

NATIONAL PLAN FOR SCALING UP OF MIAM IN SUDAN

2015-2018



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MINISTRY OF HEALTH
Nutrition

Contents

Acronyms	4
Acknowledgements	5
Foreword	6
Introduction	7
SITUATION ANALYSIS	8
Nutrition situation in Sudan	8
Challenges for attaining sustained high treatment coverage for acute malnutrition	9
Sudan Health System Opportunities to Address Severe and Moderate Acute Malnutrition	10
CMAM Scale up Plan	12
Key Priorities for CMAM Scale up	12
CMAM scale up monitoring and evaluation framework	16
1. MAM Management	16
2. SAM Management	18
CMAM scale up Action Plan	21
1. Key Activities	21
2. Implementation arrangements	24
3. Key Milestones for 2015	26
State Result and Accountability Matrix	27
SUMMARY TARGETS Number of children with acute malnutrition to be treated.....	27
SUMMARY TARGETS Number of facilities to provide CMAM service.....	28
Table 1: SC expansion by state.....	29
Table 2: OTP expansion by state.....	33
Table 3: MAM expansion by state.....	37
Annex: State Result and Accountability Matrix by locality	41
1. Blue Nile	41
Blue Nile State - SC	41
Blue Nile - OTP	42
Blue Nile MAM	43
2. CENTRAL DARFUR.....	44
Central Darfur SC.....	44
Central Darfur OTP	45
Central Darfur MAM.....	46
3. East Darfur.....	47

East Darfur State	SC	47
East Darfur	OTP	48
East Darfur	MAM	49
4. El Gezira		50
El-Gezira State	SC	50
El-Gazira	OTP	51
El Gezira	MAM	52
5. Gadarif		53
Gadarif State	SC	53
Gadarif	OTP	54
Gadarif	MAM	55
6. Kassala		56
Kassala State	SC	56
Kassala	OTP	57
Kassala	MAM	58
7. Khartoum		59
Khartoum State	SC	59
Khartoum	OTP	60
Khartoum	MAM	61
8. North Darfur		62
North Darfur State	SC	62
North Darfur	OTP	63
North Darfur	MAM	64
9. North Kordofan		65
North Kordofan State	SC	65
North Kordofan	OTP	66
North Kordofan	MAM	67
10. Northern		68
Northern State	SC	68
Northern State	OTP	69
Northern State	MAM	70
11. Red Sea		71
Red Sea State	SC	71
Red Sea State	OTP	72

Red Sea State	MAM	73
12. River Nile		74
River Nile State	SC	74
River Nile	OTP	75
River Nile	MAM	76
13. Sinnar		77
Sinnar State	SC	77
Sinnar State	OTP	77
Sinnar State	MAM	78
14. South Darfur		79
South Darfur State	SC	79
South Darfur	OTP	80
South Darfur	MAM	81
15. South Kordofan		82
South Kordofan	SC	82
South Kordofan	OTP	83
South Kordofan	MAM	84
16. West Darfur		85
West Darfur	SC	85
West Darfur	OTP	86
West Darfur	MAM	87
17. West Kordofan		88
West Kordofan	SC	88
West Kordofan	OTP	89
West Kordofan	MAM	90
18. White Nile		91
White Nile State	SC	91
White Nile	OTP	92
White Nile	MAM	93

NATIONAL PLAN FOR SCALING UP OF CMAM IN SUDAN

Acronyms

BCC	Behavioral Change Communication
CMAM	Community management of acute malnutrition
ENP	Essential Nutrition Package
EPI	Expanded Program for Immunization
FHCU	Family Health Care Unit
GMP	Growth Monitoring and Promotion
HNO	Humanitarian Needs Overview
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health
OTP	Outpatient Therapeutic Program (for severe acute malnutrition)
PHC	Primary Health Care
SAM	Severe Acute Malnutrition
SC	Stabilization Center
TBD	

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This plan is also reviewed by NNP Director Uz Salwa Sorkatti.

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Foreword

(To be written by Nutrition Director)

DRAFT

Introduction

In late 2013 the Ministry of Health supported a nationwide survey using S3M methodology. This survey has shown high levels of acute malnutrition in some parts of Sudan calling for scaled up treatment of acute malnutrition. This scale up fits in very well to the National Acceleration Plan for Maternal and Child Health where the ministry has laid out plans to accelerate achievement of MDGs through expanding key MCH interventions in the final two years (2012-2015) and CMAM is one of these interventions. The purpose of this document is to provide clear targets and results using the opportunity of the S3M to prioritize highly affected localities in a phased manner.

The ministry of Health facilitated bottom up planning process whereby each locality was able to use the available information to plan on the scale up of CMAM using the opportunity of planning workshops held in each of the eighteen states in Sudan. Following the state level planning workshop several consultations were made with the State Ministries of Health (SMOH) to refine the targets and assumptions of this plan. The 131 localities identified for CMAM scale up have been grouped into three levels of priority/phases to allow progressive waves of expansion step by step. This will allow focused SMOH support in a phased manner.

It is anticipated that major performance review will be undertaken on yearly basis to monitor the progress as well as to align targets and results based on the evolving nutritional situation in Sudan, as well as progress of achievements of the targets. To facilitate this process, result and accountability matrix has been annexed to this plan whereby it is possible to revisit targets by locality and measure progress of states and localities against these commitments.

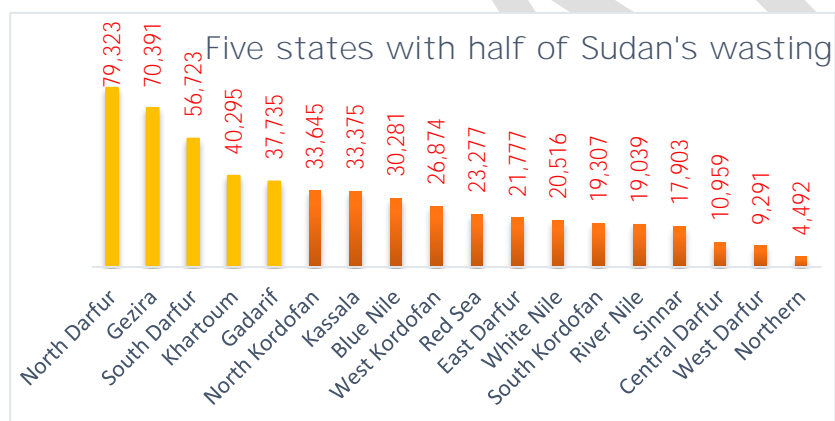
SITUATION ANALYSIS

Nutrition situation in Sudan

With over 37 million population, Sudan has shown slow, but steady progress towards reducing malnutrition and mortality over the past two decades. Under-five mortality rate has come down from 123 in 1990 to 73 in 2012; stunting has come down from 43 to 35 in 2010. While these are encouraging trends, Sudan needs to speed up to meet the MDG target of 2015. More recent factors like the partial loss of oil revenue due to South Sudan independence, the ongoing and at times increasing conflicts in Darfour and southern bordering areas, as well as the deteriorating food security situation in many states call for intensified efforts if the country is to maintain or improve the current progress towards the MDGs.

The S3M survey undertaken in 2013 in Sudan indicates that 54 out of 184 localities have acute malnutrition prevalence above 15%, which is above the thresholds for emergency response. This means over half a million children are severely acutely malnourished in any given year and over two million children are acutely malnourished overall when including those moderately malnourished as well. On the other hand, the capacity to treat severe and moderate acute malnutrition remains relatively low, and focused only on states with complex emergencies.

The number of children with SAM, or the SAM burden, depends on the population size. Highly populated states with a lower prevalence carry a very high burden of children with SAM. Most of



the children with SAM are found in North Darfur, Gezira, South Darfur, Khartoum and Gedaref (Figure 3). These five states carry 51% of the national SAM burden. As yet, one of these states (Gezira) has no community management of acute malnutrition (CMAM) program for treatment of severe acute malnutrition. While the

general perception is that malnutrition is a problem confined to affected areas and in the east of the country, evidence shows that conflict states of Gezira and Khartoum are among the 5 top states with the numbers of severely malnourished children in Sudan.

In 2014, there has been a number of aggravating factors that threaten to further worsen the nutrition situation in Sudan. A new wave of conflict caused 400,000 new IDPs in 2014. In addition, 94,000 South Sudanese have sought refuge in Sudan since the outbreak of conflict in South Sudan December 2013. Malnutrition levels of amongst the displaced children and south Sudanese refugee were up to 29% and 20% respectively. Food prices increased to a high of 150% above the above last 5 year average with staples food being the most affected. Due to poor rains, flood displacement the 2014 harvest has been 68% lower than last 5 year average. Flooding affected total of 257,000 people in 15 states and destroyed 30,000 houses.

¹ WHO, Sudan health profile

² Physical Status: The use and interpretation of Anthropometry. Report of a WHO expert committee, 1995. Chapter 5, p 208 & 21

About 123,000 severely malnourished children were treated in the year 2013, which is above treatment coverage when compared to the estimated SAM burden provided by S3M calling for the need for urgent action to expand access to treatment for severe acute malnutrition. As will be elaborated later, the geographical coverage of SAM treatment in the existing health facilities remains to be very low. Even in areas where health facilities have been providing CMAM services, the program coverage of the catchment area is sub optimal as per the few coverage assessments undertaken in various states in Sudan.

Challenges for attaining sustained high treatment coverage for acute malnutrition

- ◁ The scale of SAM: Over half million children 6 to 59 months are estimated to be severely malnourished. This calls for very fast scale up of CMAM to health facilities as possible. However, the pace of scaling up depends on many factors including finance, the number and composition of health workforce at the lowest level of PHC, supplies, and delivery of required technical skills for the health workers.
- ◁ Complex emergency: The prevalence of malnutrition varies from state to state in Sudan. Some of the highest affected states are also affected by protracted conflict. This results in limited access to pocket areas of high malnutrition due to security constraints.
- ◁ Role of the Health Workers: While management of severe acute malnutrition is a common practice in pediatric wards after the children have developed clinical complications late in the course of the illness, it is not habitual for the PHC level health workforce to routinely diagnosing and treating severe acute malnutrition. The CMAM evaluation indicated that OTP is currently not well integrated into primary health care. In large part this is due to nutrition being implemented as a separate activity by nutrition staff rather than health workers. When malnutrition rates are high, local or international NGOs may set up emergency nutrition response in the localities affected by complex emergency this may have contributed to the perception that treating malnourished children is not part of the responsibility of the health worker treating common illnesses, rather an additional burden. Such misperceptions need to be corrected as a child with severe acute malnutrition has the same right to treatment as other child with common illnesses. The health worker responsible for treatment of common illnesses should make sure that all children are treated for common illnesses including malnutrition.
- ◁ The link between nutrition and medical staff at facility level: MoH operated inpatient sites, nutritional protocol was followed albeit inconsistently as per the CMAM evaluation undertaken in 2013. The same MoH nutritionists who manage OTP are also managing inpatient care. There is little link between the nutrition staff and medical staff. As a result there is inadequate linkage between the nutritional and medical management of cases and nursing supervision during the night. Mothers were left to prepare milk themselves.
- ◁ The need for further decentralization of services: The existing health facilities are not yet within 5 km radius of catchment communities. This means that families will walk for longer hour in order to access services even for outpatient treatment contributing to

later presentation whereby families come to treatment when they absolutely need the services.

- ◁ The link between health service delivery and the community. As indicated also on the MCH acceleration plan, the high number of communities and low number of community health workers has contributed to a gap in the available services at health system and their utilization. Generic CMAM community mobilization strategy is currently under development in Sudan. This strategy is meant to serve as a tool for all community mobilization of MCH services through better linkage of health facilities and communities building on existing community level initiatives.
- ◁ Maintaining smooth supply pipeline. CMAM supply management is by far complex and at times rate limiting factor for scaling up of CMAM. The weight and volume of supplies for treatment of malnutrition are bulkier compared to other common illnesses. The supply systems and structures of the health sector do not often have adequate space particularly at the lowest levels. In addition, delivering supplies from locality to health facility level remains often a challenge mainly for the stated reasons resulting in stockouts at times.
- ◁ Cumbersome tools and procedures in OTP management of SAM. As indicated in the CMAM evaluation for Sudan, the use of weight for height at the Primary Health Care (PHC) level had been time consuming, prone to errors, and resulted in 0% coverage of admissions. The CMAM evaluation recommended for simplified tools and materials using MUAC and odema as criteria.

Sudan Health System Opportunities to Address Severe and Moderate Acute Malnutrition

The national Health Sector Strategic Plan (NHSSP) emphasizes three strategic directions: i) horizontal and vertical expansion of PHC, ii) enhanced quality secondary and tertiary services with good referral system; iii) financial risk protection. Each of the three directions provide good enabling environment for scaling up CMAM in Sudan. Moreover, the NHSSP has highest level targets that are related to nutrition outcomes including reduction of under-five mortality from 83 to 53 per 1,000LB and reduce prevalence of underweight from 32% to 16% by 2016.

The health system in Sudan has three tier system including the Primary Health Care (PHC) at the first level, and the core of nutrition policy direction. Several types of health facilities lie within the primary health care including Family Health Care Unit, the Dressing Stations, Dispensaries, The Family Health Centers and the rural hospitals. Over 90% of CMAM caseload is expected to be treated at PHC level. The MCH acceleration plan provides a key platform as it clearly outlines management of severe acute malnutrition as one of the key cost effective interventions implemented at PHC level requiring to be accelerated.

Table 1: The health system and opportunities for strengthening CMAM

Level	Facility	Cadre/ Capacity	Responsible cadre for nutrition	Nutrition core activities
Primary health care	Family health care units (FHCU)	community health workers (CHWs)	Community Health worker (also medical assistant, nurse, VMW)	Nut education, GM, VAS, IFA, IYCF, OTP
	Health centres	physician (medical officer/GP)	Nutrition educators	Nut educators, GM, VAS, IFA, IYCF, OTP
	Rural Hospital	physician (medical officer/GP)	Nutritionists (?)	OTP, Stabilization Center
Secondary care level	General hospitals	40 to 100 beds	Paediatric wards for treatment of SAM	Stabilization center/pediatric ward
tertiary level	Teaching, specialized and general hospitals		Paediatric wards for treatment of SAM	Stabilization center/pediatric ward
	21 tertiary level hospitals and specialized centres		Paediatric wards for treatment of SAM	Stabilization center/pediatric ward

Currently, severely malnourished are being treated to a large extent by Nutrition Educators. These are high school graduates who are trained for about six weeks on Behavioral Change Communication (BCC) messages on nutrition as well as the essential nutrition package (ENP) with very little or no clinical training. Recently these cadre are receiving additional training together with EPI volunteers to cover wider area of MCH health messages under a new title as Integrated Cadre. Often what brings them to the fore front of case management of SAM is the perception that the medical assistants are too busy on managing other sick patients gradually creating non-integrated and non-sustainable systems for managing SAM children.

Big gains can be achieved for CMAM by integrating case management of severe acute malnutrition to treatment of common illnesses. If a clinician treats all clinical conditions and leaves severe acute malnutrition to be treated only by nutrition educator, this creates a false marginalization of the whole case management of malnourished children. After the initial identification of the SAM and decision on the course of the treatment, the clinician (nurse, medical assistant, doctor) may transfer the routine weekly follow up in OTP to the nutrition educator. Therefore there is very big potential within the PHC staffing yet to be tapped for CMAM if quality scale up is to be ensured.

Unlike most common illnesses, the treatment of malnutrition requires weekly follow up for several weeks. In addition, the weight and volume of commodities used to treat malnutrition is much bulkier and heavier than other drugs used to treat common illnesses. However, this should not be an excuse to push away integration, rather creative ways to come up with integration. This means that the assessment and classification for acute malnutrition can be immediately integrated to IMNCI and other common illness treatment job aids and training guidelines. The peculiar aspects including tools and training for weekly follow up as well as supply management require longer time to integrate with routine health tools and training materials. Therefore clinician managing common illnesses can and should treat severe SAM. Separate training needs to be given and essential supply availed at the facility level.

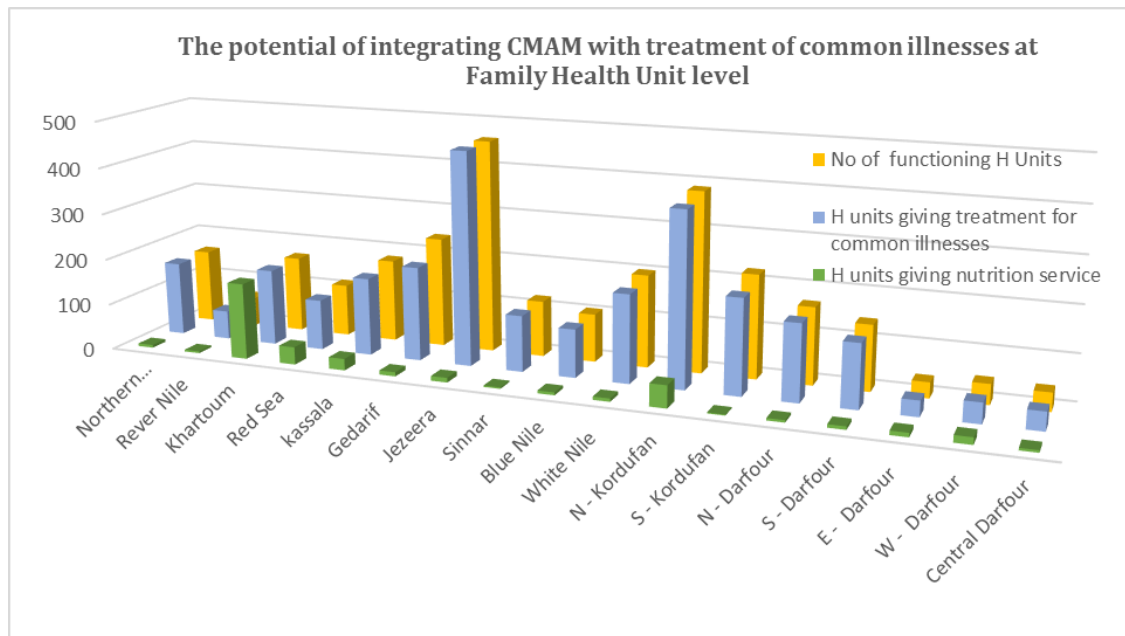


Fig 1: The opportunity of integrating CMAM with FHU level treatment of common illnesses (Health mapping 2012)

In addition, while the coverage of health facilities and their utilization may not be perfect, the graph above clearly shows that integration of CMAM with existing health service delivery is a critical starting point towards improved access for severely malnourished children.

CMAM Scale up Plan

Key Priorities for CMAM Scale up

1. Improving quality and coverage of existing CMAM sites is critical first of all for localities to review to what extent the existing CMAM services are actually reaching the community in terms of adequately covering their target catchment areas. In addition, it is important to see the quality of services by evaluating to what extent those who were admitted are completing the treatment course, and what proportion of them are recovered. Word of mouth communication from a happy mother whose child was treated and recovered in a health facility could be a very powerful tool for scaling up the number of children reached for treatment of SAM.
2. Integration: as management of severe acute malnutrition is part of the overall management of sick children in a health facility, integration of treatment for SAM with routine health service mechanisms and arrangements is a key priority.
3. Decentralization: It is very easy to treat SAM when children present in the early course of the illness. Decentralization of services is key to enabling such an early presentation and increasing the effective coverage of treatment for malnutrition.
4. Good referral linkage in the continuum of care (GMP, MAM management, SAM management, as well as linkage with other MCH services). Creating good linkage among the nutrition services allows synergy between various component services working for the same goal. Therefore, use of harmonized community mobilization and referral linkage between

services should be central to case finding as well as treatment of malnourished children that in fact should start from prevention using GMP.

5. Geographic priorities for phased approach to scale up: In line with key strategic direction of the MCH acceleration plan, prioritization of most in need and deprived population is envisaged in this CMAM scale up plan. As much as possible, locality level information on the prevalence and burden of severe acute malnutrition is used to prioritize localities for scaling up CMAM. The S3M locality level mapping provides indispensable information on the geographic prioritization using the rates of malnutrition as criteria. In addition, the Humanitarian Need Overview (HNO) is utilized to ensure that the localities prioritized in November 2014 as needing emergency response are given due consideration as priority.

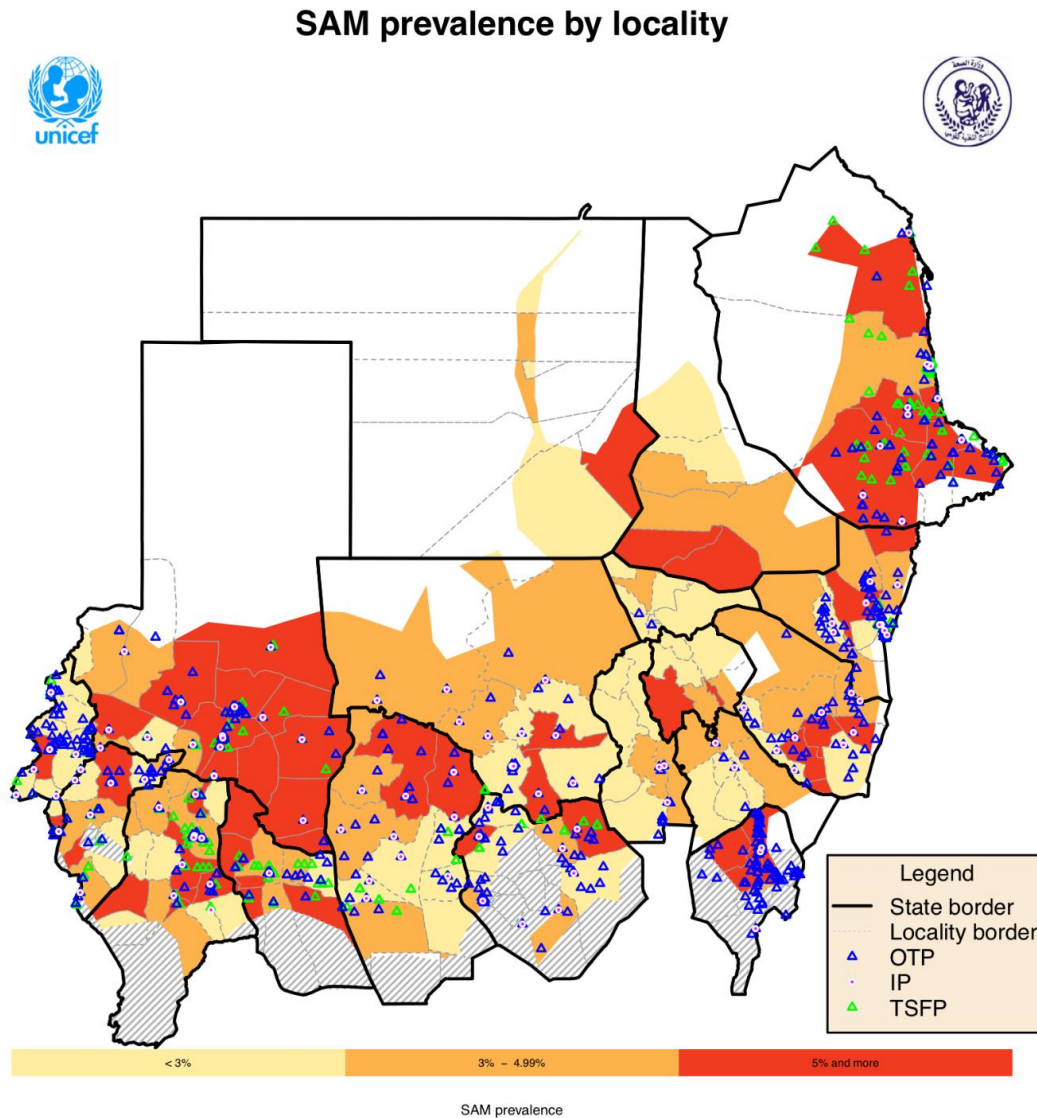


Fig 2: Map showing SAM prevalence by locality

As seen in map (Figure 2), 56 localities have shown SAM prevalence of 5% or more. These localities are considered to be among the top priorities for scaling up CMAM. As can be seen in the map, the

current CMAM services are covering these areas in view of geographic coverage. Areas least covered with treatment services for SAM and high rates of malnutrition will be prioritized.

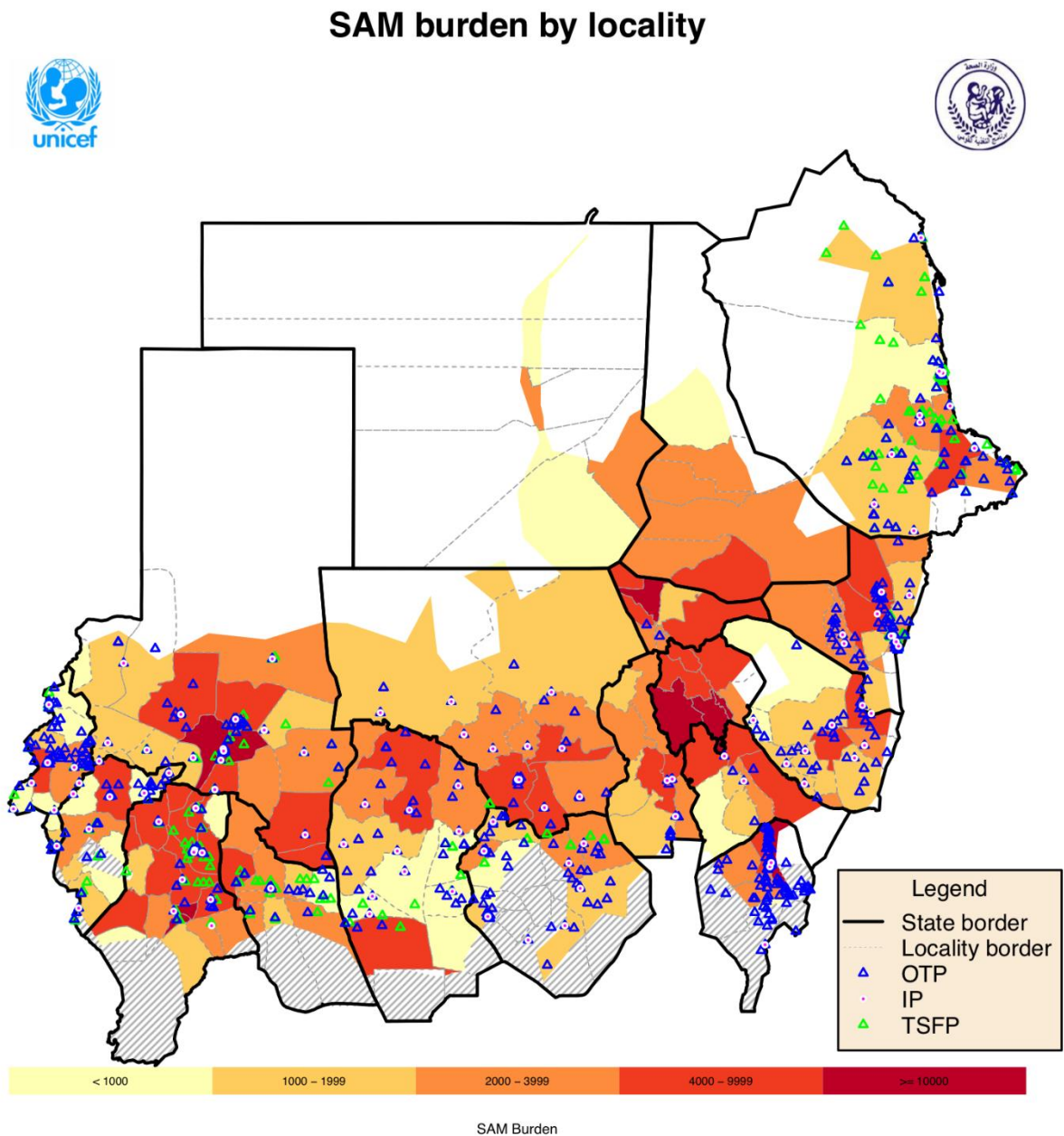


Fig 3 Map showing SAM burden by locality

While it is important to focus on the prevalence of malnutrition of any type, it is also of critical importance to see which of the localities are contributing most to the over half a million severely malnourished children in Sudan. Figure 3 above shows that 47 localities have a burden of 4,000 or more severely malnourished children. Twenty two of these localities have over 5% SAM prevalence and reflected in the earlier map while 16 have SAM prevalence between 3% and 5% still very high malnutrition rate requiring priority action.

Table 2: Prioritization matrix for scaling up of CMAM in Sudan

Number of localities	Level of malnutrition based on S3M	Anticipated urgency for scaling up based on the score of Humanitarian needs overview (HNO)	Priority for expansion	Estimated SAM burden	Estimated MAM burden
62 localities	high SAM prevalence (>3SAM) or burden (>4,000 SAM children per locality)	HNO score 4 or 5 (first priority)	Phase one for immediate scale up	195,772	467,265
41 localities	high SAM prevalence (>3SAM) or burden (>4,000 SAM children per locality)	HNO score 3 (second priority)	Phase 2 localities for second round scale up	58,541	223,792
28 localities	high SAM prevalence (>3SAM) or burden (>4,000 SAM children per locality)	HNO score 2 or missing OR (third priority)	Phase 3 localities after the above	37,358	148,335
	Medium to low prevalence of SAM based on S3M	HNO score 4 or 5 (third priority)			
131				389,588	1,054,858

CMAM scale up monitoring and evaluation framework

1. MAM Management

Activities	Indicator	Baseline	Target by Year				Required budget	Remark
			2014	2015	2016	2017		
Objective: Contribute to reduction in under-five mortality through scaling up of CMAM								
COMMUNITY MOBILIZATION								
Outcome 1: 80% of communities in 114 CMAM scale up localities are aware of the availability for treatment of acute malnutrition (Community mobilization)								
Develop community mobilization strategy								
CMAM social mobilization workshops undertaken in 62 phase 1 localities	Number of localities undertaking community mobilization activities	NA		62	62			
CMAM social mobilization workshops undertaken in 40 phase 2 localities	Number of localities undertaking community mobilization activities	NA			41	41		
CMAM social mobilization workshops undertaken in 34 phase 3 localities	Number of localities undertaking community mobilization activities	NA				28		
Active community mobilization done at severely malnourished children reach treatment facilities early in the course of malnutrition	Proportion of SAM children admitted for inpatient (proportion of late presentation)	TBD		<15%	<15%	<15%		
Adherence to treatment enhanced due to strengthened community facility linkages	Defaulter rate	TBD		<15%	<15%	<15%		

Activities	Indicator	Baseline	Target by Year				Required budget	Remark
			2014	2015	2016	2017		
MAM MANAGEMENT								
Outcome 2: 80% of communities in 114 CMAM scale up localities will have access to treatment of moderate acute malnutrition (MAM management)								
Develop simplified quick reference material for MAM management	Simplified training material and quick reference in use	0		1	NA	NA		
Roll out of training on moderate acute malnutrition management using simplified quick reference	Number of localities where training of health workers rolled out	0		62	41	28		
Procure and distribute essential supplies for the management of moderate acute malnutrition	Proportion of target localities reporting stock out of essential supplies for MAM management							
Support the establishment of TSFP	TBD							
Ensure high service quality is maintained through on the job training and supportive supervision	Cure rate			>75%	>75%	>75%		
Support the development of one harmonized guideline for treatment of acute malnutrition (MAM, inpatient and outpatient SAM)	Harmonized guideline developed, endorsed and in use	0		1	NA	NA		
Update job aids and training materials that are updated as per harmonized guideline	Training materials harmonized and updated	0		1				

2. SAM Management

Activities	Indicator	Baseline	Target by Year				Required budget	Remark
			2014	2015	2016	2017		
Objective: Contribute to reduction in under-five mortality through scaling up of CMAM								
COMMUNITY MOBILIZATION								
Outcome 1: 60% of communities in 114 CMAM scale up localities are aware of the availability for treatment of acute malnutrition (Community mobilization)								
Develop community mobilization strategy								
CMAM social mobilization workshops undertaken in 62 phase 1 localities	Number of localities undertaking community mobilization activities or	NA		62	62			
CMAM social mobilization workshops undertaken in 41 phase 2 localities	Number of localities undertaking community mobilization activities or	NA			42	42		
CMAM social mobilization workshops undertaken in 41 phase 2 localities	Number of localities undertaking community mobilization activities or	NA				28		
Active community mobilization done as severely malnourished children reach treatment facilities early in the course of malnutrition	Proportion of SAM children admitted for inpatient (proportion of late presentation)	TBD		<15%	<15%	<15%		
Adherence to treatment enhanced due strengthened community facility linka	Defaulter rate	TBD		<15%	<15%	<15%		
SAMMANAGEMENT - OUTPATIENT								

Activities	Indicator	Baseline	Target by Year				Required budget	Remark
			2014	2015	2016	2017		
Outcome 3: 60% of communities in 114 CMAM scale up localities will have access to outpatient treatment of severe acute malnutrition (SAM management)	Total number of severely malnourished accessing treatment	140,000 (TBC)		200,000	250,000	300,000		
Develop simplified quick reference material	Simplified training material and quick reference in use	0	1	NA	NA	NA		
Roll out of training on outpatient management of SAM using simplified quick reference	Number of localities where training of health workers is rolled out	0		62	41	28		
Procure and distribute essential supplies for the management of severe acute malnutrition	Proportion of target localities reporting stock out of essential supplies for MAM management			200,000	250,000	300,000		
Support the establishment of OTP in health centers and 60% of other health facilities below health center level	Proportion of health centers in target localities that have OTP			70%	70%	90%		
Ensure high service quality is maintained through on-the-job training and supportive supervision	Cure rate			>75%	>75%	>75%		
Support the development of one harmonized guideline for treatment of acute malnutrition (MAM, inpatient and outpatient SAM)	Harmonized guideline developed, endorsed and in use	0		1	NA	NA		
Update job aids and training materials that are updated as per harmonized guideline	Training materials harmonized and updated	0		1				
SAM MANAGEMENT-INPATIENT								

Activities	Indicator	Baseline	Target by Year				Required budget	Remark
			2014	2015	2016	2017		
Outcome 4: 60% of communities in 114 CMAM scale up localities will have access to treatment of severe acute malnutrition (in-patient management)								
Update training materials on inpatient management of SAM		0		1	NA	NA		
Roll out of training on inpatient management of SAM	Number of hospitals with trained health workers on modular training course on in-patient management of SAM	0		TBD	TBD	TBD		
Procure and distribute essential supplies for the inpatient management of severe acute malnutrition	Number of cartons of F75 procured and distributed							
Support the establishment of Stabilization Center in all hospitals and selected health centers	Proportion of hospitals in target localities that have functional stabilization center			80%	80%	90%		
Ensure high service quality is maintained through on the job training and supportive supervision	Recovery rate (transfer out rate from inpatient to outpatient)			>75%	>75%	>75%		
Support the development of one harmonized guideline for treatment of acute malnutrition (MAM, inpatient and outpatient SAM)	Harmonized guideline developed, endorsed and in use	0		1	NA	NA		

CMAM scale up Action Plan

1. Key Activities

What (action)	who	when												Remark
		QI 2015	QII 2015	QIII 2015	QIV 2015	QI 2016	QII 2016	QIII 2016	QIV 2016	QI 2017	QII 2017	QIII 2017	QIV 2017	
COMMUNITY MOBILIZATION														
Develop community mobilization strategy and have it endorsed and ready to use		X												
Community awareness workshops undertaken in 62 phase 1 localities		X	X			X	X			X	X			
Community awareness workshops undertaken in 41 phase 2 localities						X	X			X	X			
Community awareness workshops undertaken in 1 phase 3 localities										X	X			
Active community mobilization done and severely malnourished children reach treatment facilities early in the course of malnutrition		X	X	X	X	X	X	X	X	X	X	X	X	
Adherence to treatment enhanced due to strengthened community facility linkage		X	X	X	X	X	X	X	X	X	X	X	X	
MAM MANAGEMENT														
Develop simplified quick reference material for MAM management		X												
Roll out of training on moderate acute malnutrition management using simplified quick reference		X	X			X	X			X	X			

What (action)	who	when												Remark
		QI 2015	QII 2015	QIII 2015	QIV 2015	QI 2016	QII 2016	QIII 2016	QIV 2016	QI 2017	QII 2017	QIII 2017	QIV 2017	
Procure and distribute essential supplies for the management of moderate acute malnutrition		X	X	X	X	X	X	X	X	X	X	X	X	
Support the establishment of TSFP		X	X	X	X	X	X	X	X	X	X	X	X	
Ensure high service quality is maintained through on the job train and supportive supervision		X	X	X	X	X	X	X	X	X	X	X	X	
Support the development of one harmonized guideline for treatment acute malnutrition (MAM, inpatient and outpatient SAM)		X												
SAMMANAGEMENT - OUTPATIENT														
Develop simplified quick reference material		X												
Roll out of training on outpatient management of SAM using simplified quick reference		X	X			X	X			X	X			
Procure and distribute essential supplies for the management of severe acute malnutrition		X	X	X	X	X	X	X	X	X	X	X	X	
Support the establishment of OTP in all health centers and 60% of other health facilities below health center level		X	X	X	X	X	X	X	X	X	X			
Ensure high service quality is maintained through on the job train and supportive supervision		X	X	X	X	X	X	X	X	X	X	X	X	

What (action)	who	when												Remark
		QI 2015	QII 2015	QIII 2015	QIV 2015	QI 2016	QII 2016	QIII 2016	QIV 2016	QI 2017	QII 2017	QIII 2017	QIV 2017	
Support the development of one harmonized guideline for treatment acute malnutrition (MAM, inpatient and outpatient SAM)		X												
SAM MANAGEMENT-INPATIENT														
Update training materials on inpatient management of SAM		X												
Roll out of training on inpatient management of SAM		X	X			X	X			X	X			
Procure and distribute essential supplies for the inpatient management of severe acute malnutrition		X	X	X	X	X	X	X	X	X	X	X	X	
Support the establishment of Stabilization Center in all hospitals selected health centers		X	X	X	X	X	X	X	X	X	X			
Ensure high service quality is maintained through on the job training and supportive supervision		X	X	X	X	X	X	X	X	X	X	X	X	
Support the development of one harmonized guideline for treatment acute malnutrition (MAM, inpatient and outpatient SAM)		X												

2. Implementation arrangements

1. Community Engagement and mobilization

The two main reasons for low coverage of CMAM are either the mother does not know her child is acutely malnourished, or she does not know a service exists to treat acute malnutrition. Therefore scaling up of CMAM can only be useful if it is coupled with strong community mobilization. First of all for localities to review to what extent the existing CMAM services are actually reaching the community in terms of adequately covering their target catchment areas.

A community mobilization strategy has been developed to facilitate improved identification and adherence to CMAM. Community mobilization will be integral part of CMAM scale up process including the training rollout. The facility-community linkage should be strengthened in an integrated manner so that the community mobilization effort empowers and supports families to access all health and nutrition services. The popular committee and various women groups will play key role in the community mobilization to identify acutely malnourished children. The continuum of care will be enhanced by encouraging mothers of healthy children to use the monthly Growth Monitoring and Promotion program.

2. Development of simplified and userfriendly guidelines and procedures

In line with the recommendations of CMAM evaluation for Sudan, simplified userfriendly operational guides have been developed for outpatient management of severe acute malnutrition as well as management of moderate acute malnutrition. These materials have been developed in a manner that they will be used as an action oriented quick reference materials that will be used in the daily case management at PHC level. This will allow task shifting and smooth scale up of CMAM closest to families at the Family Health Unit level.

3. Rollout of Training

Using S3M this plan identifies localities to be prioritized for scaling up of CMAM services. Focused CMAM training is needed in these localities as most of the public health facilities are relatively new to the use of the currently used products and procedures. In addition, three weeks of follow up makes CMAM relatively different from most of the common illnesses managed at PHC level.

To reach all localities in reasonable time and achieve the coverage targets, a cascade training is organized whereby central level training is followed by state level and then service provider level training respectively. To ensure the quality of training, standardized facilitator guide is being finalized. Central to the training will be the simplified operational guides for use at PHC level. Respective SMOH will provide close support to ensure the quality of the training is maintained.

4. Mentoring and monitoring for improved quality

For PHC level public health facilities managing SAM cases as outpatient for the first time, on mentoring and supportive supervision is of critical importance to ensure quality of service delivery. will mobilize existing partnerships and resources to facilitate provision of such technical support especially in the first few months. A standardized tool will be developed to allow objective assessment of the performance of facilities and localities. This tool will be used to provide on mentoring and support to the health worker providing treatment at facility level. The SMOH will take leadership in reviewing performance and facilitating appropriate support for localities with key capacity gaps.

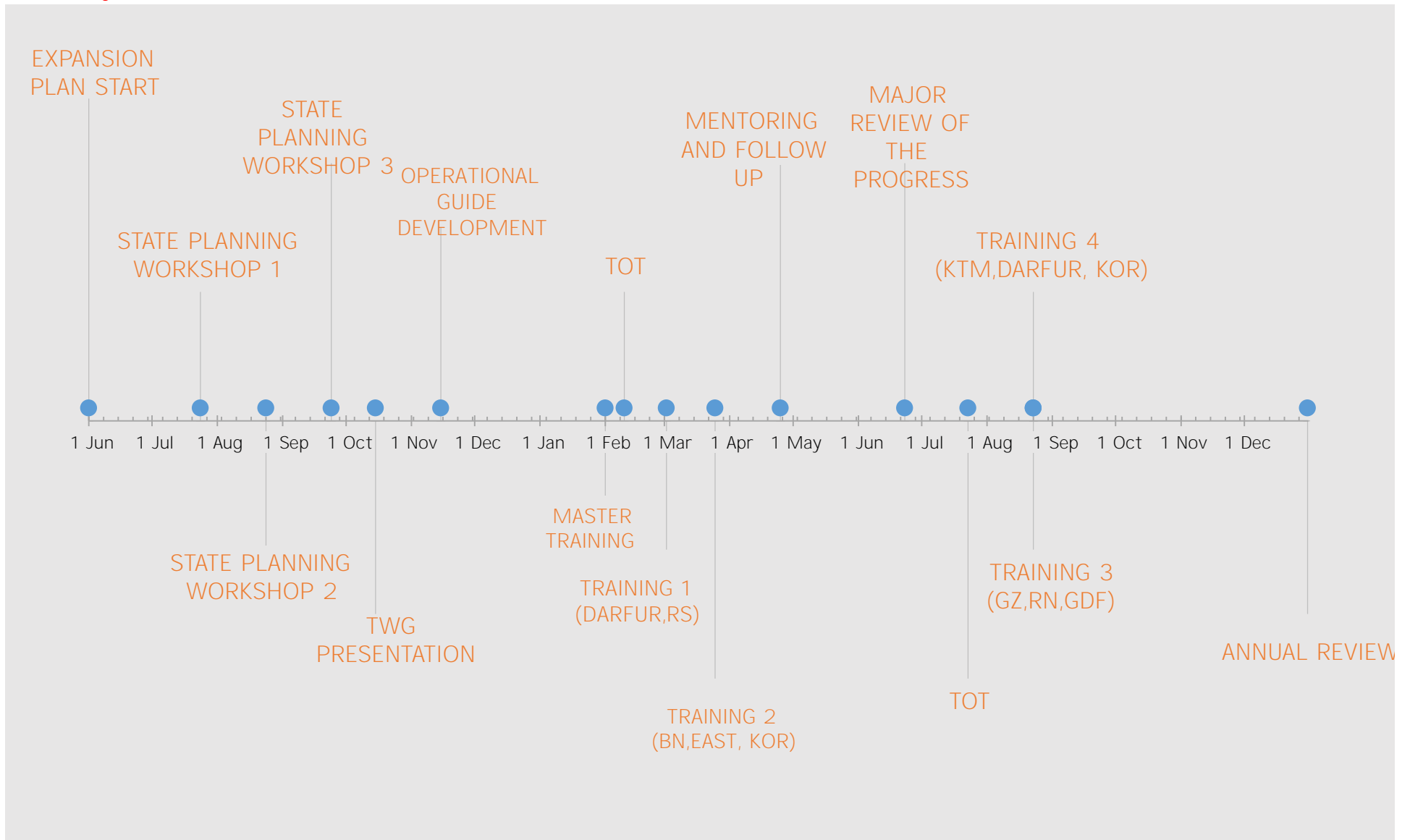
The mentoring tool will cover all aspects of CMAM including the quality of individual case management (anthropometry, provision of feeds, routine drug supply, and use of recording and reporting tools).

5. Ensure supply availability

While various options are available to prevent and manage acute malnutrition, saving life therapeutic products are needed when the child is severely malnourished. Therefore, strong supply pipeline management that includes good planning, forecasting, and stock management are essential to successful and quality CMAM service provision. Lack of supplies at health facility is among important causes of defaulting. Therefore the existing supply planning and stock management systems will be strengthened to ensure that the heavy weight and bulky volume of CMAM supply is handled effectively. Supply management will be integral part of implementation of CMAM scale up plan, including the training roll out.

DRAFT

3. Key Milestones for 2015



State Result and Accountability Matrix

SUMMARY TARGETS Number of children with acute malnutrition to be treated

Row Labels	Count of Locality	SAM burden	2015 target	2016 target	2017 target	MAM burden	2015 target (20%)	2016 target (35%)	2017 target (50%)
Blue Nile	6	13,294	7,977	9,306	10,636	45,835	9,167	16,042	22,918
Central Darfur	5	38,112	22,867	26,678	30,490	81,423	16,285	28,498	40,712
East Darfur	8	21,156	12,694	14,809	16,925	67,445	13,489	23,606	33,722
El Gezira	7	23,682	14,209	16,577	18,946	36,745	7,349	12,861	18,373
Gadarif	10	40,955	24,573	28,669	32,764	132,614	26,523	46,415	66,307
Kassala	9	16,955	10,173	11,869	13,564	52,112	10,422	18,239	26,056
Khartoum	4	1,774	1,064	1,242	1,419	2,536	507	888	1,268
North Darfur	16	19,496	11,698	13,647	15,597	31,810	6,362	11,134	15,905
North kordofan	8	5,021	3,013	3,515	4,017	13,922	2,784	4,873	6,961
Northern	3	66,517	39,910	46,562	53,214	135,360	27,072	47,376	67,680
Red Sea	10	5,732	3,439	4,013	4,586	21,511	4,302	7,529	10,755
River Nile	5	2,832	1,699	1,982	2,266	21,477	4,295	7,517	10,739
Sinnar	3	11,368	6,821	7,957	9,094	40,230	8,046	14,081	20,115
South Darfur	15	7,178	4,307	5,024	5,742	22,080	4,416	7,728	11,040
South Kordofan	5	18,377	11,026	12,864	14,701	32,024	6,405	11,208	16,012
West Darfur	4	20,576	12,345	14,403	16,461	52,438	10,488	18,353	26,219
West Kordofan	9	5,670	3,402	3,969	4,536	15,442	3,088	5,405	7,721
White Nile	4	8,722	5,233	6,106	6,978	35,037	7,007	14,080	17,518
TOTAL 131 Localities	131	327,418	196,451	229,192	261,934	840,043	168,009	295,832	420,021

SUMMARY TARGETS Number of facilities to provide CMAM service

State	Nbr of Locality	SAM burden using MUAC	MAM burden using MUAC	Stabilization Center Plans				OTP Plan				MAM management Plan			
				Current Nbr of SCs	New SC for 2015	New SC 2016	New SC 2017	Current Nbr of OTPs	New OTP 2015	New OTP 2016	New OTP 2017	Current Nbr of TSFPs	New TSFP 2015	New TSFP 2016	New TSFP 2017
Blue Nile	6	13,294	45,835	2	2	4	5	51	33	9	10	0	28	41	24
Central Darfur	5	38,112	81,423	3	3	2	0	21	10	5	1	8	12	5	1
East Darfur	8	21,156	67,445	1	1	3	1	16	10	6	2	10	7	3	0
El Gezira	7	23,682	36,745	0	12	7	4	0	26	14	13	0	5	2	0
Gadarif	10	40,955	132,614	7	7	1	0	47	18	6	1	0	9	6	5
Kassala	9	16,955	52,112	12	1	1	2	53	20	12	8	43	15	15	8
Khartoum	4	1,774	2,536	0	4	0	0	2	5	4	2	0	1	1	2
North Darfur	16	19,496	31,810	15	10	4	5	63	86	56	28	39	88	55	28
North kordofan	8	5,021	13,922	12	0	0	4	30	20	6	8	0	15	21	5
Northern	3	66,517	135,360	0	2	1	1	0	4	2	3	0	2	1	0
RedSea	10	5,732	21,511	8	8	0	3	69	27	3	0	105	0	0	0
River Nile	5	2,832	21,477	0	6	4	2	0	15	7	7	0	5	3	2
Sinnar	3	11,368	40,230	1	4	3	0	2	7	4	1	0	6	3	0
South Darfur	15	7,178	22,080	8	6	1	2	45	20	21	15	33	20	21	18
South Kordofan	5	18,377	32,024	4	1	2	1	26	14	16	7	17	14	16	7
WestDarfur	4	20,576	52,438	5	0	0	4	39	5	3	0	37	1	1	0
West Kordofan	9	5,670	15,442	8	2	2	1	26	14	3	2	0	0	0	22
White Nile	4	8,722	35,037	0	3	2	0	15	8	5	5	1	4	0	0
Grand Total	131	327,418	840,043	86	72	37	35	505	342	182	113	293	232	194	122

Table 1: SC expansion by state

State	No. of localities	Estimated SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	SC Current	SC planned for 2015	SC planned for 2016	SC planned for 2017
Blue Nile	6	13,294	2,659	1,595	1,861	2,127	14	2	2	4	5
El Gezira	7	38,112	7,622	4,573	5,336	6,098	69	0	12	7	4
Kassala	9	21,156	4,231	2,539	2,962	3,385	16	12	1	1	2
Khartoum	4	23,682	4,736	2,842	3,315	3,789	14	0	4	0	0
North Darfur	16	40,955	8,191	4,915	5,734	6,553	18	15	10	4	5
North kordofan	8	16,955	3,391	2,035	2,374	2,713	20	12	0	0	4
Northern	3	1,774	355	213	248	284	16	0	2	1	1
Red Sea	10	19,496	3,899	2,340	2,729	3,119	11	8	8	0	3
River Nile	5	5,021	1,004	603	703	803	31	0	6	4	2
South Darfur	15	66,517	13,303	7,982	9,312	10,643	13	8	6	1	2
South Kordofan	5	5,732	1,146	688	803	917	5	4	1	2	1
West Darfur	4	2,832	566	340	396	453	5	5	0	0	4
White Nile	4	11,368	2,274	1,364	1,591	1,819	11	0	3	2	0
Central Darfur	5	7,178	1,436	861	1,005	1,148	5	3	3	2	0
East Darfur	8	18,377	3,675	2,205	2,573	2,940	2	1	1	3	1
Gedaref	10	20,576	4,115	2,469	2,881	3,292	16	7	7	1	0
Sennar	3	5,670	1,134	680	794	907	11	1	4	3	0
West Kordofan	9	8,722	1,744	1,047	1,221	1,396	13	8	2	2	1
Grand Total	131	327,418	65,484	39,290	45,838	52,387	290	86	72	37	35

Phase onestates- SC

State	No. of localities	Estimated SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	SC Current	SC planned for 2015	SC planned for 2016	SC planned for 2017
Blue Nile	5	12,980	2,596	1,558	1,817	2,077	12	2	2	3	4
El Gezira	1	0	-	-	-	-	18	0	2	1	0
Kassala	5	11,086	2,217	1,330	1,552	1,774	10	7	1	0	1
Khartoum	1	9,581	1,916	1,150	1,341	1,533	1	0	1	0	0
North Darfur	14	39,939	7,988	4,793	5,591	6,390	16	14	9	4	5
North kordofan	2	2,852	570	342	399	456	6	4	0	0	1
Red Sea	9	19,276	3,855	2,313	2,699	3,084	11	8	8	0	3
South Darfur	8	47,711	9,542	5,725	6,680	7,634	5	4	3	1	1
South Kordofan	2	2,170	434	260	304	347	3	2	0	1	0
White Nile	2	5,089	1,018	611	712	814	6	0	1	1	0
Central Darfur	1	766	153	92	107	122	1	1	0	0	0
East Darfur	5	12,556	2,511	1,507	1,758	2,009	2	1	1	2	0
Gedaref	2	4,900	980	588	686	784	2	0	1	1	0
West Kordofan	5	6,063	1,213	728	849	970	7	5	1	1	1
Grand Total	62	174,969	34,994	20,996	24,496	27,995	100	48	30	15	16

1. Phase two states-SC

State	No. of localities	Estimated SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	SC Current	SC planned for 2015	SC planned for 2016	SC planned for 2017
Blue Nile	1	314	63	38	44	50	2	0	0	1	1
El Gezira	5	35,121	7,024	4,215	4,917	5,619	43	0	9	5	4
Kassala	2	6,506	1,301	781	911	1,041	4	3	0	1	0
Khartoum	1	7,505	1,501	901	1,051	1,201	6	0	1	0	0
North Darfur	1	1,016	203	122	142	163	1	1	0	0	0
North kordofan	1	655	131	79	92	105	2	2	0	0	0
Northern	3	1,774	355	213	248	284	16	0	2	1	1
River Nile	4	4,851	970	582	679	776	28	0	5	3	2
South Darfur	3	13,747	2,749	1,650	1,925	2,200	6	3	1	0	1
West Darfur	3	1,858	372	223	260	297	3	3	0	0	3
White Nile	1	4,844	969	581	678	775	2	0	0	1	0
Central Darfur	3	4,994	999	599	699	799	3	2	2	1	0
East Darfur	3	5,821	1,164	698	815	931	0	0	0	1	1
Gedaref	7	15,676	3,135	1,881	2,195	2,508	13	6	6	0	0
Sennar	3	5,670	1,134	680	794	907	11	1	4	3	0
Grand Total	41	110,352	22,070	13,242	15,449	17,656	140	21	30	17	13

2. Phase threestates- SC

State	No. of localities	Estimated SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	SC Current	SC planned for 2015	SC planned for 2016	SC planned for 2017
El Gezira	1	2,991	598	359	419	479	8	0	1	1	0
Kassala	2	3,564	713	428	499	570	2	2	0	0	1
Khartoum	2	6,596	1,319	792	923	1,055	7	0	2	0	0
North Darfur	1	0	-	-	-	-	1	0	1	0	0
North kordofan	5	13,448	2,690	1,614	1,883	2,152	12	6	0	0	3
Red Sea	1	220	44	26	31	35	0	0	0	0	0
River Nile	1	170	34	20	24	27	3	0	1	1	0
South Darfur	4	5,059	1,012	607	708	809	2	1	2	0	0
South Kordofan	3	3,563	713	428	499	570	2	2	1	1	1
West Darfur	1	974	195	117	136	156	2	2	0	0	1
White Nile	1	1,435	287	172	201	230	3	0	2	0	0
Central Darfur	1	1,418	284	170	199	227	1	0	1	1	0
Gedaref	1	0	-	-	-	-	1	1	0	0	0
West Kordofan	4	2,659	532	319	372	425	6	3	1	1	0
Grand Total	28	42,097	8,419	5,052	5,894	6,735	50	17	12	5	6

Table 2: OTP expansion by state

States	No. of localities	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP 2015	OTP 2016	OTP 2017
Blue Nile	6	13,294	7,977	9,306	10,636	14	33	104	51	33	9	10
El Gezira	7	38,112	22,867	26,678	30,490	69	390	361	0	26	14	13
Kassala	9	21,156	12,694	14,809	16,925	16	108	213	53	20	12	8
Khartoum	4	23,682	14,209	16,577	18,946	14	334	71	2	5	4	2
North Darfur	16	40,955	24,573	28,669	32,764	18	125	0	63	86	56	28
North kordofan	8	16,955	10,173	11,869	13,564	20	117	305	30	20	6	8
Northern	3	1,774	1,064	1,242	1,419	16	24	167	0	4	2	3
Red Sea	10	19,496	11,698	13,647	15,597	11	9	86	69	27	3	0
River Nile	5	5,021	3,013	3,515	4,017	31	173	39	0	15	7	7
South Darfur	15	66,517	39,910	46,562	53,214	13	60	0	45	20	21	15
South Kordofan	5	5,732	3,439	4,013	4,586	5	9	32	26	14	16	7
West Darfur	4	2,832	1,699	1,982	2,266	5	32	0	39	5	3	0
White Nile	4	11,368	6,821	7,957	9,094	11	67	87	15	8	5	5
Central Darfur	5	7,178	4,307	5,024	5,742	5	22	0	21	10	5	1
East Darfur	8	18,377	11,026	12,864	14,701	2	15	3	16	10	6	2
Gedaref	10	20,576	12,345	14,403	16,461	16	59	215	47	18	6	1
Sennar	3	5,670	3,402	3,969	4,536	11	42	85	2	7	4	1
West Kordofan	9	8,722	5,233	6,106	6,978	13	47	82	26	14	3	2
Grand Total	131	327,418	196,451	229,192	261,934	290	1,666	1,850	505	342	182	113

1. Phase one states OTP

States	No. of localities	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP 2015	OTP 2016	OTP 2017
Blue Nile	5	12,980	7,788	9,086	10,384	12	32	97	51	28	7	8
El Gezira	1	0	0	0	0	18	56	16	0	8	2	2
Kassala	5	11,086	6,652	7,760	8,869	10	43	98	31	11	6	1
Khartoum	1	9,581	5,749	6,707	7,665	1	122	0	1	1	1	0
North Darfur	14	39,939	23,963	27,957	31,951	16	123	0	62	80	52	26
North kordofan	2	2,852	1,711	1,996	2,282	6	38	66	11	3	0	3
Red Sea	9	19,276	11,566	13,494	15,421	11	8	80	66	26	2	0
South Darfur	8	47,711	28,627	33,398	38,169	5	24	0	26	12	11	11
South Kordofan	2	2,170	1,302	1,519	1,736	3	7	14	11	4	7	2
White Nile	2	5,089	3,053	3,562	4,071	6	46	22	6	4	3	3
Central Darfur	1	766	459	536	612	1	11	0	6	2	2	0
East Darfur	5	12,556	7,533	8,789	10,045	2	11	3	12	7	3	2
Gedaref	2	4,900	2,940	3,430	3,920	2	15	43	9	6	1	1
West Kordofan	5	6,063	3,638	4,244	4,850	7	31	67	19	8	2	1
Grand Total	62	174,969	104,982	122,478	139,975	100	567	506	311	200	99	60

2. Phase two states OTP

States	No. of localities	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP 2015	OTP 2016	OTP 2017
Blue Nile	1	314	189	220	252	2	1	7	0	5	2	2
El Gezira	5	35,121	21,073	24,585	28,097	43	290	314	0	15	10	9
Kassala	2	6,506	3,904	4,554	5,205	4	44	69	12	5	4	4
Khartoum	1	7,505	4,503	5,254	6,004	6	62	20	0	1	1	1
North Darfur	1	1,016	610	711	813	1	2	0	1	4	3	1
North kordofan	1	655	393	459	524	2	13	9	3	3	1	0
Northern	3	1,774	1,064	1,242	1,419	16	24	167	0	4	2	3
River Nile	4	4,851	2,911	3,396	3,881	28	167	29	0	12	5	5
South Darfur	3	13,747	8,248	9,623	10,998	6	23	0	13	5	5	1
West Darfur	3	1,858	1,115	1,301	1,486	3	26	0	13	3	3	0
White Nile	1	4,844	2,906	3,391	3,875	2	18	43	2	1	1	1
Central Darfur	3	4,994	2,996	3,496	3,995	3	10	0	11	4	1	0
East Darfur	3	5,821	3,492	4,075	4,657	0	4	0	4	3	3	0
Gedaref	7	15,676	9,405	10,973	12,540	13	40	141	34	9	5	0
Sennar	3	5,670	3,402	3,969	4,536	11	42	85	2	7	4	1
Grand Total	41	110,352	66,211	77,246	88,282	140	766	884	95	81	50	28

3. Phase three states OTP

States	No. of localities	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP 2015	OTP 2016	OTP 2017
El Gezira	1	2,991	1,795	2,094	2,393	8	44	31	0	3	2	2
Kassala	2	3,564	2,138	2,495	2,851	2	21	46	10	4	2	3
Khartoum	2	6,596	3,958	4,617	5,277	7	150	51	1	3	2	1
North Darfur	1	0	0	0	0	1	0	0	0	2	1	1
North kordofan	5	13,448	8,069	9,414	10,758	12	66	230	16	14	5	5
Red Sea	1	220	132	154	176	0	1	6	3	1	1	0
River Nile	1	170	102	119	136	3	6	10	0	3	2	2
South Darfur	4	5,059	3,035	3,541	4,047	2	13	0	6	3	5	3
South Kordofan	3	3,563	2,138	2,494	2,850	2	2	18	15	10	9	5
West Darfur	1	974	584	682	779	2	6	0	26	2	0	0
White Nile	1	1,435	861	1,004	1,148	3	3	22	7	3	1	1
Central Darfur	1	1,418	851	993	1,135	1	1	0	4	4	2	1
Gedaref	1	0	0	0	0	1	4	31	4	3	0	0
West Kordofan	4	2,659	1,596	1,862	2,127	6	16	15	7	6	1	1
Grand Total	28	42,097	25,258	29,468	33,677	50	333	460	99	61	33	25

Table 3: MAM expansion by state

States	No. of localities	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFP 2015	TSFP 2016	TSFP 2017
Blue Nile	6	45,835	9,167	16,042	22,918	33	104	0	28	41	24
El Gezira	7	81,423	16,285	28,498	40,712	390	361	0	5	2	0
Kassala	9	67,445	13,489	23,606	33,722	108	213	43	15	15	8
Khartoum	4	36,745	7,349	12,861	18,373	334	71	0	1	1	2
North Darfur	16	132,614	26,523	46,415	66,307	125	0	39	88	55	28
North kordofan	8	52,112	10,422	18,239	26,056	117	305	0	15	21	5
Northern	3	2,536	507	888	1,268	24	167	0	2	1	0
Red Sea	10	31,810	6,362	11,134	15,905	9	86	105	0	0	0
River Nile	5	13,922	2,784	4,873	6,961	173	39	0	5	3	2
South Darfur	15	135,360	27,072	47,376	67,680	60	0	33	20	21	18
South Kordofan	5	21,511	4,302	7,529	10,755	9	32	17	14	16	7
West Darfur	4	21,477	4,295	7,517	10,739	32	0	37	1	1	0
White Nile	4	40,230	8,046	14,081	20,115	67	87	1	4	0	0
Central Darfur	5	22,080	4,416	7,728	11,040	22	0	8	12	5	1
East Darfur	8	32,024	6,405	11,208	16,012	15	3	10	7	3	0
Gedaref	10	52,438	10,488	18,353	26,219	59	215	0	9	6	5
Sennar	3	15,442	3,088	5,405	7,721	42	85	0	6	3	0
West Kordofan	9	35,037	7,007	12,263	17,518	47	82	0	0	0	22
Grand Total	131	840,043	168,009	294,015	420,021	1,666	1,850	293	232	194	122

1. Phase one statesMAM

States	No. of localities	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFP 2015	TSFP 2016	TSFP 2017
Blue Nile	5	43,848	8,770	15,347	21,924	32	97	0	25	37	21
El Gezira	1	24,413	4,883	8,545	12,207	56	16	0	1	0	0
Kassala	5	32,899	6,580	11,515	16,450	43	98	10	11	8	5
Khartoum	1	10,085	2,017	3,530	5,043	122	0	0	1	0	0
North Darfur	14	126,713	25,343	44,350	63,357	123	0	38	83	53	26
North kordofan	2	22,086	4,417	7,730	11,043	38	66	0	2	7	2
Red Sea	9	31,166	6,233	10,908	15,583	8	80	98	0	0	0
South Darfur	8	71,621	14,324	25,067	35,811	24	0	12	12	14	11
South Kordofan	2	9,959	1,992	3,486	4,980	7	14	4	4	7	2
White Nile	2	26,744	5,349	9,360	13,372	46	22	0	2	0	0
Central Darfur	1	8,225	1,645	2,879	4,112	11	0	3	3	2	0
East Darfur	5	24,266	4,853	8,493	12,133	11	3	7	5	2	0
Gedaref	2	8,357	1,671	2,925	4,178	15	43	0	1	1	2
West Kordofan	5	26,883	5,377	9,409	13,442	31	67	0	0	0	15
Grand Total	62	467,265	93,453	163,543	233,633	567	506	172	150	131	84

2. Phase two states MAM

States	No. of localities	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFP 2015	TSFP 2016	TSFP 2017
Blue Nile	1	1,987	397	696	994	1	7	0	3	4	3
El Gezira	5	43,331	8,666	15,166	21,666	290	314	0	3	2	0
Kassala	2	16,448	3,290	5,757	8,224	44	69	23	2	4	2
Khartoum	1	8,695	1,739	3,043	4,347	62	20	0	0	1	0
North Darfur	1	914	183	320	457	2	0	1	3	1	1
North kordofan	1	2,554	511	894	1,277	13	9	0	1	2	1
Northern	3	2,536	507	888	1,268	24	167	0	2	1	0
River Nile	4	13,306	2,661	4,657	6,653	167	29	0	4	2	2
South Darfur	3	37,806	7,561	13,232	18,903	23	0	18	4	3	3
West Darfur	3	14,109	2,822	4,938	7,055	26	0	11	1	1	0
White Nile	1	8,187	1,637	2,865	4,093	18	43	0	1	0	0
Central Darfur	3	10,794	2,159	3,778	5,397	10	0	5	4	1	0
East Darfur	3	7,758	1,552	2,715	3,879	4	0	3	2	1	0
Gedaref	7	40,573	8,115	14,200	20,286	40	141	0	7	4	3
Sennar	3	15,442	3,088	5,405	7,721	42	85	0	6	3	0
Grand Total	41	224,441	44,888	78,554	112,220	766	884	61	43	30	15

3. Phase three statesMAM

States	No. of localities	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFP 2015	TSFP 2016	TSFP 2017
El Gezira	1	13,679	2,736	4,788	6,839	44	31	0	3	2	2
Kassala	2	18,098	3,620	6,334	9,049	21	46	10	4	2	3
Khartoum	2	17,965	3,593	6,288	8,983	150	51	1	3	2	1
North Darfur	1	4,986	997	1,745	2,493	0	0	0	2	1	1
North kordofan	5	27,472	5,494	9,615	13,736	66	230	16	14	5	5
Red Sea	1	644	129	225	322	1	6	3	1	1	0
River Nile	1	616	123	216	308	6	10	0	3	2	2
South Darfur	4	25,932	5,186	9,076	12,966	13	0	6	3	5	3
South Kordofan	3	11,551	2,310	4,043	5,776	2	18	15	10	9	5
West Darfur	1	7,368	1,474	2,579	3,684	6	0	26	2	0	0
White Nile	1	5,300	1,060	1,855	2,650	3	22	7	3	1	1
Central Darfur	1	3,061	612	1,072	1,531	1	0	4	4	2	1
Gedaref	1	3,509	702	1,228	1,755	4	31	4	3	0	0
West Kordofan	4	8,153	1,631	2,854	4,077	16	15	7	6	1	1
Grand Total	28	148,337	29,667	51,918	74,168	333	460	99	61	33	25

Annex: State Result and Accountability Matrix by locality

1. Blue Nile

Blue Nile State-SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	Blue Nile	Blue Nile	13,294	2,659	1,595	1,861	2,127	14	2	2	4	5
1	Blue Nile	Baw	1,260	252	151	176	202	1		1	0	0
1	Blue Nile	Damazin	1,769	354	212	248	283	4	1	0	1	1
1	Blue Nile	Giassan	2,500	500	300	350	400	2	0	1	0	1
1	Blue Nile	Rosairs	6,513	1,303	782	912	1,042	3	1	0	1	1
1	Blue Nile	Tadamon	938	188	113	131	150	2	0	0	1	1
2	Blue Nile	Kurmuk	314	63	38	44	50	2	0	0	1	1

Blue Nile - OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	Blue Nile	Blue Nile	13,294	7,977	9,306	10,636	14	33	104	51	33	9	10
1	Blue Nile	Baw	1,260	756	882	1,008	1	1	6	1	7	1	0
1	Blue Nile	Damazin	1,769	1,062	1,239	1,416	4	15	16	20	7	0	0
1	Blue Nile	Giassan	2,500	1,500	1,750	2,000	2	3	28	7	7	1	0
1	Blue Nile	Rosairs	6,513	3,908	4,559	5,210	3	10	44	16	5	3	5
1	Blue Nile	Tadamon	938	563	657	750	2	3	3	7	2	2	3
2	Blue Nile	Kurmuk	314	189	220	252	2	1	7	0	5	2	2

Blue Nile MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	Blue Nile	Total	45,835	9,167	16,042	22,918	33	104	0	28	41	24
1	Blue Nile	Baw	5,190	1,038	1,816	2,595	1	6	0	1	11	9
1	Blue Nile	Damazin	13,792	2,758	4,827	6,896	15	16	0	6	9	6
1	Blue Nile	Giassan	5,957	1,191	2,085	2,978	3	28	0	5	7	0
1	Blue Nile	Rosairs	15,947	3,189	5,581	7,974	10	44	0	9	10	6
1	Blue Nile	Tadamon	2,963	593	1,037	1,481	3	3	0	4	0	0
2	Blue Nile	Kurmuk	1,987	397	696	994	1	7	0	3	4	3

DRAFT

2. CENTRAL DARFUR

Central Darfur_SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	Central Darfur	Central Darfur	7,178	1,436	861	1,005	1,148	5	3	3	2	0
1	Central Darfur	ZALINGEI	766	153	92	107	122	1	1	0	0	0
2	Central Darfur	BENDSI	744	149	89	104	119	1	0	1	0	0
2	Central Darfur	UM DUKHUN	1,313	263	158	184	210	1	1	0	0	0
2	Central Darfur	Wadi Salih	2,937	587	352	411	470	1	1	1	1	0
3	Central Darfur	North Jebel Marra (Rokero)	1,418	284	170	199	227	1	0	1	1	0

Central Darfur OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	Central Darfur	Central Darfur	7,178	4,307	5,024	5,742	5	22	0	21	10	5	1
1	Central Darfur	ZALINGEI	766	459	536	612	1	11	0	6	2	2	0
2	Central Darfur	BENDSI	744	446	521	595	1	3	0	1	1	0	0
2	Central Darfur	UM DUKHUN	1,313	788	919	1,050	1	1	0	5	2	0	0
2	Central Darfur	Wadi Salih	2,937	1,762	2,056	2,350	1	6	0	5	1	1	0
3	Central Darfur	North Jebel Marra (Rokero)	1,418	851	993	1,135	1	1	0	4	4	2	1

Central Darfur MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	Central Darfur	Total	22,080	4,416	7,728	11,040	22	0	8	12	5	1
1	Central Darfur	ZALINGEI	8,225	1,645	2,879	4,112	11	0	3	3	2	0
2	Central Darfur	BENDSI	724	145	253	362	3	0	0	1	0	0
2	Central Darfur	UM DUKHUN	3,192	638	1,117	1,596	1	0	5	2	0	0
2	Central Darfur	Wadi Salih	6,878	1,376	2,407	3,439	6	0	0	1	1	0
3	Central Darfur	North Jebel Marra (Rokero)	3,061	612	1,072	1,531	1	0	0	5	2	1

3. East Darfur

East Darfur State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	East Darfur	East Darfur	18,377	3,675	2,205	2,573	2,940	2	1	1	3	1
1	East Darfur	AL DEAIN	2,710	542	325	379	434	1	1	0	0	0
1	East Darfur	ALFIRDOS	1,963	393	236	275	314	0	0	0	0	0
1	East Darfur	ASSLAYA	1,908	382	229	267	305	0	0	0	0	0
1	East Darfur	SHARIA	1,676	335	201	235	268	1	0	0	1	0
1	East Darfur	YASEEN	4,300	860	516	602	688	0	0	1	1	0
2	East Darfur	ABUKARINKA	815	163	98	114	130	0	0	0	1	0
2	East Darfur	AUBGABAR	1,954	391	234	274	313	0	0	0	0	1
2	East Darfur	AUBMATARG	3,051	610	366	427	488	0	0	0	0	0

East Darfur OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	East Darfur	East Darfur	18,377	11,026	12,864	14,701	2	15	3	16	10	6	2
1	East Darfur	AL DEAIN	2,710	1,626	1,897	2,168	1	5	0	6	1	0	0
1	East Darfur	ALFIRDOS	1,963	1,178	1,374	1,570	0	1	1	1	2	1	1
1	East Darfur	ASSLAYA	1,908	1,145	1,335	1,526	0	1	0	1	2	1	1
1	East Darfur	SHARIA	1,676	1,006	1,173	1,341	1	2	0	1	1	1	0
1	East Darfur	YASEEN	4,300	2,580	3,010	3,440	0	2	2	3	1	0	0
2	East Darfur	ABUKARINKA	815	489	571	652	0	2	0	2	1	2	0
2	East Darfur	AUBGABAR	1,954	1,172	1,368	1,563	0	1	0	1	1	1	0
2	East Darfur	AUBMATARG	3,051	1,831	2,136	2,441	0	1	0	1	1	0	0

East Darfur MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	East Darfur	Total	32,024	6,405	11,208	16,012	15	3	10	7	3	0
1	East Darfur	AL DEAIN	6,457	1,291	2,260	3,229	5	0	4	1	0	0
1	East Darfur	ALFIRDOS	3,157	631	1,105	1,578	1	1	1	1	0	0
1	East Darfur	ASSLAYA	2,411	482	844	1,205	1	0	0	1	1	0
1	East Darfur	SHARIA	1,286	257	450	643	2	0	0	1	1	0
1	East Darfur	YASEEN	10,955	2,191	3,834	5,477	2	2	2	1	0	0
2	East Darfur	ABUKARINKA	1,976	395	692	988	2	0	2	2	0	0
2	East Darfur	AUBGABAR	1,654	331	579	827	1	0	0	0	0	0
2	East Darfur	AUBMATARG	4,128	826	1,445	2,064	1	0	1	0	1	0

4. El Gezira

El-Gezira State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	El Gezira	El Gezira	38,112	7,622	4,573	5,336	6,098	69	0	12	7	4
1	El Gezira	MADANI AL KOBRA	0	-	-	-	-	18	0	2	1	0
2	El Gezira	EL HASAHESA	8,622	1,724	1,035	1,207	1,379	12	0	1	1	1
2	El Gezira	EL MANAGIL	15,902	3,180	1,908	2,226	2,544	3	0	1	1	0
2	El Gezira	JANUB EL GEZIRA	2,743	549	329	384	439	8	0	3	0	1
2	El Gezira	SHARG EL GEZIRA	4,006	801	481	561	641	13	0	2	2	1
2	El Gezira	UMM EL GURA	3,849	770	462	539	616	7	0	2	1	1
3	El Gezira	EL KAMLIN	2,991	598	359	419	479	8	0	1	1	0

El-Gezira OTP

Phase	State	Locality	SAM burden using MUA C	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	El Gezira	El Gezira	38,112	22,867	26,678	30,490	69	390	361	0	26	14	13
1	El Gezira	MADANI AL KOBRA	0	-	-	-	18	56	16	0	8	2	2
2	El Gezira	EL HASAHESA	8,622	5,173	6,035	6,897	12	74	80	0	3	2	2
2	El Gezira	EL MANAGIL	15,902	9,541	11,131	12,721	3	41	68	0	3	2	2
2	El Gezira	JANUB EL GEZIRA	2,743	1,646	1,920	2,194	8	99	74	0	3	2	1
2	El Gezira	SHARG EL GEZIRA	4,006	2,404	2,804	3,205	13	41	64	0	3	2	2
2	El Gezira	UMM EL GURA	3,849	2,309	2,694	3,079	7	35	28	0	3	2	2
3	El Gezira	EL KAMLIN	2,991	1,795	2,094	2,393	8	44	31	0	3	2	2

El Gezira MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	El Gezira	Total	81,423	16,285	28,498	40,712	390	361	0	5	2	0
1	El Gezira	MADANI AL KOBRA	24,413	4,883	8,545	12,207	56	16	0	1	0	0
2	El Gezira	EL HASAHESA	14,003	2,801	4,901	7,001	74	80	0	1	0	0
2	El Gezira	EL MANAGIL	12,603	2,521	4,411	6,301	41	68	0	1	0	0
2	El Gezira	JANUB EL GEZIRA	7,323	1,465	2,563	3,661	99	74	0	0	1	0
2	El Gezira	SHARG EL GEZIRA	3,693	739	1,293	1,847	41	64	0	1	0	0
2	El Gezira	UMM EL GURA	5,709	1,142	1,998	2,855	35	28	0	0	1	0
3	El Gezira	EL KAMLIN	13,679	2,736	4,788	6,839	44	31	0	1	0	0

5. Gadarif

Gadarif State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	Gedaref	Gedaref	20,576	4,115	2,469	2,881	3,292	16	7	7	1	0
1	Gedaref	Algalabat Al Garbiya	4,493	899	539	629	719	1	0	0	1	0
1	Gedaref	Gula Alnahal	407	81	49	57	65	1	0	1	0	0
2	Gedaref	Al Gadaref Wasat	1,163	233	140	163	186	3	0	1	0	0
2	Gedaref	Al Mafaza	1,472	294	177	206	235	1	1	1	0	0
2	Gedaref	Albutana	479	96	57	67	77	1	0	1	0	0
2	Gedaref	Alfashaga	2,266	453	272	317	363	1	1	0	0	0
2	Gedaref	Algurisha	1,179	236	141	165	189	3	3	0	0	0
2	Gedaref	Basonda	1,893	379	227	265	303	1	0	1	0	0
2	Gedaref	Gedarif Town	7,224	1,445	867	1,011	1,156	3	1	2	0	0
3	Gedaref	Algalabat Al Shargiya	0	-	-	-	-	1	1	0	0	0

Gadarif OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	Gedaref	Gedaref	20,576	12,345	14,403	16,461	16	59	215	47	18	6	1
1	Gedaref	Algalabat Al Garbiya	4,493	2,696	3,145	3,595	1	8	19	4	4	1	1
1	Gedaref	Gula Alnahal	407	244	285	325	1	7	24	5	2	0	0
2	Gedaref	Al Gadaref Wasat	1,163	698	814	930	3	3	31	3	1	0	0
2	Gedaref	Al Mafaza	1,472	883	1,030	1,177	1	4	15	3	1	1	0
2	Gedaref	Albutana	479	287	335	383	1	2	17	3	1	0	0
2	Gedaref	Alfashaga	2,266	1,360	1,587	1,813	1	8	27	10	1	1	0
2	Gedaref	Algurisha	1,179	707	825	943	3	5	19	5	1	1	0
2	Gedaref	Basonda	1,893	1,136	1,325	1,515	1	7	11	5	3	1	0
2	Gedaref	Gedarif Town	7,224	4,334	5,056	5,779	3	11	21	5	1	1	0
3	Gedaref	Algalabat Al Shargiya	0	-	-	-	1	4	31	4	3	0	0

Gadarif MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	Gedaref	Total	52,438	10,488	18,353	26,219	59	215	0	9	6	5
1	Gedaref	Algalabat Al Garbiya	5,692	1,138	1,992	2,846	8	19	0	1	0	1
1	Gedaref	Gula Alnahal	2,664	533	933	1,332	7	24	0	0	1	1
2	Gedaref	Al Gadaref Wasat	2,366	473	828	1,183	3	31	0	1	1	0
2	Gedaref	Al Mafaza	4,039	808	1,414	2,020	4	15	0	1	0	1
2	Gedaref	Albutana	1,598	320	559	799	2	17	0	1	1	0
2	Gedaref	Alfashaga	13,111	2,622	4,589	6,556	8	27	0	1	0	1
2	Gedaref	Algurisha	7,555	1,511	2,644	3,777	5	19	0	1	1	0
2	Gedaref	Basonda	1,642	328	575	821	7	11	0	1	0	1
2	Gedaref	Gedarif Town	10,261	2,052	3,591	5,130	11	21	0	1	1	0
3	Gedaref	Algalabat Al Shargiya	3,509	702	1,228	1,755	4	31	0	1	1	0

6. Kassala

Kassala State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	Kassala	Kassala	21,156	4,231	2,539	2,962	3,385	16	12	1	1	2
1	Kassala	Hamshkoreb	2,557	511	307	358	409	2	1	1	0	0
1	Kassala	Kshmalgrba	1,749	350	210	245	280	3	3	0	0	0
1	Kassala	North Delta	4,813	963	578	674	770	1	1	0	0	0
1	Kassala	Talkok	1,124	225	135	157	180	1	1	0	0	1
1	Kassala	Wadalhlew	842	168	101	118	135	3	1	0	0	0
2	Kassala	Aroma	5,044	1,009	605	706	807	1	1	0	0	0
2	Kassala	Kassala Town	1,462	292	175	205	234	3	2	0	1	0
3	Kassala	Rify Kassala	2,476	495	297	347	396	2	2	0	0	0
3	Kassala	West Kassala	1,088	218	131	152	174	0	0	0	0	1

Kassala OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	Kassala	Kassala	21,156	12,694	14,809	16,925	16	108	213	53	20	12	8
1	Kassala	Hamshkoreb	2,557	1,534	1,790	2,046	2	6	7	3	1	1	0
1	Kassala	Kshmalgrba	1,749	1,049	1,224	1,399	3	11	25	4	2	1	0
1	Kassala	North Delta	4,813	2,888	3,369	3,850	1	13	14	11	2	2	0
1	Kassala	Talkok	1,124	675	787	900	1	9	22	10	2	1	1
1	Kassala	Wadalhlew	842	505	590	674	3	4	30	3	4	1	0
2	Kassala	Aroma	5,044	3,026	3,531	4,035	1	8	24	8	2	2	4
2	Kassala	Kassala Town	1,462	877	1,024	1,170	3	36	45	4	3	2	0
3	Kassala	Rify Kassala	2,476	1,486	1,733	1,981	2	14	33	10	2	2	2

Kassala MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	Kassala	total	67,445	13,489	23,606	33,722	108	213	43	15	15	8
1	Kassala	Hamshkoreb	5,264	1,053	1,842	2,632	6	7	0	2	1	0
1	Kassala	Kshmalgrba	5,072	1,014	1,775	2,536	11	25	2	0	3	2
1	Kassala	North Delta	11,094	2,219	3,883	5,547	13	14	5	3	1	0
1	Kassala	Talkok	3,383	677	1,184	1,691	9	22	1	4	2	2
1	Kassala	Wadalhlew	8,087	1,617	2,830	4,043	4	30	2	2	1	1
2	Kassala	Aroma	8,888	1,778	3,111	4,444	8	24	3	0	2	2
2	Kassala	Kassala Town	7,560	1,512	2,646	3,780	36	45	20	2	2	0
3	Kassala	Rify Kassala	13,598	2,720	4,759	6,799	14	33	10	1	2	1
3	Kassala	West Kassala	4,501	900	1,575	2,250	7	13	0	1	1	0

7. Khartoum

Khartoum State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	Khartoum	Khartoum	23,682	4,736	2,842	3,315	3,789	14	0	4	0	0
1	Khartoum	Umbada	9,581	1,916	1,150	1,341	1,533	1	0	1	0	0
2	Khartoum	Karrarri	7,505	1,501	901	1,051	1,201	6	0	1	0	0
3	Khartoum	Gabel Awlia	1,220	244	146	171	195	3	0	1	0	0
3	Khartoum	Shareg Elnile	5,375	1,075	645	753	860	4	0	1	0	0

Khartoum OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	Khartoum	Khartoum	23,682	14,209	16,577	18,946	14	334	71	2	5	4	2
1	Khartoum	Umbada	9,581	5,749	6,707	7,665	1	122	0	1	1	1	0
2	Khartoum	Karrarri	7,505	4,503	5,254	6,004	6	62	20	0	1	1	1
3	Khartoum	Gabel Awlia	1,220	732	854	976	3	79	9	1	1	1	1
3	Khartoum	Shareg Elnile	5,375	3,225	3,763	4,300	4	71	42	0	2	1	0

Khartoum MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	Khartoum	Total	36,745	7,349	12,861	18,373	334	71	0	1	1	2
1	Khartoum	Umbada	10,085	2,017	3,530	5,043	122	0	0	1	0	0
2	Khartoum	Karrarri	8,695	1,739	3,043	4,347	62	20	0	0	1	0
3	Khartoum	Gabel Awlia	1,172	234	410	586	79	9	0	0	0	1
3	Khartoum	Shareg Elnile	16,794	3,359	5,878	8,397	71	42	0	0	0	1

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8. North Darfur

North Darfur State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	North Darfur	North Darfur	40,955	8,191	4,915	5,734	6,553	18	15	10	4	5
1	North Darfur	Al Fasher	14,599	2,920	1,752	2,044	2,336	3	3	0	0	0
1	North Darfur	Al Malha	1,494	299	179	209	239	1	1	0	0	0
1	North Darfur	Al Seref	1,888	378	227	264	302	1	1	0	0	1
1	North Darfur	Al Twasha	1,870	374	224	262	299	1	0	1	1	1
1	North Darfur	Allait	3,279	656	393	459	525	1	1	2	0	0
1	North Darfur	Ambaro	713	143	86	100	114	1	2	1	0	0
1	North Darfur	Dar Alsalam	4,807	961	577	673	769	1	1	1	1	0
1	North Darfur	Karnoi	0	-	-	-	-	1	0	1	0	0
1	North Darfur	Kelemendo	3,515	703	422	492	562	1	0	1	1	1
1	North Darfur	Kutum	1,592	318	191	223	255	1	1	1	1	1
1	North Darfur	Mallit	2,945	589	353	412	471	1	1	1	0	0
1	North Darfur	Saraf Omra	0	-	-	-	-	1	1	0	0	1
1	North Darfur	Tawila	1,671	334	200	234	267	1	1	0	0	0
1	North Darfur	Umkadada	1,566	313	188	219	251	1	1	0	0	0
2	North Darfur	Al Koma	1,016	203	122	142	163	1	1	0	0	0
3	North Darfur	Al Tina	0	-	-	-	-	1	0	1	0	0

North Darfur OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	North Darfur	North Darfur	40,955	24,573	28,669	32,764	18	125	0	63	86	56	28
1	North Darfur	Al Fasher	14,599	8,759	10,219	11,679	3	0	0	21	20	8	6
1	North Darfur	Al Malha	1,494	896	1,046	1,195	1	36	0	1	7	3	2
1	North Darfur	Al Seref	1,888	1,133	1,322	1,511	1	9	0	1	7	7	5
1	North Darfur	Al Twasha	1,870	1,122	1,309	1,496	1	0	0	2	6	3	3
1	North Darfur	Allait	3,279	1,967	2,295	2,623	1	19	0	1	5	3	0
1	North Darfur	Ambaro	713	428	499	570	1	11	0	3	2	3	0
1	North Darfur	Dar Alsalam	4,807	2,884	3,365	3,846	1	2	0	2	6	5	0
1	North Darfur	Karnoi	0	-	-	-	1	29	0	1	4	6	1
1	North Darfur	Kelemendo	3,515	2,109	2,461	2,812	1	4	0	2	7	2	0
1	North Darfur	Kutum	1,592	955	1,114	1,273	1	0	0	12	2	2	1
1	North Darfur	Mallit	2,945	1,767	2,062	2,356	1	1	0	11	3	3	2
1	North Darfur	Saraf Omra	0	-	-	-	1	1	0	1	4	2	1
1	North Darfur	Tawila	1,671	1,002	1,170	1,337	1	11	0	1	5	1	1
1	North Darfur	Umkadada	1,566	940	1,096	1,253	1	0	0	3	2	4	4
2	North Darfur	Al Koma	1,016	610	711	813	1	2	0	1	4	3	1
3	North Darfur	Al Tina	0	-	-	-	1	0	0	0	2	1	1

North Darfur MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	North Darfur	Total	132,614	26,523	46,415	66,307	125	0	39	88	55	28
1	North Darfur	Al Fasher	38,811	7,762	13,584	19,405	0	0	8	9	5	5
1	North Darfur	Al Malha	5,293	1,059	1,853	2,647	36	0	1	7	3	2
1	North Darfur	Al Seref	5,409	1,082	1,893	2,705	9	0	2	7	7	5
1	North Darfur	Al Twasha	5,312	1,062	1,859	2,656	0	0	0	6	3	3
1	North Darfur	Allait	5,200	1,040	1,820	2,600	19	0	0	5	3	0
1	North Darfur	Ambaro	5,879	1,176	2,058	2,939	11	0	2	2	3	0
1	North Darfur	Dar Alsalam	10,302	2,060	3,606	5,151	2	0	3	6	3	0
1	North Darfur	Karnoi	5,119	1,024	1,792	2,559	29	0	0	4	6	1
1	North Darfur	Kelemendo	6,912	1,382	2,419	3,456	4	0	0	7	2	0
1	North Darfur	Kutum	12,387	2,477	4,335	6,193	0	0	0	10	10	3
1	North Darfur	Mallit	11,902	2,380	4,166	5,951	1	0	11	3	3	2
1	North Darfur	Saraf Omra	4,409	882	1,543	2,204	1	0	1	4	1	1
1	North Darfur	Tawila	5,032	1,006	1,761	2,516	11	0	4	5	1	1
1	North Darfur	Umkadada	4,747	949	1,661	2,374	0	0	6	8	3	3
2	North Darfur	Al Koma	914	183	320	457	2	0	1	3	1	1
3	North Darfur	Al Tina	4,986	997	1,745	2,493	0	0	0	2	1	1

9. North Kordofan

North Kordofan State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	North kordofan	North kordofan	16,955	3,391	2,035	2,374	2,713	20	12	0	0	4
1	North kordofan	Jebrat El Sheikh	222	44	27	31	36	3	1	0	0	0
1	North kordofan	Sheikan	2,630	526	316	368	421	3	3	0	0	1
2	North kordofan	Sowdari	655	131	79	92	105	2	2	0	0	0
3	North kordofan	Bara	1,172	234	141	164	188	3	1	0	0	1
3	North kordofan	El Rahad	5,117	1,023	614	716	819	1	1	0	0	0
3	North kordofan	Umm Daam	2,418	484	290	339	387	2	1	0	0	1
3	North kordofan	Umm Rawaba	2,661	532	319	372	426	3	1	0	0	1
3	North kordofan	West Bara	2,080	416	250	291	333	3	2	0	0	0

North Kordofan OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	North kordofan	North kordofan	16,955	10,173	11,869	13,564	20	117	305	30	20	6	8
1	North kordofan	Jebrat El Sheikh	222	133	155	178	3	3	29	2	1	0	2
1	North kordofan	Sheikan	2,630	1,578	1,841	2,104	3	35	37	9	2	0	1
2	North kordofan	Sowdari	655	393	459	524	2	13	9	3	3	1	0
3	North kordofan	Bara	1,172	703	820	938	3	8	49	3	2	0	2
3	North kordofan	El Rahad	5,117	3,070	3,582	4,093	1	5	34	3	3	2	1
3	North kordofan	Umm Daam	2,418	1,451	1,693	1,935	2	13	24	2	3	1	2
3	North kordofan	Umm Rawaba	2,661	1,596	1,862	2,128	3	23	75	5	3	1	0
3	North kordofan	West Bara	2,080	1,248	1,456	1,664	3	17	48	3	3	1	0

North Kordofan MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	North kordofan	Total	52,112	10,422	18,239	26,056	117	305	0	15	21	5
1	North kordofan	Jebrat El Sheikh	4,803	961	1,681	2,401	3	29	0	1	3	0
1	North kordofan	Sheikan	17,283	3,457	6,049	8,642	35	37	0	1	4	2
2	North kordofan	Sowdari	2,554	511	894	1,277	13	9	0	1	2	1
3	North kordofan	Bara	4,456	891	1,560	2,228	8	49	0	1	2	0
3	North kordofan	El Rahad	1,850	370	647	925	5	34	0	1	2	0
3	North kordofan	Umm Daam	1,762	352	617	881	13	24	0	8	1	0
3	North kordofan	Umm Rawaba	9,336	1,867	3,268	4,668	23	75	0	1	4	2
3	North kordofan	West Bara	10,067	2,013	3,524	5,034	17	48	0	1	3	0

10.Northern

Northern State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	Northern	Northern	1,774	355	213	248	284	16	0	2	1	1
2	Northern	Dalgo	0	-	-	-	-	3	0	0	1	0
2	Northern	DONGOLA	120	24	14	17	19	6	0	1	0	0
2	Northern	MERAWI	1,654	331	198	232	265	7	0	1	0	1

Northern State OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	Northern	Northern	1,774	1,064	1,242	1,419	16	24	167	0	4	2	3
2	Northern	Dalgo	0	-	-	-	3	4	42	0	1	0	1
2	Northern	DONGOLA	120	72	84	96	6	8	57	0	1	1	1
2	Northern	MERAWI	1,654	992	1,158	1,323	7	12	68	0	2	1	1

Northern State MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	Northern	Total	2,536	507	888	1,268	24	167	0	2	1	0
2	Northern	Dalgo	317	63	111	158	4	42	0	1	0	0
2	Northern	DONGOLA	1,822	364	638	911	8	57	0	0	1	0
2	Northern	MERAWI	398	80	139	199	12	68	0	1	0	0

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11.Red Sea

Red Sea State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	Red Sea	Red Sea	19,496	3,899	2,340	2,729	3,119	11	8	8	0	3
1	Red Sea	Ageeg	2,974	595	357	416	476	0	0	3	0	0
1	Red Sea	Alganeb Alolib	285	57	34	40	46	0	0	0	0	0
1	Red Sea	Dordoib	166	33	20	23	27	1	0	0	0	1
1	Red Sea	Haia	1,322	264	159	185	211	1	0	2	0	0
1	Red Sea	Haliab	237	47	28	33	38	1	1	0	0	0
1	Red Sea	Port Sudan	4,224	845	507	591	676	4	4	1	0	0
1	Red Sea	Sawaken	2,700	540	324	378	432	1	0	0	0	1
1	Red Sea	Senkat	2,020	404	242	283	323	2	2	0	0	1
1	Red Sea	Tokar	5,349	1,070	642	749	856	1	1	2	0	0
3	Red Sea	N JAPITALMADI	220	44	26	31	35	0	0	0	0	0

Red Sea State OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	Red Sea	Red Sea	19,496	11,698	13,647	15,597	11	9	86	69	27	3	0
1	Red Sea	Ageeg	2,974	1,784	2,082	2,379	0	0	9	9	1	0	0
1	Red Sea	Alganeb Alolib	285	171	200	228	0	2	9	2	2	0	0
1	Red Sea	Dordoib	166	100	116	133	1	1	7	7	2	0	0
1	Red Sea	Haia	1,322	793	925	1,057	1	0	8	11	4	0	0
1	Red Sea	Haliab	237	142	166	189	1	0	3	3	2	0	0
1	Red Sea	Port Sudan	4,224	2,534	2,957	3,379	4		28	11	0	0	0
1	Red Sea	Sawaken	2,700	1,620	1,890	2,160	1	0	4	4	3	0	0
1	Red Sea	Senkat	2,020	1,212	1,414	1,616	2	1	10	9	10	0	0
1	Red Sea	Tokar	5,349	3,209	3,744	4,279	1	4	2	10	2	2	0
3	Red Sea	N JAPITALMADI	220	132	154	176	0	1	6	3	1	1	0

Red Sea State MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	Red Sea	Total	31,810	6,362	11,134	15,905	9	86	105	0	0	0
1	Red Sea	Ageeg	3,932	786	1,376	1,966	0	9	9	0	0	0
1	Red Sea	Alganeb Alolib	901	180	315	450	2	9	9	0	0	0
1	Red Sea	Dordoib	541	108	189	271	1	7	7	0	0	0
1	Red Sea	Haia	2,485	497	870	1,243	0	8	18	0	0	0
1	Red Sea	Haliab	819	164	287	410	0	3	4	0	0	0
1	Red Sea	Port Sudan	9,140	1,828	3,199	4,570		28	20	0	0	0
1	Red Sea	Sawaken	2,500	500	875	1,250	0	4	6	0	0	0
1	Red Sea	Senkat	4,246	849	1,486	2,123	1	10	13	0	0	0
1	Red Sea	Tokar	6,602	1,320	2,311	3,301	4	2	12	0	0	0
3	Red Sea	N JAPITALMADI	644	129	225	322	1	6	7	0	0	0

12.River Nile

River Nile State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	River Nile	River Nile	5,021	1,004	603	703	803	31	0	6	4	2
2	River Nile	Atbara	602	120	72	84	96	5	0	1	0	0
2	River Nile	Ed Damer	2,606	521	313	365	417	8	0	2	1	1
2	River Nile	El Matammah	1,140	228	137	160	182	5	0	1	1	1
2	River Nile	Shendi	503	101	60	70	80	10	0	1	1	0
3	River Nile	Albuhaira	170	34	20	24	27	3	0	1	1	0

River Nile OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	River Nile	River Nile	5,021	3,013	3,515	4,017	31	173	39	0	15	7	7
2	River Nile	Atbara	602	361	422	482	5	21	2	0	3	0	1
2	River Nile	Ed Damer	2,606	1,563	1,824	2,085	8	65	13	0	4	2	1
2	River Nile	El Matammah	1,140	684	798	912	5	33	3	0	2	1	1
2	River Nile	Shendi	503	302	352	402	10	48	11	0	3	2	2
3	River Nile	Albuhaira	170	102	119	136	3	6	10	0	3	2	2

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River Nile MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	River Nile	Total	13,922	2,784	4,873	6,961	173	39	0	5	3	2
2	River Nile	Atbara	1,532	306	536	766	21	2	0	1	0	1
2	River Nile	Ed Damer	1,670	334	585	835	65	13	0	1	0	1
2	River Nile	El Matammah	1,615	323	565	807	33	3	0	1	1	0
2	River Nile	Shendi	8,488	1,698	2,971	4,244	48	11	0	1	1	0
3	River Nile	Albuhaira	616	123	216	308	6	10	0	1	1	0

13.Sinnar

Sinnar State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	Sennar	Sennar	5,670	1,134	680	794	907	11	1	4	3	0
2	Sennar	Al Dindir	1,629	326	195	228	261	3	0	1	1	0
2	Sennar	Sennar	1,885	377	226	264	302	5	1	1	1	0
2	Sennar	Sharg Sennar	2,156	431	259	302	345	3	0	2	1	0

Sinnar State OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	Sennar	Sennar	5,670	3,402	3,969	4,536	11	42	85	2	7	4	1
2	Sennar	Al Dindir	1,629	977	1,140	1,303	3	11	21	1	3	0	0
2	Sennar	Sennar	1,885	1,131	1,319	1,508	5	12	30	1	2	2	0
2	Sennar	Sharg Sennar	2,156	1,294	1,509	1,725	3	19	34	0	2	2	1

Sinnar State MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	Sennar	Total	15,442	3,088	5,405	7,721	42	85	0	6	3	0
2	Sennar	Al Dindir	4,674	935	1,636	2,337	11	21	0	2	1	0
2	Sennar	Sennar	4,438	888	1,553	2,219	12	30	0	2	1	0
2	Sennar	Sharg Sennar	6,330	1,266	2,215	3,165	19	34	0	2	1	0

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14. South Darfur

South Darfur State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	South Darfur	South Darfur	66,517	13,303	7,982	9,312	10,643	13	8	6	1	2
1	South Darfur	AL RUDOOM	1,396	279	168	195	223	0	0	1	0	0
1	South Darfur	BELIL	0	-	-	-	-	0	1	0	0	1
1	South Darfur	DMSO	8,961	1,792	1,075	1,255	1,434	0	0	1	0	0
1	South Darfur	EL SALAM	2,088	418	251	292	334	1	1	0	0	0
1	South Darfur	KATILA	3,585	717	430	502	574	1	0	1	0	0
1	South Darfur	MERSHING	3,235	647	388	453	518	1	1	0	0	0
1	South Darfur	RAHAD ELBERDI	0	-	-	-	-	1	0	0	1	0
1	South Darfur	Tollus	28,447	5,689	3,414	3,983	4,552	1	1	0	0	0
2	South Darfur	ALWEHDA	2,344	469	281	328	375	0	0	0	0	0
2	South Darfur	KASS	4,749	950	570	665	760	1	1	0	0	0
2	South Darfur	Nyala	6,654	1,331	798	932	1,065	5	2	1	0	1
3	South Darfur	GERIEDA	0	-	-	-	-	1	1	0	0	0
3	South Darfur	ID ELFIRSAN	4,213	843	506	590	674	0	0	1	0	0
3	South Darfur	NETIGA	846	169	101	118	135	1	0	1	0	0
3	South Darfur	UM DAFOG	0	-	-	-	-		0	0	0	0

South Darfur OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	South Darfur	South Darfur	66,517	39,910	46,562	53,214	13	60	0	45	20	21	15
1	South Darfur	AL RUDOOM	1,396	838	977	1,117	0	1	0	0	1	1	2
1	South Darfur	BELIL	0	-	-	-	0	7	0	12	0	1	0
1	South Darfur	DMSO	8,961	5,377	6,273	7,169	0	1	0	3	2	2	2
1	South Darfur	EL SALAM	2,088	1,253	1,461	1,670	1	5	0	7	1	0	0
1	South Darfur	KATILA	3,585	2,151	2,510	2,868	1	2	0	0	2	1	2
1	South Darfur	MERSHING	3,235	1,941	2,264	2,588	1	5	0	3	1	2	1
1	South Darfur	RAHAD ELBERDI	0	-	-	-	1	2	0	0	2	2	2
1	South Darfur	Tollus	28,447	17,068	19,913	22,758	1	1	0	1	3	2	2
2	South Darfur	ALWEHDA	2,344	1,406	1,641	1,875	0	0	0	0	1	1	0
2	South Darfur	KASS	4,749	2,849	3,324	3,799	1	6	0	3	2	2	1
2	South Darfur	Nyala	6,654	3,992	4,658	5,323	5	17	0	10	2	2	0
3	South Darfur	GERIEDA	0	-	-	-	1	3	0	5	1	2	1
3	South Darfur	ID ELFIRSAN	4,213	2,528	2,949	3,371	0	8	0	1	0	1	1
3	South Darfur	NETIGA	846	507	592	677	1	1	0	0	1	1	1
3	South Darfur	UM DAFOG	0	-	-	-		1	0	0	1	1	0

South Darfur MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	South Darfur	Total	135,360	27,072	47,376	67,680	60	0	33	20	21	18
1	South Darfur	AL RUDOOM	1,340	268	469	670	1	0	0	1	1	0
1	South Darfur	BELIL	22,744	4,549	7,960	11,372	7	0	0	1	2	3
1	South Darfur	DMSO	5,385	1,077	1,885	2,693	1	0	0	1	1	1
1	South Darfur	EL SALAM	5,852	1,170	2,048	2,926	5	0	4	2	3	2
1	South Darfur	KATILA	4,042	808	1,415	2,021	2	0	0	2	1	2
1	South Darfur	MERSHING	7,861	1,572	2,751	3,931	5	0	3	2	2	2
1	South Darfur	RAHAD ELBERDI	2,604	521	911	1,302	2	0	0	1	1	0
1	South Darfur	Tollus	21,793	4,359	7,627	10,896	1	0	5	2	3	1
2	South Darfur	ALWEHDA	10,050	2,010	3,517	5,025	0	0	0	1	1	1
2	South Darfur	KASS	11,736	2,347	4,108	5,868	6	0	3	2	1	1
2	South Darfur	Nyala	16,020	3,204	5,607	8,010	17	0	15	1	1	1
3	South Darfur	GERIEDA	9,201	1,840	3,221	4,601	3	0	3	1	1	1
3	South Darfur	ID ELFIRSAN	15,428	3,086	5,400	7,714	8	0	0	1	1	1
3	South Darfur	NETIGA	1,303	261	456	651	1	0	0	1	1	1
3	South Darfur	UM DAFOG	0	-	-	-	1	0	0	1	1	1

15.South Kordofan
South Kordofan_SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	South Kordofan	South Kordofan	5,732	1,146	688	803	917	5	4	1	2	1
1	South Kordofan	Alabasya	1,410	282	169	197	226	1	1	0	0	0
1	South Kordofan	Dilling	760	152	91	106	122	2	1	0	1	0
3	South Kordofan	Abujebaha	820	164	98	115	131	1	1	0	0	1
3	South Kordofan	Al tadamon	1,696	339	204	237	271	1	1	1	0	0
3	South Kordofan	Gadeir	1,046	209	126	146	167	0	0	0	1	0

South Kordofan OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	South Kordofan	South Kordofan	5,732	3,439	4,013	4,586	5	9	32	26	14	16	7
1	South Kordofan	Alabasya	1,410	846	987	1,128	1	2	9	2	3	4	2
1	South Kordofan	Dilling	760	456	532	608	2	5	5	9	1	3	0
3	South Kordofan	Abujebaha	820	492	574	656	1	1	13	8	5	4	2
3	South Kordofan	Al tadamon	1,696	1,018	1,187	1,357	1	0	5	3	4	4	3
3	South Kordofan	Gadeir	1,046	628	732	837	0	1	0	4	1	1	0

South Kordofan MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	South Kordofan	Total	21,511	4,302	7,529	10,755	9	32	17	14	16	7
1	South Kordofan	Alabasya	6,236	1,247	2,183	3,118	2	9	2	3	4	2
1	South Kordofan	Dilling	3,724	745	1,303	1,862	5	5	2	1	3	0
3	South Kordofan	a Abujebah	1,950	390	682	975	1	13	7	5	4	2
3	South Kordofan	Al tadamon	6,570	1,314	2,299	3,285	0	5	3	4	4	3
3	South Kordofan	Gadeir	3,032	606	1,061	1,516	1	0	3	1	1	0

16. West Darfur

West Darfur_SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	West Darfur	West Darfur	2,832	566	340	396	453	5	5	0	0	4
1	West Darfur	ALGENEANA	-	-	-	-	-	1	1	-	0	1
1	West Darfur	FORBARANGA	645	129	77	90	103	1	1	-	0	1
3	West Darfur	HABILLA	1,213	243	146	170	194	1	1	-	0	1
3	West Darfur	KERENIK	974	195	117	136	156	2	2	-	0	1

West Darfur OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	West Darfur	West Darfur	2,832	1,699	1,982	2,266	5	32	0	39	5	3	0
2	West Darfur	ALGENEANA	0	-	-	-	1	19	0	8	1	1	0
2	West Darfur	FORBARANG											
2	West Darfur	A	645	387	452	516	1	4	0	4	0	1	0
2	West Darfur	HABILLA	1,213	728	849	970	1	3	0	1	2	1	0
3	West Darfur	KERENIK	974	584	682	779	2	6	0	26	2	0	0

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West Darfur MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	West Darfur	Total	21,477	4,295	7,517	10,739	32	0	37	1	1	0
2	West Darfur	ALGENEANA	9,558	1,912	3,345	4,779	19	0	6	0	0	0
2	West Darfur	FORBARANG										
2	West Darfur	A	1,614	323	565	807	4	0	4	0	0	0
2	West Darfur	HABILLA	2,937	587	1,028	1,468	3	0	1	1	1	0
3	West Darfur	KERENIK	7,368	1,474	2,579	3,684	6	0	26	0	0	0

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17. West Kordofan

West Kordofan_SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	West Kordofan	West Kordofan	8,722	1,744	1,047	1,221	1,396	13	8	2	2	1
1	West Kordofan	Abo zabad	704	141	84	99	113	2	1	0	1	0
1	West Kordofan	Abyei	1,028	206	123	144	164	1	1	0	0	0
1	West Kordofan	En nihoud	1,934	387	232	271	309	1	1	1	0	0
1	West Kordofan	Ghebiesh	513	103	62	72	82	1	1	0	0	0
1	West Kordofan	Wad Banda	1,884	377	226	264	301	2	1	0	0	1
3	West Kordofan	Al odaya	1,280	256	154	179	205	1	1	0	0	0
3	West Kordofan	Al salam(Elfula)	666	133	80	93	107	2	1	1	0	0
3	West Kordofan	Babanousa	289	58	35	40	46	2	1	0	0	0
3	West Kordofan	Keilak	425	85	51	59	68	1	0	0	1	0

West Kordofan OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	West Kordofan	West Kordofan	8,722	5,233	6,106	6,978	13	47	82	26	14	3	2
1	West Kordofan	Abo zabad	704	422	493	563	2	10	14	1	1	0	0
1	West Kordofan	Abyei	1,028	617	719	822	1	6	0	4	1	0	0
1	West Kordofan	En nihoud	1,934	1,161	1,354	1,547	1	9	16	9	2	0	0
1	West Kordofan	Ghebiesh	513	308	359	410	1	2	18	3	2	0	0
1	West Kordofan	Wad Banda	1,884	1,131	1,319	1,507	2	4	19	2	2	2	1
3	West Kordofan	Al odaya	1,280	768	896	1,024	1	7	2	3	1	0	0
3	West Kordofan	Al salam(Elfula)	666	399	466	533	2	5	5	2	2	0	0
3	West Kordofan	Babanousa	289	173	202	231	2	1	3	2	1	0	0
3	West Kordofan	Keilak	425	255	297	340	1	3	5	0	2	1	1

West Kordofan MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	West Kordofan	Total	35,037	7,007	12,263	17,518	47	82	0	0	0	22
1	West Kordofan	Abo zabad	4,436	887	1,553	2,218	10	14	0	0	0	3
1	West Kordofan	Abyei	5,733	1,147	2,006	2,866	6	0	0	0	0	2
1	West Kordofan	En nihoud	7,429	1,486	2,600	3,715	9	16	0	0	0	4
1	West Kordofan	Ghebiesh	5,232	1,046	1,831	2,616	2	18	0	0	0	3
1	West Kordofan	Wad Banda	4,053	811	1,419	2,027	4	19	0	0	0	3
3	West Kordofan	Al odaya	4,915	983	1,720	2,457	7	2	0	0	0	3
3	West Kordofan	Al salam(Elfula)	2,044	409	715	1,022	5	5	0	0	0	2
3	West Kordofan	Babanousa	608	122	213	304	1	3	0	0	0	1
3	West Kordofan	Keilak	587	117	205	293	3	5	0	0	0	1

18.White Nile

White Nile State SC

Phase	State	Locality	SAM burden using MUAC	Estimated SC burden (20%)	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Sum of Total number of hospitals	Sum of SC Current	Sum of SC planned for 2015	Sum of SC planned for 2016	Sum of SC planned for 2017
Total	White Nile	White Nile	11,368	2,274	1,364	1,591	1,819	11	0	3	2	0
1	White Nile	El Jabalin	2,415	483	290	338	386	3	0	1	0	0
1	White Nile	KOSTI	2,674	535	321	374	428	3	0	0	1	0
2	White Nile	Rabak town	4,844	969	581	678	775	2	0	0	1	0
3	White Nile	Alsalam	1,435	287	172	201	230	3	0	2	0	0

White Nile OTP

Phase	State	Locality	SAM burden using MUAC	Target coverage 2015 (60%)	Target coverage 2016 (70%)	Target coverage 2017 (80%)	Total number of hospitals	Total number of HC	Total number of other health facilities	OTP Current	OTP planned for 2015	OTP planned for 2016	OTP planned for 2017
Total	White Nile	White Nile	11,368	6,821	7,957	9,094	11	67	87	15	8	5	5
1	White Nile	El Jabalin	2,415	1,449	1,691	1,932	3	26	0	4	2	1	1
1	White Nile	KOSTI	2,674	1,604	1,872	2,139	3	20	22	2	2	2	2
2	White Nile	Rabak town	4,844	2,906	3,391	3,875	2	18	43	2	1	1	1
3	White Nile	Alsalam	1,435	861	1,004	1,148	3	3	22	7	3	1	1

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White Nile MAM

Phase	State	Locality	MAM burden using MUAC	Target coverage 2015 (20%)	Target coverage 2016 (35%)	Target coverage 2017 (50%)	Total number of HC	Total number of other health facilities	TSFP Current	TSFPs planed 2015	TSFP planned 2016	TSFPs planed 2017
Total	White Nile	Total	40,230	8,046	14,081	20,115	67	87	1	4	0	0
1	White Nile	El Jabalin	4,754	951	1,664	2,377	26	0	0	1	0	0
1	White Nile	KOSTI	21,989	4,398	7,696	10,995	20	22	0	1	0	0
2	White Nile	Rabak town	8,187	1,637	2,865	4,093	18	43	0	1	0	0
3	White Nile	Alsalam	5,300	1,060	1,855	2,650	3	22	1	1	0	0

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