

# Nigeria- UNICEF Detailed Workplan 2014-15

## Name of Programme: NUTRITION

### UNDAF Result Area

#### Outcome 2.2

By 2017, Health related MDGs achieved and sustained through strong and well-coordinated Health systems implementing innovative, high impact and cost effective, equitable, gender responsive interventions inclusive of foundational determinants of health at community, LGA States and Federal levels with active engagement of right holders; informed by South-South cooperation and evidence based learning

#### Outputs 2.2.3

Capacities of public and private health institutions including Civil Society Organization at all levels strengthened to deliver accessible, equitable, quality, gender-responsive, evidence-based and, adequately funded, reproductive, maternal, newborn, child and adolescent health interventions inclusive of sexual reproductive health, using innovations and appropriate technology (including new vaccines and ICT) and responding to increased demand and use of preventive, curative and promotive health services by empowered and involved communities, supported by enhanced Health Management

### UNICEF Programme Results

**Outcome No. 1 : By 2017, the Nutritional Status of Infants, Young Children and Women is improved through the Scale-Up of Integrated High Impact and Evidence-based Nutrition Interventions and Improved Family and Community Care Practices with a focus on those most vulnerable**

**Output No. 1 : By 2017 Community Management of Acute Malnutrition Programme and Nutrition sensitive interventions scaled-up in priority States and the prevalence of wasting (GAM) among children under-five years reduced to less than 5 percent (11 states)**

**Output No. 2 : By 2017 Prevalence of 0-23 months children optimally fed increased to 70 percent through Integrated IYCF and care promotion**

**Output No. 3 : By 2017 micronutrient deficiencies prevented through improved micronutrient supplementation interventions for children and women (both girls and boys)**

**Output No. 4 : By 2017 leadership, policy, institutional capacity and partnership strengthened to scale up nutrition interventions targeted towards the vulnerable groups (especially women and children)**

Funding 2014-2015 (US\$)*			Amount (\$)
TOTAL	Planned Budget		
	Available Funds	RR	8,000,000
	Unfunded	OR	78,525,069
As of 18/02/2014			

\* As of 28/02/2014

Agreed by  
Government Implementing Partner

Amh. SANI SAULAWA BALA

Name

Date

Signature

Agreed by  
UNICEF Nigeria

JEAN COUGH

Name

Date

Signature



# ABUJA NUTRITION MULTI-YEAR WORKPLAN (2014-2015)

OUTCOME 4: By 2017, the Nutritional Status of Infants, Young Children and Women is improved through the Scale Up of Integrated High Impact and Evidence-based Nutrition Interventions and Improved Family and Community Care Practices with a focus on these most vulnerable

Planned no. of activities	Transitions to monthly				Implementing parties	Planned budget (US\$'000)		Planned budget (US\$'000)	
	2014	2015	2016	2017		2014	2015	2016	2017
	0-6	7-12	13-24	25-36		HR	CN	HR	CN
<b>Output 3: By 2017, Community management of acute malnutrition programmes and Nutrition sensitive interventions scaling-up in priority States and the prevalence of wasting (low) among children under-five years reduced to less than 5 percent (11 states)</b>									
4.1.1.5 <b>Advocacy, coordination for strengthening and sustaining measures</b>									
4.1.1.1 Organize advocacy events (workshops, seminars) with stakeholders (Federal, State and LGAs policy makers) for adequate budgetary provision for supplies, staff and personnel and logistics for management of SAM and for scaling up CMAM interventions	X	X	X	X	FMHC, SNAC, NPHCDA, SPHCDA, INDC, DHOs	180.0	24,722.7	180.0	25,203.1
4.1.1.2 It collaborates with CAD, support development of communication strategy including national materials to reduce defector rates	X	X	X	X	FMHC, SNAC, NPHCDA, SPHCDA, INDC, DHOs	7.0	1,731.1	7.0	1,103.6
4.1.1.3 Support CMAM costing exercise and determination of supply/procurement rates (SAC, WA, CAC)	X	X	X	X	FMHC, NPHCDA, SNAC, INDC	*	1,200.1	*	620.4
4.1.1.4 Help scaling up/mobilizing and initiatives working in nutrition/CAMM advocacy (policy level)	X	X	X	X	FMHC, NPHCDA, SNAC, INDC	210.0	210.0	-	184.2
4.1.1.5 Develop and disseminate advocacy policy/plan and related materials	X	X	X	X	FMHC, NPHCDA, SNAC, INDC	7.0	104.0	7.0	100.0
4.1.1.6 Capacity Development (local, state, national and international, theoretical, practical, value of early treatment, community, health staff, community based, health-based)	X	X	X	X	FMHC, SNAC, NPHCDA, SPHCDA	34.1	8,072.8	34.1	2,396.9
4.1.1.7 Support capacity building of government officials to enhance role time monitoring of CMAM programmes through use of Bangladesh / Bangladesh through training and implementation	X	X	X	X	SNAC, SPHCDA	*	490.0	*	300.0
4.1.1.8 Strengthening human management capacity within UNICEF in field offices and Government in State and LGA levels (training, providing tools, materials for use, support supervision, etc)	X	X	X	X	FMHC, SNAC, NPHCDA, SPHCDA	14.1	1,773.0	14.1	972.0
4.1.1.9 Training of master trainers (State trainers, SPHCDA and SNAC) on CMAM and in-person management, using National Guidelines	X	X	X	X	FMHC, NPHCDA, DHOs	5.0	5.0	-	4.0
4.1.1.10 Support training including refresher for JMC staff - CMW and CVA, LGA Nutrition Focal Persons, State Nutrition Officers, State/Regional CMAM management and CMAM data management including supportive supervision	X	X	X	X	FMHC, SNAC, NPHCDA, SPHCDA	*	80.0	*	80.0
4.1.1.11 Review and disseminate training curricula, training materials and related tools/materials for initial and refresher training for CMAM programme	X	X	X	X	UNICEF	*	540.0	*	320.0
4.1.1.12 Review provision of necessary technical assistance through recruitment/employment of additional human resources to support management and scaling up of CMAM programmes	X	X	X	X	FMHC, SNAC, NPHCDA, SPHCDA	-	70.0	-	50.0
4.1.1.13 Support forming Community Based Organization (CBO) of Community Volunteers and members of the children who are admitted in CMAM OTP sites (protein generation, agriculture, cash transfer, etc)	X	X	X	X	FMHC, NPHCDA, SNAC, INDC, DHO	*	51.0	*	20.0
4.1.1.14 Support training on local production of blended complementary foods in FADs income generating project and CMAM sites	X	X	X	X	FMHC, SNAC, NPHCDA, SPHCDA	520.7	22,569.8	521.2	15,118.9
4.1.1.15 <b>Similar delivery</b>	X	X	X	X	FMHC, SNAC, NPHCDA, SPHCDA	493.7	21,109.8	493.2	14,999.0
4.1.1.16 Measurement and distribution of supplies for management of acute malnutrition (therapeutic spread, sachet, anthropometric equipment, monitoring tools, computers, mobile drugs, etc) to the states and LGAs (11 states)	X	X	X	X	FMHC, NPHCDA, SNAC, INDC, DHOs	22.0	100.0	22.0	100.0
4.1.1.17 Provide necessary relevant support to set up local production of RUP	X	X	X	X	FMHC, SNAC, NPHCDA, SPHCDA	10.0	100.0	10.0	100.0
4.1.1.18 Printing and distribution of CMAM Guidelines and Training Manual	X	X	X	X	SNAC, SPHCDA, LGAs, INDC	5.0	250.0	5.0	250.0
4.1.1.19 Provide support to State/LGAs for strengthening the supply management	X	X	X	X	FMHC, SNAC, NPHCDA, SPHCDA	5.0	250.0	5.0	250.0
4.1.1.20 Strengthening of nutrition information system (improving data management, quality checks, performance indicators analysis, using laptops and smartphones, etc)	X	X	X	X	FMHC, SNAC, NPHCDA, SPHCDA	5.0	250.0	5.0	250.0

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4.1.2.1.6	Integrate demonstration CHAM sites in two southern states based on the health/recommendation of SMART survey and interest of state government authorities	X	X	X	X	SMART, SPHCDAs	-	108.0	-	108.0
4.1.2.1.7	Support CHAM providers members local mobilization, screening, finding referral to improve coverage, family visits, deliverer forum, etc. analysis of and use of PLRF, mobilization of community leaders, etc.	X	X	X	X	MOH, SPHCDAs	-	100.0	-	100.0
4.1.2.1.8	Provide technology to strengthen CHAM data management (improve data recording/reporting, quality checks, performance analysis, updatables and sms telegram, etc)	X	X	X	X	SMART, SPHCDAs	-	150.0	-	150.0
4.1.1.1.9	Integration of CHAM service/activities with other sector programmes including WASH, Nutrition, IPHC, etc (physical/social promotion, education, children and ADO).	X	X	X	X	FINCH, SMART, WBS, SPHCDAs	-	114.0	-	114.0
4.1.1.1.10	Provide integrated services to exclusive infant and children	X	X	X	X	FINCH, SMART, WBS, SPHCDAs	-	50.0	-	50.0
4.1.1.1.11	Develop CHAM sites as centres for evidence	X	X	X	X	FINCH, SMART, WBS, SPHCDAs	23.0	69.0	-	92.0
4.1.1.1.12	Mobilizing, facilitating, financing, planning, coordinating, organizational	X	X	X	X	FINCH, SMART, WBS, SPHCDAs	6,944.3	38.0	-	6,982.3
4.1.1.1.13	Carry out continuous of care study and analysis of supply chain management to improve community management of severe acute malnutrition (SAM)	X	X	X	X	FINCH, SMART, WBS, SPHCDAs	14.0	2,400.0	14.0	1,390.0
4.1.1.1.14	Support meetings of Food and Nutrition Committees at Federal and State levels	X	X	X	X	FINCH, WASHCO, SMART, WASHCO	3.0	917.0	3.0	880.0
4.1.1.1.15	Support conducting GIS mapping of CHAM QTR and Incident sites	X	X	X	X	FINCH, SMART, SPHCDAs	9.0	217.0	9.0	300.0
4.1.1.1.16	Support regular monitoring of CHAM activities by Federal, State and LGA authorities and Field Offices	X	X	X	X	FINCH, SMART, SPHCDAs	-	850.0	-	850.0
4.1.1.1.17	Develop monitoring strengthening strategy and supportive supervision plan	X	X	X	X	FINCH, SMART, SPHCDAs	-	400.0	-	400.0
4.1.1.1.18	Support partners to conduct coverage survey (SMART and SMART) and dissemination of results/recommendation	X	X	X	X	FINCH, WASHCO, SMART, WASHCO	-	500.0	-	500.0
4.1.1.1.19	Create data base of CHAM local points (States, LGAs, Community levels)	X	X	X	X	FINCH, SMART, SPHCDAs	-	200.0	-	200.0
4.1.1.1.20	Strengthen national level coordination through institutionalization of CHAM leaders meeting and operationalization of national coordination committee	X	X	X	X	FINCH, SMART, WASHCO, SPHCDAs, INDOH	-	100.5	-	100.5
4.1.1.1.21	Disseminate results/lessons learnt from high performing CHAM states/LGAs/points to medium and low performing states/LGAs/points through monthly meeting	X	X	X	X	SMART, SPHCDAs, WASHCO	-	180.0	-	180.0
4.1.1.1.22	Institutionalize/strengthen monthly CHAM meeting in all CHAM states	X	X	X	X	SMART, SPHCDAs, WASHCO	-	995.0	-	995.0
4.1.1.1.23	Carry out observational research and evaluation of CHAM in selected states	X	X	X	X	FINCH, SMART, WASHCO, SPHCDAs, INDOH	-	400.0	-	400.0
4.1.1.1.24	Carry out observational research and evaluation of CHAM in selected states	X	X	X	X	FINCH, SMART, WASHCO, SPHCDAs, INDOH	480.5	1,672.1	481.3	1,180.5
4.1.1.1.25	Disseminate by 2027 proportion of 8-23 months children optimally fed increased to 70 percent through integrated NCT and care promotion	X	X	X	X	FINCH, SMART, WASHCO, INDOH	5.7	71.5	6.7	54.3
4.1.1.1.26	Advocacy, communication for development and knowledge resources	X	X	X	X	FINCH, SMART, WASHCO, INDOH	-	10.0	-	10.0
4.1.1.1.27	Facilitate NCT strategy and integrated NCT communication plan to implement in selected states (Primary, LU, southern states, etc)	X	X	X	X	FINCH, SMART, WASHCO, INDOH	-	11.0	-	11.0
4.1.1.1.28	Support advocacy activities to promote uptake NCT practices (early initiation of breastfeeding, exclusive breastfeeding, complementary feeding, etc) through breastfeeding day (as campaign)	X	X	X	X	SMART, SPHCDAs, INDOH	-	20.0	-	20.0
4.1.1.1.29	Support implementation of breastfeeding media campaigns to promote breastfeeding as a social norm through social marketing approach	X	X	X	X	SMART, SPHCDAs, INDOH	-	8.1	-	8.1
4.1.1.1.30	Sanitization of baby bottles on NCT through multi-media, SMS, radio groups, MCH, CMC, MCHCO, Material day proper and other social education on benefits of exclusive breastfeeding	X	X	X	X	SMART, SPHCDAs, INDOH	3.7	10.0	3.7	4.1
4.1.1.1.31	Carry out household and key informant survey 10 steps to NCT as part of the code of conduct	X	X	X	X	SMART, SPHCDAs, INDOH	3.0	71.0	3.0	3.0
4.1.1.1.32	Develop criteria and carry out baby friendly communities	X	X	X	X	SMART, SPHCDAs, INDOH	13.5	148.2	14.8	108.3
4.1.1.1.33	Capacity Development (book, video, staff and infrastructure, structure, systems, roles of duty bearers, coordination, health staff, community leaders, institutional)	X	X	X	X	FINCH, WASHCO, SPHCDAs, SMART, INDOH	-	55.0	-	55.0
4.1.1.1.34	Conduct NCT TOR at state and LGA levels	X	X	X	X	FINCH, WASHCO, SPHCDAs, SMART, INDOH	-	15.6	-	15.6
4.1.1.1.35	Support conducting NCT training for health workers and community volunteers in selected states (WASHCO, LU, southern states)	X	X	X	X	FINCH, WASHCO, SPHCDAs, SMART, INDOH	-	20.0	-	20.0
4.1.1.1.36	Support scaling up NCT linking with multiple service interventions (local production of breast complementary foods, MHP and CHAM, WASH, income generating projects, cash transfer, WASH interventions/CITS, etc) for appropriate child feeding behaviours	X	X	X	X	FINCH, WASHCO, SPHCDAs, SMART, INDOH, IFAD	-	12.0	-	12.0
4.1.1.1.37	Support NCT and FINCH to integrate NCT behaviour change communication into pre- and post service visiting curriculum	X	X	X	X	FINCH, WASHCO, SPHCDAs, SMART, INDOH	-	10.2	-	10.2
4.1.1.1.38	Support NCT and FINCH to integrate NCT behaviour change communication into pre- and post service visiting curriculum	X	X	X	X	FINCH, WASHCO, SPHCDAs, SMART, INDOH	-	10.2	-	10.2









BAUCCI FIELD OFFICE NUTRITION MULTI-YEAR WORKPLAN (2014-2015)

OUTCOME 6: By 2017, the Nutritional Status of Infants, Young Children and Women is improved through the Scale-Up of Integrated High Impact and Evidence-based Nutrition Interventions and Improved Family and Community Care Practices with a focus on those most vulnerable

Planned No. of activities	Performance by month				Implementing partners	Planned Budget (US\$)			
	2014	2015	2016	2017		2014	2015	2016	2017
Outcome 6: By 2017, the Nutritional Status of Infants, Young Children and Women is improved through the Scale-Up of Integrated High Impact and Evidence-based Nutrition Interventions and Improved Family and Community Care Practices with a focus on those most vulnerable									
4.1.1.1 Advocate, consultation for development and strengthening processes	X	X	X	X	SNV, SPNCD, INCD	162.8	1,150.8	162.8	688.9
4.1.1.2 Organize advisory advisory events (workshops, seminars) with stakeholders (State and LG, policy makers) for structure advisory provision for support, additional protected and logistic for management of SAM and for scaling up CMAM	X	X	X	X	SNV, SPNCD, INCD	4.0	10.0	4.0	10.0
4.1.1.3 In collaboration with CBO, support development of communication strategy including material materials to reduce defaulter	X	X	X	X	NPICDA, SNV, INCD	4.2	10.0	4.2	10.0
4.1.1.4 Support CMAM costing exercise and identification of multi-institutions at state level (P4, W4, C4)	X	X	X	X	NPICDA, SNV, INCD	7.9	7.9	-	3.0
4.1.1.5 Map existing stakeholders/partners and institutions working in nutrition/CMAM advisory (State level)	X	X	X	X	NPICDA, SNV, INCD	5.0	5.0	-	11.4
4.1.1.6 Map existing stakeholders/partners and institutions working in nutrition/CMAM advisory (State level)	X	X	X	X	NPICDA, SNV, INCD	20.0	20.0	-	10.0
4.1.1.7 Capacity Development (level, role, staff and infrastructure, resources, systems, roles of duty bearers, champions, health staff, community leaders, institutions)	X	X	X	X	NPICDA, SNV, INCD	18.8	18.8	18.8	68.8
4.1.1.8 Support capacity building of government officials to enhance real time monitoring of CMAM programme through use of	X	X	X	X	NPICDA, SNV, INCD	2.0	20.0	2.0	8.4
4.1.1.9 Strengthen logistics management capacity within UNICEF in Field Office and Government in State and LG level (training, providing tool/champions for use, supervisor, etc)	X	X	X	X	NPICDA, SNV, INCD	1.0	11.0	1.0	15.0
4.1.1.10 Training of master trainers (State trainers, SPNCD and SNV) on CMAM and logistics management using National Guidelines	X	X	X	X	NPICDA, SNV, INCD	5.0	20.0	5.0	15.4
4.1.1.11 Provide initial and refresher training to PIC staff, LG Nutrition focal persons, State Nutrition Officers, State-level CMAM management and CMAM data management and support supervision	X	X	X	X	NPICDA, SNV, INCD	3.2	20.0	3.2	10.0
4.1.1.12 Develop CMAM training strategy (targeting to SNV, PIC Director, LG Nutrition focal persons, DTP refresher among others)	X	X	X	X	NPICDA, SNV, INCD	-	-	-	5.0
4.1.1.13 Review and disseminate training curricula, training materials and related tool/champions for initial and refresher training for CMAM program as required	X	X	X	X	NPICDA, SNV, INCD	-	-	-	10.0
4.1.1.14 Support training including refresher to Community Volunteers (CV) and CMOs on community management of acute malnutrition (CMAM)	X	X	X	X	NPICDA, SNV, INCD	-	-	-	10.0
4.1.1.15 Support training Community Based Organization (CBO) of Community Volunteers and mothers of the children who are admitted in CMAM OTP sites (income generation, agriculture, cash transfer, etc)	X	X	X	X	NPICDA, SNV, INCD	-	-	-	22.0
4.1.1.16 Support training on local production of blended complementary foods in IAD's income generating project and CMAM sites as appropriate	X	X	X	X	NPICDA, SNV, INCD	-	-	-	10.0
4.1.1.17 Service delivery	X	X	X	X	NPICDA, SNV, INCD	105.1	105.1	105.1	107.2
4.1.1.18 Distribution and monitoring of supplies for management of acute malnutrition (therapeutic spread, kitchen, anthropometric equipment, monitoring tools, computers, mobile phone, etc) to the state and LGs (State and LG level)	X	X	X	X	NPICDA, SNV, INCD	10.0	20.0	10.0	20.0
4.1.1.19 Distribution and use of CMAM guidelines and Training Manual at state level	X	X	X	X	NPICDA, SNV, INCD	10.0	10.0	10.0	10.0
4.1.1.20 Provide support to SNV/CBOs for strengthening the CMAM supplies management	X	X	X	X	NPICDA, SNV, INCD	5.0	5.0	5.0	5.0
4.1.1.21 Strengthening of Nutrition Information System (improving data management, quality checks, performance indicators analysis, using one data and one platform, etc)	X	X	X	X	NPICDA, SNV, INCD	22.0	22.0	22.0	22.0
4.1.1.22 Support CMAM preventive interventions (local malnutrition, strengthening feeding/referral to hygiene coverage, family visits, education follow up, analysis of use of GUT, identification of community leaders, etc)	X	X	X	X	NPICDA, SNV, INCD	25.0	25.0	25.0	25.0
4.1.1.23 Provide technical support to strengthen CMAM data management (improving data recording/monitoring, quality checks, performance analysis, refresher training, etc)	X	X	X	X	NPICDA, SNV, INCD	20.0	20.0	20.0	20.0
4.1.1.24 Integration of CMAM services/activities with other sector programmes including WASH, health, food, and	X	X	X	X	NPICDA, SNV, INCD	20.0	20.0	20.0	20.0
4.1.1.25 Provide refresher training to advisors policy evaluation	X	X	X	X	NPICDA, SNV, INCD	20.0	20.0	20.0	20.0

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4.1.2.2	Strengthen linkage of nutrition interventions with Agriculture, Health, Education, Private Sector to make up nutrition sensitive interventions	X	X	X	X	X	SNV, SNVCD, INCD	3.0	-	3.0	-
4.2.1.1	Service delivery	X	X	X	X	X	SNV, SNVCD, INCD	49.8	13.6	49.8	13.6
4.2.1.2	Support dissemination and use of food and nutrition policy, strategic plan and advocacy materials	X	X	X	X	X	SNV, SNVCD, INCD	49.8	13.6	49.8	13.6
4.2.1.3	Monitoring, Evaluation, Research, Planning, Coordination and Documentation	X	X	X	X	X	SNV, SNVCD, INCD	15.3	6.2	15.3	6.2
4.2.1.4	Support strengthening of nutrition sector coordination through institutionalization of state level coordination mechanisms	X	X	X	X	X	SNV, SNVCD, INCD	4.0	-	4.0	-
4.2.2.1	Support meetings of food and nutrition committees at state level	X	X	X	X	X	SNV, SNVCD, INCD	4.0	4.2	4.0	4.2
4.2.2.2	Support conducting national nutrition survey using SMART method to track progress on nutrition situation	X	X	X	X	X	SNV, SNVCD, INCD	3.0	-	3.0	-
4.2.2.3	Support setting up nutrition (PUN) through recording on participating in household, private sector, donors and civil society efforts	X	X	X	X	X	SNV, SNVCD, INCD	2.3	-	2.3	-
TOTAL for Outcome 4 - SNV								678.4	1,703.9	678.4	1,703.9

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# KADUNA FIELD OFFICE NUTRITION MULTI-YEAR WORKPLAN (2016-2015)

OUTCOME 4: By 2015, the Nutritional Status of Infants, Young Children and Women is improved through the Scale-Up of integrated HgI Impact and Evidence-based Nutrition Interventions and Improved Family and Community Care Practices with a focus on those most vulnerable

Planned by / activities	Through to results			Implementing partner	Planned budget (US\$)		Planned budget (US\$)	
	2016	2017	2018		2016	2017	2018	2019
Output 1: By 2015 Community Management of Acute Malnutrition Programme and Nutrition sensitive Interventions scaled up to priority states and the prevalence of wasting (US\$) lessens	9.6	7.5	13.18	130.24	58	67	68	67
4.1.1.1 Advocacy, communication for development and fundraising resources					58.6	1,189.5	182.6	689.5
4.1.1.1.1 Organize advocacy events (workshops, seminars) with stakeholders (state and LGA policy makers) for adequate budgetary provision for supplies, additional personnel and logistics for management of SAM and for scaling up CMAM interventions	X	X	X	X	4.0	59.0	4.0	10.0
4.1.1.1.2 In collaboration with CAD, support development of communication strategy including media materials to reduce vulnerability (as per refined office level)	X	X	X	X	4.1	59.0	4.1	10.0
4.1.1.1.3 Support CMAM costing exercise and dissemination of results/recommendations at state level (Kad, Wg, ORE)	X	X	X	X	7.0	7.0	7.0	3.0
4.1.1.1.4 Organize training for health workers and community workers on CMAM and for scaling up CMAM	X	X	X	X	8.0	8.0	8.0	12.0
4.1.1.1.5 Develop and disseminate advocacy materials and related materials (state level)	X	X	X	X	29.0	29.0	29.0	10.0
4.1.1.2 Capacity development (books, idps, staff and infrastructure, interventions, systems, roles of duty bearers, coordination, health staff, community leaders, institutions)					16.2	113.0	16.2	68.0
4.1.1.2.1 Support capacity building of government officials to enhance real time monitoring of CMAM programme through use of Biopoints / Biopoints through training and long-termization	X	X	X	X	3.0	20.0	3.0	8.0
4.1.1.2.2 Strengthen logistics management capacity within UNICEF in field offices and government in state and LGA levels (training, providing tools/equipment for use, supportive supervision, etc)	X	X	X	X	3.0	23.0	3.0	13.0
4.1.1.2.3 Training of master trainers (state, national and regional) on CMAM and in-person management using National standards	X	X	X	X	7.0	7.0	7.0	2.9
4.1.1.2.4 Provide refresher and retraining to PNC staff, LGA Nutrition Focal Persons, State Nutrition Officers, Supervisors on CMAM management and CMAM data data management and supportive supervision	X	X	X	X	5.0	20.0	5.0	13.0
4.1.1.2.5 Develop CMAM training strategy (targeting to SNOC, PNC Directors, LGA Nutrition Focal Persons, CTR refresher among others)	X	X	X	X	3.9	3.9	3.9	3.0
4.1.1.3 Review and disseminate training materials, training materials and related tools/equipment for initial and refresher training for CMAM program as required	X	X	X	X	36.0	36.0	36.0	19.0
4.1.1.3.1 Support training including refresher to Community Volunteers (CVs) and CVGs on community management of acute malnutrition (CMAM)	X	X	X	X	5.2	26.0	5.2	14.0
4.1.1.3.2 Support training Community Based Organization (CBO) of Community Volunteers and mothers of the children who are admitted in CMAM CTR sites (income generation, agriculture, craft, handicraft, etc)	X	X	X	X	32.0	32.0	32.0	10.0
4.2.1.1.2 Support training on local production of blended complementary foods in FMOs income generating project and CMAM sites as appropriate	X	X	X	X	16.0	16.0	16.0	10.0
4.1.1.3.3 Specific delivery					203.6	749.5	108.8	577.0
4.1.1.3.3.1 Distribution and monitoring of supplies for management of acute malnutrition (therapeutic feeds, formula, anthropometric equipment, monitoring tools, computers, mobile phones, etc) to the states and LGAs (state and LGA level)	X	X	X	X	40.0	402.0	40.0	277.0
4.1.1.3.3.2 Distribution and use of CMAM equipment and training material at state level	X	X	X	X	30.0	30.0	30.0	30.0
4.1.1.3.3.3 Provide support to States/LGAs for strengthening the CMAM supplies management	X	X	X	X	20.0	120.0	20.0	90.0
4.1.1.3.4 Strengthening of nutrition information system (improving data management, quality checks, performance indicators analysis, using mobile phones and computers, etc)	X	X	X	X	3.0	40.0	3.0	30.0
4.1.1.3.5 Support CMAM preventive interventions (local mobilization, household focus, community focus, family focus, family focus, etc)	X	X	X	X	12.0	70.0	12.0	60.0
4.1.1.3.6 Provide technical support to strengthen CMAM data management (improving data monitoring/analyzing, quality checks, performance indicators, etc)	X	X	X	X	22.0	22.0	22.0	23.0
4.1.1.3.7 Integration of CMAM services/interventions with other sector programmes including WASH, health, etc, etc	X	X	X	X	20.0	20.0	20.0	20.0
4.1.1.3.8 Provide technical support to strengthen data management	X	X	X	X	10.0	10.0	10.0	10.0

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4.3.1.1.1 Conduct advisory/consultation meeting for the pilot distribution of WFP relief with HCT in selected states (EU supported)	X	X	X	X	SNCH, SPHCDIA, INDO	-	3.6	-	5.0
4.3.1.1.2 Support SNCH/SPHCDIA to develop state level workplan for vitamin A supplementation, deworming, iron folate supplementation through MNCH/PAHCH/technical working group meetings, national advocacy with health communities and community level implementation	X	X			SNCH, SPHCDIA, INDO	-	38.0	-	16.0
4.3.1.1.3 Support orientation to community leaders and informal people to increase awareness on importance of MNCH/PAHCH to encourage their participation (identify local multiplier group, provide distribution of IEC materials and conduct advocacy meetings with traditional/religious leaders)	X	X			SNCH, SPHCDIA, INDO	-	20.0	-	31.0
4.3.1.1.4 Support social mobilization for vitamin A supplementation, deworming, iron folate supplementation for PLW through SNCH meetings	X	X			SNCH, SPHCDIA, INDO	-	-	-	-
4.3.1.2 Advocate with manufacturers of fortified foods to ensure compliance (salt iodization, flour fortification, sugar fortification, oil fortification) at state level as appropriate		X	X	X	SNCH, SPHCDIA, INDO	-	-	-	-
4.3.1.3 High level advocacy at state level to increase government's contribution to implement vitamin A supplementation, deworming, iron folate supplementation through MNCH/PAHCH	X	X	X	X	SNCH, SPHCDIA, INDO	4.5	-	4.3	-
4.3.1.3.1 Capacity development (policy, admin, staff and infrastructure, awareness, systems, roles of duty bearers, community, health system, community leaders, fortification)						6.6	56.6	8.6	90.6
4.3.1.3.2 Develop new national micronutrient guidelines to key nutrition stakeholders and donors to generate national consensus on key micronutrient priorities	X	X	X	X	SNCH, SPHCDIA, INDO	-	10.0	-	10.0
4.3.1.3.3 Adapt and use national strategic plan to scale and scale up MNF supplements on linked with HCT promotion at the state level	X	X			SNCH, SPHCDIA, INDO	-	17.5	-	17.6
4.3.1.3.4 Support LGA level planning and/or creation to effectively implement MNCH/PAHCH (one day state level workshop for LGA food persons on planning of new tools, monitoring and adaptive supervision of MNCH/PAHCH)	X	X			SNCH, SPHCDIA, INDO	8.6	10.0	1.5	10.0
4.3.1.3.5 Enhance capacity of MNCH/PAHCH local persons to ensure adequate support to health facilities for implementation vitamin A supplementation, deworming, iron folate supplementation (one day state level workshop for local persons to support for effective planning and supervision of campaign)	X	X			SNCH, SPHCDIA, INDO	-	3.8	-	3.8
4.3.1.3.6 Conduct effective training of frontline health workers to effectively deliver vitamin A, deworming, iron folate supplements through the MNCH/PAHCH (priorities training, supervisor and one day, ward level strategic planning for 100%)	X	X			SNCH, SPHCDIA, INDO	-	10.0	-	10.0
4.3.1.3.7 Service delivery						56.0	100.3	50.6	100.3
4.3.1.3.8 Decentralized communication materials, WBE tools for micronutrient control programmes	X	X	X	X	SNCH, SPHCDIA, INDO	20.0	100.6	20.0	100.0
4.3.1.3.9 Support distribution and use of IEC materials for micronutrient deficiency control programmes	X	X	X	X	SNCH, SPHCDIA, INDO	16.0	150.2	16.0	150.0
4.3.1.3.10 Develop and use MNCH/PAHCH guidelines and training material to two new additional states	X	X			SNCH, SPHCDIA, INDO	17.3	100.6	20.0	100.0
4.3.1.4 Monitoring, Evaluation, Research, Planning, Coordination, Communication						-	80.6	-	80.0
4.3.1.4.1 Support monitoring and supervision of vitamin A, deworming and iron folate supplementation during MNCH/PAHCH at the LGA and State level	X	X	X	X	SNCH, SPHCDIA, INDO	-	-	-	-
4.3.1.4.2 Support to SNCH/SPHCDIA for coordinated joint planning, review and harmonization of activities to strengthen vitamin A supplementation coverage	X	X			SNCH, SPHCDIA, INDO	7.0	15.0	7.0	15.0
4.3.1.4.3 Support state and central planning meetings to review results of recent rounds and finalize plan for coming round of vitamin A supplementation through MNCH/PAHCH	X	X			SNCH, SPHCDIA, INDO	-	20.0	-	20.0
4.3.1.4.4 Support carrying out operational research and evaluation of Micronutrient Deficiency Control (MNDC) in selected states		X	X	X	SNCH, SPHCDIA, INDO	6.0	11.6	6.0	11.6
4.3.1.4.5 Support conducting formative research to identify enabling factors and barriers to acceptability of Micronutrient Deficiency Control (MNDC)	X	X	X	X	SNCH, SPHCDIA, INDO	4.2	13.6	4.2	13.6
4.3.1.4.6 Support process of analysis and creation of bottlenecks for vitamin A, deworming and iron folate supplementation and distribution activities	X	X	X	X	SNCH, SPHCDIA, INDO	-	10.0	-	10.0
4.3.1.4.7 Support MNDC to ensure adequate quality control of bonded salt at different levels (production, border, retail)	X	X	X	X	SNCH, SPHCDIA, INDO	-	-	-	-
Output 4: Iodized salt, high level capacity and permeable strengthened to scale up nutrition interventions.						76.8	21.0	76.8	21.0
4.4.1.1 Advocacy, communication for development and strengthening resources						3.6	1.1	3.6	1.1
4.4.1.1.1 Support implementation of plan based on adopted food and nutrition policy and strategy given its relative states		X	X	X	SNCH, SPHCDIA, INDO	-	-	-	-
4.4.1.1.2 Support special events and national days (e.g. WFP, IOD day, world food day, etc.) to raise awareness at federal and state levels	X	X	X	X	SNCH, SPHCDIA, INDO	-	-	-	-
4.4.1.1.3 Support advocacy activities to leverage state resources to scale up nutrition interventions	X	X	X	X	SNCH, SPHCDIA, INDO	3.8	1.1	3.8	1.1
4.4.1.2 Capacity Development (book, RFP, staff and infrastructure, structures, systems, roles of duty bearers, community, health system, community leaders, leadership)						7.7	2.1	7.7	2.1
4.4.1.2.1 Strengthen the food and nutrition convergence at state level to scale up nutrition interventions	X	X	X	X	SNCH, SPHCDIA, INDO	4.7	2.1	4.7	2.1

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4.4.1.2	Strengthen linkage of multi-type interventions with Agriculture, WASH, Education, Private Sector to scale up malnutrition sensitive interventions	X	X	X	X	SAND, SPHCDM, INSDM	3.0	-	3.0	-
4.4.1.3	Service delivery									
4.4.1.3.1	Support documentation and use of local and national policy, strategic plan and advocacy materials	X	X	X	X	SAND, SPHCDM, INSDM	69.8	13.6	69.8	13.6
4.4.1.4	Monitoring, Evaluation, Planning, Coordination and Implementation									
4.4.1.4.1	Support strengthening of national sector coordination through multi-ownership of solid level coordination	X	X	X	X	SAND, SPHCDM, INSDM	15.3	4.3	15.3	4.3
4.4.1.4.2	Support strengthening of Food and Nutrition Committees at State level	X	X	X	X	SAND, SPHCDM, INSDM	4.0	-	4.0	-
4.4.1.4.3	Support conducting national survey using SMART methods to track progress on nutrition situation	X	X	X	X	SAND, SPHCDM, INSDM	4.0	4.3	4.0	4.3
4.4.1.4.4	Support scaling up nutrition (GAIN) through coordination/participating in stakeholders, private sector, donors and civil society forums	X	X	X	X	SAND, SPHCDM, INSDM	3.0	-	3.0	-
	<b>TOTAL for Outcome 4 - Scaling</b>						2.30	-	2.30	-
							478.4	1,793.9	478.4	1,486.3

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## LAGOS NUTRITION MULTI-YEAR WORKPLAN (2016-2015)

OUTCOME 4: By 2017, the Nutritional Status of Infants, Young Children and Women is Improved through the Scale-Up of Integrated High Impact and Evidence-based Nutrition Interventions and Improved Family and Community Care Practices with a focus on those most vulnerable

Planned by / activities	Implemented by months				Planned budget (TZ'000)	
	2016	2017	2018	2019	2016	2017
Output 1: By 2017, Community Management of Acute Malnutrition Programme and Nutrition sensitive interventions scaled up in priority areas and the prevalence of wasting (stake) among children under-five years reduced to less than 5 percent (LI index)					130.2	120.2
4.1.1.1. Adequacy, sustainability for development and financing resources					6.0	6.0
4.1.1.1.1. Organize advisory events (workshops, seminars) with stakeholders (State and LGA policy makers) for SAM management in high burden states (as per results of SMART survey)	X	X	X	X	4.0	4.0
4.1.1.1.2. Nutrition Status, ICM and communication in high burden states for improved support of nutrition interventions (as per results of SMART survey)	X	X	X	X	2.0	2.0
4.1.1.1.3. Capacity Development (skills, staff and infrastructure, structures, systems, roles of duty bearers, caretakers, health staff, community leaders, traditional)					22.0	12.2
4.1.1.1.4. Support build up the capacity of service providers (private sector, community volunteers) on in patient management of SAM using national guidelines and cascade models in high burden states (results of SMART survey)	X	X	X	X	4.0	4.0
4.1.1.2. Support capacity building for SAM assessment by health workers on site up planning, monitoring and supportive supervision and cooperation through SCN at state and LGA levels	X	X	X	X	4.0	4.0
4.1.1.2.3. Support training on local production of blended complementary foods in PACT (incorporating protein and CHAN) sites in community	X	X	X	X	4.0	4.0
4.1.1.3. Support monitoring of supplies for management of acute malnutrition (therapeutic spread, formula, micronutrient supplements, monitoring tools, containers, mobile phone, etc) in the sites supported for inpatient management of SAM	X	X	X	X	78.3	78.3
4.1.1.4. Monitoring, Evaluation, Research, Planning, Communication, Documentation	X	X	X	X	24.0	24.0
4.1.1.4.2. Quarterly monitoring of SAM management from the health facilities through state and LGA	X	X	X	X	6.0	6.0
4.1.1.4.3. Conduct quarterly monitoring meetings of the patient management of SAM in the states and LGAs	X	X	X	X	18.0	18.0
Output 2: By 2017, Prevalence of >35 monthly deficit optimally had increased to 70 percent through Integrated RCT and core practices					113.1	113.1
4.2.1.1. Adequacy, sustainability for development and financing resources					5.6	5.6
4.2.1.1.1. Support building the SCC strategy and integrated RCT communication plan to implement in selected states (NINWU, EY, Eastern states, etc)	X	X	X	X	5.6	5.6
4.2.1.1.2. Support advisory activities to promote optimal RCT practices (early initiation of breastfeeding, exclusive breast feed, complementary feeding, etc) through breastfeeding days (as completed at state and LGA levels)	X	X	X	X	-	-
4.2.1.1.3. Support implementation of breastfeeding media campaign to promote breastfeeding as a social norm through social marketing approach in state and LGAs	X	X	X	X	5.6	5.6
4.2.1.1.4. Sensitization of duty bearers on RCT through multi-media, SMS, radio group, MCH, CHC, MNCW, National day prayer and other social functions on benefits of exclusive breastfeeding	X	X	X	X	-	-
4.2.1.1.5. Capacity Development (skills, staff and infrastructure, structures, systems, roles of duty bearers, caretakers, health staff, community leaders, traditional)	X	X	X	X	11.8	11.8
4.2.1.1.6. Capacity Development (skills, staff and infrastructure, structures, systems, roles of duty bearers, caretakers, health staff, community leaders, traditional)	X	X	X	X	6.0	6.0
4.2.1.2. Support conducting RCT testing for health workers and community volunteers in selected states (NINWU, EY, Southern states)	X	X	X	X	5.3	5.3
4.2.1.2.1. Support conducting RCT testing for health workers and community volunteers in selected states (NINWU, EY, Southern states)	X	X	X	X	5.3	5.3
4.2.1.2.2. Support conducting RCT testing for health workers and community volunteers in selected states (NINWU, EY, Southern states)	X	X	X	X	5.3	5.3
4.2.1.2.3. Support conducting RCT testing for health workers and community volunteers in selected states (NINWU, EY, Southern states)	X	X	X	X	5.3	5.3
4.2.1.2.4. Support conducting RCT testing for health workers and community volunteers in selected states (NINWU, EY, Southern states)	X	X	X	X	5.3	5.3
4.2.1.3. Support building up RCT testing with nutrition sensitive interventions (local production of blended complementary food, AMF and CHAN, MCH, income generating projects, cash transfer, WASH interventions, etc) for appropriate and timely interventions	X	X	X	X	5.3	5.3
4.2.1.3.1. Support building up RCT testing with nutrition sensitive interventions (local production of blended complementary food, AMF and CHAN, MCH, income generating projects, cash transfer, WASH interventions, etc) for appropriate and timely interventions	X	X	X	X	5.3	5.3
4.2.1.3.2. Support building up RCT testing with nutrition sensitive interventions (local production of blended complementary food, AMF and CHAN, MCH, income generating projects, cash transfer, WASH interventions, etc) for appropriate and timely interventions	X	X	X	X	5.3	5.3
4.2.1.3.3. Support building up RCT testing with nutrition sensitive interventions (local production of blended complementary food, AMF and CHAN, MCH, income generating projects, cash transfer, WASH interventions, etc) for appropriate and timely interventions	X	X	X	X	5.3	5.3
4.2.1.3.4. Support building up RCT testing with nutrition sensitive interventions (local production of blended complementary food, AMF and CHAN, MCH, income generating projects, cash transfer, WASH interventions, etc) for appropriate and timely interventions	X	X	X	X	5.3	5.3

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4.4.1.1.2 Support select events and national days (i.e. WBH, IDD day, world food day, etc.) to raise awareness at federal and state level	X	X	X	X	X	SWCH, SPH-CDA, WCH	2.8	-	2.8	-
4.4.1.1.3 Support advocacy activities to leverage some resources to scale up nutrition interventions	X	X	X	X	X	SWCH, SPH-CDA, WCH	-	-	-	-
4.4.1.2 Capacity Development (policy, strategy, staff and infrastructure, financing, systems, roles of duty bearers, community, health staff, emergency leaders, leadership)							5.6	-	5.6	-
4.4.1.2.1 Strengthen the food and nutrition committees at state level to scale up nutrition interventions	X	X	X	X	X	SWCH, SPH-CDA, WCH	5.6	-	5.6	-
4.4.1.2.2 Strengthen linkage of nutrition interventions with Agriculture, WASH, Education, Private Sector to scale up nutrition sensitive interventions	X	X	X	X	X	SWCH, SPH-CDA, WCH	-	-	-	-
4.4.1.3 Service delivery							16.8	-	16.8	-
4.4.1.3.1 Support dissemination and use of food and nutrition policy, strategic plan and advocacy materials	X	X	X	X	X	SWCH, SPH-CDA, WCH	16.8	-	16.8	-
4.4.1.4 Monitoring, Evaluation, Reporting, Standards, Planning, Coordination and Documentation							11.3	-	11.3	-
4.4.1.4.1 Support strengthening of nutrition sector coordination through institutionalization of state level coordination mechanisms	X	X	X	X	X	SWCH, SPH-CDA, WCH	6.0	-	6.0	-
4.4.1.4.2 Support meetings of Food and Nutrition Committees at State level	X	X	X	X	X	SWCH, SPH-CDA, WCH	5.3	-	5.3	-
4.4.1.4.3 Support conducting national nutrition survey using SMART methods to track progress on nutrition situation	X	X	X	X	X	SWCH, SPH-CDA, WCH	-	-	-	-
4.4.1.4.4 Support scaling up nutrition (NUT) through coordination/participating in coalitions, private sector, donors and civil society forums	X	X	X	X	X	SWCH, SPH-CDA, WCH	-	-	-	-
<b>TOTAL for Outcome 4 - Lagos</b>							<b>203.3</b>	<b>206.8</b>	<b>211.8</b>	<b>216.9</b>

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# ENUGU FIELD OFFICE NUTRITION MULTI-YEAR WORKPLAN (2024-2025)

OUTCOME 4: By 2027, the Nutritional Status of Infants, Young Children and Women is improved through the Scale Up of Integrated High Impact and Evidence-based Nutrition Interventions and Improved Family and Community Care Practices with a focus on those most vulnerable

Planned in / activities	Quarterly in months			Implementing partner	Planned Budget (₦'000)		Planned Budget (₦'000)	
	2024	2025	2026		2024	2025	2026	2027
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Outcome 1: By 2027 Consistent Management of acute malnutrition (Programme and Nutrition sensitive interventions scaled-up in priority states and the prevalence of wasting (SAM) among children under-five years reduced to less than 5 percent (11 states)								
4.1.1.1 Advocacy, communication for development and leveraging resources								
4.1.1.1.1 Organize advocacy events (meetings, workshops, events) with stakeholders (State and LGA level) for SAM management (high burden states for per results of SAMAT survey)	X	X	X	X	SAMCH, SP-COA, LIAISON	120.2		120.2
4.1.1.1.2 Sensitize states, LGAs and communities in high burden states for improved support of nutrition interventions (per results of SAMAT survey)	X	X	X	X	NPHEDA, SAMCH, INGOs	4.0		4.0
4.1.1.1.3 Capacity Development (Food, WB, staff and infrastructure, materials, equipment, roles of duty bearers, candidates, health staff, community leaders, faith-based)						2.0		2.0
4.1.1.1.4 Support building the capacity of service providers (health workers, community volunteers) on in-patient management of SAM using national guidelines and cascade model (high burden states (list of SAMAT survey))						12.0		12.0
4.1.1.2 Support capacity building for SAM assessment by health workers on scale up planning, monitoring and supportive supervision and coordination through SCRs at state and LGA levels	X	X	X	X	NPHEDA, SAMCH, INGOs	4.0		4.0
4.1.1.3 Support training on local production of blended complementary foods in IFAD's income generating project and CHAI's sites as appropriate	X	X	X	X	SPHCDMA, SAMCH, INGOs, IFAD	4.0		4.0
4.1.1.3.1 Support monitoring of supplies for management of acute malnutrition (therapeutic spread, formula, anthropometric equipment, no-feeding tools, coverage, routine data, etc) in the state support for inpatient management of SAM	X	X	X	X	SAMCH, SPHCDMA, INGOs	78.2		78.2
4.1.1.4 Monitoring, Evaluation, Research, Planning, Coordination, Documentation	X	X	X	X	SAMCH, SPHCDMA, INGOs	24.0		24.0
4.1.1.4.1 Monthly reporting of SAM management from the health facilities through states and LGAs	X	X	X	X	SAMCH, SPHCDMA, INGOs	6.0		6.0
4.1.1.4.2 Conduct quarterly monitoring meetings of in-patient management of SAM in the states and LGAs	X	X	X	X	SPHCDMA, SPHCDMA, INGOs	18.0		18.0
Outcome 2: By 2027 Prevalence of 0-23 months children globally has decreased to 70 percent through integrated IPC and care promotion								
4.2.1.1 Advocacy, communication for development and leveraging resources								
4.2.1.1.1 Support financing the IPC strategy and integrated IPC communication plan to implement in selected states (NPHEDA, CU, health workers, etc)	X	X	X	X	SAMCH, SPHCDMA, INGOs	3.0		3.0
4.2.1.1.2 Support advocacy activities to promote optimal IPC practices (early initiation of breastfeeding, exclusive breastfeeding, complementary feeding, etc) through breastfeeding day (in targeted) at state and LGA levels	X	X	X	X	SAMCH, SPHCDMA, INGOs			
4.2.1.1.3 Support implementation of breastfeeding media campaigns to promote breastfeeding as a social norm through social marketing approach in states and LGAs	X	X	X	X	SAMCH, SPHCDMA, INGOs			
4.2.1.1.4 Sensitization of duty bearers on IPC through radio, media, SMS, WhatsApp, social media, etc	X	X	X	X	SAMCH, SPHCDMA, INGOs	5.0		5.0
4.2.1.1.5 Capacity building on benefits of exclusive breastfeeding	X	X	X	X	SAMCH, SPHCDMA, INGOs			
4.2.1.1.6 Capacity building on early initiation of breastfeeding	X	X	X	X	SAMCH, SPHCDMA, INGOs			
4.2.1.2 Capacity Development (Food, WB, staff and infrastructure, structures, systems, roles of duty bearers, candidates, health staff, community leaders, faith-based)								
4.2.1.2.1 Conduct IPC TOT at state and LGA levels	X	X	X	X	SAMCH, SPHCDMA, INGOs	11.0		11.0
4.2.1.2.2 Support conducting IPC training for health workers and community volunteers in selected states (NPHEDA, CU, health workers, etc)	X	X	X	X	SAMCH, SPHCDMA, INGOs	6.0		6.0
4.2.1.2.3 Support scaling up IPC training with nutrition sensitive interventions (Scale production of blended complementary foods, WB and CHAI, WBCH, income generating projects, cash transfer, WASH interventions, etc) for appropriate early feeding practices	X	X	X	X	SAMCH, SPHCDMA, INGOs	5.0		5.0
4.2.1.3 Working with faith-based organizations, TBAs, traditional workers, school children, out of school youths, community development associations	X	X	X	X	SAMCH, SPHCDMA, INGOs			
4.2.1.3.1 Use of Innovation and Technology to improve IPC service delivery (quality and timely reporting, etc)	X	X	X	X	SAMCH, SPHCDMA, INGOs			
4.2.1.3.2 Support maternal nutrition and skilled care coming to improve nutrition outcomes for mother and baby	X	X	X	X	SAMCH, SPHCDMA, INGOs			
4.2.1.3.3 Services delivery (supply and consumption)	X	X	X	X	SAMCH, SPHCDMA, INGOs	73.0		73.0
4.2.1.3.4 Support to disseminate and utilize IPC policy, training manuals, consulting tools, and supervisory checklists	X	X	X	X	SAMCH, SPHCDMA, INGOs	43.0		43.0
4.2.1.3.5 Support to disseminate and use advocacy materials for IPC targeting policy makers at all levels	X	X	X	X	SAMCH, SPHCDMA, INGOs	20.0		20.0

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