

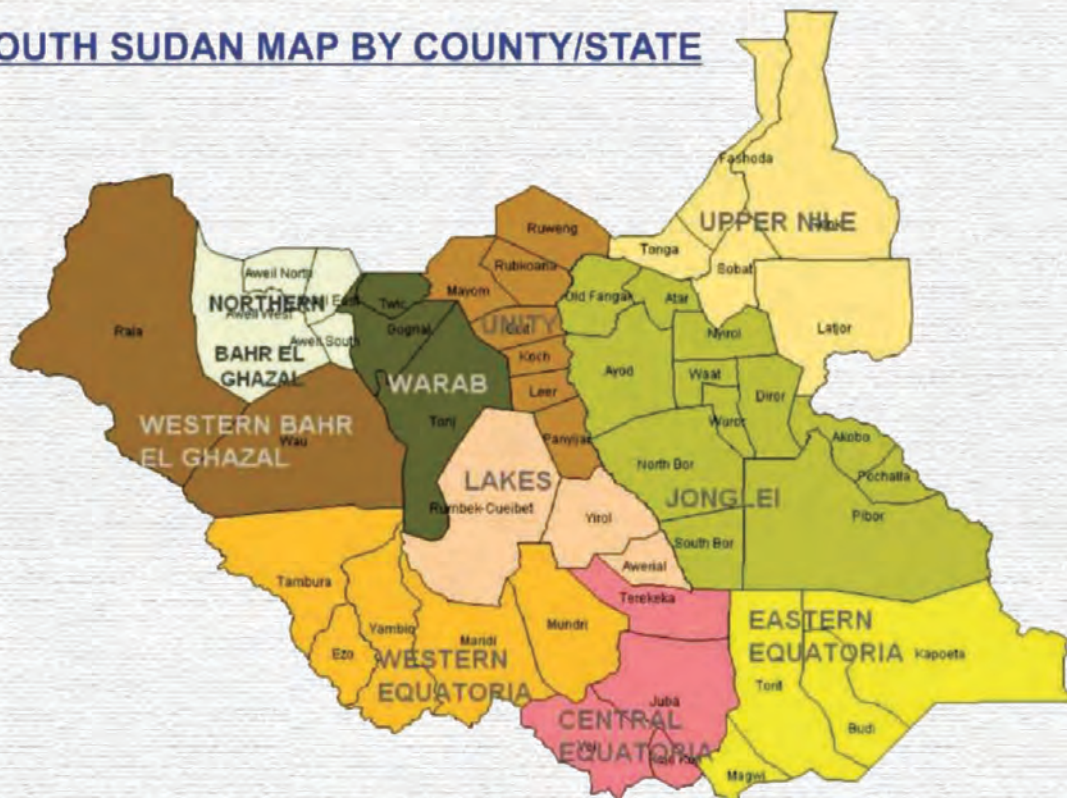


Christian Mission for Development

Transforming lives, building communities

Strategic Plan 2023-2027

SOUTH SUDAN MAP BY COUNTY/STATE

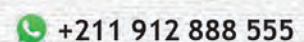
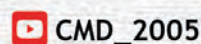
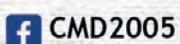


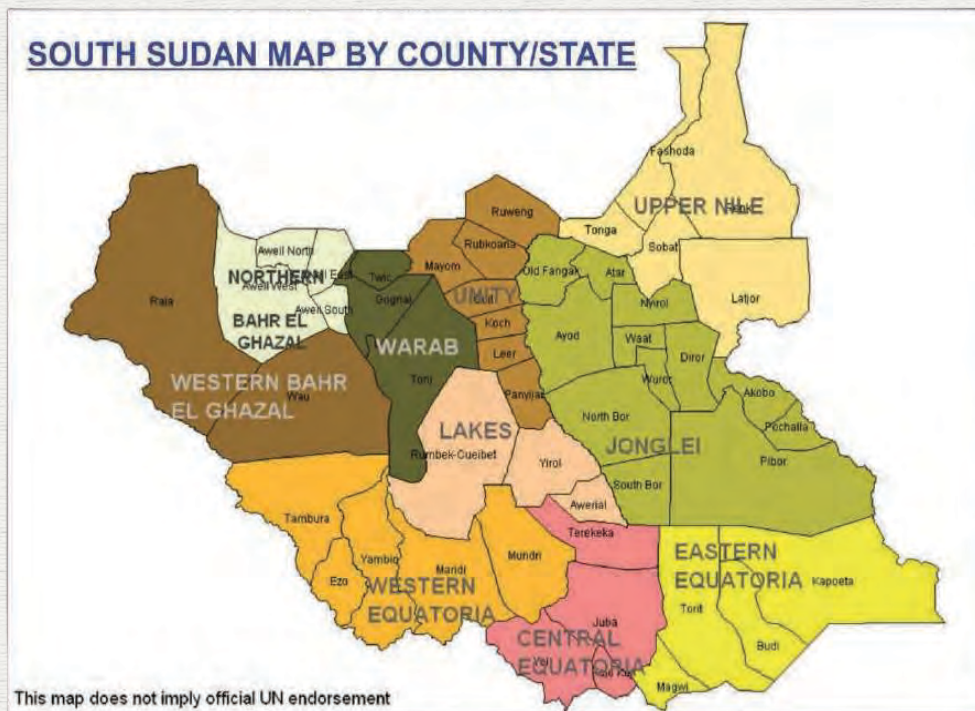
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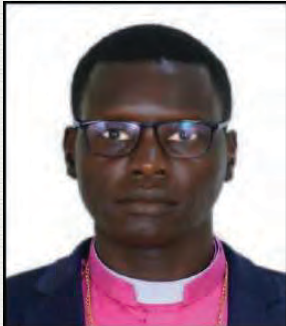
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It is with great pleasure that I introduce Christian Mission for Development (CMD)'s third long term "Strategic Plan 2023 - 2027". This strategic plan, represents CMD board's and management's aspirations as a National NGO for the next five (5) years. The strategic plan provides a roadmap for the future, setting out the key priorities and the actions necessary to achieve sustainable growth and impact in our

areas of operations. Since the establishment and registration of CMD in 2005, the board and management have made significant achievements such as the establishment of essential departments, annual audits and standard policies of a vibrant NGO.

With this, CMD is so humbled to have made significant strides in building community resilience to mitigate the risks that expose communities to suffering by improving livelihoods, healthcare, education, nutrition, WASH, peace building and community cohesion to mention just a few. However, aware of the challenging operating environment in which CMD operates, we as a board and management must plan now, to work even harder for a sustainable organization in order to ensure continued progress towards achieving our set "Vision, Mission and Mandate" as an organization.

The focus of this "Strategic Plan 2023 - 2027" is on building the strong departments required to promote a transparent and accountable CMD and improving capacity at all levels of the organization. The results achieved from the last year 5 years Strategic Plan 2018-2022 are not only encouraging but also surpassed the targets in some areas albeit with some challenges in other areas. Worth noting is that the "COVID-19 pandemic" came at a time when CMD like all other institutions were unprepared. This significantly and negatively affected the already approved budgets by donors for projects implementation and created the need to raise funds to prevent the spread and mitigate the impact of COVID-19 to our staff and beneficiaries.

This Strategic plan process was very participatory and involved all the stakeholders from CMD. The key stakeholders who were participants in the strategic planning and development process included members of the board of directors, management and program staff. CMD's strategic plan is intended to serve as a guideline implementation of the organization's Vision, Mission, Mandate and Programs. It

is therefore incumbent upon the board and management to continuously monitor and evaluate the progress of the implementation in the context of the defined programs and collection of information to assess the progress made and work done periodically and plan accordingly. The strategy will also be reviewed on a yearly basis by the Senior Management Team, Board of Directors and staff.

Finally, I wish to take this opportunity to once again thank the board members and management of CMD for taking part in this very important strategic planning process that has paved way for the realization of this Strategic Plan 2023 - 2027, my heartfelt thanks and appreciation goes to our donors for providing the resources for the development of the Strategic Plan and Jason Muchiri Nyaga the Consultant who on short notice worked to ensure it captures the long term aspirations of CMD.

Many Thanks and may God bless you



Rt. Rev'd. Thomas Tut Gany
Founder & Executive Director
Christian Mission for Development (CMD)



Vision Statement
“CMD envisions empowered, holistically transformed, communities growing in unity and diversity towards self-reliance.

Mission Statement
“CMD exists to inspire, empower and transform communities to move towards self-reliance through the provision of holistic social services and development assistance”

CMD's Thematic areas and Strategic Goals

- Thematic Area 1: Institutional Growth and Development
Goal 1: Effective Governance and management systems
- Thematic Area 2: WASH
Goal 2; Improved access to safe and adequate water supply and basic sanitation facilities.
- Thematic Area 3: Nutrition
Goal 3: Contribute to the reduction of malnutrition rate among children under 5 years and PLWAs
- Thematic Area 4: FSL
Goal 4: Improved food security and livelihoods among communities through food production,
- Thematic Area 5: Protection and GBV
Goal 5: Promote protection and peace-building programs in the Community
- Thematic Area 6: Education and Child Protection
Goal 6: Promote access, retention and transition of children in school for the next five years
- Thematic Area 7: Healthcare
Goal 7: Contribute to the reduction of mortality and morbidity rate through healthcare services in
- Thematic Area 8: Peacebuilding and Conflict transformation
Goal 8: To improve partnerships and the use of conflict risk information at the state level to enhance the capacity of peacebuilding institutions, promoting solutions that are locally identified.

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EXECUTIVE SUMMARY

The mission statement, vision, core values, Mandates, Goals and Objectives highlighted below are central in defining the future direction of CMD. The mission statement conveys the fundamental purpose of the organization, whereas the vision communicates a clear perspective of the desired direction of the organization. The CMD's values are the key principles and priorities that are unique to the internal operations and culture of the organization.

Strategic Goals and Objectives

Through the analysis and self-introspection, CMD identified the following eight key goals and objectives that the organization will be working on during **2023 - 2027** programming.

- **Institutional growth and development:** Effective governance and management systems **Education and Child Protection:** Promote safe, inclusive access, retention and transition of children in school through early childhood development, primary, accelerated learning programme and secondary school's education programmes.
- **Healthcare:** Contribute to reduction of mortality and morbidity rate through quality healthcare services to communities.
- **Nutrition:** Contribute to reduction of malnutrition rate among children under 5 years, lactating mothers and PLWAs through targeted supplementary feeding program, blanket supplementary feeding program and stabilization centres”.
- **Water, Sanitation and Hygiene (WASH):** Improved health and socio-economic well-beings of communities by reducing the incidence of water and sanitation-related diseases through sustainable portable water, safe sanitation, and hygienic practices.
- **Food Security and Livelihoods (FSL):** Improved food security and livelihoods among communities through crop and horticulture production, livestock production, fishing, self-reliance and resilience initiatives”.
- **General Protection and Gender Based Violence:** To protect the rights of civilians through targeted protection initiatives and advocate and lobby against GBV.
- **Peace Building and Conflict Resolution:** Promote peace building, reconciliation and peaceful coexistence programmes in the communities through targeted peace building initiatives.

Strategic Planning Approaches

- **Development:** The goals and objectives outlined in this plan are the result of a comprehensive strategic planning effort led by the CMD Board members, Executive Director, Senior Management Team, and the Individual consultant from PSK Associates. Through a series of meetings and interviews with key stakeholders, CMD has developed and implemented an integrated strategic management approach. To develop this strategic plan, CMD has assessed its status, defined its envisioned future, identified and prioritized focus areas, and improved on the previous Strategic Plan that spanned 2018 - 2022 as highlighted in this plan. CMD initiated the strategic planning process by hiring an individual consultant who reviewed the previous strategic plan for 2018-2022 and facilitated sessions with staff and key stakeholders to solicit perspectives and opinions from all.
- **Implementation:** With the successful development of the strategy, the next steps include implementation, monitoring, and evaluation. Implementation will require a focus on “people, processes, environment, and technology”;
 1. **People:** People will drive the successful implementation of the strategy. Internally, CMD will develop its staff and provide them with the tools and skills necessary to achieve the eight strategic goals. Externally, CMD will continue to develop relationships with external partners including donors based in South Sudan, the region, Government, local authorities, community/tribal leaders, the media, international agencies and partners, and the communities CMD serves.
 2. **Processes:** Efficient processes will support the implementation of these strategic goals. CMD will conduct surveys and determine the strategic areas that need additional support and make them available to improve accountability to stakeholders.
 3. **Environment:** An enabling environment is necessary for the implementation of this strategic plan.
 4. **Technology:** Appropriate application of technology enables more efficient operations, better use of limited resources, and new avenues to communicate. Implementation of the management, operations, and resource systems defines the success of this effort. Using technology will play a pivotal role in the implementation of this strategic plan.
- **Goal Evaluations:** Each goal is to be evaluated for progress on an annual basis. Over the course of the strategic plan’s implementation, the baseline metrics are provided by the previous strategic plan, and annual targets for this strategic plan will be reviewed and measured regularly by the CMD management, staff, and Board members.
- **Communications:** Organization-wide communication is an important part of the implementation and evaluation of the CMD’s strategy. In addition to clarifying each person’s role in accomplishing the strategy, communication will ensure that the key stakeholders are fully aware and engaged in the implementation of the strategic plan.

INTRODUCTION

Rationale of the Strategic Plan 2023 - 2027

1. The 2023-2027 CMD Strategic Plan is the third strategic plan developed after an extensive review of the 2018 - 2022 Strategic Plan and analysis of the organization's position in key contexts including an understanding of the political, economic, social, technological, environmental, and legal (PESTEL) situation in South Sudan and the surrounding regions.
2. The strategic plan was developed to respond to the gaps in the previous strategic plan bearing in mind emergencies, recovery, and development needs of the country based on the prevailing situation. This Strategic Plan appreciates unexpected shocks that need universal and consolidated responses that may not be anticipated or even be part of the budgeting process like the COVID-19 pandemic that shocked the whole world.
3. This Strategic Plan 2023 - 2027 therefore, represents the organization's efforts to respond to the dynamic environment within which it operates. It is an effort to align itself strategically in light of its changing external and internal environments as well as challenges arising from its rapid expansion and the shocks that come with it. The Plan presents the organization's current position in anticipation of the desired future using available resources as well as harnessing emerging opportunities in the program sectors.
4. As a planning tool, it is expected to guide the organization in attaining effectiveness and efficiency and focus on achieving designated results towards the transformation of communities. Successful implementation of this "Strategic Plan" will contribute to effective service delivery in the areas of Education and Child Protection, WASH, Healthcare, Nutrition, Food Security & Livelihoods, Peace building, General Protection and GBV.

The Planning Process

The organization's 2023-2027 Strategic Planning process was a consultative and participatory as the process was involving all stakeholders but mainly the Senior Management Team (SMT), the Board Members, Donors and the grassroots beneficiaries. It incorporated a consensus building process that presented a learning opportunity for all parties including field staff, the departmental heads, the Board, other staff and partners.

THE HISTORY OF CMD

About CMD

Christian Mission for Development (CMD) is a registered non-profit, benevolent development organization with its Head Office in Juba, South Sudan, and Field Offices in Jonglei, Upper Nile, and Eastern Equatoria States. CMD was humbly founded in 2005 as an agriculture development project formerly known as (Ayod Christian Mission for Agriculture - ACMA) following the signing of the Comprehensive Peace Agreement - CPA.

Since then, CMD has been operational as a humanitarian and development organization mitigating suffering, by providing lifesaving assistance and holistic services to the most vulnerable communities in hard-to-reach areas focusing especially on women, children, and youths in South Sudan. Since then, CMD has reached over 3.4 million people in Greater Upper Nile and Greater Equatoria with emergency, recovery assistance, and development programming in its various thematic areas.

Over the past years, the organization has grown in capacity with an increase in staff, partners, volunteers, programs, and projects in the different parts of South Sudan. The programs have shored up and currently include “Education, WASH, Health, Nutrition, Food Security and Livelihoods, Peace Building and Protection” which addresses the immediate and long-term needs of the target communities. CMD’s activities have attracted several partnerships with both Local and International humanitarian actors, Government line ministries, institutions, and individuals with whom they share common goals.

CMD collaborates with others to build community resilience with the hope of becoming self-sufficient, and to increase the pool of community facilitators who can transform the whole society out of extreme poverty, illiteracy, diseases, and injustices, and improve social amenities, social justice welfare, livelihoods and economic mainstays of the communities.

CMD’s programming is multi-sectoral encompassing emergency, recovery, and development activities that strive to transform lives and build communities. CMD works to reach hard-to-reach regions with very little or no basic services characterized by cycles of conflict, civil wars, extreme hunger, flooding, disease, and poverty. The organization has established organizational policies and management standards that include state-of-the-art human resources, financial, procurement, and PSEA policies that are continuously being reviewed.

Our Mandate

Our mandate is to support humanitarian and development assistance in South Sudan and expand operations in the East Africa region and the Africa continent in a quest to provide holistic social services to vulnerable communities in need through the following:

1. Strengthening capacities of communities for self-reliance
2. Economic and social development of vulnerable children, youth and women.
3. Responding to community needs during emergencies, recovery and development.
4. Engaging key stakeholders at all levels in policy formulation, implementation and advocacy
5. Addressing discrimination and violence of all its forms against women, children and men
6. Pursuing our mission with integrity, excellence and compassion in service delivery

Our Vision

“CMD envisions empowered, holistically transformed and peaceful communities growing in unity and diversity towards self-reliance.”

Our Mission

“CMD exists to inspire, empower and transform communities to move towards self-reliance through provision of holistic social services and development assistance”

Our Core Values

We will hold ourselves accountable to our mission, vision, values, and goals; they are the essence of our internal interactions, and form the foundation for our engagements locally, nationally, and globally. Our successes will be measured not only by CMD’s performance but also, and more importantly, by its impact. To be successful, CMD must remain distinctive, maximize our comparative advantages, and ensure our culture and environment exemplify our values. The organization endeavors to uphold a set of core values (Value statements) to guide all its undertaking. These values include but are not limited to:

- **Transparency and Accountability:** CMD values openness in selection of staff, timely payment of staff and suppliers, timely procurement and implementation, timely reporting to donors, and stakeholder involvement.
- **Service Delivery:** CMD is founded on Christian principles of love, peace, joy, patience, kindness, faithfulness, honesty, self-control, hope, order, and commitment to the service of humanity. In its work, the organization embraces the model of Jesus Christ who came not to be served but to serve. At all times seek to honor God by quality service delivery (Mark 10:45)
- **Equity and equality:** CMD believes that people with different needs belong to the community and have equal access to human and financial resources without discrimination. The organization is committed to respecting rights and including women, children, and vulnerable individuals within our society in service delivery.
- **Respect:** CMD upholds respect values within its staff and stakeholders, which include: beneficiaries, donors, and authorities. This is evidenced by our respect for agreements and compliance with systems and procedures.
- **Professionalism:** CMD believes in recruiting and retaining qualified staff, quality service delivery, continuous learning, skills development, and change management.
- **Integrity:** The organization believes in wholeness in service delivery, character, uprightness, and practicing honesty in everyone.
- **Unity and Diversity:** CMD affirms the importance of unity with diversity of race, religion, gender, and language in its staff, partners, communities, and among all people.

Analysis of CMD's Current Position

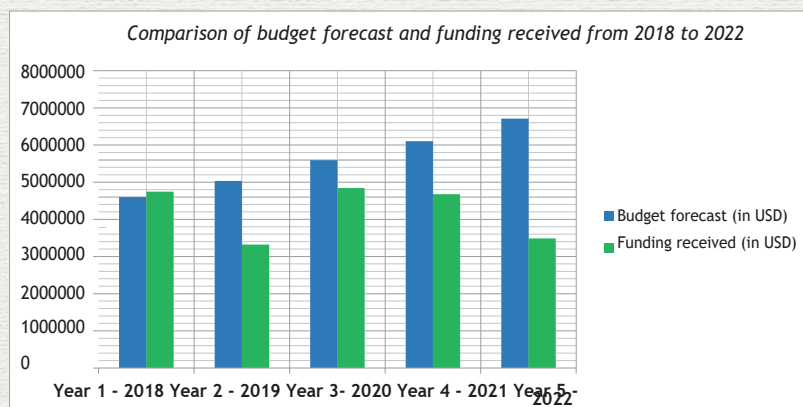
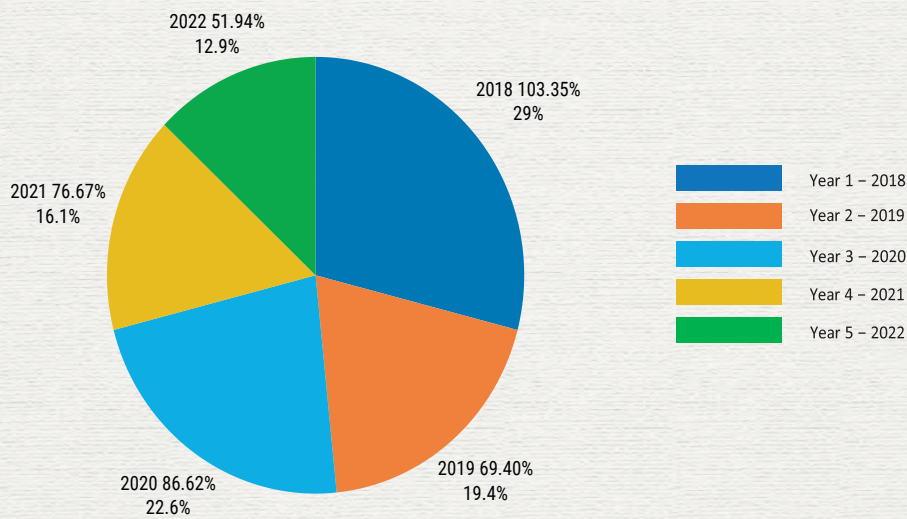
The organization has in the last few years experienced exponential growth in terms of the funding, thematic areas of operations, and geographical coverage. At the inception, the organization was based in Juba and Ayod County but has now expanded to over three other States of Jonglei, Upper Nile, Eastern Equatoria States and the now Greater Pibor Administrative Area and now expanded to cover other counties in Central and Western Equatoria States and Greater Bahr El Ghazal States.

Financial Growth and Accountability

The organization has grown over the last five years with improved fundings. The organization has over the year attracted many partners and donors resulting in the sustained funding systems. The organization has well developed financial systems, internal controls and annual audits that have enabled the organization to be accountable to the stakeholders and ultimately a good standing as shown in the income analysis for the last five years (2018 - 2022) in the below pie charts and table:

A pie chart below showing funding received against budget forecast between 2018 - 2022.

Funding Received



Funding Received

Year	Budget Forecast for 2018 - 2022 (USD)	Funds Received (USD)	Percentage of funds received % +103.35%	Variance	%	Remarks
2018	\$4,597,977	\$4,747,292	+103.35%	+ 149,315	3.35%	There was a surplus that could be attributed to the signing of the R- ARCSS
2019	\$5,030,377	\$3,320,344	-69.4%	-1,710,033	30.6%	This deficit could be attributed to lack of political will to implement the R- ARCSS
2020	\$5,589,139	\$4,841,447	86.62%	-747,692	-13.38%	This reduction in deficit could be attributed to the favorable political climate
2021	\$6,100,391	\$4,677,935	76.67%	-1,422,996	-23.33%	The slowed growth is attributed to COVID- 19 shocks
2022	\$6,709,923	\$3,487,130	51.94%	-3,222,793	-48.03%	This could be attributed to the ripple effects of COVID-19
Total	\$28,028,347	\$21,074,130	75.19%	6,954,199	-24.81%	The overall performance was good for the 5 years

Table 1: Combined project funds forecast and actuals for 2018-2022

Summary of 2023-2027 Financial Projection

	CMD's Strategic Plan Yearly Budget Projection	Yearly Budget Forecast - USD
01	2023	3,950,000
02	2024	4,050,000
03	2025	4,250,000
04	2026	4,500,000
05	2027	4,750,000
	Total	21,500,000

Table 2: Funding forecast for 2023 - 2027 (refer to details in the projections Annexed)

SITUATIONAL ANALYSIS

An Overview of South Sudan

South Sudan's civil war, which began in December 2013, there was a relapse in 2016 with serious abuses against civilians by both government forces and opposition fighters despite a peace agreement signed in August 2015. Tens of thousands of people lost their lives, many of them civilians. As of July 2016, some 2.3 million people had been displaced by the conflict. A staggering 5.1 million people—almost half the country's population—require food assistance as per the IPC report.

An additional over 200,000 people were forced to flee their homes, bringing the total displaced to 2.4 million. According to UNICEF, UNOCHA and UNHCR April 2017 report, about 1 million children fled to neighbouring countries and 1.4 million being internally displaced within the country. 62% of the 1.8 million people who fled the country settled in refugee camps in Uganda, Kenya, Ethiopia and Sudan since the civil war started in 2013.

Tens of thousands of people have been killed in the war among them more than 1,000 children; and children and women were victims of sexual and gender-based violence and abuses. The Revitalized Agreement on the resolution of Conflict in South Sudan (R-ARCSS) was crafted and signed on 12th September 2018 bringing the 2016 relapse of the civil war to an end albeit with some challenges. South Sudan is now experiencing relative peace with incidences of communal conflict, in some areas. There is however a general lack of political will to implement the peace R-ARCSS.

South Sudan Civil War

The South Sudanese Civil War is a conflict in South Sudan between forces of the government and opposition forces which started in December 2013 when fighting broke out between the Sudan People's Liberation Movement (SPLM) and SPLM-IO, igniting the civil war. In January 2014 the first ceasefire agreement was reached. Fighting continued and would be followed by several more ceasefire agreements. Negotiations were mediated by "IGAD +" (which includes the eight regional nations called the Intergovernmental Authority on Development as well as the African Union, United Nations, China, the EU, USA, UK and Norway). A peace agreement known as the "Compromise Peace Agreement" was signed in August 2015. Although both men have supporters from across South Sudan's ethnic divides, subsequent fighting has had ethnic undertones. More than 3.5 million people have been displaced in a country of about 12 million, with more than 2.1 million internally displaced and more than 1.5 million having fled to neighboring countries, especially Kenya, Sudan, and Uganda. Fighting in the agricultural heart in the south of the country has soared the number of people facing starvation to 6 million with famine breaking out in some areas. The country's economy has also been devastated.

Across South Sudan, it is estimated that some 9.4 million people, approximately 2/3 of the population need humanitarian assistance and protection in 2023 (European Commission march 2023) because of multiple and deepening crises, including conflict, inter-communal violence, economic decline, disease including COVID-19, and climatic shocks including flooding and draught which have led to displacement, distress, destitution and death. In addition to armed conflict, communities are struggling with inter-communal violence, including because of cattle raiding.

Protection and Peace Building

Due to the continued conflicts (Inter-communal conflicts, resource-based conflicts, and rebel groups), natural disasters (floods, drought, and diseases), and economic crises, violence against civilians especially women and girls continue to be widely reported. Throughout displacement, women and girls are at heightened risk of attack and exposed to significant levels of sexual violence, particularly when collecting firewood and food, even near the Protection of Civilians (PoCs) sites which have since 2022 been downgraded to IDP camps. Sexual and gender-based violence have grave impacts on victims and survivors, including death, physical injury, disability, psychological trauma, unwanted pregnancy, and social rejection, sexually transmitted infections, while child marriage can have severe consequences, including discontinuation of education, psychological distress, obstructed labour, and obstetric fistula. The impact of such violence is further compounded by a lack of access to appropriate healthcare, including clinical management of rape, as well as a lack of redress and access to justice.

Displacements

Around one in four people in South Sudan have been forced to flee their homes, including more than 1.3 million people who fled to neighboring countries as refugees and nearly 1.9 million people who are internally displaced, the majority of whom are children. The number of people displaced by the conflict escalated dramatically following the relapse of conflict on 8th July 2016 in Juba. Thousands of people fled South Sudan every day to seek refuge in neighboring countries. In October, an average of 3,500 South Sudanese crossed out of South Sudan daily predominantly to Uganda, Sudan, the Democratic Republic of the Congo (DRC), and Ethiopia, with smaller numbers to Sudan and Kenya. Over 85 percent of the refugees that were arriving in neighboring countries were women and children. The biggest outflow was into Uganda, with around 2,400 new arrivals each day in October 2016, the majority of whom were fleeing from the Greater Equatoria region. Children, the elderly, people with disabilities, and people living with HIV/AIDS have been particularly vulnerable during displacement. The displacement drivers are not only conflict-related but also flooding and drought in some parts of the country especially the greater upper Nile have caused massive displacements. The displaced populations have not been returning to their original homes due to fear of new conflicts. This has been exacerbated by perennial flooding that has been persistent for the past 4 years, especially in the greater Upper Nile region.

According to UNICEF, UNOCHA, IOM, and UNHCR April 2017 report, more than 1.17 million children aged 3 to 18 years old lost access to education due to conflict and displacement since December 2013. This situation has been exacerbated by perennial flooding that has been experienced since 2018 due to higher-than-normal rainfall experienced in most parts of the country. The flooding has not only displaced people but also destroyed infrastructure like schools and health facilities among other social amenities. About 31 percent of schools open have suffered at least one or more attacks by armed groups. This has overwhelmingly been the case in Greater Upper Nile, specifically in urban areas. More than 17,000 children, primarily boys are estimated to have been recruited and are being used as child soldiers although through the DDR some children have been demobilized and reintegrated. Thousands of children have been registered as unaccompanied, separated, or missing.

Anecdotal evidence indicates that child marriage is increasing due to conflict and economic pressures. Many years of war have taken a major psychological toll on the population. An estimated 1 million children are believed to be in psychosocial distress, and a 2016 report by Amnesty International found that IDPs described experiencing a range of symptoms commonly associated with mental health disorders such as post-traumatic stress disorder (PTSD) and depression.

According to Human Rights Watch World Report 2017, Since the start of the conflict almost 2 million people have been internally displaced, and another 2 million have sought refuge in neighboring countries, with more than 1 million in Uganda alone. More than 230,000 people are sheltering in six United Nations bases in towns across the country. Famine was declared in conflict-affected areas in the former Unity state in the first half of the year.

South Sudan Humanitarian Needs

According to UNOCHA's quarterly Humanitarian Situation Report of December 2022, UNICEF, WHO, WFP and partners were responding to mainly three new emergencies related to the high rates of malnutrition in newly accessible areas, the Acute Watery Diarrhoea outbreak and the high influx of South Sudanese refugees. Also, the year marked a huge step forward in protecting children from violence in armed conflict by implementing the Action Plan signed between the UN and the government. In some of the newly accessible areas in South Sudan, UNICEF, WFP, WHO, and its frontline partners led an integrated response namely a 'Find & Treat' campaign with four rounds to deliver a package of life-saving services. During the campaign, 183,346 children were screened, and 3,619 children were identified as suffering from Severe Acute Malnutrition (SAM).

Together with the State Ministries of Health, WHO, UNICEF, WFP, and other partners deployed integrated interventions. UNICEF and WFP jointly supported 309 oral rehydration treatment corners (ORTCs) in total served around 46,350 people to date, as well as WASH interventions that reached more than two million people (including around one million children) on a monthly average across all the ten (10) States and three (3) Administrative Areas of South Sudan. An estimated 9.4 million people in South Sudan including 2.2 million women, 4.9 million children, and 337,000 refugees are projected to need humanitarian assistance and protection services in 2023 - 2024 reflecting a 76% of the country's population and a 5% increase from 2022.

There are humanitarian needs across South Sudan, because of multiple and interlocking threats, including armed conflict and inter-communal violence, economic decline, disease, and climatic shocks. In addition to the conflict, communities are struggling with inter-communal violence, including cattle raiding. The population is uprooted. More than 2.3 million people - one in every five people in South Sudan - have been forced to flee their homes since the conflict began, including 1.66 million internally displaced people (with 53.4% percent estimated to be children) and nearly 644,900 refugees in neighboring countries. Some 185,000 internally displaced people (IDPs) sought refuge in UN Protection of Civilians (PoCs) sites (now IDP camps), while around 90 percent of IDPs are on the run or sheltering outside PoC sites. Due to the fluidity of displacement, it is difficult to determine the number of IDP returnees. The downgrading of PoCs to IDP Camps has caused an untold magnitude of lack of basic services in the camps. The country is one of the most logistically challenging places in the world and has one of the most underdeveloped communications technology infrastructures.

The severely underdeveloped and under-maintained roads make 60 percent of the country inaccessible by roads during the rainy season (June - November yearly). Before the conflict, healthcare was extremely difficult to access with an estimated 0.15 doctors per 10,000 patients and 0.2 midwives/nurses per 10,000 people. The rising cost of living and the impact of the conflict have undermined people's ability to access safe water, including due to the destruction of water points.

ENVIRONMENTAL SCANS

Environmental Overview

Organizations do not work in isolation; they operate in an environment that is ever-changing with implications for their operations. Internally organizations are faced with addressing the strengths and weaknesses, which are around leadership, management, communication, human resources and financial management. Externally the environment presents opportunities and threats.

SWOT Analysis

The organization's "Strengths and Weaknesses" are by large internal while "Opportunities and Threats" are primarily external to the organization.

Strengths:

- Well-established state-of-the-art systems and policies based on internationally accepted standards and procedures.
- Static presence being felt by beneficiaries through the efficient and timely implementation of projects.
- Competent and dedicated human resources at the head office and field levels.
- Resilience to shocks occasioned by emergencies and shocks.
- Excellent experience in humanitarian operations that has given leverage for new partnerships.
- Teamwork - Together - Everyone - Achieves - More - working as a Team.
- Cordial relationships with the beneficiaries, the local authorities, and other stakeholders in the areas of operations.
- Regular and prompt compliance with the regulations and donors' compliance
- Networking (advocacy and communications) and interactive website: www.cmd.org
- Cluster coordination at the national and sub-national levels and Cluster advisory roles that give leverage to CMD.

Weaknesses:

- Poor segregation of duties leads to duplication of roles. Poor internal communication
- Lack of funds for institutional capacity building
- Lack of funds to hire a dedicated "Compliance Coordinator" to enforce adherence to policy standards and regular reviews of donors' requirements.
- Limited opportunities for capacity improvement due to lack of dedicated funding Gender mainstreaming at all levels is generally below the thresholds of the envisioned projection of the organization.

- Lack of well-defined staff motivation initiatives
- Governance - oversight by the Board to the SMT on policy and guidance (the board needs to be more proactive)

Opportunities:

- Cordial relationships with regulatory authorities often lead to new response recommendations when opportunities arise (for example the Clusters).
- Opportunity for geographical expansion into new locations.
- Working with consortiums gives new opportunities for funding and capacity development of CMD.
- Localization narrative that has given new opportunities to National NGOs.
- Increasing needs occasioned by new humanitarian needs emanating from the conflict in Sudan.

Threats:

- High staff turnover occasioned by poaching of staff by INGOs.
- Pre-financing of projects - the funds may not be available to prefinance huge projects Donor fatigue emanating from slow implementation of the peace process and general lack of political will in the Country (South Sudan).
- Climate change - this has been causing floods and draughts making logistics more expensive, loss of human lives, and causing massive displacements.
- Insecurity in the areas of operations caused by inter-communal conflicts.
- Unfavorable government policies and regulations like taxes and cost of compliance.
- Lack of a streamlined disciplinary framework that supports the organizational policies.
- Unfavorable competition from NNGOs and INGOs for funds and staff.
- High inflation rates make budgetary planning difficult.
- Limited resources to meet the needs of the target communities.
- Limited operations budget thus limiting organizational growth and capacity development.

External Environment Analysis

This environmental analysis was undertaken to understand the environment within which the organization operates. The analysis brought out significant trends that the organization's management has taken into consideration in defining the strategic direction. Major issues identified area:

Political Situation

The politics in South Sudan have in the past been marred by government forces clashing with rebel groups and antagonist individuals. This has resulted in most parts of the country being in constant conflicts which have resulted in insecurity and limited availability of services including limited access to healthcare services.

In April 2017, the UN secretary-general's report on children and armed conflict noted a sharp increase in the number of incidents of child recruitment, with more than 2,500 children recruited or used, by government and rebel forces, a position the government disputed so sharply.

South Sudan Economy

Conflict, climate shocks, and a widespread economic crisis exacerbated by the COVID-9 ripple effects and the global food prices upsurge characterize the economic situation in South Sudan as exemplified by the current annual consumer index(CPI), Exchange rates, Fuel prices, cereal prices terms of trade and the general outlook analyzed below. rates, Fuel prices, cereal prices terms of trade, and the general outlook analyzed below.

- 1. Annual Consumer Price Index (CPI):** South Sudan's economic crisis has been driven by the skyrocketing South Sudanese Pound (SSP) against the US dollar, shortages of hard currency, global declines in oil prices, the Ukraine-Russia War, and significant dependence on imports. According to the National Bureau of Statistics report (January 2023), the South Sudan annual Consumer Price Index (CPI) increased by 14.4% from January 2022 to January 2023. The increase was mainly driven by high prices of food and non-alcoholic beverages. The annual CPI increased in Juba by 17.7%, in Malakal by 43.7 %, and in Wau by 14.5% from January 2022 to January 2023. The consumer price index in South Sudan increased to 19,072.27 in February 2023 from 16,091.7 in January 2023. The increase in the prices of food and non-alcoholic beverages was mainly driven by bread and cereals.
- 2. Exchange rate:** The relative instability of the South Sudanese Pound (SSP) in the past few months also continued in March 2023. The exchange rate in March 2023 stood at SSP 950 to one US Dollar while the official rate was SSP 834. During the past 12 months, the official USD exchange rate dropped from SSP 362 to SSP 834 (225.41 percent), while the parallel USD exchange rate floated from 370 to SSP 960 (259.46 percent) by June 2023
- 3. Fuel prices:** The scarcity of fuel led the prices to remain at elevated level across the country. Compared to March 2022, the retail prices of fuel remained high, but stable in many of monitored markets. The exception was in Juba where the price of fuel has increased by over 50 percent in the parallel market reaching a all-time high of over 2.3 USD/Ltr.
- 4. Cereal prices:** Mixed trends were seen in staple food retail prices. Compared to January 2022, the price of maize, groundnuts and white sorghum increased in Juba, Malakal and Wau markets, but decreased in other major markets. The decrease in some of the markets may be associated with the scaled-up food assistance provided to households during the lean season, temporarily reducing market dependence, demand and inflationary pressure. However, compared to January 2022, food prices have increased by more than 100 percent in January 2023 in most markets, putting significant pressure on household purchasing power and food security amid floods, communal conflicts and draught in some parts of the country.

5. **Terms of Trade:** Despite an increased wage rate, an increase in maize, groundnuts and white sorghum prices led the terms of trade (TOT) with wages to worsen in most of the country compared to January 2022. However, the TOT deteriorated in most of the country due to an increase in maize, groundnuts and white sorghum prices. The terms of trade generally are not favorable given the un-proportionate increase in commodity prices compared to salaries and wages.
6. **Outlook:** The prices of staples are likely to remain at an elevated level until the new harvest comes in much later in the year ceteris paribus. High prices will continue to adversely affect household purchasing power and the food security situation of market-dependent households. The prices of staple foods, such as sorghum, maize, groundnuts, and beans, are at record highs (up to 100% compared to average). The decline in oil prices has crippled the Government's social services sector and negatively affected more than 52 percent of the population. South Sudan has an estimated population of 12 million people. The overwhelming majority of the population, about 80% resides in rural areas. According to the World Bank's latest estimates, about 82% of South Sudanese people endure poverty surviving on less than \$1.90 per day

South Sudan Infrastructure

Infrastructure losses are extensive. South Sudan is one of the most logistically challenging places in the world and has one of the most underdeveloped communications technology infrastructures. The severely underdeveloped and under-maintained roads make more than 60% (percent) of the country inaccessible by road during the long rainy season. The severely underdeveloped and under-maintained roads have continued to deteriorate over the past year. Some 70% percent of the country becomes inaccessible by road during the rainy season, which usually lasts from May to January. In a country of approximately 650,000 km squared, there are few sealed roads making supply chains very difficult. Most river ports are in poor condition, resulting in significant delays in loading and offloading. Many ports do not have the heavy equipment required to offload heavy/bulky items. River transport has become very expensive because of the many extorting checkpoints along the rivers.

The underdeveloped infrastructure, lack of road maintenance, long rainy season, and disruption of key road routes due to conflict have left the humanitarian community with limited options to deliver life-saving supplies to people in dire need around the country, particularly in hard-to-reach areas.

Prepositioning in deep field locations continues to be minimal for many organizations due to insecurity and the risk of having supplies looted. This problem is exacerbated by a lack of power to preserve medical supplies and foodstuffs that need refrigeration. Before the conflict, healthcare was extremely difficult to access in South Sudan, with an estimated 0.15 doctors per 10,000 patients and 0.2 midwives/nurses per 10,000 people. As of September 2015, some 55 percent of the health facilities in Unity State, Upper Nile State, and Jonglei were no longer functioning. The rising cost of living and the impact of the conflict have undermined people's ability to access safe water, including due to the destruction of water points. Some parts of the country are contaminated by landmines and unexploded.

Food Insecurity and Malnutrition

About 6.6 million people, or over half of the South Sudan population (54%) are experiencing high levels of acute food insecurity, classified as crisis (IPC Phase 3) or worse between October and November. Of those, 2.2 million people are experiencing worse conditions in Emergency (IPC Phase 4) acute food insecurity, and an estimated 61,000 people in Catastrophe (IPC Phase 5) acute food insecurity in Fangak, Canal/Pigi and Akobo of Jonglei State; Pibor County in the Greater Pibor Administrative Area. The most food insecure states between October and November 2022, where more than 50% of their populations are facing Crisis (IPC Phase 3) or worse acute food insecurity, are Jonglei (68%), Unity (66%), Northern Bahr el Ghazal (62%), Upper Nile (58%), Warrap (57%), and Lakes (57%). In the post-harvest projection period of December 2022 to March 2023, an estimated 6.31 million people (51.0% of the population) will likely face Crisis (IPC Phase 3) or worse acute food insecurity, with 33,000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Akobo and Fangak of Jonglei State; and Pibor County of Greater Pibor Administrative Area. During this period, an estimated 1.97 million people are likely to face Emergency (IPC Phase 4) acute food insecurity. In the lean season projection period of April to July 2023, an estimated 7.8 million people (63% of the population) will likely face Crisis (IPC Phase 3) or worse acute food insecurity, with 43,000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Akobo, Canal/Pigi and Fangak counties of Jonglei State; and Leer and Mayendit counties of Unity State. During this period, an estimated 2.90 million people are likely to face Emergency (IPC Phase 4) acute food insecurity. Given the high levels of severe acute food insecurity in South Sudan, there is a need for immediate scale-up of multi-sectoral humanitarian assistance to save lives and prevent the total collapse of livelihoods in the affected counties, particularly those with a high share of populations in Emergency (IPC Phase 4) and Catastrophe (IPC Phase 5) acute food insecurity. For populations with Minimal (IPC Phase 1) and Stressed (IPC Phase 2) acute food insecurity, there is a need for resilience-building support and enhanced disaster risk reduction (DRR) strategies to mitigate the effects of climate change. Urgent action is also required for populations classified in Crisis (IPC Phase 3) acute food insecurity to protect their livelihoods and reduce household-level food consumption gaps.

The highly food insecure populations are in locations with chronic vulnerabilities worsened by frequent climate-related shocks (severe flooding and dry spells), the macro-economic crisis, conflict and insecurity, and low agricultural production.

Public Health

Poor access to health services, limited number of qualified health workers and lack of access to health services in South Sudan have produced some of the worst health indicators in the world. With a child mortality rate of 78 children in every 1000 live births. Around 75 per cent of all child deaths in South Sudan are due to preventable diseases such as diarrhea, malaria and pneumonia.

Technology

Information and communication technology (ICT) is a “diverse set of technological tools and resources used to communicate, and to create, disseminate, store, and manage information.” ICT includes any mechanism that facilitates communication and the transfer of information including the internet, computers, cellular devices, radio, and television. From education and health care to business, the development of ICT has had a huge impact on nearly every aspect of modern society.

In South Sudan, nearly 80% of the population resides in rural areas with extremely limited access to the internet or mobile services. In 2021, only 8% of South Sudan had internet access, severely limiting the population’s access to the global market as well as valuable international and regional information. Before COVID-19, South Sudan had been experiencing economic growth with a 9.5% GDP between 2019 and 2020. While much of the world transitioned to virtual methods of business and communication as the pandemic progressed, the lack of technology in South Sudan’s rural areas resulted in most of the country experiencing isolation from the world. Without sufficient ICT outside of South Sudan’s capital, Juba, rural populations lost access to even more valuable resources.

Some media organizations manage to have a presence online but government censorship has hindered them as a source of news and information for the population. South Sudan remains one of the most logistically challenging places in the world and has one of the most underdeveloped communications technology infrastructures. Access to media across South Sudan remains limited, with at least 42% of the population reporting that they do not have access to any media type inside the home or elsewhere. The most accessed media are radio (52%) and mobile phones (40%). However, traditional, face-to-face methods of information-sharing remain more trusted than mass communications. The spread of conflict to new locations has made communicating with communities even more challenging, with telecommunications and radio infrastructure vandalized, destroyed, and disrupted, including due to shortages of fuel.

Access to information regarding the situation and the humanitarian response remains a major need. At least 42% of the population in South Sudan report not being able to access/use any media type inside the home or elsewhere. Radio and word of mouth remain the most common methods of communication, with word of mouth continuing to be the most trusted source of information.

Summary of Trends/ Drivers and Implication - PESTEL Analysis

Political, Economic, Social, Technological and Legal (PESTEL) Analysis

Table 3: Summary of Trends/ Drivers and Implication - PESTEL Analysis

Trends / Drivers Implication on CMD		
Political	<ol style="list-style-type: none"> 1. Discrimination- Tribalism, Nepotism 2. Restriction of Movement a long political divide 3. Long procedures in service delivery e.g. authorization by central bank to move cash to project location 4. Communal conflicts 5. Investors fear 6. Political instability 	<ul style="list-style-type: none"> • Staff movement restriction based on political affiliation and tribe. • Delay in project implementation • Destruction/ looting of project materials and assets
Economic issues	<ol style="list-style-type: none"> 1. Inflation 2. Lack of Dollars in the banks which affects the implementation of programs. 3. Poorly developed banking system with mostly rural unbanked populations 4. Lack of essential supplies and if available are costly and delivery is delayed. 5. Closed markets in the areas making it difficult to find basic goods. 6. Lack of revenue to the government departments 	<ul style="list-style-type: none"> • Staff movement restriction based on political affiliation and tribe. • Delay in project implementation • Destruction/ looting of project materials and assets
Socio cultural issues	<ol style="list-style-type: none"> 1. Low education levels and standard 2. Harmful traditional practices 3. Language barriers in regard to reports 4. Tribalism and clannism 5. Family instability and gender-based violence. 6. Attitudes, culture, and beliefs 	<ul style="list-style-type: none"> • Develop programs in education focusing on gender issues. • Culture and community norms impede project implementation
Technology	<ol style="list-style-type: none"> 1. Restricted internet access and usage by the government 2. Controlled photography by the government 3. Limited technology infrastructure 4. High technology service costs e.g. internet Thuraya 5. Weak unsupported money transfer systems 6. Low literacy levels 7. Misuse of technology equipment e.g. for misinformation and disinformation 8. Inadequate data management tools for example Data management system, Budget tracking system, project tracking system, centralized inventory system, human Resource management system 	<ul style="list-style-type: none"> • Lead to poor communication, early warning, and coordination • CMD can take advantage of technology in service delivery and programming
Environmental	<ol style="list-style-type: none"> 1. Climate change that has caused <ol style="list-style-type: none"> a. Flooding b. Droughts 	<ul style="list-style-type: none"> • Harsh operating environment
Legal	<ol style="list-style-type: none"> 1. High cost of work permits for foreign staff 2. Many checkpoints along the river and road 	<ul style="list-style-type: none"> • High logistical costs

Stakeholders Analysis

CMD has several key stakeholders including relevant government line ministries, NGOs, NNGOs, and support agencies among others. There are opportunities in terms of financial, technical, and capacity-building support that both the organization and the stakeholder could benefit from each other. While stakeholders have expectations of the organization, the organization also has expectations of the stakeholders and partners through well-organized networking and linkages. The organization's success therefore depends on a balanced relationship with its stakeholders who are primary resource providers, policy-makers, or capacity builders. Partnerships and collaboration will continue to be maintained with key stakeholders including;

Table 4: Stakeholders analysis

Trends / Drivers Implication on CMD			
1.	UNICEF	<ul style="list-style-type: none"> • Funding and partnerships Disbursement of promised resources; • Provision of technical assistance and capacity building; • Effective collaboration and synergy building. • Funding and partnerships 	<ul style="list-style-type: none"> • Accountability Quality service delivery to the affected populations
2.	ECW	<ul style="list-style-type: none"> • Funding and partnerships Disbursement of promised resources; • Provision of technical assistance and capacity building; • Effective collaboration and synergy building. 	<ul style="list-style-type: none"> • Accountability Quality service delivery to the affected populations
3.	UNDP	<ul style="list-style-type: none"> • Disbursement of promised resources; • Provision of technical assistance and capacity building; • Effective collaboration and synergy building • Funding and partnerships Disbursement of promised resources; 	<ul style="list-style-type: none"> • Quality service delivery to the affected populations Accountability • Timely reporting
4.	SSHF	<ul style="list-style-type: none"> • Provision of technical assistance and capacity building; • Effective collaboration and synergy building • Funding and partnerships • Disbursement of promised resources; 	<ul style="list-style-type: none"> • Participation in need analysis Participation in need analysis Accountability • Timely reporting
5.	IOM/RRF	<ul style="list-style-type: none"> • Provision of technical assistance and capacity building; • Effective collaboration and synergy building • Funding and partnerships Disbursement of promised resources; 	<ul style="list-style-type: none"> • Participation in need analysis Participation in need analysis accountability • Timely reporting

6.	WFP	<ul style="list-style-type: none"> • Provision of technical assistance and capacity building; • Effective collaboration and synergy building 	<ul style="list-style-type: none"> • Timely and efficient implementation Accountability • Timely reporting
7.	FAO	<ul style="list-style-type: none"> • Funding and partnerships • Disbursement of promised resources; • Provision of technical assistance and capacity building; • Effective collaboration and synergy building 	<ul style="list-style-type: none"> • Timely and efficient implementation Accountability • Timely reporting
8.	ARDF	<ul style="list-style-type: none"> • Partnership in implementation 	<ul style="list-style-type: none"> • Cordial working relationship
9.	IMA	<ul style="list-style-type: none"> • Partnership in implementation 	<ul style="list-style-type: none"> • Cordial working relationship
10.	RRC	<ul style="list-style-type: none"> • Partnership in implementation 	<ul style="list-style-type: none"> • Cordial working relationship
11.	Government	<ul style="list-style-type: none"> • Development of policies, good governance and security 	<ul style="list-style-type: none"> • Adherence to the laws and regulations • Compliance to statutory regulations.
12.	Local Authorities	<ul style="list-style-type: none"> • Development of policies, good governance and security 	<ul style="list-style-type: none"> • Adherence to the law • Compliance to statutory practices.
13.	Media	<ul style="list-style-type: none"> • Reporting and publicity 	<ul style="list-style-type: none"> • Accurate reporting
14.	Suppliers	<ul style="list-style-type: none"> • Provision of supply services 	<ul style="list-style-type: none"> • Timely delivery of quality goods and services • Competitive pricing
15.	Communities	<ul style="list-style-type: none"> • Beneficiaries of the projects 	<ul style="list-style-type: none"> • Practice participatory planning and management practices; • Understanding of their needs and expectations and plan for them; • Initiating sustainable projects for poverty reduction;
16.	Staff	<ul style="list-style-type: none"> • Delivering the vision and goals of the organization 	<ul style="list-style-type: none"> • Better staff welfare and remunerations • Portray the right image of the organization
17.	Board of Directors	<ul style="list-style-type: none"> • Providing policy direction and oversight 	<ul style="list-style-type: none"> • Vision carriers • Set the strategic direction

STRATEGIC PLAN'S FOCUS AREA

Institutional growth and Development

Overview: Today's organizations are based on performance and target management. Most organizations strive to address their organizational weaknesses as they implement growth strategies, which gives them an advantage over the others. The organizational development processes and structures coupled with adequate staffing and availability of equipment is key for the success of the organization. CMD has grown over the years in size, activities, and funding.

To address the institutional growth and development issue, the organization will focus on the following goal and strategies:

Strategic Goal:

“Effective Governance and Management Systems”

Strategies:

1. Governance: Improve governance and management systems of the organization
2. Management: Enhance good management practices and systems within the organization
3. Human resource: Establish and develop human resource capacity and system
4. Financial Sustainability: Enhance fundraising, stewardship, and accountability through improved decision-making on utilization and efficient financial management systems.
5. Planning Monitoring, evaluation, accountability and learning (PMEAL): Develop functional and effective result-based PMEAL systems.
6. Communication: Develop a structured communication system that recognizes the interests of stakeholders.
7. Partnerships and fundraising. Enhance stakeholders' relationships and efficient resource mobilization.

Education and Child Protection;

Overview: Education and child protection is one of CMD's main thematic areas and play a critical role in protecting children and promoting their well-being. Education is a global fundamental human right and is essential for children's development, both intellectually and socially. Education helps children acquire knowledge and skills, develop critical thinking and problem-solving abilities, and build self-esteem and confidence. At CMD, child protection is a key ingredient to prevent and respond to child abuse, neglect, and exploitation; provide safe and supportive environments for children, to identify and respond to cases of abuse or neglect, and to support children who have experienced trauma or other forms of harm. Education and child protection are fundamental human rights and one of the key principles underpinning the Education 2030 Agenda and Sustainable Development Goals number 4. There is increasing research on the ways education can exacerbate conflict and contribute to peace.

While school enrolment has increased in recent years, there is a wide disparity in education enrolment and attainment across states and counties, correlating with the occurrence of conflict events. Children in rural areas have less access to schools due in part to long travel distances which is exacerbated by poor infrastructure. Girls face greater challenges, with approximately 75% percent of girls unenrolled in primary school, and a greater likelihood of dropping out than boys. Harmful cultural norms mean that poor families often prioritize the education of boys. School curriculum and teachers can challenge perceptions of gender, which can influence attitudes towards schooling.

Since 2013, children in South Sudan have been affected by grave violations. Boys and girls are severely affected by conflict and distress due to violence, recruitment by armed forces and armed groups, displacement, famine, family separation, and lack of access to education, nutrition, and healthcare due to attacks on schools and hospitals/health facilities. The security situation is gradually improving and there is cautious optimism following the 2018 signing of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS). Nevertheless, the Child Protection Sub-Cluster in its analysis of child protection needs considers that children and young people, girls as well as boys (under 18) are still at the great risk of violence in South Sudan.

Child protection priority areas of focus are psychosocial and mental health support, family tracing and reunification, and case management; the latter also considers boys and girls associated with involved armed groups. As an integrated approach, child protection actors are also focusing on addressing the holistic needs of children affected by recurrent conflict and famine specifically child-headed households who are at great risk of food insecurity as well as protection, education, and health issues. Based on the above, CMD will focus on the following goals and strategies:

Strategic Goal:

To promote inclusive access, retention and transition of children in school in the next five years”

Strategic Goal:

1. Access to education: Improve inclusive access to education through teacher recruitment, construction and rehabilitation of schools and equipping of schools through tailor made projects like Education Cannot Wait (ECW).
2. Education governance and leadership: Improve governance and established ownership of schools by communities.
3. Retention programmes in schools: Reduce school dropout and out-of-school children in the communities
4. Girl child education: Increase girls’ entry and participation in schools and school programmes
5. Out-of-school youth programmes: Support out-of-school skills training, and livelihoods programmes

6. Adult Literacy Programmes: Support for Adult education by providing basic numeracy skills Psychosocial support to children: Reduce trauma and other psychological effects through psychosocial support programmes.
7. Child protection networking: Improve the community system on child tracing and reunification
8. Child rights advocacy: Advocate for the rights and protection of children.
9. Integrated child protection approach: Support an integrated approach to meeting the holistic protection needs of children at risk.

Healthcare Program

Overview: Healthcare and health systems in South Sudan are faced with great challenges. More than five million people in South Sudan need humanitarian healthcare services. Most health facilities are not functioning and those that are provide minimal services due to drug and staff shortages. Children under age 5 are particularly vulnerable to disease, including due to the low level of routine immunization uptake and their already weakened state. Women face serious health risks throughout their life cycle. Survivors of gender-based violence have inadequate access to services and women have inadequate access to skilled personnel during pregnancy and childbirth.

As the conflict has spread and the economic crisis has deepened, people with HIV/AIDS or TB have become cut-off from life-saving treatment in the ten (10) States and three (3) Administrative Areas. South Sudan faces highly endemic communicable diseases, with persistent outbreaks of cholera, measles, malaria, hepatitis B & E, and kala-azar affecting large parts of the country due to poor living conditions, poor sanitation, and overcrowding. Malaria, typhoid, diarrhoea and pneumonia are the top reasons of outpatient consultations.

In response to these, CMD will focus on the following goals and strategies:

Strategic Goal:

Contributes to “reduction of mortality and morbidity rates through timely quality health care services to communities”

Strategies;

1. Preventive and health promotion services: Promote prevention by creating awareness of disease outbreaks, disaster preparedness, and preventive measures.
2. Curative services: Enhance quality health care services and create awareness and early diagnosis and treatment
3. Rehabilitation of existing facilities and establishment of new facilities. Rehabilitate existing facilities, the establishment of more PHCCs and PHCUs, and Referral Hospital
4. Sexual and Reproductive health interventions: Reduce maternal and neonatal death through Comprehensive emergency obstetric and neonatal care (CEmoNC) and Basic emergency obstetric and neonatal care (BMoNC) quality services.

Nutrition Program

Overview: The humanitarian situation in South Sudan is worsening. People’s humanitarian needs continue to rise, driven by cumulative and compounding effects of years of conflict, sub-national violence, food insecurity, climate crisis, and public health challenges. An estimated 9.4 million people in South Sudan, including 2.2 million women, 4.9 million children, and 337,000 refugees, are projected to need humanitarian assistance and protection services in 2023 - reflecting 76% of the country’s population and a 5% increase from 2022. South Sudan faces a chronic malnutrition crisis driven by many interrelated factors, including rising food insecurity; high morbidity rates; limited access to safe water and sanitation; and declining availability of health services.

Two-thirds of South Sudan’s population is affected by the precarious food security situation, making the country one of the worst food insecurity emergencies in the world. An estimated 8 million people, or 64% of the population in South Sudan will experience severe food insecurity by the peak of the 2023 lean season between April and September. With elevated food insecurity, about 1.4 million children are expected to suffer from life-threatening acute malnutrition.

Many of the highly food-insecure people reside in locations with chronic vulnerabilities worsened by frequent climate-related shocks, macroeconomic crises, conflict and insecurity, and low agricultural production. Communicable diseases, including measles and malaria, maternal mortality, and neonatal health continue to be the leading causes of morbidity and mortality in South Sudan. South Sudan ranks among the five countries in the world that are most vulnerable to the effects of climate change, as evidenced by communities devastated, destroyed, and displaced by large-scale flooding across the country.

Above-normal rainfall for the fourth consecutive year in 2022 led to erratic rainfall patterns and prolonged flooding, with water levels in some areas exceeding the unprecedented levels reached in 2021 and affecting areas that had not been flooded in 2021. As of 10 December 2022, more than 1 million people have been verified as affected by severe flooding in 39 counties across South Sudan. Humanitarian access to affected people remains a challenge in an already fragile context in South Sudan.

South Sudan continues to be the most violent and dangerous context for aid workers. Between January and December 2022, an estimated 450 humanitarian access incidents were reported, and nine humanitarian workers were killed in the line of duty. Physical access constraints, bureaucratic impediments, interference in recruitment and youth employment, illegal fees and taxations, conflict, and inter-communal violence affect people’s access to services and the ability of humanitarian partners to reach vulnerable people with much-needed life-saving assistance. In response to these, CMD will focus on the following goals and strategies:

Strategic Goal:

Contribute to “reduction of malnutrition rate among children under 5 years and PLWAs through targeted supplementary feeding program, blanket supplementary feeding program and stabilization centres”

Strategies;

1. **Infant young children feeding programme:** Promote exclusive breastfeeding from 0-6 months programmes through awareness creation by staff and community volunteers.
2. **Targeted supplementary feeding programme:** Increase screening and provision of service to moderate acute malnutrition (MAM) for children from 6-59 months at CMD Clinics, Primary Health Care Centres - (PHCCs) and Primary Health Care Units (- PHCUs).
3. **Blanket supplementary feeding programmes:** Increase screening and provision of feeds to PLWs through feeding programmes in CMD Primary Health Care Centres - (PHCCs), and Primary Health Care Units (PHCUs).
4. **Out-patient therapeutically programme:** Increase screening and provision of services to young children from 6-59 months with severe acute malnutrition (SAM) without medical complication at the outpatient level at CMD clinics, Primary Health Care Centres - PHCCs and Primary Health Care Units - PHCUs
5. **In-patient management of malnourished children/stabilization centres:** Support admission and provision of services to Severe Acute Malnutrition with medical complications from 0-59 months at CMD Clinics, Primary Health Care Centres - PHCCs, Primary Health Care Units - PHCUs and other referrals.

Water, Sanitation and Hygiene (WASH)

Overview: Water, sanitation, and hygiene (WASH) are essential components of public health and are critical for ensuring access to safe and clean water, adequate sanitation facilities, and good hygiene practices. Globally, WASH is a critical component of efforts to promote public health and well-being, and is essential for achieving the Sustainable Development Goals, particularly Goal 6, which aims to ensure universal access to safe and affordable drinking water and sanitation for all. In the next five (5) years, CMD will exert efforts that include the construction and maintenance of water supply and sanitation infrastructure, such as wells, pumps, and latrines, as well as the promotion of good hygiene practices.

In South Sudan, about fifty-nine percent (59%) of the population lacks access to equitable, dignified safe water and basic sanitation facilities. To survive, families are usually forced to drink unsafe water as a coping mechanism, putting them at risk of waterborne diseases such as cholera, typhoid, and diarrhea, which remain the leading causes of death among children in South Sudan.

The situation is further aggravated by poor hygiene practices as only 15% of the population has access to improved sanitation. There are also people in urban areas (IDPs camps) who are vulnerable to WASH-related disease outbreaks due to lack of access to safe water, including due to rising prices. Flood plain areas along the River Nile and Sobat River remain at high risk of waterborne and water-related diseases. Lack of access to safe water and sanitation poses specific protection risks for women.

The conflict in South Sudan has compounded the WASH needs of an already vulnerable population. It is estimated that only 7% of the population has access to improved sanitation, while 74% of the population practices open defecation (50% in urban areas and 79% in rural areas).

The main drivers of vulnerabilities related to WASH are closely linked to the conflict and poor infrastructure. In conflict-affected areas, existing WASH services outside PoCs sites (IDP camps) are inadequate to address the needs of IDPs and host communities and have been further overstretched by new arrivals. WASH infrastructure has been deliberately targeted by armed actors during the conflict. Based on the above, CMD will focus on the following goals and strategies:

Strategic Goal:

“Improved health and socio-economic well-being of communities by reducing the incidence of water and sanitation-related diseases through the provision of sustainable, safe, equitable, adequate and dignified water, sanitation and hygiene services and practices while enhancing behavioral change”.

Strategies;

1. **Provision of safe water:** Improve access to equitable, dignified and safe drinking water to the communities, especially in the underserved hard-to-reach targeted areas.
2. **Sanitation:** Improve access to equitable, dignified, and safe sanitation practices amongst the communities
3. **Hygiene promotion:** Reduce the risk of WASH-related sickness in the communities through the provision of hygiene and health promotion services.
4. **Environmental stewardship and climate change mitigation:** Reduce the impact of environmental degradation that affects WASH in the targeted areas.

Food Security and Livelihoods

Overview: Food security in South Sudan is likely to deteriorate to unprecedented levels, with thousands of people at risk of famine. At the height of the lean season in July 2023, some 6.6 million people - will be facing high levels of acute food insecurity driven by economic decline climatic shocks, and conflicts. Despite the significant deployment of humanitarian assistance between February and March 2022, an estimated 6.83 million people (55% of the population) faced high acute food insecurity (IPC phase 3 or above), of which 2.37 million people faced emergency conditions (IPC Phase 4). The most food-insecure states between October and November 2022, where more than 50% of their populations are facing Crisis (IPC Phase 3) or worse acute food insecurity, are Jonglei State (68%), Unity State (66%), Northern Bahr el Ghazal State (62%), Upper Nile State (58%), Warrap State (57%), and Lakes State (57%).

In the post-harvest projection period of December 2022 to March 2023, an estimated 6.31 million people (51.0% of the population) will likely face Crisis (IPC Phase 3) or worse acute food insecurity, with 33,000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Akobo and Fangak of Jonglei State; and Pibor County of Greater Pibor Administrative Area. During this period, an estimated 1.97 million people are likely to face Emergency (IPC Phase 4) acute food insecurity. In the lean season projection period of April to July 2023, an estimated 7.8 million people (63% of the population) will likely face Crisis (IPC Phase 3) or ...

... worse acute food insecurity, with 33,000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Akobo and Fangak of Jonglei State; and Pibor County of Greater Pibor Administrative Area. During this period, an estimated 1.97 million people are likely to face Emergency (IPC Phase 4) acute food insecurity. In the lean season projection period of April to July 2023, an estimated 7.8 million people (63% of the population) will likely face Crisis (IPC Phase 3) or worse acute food insecurity, with 43,000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Akobo, Canal/Pigi and Fangak counties of Jonglei State; and Leer and Mayendit counties of Unity State. During this period, an estimated 2.90 million people are likely to face Emergency (IPC Phase 4) acute food insecurity.

People affected by communal conflicts floods and displaced households are facing alarming food consumption gaps. As the humanitarian crisis in South Sudan has deepened and expanded, food insecurity has risen to unprecedented levels due to a combination of natural disasters, communal conflicts, insecurity, low cereal production, severe economic crisis, and the exhaustion of coping capacities in the last five years of post-crisis. These multiple and interlocking threats have caused a decline in purchasing power, reduced trade flows, decreased agricultural production, and expanding insecurity, making the food security situation highly precarious. Negative coping strategies have been adopted by most of the population, particularly reducing the number of meals consumed (61%), reducing adult consumption (76%), relying on wild food (73%), and spending a day without food (61%). Most Livelihoods have been have not been restored even in the last 5 years of post-crisis. In response to these CMD will focus on the following goals and strategies:

Strategic Goal:

“Improved food security and livelihoods among communities through crop and horticulture production, livestock production, fishing, self-reliance and resilience”

Strategies;

1. **Crop and horticulture:** Enhance crop and horticultural production activities to ensure adequate food production among the target communities through climate-resilient agriculture.
2. **Livestock Production:** Reduce livestock morbidity and mortality rates amongst the livestock-keeping communities.
3. **Fishing:** Enhance fishing activities and value-addition methods for maximum output.
4. **Livelihoods and empowerment interventions:** Enhance livelihoods coping skills and literacy amongst the targeted communities through sustainable agricultural development and economic resilient building.

General Protection and Gender-Based Violence

Overview: South Sudan is primarily a protection crisis. Since 2013, the population has been exposed to repeated deliberate attacks on civilians and other violations of international humanitarian and human rights law, including forced recruitment of children and deliberate destruction of civilian infrastructures. Government soldiers, armed opposition groups, and criminals all act with complete disregard for the rule of law. Affected People All segments of the population are exposed to protection risks.

Women and girls have been disproportionately affected by gender-based violence, with uniformed soldiers often reported to be the perpetrators. Men and boys face high risks of forced recruitment, as well as the threat of being detained or killed if they are perceived to be of fighting age. Elderly and disabled persons are often unable to flee in advance of fighting and face increased challenges in accessing services. Without a safe environment, children are particularly vulnerable to abuse, neglect, recruitment, and psychological trauma.

The eruption of fighting in Juba in July 2016 highlighted the fragility of the protection environment in South Sudan. The outbreak of violence plunged civilians back into a state of uncertainty, and further compounded their already desperate protection needs. Both parties to the conflict have been accused of violations of international humanitarian law and grave human rights violations, including killing, abduction, rape and restrictions on freedom of movement. These have been compounded by the patriarchal society that encourages harmful traditional practices like early child marriage and forced marriage. In response to these, CMD in the next five years will focus on the following goal and strategies:

Strategic Goal:

“Promote protection and advocacy against Gender Based Violence programmes in the communities”

Strategies;

1. Advocacy for basic rights: support for projects that advocate for rule of law and access to justice, especially for IDPs and Refugees
2. Gender-Based Violence: Advocate against GBV through awareness creation, capacity building and advocacy
3. Advocacy and capacity building on sexual and reproductive health rights: support deliberate programs that will bring behavior change among men so that women are guaranteed their sexual and Reproductive choices,

Peacebuilding and Conflict Resolution

Overview: Peacebuilding and conflict resolution are important topics in many areas of life, including personal relationships, communities, and international relations. In general, the goal of peace and conflict resolution is to reduce or eliminate violence, aggression, and hostility, and promote understanding, cooperation, and respect between individuals and groups.

The primary aim of CMD is to promote peace-building and effective conflict management by strengthening capacity in national and sub-national peace-building institutions and increasing security and peace dividends for communities in the target areas.

After decades of civil war, the signing of South Sudan's Comprehensive Peace Agreement in 2005 provided unprecedented opportunities for peace-building and improving the humanitarian and development situation. However, the conflict that occurred in December 2013 and the relapse in July 2016 has occasioned a lack of peace dividends for conflict-affected communities in the rural hard-to-reach areas and has perpetuated tensions based on resources.

An absence of social services and livelihood opportunities, and perceptions of isolation and marginalization all contribute to undermining durable peace in rural areas, where poverty rates are up to 85%. Continued armed fighting, pressures on grazing and water resources, and struggles over land rights contribute to instability.

Strategic Goal:

To improve partnerships and the use of conflict risk information at the state level to enhance capacity of peace building institutions, promoting solutions that are locally identified and promote social cohesion between communities.

Strategies;

1. Establishing and building the capacity of community-based peace building network: support for projects that establish and enhance the capacity of community-based peace networks/structures.
2. Designing inter-communal activities among the conflict-affected communities: Support inter-community sporting activities like tournaments among the youth of warring tribes and engage women in common border market activities.

STRATEGIC PLAN'S IMPLEMENTATION AND MANAGEMENT

Implementation context; The implementation of this strategic plan will require proactive leadership, management and commitment, and teamwork to handle strategic changes anticipated during the planned period. It thus requires a deeper understanding and conceptualization of the change management skills required to realign programs, human resources, and operational guidelines. The organization thus requires a committed board, qualified management staff, and very intensive capacity building for the staff to address the changes and sustainable approaches recommended herein.

Project management skills and the general framework will be critical in the management of the implementation of this strategic plan. Good leadership, based on the principles of good governance, will be a necessary tool in enhancing internal efficiency, effectiveness, cooperation, and the general level of service delivery and sustainability of various initiatives implemented during the Strategic Plan period. The Board of directors and management team will have to ensure that management and administrative systems and procedures are developed and institutionalized so that operational efficiency, effectiveness, and strategic focus are optimally achieved.

The assumptions made in the Strategic Planning process are:

1. The CMD Board of Directors and the Senior Management Team have cultivated sufficient goodwill for the adoption of the strategic plan as its main planning document
2. That CMD has the requisite financial and human resources or can mobilize the required resources to effectively implement the strategic plan for the next five years.
3. There will be a need to hire new staff to align with this strategic plan (Protection and GBV manager) and establish a Grants and Fundraising manager to improve fundraising by identifying new donors and developing fundraising proposals.

Institutional Framework

The implementation of the 2023-2027 strategic plan is hinged on the effectiveness and flexibility of the structure and human resources that occupy the various layers in the structure and funding. Human resource management emerged as a priority area to be considered by the organization's management to ensure the smooth implementation of the plan.

Some of the HR areas that the organization needs to consider improving include:

1. Improves frequency of board meetings to deal with policy formulation, external relationships and resource mobilization
2. Increase public relations and capacity to deal with national government and local authorities in various counties
3. Improves regular management and departmental meetings
4. Enhance pro-activeness concerning prescribed responsibility and timely reporting following structures.
5. Periodically perform staff appraisal and reward systems
6. Improves the development of staff capacities to acquire skills and knowledge that match their responsibilities.
7. Enhance communication systems and tools
8. Improves finance, HR, and partnerships policies/systems implementation

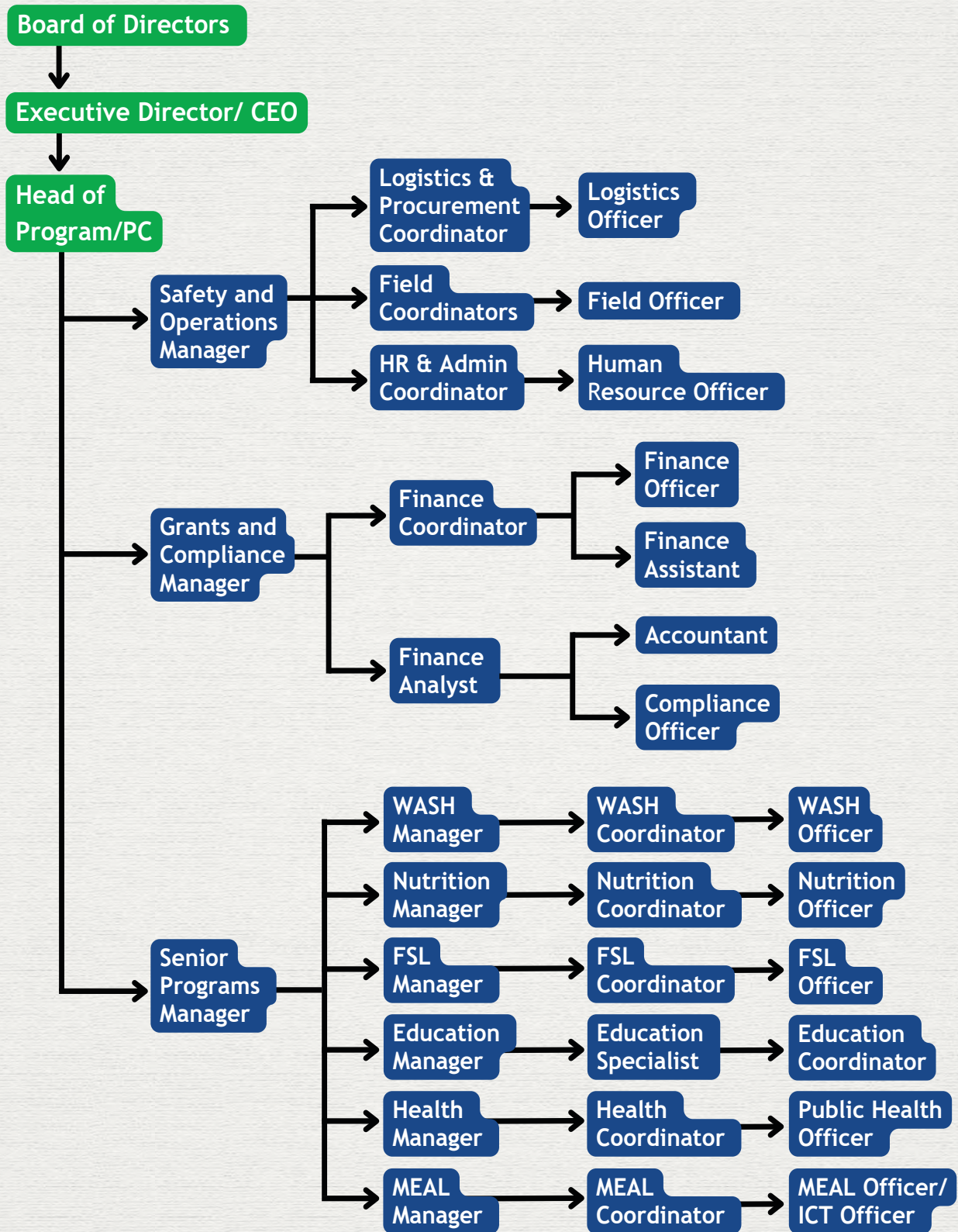
CMD's Board of Directors

The Board of Directors consists of seven (7) members with the Executive Director (ED) who is the ex-officio Board Secretary. The Board is responsible for overseeing the management of the organization, ensuring policy implementation, and providing guidance and direction to attain the goals and objectives of the organization.

CMD's Programs Management Team

The organization is headed by the Executive Director who is overall managerial responsible to the Board of Directors for the day-to-day running of the organization. The Executive Director is assisted by the Programs Coordinator/Head of Programs, Safety and Operations Manager, and Head of Departments who coordinates programs, resource mobilization, and partnership development.

The organization has adopted a devolved governance structure for effective service delivery, accountability, and ease of communication with field offices in various locations across South Sudan.



Critical Success Factors/ Assumptions

1. In developing/implementing this Strategic Plan the following assumptions have been made:
2. An enabling political and economic environment shall prevail over the plan period
3. The organization will mobilize adequate resources for the implementation of its programs
4. The national government will create an enabling environment for international staff/expatriates working with NGOs and International agencies including reducing annual work permit fees from \$2,000 to a manageable level.
5. Local Authorities and RRC will support and cooperate with the organization on the ground
6. New donors and partners will be found to support the activities
7. Staff costs will increase by 15-20% annually given the projected growth
8. Resource mobilization office to raise US\$ 5.6 million per year starting from 2023
9. CMD to develop its Human Resource capacity competitively.
10. The organization provides an enabling environment and adequate equipment for effective and efficient service delivery

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING - MEAL

MEAL Functionality

The Monitoring, Evaluation, Accountability and Learning - MEAL is a critical management tool useful in tracking of policies, programmes and projects and in assessing how well the stated organizational and programmes objectives have been met. The key to the success of the strategic plan will be based on the quality of coordination and management between the board, management team and the field staff through periodic reporting on the progress of implementation. During implementation of the Plan, periodic monitoring and evaluation will ensure progress is tracked and identified challenges are addressed appropriately. It will also provide the necessary feedback on the status of implementation to enable policy makers to make informed decisions based on evidence. This will result in resource use efficiency, effectiveness, accountability and improved service delivery.

MEAL Framework

The organization's MEAL will be based on a framework that consists of various components, namely: a definition of responsibilities, tracking of indicators, adoption of monitoring and evaluation mechanisms, reporting process, timeliness, and financing. Tracking of the Plan will be done at all levels of the organization and its outputs will form part of the organization's quarterly and annual performance reports. This will in turn lead to a critical assessment of the organization's objectives in regularly- scheduled management meetings and in the staff meetings at the departmental level. The organization will develop tools and schedules for periodic/annual reviews of the strategic plan implementation and conduct an end-term review to identify success factors, areas for improvement, and lessons learned for the next plan period.

MEAL Responsibilities

Each Department within the organization will conduct basic programme input and output analysis (of resources). They will also conduct some basic evaluations, which will include assessing implementation, assessments of quality achieved, case studies and cost analyses. Monitoring, accountability and evaluation of outcomes will be particularly important in enabling the organization to determine whether additional time for implementation will be required and whether additional financial and human resources will be necessary.

	Task	Responsibility
1	Strategic plan approval, evaluation and planning	Board of Directors
2	Annual review and planning	Head of departments
3	Resource mobilization, collaboration and partnerships receiving M&E reports, providing feedback and acting	Resource mobilization team
5	Design MEAL tools, supervise data collection, analyze data MEAL and generate MEAL reports	MEAL
4	Departments to meet monthly to assess the implementation of the Strategic Plan	Head of Departments
6	Departmental head to present their progress reports on key performance Indicators during the monthly meetings.	Executive Director/ Head of department
7	Implement Strategic Plan, collect and analyze data, submit to Planning Department, receive feedback, and implement decisions	Head of department /Field staff/ MEAL

Table 5: MEAL Task and Responsibility

MEAL Monitoring Guidelines

Monitoring, which is the first part of the process, will be based on the following guidelines:

1. All departments will monitor activities under their responsibilities based on the observations of progress in their levels of jurisdiction.
2. Heads of departments will oversee monitoring processes falling under their responsibility. This will include accounting for inputs, activities, and outputs. The focus must be on the objectives listed for implementation in the strategic plan.
3. Departments will monitor the outputs realized by the units/sections under them to generate outcomes as indicated in this Strategic Plan.
4. It will be the ultimate responsibility of the head of departments to monitor the overall results of the organization in the implementation of this Plan. This will be done by tracking outcome indicators based on the achievements of the departments.

MEAL Unit Role

The organization will strengthen the MEAL unit to enable it to spearhead monitoring and evaluation of the Strategic Plan. This will be done by making M& E an independent department and shall be renamed “Planning, Monitoring, Evaluation Accountability and Learning (PMEAL)” Its main responsibilities will be to:

1. Develop a reporting template and other mainstream MEAL tools.
2. Receive reports, analyze, summarize, and consolidate them, and forward them on a timely basis to management as per specific deadlines.
3. Develop a schedule for mid-term, end-term, and any ad hoc
4. Report on performance targets.
5. Conduct data collection, maintenance, and management using standardized tools
6. Guide other departments on matters of Data collection on baselines, midterm and end-term evaluations, analysis, storage, and management in a database, with good backup.
7. Collect impact stories, success stories, and other beneficiary data given the targets & indicators.
8. Give feedback on the quality of service, timelines of reporting, staff performance, and partnerships

MEAL Methods and Tools

- **Periodic Reviews and Analysis:** There will be Quarterly Review Meetings targeting strategic stakeholders in the management and well-being of the organization’s activities. These will include the secretariat, beneficiaries, donors, and government. There will be ongoing Reviews and Analysis of the activities in this plan to ensure that they correspond either to the plan or to the circumstances that may arise from time to time.
- **Performance Management System:** A performance management and evaluation system will be put in place to ensure that mechanisms are in place for periodic review of the performance of the management and other staff against the targets set out in the operational plans.
- **Periodic Reporting to the Board:** Management will prepare pre-scheduled periodic status reports to be presented to the Board of Directors. These reports will inform the board on of the organization in terms of programs, operations, and resources. A forum for the comprehensive review of the plan will be held bi-annually to monitor progress and assess achievements
- **Operational planning and budgeting:** CMD will develop yearly work plans and budgets to implement the strategic plan. The first work plan covers the year 2023. The CMD Management will review the implementation of the annual work plans quarterly. During the last quarter of the operational plan, the CMD Secretariat will facilitate the review of the following year’s work plan and budget or the development of the next year’s work plan and budget.
- **Resource mobilization:** The CMD work plan will be accompanied by a detailed budget. The budget will guide CMD resource mobilization efforts by illustrating available resources, potentially identified funding sources, and financial gaps over the year. The Management will lead resource mobilization efforts.

- **Annual Strategic Review:** During the last month of the year, CMD will review progress in implementing the operational plan, identify challenges, and recommend ways to address them. This may provide an avenue for adjusting the CMD's work planning for the next year
- **Feedback and Information Sharing:** The organization will enhance information sharing at all levels. Lessons learned will be documented and shared not only internally but with other key stakeholders. An internal communications policy will be developed to facilitate enhanced communication, information sharing, and feedback within the organization for the effective and efficient achievement of organizational activities.
- **External Audits and Evaluations:** The board will ensure timely annual external audits are conducted while at the same time strengthening internal controls. A Mid-term external evaluation of the activities in this plan will be carried out at the end of the second year of operation. This evaluation activity will endeavor to assess the level of achievement of the outcomes as envisaged by this plan. This will be done to assess the program's performance, efficiency, and impact. Towards the end of the planned period, a Strategic Planning forum will be instituted to inform the process and activities for the Next Phase.
- **An ad hoc evaluation:** In case of significant unexplained variation between goal and performance (especially in critical performance areas), an ad hoc evaluation will be conducted to inform decision-making and implementation .

STRATEGIC PLAN'S IMPLEMENTATION MATRIX

Institutional Development and Growth Implementation Matrix

KEY RESULT AREAS	KEY OUTCOMES	KEY ACTIVITIES	INDICATORS	ASSUMPTIONS
INSTITUTIONAL DEVELOPMENT AND GROWTH				
<i>Strategic Goal: Effective Governance and Effective Management Systems</i>				
Governance: Improve governance and management system of the organization	Functional board	<ul style="list-style-type: none"> • Recruitment of qualified and supportive board • Organize capacity building programme for the board. • Conduct half yearly board meetings • Review and approval of policies • Institute board performance management system • Provide oversight to the organisation 	<ul style="list-style-type: none"> • Number of meetings • Number of policies approved 	Willingness by the board to actively participate in CMD governance
Management enhance good management practices and systems within the organization		<ul style="list-style-type: none"> • Develop a resource mobilization strategy • Undertake monthly meeting management and quarterly review. • Develop, implement and review annual plans • Develop capacity building plans for their 		

KEY RESULT AREAS	KEY OUTCOMES	KEY ACTIVITIES	INDICATORS	ASSUMPTIONS
INSTITUTIONAL DEVELOPMENT AND GROWTH				
<i>Strategic Goal: Effective Governance and Effective Management Systems</i>				
Human resource: Establish and develop human resource capacity and system	<ul style="list-style-type: none"> Promote a positive organisational culture Increased retention Enhanced staff capacity 	<ul style="list-style-type: none"> Establish (TNA) and implement appropriate training and development programmes Develop capacity building plan Review and implement the policies Organise yearly parties Develop performance appraisal Institutionalize induction/orientation, coaching and mentorship program Develop a human resource management system Develop a capacity building plan and implement it Develop a performance management system 	<ul style="list-style-type: none"> Number of trainings held Number of staffs trained Increased rate of staff retention Improved performance Number of staff parties held within the year Improved staff motivation 	<ul style="list-style-type: none"> Policies exist Staff exists Yearly parties Staffs are skilled and qualified No staff turnover
Finance and Sustainability: Enhance accountability through efficient financial management system and procedures	<ul style="list-style-type: none"> Reliable financial reporting and donor compliance Effective financial control 	<ul style="list-style-type: none"> Develop resource mobilization policy and implementation strategy Establish a resource mobilization team Regular internal audits Ensuring financial compliance & control systems are adhered to Recruitment of Roving finance officers Efficient reporting systems Undertake budgeting based on resources 	<ul style="list-style-type: none"> Number of audits Improved financial management Number of field visits conducted Number of budgets approved 	<ul style="list-style-type: none"> We have internal auditors Internal control systems are functioning Funds will be provided
Monitoring, evaluation and Knowledge management: Develop a functional and effective result-based monitoring systems and knowledge management	<ul style="list-style-type: none"> Systematic information gathering Established Monitoring and Evaluation unit. Improved monitoring, & evaluation systems Improved Reporting systems Tracked project progress against targets 	<ul style="list-style-type: none"> Monitor project activities, Expenditures and progress Develop monitoring tools Capacitate the staff on the existing M&E tools Participate in project reviews Develop a data management system Develop data collection tools 	<ul style="list-style-type: none"> Number of reports produced Improved M&E policy Improved reporting Number of staffs trained on M&E tools Number of staffs trained on data management Number of monitoring visits conducted 	<ul style="list-style-type: none"> Existence of M&E committee/unit M&E Operational plans are in place M&E tools existing Funds are provide



Communication: Develop a structured communication system that recognises stakeholder interests	<ul style="list-style-type: none"> • Reduced conflicts • Efficiency • Conducive and friendly working environment 	<ul style="list-style-type: none"> • Regular updates on communication platforms • Develop a structured flow of information • Constant updates on ongoing projects to the stakeholders • Equipping field officers with communication tools • Regular meetings 	<ul style="list-style-type: none"> • Improved communication • Number of field staffs trained on communication tools • Number of meetings held • Number of training sessions held 	<ul style="list-style-type: none"> • Funds will be released • Political stability • Communication department exist
Partnerships and fundraising. Enhance stakeholder relationship and efficient resource mobilization.	<ul style="list-style-type: none"> • Improved organisation donor relationship 	<ul style="list-style-type: none"> • Joint assessment • Proposal writing • Attending cluster meetings • Coordination with local authority 	<ul style="list-style-type: none"> • Number of project assessments • Number of proposals submitted and funded 	<ul style="list-style-type: none"> • Political stability • Economic stability

Education & Child Protection Implementation Matrix

KEY RESULT AREAS	KEY OUTCOMES	KEY ACTIVITIES	INDICATORS	ASSUMPTIONS
EDUCATION & CHILD PROTECTION				
<i>Strategic Goal: Promote access, retention and transition of children in school in the next five years.</i>				
Access to education: Improve access to education through teacher recruitment, construction and rehabilitation of schools and equipping of schools.	<ul style="list-style-type: none"> • More children attending to education • Literacy level is increased • Teachers are motivated to work • Re-opening of schools • Laying better education foundation at early age • Continuation in Education 	<ul style="list-style-type: none"> • Construction of more schools • Recruitment of Teachers • Awareness Campaigns • Rehabilitation of learning spaces • Increased number of TLS • Payment of Teachers' incentives • Distribution of education supplies • Establishment of ECD, ALP and Secondary Schools 	<ul style="list-style-type: none"> • Number of schools constructed • Number of teachers recruited • Number of Learning spaces rehabilitated • Number of TLS established • Number of Teachers and learners receiving education supplies • Number of teachers receiving incentives 	<ul style="list-style-type: none"> • Donor will provide funds • Community cooperation and support • Political Stability
Education governance and leadership; Improve governance and established ownership of schools by communities.	<ul style="list-style-type: none"> • Good Management and leadership 	<ul style="list-style-type: none"> • Training of Teachers • Training of PTAs, SMC, Local Authorities • Timely payment of incentives 	<ul style="list-style-type: none"> • Number of volunteer teachers trained • Number of PTAs, SMC, Local Authorities trained • Number of volunteer teachers paid 	<ul style="list-style-type: none"> • There will be funding • Political stability
Retention programmes in schools: Reduce school dropout and out of school children in the communities	<ul style="list-style-type: none"> • Community enlightened on importance of Education • More children enrolled & retained in school • Reduced number of dropouts • More girls enrolling & retained in school 	<ul style="list-style-type: none"> • Awareness campaigns • School feeding • Provision of Hygiene kits for girls 	<ul style="list-style-type: none"> • Number of awareness campaigns done • Number of girls receiving hygiene kits • Number children receiving food 	<ul style="list-style-type: none"> • There will be funding • Political stability



<p>Girl child education: Increase girls entry and participation in schools and school programmes</p>	<ul style="list-style-type: none"> • More girls enrolling and retained in school • Reduced number of girls dropouts • Reduced rate of early marriages and teenage pregnancy • Increased freedom of expression in girls 	<ul style="list-style-type: none"> • Provision of Hygiene kits for girls • Recruitment of female teachers • Gender balance in SMC & PTA • Community sensitization on importance of girl child education 	<ul style="list-style-type: none"> • Number of girls receiving Hygiene kits • Number of female teachers • Number of females in SMC & PTA • Number of awareness campaigns done 	<ul style="list-style-type: none"> • There will be funding • Political stability
<p>Out of school youth programmes: Support out of school skills training and livelihood programmes</p>	<ul style="list-style-type: none"> • Skilled workforce • Reduced illiteracy • Reduced number of child soldiers • Reduced crime rates 	<ul style="list-style-type: none"> • Establishment of ALP Centres • Support of females • Awareness campaigns 		
<p>Family Tracing and Reunification: Engage in family tracing and reunification to address the problems of separations.</p>	<ul style="list-style-type: none"> • Reduced trauma • Access to basic needs • Parental care and love 	<ul style="list-style-type: none"> • Identification of separated and unaccompanied children • Family tracing (parents & caregivers) • Re-unification • Psychosocial Support 	<ul style="list-style-type: none"> • Number of children Identified and united with their families • Number of parents & care givers receiving their children • Number of people trained on PSS 	<ul style="list-style-type: none"> • There will be funding • Political stability
<p>Psycho social support to children: Reduce trauma and other psycho social changes.</p>	<ul style="list-style-type: none"> • Reduced trauma • Better understanding and management of crisis • Healing and recovery 	<ul style="list-style-type: none"> • Training of teachers on PSS • Provision of Recreation kits (Sporting Activities) 	<ul style="list-style-type: none"> • Number of teachers trained on PSS • Number of children & Youth receiving recreational kits 	<ul style="list-style-type: none"> • There will be funding • Political stability
<p>Child protection networking: Improve the community system on child tracing and re-unification</p>	<ul style="list-style-type: none"> • Healing and recovery • Access to basic needs 	<ul style="list-style-type: none"> • Referrals • Collaboration with other partners and Stakeholders 	<ul style="list-style-type: none"> • Number of cases referred • Number of consultative meetings 	<ul style="list-style-type: none"> • There will be funding • Political stability
<p>Child rights advocacy: Advocate for child rights and child protection</p>	<ul style="list-style-type: none"> • The communities are enlightened on child rights • Improved safe and secure environment for children 	<ul style="list-style-type: none"> • Community sensitization on child rights • Training of Teachers on child rights 	<ul style="list-style-type: none"> • Number of sensitization meetings done • Number of teachers trained on child rights 	<ul style="list-style-type: none"> • There will be funding • Political stability

Healthcare Program Implementation Matrix

KEY RESULT AREAS	KEY OUTCOMES	KEY ACTIVITIES	INDICATORS	ASSUMPTIONS
HEALTHCARE PROGRAM				
<i>Strategic Goal: Contribute to reduction of mortality and morbidity rate through quality health care services to the communities</i>				
Preventive & health promotion services: Promote prevention by creating awareness on disease outbreak, disaster preparedness and preventive measures.	<ul style="list-style-type: none"> Reduced childhood preventable diseases Sensitized communities Reduced malaria cases on PLW's. Save lives 	<ul style="list-style-type: none"> Immunization Awareness campaigns Distribution LLITNs EWARD Emergency Response Payment of local health staffs. 	<ul style="list-style-type: none"> No. of the children immunized No. of community health promotion conducted No. of mosquitos' net distributed to children > 5 and PLW's. No. of EWARD/ IDRS submitted 	<ul style="list-style-type: none"> Availability of functional cold chain system Availability of vaccines Availability of funds Availability of qualified staffs Stability CMD existence.
Curative services: Enhance quality health care services and create awareness and early diagnosis and treatment	<ul style="list-style-type: none"> Reduced morbidity rate and mortality rates Early and correct diagnosis Right usage, right dosage, right patient and good storage Long term health services 	<ul style="list-style-type: none"> Consultation Laboratory services Drug management Training of local health staffs. Payment of local health staffs 	<ul style="list-style-type: none"> No. of consultation done No. Laboratory test done; positive and negative. No. of in-patients attended to. No. of drugs of dispensed No. of trained health staffs 	<ul style="list-style-type: none"> Availability of drugs Availability of reagents Availability of medical equipment and supplies Availability of funds Availability of qualified staffs Stability CMD existence
Rehabilitation of existing facilities & establishment of new facilities. Rehabilitate existing facilities, establishment of more PHCC'S & PHCU'S & Referral Hospital	<ul style="list-style-type: none"> Quality health services Accommodation of more patients Accessibility 	<ul style="list-style-type: none"> Furnishing of the existing facilities Establishment of new facilities 	<ul style="list-style-type: none"> No. of existing PHCC's and PHCU's rehabilitated No. of new PHCC's and PHCU's constructed 	<ul style="list-style-type: none"> Availability of funds Availability of qualified staffs Stability CMD existence
Reproductive health programmes: Reduce maternal and neonatal death through Comprehensive emergency obstetric and neonatal care (CEmoNC) Basic emergency obstetric and neonatal care (BMoC) quality services.	<ul style="list-style-type: none"> Child spacing, uterus relax, reduction of STD's Healthy babies and healthy mothers, prevention of maternal death. Reduced childhood preventable diseases. Reduction of STD's, prevention of unwanted pregnancies and psychosocial support (PSS) Save lives for the mothers 	<ul style="list-style-type: none"> Family planning Antenatal care Postnatal care Neonatal care Immunization of new-borns Response to SGBV cases Pre/post abortion care 	<ul style="list-style-type: none"> Total NO. ANC visits. No. of pregnant women immunized No. of delivery conducted in the facility. No. of maternal death No. of live births in the facility. No. of still birth in the facility. No. of children immunized No. of SGBV attended to in the facility. 	<ul style="list-style-type: none"> Availability of qualified staffs. Availability of Clean Delivery Kits. Availability of vaccines. Availability of SGBV kits CMD existence Availability of vaccine

Nutrition Program Implementation Matrix

KEY RESULT AREAS	KEY OUTCOMES	KEY ACTIVITIES	INDICATORS	ASSUMPTIONS
NUTRITION PROGRAM				
<i>Strategic Goal: Contribute to the reduction of malnutrition rate among children under 5 years and PLWAs through targeted feeding programs</i>				
Infant young children feeding programme: Promote exclusive breastfeeding from 0-6 month's programmes through awareness creation.	<ul style="list-style-type: none"> Behavioural changes of the community through Integrated MIYCN lessons and other community activities Linkage between community & facility Strengthening referral system Reduced malnutrition 	<ul style="list-style-type: none"> Awareness and sensitization of the mothers/caregivers on baby care Training of mother-mother groups Defaulter tracing, Screening, fol low ups, referrals etc. Timely payment of the volunteers 	<ul style="list-style-type: none"> No. of mothers reached with health education No. of mother-mother support groups formed No. of mothers adopted the system of IYCF No. of the mother exclusive breast feeding 	<ul style="list-style-type: none"> Availability of IYCF materials Availability of existing mother-mother support groups Availability of CSB++ distributed Availability of nutrition tools
Targeted supplementary feeding programme: Increase screening and provision of service to the moderate acute malnutrition (MAM) for children from 6-59 months and PLW	<ul style="list-style-type: none"> Identification of MAM among children U5 and PLW. Provision of home based treatment to reduce malnutrition cases and boosting of immunity Sensitized community on the risk of malnutrition 	<ul style="list-style-type: none"> Screening Distribution of Plumpy surf Community awareness about malnutrition Training of Community Nutrition Volunteers Timely payment of volunteers. 	<ul style="list-style-type: none"> No. of children >5 years screened No. of children distributed with Plumpy surf, RUFT No of community reached with nutrition messages No. of defaulters 	<ul style="list-style-type: none"> Availability of Plumpy Nut/surf Availability of funds Availability of qualified staffs Availability of resources Availability of nutrition tools
Blanket supplementary feeding programmes: Increase screening and provision of feeds to PLW's, Elderly etc through feeding programme	<ul style="list-style-type: none"> Identification of malnutrition cases. Reduction of malnutrition cases and boosting of immunity Sensitized community on the risk of malnutrition 	<ul style="list-style-type: none"> Screening of PLW's. Community awareness about malnutrition. Distribution of CSB++, CSB+ 	<ul style="list-style-type: none"> No. of PLW's received CSB++, CSB+ No. of PLW's screened No. of community reached with nutrition messages No. of defaulters 	<ul style="list-style-type: none"> Availability of commodity Availability of fund Availability of nutrition tools Availability of qualified trained worker/volunteers
Outpatient therapeutically programme: Increase screening and provision of services to the young children from 6-59 months with severe acute malnutrition (SAM) without medical complication at the outpatient level	<ul style="list-style-type: none"> Identification of SAM children between 6-59 months. Homebased treatment to reduce of malnutrition and boosting of immune system. Sensitized community on the risk of malnutrition and behaviour change. 	<ul style="list-style-type: none"> Screening of SAM. Distribution of Plumpy nuts Community awareness about malnutrition 	<ul style="list-style-type: none"> No. of SAM screened No. of Plumpy surf/nut distributed No. of community sensitised No. of children referred to SC No. of defaulters 	<ul style="list-style-type: none"> Availability of commodity Availability of fund Availability of nutrition tools Availability of qualified trained worker/volunteers



<p>In patient management of malnourished children/stabilization centre: Support admission and provision of services to severe Acute Malnutrition with medical complication from 0-59 months</p>	<ul style="list-style-type: none"> • Identification of SAM children(6-59 months) with medical complications. • Reduction of malnutrition and boosting of immune system. • Sensitized community on the risk of malnutrition and behaviour change. • Reduction of morbidity & mortality rates. 	<ul style="list-style-type: none"> • Screening and inpatient admission of SAM children with medical complications • Distribution of Plumpy nuts, F75 and F100. • Community awareness about malnutrition. • Medical treatment • Referral to the OTP/SFP 	<ul style="list-style-type: none"> • No. of SAM admitted • No. of SAM discharged cured • No. of defaulters • No. of children treated with medical complication • No. of deaths • No. of children received • RUFT, F75, F100 	<ul style="list-style-type: none"> • Availability of commodity • Availability of fund • Availability of nutrition tools • Availability of qualified trained worker/volunteers
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Water, Sanitation And Hygiene Implementation Matrix

KEY RESULT AREAS	KEY OUTCOMES	KEY ACTIVITIES	INDICATORS	ASSUMPTIONS
<p>WATER, SANITATION AND HYGIENE PROGRAM</p>				
<p><i>Strategic Goal: Improved health and socio-economic well-beings of communities by reducing the incidence of water- and sanitation-related diseases through sustainable safe water, sanitation, and hygienic practices</i></p>				
<p>Provision of Clean water: Improve access to clean and safe water to the communities</p>	<ul style="list-style-type: none"> • Sustained clean and safe water provided 	<ul style="list-style-type: none"> • Drilling of new boreholes. • Rehabilitation of broken hand pumps • Digging of hand dug wells • Motorization of boreholes. • Construction of water ponds • Training of Pump mechanics • Training of Water User Committees • Distribution of WASH NFIs 	<ul style="list-style-type: none"> • Number of boreholes drilled (Boreholes log forms) • Number of broken hand pumps rehabilitated • Number of hand dug wells dug • Number of boreholes motorized • Number of water ponds 	<ul style="list-style-type: none"> • Accessibility of the targeted location, overall security status of the country remains calm and budget will be available in time to conduct activities. • The Local Authorities and community will accept the project and provide necessary support
<p>Sanitation: Improve access to safe sanitation to the communities</p>	<ul style="list-style-type: none"> • Improved sanitation 	<ul style="list-style-type: none"> • Latrine construction • Distribution of latrine slabs • Rehabilitation of latrines • Construction of bathing Facilities • Construction of waste Disposal points • Capacity building on appropriate use of latrine 	<ul style="list-style-type: none"> • Number of Latrines constructed. • Number of People using latrine constructed. • Number of Latrines slabs distributed. • Number of Latrines rehabilitated. • Number of Bathing facilities constructed • Number of people using the bathing shelters constructed. • Number of waste disposal points established • Number of people trained in appropriate use of latrines 	

Hygiene promotion: Reduce risk of WASH related sickness in the community due to behaviour change	<ul style="list-style-type: none"> Reduced cases of WASH related sicknesses 	<ul style="list-style-type: none"> Training of Hygiene promoter Hygiene campaigns to pass hygiene messages. Advocacy on behaviour change Distribution of Hygiene kits 	<ul style="list-style-type: none"> Number of Hygiene promoters trained Number of sessions conducted on hygiene messages and advocacy. Number of households reached with Hygiene messages. Number of Hygiene kits distributed 	
Environmental stewardship and climate change mitigation: Reduce impact of environmental degradation to the targeted areas	<ul style="list-style-type: none"> Improved environmental stewardship at different levels to communities 	<ul style="list-style-type: none"> Environmental impact assessment Engage in Environmental sustainable education Construction of dikes Afforestation 	<ul style="list-style-type: none"> Report of environmental impact assessment. Area in Km-sq covered with dikes Number of trees planted Area in Km-sq covered with forest. 	

Food Security And Livelihoods Implementation Matrix

KEY RESULT AREAS	KEY OUTCOMES	KEY ACTIVITIES	INDICATORS	ASSUMPTIONS
FOOD SECURITY AND LIVELIHOODS PROGRAM				
<i>Strategic Goal: Improved food security and livelihoods among communities through crop and horticulture production, livestock production, fishing, self-reliance and resilience.</i>				
Agriculture: Enhance crop and horticultural production activities to ensure adequate food production among the target communities	<ul style="list-style-type: none"> Reduced number of food insecure persons in the community. Communities have increased land under crop and vegetable farming. 	<ul style="list-style-type: none"> Engagement of the local authorities and the local government on the program to understand the situation on the ground. Program awareness among the community. Training of farmers on agricultural methodologies. Training of community- based extension workers. Establishing farmer focus groups to share ideas. Provision of crop seeds and vegetable seeds. Cultivation of increased farm spaces. Distribution of agricultural tools to the community. Training communities on post-harvest food management. Monitoring of the activities being implemented. Post distribution monitoring. Evaluation. 	<ul style="list-style-type: none"> #of meetings held with the local stake holders. #of community meetings held. #of trainings done and participants #of farmer focus groups created. #of crops and vegetables distributed. # of Fedans /acres under crop and vegetables. #of tools distributed to the community. #of Community based agricultural extension workers trained. #of beneficiaries reached and distributed by tools, crops and vegetable seeds. #of monitoring reports. #of post distribution monitoring reports. 	<ul style="list-style-type: none"> Availability of donor support



<p>Livestock Production: Reduce livestock morbidity and mortality rates among the livestock</p>	<ul style="list-style-type: none"> • Target communities get to produce livestock products: milk, meat and leather for their subsistence feeding and selling of the products and livestock 	<ul style="list-style-type: none"> • Training of community- based health workers. • Establishment of cold chain facilities for vaccine storage. • Distribution of veterinary drugs and equipment to the CBAHWs. • Treatment and vaccination of animals. • Monitoring of the activities implemented • Post distribution monitoring. • Evaluation of the program. 	<ul style="list-style-type: none"> • #of CBAHWs trained • #of established cold chain facilities. • #of veterinary drug kits distributed. • #of CBAHWs distributed with drugs. • #of animals treated/ vaccinated. • #of monitoring reports provided during the activities. • #of post distribution reports provided 	
<p>Fishing: Enhance fishing activities and value addition methods for maximum output.</p>	<ul style="list-style-type: none"> • Target communities get to produce fish for their subsistence feeding and selling of fresh, dried and smoked fish products. 	<ul style="list-style-type: none"> • Train fishermen on how to use the fishing kits. • Train communities on hygiene, fish preservation and value addition. • Distribution of fishing kits to the community. • Monitoring of the activities done and use of kits among the community. 	<ul style="list-style-type: none"> • #of trained fishermen. • #of beneficiaries trained on fish handling hygiene, preservation and value addition methods. • #of beneficiaries and fishing tools distributed. • #of monitoring reports during the activities provided. 	
<p>Livelihoods and empowerment programmes: Enhance self-reliant, resilience and livelihood skills and literacy among the communities targeted and sustainable agricultural development.</p>	<ul style="list-style-type: none"> • Communities have increased and expanded knowledge and skills on improved farming, livestock herd management ,fish products handling and processing and Bee keeping methods. • Communities have integrated farming; OX plough, dairy production, dairy goat, poultry production, fruit trees farming conservation agriculture 	<ul style="list-style-type: none"> • Establishment of farmer filed schools. • Training of farmers in livestock production, poultry, bee keeping, dairy cattle and goat farming. • Training farmers on the use of drought ploughing. • Provision of bee rearing equipment and Ox plough items. • Training of communities on fruit tree farming, termarin, mangoes, passion fruits etc. • Training the communities on value addition methods, Yoghurt, sour milk, cheese processing. • Leather processing, Bone and hooves harvesting and use. • Set up farmer demonstration spaces. • Monitoring the activities done. • Post activities monitoring 	<ul style="list-style-type: none"> • #of farmer filed schools established. • #of training and farmers attending trainings. • #of drought plough distributed to the beneficiaries. • #of farmers making use of improved agricultural tools. • #of farmers practicing fruit farming. • #of community beneficiaries involved in livestock products processing. • #of litres processed in by the beneficiaries and taken to the market. • #of farmer demonstration plots. • #of processed /value added livestock, bee, fish and vegetables products in the markets. • #of monitoring reports provided 	<p>Participation of stakeholders</p>

General Protection and GBV Implementation Matrix

KEY RESULT AREAS	KEY OUTCOMES	KEY ACTIVITIES	INDICATORS	ASSUMPTIONS
GENERAL PROTECTION AND GBV				
<i>Strategic Goal: Promote protection and advocacy against Gender Based Violence programmes in the communities</i>				
Prevent early child marriage	<ul style="list-style-type: none"> Policies that prevent early child marriage advocated for. 	<ul style="list-style-type: none"> Awareness raising against Early child marriage through peaceful demonstrations and use of IEC materials placed strategically in the community facilities like churches, distribution sites, schools, hospitals and banners, t-shirts and caps while observing international days like IWD and 16 days of activism 	<ul style="list-style-type: none"> # of Awareness raising events conducted to advocate against Early Child Marriage # of IEC materials developed, printed and distributed to the beneficiaries 	<ul style="list-style-type: none"> The communities will be receptive of the policies against early child marriage
Eradicate Harmful Traditional Practices (HTP) that impact negatively on gender dynamics	<ul style="list-style-type: none"> Harmful Traditional practices eradicated 	<ul style="list-style-type: none"> Selection and training of male opinion leaders to champion against Harmful Traditional practices like forced marriages, intimate partner violence and violence against women of all forms Educating women through workshops on housing, land and property rights 	<ul style="list-style-type: none"> # of Male champions selected, trained and deployed in the targeted areas # of trainings conducted in the targeted areas on housing, land and property rights. 	<ul style="list-style-type: none"> The male champions will be embraced by the patriarchal communities
Provide Psychosocial support, legal redress and medical interventions for the Survivors	<ul style="list-style-type: none"> Survivors provided with PSS, Legal Support and Medical interventions including clinical management of rape (CMR) 	<ul style="list-style-type: none"> Establish and staff with qualified staff GBV recovery centres Strengthen the referral pathways and establish new ones where they do not exist in the target counties 	<ul style="list-style-type: none"> # of GBV recovery centres established in the target areas # of referral pathways established in the target counties # of referral pathways strengthened in the target counties 	<ul style="list-style-type: none"> Funds will be available to establish the GBV recovery centres Funds will be available to recruit qualified staff for the GBV recovery centres
Provide Sexual and reproductive health and Sexual rights training including Menstrual Hygiene Management for school going adolescent girls and non school going young girls	<ul style="list-style-type: none"> Training on SHSR provided Distribute MHM kits/ dignity kits to the most vulnerable women and girls 	<ul style="list-style-type: none"> Conduct Sexual and reproductive rights training for women and girls in the targeted areas Provide MHM Kits / Dignity Kits to the most vulnerable women and girls in line with the targeting criteria 	<ul style="list-style-type: none"> # of Sexual and reproductive rights training for women and girls conducted in the targeted areas # Dignity kits distributed to the most vulnerable women and girls in the targeted areas 	<ul style="list-style-type: none"> Availability of funds to conduct the training Availability of the dignity kits for distribution
Gender Based Violence: Advocate against GBV through awareness creation, capacity building & advocacy	<ul style="list-style-type: none"> Awareness raising of the various forms of GBV conducted 	<ul style="list-style-type: none"> Provide training on GBV 	<ul style="list-style-type: none"> # of trainings on GBV conducted # Number of IEC materials developed and shared 	<ul style="list-style-type: none"> Availability of funds to conduct the trainings

Peacebuilding and Conflict Resolution Implementation Matrix

KEY RESULT AREAS	KEY OUTCOMES	KEY ACTIVITIES	INDICATORS	ASSUMPTIONS
PEACE BUILDING AND CONFLICT RESOLUTION				
<i>Strategic Goal: To improve partnerships and the use of conflict risk information at the state level to enhance the capacity of peace-building institutions, promote solutions that are locally identified, and promote social cohesion.</i>				
Peace building; Support peace building programmes within the communities	<ul style="list-style-type: none"> • Reduced conflicts • Enhance peaceful co-existence • Reduced criminal activities 	<ul style="list-style-type: none"> • Training of community leaders • Awareness campaigns • Recreational activities that bring people together (foot match) • Involvement of religious leaders 	<ul style="list-style-type: none"> • Number of community leaders trained on peace building • Number of awareness campaigns done on peace building 	<ul style="list-style-type: none"> • There will be funding • Political stability
Conflict transformation and Reconciliation: Support conflict transformation and reconciliation programmes in the communities.	<ul style="list-style-type: none"> • Enhanced peaceful co-existence in the communities • Reduction of criminal activities in the communities • Reduced child soldier • Enhance Healing and recovery 	<ul style="list-style-type: none"> • Training of community leaders & Youths • Awareness campaigns (Target) • Formation of peace building committees • Involvement of females in peace building • Demobilization of child soldiers • Involvement of religious leaders 	<ul style="list-style-type: none"> • Number of community leaders and youths trained on conflict transformation and reconciliation • Number of awareness campaigns done on conflict transformation and reconciliation • Number committees formed for conflict transformation and reconciliation • Number of females involved in conflict transformation and reconciliation. • Number of children demobilized from the army • Number consultative meeting with religious leaders 	<ul style="list-style-type: none"> • There will be funding • Political stability

FINANCIAL FORECAST FOR THE YEAR 2023-2027

CMD's Strategic Plan Budget Forecasts and Projections for the Year 2023 - 2027

S/No	Budget Lines Descriptions	PART 1										PART 2				
		Education & Child Protection	Healthcare Program	Nutrition Program	WASH Program	FSL Program	Protection and GBV Program	Peace Building and Conflict Resolution	Total	2023	2024	2025	2026	2027	Total	
		3,805,500	3,805,500	3,225,000	3,784,000	3,225,000	1,935,000	1,720,000	21,500,000							
1	Supplies, Commodities and Materials	1,522,200	1,522,200	1,290,000	1,513,600	1,290,000	774,000	688,000	8,600,000	1,580,000	1,620,000	1,700,000	1,800,000	1,900,000	8,600,000	
2	Personnel and Consultant Costs	646,935	646,935	548,250	643,280	548,250	328,950	292,400	3,655,000	671,500	688,500	722,500	765,000	807,500	3,655,000	
3	Trainings, Workshops & Campaigns	304,440	304,440	258,000	302,720	258,000	154,800	137,600	1,720,000	316,000	324,000	340,000	360,000	380,000	1,720,000	
4	Contracts and Sub-grants	266,385	266,385	225,750	264,880	225,750	135,450	120,400	1,505,000	276,500	283,500	297,500	315,000	332,500	1,505,000	
5	Operations and Travel Costs	494,715	494,715	419,250	491,920	419,250	251,550	223,600	2,795,000	513,500	526,500	552,500	585,000	617,500	2,795,000	
6	Administrative Costs	342,495	342,495	290,250	340,560	290,250	174,150	154,800	1,935,000	355,500	364,500	382,500	405,000	427,500	1,935,000	
	Sub-total Budget Estimates	3,577,170	3,577,170	3,031,500	3,556,960	3,031,500	1,818,900	1,616,800	20,210,000	3,713,000	3,807,000	3,995,000	4,230,000	4,465,000	20,210,000	
	Program Support Costs @ 7%															
7	Admin Support Costs	114,165	114,165	96,750	113,520	96,750	58,050	51,600	645,000	118,500	121,500	127,500	135,000	142,500	645,000	
8	Bank Charges and Exchange Loss	76,110	76,110	64,500	75,680	64,500	38,700	34,400	430,000	79,000	81,000	85,000	90,000	95,000	430,000	
9	Audit and Evaluation Costs	38,055	38,055	32,250	37,840	32,250	19,350	17,200	215,000	39,500	40,500	42,500	45,000	47,500	215,000	
	Sub-total Program Support Costs	228,330	228,330	193,500	227,040	193,500	116,100	103,200	1,290,000	237,000	243,000	255,000	270,000	285,000	1,290,000	
		3,805,500	3,805,500	3,225,000	3,784,000	3,225,000	1,935,000	1,720,000	21,500,000	3,950,000	4,050,000	4,250,000	4,500,000	4,750,000	21,500,000	

CMD's Partners and Donors

We proudly acknowledge and appreciate continued partnership and support with below listed partners, both local and international relief and development actors, Government line ministries, institutions, faith-based and community-based organizations with whom we share a common goal.



ANNEX 1 - CMD Contacts

Document Title:	CMD Strategic Plan 2023-2027	Requirements for review
Type of Review	Yearly Reviews	Departmental Heads
2023 Review	01/02/2024	<ol style="list-style-type: none"> 1. Departmental yearly reports with a detailed contextual analysis (PESTEL) 2. Departmental preceding year projections and work plans 3. Departmental SWOT analysis 4. Departmental proposed changes
2024 Review	01/02/2025	
2025 Review	01/02/2026	
2026 Review	01/02/2027	
2027 Review	01/02/2028	

ANNEX 2: Strategic Plan Review Schedule

End of Term Review (5 Years Review)		
Document Title:	CMD Strategic Plan 2023-2027	Requirements for review
Effective Date:	14/05/2023	<ul style="list-style-type: none"> • Departmental yearly reports with a detailed contextual analysis (PESTEL) • Departmental preceding year projections, reports and work plans • Departmental SWOT analysis • Departmental proposed change
Date Last Reviewed:	14/05/2023	
Scheduled Review Date:	01/02/2028	
Supersedes:	All Previous Strategic Plans	
Approved by:	CMD BOARD OF DIRECTORS	
Signed: (By the Board)		

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