b>							
5.1	Staff travel (local transport, flights-round trip,) Juba to Field locations-Teams to be booked via UNHAS	D	5	550.00	2	100.00	5,500.00
	<i>These are costs of project staff to travel to and from field locations to Juba</i>						
5.2	Vehicle fuel and maintenance costs/hire	D	2	1,500.00	6	100.00	18,000.00
	<i>These are costs of vehicle hire for project activities</i>						
	<b>Section Total</b>						<b>23,500.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Field office Fuel (contribution)	D	1	17,000.00	6	10.00	10,200.00
	<i>This is the cost for office fuel in Gogrial East, Gogrial West and Kuajok Zonal office for running office generators.</i>						
7.2	Vehicle running costs - National Office	D	1	5,006.18	6	5.00	1,501.85
	<i>to support vehicle operating costs at National and zonal office To facilitate Nutrition teams during donor engagements and coordination meeting</i>						
7.3	Communication Costs	D	2	150.00	6	100.00	1,800.00
	<i>This costs of airtime for both thuraya and mobile phones for the staff for coordination and communication with the field team @USD30 per staff and USD 100 for Thuraya while on field mission</i>						
7.4	Stationery	D	2	200.00	2	100.00	800.00
	<i>Cost of stationery for Gogrial East and Gogrial West</i>						
7.5	VSAT (Internet) charges	S	1	3,000.00	6	10.00	1,800.00
	<i>Being contribution to internet charges in Gogrial East, Gogrial West and Kuajok Zonal office. Shared costs towards maintaining VSAT subscriptions to enable the teams manage to email the reports.</i>						

7.6	Juba team house rental costs	S	1	20,000.00	6	5.00	6,000.00
<i>The Percentage charge is the rental cost for Juba based nutrition coordination team based in the national Office</i>							
7.7	Juba office rentals costs	S	1	25,000.00	6	5.00	7,500.00
<i>Being contribution to office space utilized by the Nutrition team in Juba office</i>							
7.8	Juba Office supplies	S	1	3,000.00	6	5.00	900.00
<i>Being contribution to office utilities used by the Nutrition team in Juba office</i>							
7.9	Bank charges	S	1	3,000.00	6	5.00	900.00
<b>Section Total</b>							<b>31,401.85</b>
<b>SubTotal</b>			365.00				<b>280,373.85</b>
Direct							252,143.85
Support							28,230.00
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							19,626.17
<b>Total Cost</b>							<b>300,000.02</b>
<b>Grand Total CHF Cost</b>							<b>300,000.02</b>

#### Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Warrap -> Gogrial East	50	200	1,965	1,590	1,624	5,379	Activity 1.1.1 : Conduct continuous screening of children 0-59 months and PLW in the community and health facilities Activity 1.1.2 : Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC Activity 1.1.3 : Continuous follow up of defaulter cases and home visits for non respondent cases. Activity 1.1.4 : Train CNVs and HHPs on techniques of screening, defaulter tracing and home visits Activity 1.2.1 : Procurement, prepositing and provision of MAM and SAM supplies to all OTP and TSFP sites Activity 1.2.2 : Train 30 CHD and WV staff on CMAM Activity 1.2.3 : Conduct mass community mobilisation, sensitization, and screening campaign

Warrap -> Gogrial West	50	200	4,426	5,410	5,595	15,631	<p>Activity 1.1.1 : Conduct continuous screening of children 0-59 months and PLW in the community and health facilities</p> <p>Activity 1.1.2 : Provide treatment for SAM and MAM of CU5 and PLWs as per the CMAM guidelines and refer SAM cases with medical complications to SC</p> <p>Activity 1.1.3 : Continuous follow up of defaulter cases and home visits for non respondent cases.</p> <p>Activity 1.1.4 : Train CNVs and HHPs on techniques of screening, defaulter tracing and home visits</p> <p>Activity 1.2.1 : Procurement, prepositing and provision of MAM and SAM supplies to all OTP and TSFP sites</p> <p>Activity 1.2.2 : Train 30 CHD and WV staff on CMAM</p> <p>Activity 1.2.3 : Conduct mass community mobilisation, sensitization, and screening campaign</p>
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**Documents**

Category Name	Document Description