

# REVIEW OF DELIVERABLES FOGS - CHECKLIST

DISTRICT:				
FOG #:				
No.	Description	Target	Yes/No/NA	Remark / Comment / Explanation
1	<b>Milestone 1 - District Specific Budget &amp; Workplan</b>			
1.1	FOG Signed			
2	<b>Milistone 2 - Strategic Planning, NTD/ FLHWS Trainings &amp; Social Mobilisation</b>	Target		
2.1	Organise quarterly multi-sectoral nutrition steering committee meetings	1 meeting		
2.2	Organise quarterly work plan review meetings	1 meeting		
2.3	Carry-out quarterly supervision visits	wards		
2.4	Hold orientation sessions with CHMT/CMT members on strategies to reduce stunting	2 session		
2.5	Conduct PD/H Piloting Training	1 training		
2.6	Conduct advocacy sessions	1 session		
2.7	Conduct refresher training to district level Master Trainers	1 training		
2.8	Train district health facility workers on strategies to reduce stunting	HF workers		
2.9	Train district community health workers and CSO participants on strategies to reduce stunting	CHWs/CSOs		
2.10	Identify households of pregnant women and children-under-two and existing support groups (mapping)	1 report		
2.11	Conduct home visits and provide incentives to CHWs	3 or 4 months		
2.12	Provide incentives to CHW Supervisors	3 or 4 months		
2.13	Conduct monthly meetings with CHW Supervisors	3 or 4 months		
2.14	Prepare report	1 report		
	Regional Focal Person Name & Signature:			
	Programme Manager (print):			
	Program Manager Signature:			
	Date:			
	Grants Manager (print):			
	Grants Manager Signature:			
	Date:			



# REVIEW OF DELIVERABLES FOGS - CHECKLIST

REGION:				
FOG #:				
No.	Description	Target	Yes/No/NA	Remark / Comment / Explanation
1	<b>Milestone 1 - Region Secretariat Specific Budget &amp; Workplan</b>			
1.1	FOG Signed	1 Fog		
2	<b>Milistone 2 - Strategic Planning, Bi-annual RMNSC &amp; Social Mobilisation</b>	Target		
2.1	Organise annual Planning and Budgeting Workshop	1 Workshop		
2.2	Conduct Bi-annual Regional Multisectoral Nutrition Steering Committee Meeting	1 meeting		
2.3	Carry-our quarterly joint supportive supervision to district level activities planned	1 Supervision		
	Programme Manager (print):			
	Programme Manager Signature:			
	Date:			
	Grants Manager (print):			
	Grants Manager Signature:			
	Date:			