

Section I: Identification and JP Status

Albania: Reducing Malnutrition in Children

Semester: 2-12

Country	Albania
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	
Program title	Albania: Reducing Malnutrition in Children

Report Number	
Reporting Period	2-12
Programme Duration	
Official Starting Date	

Participating UN Organizations	<ul style="list-style-type: none"> * FAO * UNICEF * WHO
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Implementing Partners	<ul style="list-style-type: none"> * •Faculty of Medicine * •INSTAT * •Institute of Public Health * •Private sector * Ministry of Agriculture * Ministry of Health (MOH)
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Budget Summary

Total Approved Budget

UNICEF	\$2,214,170.00
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WHO	\$1,003,660.00
FAO	\$782,170.00
Total	\$4,000,000.00

Total Amount of Transferred To Date

UNICEF	
WHO	
FAO	
Total	\$0.00

Total Budget Committed To Date

UNICEF	\$1,441,248.00
WHO	\$763,446.00
FAO	\$743,812.00
Total	\$2,948,506.00

Total Budget Disbursed To Date

UNICEF	\$1,265,793.00
WHO	\$731,656.00
FAO	\$661,702.00
Total	\$2,659,151.00

Donors

As you can understand, one of the Goals of the MDG-F is to generate interest and attract funding from other donors. In order to be able to report on this goal in 2010, we would require you to advise us if there has been any complementary financing provided for each programme as per following example:

Please use the same format as in the previous section (budget summary) to report figures (example 50,000.11) for fifty thousand US dollars and eleven cents

Type	Donor	Total	For 2010	For 2011	For 2012
DEFINITIONS					

1) PARALLEL FINANCING – refers to financing activities related to or complementary to the programme but whose funds are NOT channeled through UN agencies. Example: JAICA decides to finance 10 additional seminars to disseminate the objectives of the programme in additional communities.

2) COST SHARING – refers to financing that is channeled through one or more of the UN agencies executing a particular programme. Example: The Government of Italy gives UNESCO the equivalent of US \$ 200,000 to be spent on activities that expand the reach of planned activities and these funds are channeled through UNESCO.

3) COUNTERPART FUNDS - refers to funds provided by one or several government agencies (in kind or in cash) to expand the reach of the programme. These funds may or may not be channeled through a UN agency. Example: The Ministry of Water donates land to build a pilot 'village water treatment plant' The value of the contribution in kind or the amount of local currency contributed (if in cash) must be recalculated in US \$ and the resulting amount(s) is what is reported in the table above.

Beneficiaries

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
Children under 3 years	34,000	5,000	Breast Feeding Women	Promotion of Exclusive Breastfeeding
Children under 3 years	34,000	22,000	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Men	34,000	20,000	Citizens/Men	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Men	34,000	1,000	Citizens/Men	Homestead Food Production and Diversification
Men	34,000	1,000	Citizens/Men	Other Agricultural Interventions
Women	36,000	5,000	Breast Feeding Women	Promotion of Exclusive Breastfeeding
Women	36,000	25,000	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Women	36,000	1,000	Ciudadanas/mujeres	Homestead Food Production and Diversification
National Institutions	10	11	National Institutions (number of institutions, not persons)	Capacity to Collect, Analyze Data and/or Produce Analysis
Local institutions	16	16	Local Institutions (number of institutions, not persons)	Capacity to Collect, Analyze Data and/or Produce Analysis
Civil Society organizations	20	15	Civil Society Organisations (number of organisations, not persons)	Capacity to Collect, Analyze Data and/or Produce Analysis
Local government units	15	15	Municipalities	Capacity to Collect, Analyze Data and/or Produce Analysis
Milling industry	30	20	Food Producers	Fortification of Foods With Micronutrients/Supplementation Programmes



Beneficiary type

Health workers

Targetted

300

Reached Category of beneficiary

360 Health Workers/Women

Type of service or goods delivered

Behaviour Change Communication Initiatives (Hand Washing, Etc)

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (1000 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions

Plases describe three main achievements that the joint programme has had in this reporting period (max 100 words)

- Increased awareness, understanding, and recognition among line ministries on the fundamental need for intersectoral approach to improve food and nutrition security.
- Mothers, families and communities empowered for improved IYCF practices through innovative communication channels including social media and peer advice and counselling.
- Improved knowledge, skills and participation of National, regional, district authorities and local governments in understanding food and nutrition situation, design and formulation of community based plans to improve food and nutrition security

Progress in outcomes

Outcome 1- Final consolidated draft of new FNAP ready for consultation with the highest policy making and decision taking level at line ministries.

Outcome 2 -Reinforced capacities of local teams in intersectoral planning and implementation of intervention models at community level.

Outcome 3- Collaboration between the Ministries of Health and Education strengthened in the process of development of model nutrition curricula for compulsory education.

Progress in outputs

1.1 Coordination structures established at district level, and active in drafting Food and Nutrition Action Plan and community based interventions.

1.2 The knowledge of the national T WG on food and nutrition data collection and utilization were enriched with studying Finish experience /practices on the intersectoral collaboration.

1.3 Final consolidated draft of new FNAP prepared for consultation with the highest policy making and decision taking level at line ministries.

1.4 Methodological tools (food security scale and dietary diversity score) policy briefs and guidelines on their utilization are produced as components of the food security and nutrition surveillance system

2.1 Increased level of participation of district and regional authorities and local governments in municipalities and communes in the process of formulation of commune based food and nutrition management plans for 15 target communes.

Community based interventions have developed models aimed to reduce food insecurity in the target areas through increase of local production, use of local natural resources, improved post-harvest practices and models of food processing and preservation at hh level.

2.2 An increased number of PHC facilities in 6 target districts, are delivering child growth assessment and nutrition counseling.

A supportive supervision tool to monitor quality of child growth assessment and nutrition counselling of primary health care providers, is developed and being used to follow up on trained health personnel.

2.3 Implementation of Communication plan of action was expanded to reach more mothers and families for a sustainable behaviour change. National competition "10 mothers of the year" was a forum to involve more mothers in sharing their experiences and practices and act as champions of good practices for IYCF in their communities.

3.1 Teaching materials for teachers and pupils according to improved core curricula for nutrition in compulsory education, are produced and tested in 20 schools in the target areas.

Measures taken for the sustainability of the joint programme

Activity planning and implementation of JP continues to be undertaken jointly by all relevant stakeholders at central and local level. During the reporting period, more emphasis was placed on participation and involvement of local governments in planning, implementation and monitoring of cross sectoral interventions.

The PMC, through the national coordinator (MOH) establishes the technical working groups (TWGs) who are charged with planning, implementing, monitoring and reporting on specific JP interventions.

Training of trainers for development and use of nutrition curricula in the compulsory education, is being accredited from the CAT (Committee for Accreditation of Trainings in Education sector).

All capacity building activities in health sector are accredited by the National Center for Continuous Medical Education.

Are there difficulties in the implementation?

Administrative / Financial

Management: 1. Activity and output management. 2. Governance/Decision Making 4. Accountability
Joint Programme design

What are the causes of these difficulties?

Competing priorities and commitments and insufficient number of trained staff in public sector in nutrition and food security poses a challenge in terms of timely planning and implementation of multiple interventions planned under JP Nutrition.

The identification and contracting of specialised institutions and experts for technical assistance may take longer than initially planned.

Briefly describe the current difficulties the Joint Programme is facing

Ensuring national ownership and wide intersectoral participation at national and local levels in planning and implementation of activities related to complex intersectoral issues such as nutrition and food security takes considerable time and efforts in coordination of stakeholders.

Briefly describe the current external difficulties that delay implementation

No major external difficulties encountered to date

Explain the actions that are or will be taken to eliminate or mitigate the difficulties

The JP is working to build capacities of key sectors at national and local levels, including strong involvement from local governments, to make the case for coordinated intersectoral actions and more investments in nutrition and food security.

The JP is working to create a knowledge base on nutrition and food security to support evidence based advocacy, policy development and interventions.

The JP is working to expand the available networks of expertise of public institutions, civil society and UN agencies as well as planning in advance of activities to allow sufficient time for procurement process and contracting.

Functional multisectoral teams at national and local level, established in the frame of the JP, will serve as models of good practices for intersectoral collaboration.

2 Inter-Agency Coordination and Delivering as One

Is the joint programme still in line with the UNDAF?

Yes true
No false

If not, does the joint programme fit the national strategies?

Yes
No

What types of coordination mechanisms

The JP is part of the One UN programme in Albania. Therefore, activities are part of the standard planning and reporting cycle foreseen by the One UN programme along with those of other JPs active in the country. The Programme Management Committee, which meets on a regular basis and is co-chaired by the UN and the lead Government partner, provides oversight and guidance to all agencies participating in the JP. The activities of the joint programme have been structured in order to complement each other and are closely interlinked to prevent various components of the JP from running in parallel as separate sub-programmes.

Please provide the values for each category of the indicator table below

Indicators	Baseline	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-F JPs		6	internal reporting system	meeting reports
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs		3	internal reporting system	minutes of the meetings/final products
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs		6	internal reporting system	travel reports

Joint work included preparation of advanced drafts of the Food and Nutrition Action Plan (FNAP), elaboration of supportive supervision tool for health personnel trained in growth monitoring and nutrition counselling, training modules for local governments and preparation of food and nutrition management plans at commune level (LGU unit).

The government and the participating UN agencies have jointly prepared and implemented all activities planned for the reporting period. Regular technical meetings have been organized between government institutions, UN agencies and international technical experts to discuss the above mentioned documents.

Government partners and participating UN agencies have organized joint field trips to participate in regional intersectoral workshops, monitor training activities, community based interventions and joint meetings with the local governments in preparation of the commune food and nutrition management plans for 15 communes.

3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

Are Government and other national implementation partners involved in the implementation of activities and the delivery of outputs?

Not involved false
Slightly involved false
Fairly involved false
Fully involved true

In what kind of decisions and activities is the government involved?

Policy/decision making
Management: budget
Management: service provision

Who leads and/or chair the PMC?

Ministry of Health leads the PMC co-chairing with a representative from the UN side

Number of meetings with PMC chair

One for the reporting period. A total of three meetings for 2012.

Is civil society involved in the implementation of activities and the delivery of outputs?

Not involved false
Slightly involved false
Fairly involved false
Fully involved true

In what kind of decisions and activities is the civil society involved?

Policy/decision making
Management: service provision

Are the citizens involved in the implementation of activities and the delivery of outputs?

Not involved false
Slightly involved false
Fairly involved false
Fully involved true

In what kind of decisions and activities are the citizens involved?

Management: other, specify

Citizens involved in planning and implementation of community based interventions

Where is the joint programme management unit seated?

National Government

Current situation

The Minister of Health has appointed a national coordinator sitting at the MOH. UNICEF is hosting the FAO programme manager. Government and UN agencies sit together frequently. Periodic sessions were held with participating UN agencies and government counterparts to elaborate quarterly activity plans and discuss preparation of specific activities and programme documents.

4 Communication and Advocacy

Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes?

Yes true

No false

Please provide a brief explanation of the objectives, key elements and target audience of this strategy

The advocacy strategy is finalized. It proposes Nutrition Lens (NL) to assess the full range of multi-sectoral investments in Albania's national development. A Nutrition Lens is a planning and advocacy process that applies nutrition perspectives, expertise and outcome criteria to the policy-making process in order to enhance the impact of currently planned investments.

The communication strategy proposes a campaign "new and better ways of infant and young child feeding" which targets women and future mothers and grandmothers to promote a model and comprehensive package of IYCF practices. Communication strategy and plan of action for behaviour change in IYCF was officially approved by the Minister of Health and is being implemented. Full package of communication for behaviour change products (6 TV spots, 3 radio spots, 5 posters) prepared and distributed through various communication channels: national and local massmedia, closed broadcasting systems at the health centers, and interpersonal communication activities in the target areas.

What concrete gains are the advocacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?

Increased awareness on MDG related issues amongst citizens and governments

Increased dialogue among citizens, civil society, local national government in relation to development policy and practice

Establishment and/or liaison with social networks to advance MDGs and related goals

Key moments/events of social mobilization that highlight issues

Media outreach and advocacy

What is the number and type of partnerships that have been established amongst different sectors of society to promote the achievement of the MDGs and related

goals?

- Faith-based organizations
- Social networks/coalitions
- Local citizen groups
- Private sector 20
- Academic institutions 8
- Media groups and journalist 7
- Other

What outreach activities do the programme implement to ensure that local citizens have adequate access to information on the programme and opportunities to actively participate?

- Focus groups discussions
- Household surveys
- Use of local communication mediums such radio, theatre groups, newspapers
- Open forum meetings
- Capacity building/trainings

Section III: Millenium Development Goals Millenium Development Goals

Additional Narrative Comments

Please provide any relevant information and contributions of the programme to de MDGs, whether at national or local level

Interventions planned under JP nutrition are expected to contribute directly to Target C of Goal 1.

Addressing malnutrition including micronutrient deficiencies (Iron, iodine etc) will contribute to the reduction of infant and under-five mortality rates, as the link of malnutrition to child mortality and morbidity is well documented (target 4.A). In Albania it is estimated that malnutrition contributes up to 25% of infant mortality rates.

Improved nutrition and reduction of anaemia levels among pregnant women will contribute to improve maternal health and pregnancy outcomes (Target 5.A).

Please provide other comments you would like to communicate to the MDG-F Secretariat

Section IV: General Thematic Indicators

1 Integrated approaches for reducing child hunger and under-nutrition promoted

1.1 Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention

Children under 2

Total No.

No. Urban

No. Rural

No. Girls

No. boys

Children from 2 to 5

Total No.

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total

No. Urban

No. Rural

No. Girls

No. boys

Women

Total

No. Urban

No. Rural

No. Pregnant

1.2 Number of individuals supported by the joint programme who receive treatment against under-nutrition and/or services supporting their food security in the areas of intervention

Children under 2

Total	27000
No. Urban	
No. Rural	
No. Girls	14000
No. Boys	13000

Children from 2 to 5

Total	
No. Urban	
No. Rural	
No. Girls	
No. Boys	

Children older than 5

Total	
No. Urban	
No. Rural	
No. Girls	
No. Boys	

Women

Total	31000
No. Urban	
No. Rural	
No. pregnant	

Men

Total	22000
No. Urban	
No. Rural	

1.3 Prevalence of underweight children under-five years of age

National % 5
Targeted Area % 9

Proportion of population below minimum level of dietary energy consumption

% National
% Targeted Area 28

Stunting prevalence

% National 19
% Targeted Area 28

Anemia prevalence

% National 17
% Targeted Area 19

Comments

food insecure families in the target areas - 32%

1.4 Type of interventions and/or strategies scaled up with the support the joint programme and number of citizens affected

Homestead food production and diversification

National 2,000

Local

Urban

Rural

Girls

Pregnant Women

Boys

Food fortification

National

Local

Urban

Rural

Girls



Pregnant Women
Boys

School feeding programmes

National
Local
Urban
Rural
Girls
Pregnant women
Boys

Behavioural change communication

National 45,000
Local
Urban
Rural
Girls
Pregnant women
Boys

Gender specific approaches

National
Local
Urban
Local
Girls
Pregnant Women
Boys

Interventions targeting population living with HIV

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Promotion of exclusive breastfeeding

National 5,000

Local

Urban

Rural

Girls

Pregnant Women

Boys

Therapeutic feeding programmes

National

Local

Urban

Rural

Girls

Pregnant Women

Boys

Vaccinations

National

Local

Urban

Rural

Girls

Pregnant Women

Boys

Other, specify

National

Local

Urban

Rural

Girls

Pregnant Women

Boys

2 Advocacy and mainstreaming of access to food and child nutrition into relevant policies

2.1 Number of laws, policies and plans related to food security and child nutrition developed or revised with the support of the programme

Policies

National
Local

Laws

National MOU between 5 line ministries
Local

Plans

National advocacy and communication plans
Local food and nutrition management plans at commune level

3 Assessment, monitoring and evaluation

3.1 Number of information systems supported by the joint programme that provide disaggregated data on food security and nutrition

National info systems in health, agriculture, social affairs and INSTAT
Local
Total

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
<p>Outcome 1: National capacities strengthened to incorporate nutritional objectives into sectoral policies and programmes</p> <p>Output 1.1. – Advocacy and awareness raising programme to address malnutrition and food security developed and implemented, targeting policy and decision makers</p> <p>Output 1.2. Technical support for strengthening data collection and utilisation of data on food, health and nutrition</p> <p>Output 1.3. Development</p>	<p>Indicator: - A high level coordination mechanism established for integrated nutrition and food security policies and programmes.</p> <p>Indicator: - Number of National and regional staff trained in intersectoral actions to address malnutrition and food insecurity</p> <p>Indicator: - National mass media campaign developed and implemented</p> <p>Indicator: National data collectors, producers, and users trained and surveys conducted</p>	<p>Baseline: No intersectoral coordination mechanism for integrated nutrition and food security policies and programmes at high level exist</p> <p>Baseline: No recent capacity development exercises for government officials for intersectoral food and nutrition actions</p> <p>Baseline: No advocacy plan for food and nutrition exist</p> <p>Baseline: Sufficiently disaggregated data on gender and household food security do not exist</p>	<p>Coordinating mechanism for food and nutrition strengthened.</p> <p>Enhanced national capacity for inter-sectoral actions to address malnutrition and food insecurity.</p> <p>National mass-media communication campaign developed and implemented to increase commitment and investment of policy and decision makers.</p> <p>Capacity strengthened for the collection, analyses and use of gender-disaggregated data relating to food, health and nutrition.</p>	<p>National and regional nutrition meetings and contributed to establishment of intersectoral coordination structures. Regional meetings continued to be a forum for information sharing, needs assessment and planning of activities in target areas.</p> <p>Coordination structures established at district level, and active in drafting food and nutrition action plan and community based interventions.</p> <p>MOU on nutrition and food security endorsed and signed by 5 line ministries MOU signed between local government in target communities,</p>	<p>Ministerial order for establishment of National Coordination structure for Food and Nutrition</p> <p>Minutes of meetings of coordination structures</p> <p>Media coverage reports</p> <p>Training and workshop reports</p> <p>Survey reports</p> <p>Awareness raising communication materials produced and disseminated</p>	<p>Official reports from government of Albania</p> <p>Official workshop reports</p> <p>Training reports</p> <p>Examples of mass communication materials</p>	<p>Participating agencies and government partners</p>	<p>Assumptions: Improvement of food and nutrition status of women and children remains a priority of the government of Albania</p> <p>All major ministries and institutions will commit to implementation of activities</p> <p>No major institutional changes occur during the implementation of the project</p> <p>Risks: Competing priorities of government institutions may shift focus from implementation of JP</p> <p>Mitigation strategies: High level coordination</p>

<p>of 3rd National Food and Nutrition Action Plan</p> <p>Output 1.4: Strengthening of National food and nutrition surveillance system</p>	<p>Indicator 3rd National Food and Nutrition Action Plan (FNAP) developed</p> <p>Indicator: Food and Nutrition Surveillance system developed</p> <p>Indicator Number of steering committee meetings attended by all key members</p> <p>Number of working group meetings attended by all key members</p> <p>Number of joint decisions of government institutions taken and implemented</p>	<p>Baseline: Current (FNAP) has insufficient focus on nutrition and food security issues.</p> <p>Baseline: Growth monitoring data are collected at individual level but not analysed and used to flag out problems; no surveillance system in place</p>	<p>Improved information available on the effects of high food prices and gender on the food security of vulnerable groups and at-risk households.</p> <p>Situation analyses and mapping of milling industry completed.</p> <p>Statistically significant survey conducted in year 1 identifying main causes of high prevalence areas of the country as identified in DHS.</p> <p>Development of 3rd NFNAP.</p> <p>Enhanced capacity for forecasting and early warning of food insecurity or food emergencies.</p>	<p>sector representatives Agribusiness council (KASH) for community based interventions.</p> <p>Advocacy plan for nutrition and food security completed requiring to apply a "nutrition lens" to plans of all related sectors.</p> <p>Completed cost benefit analysis for nutrition interventions, creating a good base for advocacy.</p> <p>Baseline survey on nutrition and food security completed, final report is prepared and data being used in capacity development, advocacy and communication interventions. Key findings indicate that 19,6% of children 6-59 months in target areas are anaemic; 43 % of families in Kukes, 24% in Shkoder and 29% in peri urban areas of Tirana are food insecure.</p>				<p>mechanism will help raise the nutrition and household food security issues high in the government agenda and make investments for nutrition priority not only of one ministry (MOH) but the whole government.</p> <p>Risks:</p>
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			<p>Central government and project target areas staff trained in rapid nutrition and food security assessment.</p> <p>Tracking system developed on impact of high food prices and food shortages on food and nutrition security.</p> <p>Framework for sentinel sites in project areas developed.</p>	<p>Qualitative survey, complementing the baseline, on gender, food prices and impact of economic crisis on hh food security completed, report finalized and used in preparation of training plan.</p> <p>Final consolidated draft of new FNAP ready for consultation with the highest policy making and decision taking level at line ministries.</p> <p>Critical evaluation report of FNAP 2003-2008 prepared.</p> <p>Albanian Food security scale tested and statistically validated</p> <p>National and Local government capacities were strengthened on food security assessment, gender disaggregated data collection,</p>				
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			<p>food prices and food balance sheets.</p> <p>The knowledge of 10 national members of TWG on food and nutrition data collection and utilization were enriched with studying the Finnish practices on the intersectoral collaboration.</p> <p>Methodological tools (food security scale and dietary diversity score) policy briefs and guidelines on their utilization are produced as components of the food security and nutrition surveillance system.</p> <p>Situation analysis and mapping of milling industry completed; Technical report, presenting the scientific basis for flour fortification was prepared by the TWG and presented to the Minister of health including recommendations</p>				
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				for fortification levels.				
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<p>Outcome 2 :Cross sectoral interventions addressing malnutrition are developed, tested and implemented in target areas</p> <p>Output 2.1. Develop, test and implement community based intervention models to address malnutrition and household food security</p> <p>Output 2.2. Capacity building of health providers at national and in target areas to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counselling</p> <p>Output 2.3. Development of communication for behaviour change</p>	<p>Indicator: - Community based intervention models to address malnutrition and household food security implemented in target areas</p> <p>- Integrated training module on nutrition developed</p> <p>- Number of health workers participating in integrated nutrition training</p> <p>- Percentage of children in target areas receiving interventions addressing malnutrition and household food insecurity.</p> <p>- Exclusive breastfeeding rates</p> <p>- Intra household food distribution</p> <p>- Infant and young child feeding frequency</p> <p>- Minimum</p>		<p>Capacity of local personnel and CSOs in nutrition and food security interventions assessed.</p> <p>Community needs assessment conducted.</p> <p>100 persons from local government and CSOs trained in design, implementation and monitoring of nutrition interventions.</p> <p>Assessment on knowledge gaps in nutrition among health providers conducted.</p> <p>Around 300 health service providers in target areas trained in nutrition.</p> <p>Supervision and follow up</p>	<p>Needs assessment of health care providers completed and report prepared and used in planning the training activities.</p> <p>Integrated nutrition modules for health care providers, prepared.</p> <p>230 persons from local government and sector representatives (health, agriculture, education, social protection) were trained in design, implementation and monitoring of food nutrition interventions.</p> <p>Increased level participation of district and regional authorities and local governments in municipalities and communes in the process of formulation of commune based food and nutrition management plans</p> <p>Community based interventions have developed models</p>	<p>Training and workshop reports</p> <p>Survey reports (KAP)</p>	<p>Baseline and end line surveys</p> <p>Official training reports Pre and post training evaluations</p> <p>Official reports from regional authorities (health & food and nutrition)</p> <p>Annual and quarterly progress reports</p>	<p>Participating agencies and government partners</p>	<p>Assumptions:</p> <p>All major ministries, institutions and local government authorities will commit to implementation of activities</p> <p>Risks Competing priorities of government institutions may shift focus from implementation of JP</p>
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<p>targeting families and communities for improved care and feeding practices for mothers and children</p>	<p>dietary diversity</p> <p>- Varied and comprehensive BCC package by target audience developed</p>		<p>methodology developed.</p> <p>KAP survey conducted in target areas.</p> <p>Communication strategy for behaviour change designed.</p> <p>Food and nutrition education materials developed according to identified target groups.</p>	<p>aimed to reduce food insecurity in the target areas through increase of local production, use of local natural resources, improved post-harvest practices and models of food processing and preservation at hh level.</p> <p>360 health service providers trained in integrated nutrition (growth monitoring, breastfeeding and complementary feeding, nutrition during pregnancy) Institutionalization of the use of child growth assessment through the mandatory use of the new child growth charts by all PHC facilities /</p> <p>Official order signed by the Minister of Health for the mandatory use of the new child growth</p>				
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			<p>charts by all PHC facilities.</p> <p>Child growth assessment is being conducted in health facilities of target areas using the recently revised and officially approved facility and home base records (growth charts and child health book)</p> <p>KAP survey on feeding practices (part of the baseline survey) completed. Key findings indicate that 42% of children are exclusively breastfeed, 40 % of children 6-23 months are feed according to recommended feeding practices; mothers and grandmothers are the primary source of information (55%) followed by</p>				
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				<p>health personnel (20%).</p> <p>Communication plan for behaviour change officially approved by the Minister of Health. Full package of communication for behaviour change products (6 TV spots, 3 radio spots, 5 posters) prepared and distributed through various communication channels: national and local massmedia and closed broadcasting systems at the health centers in the target areas. Implementation of Communication plan of action was expanded to reach more mothers and families for a sustainable</p>				
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			<p>behaviour change. National competition was a forum to involve more mothers in sharing their experiences and practices and act as champions of good practices for IYCF in their communities.</p> <p>Community based needs assessment completed creating a good basis for development of participatory nutrition and food security interventions at the community level. Based on this assessment a mix of community based activities has been finalized with participation from regional authorities and beneficiaries.</p>				
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<p>Outcome 3 : National capacities strengthened to deliver nutrition services to the public</p> <p>Output 3.1. Curriculum for public health nutrition developed, tested and introduced in pre-service training</p> <p>Output 3.2. Improved supportive supervision health sector mechanisms to strengthen delivery of interventions aiming at reducing malnutrition</p>	<p>Indicator: Public Health Nutrition curricula for pre-service training developed</p> <p>Indicator: Supervision on nutrition included within health reforms in Primary Health Care</p>	<p>Baseline: Currently module is not existing</p>	<p>Public Health Nutrition Curricula for pre-service core nutrition curriculum and advanced certificate course developed.</p> <p>Curriculum materials prepared.</p> <p>Existing supervision mechanisms reviewed and supervision tool developed in year 1.</p> <p>Supervision tool integrated into PHC in year 2.</p>	<p>Agreement by MOES and School of Medicine to insert nutrition education in core curricula and develop new public health curricula for post graduate specialization course in public health</p> <p>Nursing faculty is using the updated public health nutrition curricula at bachelor level.</p> <p>School of Medicine has developed the first draft of the public health nutrition curricula at under graduate level for medicine, dentistry and pharmacy.</p> <p>A supportive supervision tool to monitor quality of child growth assessment and nutrition counselling of primary health care providers, is</p>	<p>Finalized and approved core curricula on nutrition and official approval</p> <p>Guidelines by MOH on implementation of nutrition supervision package</p>	<p>Official reports of MOH</p> <p>Annual and quarterly progress reports</p>		<p>Assumptions: All major ministries and institutions will commit to implementation of activities</p> <p>Risks: Turnover of trained personnel and change in position</p> <p>Mitigation strategy: Agreement with the government to ensure trained people are retaining their position for e certain period of time</p>
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				<p>developed and being used.</p> <p>Completed the revision of existing modalities of supervision of nutrition interventions</p> <p>Teaching materials for teachers and pupils according to improved core curricula for nutrition in compulsory education are produced and tested in 20 schools in the target areas.</p>				
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b. Joint Programme Results Framework with financial information ALBANIA JP-NUTRITION

JP output: 1.1											
Programme Outputs	Activity	YEAR				UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3	Y4			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.1 Advocacy and awareness raising programme to address malnutrition and food security developed and implemented, targeting policy, decision makers and the general public	1.1.1 Support National coordinating mechanism for food and nutrition	15,000	10,000	9000	4000	WHO	MOH	38000	25430	25430	67%
	1.1.2.a National and regional consensus building workshops on intersectoral actions to address malnutrition	25,000	2,500	12,000	5680	WHO	MOH	45180	37000	37000	82%
	1.1.2.b Technical support to and participation in consensus building workshops on intersectoral actions to address malnutrition and food insecurity	7000				FAO	MOA	7000	9951	9951	142%
	1.1.3.a Advocacy events, key stakeholders meetings, materials and information package developed and disseminated, media communications and periodic information updates to the public	53000	5,000	5000		UNICEF	IPH	63000	58690	58690	93%
	1.1.3.b Support development of communication materials and advocacy activities focusing on food security issues	7000	14000	7000		FAO	MOA	28000	27082	27082	97 %

	1.1.3.c. Support elaboration of key communication messages on consequences of malnutrition	5,000	4,000	4,000	3000	WHO	MOH	16,000	15000	15000	94%
	Total							197,180	173,153	173,153	88%

*over expenditure is due to shift of salary funds to programme activities, changes are already approved by PMC

JP output: 1.2											
Programme Outputs	Activity	YEAR				UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3	Y4			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.2. Technical support for strengthening data collection and utilisation of data on food, health and nutrition	1.2.1.a Review existing data sources and information systems on food and nutrition security and identify information needs of data users	10,000	2,000	4500	2000	WHO	MOH	18500	18500	15000	81%
	1.2.1.b Organize meetings and workshops to review existing information and new DHS and LSMS data on food prices, household food security, nutrition and status of women and carry out secondary analyses	16000	9000			FAO	INSTAT	25000	27285	27285	109%
	1.2.2.a. Training of national data producers and users in relevant statistical tools for the collection analysis and use of gender disaggregated data		46000	22,000		FAO	INSTAT	68000	69510	69510	102%

1.2.2.b Inputs to design training module for data collection on nutrition and gender with focus on children		10,000			UNICEF	IPH	10,000	10000	10000	100%
1.2.2.c Technical assistance to prepare training module on health and nutrition indicators		3,000	3000		WHO	IPH	6,000	6000	6000	100%
1.2.3.a. Provide technical and financial assistance for developing, carrying out and analysing rapid data collection activities at community/household level in project target areas, including gender roles and household food and nutrition (baseline for target areas)	87500	32500			FAO	INSTAT	120,000	97050	97050	81%
1.2.3.b Input to prepare baseline survey tool sections for impact of food prices in children	10,000	5,000			UNICEF	IPH	15,000	15000	15000	100 %
1.2.3.c Input to prepare baseline survey tool using a health systems perspective	5,000				WHO	IPH	5,000	5000	5,000	100%
1.2.4.a. Technical and financial support for conducting a situation analysis and feasibility study for flour	30,000	5811	19189		UNICEF	KASH	55,000	44719	44719	81%
1.2.4.b. Technical support to analyze the link between fortification and micronutrient deficiencies in the survey	9320	0			WHO	KASH	9320	9320	9320	100%
1.2.5.a. Technical and financial support for conducting a survey to identify the main causes of anaemia in high prevalence areas and analysing and disseminating results	215,000	10852	2100		WHO	IPH	227952	227952	227952	100%
1.2.5.b Technical support for conducting secondary analysis based on DHS data for mapping of IDA and providing inputs for further research on causes of anaemia	6731				UNICEF	IPH	6731	3040	3040	45 %

	Total		566,503	533376	529876	94%
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JP output: 1.3											
Programme Outputs	Activity	YEAR				UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3				NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.3. Development of 3rd National Food and Nutrition Action Plan	1.3.1.a. National and regional inter-sectoral policy workshops held to strengthen capacity to analyse impact of		10000			FAO	MOA	10000	15347	15347	153%
	1.3.1.b National and regional inter-sectoral policy workshops held to strengthen capacity to analyse impact of policy choices and decisions on health and nutrition		14500	5500		WHO	MOH	20,000	20000	20000	100%
	1.3.2. Support to the technical inter-sectoral working group for NFNAP development and implementation		9000	10000	8000	WHO	MOH	27,000	28000	23000	85%
	1.3.3.a. Review and analyze 2nd NFNAP and other relevant sectoral policies and evaluate lessons learned		24381	10619		WHO	MOH	35,000	37190	37190	106%
	1.3.3.b Technical input to the review and analyze of 2nd NFNAP and other relevant sectoral policies from a food security and gender perspective		13000			FAO	MOA	13000	19147	11116	85%

	1.3.3.c Review and analyze 2nd FNAP and other relevant policies and evaluate lessons learned with regard to child nutrition including most at risk)		11,500			UNICEF	MOH	11,500	11,500	11500	100%
	1.3.4.a. Technical and financial support to organize the Policy Formulation workshop		9500	6500		WHO	MOH	16,000	13071	8071	50%
	1.3.4.b Technical assistance to prepare agenda and materials addressing food and security issues and link of		7000			FAO	MOA	7,000	5192	5192	74%
	1.3.5.a Consultation and review process including workshop on draft NFNAP involving line ministries, private sector, CSOs		13,000	8000		WHO	MOH	21,000	13000	6500	31%
	1.3.5.b Technical input to prepare the consultation and review process and development of the draft plan		10000			FAO	MOA	10,000	10284	2796	28%
	1.3.5.c Technical input to consultation review process focusing on target areas and consumers		8,000			UNICEF	KASH	8,000	8000	8000	100%
	1.3.6. Preparation, presentation and dissemination of the final NFNAP		8000	9000		WHO	MOH	17,000	1716	1716	10%
	Total							195500	182447	150428	77%

JP output: 1.4												
Programme Outputs	Activity	YEAR				UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress				
		Y1	Y2	Y3				NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget
Output 1.4: Strengthening of National food and nutrition surveillance system	1.4.1. Workshops in each of the target areas on improving crop production survey methods, sampling frames, food balance sheet estimates and for monitoring climate change and market change prices and regular reports on food availability		38000			FAO	MOA	38000	66421	66421	175%	
	1.4.2.a Training workshops for selected local community service providers and national government in rapid food security and nutrition assessment techniques		38000			FAO	MOH	38000	47146	47146	124%	
	1.4.2.b Support preparation of training modules for health workers in rapid child nutrition assessment techniques		12,000			UNICEF	IPH	12,000	12000	12000	100%	
	1.4.2.c Technical assistance to develop training modules for rapid health and nutrition assessments		3000	5000		WHO	IPH	8,000	8000	8000	100%	
	1.4.3. Technical assistance to develop a tracking system in target areas on the impact of high food prices and food shortages on food and nutrition security		26000	25,000		FAO	MOA	51,000	53262	50262	99%	

	1.4.4.a Establishment of intersectoral technical working group to develop indicator framework for food and nutrition surveillance (FNS)			11,000		UNICEF	IPH	11,000	0	0	0%
	1.4.4.b Technical support to define food security component of surveillance system		5,000	5,000		FAO	MOA	10,000	0	0	
	1.4.4.c Technical support to define nutrition component of surveillance system		3,000	8,000	3000	WHO	IPH	14,000	8508	5257	38%
	1.4.5.a Development of methodology and framework for FNS, including indicators, data collection systems,		0	48786		UNICEF	IPH	48,786	0	0	0%
	1.4.5.b Assist in development of methodology and framework for food security component of surveillance		10,000	8000		FAO	MOA	18,000	15700	10700	59%
	1.4.5.c Assist in development of methodology and framework for nutrition component of surveillance system		0	7,000	9000	WHO	IPH	16,000	14000	11087	69%
	1.4.6.a Development of framework for sentinel sites in project areas			25,000		UNICEF	IPH	25,000			0%
	1.4.6.b.Support development of surveillance framework for sentinel sites in project areas			10000		FAO	MOA	10,000	10677	6524	65%
	1.4.6.c Technical assistance to define structure and distribution of sentinel sites in project areas			1,000	5000	WHO	IPH	6,000	1035	0	0%
	1.4.7 Pilot testing of sentinel site system in selected areas			0	20,000	UNICEF	IPH	20,000			0%
	Total							325786	236749	217397	67%

JP output: 2.1											
Programme Outputs	Activity	YEAR				UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3	Y4			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 2.1. Develop, test and implement community based intervention models to address malnutrition and household food in security	2.1.1. Conduct assessment of capacities of local health and agriculture personnel and CSOs working in nutrition , to design, implement and monitor nutrition and food security interventions in target areas		12305			UNICEF	IPH	12305	12305	12305	100%
	2.1.2. a Conduct participatory needs assessment using community based planning approaches to define community based interventions in target areas		10000	5100		UNICEF	CSOs	15100	15100	15100	100%
	2.1.2.b Technical inputs to develop food security component of participatory needs assessment		10000			FAO	MOA	10000	0	0	0%
	2.1.2.c Technical inputs to develop GMP component of participatory needs assessment		0	5000		WHO	MOH	5,000	5000	5000	100%

	2.1.3.a. Training of health and agriculture personnel in local government structures and CSOs working in nutrition related activities in the design, implementation and monitoring of nutrition and food security interventions		5317	60000		UNICEF	MOA	65,317	67187	67187	103%
	2.1.3.b. Technical support to develop training modules on design, implementation and monitoring of food security interventions for agriculture personnel and CSOs		18000			FAO	MOA	18000	19866	18547	103%
	2.1.3.c. Technical support to develop training modules on design, implementation and monitoring of nutrition interventions for health personnel		3,000	6000		WHO	MOH	9,000	7396	7396	82%
	2.1.4.a Based on community needs assessment, design and implement models (community IMCI, gardens of mothers, BF mother support groups, distribution of MOH approved sprinkles) to address problems related to malnutrition and food insecurity at hh level including models of conditional cash transfers within the social		20187	240000	100149	UNICEF	SCOs	360336	206070	142643	40%
	2.1.4.b. Technical support to design implementation of community based intervention models (garden-based learning and nutrition education)		22000			FAO	KASH	22000	25898	24086	109%
	2.1.4.c. Contribute experience from other countries and best practices into design of Albania specific models		3000	14,000	5000	WHO	MOA	22,000	6000	6000	27%
	2.1.5.a Support implementation of interventions to improve access to and consumption of micronutrient rich foods (community & school gardens etc)		0	100,000	131000	UNICEF	KASH	231,000	170,984	70434	30%

	2.1.5.b Support development of models to improve access to micronutrient-rich foods		19000	25000		FAO	MOA	44000	45000	13500	31%
	2.1.5.c Technical support to develop behavioural models to improve consumption of micronutrient-rich foods		2500	22000	11000	WHO	MOH	35,500	10000	10000	28%
	Total							849558	590806	392198	46%

JP output: 2.2											
Programme Outputs	Activity	YEAR				UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3	Y4			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 2.2. Capacity building of health providers at national and in target areas to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counselling	2.2.1.a Assessment on knowledge gaps in nutrition among service providers	8813				UNICEF	IPH	8813	8813	8813	100 %
	2.2.1.b. Inputs to prepare methodology of assessment from a food security perspective	7000				FAO		7000	4153	0	0
	2.2.1.c. Support to develop needs assessment tool on nutrition knowledge gaps among service providers	10,000				WHO	MOH	10,000	10000	10000	100%

	2.2.2. a Develop integrated training modules based on existing modules on GM, BF counselling, complementary feeding, young child feeding and nutrition during pregnancy	14362				UNICEF	Professionals Association	14362	14362	14362	100 %
	2.2.2.b. Technical guidance to develop food security and consumer education component of integrated training modules	25000				FAO	MOA	25,000	35446	34164	137%
	2.2.2.c Technical and normative guidance to introduce the new growth monitoring charts as part of integrated	0	16000	4138		WHO	MOH	20,138	22000	18000	89%
	2.2.3.a Workshop with trainers to review and revise training materials		31046			UNICEF	MOH	31046	31046	31046	100%
	2.2.3.b. Technical support to trainers workshop		10,308	692		WHO	MOH	11,000	10899	10308	94%
	2.2.4.a Training of service providers in target areas in growth monitoring and promotion , BF, complementary feeding, nutrition during pregnancy		117983	100,000		UNICEF	MOH	217983	200164	200164	92%
	2.2.4.b Support to develop training methodologies		4362			WHO	MOH	4,362	4362	4362	100 %
	2.2.5.a Design and implement supervisory follow up methodology			23000	20000	UNICEF	MOH	43000			0%
	2.2.5.b. Technical support to development of supervisory methodology			13500	3500	WHO	Local Health Authorities	17,000	3475	3475	20%
	2.2.6.a Revise training modules following training workshops in target areas, preparation of final materials and plan for national scale up			0	12000	UNICEF	MOH	12,000			0%
	2.2.6.b Support finalization of integrated training modules using lessons learned from global nutrition interventions			15,000	10000	WHO	MOH	25,000			0%
	Total							446704	344720	334694	75%

JP output: 2.3											
Programme Outputs	Activity	YEAR				UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3	Y4			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 2.3. Development of communication for behaviour change targeting families and communities for improved care and feeding practices for mothers and children	2.3.1a Conduct a baseline KAP survey in target areas, on nutrition and feeding practices, hh food security and food distribution within the family including research on community and hh level factors that constrain and/or facilitate mothers in good IYCF	51055				UNICEF	CSOs	51055	51055	51055	100%
	2.3.1.b.Inputs to develop food security and food distribution within family sections of the KAP survey tool	25000				FAO	MOA	25000	25244	17744	71%
	2.3.1.c. Inputs to develop nutrition and feeding practices sections of the KAP survey tool	10,000				WHO	MOH	10,000	10000	10000	100%
	2.3.2 a Design communication for behaviour change strategy to address issues of malnutrition and food insecurity		19977			UNICEF	IPH	19977	19977	19977	100%
	2.3.2.b. Technical assistance to develop behaviour models for addressing HH food insecurity		31000			FAO	MOA	31,000	3874	3874	12%

	2.3.2.c. Technical inputs to develop behaviour models for improved nutrition practices		3000	7000		WHO	IPH	10,000	6745	6745	67%
	2.3.3.a. Develop and deliver appropriate food and nutrition education materials focused on adequate feeding and nutrition of infants, young children and mothers, combining various communication channels to reach target population groups		54377	200000	181230	UNICEF	IPH	435607	215212	215212	49%
	2.3.3.b. Support the development of educational materials focusing on consumer education and food security		50000			FAO	IPH	50,000	20428	18928	38%
	2.3.3.c. Support the development of educational materials focusing on maternal and child feeding		2000	4000		WHO	MOH	6,000	2000	2000	33%
	2.3.4. Prepare and introduce nutrition module into core curricula for compulsory education	0	49311	20689		UNICEF	IPH	70,000	70000	70000	100%
	Total							708639	424535	415535	59%

JP output: 3.1												
Programme Outputs	Activity	YEAR				UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress				
		Y1	Y2	Y3	Y4			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget
Output 3.1. Curriculum for public health nutrition developed, tested and introduced in pre-service training	3.1.1.a. Establish and support technical working group to develop public health nutrition curricula	0	9529	9471	7000	WHO	MOH	26,000	22997	22997	88%	
	3.1.1.b. Technical input to working group to develop public health nutrition curricula for pre-service training	5000	8000	5000		FAO	MOA	18,000	19130	19130	106%	
	3.1.2. Review and adapt internationally available materials to national settings	0	27000	25000		WHO	MOH	52,000	33378	33378	64%	
	3.1.3. Participation of 2-3 public health professionals in short or medium term specialized nutrition courses	0	1971	18029		UNICEF	MOH	20,000	5327	5327	27%	
	3.1.4. Endorse pre-service module on public health nutrition training		6500	3500		WHO	IPH	10,000	6500	6500	65%	
	3.1.5. Introduce modules into curricula		20477	13000	19571	WHO	IPH	53048	20477	20477	39%	
	3.1.6. Design, layout and printing of curriculum materials			20000	34400	UNICEF	Printing house	54,400	12471	12471	23%	
	Total							233448	120280	120280	52%	

JP output: 3.2											
Programme Outputs	Activity	YEAR				UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3	Y4			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 3.2. Improved supportive supervision health sector mechanisms to strengthen delivery of interventions aiming at reducing malnutrition	3.2.1. Establish multi-stakeholder technical working group to review supervision modalities	10,000				WHO	MOH	10,000	10000	10000	100%
	3.2.3. Include nutrition monitoring and BCC in supervision list of Regional Directorates for Public Health and		3000	8000		WHO	MOH	11,000	3955	3955	36%
	3.2.4. Support integration of supportive supervision in target areas			3,000		UNICEF	Local Health Authorities	3,000			0%
	Support for M&E	10,000	10000	12500	12500	WHO		45000	32500	32500	72%
	Support for M&E	6000	9000	13000		FAO		28000	22058	22058	79%
	Support for M&E	30000	30000	20000	38000	UNICEF		118000	83939	83939	71%
	Total							215000	152452	152452	71%

Summary Table

		Planned	Committed	Disbursed
FAO	Programme Cost	731,000	695,151	618,413
	Indirect Cost	51,170	48,661	43,289
	Total	782,170	743,812	661,702
UNICEF	Programme Cost	2,069,318	1,346,961	1,182,984
	Indirect Cost	144,852	94,287	82,809
	Total	2,214,170	1,441,248	1,265,793
WHO	Programme Cost	938,000	716,406	684,616
	Indirect Cost	65660	47,040	47,040
	Total	1,003,660	763,446	731,656
TOTAL		4,000,000	2,948,506	2,659,151

*Indirect cost for WHO is always 47,040 lek.