Technical Rapid Response Team (Tech RRT) – Annual report
International Medical Corps in consortium with
Action Against Hunger and Save the Children
August 2015 – August 2016

Date: 10th January 2017
Sector Objective: The goal of the Tech Rapid Response Team (Tech RRT) project is to improve the overall availability of capacitated emergency nutrition specialists in humanitarian technical response. The specific objective is to improve overall emergency nutrition response.

Reporting period: August 2015 through August 2016

A. Achievements vs Established Goals and Objectives and Expected Results

A detailed table of quantitative achievements can be found on page 9 and 10 (Table 2); it also highlights how achievements compare to expected results.

➢ Deployment Achievements:
The first few months of the project were dedicated to setting up of the Tech RRT mechanism, hiring the team and establishing and raising awareness of the Tech RRT. Therefore, deployments only began in the second quarter of the project, from January 2016. This means that roughly half of the project months remain to be executed; therefore, achievements are compared against this 50% milestone. A summary of deployments is included in Table 1:

Table 1: Summary of deployments

<table>
<thead>
<tr>
<th>#</th>
<th>Country</th>
<th>Thematic Area</th>
<th>Deployment duration (weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ethiopia</td>
<td>CMAM</td>
<td>5.6</td>
</tr>
<tr>
<td>2</td>
<td>Ethiopia</td>
<td>IYCF-E</td>
<td>5.6</td>
</tr>
<tr>
<td>3</td>
<td>South Sudan</td>
<td>Assessments</td>
<td>3.9</td>
</tr>
<tr>
<td>4</td>
<td>Syria/Turkey</td>
<td>IYCF-E</td>
<td>5.9</td>
</tr>
<tr>
<td>5</td>
<td>South Sudan</td>
<td>SBC</td>
<td>5.6</td>
</tr>
<tr>
<td>6</td>
<td>Yemen</td>
<td>CMAM</td>
<td>5.7</td>
</tr>
<tr>
<td>7</td>
<td>South Sudan</td>
<td>Assessments</td>
<td>6.7</td>
</tr>
<tr>
<td>8</td>
<td>Mozambique</td>
<td>Assessments</td>
<td>7.9</td>
</tr>
<tr>
<td>9</td>
<td>Mozambique</td>
<td>CMAM</td>
<td>6.7</td>
</tr>
<tr>
<td>10</td>
<td>Niger</td>
<td>IYCF-E</td>
<td>10.1</td>
</tr>
<tr>
<td>11</td>
<td>Nigeria</td>
<td>CMAM</td>
<td>5.3</td>
</tr>
<tr>
<td>12</td>
<td>Nigeria</td>
<td>IYCF-E</td>
<td>4.6</td>
</tr>
</tbody>
</table>

The following sections highlight the achievements in each technical area, e.g. Assessment, IYCF-E, CMAM, and Social Behavior Change (SBC), for the deployments that have taken place in the first year of the project.
Assessments
Over the course of the year, assessments were undertaken during 4 deployments, with two in South Sudan, one in Mozambique and another one in Diffa, Niger.

- In South Sudan: The Assessment Adviser provided support to finalize a SMART survey in Panyijar and provided input to plan and create a survey protocol for the Leer County SMART survey. During the deployment, the Adviser also acted as a resource for partners with technical questions about validating surveys and the SMART methodology; he contributed to the validation of surveys at the Nutrition Information Working Group meeting and used it as opportunity to strengthen the capacity of partners in proper procedures for survey validation. The Assessment Adviser was redeployed to South Sudan in March to provide similar support to different surveys in Bentiu POC and Guik as well as to participate in the IPC workshop that took place mid-April 2016 in Juba, South Sudan. A 2-page lessons learned document was also drafted to include specific recommendations for planning and conducting SMART surveys in the context of South Sudan.

- The Assessment Adviser deployed to Mozambique in mid-June for an 8-week deployment to provide technical support to the Ministry of Health, the Mozambique Technical Secretariat for Food Security and Nutrition (SETSAN) and the Nutrition Cluster to build the response capacity of stakeholders in the design, implementation, analysis and reporting of nutrition assessments. The Adviser supported and problem solved during data collection, coordinated data entry, conducted analysis and worked on preliminary reports for 11 provinces. The final results were included in a SETSAN Assessment report and were used as part of the IPC workshop. Finally, the Adviser developed and shared a “Road map” document on how to improve data quality and support future assessments; this was presented to all partners and government stakeholders.

- The CMAM/IYCF-E Adviser led a SMART survey as well as a separate IYCF survey in Diffa, Niger to support the DRSP (Regional Public Health District) and cluster partners. During this 10-week deployment from the end of July, the Adviser drafted and finalized survey protocols in close collaboration with ACF Canada, developed the IYCF questionnaires and provided training to enumerators and data collectors for each survey. Both the SMART and IYCF surveys started data collection in August that carried into September; the Adviser was also responsible for data analysis and report writing. She presented the findings during a strategy workshop.

Quantitative Achievements for Assessments:
Number of deployments for Assessments: 4
Number of Nutrition cluster partners trained on Assessment: 105
Number of trainings provided in Assessments during emergency deployments: 3
Number of new additional districts or health facilities with nutrition assessment: 0

IYCF-E
For IYCF-E, various advisers have carried out deployments covering Ethiopia, Syria/Turkey, Niger and Nigeria.

- In early January, the first IYCF-E deployment was undertaken to Ethiopia to support scale up of emergency programming. Many key tools and guides were developed and endorsed by UNICEFF, including an action plan for the IYCF-E sub-working group, guidance for Mother-to-
Mother Support Groups, a guidance note on integrating IYCF-E with other sectors, an IYCF checklist for CMAM field supervision and a checklists for setting up Mother and Baby areas.

- Deployment to Turkey/Syria: This IYCF-E deployment in February/March served as a dedicated resource available to drive the establishment of the Aleppo Response following the bombing of the region in February. The Adviser’s time was allocated to building partner capacities; harmonizing and coordinating IYCF-E activities, creating common consensus and goals, and ensuring that the response was technically sound. The support provided facilitated the transition of the response from a piecemeal approach implemented by partners working in silos to a collaborative effort aligned to agreed upon standards where partners shared resources and common objectives, underpinned by a response plan. The following activities were undertaken as part of this deployment:
  - Mapped the IYCF-E priority needs
  - Assessed capacities of partners working in Aleppo;
  - Supported the NCC and the IYCF-E co-chair with the national cluster and other forum;
  - Provided technical support and leadership for the set up (and some scale up) of the Aleppo IYCF-E response;
  - Facilitated consensus on common messaging related to IYCF-E and technically supported a communication/advocacy campaign;
  - Helped establish and strengthen working relationships with appropriate focal points in other sectors and key groups;
  - Built/strengthened the capacity of NC partners to set up (or scale up) IYCF-E activities through orientation and training sessions, on the job training and remote support.

Over the six-week deployment, there was a palpable change in the momentum of the Technical Working Group and partners grew visibly more enthusiastic about implementing IYCF-E as their awareness and understanding grew. This was demonstrated by some of the immediate actions taken, such as placing IYCF counsellors on maternity wards, launching positive social media messages, and separating their breastfeeding and Breast Milk Substitute management spaces in IDP camps. Several partners voiced their appreciation for the support they received and requested a follow-up deployment. This deployment was carried out in close coordination with the UNICEF Program Division and their IYCF-E Surge Adviser, who was also in Turkey to launch the regional IYCF strategy process with nutrition partners.

- The CMAM/IYCF-E advisor deployed to Diffa, Niger in July, where she provided support to the DRSP (Regional Public Health District) and the cluster partners to carry out an IYCF-E survey; this has been explained in the Assessment section above.

- In August, one of Save the Children’s Humanitarian Surge Team members was deployed on behalf of the Tech RRT to Nigeria to strengthen the delivery of the IYCF-E response through technical support and capacity building for the Emergency Nutrition Sector Group and non-governmental organisations in Borno State. This deployment put IYCF-E on the agenda since it previously hadn’t been regarded as a priority in the emergency response. Government and partners were made aware of the importance of IYCF-E through trainings and a presentation to the nutrition sector in Abuja. In addition, the Adviser developed rapid assessment tools for IYCF-E and adapted them to the context; these are standardized tools for use by government
Technical Rapid Response Team (Tech RRT) – Annual report – August 2015 through August 2016

and partners as needed. Furthermore a two-day IYCF training was conducted for government and partner staff. This Adviser also led the establishment of the IYCF-E TWG in Borno. Finally, a reporting mechanism for BMS Code Violations was also developed in collaboration with NAFDAC.

Quantitative Achievements for IYCF-E
Number of deployments for IYCF-E: 4
Number of Nutrition and WASH cluster partners trained on IYCF-E: 70
Number of trainings provided by IYCF-E Advisers during emergency deployments: 3
Number of new additional districts or health facilities implementing IYCF-E: 2

CMAM
As the Tech RRT has several advisers with specialized CMAM skills, deployments for CMAM have been undertaken by different Advisers to 4 countries: Ethiopia, Yemen (remote), Mozambique and Nigeria.

• The first CMAM deployment was to Ethiopia to support UNICEF in scaling up the emergency programming in January/February 2016. The Adviser provided technical training (on the job training, not included as a formal training), strategic advice, and operational support on CMAM implementation, scaling up and roll out in the Somali region. In coordination with ENCU team, the adviser ensured strong and regular cluster coordination for CMAM, through support to the regional health bureau and nutrition cluster members in Somali region. The CMAM adviser provided inputs for the IYCF-E/CMAM supervision checklist. Following this deployment, a global call on Ethiopia was organized by the GNC whereby the Tech RRT Advisers contributed highly. This deployment required substantial follow up with stakeholders in country as well as others, i.e. OFDA, GNC.

• From March into May, the CMAM Adviser started a remote deployment to Yemen to review, revise, and update the Yemen CMAM Guideline in line with international recommendations, specifically with the WHO 2013 technical recommendations. The Adviser carried this out through a survey monkey as well as one-on-one discussions with all field partners and nutrition stakeholders to identify the main gaps and technical issues. Two subsequent drafts of the guideline were shared with the Strategy Advisory Group (SAG) with feedback incorporated; the approximately 250-page document was finalized at the end of May.

• An SBC/CMAM Adviser carried out a deployment from late July to early September to Mozambique following a request from the nutrition cluster. The main purpose of the deployment was to provide technical support to the main INGOs consortium (COSACA) in charge of scaling up CMAM in the drought affected provinces. The Adviser established a nutrition technical working group and developed training material for a CMAM TOT training. Unfortunately, the planned training didn’t take place during the deployment since partners were undergoing staff recruitment. In addition, the Adviser developed tools for M&E, community screening as well as for community mobilization and social behavior change communication.

• The CMAM Adviser deployed to Maiduguri, Nigeria to support IMC and the collective to scale up CMAM activities in response to the nutrition emergency in Borno state. The Adviser developed a Borno-level nutrition partner presence mapping (4W) on behalf of the State Nutrition Officer (SNO) and the Nutrition Sector, with gaps and possible duplications identified. The
mapping also has been used for joint supervision and monitoring exercises. The Adviser also supported the development of a micro-plan including a budget that were shared with all nutrition partners. In addition, a 6-day CMAM/IYCF training was organized and led by the Adviser; it covered practical aspects of SAM/OTP, IYCF and an introduction to the Care Group model. Furthermore, the Adviser supported the orientation of CHWs and monitoring and reporting of quarterly Mass MUAC screening. Finally, a CMAM Technical Working Group was formed with ToRs drafted for national sector endorsement; the objective of the CMAM TWG was particularly to discuss issues affecting the quality of the OTP/SC programs.

Quantitative Achievements for CMAM
Number of deployments for CMAM: 4
Number of Nutrition and WASH cluster partners trained on CMAM: 39
Number of trainings provided in CMAM during emergency deployments: 1
Number of new additional districts or health facilities implementing CMAM: 1

SBC Adviser

Up to the end of the first year of the project, there were two deployments for Social Behavior Change, although this was subsequently reverted to only one deployment for South Sudan as the other was linked with refugee populations in Serbia/Greece. While this deployment is detailed here, it was found to not be eligible under this grant, therefore it is not included in the quantitative data on achievements.

- The first SBC deployment request was for the EU-migrant crisis to support NGOs and UNICEF in January 2016 to have a common Social Behavior Change communication package. During this deployment, numerous points were highlighted regarding the methodology for SBC in emergencies: without lowering standards, it seemed critical to adapt the methodology (Does/No Doer for instance) to cater to an emergency context; alternative methods to analyze and foster behavior change (such as concept testing) also came under scrutiny; the need for a ‘general perception databank on key behaviors’ related to child mortality was highlighted.

  Note: While this deployment was originally intended as part of this grant, it was later found to be ineligible since it focused on refugee populations. It is described here because it has been instrumental in our learning for the project; however, it is not included in the quantitative data on project achievements.

- In March and April, the SBC Adviser began his deployment to South Sudan, as requested by Concern with contributions from the WASH and Nutrition clusters in Juba. The SBC advisor was deployed to Bentiu to conduct Barrier Analysis on 7 key WASH and nutrition behaviors and to develop a SBC strategy including activities and messages to address these 7 critical behaviors. The deployment lasted 6 weeks and provided the opportunity to train enumerators from different humanitarian agencies operating in Bentiu PoC. The main outcomes and findings of the barrier analysis were also presented to the Nutrition and WASH clusters in Juba.

Quantitative Achievements for SBC
Number of deployments for SBC: 1
Number of Nutrition and WASH cluster partners trained on SBC: 15
Number of trainings provided by the SBC Adviser: 1
Number of new additional districts or health facilities implementing SBC: 1

➢ Consortium Achievements:
While the consortium and the Tech RRT Advisers have had an abundance of achievements, a selection is included here to demonstrate the types of activities that the project has worked on during non-deployment time.

Adviser Accomplishments during non-deployment time
- The SBC Advisor developed and designed adapted SBC related methodology training curriculum and tools. He also attended the International Summit on SBC in Ethiopia. February.

- The Assessment Adviser provided technical support to the Syria cluster for rapid MUAC screening in besieged areas and for an IYCF-E rapid assessment protocol. He has also developed an “Urban Sampling paper” that was presented at the SMART meeting in Nairobi at the end of May.

- The CMAM Adviser is a full member of the Technical Advisory Group in charge of reviewing the CMAM tool kit led by Save the Children US. This group will be active in the revision until March 2017. He has also conducted a webinar session on MUAC: “mothers understand and can do it!”.

- The IYCF-E Advisor provided technical support to SBC Tech RRT and has contributed to the revision of the International Operational guidance on IYCF-E as part of work with the IFE Core Group. She has also authored an article that was published in the Field Exchange in June 2016 on SC’s experience implementing IYCF-E in Croatia in response to EU refugee crisis. [http://www.ennonline.net/fex/52/rapidresponseincroatia](http://www.ennonline.net/fex/52/rapidresponseincroatia). The Adviser was also invited and presented the findings from her deployment to Northern Syria during the World Breastfeeding Week organized by USAID in Washington. She facilitated as a guest lecture for IYCF-E at the Nutrition in Emergency course piloted by IMC at the University of Emory and Rollins School of Public Health.

Tech RRT Governance Accomplishments
- A consortium Steering Committee with TORs has been established and has been meeting on a biweekly basis since the beginning of the project.

- A SOP has been developed between the steering committee, the Global Nutrition cluster and UNICEF PD outlining how the Tech RRT is deployed and coordinated with other surge mechanisms. This SOP will be reviewed in early 2017.

- The project as well as all individual Advisers have specific work plans particularly to guide non-deployment time.

- Substantial efforts have been made to raise awareness among nutrition stakeholders about the project. This has been done in various ways, through branding of the project, through one-to-one and group meetings with key agencies, through dissemination of information on the Global Nutrition Cluster (GNC) website, CMAM forum, EN-net, LinkedIn and Facebook. Consortium countries offices were also informed and cascaded the information down to their country offices. The GNC also shared the information with the GNC partners, the Nutrition Cluster country coordinators, and the Rapid Response Team (RRT). Introductory emails were
also shared with donors to explain the Tech-RRT program. During deployments, Advisers take
time to present the mechanism as well as share a pamphlet about the project. Finally, there
are also materials developed that outline the mechanism, including a brochure, a 45-minute
webinar, a flow chart outlining the different steps in making a request and presentations.

- The project’s website (TechRRT.org) has been created and launched; however, this website
was not easy to maintain so the website is being moved to allow for regular and continuous
updating with consortium information and resources.

- Standard deployment documents and templates have been developed to ease the request
and deployment process. These include request forms, generic ToRs for each technical area,
deployment checklists, letters of understanding for secondments between organizations, End
of Mission report templates and performance evaluation forms.

- The Tech RRT has been active in the GNC Task Force to review the technical role of the GNC
and the way forward for this into the future. The Program Manager also routinely participates
in GNC RRT monthly calls.

- In June, the Tech RRT team had a face-to-face meeting in Nairobi to discuss: learn lessons from
the successes and shortfalls of the project, create recommendations for future engagements;
increase the technical capacity of the Tech RRT team by leveraging team and industry state-
of-the-art interventions; and collaboratively create core inputs for a Tech RRT strategy and
recommendations for 2017-2018.

- An internal evaluation was carried out in July and August, with a final report shared and in use
to adapt the program. Some key findings are as follows:
  o Among key informants, the mechanism is highly valued as a gap filling or surge of
technical capacity during nutrition emergencies.
  o There is general consensus that the Tech RRT is filling a critical gap and this support is
unlikely to be funded and resourced by other existing agencies and mechanisms. Some note that deployment activities could completed by other means but would not
have been completed in a timely manner, and perhaps with less quality.
  o Ratings for deployments were mixed, some being extremely satisfied, while some only
partially satisfied. Reasons for partial satisfaction included the short length of deploy-
ment, low quality of support/expertise, and unsatisfactory deployment results
  o Understanding of the mechanism ranged widely amongst key informants but the av-
erage understanding was a 6.9 out of a scale of 1-10 scale (1=no understanding,
10=excellent understanding). There was the greatest understanding about the de-
ployment process, less understanding of the governance of the mechanism, and least
understanding of the request process.

- The project has experienced continuous underspending and has obtained a cost modification
for the project to be able to continue to provide Tech RRT services to sustain technical surge
capacity during L3 and L2 emergencies. This has been achieved by re-allocating unspent funds
from the original 12-month period with the addition of new funding to last until the end of
March 2017.
- Due to the highly specialized skill set that is required for the IYCF-E Adviser, it took four months to identify and recruit for this position. During this period when the Advisor was being recruited, a request was made for support for the Ethiopia drought response and the Humanitarian Nutrition Adviser from SCUK was deployed in the role of TRRT. This was a successful adaptation to the project, and was followed by a subsequent deployment of a humanitarian nutrition specialist from the SCUK Humanitarian Surge Team (HST) to Nigeria when the IYCF-E Adviser was not available to deploy due to other Tech RRT commitments. This has been a useful resource at the disposal of the Tech RRT in order to fulfil requests in a timely manner when the Tech RRT Advisers are already engaged.

- There has been some staff turn-over in the course of the project, particularly with a change of the CMAM Adviser, the SBC Adviser, the Program Manager as well as the addition of an additional CMAM/IYCF-E Adviser.

- Over the course of the deployments that have taken place, the mechanism for processing requests and endorsing/approving deployments has continuously been adjusted and refined in order to ensure efficient and timely response to requests as well as appropriate coordination with all stakeholders, particularly UNICEF PD, the GNC, OFDA, as well as ACF-Canada SMART team. This process is time consuming but is a critical aspect of the program.
### Table 2: Achievements vs Expected Results for Program Indicators

#### Sector Nutrition

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Achieved in #</th>
<th>Achieved in %</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 1. Percent of L3s and high priority responses where technical support has been established and/or supported in a timely manner. | 90% | 3 | 75% for L3 | South Sudan – SBC 1, Assessment 2 (L3) 
Ethiopia – CMAM 1, IYCF-E 1 (Not categorized) 
Turkey/Syria – IYCF-E (L3) 
Turkey – CMAM (L3) – remote 
Mozambique – Assessment 1, CMAM 1 (Not categorized) 
Niger – Diffa – IYCF-E 
Nigeria – CMAM 1, IYCF-E 1 (L2) 
**Summary:** This is considered on target as the project is approaching the target and has roughly 50% of the time remaining since deployments started taking place. |
| | | 2 | 86% for L2/L3 | |
| 2. Number of Nutrition and WASH cluster partners trained on CMAM, IYCF-E, SBC and Assessment | 160 | 12 | 143% | South Sudan: Mentoring of 12 members of the Nutrition Information Working Group (NWIG) on survey methodology; 
Ethiopia: 2-day national workshop on IYCF-E for 21 partners from 8 agencies and 2 MoH 
Turkey: Health & IYCF Workshop for 23 IYCF-E TWG members/NC partners; 
South Sudan survey training for 18 enumerators, 3 supervisors in SMART. 
South Sudan Barrier Analysis training for 15 surveyors from 6 agencies. 
Nigeria IYCF-E training 
Nigeria CMAM training (25MoH & 14 IMC, NRC & Mercy Corp staff.) 
Niger – SMART training (8 on IYCF, 30 for SMART survey enumeration and 34 data collection – two teams) 
**Summary:** This exceeds expectations and is likely to far exceed them by the end of the project. |
### Sector Nutrition

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Achieved in #</th>
<th>Achieved in %</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Number of trainings provided by all TSAs in their areas of expertise during emergency deployments (8 trainings per each advisor)</td>
<td>32</td>
<td>8</td>
<td>25%</td>
<td>The advisor will usually conduct one training during their deployment. Training was not delivered in Yemen (remote deployment due to security and visa constraints). Training was not delivered in Mozambique for the CMAM deployment since partners were in the process of staff recruitment and were faced with timing issue to mobilize their staff from field.&lt;br&gt;&lt;br&gt;<em>Summary:</em> This is considered low compared to the target, however, it is expected to improve as more deployments take place, as capacity strengthening is a key request by partners. It is important to note though that providing training depends on the availability of participants and in emergencies, particularly during scale-up, staff are not always in place during the deployment time frame; therefore, this remains somewhat beyond the control of the project.</td>
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<tr>
<td>4. Number of new additional districts or health facilities implementing CMAM, IYCF-E, BC and nutrition assessment</td>
<td>8</td>
<td>4</td>
<td>50%</td>
<td>Ethiopia: support for CMAM scale up in Somali region; South Sudan: SBC in POC Bentiu; Syria: IYCF-E in health facilities of Aleppo. Nigeria – Borno state now implementing IYCF-E&lt;br&gt;&lt;br&gt;<em>Summary:</em> This is considered on target as deployments began to take place in January 2016, leaving approximately 50% of the project time to achieve the target.</td>
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</table>
B. Beneficiary Numbers

Table 3: Program Beneficiaries and Achievements

<table>
<thead>
<tr>
<th>Number of People Targeted:</th>
<th>MoH, cluster, and local and international non-governmental organization working in 10 L3 emergencies and up to 18 L2 emergencies. Unable to determine a number.</th>
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<tbody>
<tr>
<td>Actual:</td>
<td>5 deployments to L3 emergencies and 12 total deployments; this is considered on target since deployments only began from January 2016, meaning there is roughly 50% of the project time remaining. Also, now there is more awareness of the Tech RRT mechanism generally.</td>
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<table>
<thead>
<tr>
<th>Sub-sector Name</th>
<th>Infant and Young Child Feeding and Behavior Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 3</td>
<td>Number of people receiving behavior change interventions, by sex and age</td>
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<tr>
<td>Actual:</td>
<td>85 people trained on behaviour change interventions; while there was no target set, this is considered exceeding expectations as the total target number of people to be trained in all technical areas over the full project is 100.</td>
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<thead>
<tr>
<th>Sub-sector Name</th>
<th>Management of Moderate Acute Malnutrition (MAM)</th>
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<tbody>
<tr>
<td>Indicator 3</td>
<td>Number of health care providers and volunteers trained in the prevention and management of MAM, by sex.</td>
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<thead>
<tr>
<th>Sub-sector Name</th>
<th>Management of Severe Acute Malnutrition (SAM)</th>
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<tbody>
<tr>
<td>Indicator 1</td>
<td>Number of health care providers and volunteers trained in the prevention and management of SAM, by sex and age*</td>
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</tbody>
</table>

| Combined CMAM (MAM & SAM) | Actual: 39 health care providers and volunteers trained in prevention and management of SAM and MAM (CMAM); while there was no target set, this is considered to be acceptable as the total target number of people to be trained in all technical areas over the full project is 100; also this only reflects training in 2 out of 4 CMAM deployments. |

As explained in the project documents, International Medical Corps only reports against the above indicators in Table 3 because the program aims to improve the overall response by building capacity, conducting assessments, helping establish/scale up programs in these sectors and not to by directly implementing IYCF-E or CMAM programs. However, the project reports against the indicators included in the Table 2 in Section A above.

C. Other aspects, not included elsewhere

As this program is based on requests for support during emergencies, there is a substantial degree of uncertainty in its implementation. During the course of the first year of the project, there have been fewer large scale rapid-onset emergencies than expected. Also, requests required awareness raising among the nutrition community. Despite these factors, within the first year of the program, as explained above, the Tech RRT is largely on course to meet its objectives and expected results. In the period from January through August 2016, the program has had 12 deployments to 7 countries and...
feedback from users has been positive. There also appear to be numerous upcoming requests for support.

Another aspect of uncertainty that has impacted the program relates to the variation in cost for each deployment. While the program has ample funds to cater for deployments no matter where they are, the program has found that resources are often unused during deployments as either costs are lower than estimated or the host covers all of the other costs linked to implementing the work undertaken by the Tech RRT Adviser. It has been important to have resources available on each deployment for the Adviser to be able to use for training and assessments, giving them flexibility to carry out activities without being dependent on the host; however, this has largely been underutilized.