

Section I: Identification and JP Status

Promotion of a multi-level approach to child malnutrition

Semester: 2-12

Country	Guinea-Bissau
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	
Program title	Promotion of a multi-level approach to child malnutrition

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

Participating UN Organizations	<ul style="list-style-type: none"> * FAO * UNICEF * WFP * WHO
--------------------------------	---

Implementing Partners	<ul style="list-style-type: none"> * Ministry of Agriculture (MOA) * Ministry of Education (MoE) * Ministry of Health (MOH)
-----------------------	--

Budget Summary

Total Approved Budget

FAO	\$608,537.00
WHO	\$196,942.00
WFP	\$242,547.00

UNICEF	\$1,451,974.00
Total	\$2,500,000.00

Total Amount of Transferred To Date

FAO	
WHO	
WFP	
UNICEF	
Total	\$0.00

Total Budget Committed To Date

FAO	\$627,649.00
WHO	\$99,361.00
WFP	\$239,307.00
UNICEF	\$1,095,802.00
Total	\$2,062,119.00

Total Budget Disbursed To Date

FAO	\$584,426.00
WHO	\$99,361.00
WFP	\$239,307.00
UNICEF	\$1,055,086.00
Total	\$1,978,180.00

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
Under five children SAM cases total female/male	1,192	1,192	Children under 5/female	Therapeutic Feeding Programmes
Under five children SAM+MAM cases total female/male detected at community level	1,192	601	Children under 5/female	Access to Health Services
Under 6 children MAM cases total female/male	4,470	10,042	Children under 5/female	Fortification of Foods With Micronutrients/Supplementation Programmes
School children	10,000	17,703	Children older than 5/female	Homestead Food Production and Diversification
School children	15,000	18,689	Children older than 5/male	Homestead Food Production and Diversification
School children	10,000	4,758	Children older than 5/female	Behaviour Change Communication Initiatives (Hand Washing, Etc)
School Children	15,000	5,023	Children older than 5/male	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Health technicians	114	100	Health Workers/Women	Access to Health Services
Health technicians	114	101	Health Workers/Men	Access to Health Services
Community health workers	300	94	Health Workers/Women	Access to Health Services
Community health workers	300	722	Health Workers/Men	Access to Health Services

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
Breast feeding women	5,000	5,581	Breast Feeding Women	Fortification of Foods With Micronutrients/ Supplementation Programmes
Pregnant women	5,000	6,541	Pregnant Women	Fortification of Foods With Micronutrients/ Supplementation Programmes
Health Centers	114	114	Health Centers	Access to Health Services
Health Centers	114	114	Health Centers	Capacity to Collect, Analyze Data and/or Peoduce Analysis
Communities	150	167	Communities (number of communities, not persons)	Homestead Food Production and Diversification
Communities	150	167	Communities (number of communities, not persons)	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Communities	150	150	Communities (number of communities, not persons)	Access to Health Services
Families	47,802	1,512	Families	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Schools	150	167	Schools	Homestead Food Production and Diversification
School teachers	150	566	Citizens/Men	Homestead Food Production and Diversification
School teachers	100	116	Ciudadanas/mujeres	Homestead Food Production and Diversification
School teachers	150	396	Citizens/Men	Behaviour Change Communication Initiatives (Hand Washing, Etc)
School teachers	100	78	Citizens/Men	Behaviour Change Communication Initiatives (Hand Washing, Etc)
School cooks	150	318	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)
School children parents total men/women	300	2,752	Ciudadanas/mujeres	Homestead Food Production and Diversification
School children parents total men/women	300	2,752	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Community health workers	0	139	Citizens/Men	Behaviour Change Communication Initiatives (Hand Washing, Etc)

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
Community health workers	0	44	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Women association	20	95	Indigenous Organisations (number of organisation, not persons)	Homestead Food Production and Diversification
Radio	5	5	Local Institutions (number of institutions, not persons)	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Ministerial and regional authorities	6	6	National Institutions (number of institutions, not persons)	Capacity to Collect, Analyze Data and/or Peoduce Analysis
Women group	20	48	Indigenous Organisations (number of organisation, not persons)	Promotion of Exclusive Breastfeeding

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)

1. Community based nutrition interventions, including promotion of exclusive breast-feeding, nutrition screening, nutrition education through the work of trained 816 Community Health Workers (CHWs) and 48 Mother Support Groups have been initiated in 9 health areas in all 3 beneficiary regions in order to strengthen and sustain prevention of malnutrition. This covers 90 communities among 150 targeted, representing 60% of expected target. This is the core outcome of the JP contributing to the prevention of the children malnutrition and child mortality.

2. During this reporting period community women associations established 71 community gardens replicating school garden activities, this against 12 existent community gardens in the previous reporting period. 40% of production from community gardens is remitted to schools for school children consumption. This is one of the outstanding achievements of the JP as these initiatives undertaken voluntary on the community level reflect the level of appropriation and ensure the sustainability of the JP's results.

3. The JP team in collaboration with the JP Nutrition Ethiopia jointly raised funds through the Knowledge Management Platform of the MDG-F Secretariat in order to benefit national partners from regional knowledge exchange on good practices, lessons learnt and respective sustainability strategies.

Progress in outcomes

Outcome 1: management and prevention of child malnutrition is improved at facility level (24 nutrition recuperation centres and 90 health centres).

The management of acute malnutrition cases has continued to be effective and improved in 100% of nutrition rehabilitation centres (24) and health centres (90) through provision of adequate equipment and IEC material and through the work of 221 qualified health technicians, 11 Nutrition focal points as well as regular formative supervision. Up to now 1,192 under five children have been admitted and treated for severe acute malnutrition.

Outcome 2: Community-based nutrition promotion and surveillance established in 150 selected communities.

Community based nutrition interventions, including promotion of exclusive breast-feeding, nutrition screening, nutrition education through the work of 816 Community Health Workers (CHWs) and 48 Mother Support Groups, trained and supported receptively by the JP, have been initiated in 9 health areas of 100 % of beneficiary regions (3) in order to strengthen and sustain prevention of malnutrition. This covers 90 communities among 150 targeted, representing 60% of expected target. This allowed reaching 3,116 under 5 children screened for malnutrition revealing 351 malnourished cases (12%). 2,818 lactating mothers and 350 men were sensitized and educated on the advantages of breast-feeding, complementary feeding and balanced diets. The delay in terms of community coverage is due to late identification of the CHW by the Ministry of Health on national level as well as post-coup d'état temporary suspension of the JP activities, from April to August 2012. On the other hand, the latest SMART 2012 study showed the significant increase in the exclusive breast-feeding practices, namely on national level from 28% in 2008 to 67% in 2012.

Outcome 3: School children in 150 community schools are aware of good practices in nutrition and they consume vegetables at least once a day.

Up to now in average 80% of school children, against 50% targeted initially, in 167 selected schools against 150 targeted, are aware of good practices in nutrition. This represents 29,114 out of 36,392 schools children. 100% of school children (36,392) from 100% of beneficiary schools (167) consume vegetables at school at least once a day. The consumption volume against produced is estimated to reach at least 80% in average. All 167 established school gardens produce periodically vegetables: up to now total of 60,000 kg were produced in 167 school gardens, and 48,000 kg were consumed by school children. These volumes meet 100% of the expected target. The over achievement in terms of number of beneficiary schools and percentage of school children reached by the JP interventions is explained on the one hand by efficiency of national partners on the regional level plus efficient support provided by the participating agency, and on the other hand by the active involvement of the school teachers, school children and communities.

Outcome 4: Interventions on child nutrition and food security at local and community levels are effectively and regularly monitored and supervised by the government counterparts.

The capacity of the government counterparts to monitor and supervise interventions on nutrition and food security continued to be reinforced during the last six months through efficient and timely technical assistance given by qualified staff (one national consultant and one international expert in nutrition). 100% of 4 beneficiary Health Regions (4) and National Nutrition Directions were equipped with computers in order to improve the quality and management of nutrition data and information sharing. Effectiveness and regularity of monitoring and supervision of the interventions on child nutrition and food security at local and community levels needs still to be improved. Up to now 75% of supervision missions were completed by the central level by the MoH(9 out of 12 planned) with 75 % supervision reports available. Despite supervision missions being done at the regional level, no updated information is available in relation to indicators, namely number of mission and reports. The JP contributed to the National Nutrition SMART Survey which results will guide government's orientation of policy in the nutrition, agriculture and education sector as well as the choice of strategies and interventions to redress the situation in the country.

Progress in outputs

During the reporting period 100% of beneficiary health structures (24 nutrition rehabilitation centres (CRN) and 90 health centres) continued to receive support and are fully equipped with anthropometric material and equipment, nutrition therapeutic products (RUTF, F-100, F-75, BP 100, BP 5), take home food, food supplements and cooking demonstration items in order to enhance centres capacities to effectively prevent and manage children malnutrition case (both severe SAM and moderate MAM).. As a result, a total of 1192 under-five children suffering from severe acute malnutrition were admitted for nutrition care and treatment in four beneficiary health regions.

To enhance effective prevention of malnutrition at community level, 350 among 816 trained Community Health Workers (CHWs) were recycled, during this reporting period, in knowledge on basic nutrition monitoring and surveillance practices. Recycling activities will continue in order to reach the 100% of trained CHW. 100% of beneficiary regional directions (4) were provided with the anthropometric material and equipment, cooking materials as well as means of transportation (200 bicycles) to be distributed to the CHWs in order to implement effectively the community based nutrition activities. These community based prevention activities focus on nutrition growth monitoring, education and counselling to parents, nutrition screening for all under-five children and referral to treatment centres of all detected cases of malnutrition. The community-based nutrition activities were launched in September 2012 in 9 health areas of all 3 beneficiary regions and witnessed the detection of 351 malnourished children out of 3,116 screened and their referral to health facilities for proper management and treatment.

National breastfeeding week activities were organized in line with the World Breastfeeding Week combined with the launching of Community Based Nutrition (CBN) during which

2,818 lactating mothers and 350 men were reached and sensitized and educated on the advantages of breast-feeding, complementary feeding and balanced diets. Women who had succeeded in completing six months of exclusive breastfeeding shared their experiences with their peers. Local leaders were also sensitized during that event. At least 710 families were sensitized on importance of exclusive breastfeeding through the world breastfeeding week and existent 48 support groups of women, who in charge for sensitizing other women on sound nutrition practices. Up to now 1,512 families were reached by the JP against 47,802 existent households in all 3 beneficiary regions. Besides, knowledge and skills among beneficiary communities and families continued to be reinforced through regular nutrition related radio programmes prepared and broadcasted by 5 community radios supported by the JP. During the reporting period at least 216 new radios programmes were broadcasted.

National nutrition coordination, planning, implementation and monitoring of the programme continued to receive support (National Nutrition Service of Ministry of Health) through the technical assistance (one international nutrition expert and one national consultant). Regular formative supervision has been conducted. Ministry of Health improved its capacity and is able to provide updated data on nutritional status in the project area as well as national level. Data treatment and completeness still have to be addressed and improved. The 100% of beneficiary Health Regions Directions (4) and National Nutrition Direction were equipped with computers in order to improve the quality and management of nutrition data and information sharing.

The national capacity to plan effectively nutrition, education and agriculture related policies and actions were reinforced by the National Nutrition Survey using SMART methodology, supported by UNICEF with other partners. The survey results revealed an overall prevalence of acute malnutrition among children aged below five years of 6.2%, with great disparities among the regions - the Bafata and Oio regions having the highest prevalence rates (9.8% and 8% respectively). At national level, 27% of children are affected by chronic malnutrition with rates as high as 35.4% in Oio and 32.3% in Bafata regions. The prevalence of underweight is 17 % of all under five children with the highest level in Oio (25.4%) followed by Bafata (23.7%.) The survey results also informed on other nutrition indicators such as the nutrition status of women of child bearing age (15-49 years).

Regarding sustainable food production established in selected schools at community level aiming to promote the education of children and their parents on food security and nutrition, the progress during the reporting period can be captured as follows. Totally up to now 167 school gardens are established in beneficiary school communities against 150 initially planned and 0 existent in the beginning of the JP. The volume of food production continued to increase and women associations in 71 communities replicated school gardens at the household level. Up to now there are 83 community gardens which effectively produce vegetables and provide 40% of production for school children consumption. Globally communities continued to enlarge the production area. Up to date 80% of school children, in average, against 50% targeted initially, in 167 selected schools against 150 targeted, are aware of good practices in nutrition. This is 29,114 out of 36,392 schools children. 100% of school children (36,392) from 167 beneficiary schools consume vegetables at least once a day. The consumption volume against produced is estimated to reach at least 80%, in average. All 167 established school gardens produce periodically vegetables: up to date total of 60,000 kg were produced by 167 school gardens, and 48,000 kg were consumed by school children. These volumes meet 100% of the expected target.

During this reporting period 208 school teachers and 26 community workers acquired knowledge on management of school gardens, food security and basic nutrition. 167 schools (100%) have school garden management committees ensuring due follow-up. Up to date total of 682 school teachers, 167 community workers, 2,752 parents, 183 Community Health Workers and 318 cooks are empowered and have solid knowledge in management of school gardens, basic nutrition and food security in order to improve dietary habits and promote nutrition related knowledge at community level. Knowledge acquired is replicated to school children in all 167 beneficiary schools reaching 36.392 school children.

The nutrition and food security interventions have been monitored and supervised by the government counterparts at the central level 9 missions realized against 12 planned with 75% of reports available, namely by the MoH, National Nutrition Service. Monitoring and supervision of nutrition and food security promotion activities by the regional authorities is still insufficient and no updated data on number of supervision missions is available. Despite adequate funds allocated to support regional and central committees for M&E enhancing thus the monitoring and supervision capacities as well as information sharing among governmental counterparts at central, regional and local levels, little progress was

achieved. This is due to three reasons: 1. variety of activities to be implemented by the understaffed National Nutrition Service 2. insufficient involvement of regional authorities and 3. insufficient support from the participating agency. Trainings on M&E to central and regional governmental teams foreseen for this reporting period was reported to the next reporting period. Both central and regional levels participate actively in joint monitoring and coordination missions organized by the coordination of the JP.

It is worth mentioning, that biannual monitoring reports submitted to the MDG-F Secretariat are prepared in close collaboration with 4 ministerial implementing partners of the project enhancing the government counterpart capacity in updating monitoring tools as well as increasing accountability, inclusiveness and ownership. Quarterly financial and results reports are regularly discussed in inter-agency and inter-ministerial meetings promoting joint accountability and monitoring. Joint accountability and monitoring also benefited from one (1) joint monitoring and coordination mission organized during this reporting period.

Acceleration of progress towards 3 targeted MDGs (1, 2 and 4) by raising awareness, strengthening broad-based support and action and increasing citizen engagement in MDG related policy and practice continued to be promoted through the implementation of the JP Communication and Advocacy Strategy and its plan. The implementation has been somewhat delayed due to departure of the Communication Specialist from the RCO as well as temporary suspension of the JP activities after the coup d'état, from April to August 2012. All efforts are put into acceleration of the implementation.

Better understanding of the progress as well as planning for ensuring sustainability was reinforced by findings of the final evaluation mission.

The JP did not provide planned support to the government related to the Nutrition Policy revision and validation as well as National Nutrition Strategic Plan, as per AWP, due to the political post-coup d'état situation. This is planned for the last 6 months of implementation of the JP.

Measures taken for the sustainability of the joint programme

In order to ensure the sustainability of the Joint Programme, all its outcomes are fully aligned with and continue to contribute to the implementation of national policies and strategies such as the PRSP, the National Health Development Programme and the National Nutrition Policy. Involvement of central level authorities, technical level staff at the central and regional levels and communities in the implementation and monitoring of nutrition and food security promotion activities continued to contribute to stronger national and local ownership of the JP's results. Alignment and integration of community based nutrition intervention to POPEN approach using Community Health Workers trained for the comprehensive package of high impact intervention in order to reduce morbidity and mortality, which includes nutrition. Funds mobilization efforts were done to make sure the nutrition related activities will continue to be implemented after the end of MDG-F JP.

In order to further enhance national ownership, the JP team Programme Management Committee members (4 ministries, 1 NGO, 4 UN agencies and coordination), regional authorities representatives, focal points for nutrition and agriculture at the regional level, beneficiary and partners radios staff and directors and 2 INGOs staff operating in same geographic and thematic areas participated in a joint monitoring and coordination mission in the field. The mission allowed assessing jointly progress towards expected results of the Joint Programme (JP) and effectiveness of coordination at the regional level in the areas of intervention. Due to the change of regional authorities including governors and regional directors appointed recently by the transitional government, the mission representatives spent one working day per region, beyond duration of the joint mission, to introduce the JP and explain its results, mission's objectives and methodology to regional authorities and partners. Mission members ensured thorough restitution of findings of the mission to regional authorities. Recommendations of the joint mission were endorsed jointly with the regional authorities and the report was restituted largely with all implementing partners at the central and regional level.

The JP put significant effort in order to implement the identified key priorities for sustainability. Progress was done in relation to following priorities: 1) enhancing local authorities and communities involvement in the implementation of the JP activities especially at community level. 2) continuous advocacy for integration of the nutrition indicators into the monthly reporting system of the National Health Institute (INASA). Some of the priorities were not possible to implement due to post coup d'état political environment.

There is still work to be done in relation to key priorities for the sustainability of the JP results. Much effort is being put towards this objective in the last 6 months of the JP, namely:

- Advocacy for the National Nutrition Policy operationalisation.
- Support to the government in elaboration of the National Nutrition Strategic Plan and its investment plan.
- Assisting the government in revision of the National Protocol on Management of Malnutrition Cases according to new WHO criteria.
- Study on cause roots of the malnutrition in Guinea-Bissau.
- Mapping of nutrition and food security interventions on national level.
- Advocacy for integration of the nutrition indicators into the monthly reporting system of the National Health Institute (INASA).
- Advocacy for inclusion of nutrition related issues into school curricula.
- Reinforcing operationally the synergies among nutrition and food security promotion components at the community level.
- Reinforcing the nutrition component within the existing thematic group for food security and nutrition composed by development partners.
- Documentation of lessons learnt.
- Ensure the sharing of lessons learned with the development partners.

It was also decided to consult all implementation and participating partners as well as regional authorities in order to produce meaningful and common vision for sustainability and exit.

Further efforts were done in order to build partnership with the INGO Plan International regarding eventual handing over the JP results. This was done through series of meetings as well as experience sharing through participation of the Plan International member in the joint monitoring and coordination mission. Further efforts are required in this sense.

It is worth noticing that the high level of engagement shown by the school children, school teachers and parents in the school gardens activities as well as maintenance of first replicated gardens at community level by women associations and the general expansion of school garden surfaces are strong signs of the sustainability of the JP's results. Community gardens, managed by women associations (83 up to date), remit up to 40% of production from community gardens to schools for school children consumption in order to enhance children's' nutrition diet.

Series of meetings were held within the JP team and with Heads of participating agencies, and it can be stated that there is strong commitment on behalf of agencies, namely UNICEF and WFP, to continue to invest into nutrition and food security promotion.

Finally, the JP team built a partnership with the JP Nutrition Ethiopia and jointly raised funds through the Knowledge Management Platform of the MDG-F Secretariat in order to promote knowledge generation. This knowledge exchange and sharing will enhance national knowledge and benefit sustainability of the JP results.

Are there difficulties in the implementation?

UN agency Coordination

Coordination with Government

Coordination within the Government (s)

Administrative / Financial

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

Joint Programme design

What are the causes of these difficulties?

External to the Joint Programme

Other. Please specify

see below

Briefly describe the current difficulties the Joint Programme is facing

The programme faces challenges related to UN agencies coordination which have mainly to do with the insufficient culture of joint implementation and joint monitoring. Whereas there is high implication in joint planning and high degree of joint strategic decision making, there is still progress to be done in relation to agencies way of operating regarding information sharing on implementation, and in relation to agencies way of thinking and practices regarding joint monitoring of progress.

The difficulties related with the national counterparts have to do mainly with insufficient involvement of the Ministry of Education at the central level, and insufficient involvement of regional authorities in monitoring of nutrition and food security activities. Coordination on the regional level is almost inexistent. Lack of solid and efficient M&E capacity, mechanisms as well as means at regional and local levels needs also to be highlighted. Reports quality at the health centers level is still to be improved. Multitude of the reporting instrument vis-à-vis serious understaffing at the level of health centers (MoH) also contribute to poor quality of data produced at the level of health facilities.

Additionally and despite advocacy efforts done, the nutrition related indicators are still not included into national health information system which impedes the country to have nutrition related data treated, managed and processed in institutionalized and sustainable manner.

It is worth mentioning that during the post coup d'état period, from April to August 2012, agencies faced significant challenges to coordinate with governmental counterparts due to absence of the legitimate national interlocutors.

The original management structure of the JP did not define clearly the coordination and reporting lines among the four partner ministries. This weakens the information flow and coordination effort among national counterparts on the one hand, and causes centralised coordination by the JP coordinator seated at the Resident Coordination Office on the other hand.

Due to late annual revision and following coup d'état and thus late request and reception of funds, some agencies remained without funds. This caused delay in purchase and thus shortage of supplementary feeding provision from January to November 2012 and required internal effort of some agencies to continue implementing activities with internal resources while waiting for reception of funds.

Due to several priorities on the agenda of the National Nutrition Service and insufficient support from the participating agency, there was a deficiency in monitoring and support provided to radio partners of the JP.

Departure of the Communication and Advocacy (C&A) specialist within RCO who was providing support to the implementation of the C&A Strategy is weakening the JP capacity to implement efficiently the C&A strategy and its plan.

Briefly describe the current external difficulties that delay implementation

The coup d'état occurred on April 12, 2012 and the resulting political instability affected largely the implementation of the JP till the point of temporary suspension of all activities

in the absence of the legitimate national interlocutors. Due to this situation, in July 2012, under the overall supervision of the Resident Coordinator, the JP team revised its annual work plan and strategies, adapting it to the current situation in order to be able to re-launch implementation of activities in support of all its beneficiaries. This also brought difficulties to implement some of sustainability strategy priorities identified, namely elaboration of the National Strategic Plan in Nutrition and revision and validation of the National Nutrition Policy. Finally, advocacy efforts of the JP during 2 years were partially jeopardized due to post coup d'état change of governors and of some regional directors.

The difficulties related with the national counterparts have to do mainly with low motivation of health care service providers and limited human resource capacities.

Persisting weak comprehension and valorization of the nutrition problem at national level due to multiple challenges and development priorities faced by the country.

Persisting weak national multi-sectorial vision and approach towards malnutrition issues.

There is also limited number of implementing partners in nutrition on national level which limits the JP in investing in solid and long lasting partners of implementation as well as handing over of the JP results.

Serious problems of access to water at the community level can jeopardize sustainability of the school gardens activities.

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

The strategic coordination of joint efforts is enhanced through regular inter agency and technical team meetings, participative decision making as well as joint monitoring and coordination missions.

In order to address the difficulties related with the insufficient involvement of the Ministry of Education at central level, the coordination held meetings with the relevant ministerial direction and new and dynamic ministerial staff - focal point for the JP - was appointed.

Strong recommendation was issued during the last joint monitoring mission to ensure urgent, due and timely support to the regional authorities to equip them with means and knowledge in order to strengthen their monitoring skills. Strong accent was put on importance of the joint coordination at the regional level. This will be closely followed up by the responsible agency.

Regarding quality of the data from the health centres, health staff benefit from refresher training and formative supervisions in order to enhance their reporting capacities.

In order to accelerate the advocacy efforts for the inclusion of nutrition related indicators into the national health information system, the issue was discussed at the level of heads of agencies and UNICEF committed to speed up the process through institutional level advocacy.

Coordination with national counterparts resumed in August 2012 and current political situation allows regular work.

JP coordinator seated at the Resident Coordination Office continues to provide significant support to the coordination and information sharing among the national counterparts. Besides, the Ministry of Plan, Economy and Integration is progressively assuming role of catalyst for coordination among ministries. Up to date the shortage of the supplementary food provision is overcome and centers continue to receive regular provision.

Strong recommendation was issued during the last joint monitoring mission and PMC, to increase the quality of support to radio partners.

The JP uses in house capacity within the UNDP, namely the communication officer, to address the lack of specifically allocated staff for C&A and recent departure of the communication officer within RCO who was supporting largely the implementation of the C&A strategy and its plan.

Regarding the external difficulties, namely consequences of the coup d'état, the JP team reviewed and adapted its annual work plan to the current situation in July 2012 to continue providing support to its beneficiaries. Finally, in order to compensate the delay in implementation caused by the temporary suspension of all activities from April to August 2012 and in order to ensure that all planned results are achieved, the JP duration was extended till June 30, 2013.

Regarding progress towards sustainability of the JP results jeopardized by the post coup d'état environment, its full implementation will be realized in the last six months as political situation turned into favorable.

The JP team undertakes continuous advocacy effort to ensure higher valorization of the nutrition problem at national level as well issue of access to water at community level.

Regarding the limited number of implementing partners in nutrition on national level the JP aims to continue extending collaboration with other NGOs working in the area of Nutrition (i.e.: Plan International) and solidify the collaboration with implementing partner CARITAS.

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

Under the overall coordination of the Resident Coordinator, regular information sharing was ensured by the coordination at central level (agencies and implementing national partners, regular inter-agency and inter-ministerial meetings and involvement of the Head of Agencies in all decision making processes contributed to increasing joint accountability and joint dialogue.

The Joint comprehensive M&E framework and the integrated work plan are jointly monitored and analyzed on half year and quarter basis respectively in order to foster joint monitoring and accountability.

In August 2012, the JP undertook the participatory exercise of the PTA review and strategic joint planning in the light of the post coup d'état political environment.

Despite the different nature of the only other existing JP (Justice and Security Sector Reform), and the different geographic areas of intervention, the coordination between these two programmes is ensured in areas such as sharing on lessons learned and successful strategies.

In September 2012 the coordination supported and led the preparation of the joint monitoring and coordination mission which allowed to assess progress in results of the JP and coordination mechanisms at the local level. This mission is also an excellent tool to enhance joint analysis of difficulties and to formulate recommendations.

It is work noticing that all strategic decisions are taken jointly either through Programme Management Committees or consultations.

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	n/a	5	Meeting reports	Routine: email exchange, meetings
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	6	Available documents	Periodic study related
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	8	Mission reports	Compilation of contributions from the participants in the missions by the JP Coordinator

Managerial practices implemented jointly: recruitment process for MDG-N national consultant; International/Programme Coordinator; national consultant responsible for drafting IEC material on promotion techniques for community based nutrition promotion and surveillance; national nutritionist recruitment; international nutritionist consultant.

Analytical works: baseline study to target beneficiaries' schools; needs identification for training and design of training/IEC materiel and monitoring tools; joint advocacy/communication strategy; internal analysis of the JP's efficacy and efficiency, lessons learnt, challenges and definition of corrective operational measures, priorities and sustainability strategy, joint planning of the last and third last year of the JP. Joint revision and adaption of the AWP in the light of the post coup d'état environment.

Joint missions: MDG Secretariat mission in March 2010; technical mission (in May) to meet and sensitize the regional public authorities and civil society; joint coordination missions to beneficiaries structures composed by the members of Programme Management Committee (April 2010, August 2010, January 2011, May 2011, September 2011, September- October 2012).

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	true
Fully involved	false

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

Policy/decision making

Management: budget

Management: procurement

Management: service provision

Management: other, specify

MoH is co-chairing the PMC. Government is involved in the conception of training material & monitoring tools, recruitment process, coordination, experiences and information sharing, supervision and field visits, monitoring and evaluation activities, reporting, activities and budget planning as well as implementation of recommendations to address the JP difficulties.

Who leads and/or chair the PMC?

MoH/co chair + RC Office representative (mainly the JP Coordinator)

Number of meetings with PMC chair

14 times (since the beginning of the project) and 3 times during the reporting period

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

Not involved false

Slightly involved true

Fairly involved false

Fully involved false

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: service provision

Management: other, specify

Women, parents, school children, teachers and community volunteers are involved in the school gardens activities and management committees. 48 women groups ensure door to door sensitisation on importance of the exclusive breast feeding. 816 community volunteers will be ensuring nutrition promotion and surveillance activities in 150 communities.

Where is the joint programme management unit seated?

other, specify

The JP Coordinator is seated at the RCO (under the overall supervision of the RC) and work in close collaboration with the lead Ministry of Health, namely Director of the National Nutrition Direction

Current situation

At the central level implementing national governmental partners, members of the PMC, namely Ministry of Health (MoH) and Ministry of Economy and Regional Integration Plan (MEPIR) are fairly involved in the implementation of the JP. Ministry of Agriculture (MoA) was slightly involved whereas Ministry of Education (MoE) was not sufficiently involved.

Ownership and joint accountability continued to increase as all governmental focal points for the JP and involved civil society organization (CARITAS) were involved in joint decision making and participate in 100% technical group meetings and PMC meetings. Besides, all government focal points for the JP have participated in the AWP revision and adjustment of activities to the post-coup d'état environment.

The regional authorities are insufficiently involved and the coordination at the regional level is still weak. Limited financial and logistical means, limited capacity in monitoring and evaluation lead to the lack of motivation and constrain regional authorities from ensuring close and coordinated supervision of activities in the field.

Five partner radios broadcast regular messages on nutrition and participate in 100% joint coordination missions.

The NGO Caritas, implementing partner, is represented in the JP meetings and has been participating actively in decision making process.

Regarding citizens and civil society involvement at the local level, replication of school gardens at household and community level demonstrate the ownership of JP's activities by citizens. Existence of 816 trained community health workers who are carrying out activities of nutrition promotion and surveillance is reflecting the engagement of citizens. Citizens were consulted on their priorities during the annual review and their opinion are taken systematically into consideration to improve implementation.

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

This strategy aims to:

- Sensitize authorities (Government), opinion leaders (media and traditional leaders) and policymakers (politicians and civil society) at all levels (central and decentralized) and make them aware of nutrition and food security issues with emphasis on their implications for child survival and achievement of MDGs.
- Sensitize on and support MDG's advancement strategy among large public (population, universities, development stakeholders).
- Prepare a comprehensive resources mobilization strategy.

The communication and advocacy strategy is focusing on:

- Establishing partnerships with media (formal and informal) to ensure regular coverage with messages and campaigns leading to behaviour changes related to MDGs and related goals.
- Using key dates and national events to raise awareness among large public on health and education promoted MDGs as well as to ensure JP results' visibility.
- Ensuring capacity building of citizens, children, women, NGOs, Community Based Organisation (CBOs) to participate efficiently in policy making and activities related to MDG's and related goals promotion.
- Improving dialogue among governments (central and provincial level), civil society and citizens related to MDG's and related goals promotion and advancement.
- Best practices documenting and sharing.
- Reinforcement of MDG-F and MDG-F JPs' identity.
- Ensuring MDG-F is seen as transparent and reliable partner.
- Contributing toward resource mobilisation.

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

New/adopted policy and legislation that advance MDGs and related goals

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	1
Social networks/coalitions	
Local citizen groups	131
Private sector	
Academic institutions	
Media groups and journalist	
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?

Section III: Millenium Development Goals

Millenium Development Goals

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome	Beneficiaries	JP Indicator	Value
Management and prevention of children malnutrition is improved at facility level (nutrition rehabilitation centers and health centers)	0	Number of children with severe acute malnutrition (SAM) cured in health and nutrition centres	

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome	Beneficiaries	JP Indicator	Value
Management and prevention of children malnutrition is improved at facility level (nutrition rehabilitation centers and health centers)	7176	Number of children with moderate acute malnutrition (MAM) cured in health and nutrition rehabilitation centres	

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

JP Outcome	Beneficiaries	JP Indicator	Value
School children in 150 community schools are aware of good practices in nutrition and they consume vegetables at least once a day.	80	% of school children in 150 selected beneficiary schools who are aware of good practices in nutrition	

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome	Beneficiaries	JP Indicator	Value
Interventions on children nutrition and food security at local and community levels are effectively and regularly monitored and supervised by government counterparts	75	% of reports provided with updated and accurate data on reported and cured SAM and MAM cases	

Additional Narrative Comments

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



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

No. Urban

No. Rural

No. Girls

No. Boys

Children from 2 to 5

Total

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total 36392

No. Urban

No. Rural

No. Girls 17703

No. Boys 18689

Women

Total 9389

No. Urban

No. Rural 9389

No. pregnant 10789

Men

Total

No. Urban

No. Rural

1.3 Prevalence of underweight children under-five years of age

National % 17,5
Targeted Area % 22,4

Proportion of population below minimum level of dietary energy consumption

% National 20
% Targeted Area 17

Stunting prevalence

% National 32,2
% Targeted Area 38,3

Anemia prevalence

% National 75
% Targeted Area

Comments

22.4% of under 5 children suffering from underweight in project area.(Bafata:23.7%, Gabu:18.1%,Oio :25.4%)

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
Local
Urban
Rural 95 women association
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
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
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

95 women associations replicated the experience of school gardens on community level

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	1
Local	

Laws

National	
Local	

Plans

National	
Local	

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	
Local	1
Total	1

b. Joint Programme M&E framework

“ JP Promotion of a multi-level approach to child malnutrition”

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
Joint Programme Outcome 1: Management & prevention of children malnutrition is improved at health facility level (nutrition rehabilitation & health centres)	Number of children with severe acute malnutrition (SAM) ³	3,404 cases of SAM expected nationally ⁴ 1,490 cases of SAM expected in project area ⁵	Less than 1,700 cases of SAM reported nationally 80% of SAM cases reported in the project area (1,192)	1,471 cases of SAM reported nationally ⁶ Cases of SAM reported and treated in project area to date 1,192 ⁷	INASA reports MoH Reports SMART 2012	Annual Survey Monthly reports	Min. Health UNICEF	INASA is able to collect and analyse needed information in due time
	Number of children with moderate acute malnutrition (MAM)	13,500 cases of MAM expected nationally 5,588 MAM cases expected in the project area ⁸	Less than 50% cases of MAM reported nationally (6750) 80% of MAM cases reported in the project area (4470)	13,194 cases MAM reported nationally ⁹ MAM cases reported in the project area to date 10,042 ¹⁰ .	INASA MoH reports SMART 2012	Annual Survey Monthly reports	Min. Health WFP	INASA is able to collect and analyse needed information in due time
	Number of children with severe acute malnutrition (SAM) cured in health and	Not available	80% cases of SAM cured equiv at 2,700. (225 monthly) nationally 80% of SAM cases		INASA reports Health and Nutrition centre reports	Monthly report	Min. Health UNICEF	Idem

¹ Updated on **31/12/2012**

² With indicative time frame & frequency of information sharing

³ This indicator is using MICS and SMART data and therefore gives community level information.

⁴ Calculated using SAM rate from SMART 2008, and population from the 2009 census taking a population growth rate of 2.45% (also from the census)

⁵ SMART 2008

⁶ SMART 2012

⁷ Monthly Report MINSA

⁸ SMART 2008

⁹ SMART 2012

¹⁰ PAM 2012.

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	nutrition centres		treated in the project area are cured (1,192)	SAM cases cured among treated in the project area (data not available)			WFP	
	Number of children with moderate acute malnutrition (MAM) cured in health and nut. centres	Not available	50% of 6,750 cases of MAM cured (3375) nationally 80% of reported MAM cases in the project area are cured (3,576)	5,146 cases of MAM treated and cured nationally ¹¹ In project area to date 7,176 MAM cases treated and cured ¹²	INASA reports Health and Nutrition centre reports.	Monthly report	Min. Health WFP	Idem
	Number of pregnant and lactating women receiving supplementary feeding in MAM treatment	N/A	60% of target population (pregnant women) receives MAM treatment in the project area	1,400 pregnant and lactating women received supplementary feeding in MAM treatment in the project area	Health and Nutritional CP Reports	Monthly reports	WFP	Distance between villages and Nutritional Centers. Women need authorization from husbands to reach centers for treatment.
	Under-five mortality rate	223 per 1000 live births ¹³	135 per 1000 live births	117 per 1000 live birth ¹⁴	MICS	Every three year study	UNICEF	Risk of political and socio- crisis resulting in deterioration of social services

¹¹ PAM 2011

¹² PAM 2012.

¹³ MICS 2006

¹⁴ MICS 2010

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
1.1. 24 nutrition rehabilitation centres and 90 health centres are equipped (anthropometric equipment, therapeutic products, home take food supplements, cooking material for demonstration) to effectively prevent and manage child malnutrition	Number of health and nutrition centres equipped with needed quantities of ready-to-use therapeutic products (RUTF, F 100, F 75, BP 100)	22 nutritional centres functional in 2009, with limited materials No HC equipped	All centres - 24 nutrition rehabilitation centres and 90 health centres - are provided with needed quantities of therapeutic products, anthropometric material.	All centers – 24 CRN's+ 94 health centers with needed quantities of ready-to-use therapeutic foods (RUTF) . 9.5 MT of RUTF are provided with the needed quantities of ready to use therapeutic foods (RUFT) 24 CRN'S and 90 health centres are equipped with micro nutrient supplement: 738 kg of BP100, therapeutic diet,394 kg of F-75,297.5 kg of F-100 and 46 kg of Resomal: distributed gradually and according to the need.	Delivery report of RUFT Stock report	Supervision guide	UNICEF WFP MoH	Supply chain Storage condition
	Number of health and nutrition centres equipped with anthropometric materials			24 CRN+90 health centres equipped with anthropometric material: 152 Child measurement scale in woods, 80 electronic balances, 156 Child measurement scale in plastic ,1800 for children and 1000 adults (MUAC), 1000 trouser for salter	Delivery report of anthropometric materials Stock report	Supervision guide	UNICEF	Idem

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
				scale and 9 cooking demonstration kits				
	Number of centres receiving take home food supplements	33 health centres receiving food supplements from WFP	All 24 nutrition rehabilitation centres (9 CRN) and 90 health centres (HC) are provided with needed quantities of food supplements	24 CRN and 90 HC are provided with needed quantities of food supplements	Delivery report Stock report	Supervision guide	WFP	Food pipeline break. Delay in transportation. Delay in reports from centres.
	Number of centres with cooking material for demonstration	No cooking materials available	All 24 nutrition rehabilitation centres (9 CRN) and 90 health centres (HC) are equipped with cooking material for demonstration	24 CRN and 90 HC are equipped with cooking material for demonstration	Delivery report Stock report	Supervision guide	WFP	Idem
1.2. 228 Health workers are qualified on and put into practice for effective prevention and management of children malnutrition	Number of trained HW	Not available	By June 2013, the capacity of 228 health workers (112 from the PC area/116 from satellite regions) are qualified and put into practice knowledge in management of moderate and severe malnutrition	36+201 health workers were trained in project areas and other areas. 88% obtained the result of post-test coverage 80%. Covering 114 Health Centers	Training & Evaluation report Supervision report	Report on each training session Supervision guide	UNICEF MoH	Political instability and socio-political crisis resulting in collapse of services; Turnover of personnel; Inadequate capacity of information absorption.

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	Number of health workers who implement the Protocol for prevention and management of malnutrition	0		Data not available (need an assessment to confirm if they are implementing it properly)				
	% of trained staff who scored at least 80% for the post test of the refresher training session	0	Refresher trainings are organized every year for the trained health workers	221 health workers recycled. Information on % of post-test score not available	Training & Evaluation report	Report on each training session	OMS	Political instability and socio-political crisis resulting in collapse of services; Turnover of personnel; Inadequate capacity of information absorption.
	Number of Health centres with means of transport.	Not available	By 2010, Health centres in need are equipped with transport means to conduct outreach activities and to supervise the community health providers	9 health centers equipped with transport with 9 motorbikes. All of health centers had transport.	Delivery report	Every delivery	UNICEF	Fluctuations in international market (price)
1.3. 24 nutrition rehabilitation centres and 90 health centres are provided with appropriate information, education and communication material on basic nutrition, health care and hygiene to undertake campaigns at community and	Number of HC and NRC equipped with appropriate IEC material	Not available	By 2010, IEC materials on basic nutrition, health care and hygiene are reproduced and available in HC and NRC.	The IEC materials elaborated and produced and available: 1000 Serial Albums, 2000 posters with messages on nutrition. Coverage: 24CRN+ 32 C.S. The	Report on number of materials available (inventory)	Routine	Min. Health UNICEF	Inadequate capacity on local to reproduce timely IEC material market

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
school levels				communication materials printed and distributed for 80 health centers and 150 schools.				
	% of health workers trained on IEC techniques and who scored at least 80% during the post training evaluation.	0	By June 2013, 228 health workers trained on IEC techniques scored 80% in the post evaluation	79 health workers in 4 health regions (Bafata, Gabu, Farim and Oio – Mansoa) trained on IEC techniques scored 80% in the post test evaluation and 4 staff less 80%.	Training & Evaluation report	Report on each training Regular pre-test and post training test done	UNICEF MoH	political instability and socio-political crisis resulting in collapse of services; Turnover of personnel; Inadequate capacity of information absorption
.The Joint Programme Outcome 2: Community-based nutrition promotion & surveillance established in 150 selected communities	Percentage of exclusive breastfeeding in selected communities /regions	28% exclusive breastfeeding ¹⁵	Increase of exclusive breastfeeding up to 50% in selected communities.	67% of exclusive breastfeeding nationwide ¹⁶ .	SMART MICS	Annual Survey	UNICEF Min. of Health	Unable to track percentage of exclusive breastfeeding in selected communities
	Number of SAM cases in the project area (communities)	1,490 cases of SAM in the project area communities ¹⁷	80% of SAM cases detected in the project area communities and referred to health facilities (1192)	151 SAM cases (64 female and 86 male) detected in the project areas communities and referred to health	INASA reports Health and Nutrition centre reports.	Monthly report	Min. Health WFP UNICEF	INASA is able to collect and or treat information regarding Health services

¹⁵ National value; (SMART 2008).

¹⁶ SMART 2012

¹⁷ Calculated with 1.8% of SAM in Gabu & Bafata and 1.6% in Oio based on SMART Survey of 2008 and National Census of 2008-2009.

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
				centers for treatment				
	Number of MAM cases in the project area	5,588 cases of MAM expected in the project area communities	80% of MAM cases reported in the project area communities (4,470)	450 ¹⁸ MAM cases detected in project areas communities	INASA reports Health and Nutrition centre reports	Monthly report	Min. Health WFP UINCEF	INASA is able to collect and or treat information regarding Health services
	Prevalence of underweight children under-five years of age in selected region level	26.5% in the East, and 23.5% in the North (17% underweight children nationally)	18% in the East and 16% in the North	22.4% of under 5 children suffering from underweight in project area ¹⁹ (Bafata:23.7%, Gabu:18.1%,Oio :25.4%) ²⁰	SMART MICS	Periodic Survey	Min. Health WFP UNICEF	INASA is able to collect and or treat information regarding Health services
2.1. 600 community health care providers (volunteers) are knowledgeable and put into practice activities related to basic nutrition monitoring and surveillance such as: growth monitoring, identification of signs of malnutrition and timely	Number of communities with operational programme on under 5 child nutrition screening and surveillance	0	By June 2013, 150 beneficiary communities have operational programme on under 5 child nutrition screening and surveillance	90 beneficiary communities have operational programme on under 5 child nutrition screening and surveillance	Supervision guide	Field visits	UNICEF OMS MINSa	Availability of community health providers corresponding to the new MINSa standards

¹⁸ Health and Nutrition service reports

¹⁹ MICS 2010

²⁰ SMART 2012

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
referral of malnourished children, promotion of exclusive breastfeeding, timely and appropriate complementary feeding and hand washing, etc.	Number of community health care providers trained and who scored 80% during the post training evaluation	None in 2009.	By June 2013, Selected 600 community health care providers are trained on basic nutrition monitoring and surveillance, maternal & child nutrition and hygiene	46 trainers and 816 community health providers in 3 (100%) beneficiary regions trained on basic nutrition monitoring and surveillance, maternal and child nutrition and hygiene.	Training & evaluation reports	Report on each training	UNICEF OMS MINSa	Availability of community health providers corresponding to the new MINSa standards.
		None in 2009.	Refresher trainings are organized every year for the community health providers	350 CHW benefited from the refresher training.	Training & evaluation reports	Report on each training	OMS	ASC identified timely by MoH based on new criteria Political instability
	Number of transport means provided	0	Community health providers are equipped with transport means to undertake regular outreach activities and home visits	200 bicycles procured for community health providers.	Procurement document Delivery reports	Routine	UNICEF	Delay in initiation of service delivery to communities by CHWs
	Number of Community health agents equipped with anthropometric and RUTF materials	0	By 2010, Community health providers are equipped with anthropometric materials and RUTF to undertake nutrition monitoring activities	Anthropometric materials and RUTF available at the level of the Regional Directions + will be distributed to communities this quarter	Procurement document Delivery reports	Routine	UNICEF Min. of Health	Delay in initiation of service delivery to communities by CHWs

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
2.2. Knowledge and skills among communities and families are built on sound nutrition practices, such as exclusive breastfeeding, timely and appropriate complementary feeding, hand washing, maternal and child nutrition and Prevention of Mother to Child transmission of HIV, etc	Number of families sensitized and mobilized for behaviour change on nutritional foods and cooking practices, exclusive breastfeeding, infant and young child feeding ensured.	None in 2009	47,802 families sensitised and mobilised by community health workers (CHW) on sound nutrition practices, such as exclusive breastfeeding, timely and appropriate complementary feeding, hand washing, maternal and child nutrition and Prevention of Mother to Child transmission of HIV, etc	1,512 families ²¹ sensitized on importance of exclusive breastfeeding through World breastfeeding week and 48 support group of women created to sensitize other women on sound nutrition practices	Training & evaluation reports	Routine	UNICEF	High rate of illiteracy, resistance in cultural dietary habits
	Number of Radio programs/campaigns produced and broadcast in these 3 regions	0	Programs broadcasted in three pilot regions, and reaching all concerned population	1172 programmes produced and broadcasted in 6 regions (covering 100% of project regions (3))	Copy of Radio programs	Ad hoc (copy of radio programs)	WHO	Lack of appropriate verification method
Joint Programme Outcome 3: School children in 150 selected schools are aware of good practices in nutrition & consume vegetables at least once a day	% of school children in 150 selected beneficiary schools who are aware of good practices in nutrition	21 % of school children in 150 selected beneficiary schools who are aware of good practices in nutrition	50% of school children in 150 selected beneficiary schools are aware of good practices in nutrition	80% out of 36,392 school children (=29,114 school children) are aware of good practices in nutrition	Survey report Mission report	Field mission	FAO MoA MoE	Data availability Sufficient involvement of local stakeholders in school garden activities

²¹ 802 (last year) + 710 (2012) = 1512

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
3.1. Nutrition habits and knowledge on good nutrition practices of school children in 150 selected schools are evaluated in the beginning and end of the programme	<p>Number of school children evaluated in terms of dietary habits (from # of selected schools)</p> <p>Number of school children evaluated in terms of knowledge on good nutrition habits (in # of selected schools)</p>	Nutrition habits and knowledge on good nutrition practices evaluated among 5,000 schools children in 73 schools	Dietary habits and knowledge related to good nutrition practices of (25,000) school children evaluated	351 school children evaluated in terms of nutrition habits and knowledge on good nutrition practices ²²	Missions report, provisory data of survey	<p>Field survey during one month</p> <p>Field missions</p>	FAO MoA MoE	<p>Nutritional and food security situation receives enough attention from national policies and programs.</p> <p>Poor dietary habits / cultural habits related to nutrition</p>

²² Survey report

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
3.2. School teachers and school children, community members, school cooks, parents and CHW acquired capacities in management of school gardens, food security and nutrition in order to improve dietary habits and nutrition related knowledge in selected communities.	Number of school teachers who acquired knowledge in management of school gardens, nutrition and food security	126 school teachers have knowledge in management of school gardens, nutrition and food security	By June 2013, 250 school teachers acquired knowledge in management of school gardens, nutrition and food security	682 school teachers acquired knowledge in management of school gardens, nutrition and food security	Training report Meetings' report	Evaluation process	FAO MoA MoE	Adequate capacities, including sufficient knowledge and comprehension to support capacity building on nutrition and food security Cultural habits
	Number of school children who acquired knowledge in management of school gardens, nutrition and food security	5,000 school children have knowledge in management of school gardens, nutrition and food security	25,000 school children	36,392 school children acquired knowledge in management of school gardens, nutrition and food security				
	Number of community workers who acquired knowledge in management of school gardens, nutrition and food security	0	150 community workers	167 community workers acquired knowledge in management of school gardens, nutrition and food security				

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	Number of parents who acquired knowledge in management of school gardens, nutrition and food security	0	300 parents	2.752 parents acquired knowledge in management of school gardens, nutrition and food security				
	Number of HCW who acquired knowledge in management of school gardens, nutrition and food security	0	170 CHW	183 Community health Workers acquired knowledge in management of school gardens, nutrition and food security				
	Number of school cooks who acquired knowledge in management of school gardens, nutrition and food security	0	100 School cooks	318 school cooks acquired knowledge in management of school gardens, nutrition and food security				
3.3. School gardens are created and maintained in 150 selected schools	Number of school gardens created and maintained	0	By 2012, 150 school garden are created and maintained	167 school gardens existent.	Routine and evaluation reports Missions report	Periodic supervision (missions)	FAO	Lack of water / water management issues Poor management of community lands

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
								Lack of terrain belonging to schools. Existence of community associations.
3.4. Community gardens created and reinforced in selected communities.	Number of community gardens reinforced Number of community gardens created	12 community gardens existent in selected communities	12 community gardens reinforced 20 community gardens created	12 community gardens reinforced 83 community gardens created.	Regular reports and evaluations Mission reports	Periodic supervision (missions)	FAO	Lack of access to water Lack of terrain belonging to schools. Existence of community associations.
3.5. School kids in selected schools produce periodically and consume vegetables at least once a day	Quantity of vegetables produced in selected school gardens Quantity of vegetables consumed in selected schools Number of school children who consume vegetables at least once a day.	0 n/a n/a	360 kg of vegetables produced in each selected school annually 288 kg (80%) of vegetables produced in school gardens are consumed by school children 25.000 school children from selected schools consume vegetables at least once a day.	60.000 kg of vegetables produced in selected schools 48.000 kg of vegetables produced in school gardens are consumed by school children 36.392 school children from selected schools consume vegetables at least once a day.	School committee reports Mission reports	Periodic supervision (missions)	FAO	Lack of local supervision and involvement Vegetables produced sold in its totality for income generation

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
Joint Programme Outcome 4 : Interventions on children nutrition and food security at local and community levels are effectively and regularly monitored and supervised by government counterparts	Number of supervision reports fill-in by: (1) central authorities; (2) regional authorities	0	By June 2013 , both central and regional authorities participate and follow-up activities related to nutrition and food security sectors	75% of supervision mission completed (9 out of 12) with 75 % supervision reports available at central level; 9 supervision missions completed by the regional authorities with 33% supervision reports available. ²³	Monitoring reports	Routine Monitoring missions Supervision guide	Min. of Health UNICEF	Adequate capacities, including sufficient knowledge and understanding, to support capacity building in M&E
	Number of reports provided with updated and accurate data on reported and cured SAM and MAM cases, separately	N/A	By June 2013, the Ministry of Health is able to provide updated and accurate data on treated SAM and MAM cases, separately	30 % of reports available	Monitoring reports health center reports and monitoring reports		MoH UNICEF WFP	Adequate national capacity to gather and process data INASA has adequate capacity to gather and process data
	Nutrition status of women and children in the project area		Availability data of nutritional status in the beneficiary regions for the PC	Acute malnutrition: Bafata: 9.8% Gabu: 5.8% Oio: 8% Underweight: Bafata: 23.7 % Gabu: 18.1 % Oio: 24.5 % Chronic malnutrition: Bafata: 32.3 % Gabu: 30.3 % Oio:34.5 %	SMART survey 2012	Survey	UNICEF MoH	

²³ Data no available at regional level, last updated on 30 June 2013

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	Number of reports provided with updated food security situation in the project area	N/A	By June 2013 , the Ministry of agriculture is able to provide updated data on food security data in the country (project area)	0	Monitoring reports Field visits	Supervision report	MoA FAO	Availability of data Adequate national capacity to gather and process data
4.1. The Nutrition Unit at the Ministry of Health is reinforced in terms of human resources and equipment.	Number of new staff who were integrated in MOH structure (nutritional unit) till June 2013	2 national staff involved in nutrition programs at the MOH in 2009	By end of 2009, one international nutritionist and one national consultant are recruited and posted at the Ministry of Health till June 2013	1 National consultant posted in the MoH and one international nutritionist posted in UNICEF.	Recruitment documents	Contract	UNICEF WHO	Difficulties recruiting and securing staff. Turnover of staff
	Number of Vehicles distributed	0	By 2009, the nutrition unit of the Ministry of Health is equipped with a vehicle for field visits and supervision	Nutrition unit of the Ministry of Health is equipped with 1 vehicle for field visits and supervision of the programme.	Delivery reports	Routine	UNICEF	
	Number of training provided to regional teams; percentage of people who scored more than 80% in post-training tests	Not available	By June 2013, the national and regional health teams are trained to ensure good implementation and monitoring of the nutrition and food security interventions	The training provided to 3 regional teams (12 regional direction's staff); with n/available number of people who scored more than 80% in post-training tests	Reports on training; training test.	Training documents	WHO	Adequate capacities, including sufficient knowledge and understanding, to support capacity building in M&E

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	Number of training provided to health centres staff and school staff and agricultures technical staff; percentage of people who scored more than 80% in post-training tests	Not available	By June 2013, capacity of health centres (health technicians) and schools (professors) and agricultures technicians is strengthened to ensure monitoring of field activities	The training provided to Health centres and school staff (218 staff in 3 regions); with 90% among trained who scored more than 80% in post-training tests	Reports on training; post training test report.	Training reports	WHO	Idem
4.2. The Joint programme is well managed and evaluated	Existence of operational M&E commission	No Commission existent	M&E commission created (central and regional level) reinforced with the operational M&E mechanism. Commission meets bimonthly at regional level and quarterly at central level with regional level representatives.	0 report available	Meeting reports	Report	WHO MoH	Involvement of regional authorities and stakeholders
	Existence of monthly INASA reporting tool which include nutrition indicators	Nutrition indicators not included into INASA monthly reporting tool	By June 2013 nutrition related indicators proposed by the MoH are included into the INASA monthly reporting tool	Not yet done	INASA monthly reporting tool		WHO MoH	
	Availability of operation coordinator	0	By June 2013, coordination of the MDG-Nutrition actors has increased.	1 JP coordinator recruited. Joint decision making improved through strategic coordination.	Contract Inter-agency, PMC meetings minutes	Recruitment documents Minutes	RC Office	Difficulty to retain coordination staff Weak joint accountability

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	Number of joint monitoring/coordination missions	0	By June 2013, at least 7 joint monitoring/coordination missions were successfully organized with overall increase of monitoring capacity and coordination	6 joint monitoring/coordination missions organized with overall increase of joint decision making and ownership	Mission reports	Mission reports	RC Office	Availability of the support from the M&E specialist in the RCO Involvement of all participating partners including regional authorities
	% implementation delivery	0	Integrated Com and Advocacy strategy revised, validated and implemented with 90% of delivery	24,55 % delivery	Activity reports	Reports	RCO	Availability of the communication officer supporting the implementation
	Number of biannual monitoring approved by the PMC	0	6 reports on monitoring and evaluation approved by Management Committee	5 reports on monitoring and evaluation approved by Management Committee	Semi-annual reports	Monitoring activities	RC Office	Timely availability of quality data provided timely from agencies, MoH
	Availability of final evaluation report	0	The final evaluation of the programme is available and validated by partners	Ongoing (mission from 7 to 19 December)	Final evaluation report	Routine	RCO	Ppolitical instability Timely availability of consultant to conduct the evaluation
	JP Delivery rate	0	The JP is well managed and monitored with an overall achievement of 90% of targets	Delivery rate 79,13 %	Semi-annual / quarterly reports	Evaluation / monitoring activity	RC Office UN agencies	Lack of data at Health Centres and INASA level to provide information for M&E instrument.

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (June 2013)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
4.3 Government has its Nutritional Policy and nutritional National Strategic Plan	Availability of revised and adopted Nutritional Food and Nutrition Policy	No Policy document exist	The Nutritional Policy is revised and adopted	Policy validated but need to be revised	Policy Activity reports	Documentary review/ Validation workshop	UNICEF	Political instability
	Availability of Nutritional National Strategic Plan document	No document exist	The Nutritional National Strategic Plan document is available	Not yet implemented due to complex political situation	Strategic Plan document	Documentary review,/ validation workshop	UNICEF	Political instability Involvement of national partners

Produto (output)	Actividade	ANO			Agencia SNU	Responsavel Nacional	Estimated Implementation Progress					
		1	2	3			Orçamento total Planificado para o PC (3 Anos)	Montante total transferido Ano 1 + 2 + 3	Montante total Engajado 31-12-2012	Montante total Desembolsado 31-12-2012	% Engajado	% Desembolsado
Resultado Geral do Programa Conjunto 1 (outcome 1): A gestão e a prevenção da desnutrição infantil estão melhoradas nas infraestruturas de saúde comunitária (centros de reabilitação nutricional & centros de saúde)												
Produto do PC 1.1: 24 centros de reabilitação nutricional e 90 de saúde estão equipados (com equipamentos, material antropométrico, alimentos terapêuticos práticos (RUTF), alimentos para comer em casa) para prevenir e gerir eficazmente a desnutrição infantil	1.1.1.1. Compra e distribuição de quantidades necessárias adquiridas de provisões alimentares terapêuticas práticos (RUTF) complementos micronutrientes e materiais				UNICEF	MINSa	110000,00	55495,39	75430,39	75430,39	135,92	135,92
	Procure the needed non food material						98168,00	72744,00	52744,00	52744,00	72,51	72,51
	1.1.2.1. Aquisição, armazenamento e distribuição de complementos alimentares de 45 Mt de complemento alimentar - Supercereal com açúcar (CSB+Açúcar) - para os beneficiários do Projeto nas tres regioes alvos				PAM	MINSa	100911,00	147507,00	147507,00	147507,00	100,00	100,00
	Ensure transport, handling & storage of foods						27600,00	18400,00	23400,00	23400,00	127,17	127,17
Total 1.1.							336679,00	294146,39	299081,39	299081,39	101,68	101,68
Produto do PC 1.2: 228 Técnicos de saúde estão formados e preparados para a prevenção e gestão eficaz da desnutrição infantil.	1.2.1.1. Apoiar a revisão e validação do Protocolo Nacional da Gestão dos Casos Desnutrição segundo os novos padrões da OMS.				UNICEF OMS	MINSa	0,00	7500,00	0,00	0,00	0,00	0,00
	1.2.1.2. Formar 600 ASC sobre o novo Protocolo Nacional				UNICEF OMS	MINSa	0,00	19000,00	0,00	0,00	0,00	0,00
	Train health workers on quality management of child malnutrition						42976,00	28488,00	28488,00	28488,00	100,00	100,00
	Supervise the implementation of the trainings				UNICEF	MINSa	12000,00	8000,00	7308,57	7308,57	91,36	91,36
	Organize refresher trainings for health workers				OMS	MINSa	25100,00	17100,00	6500,15	6500,15	38,01	38,01
	1.2.1.3. Reciclar os TS sobre o novo Protocolo Nacional (112 TS de zona de Projecto e 116 satélite)				OMS	MINSa	0,00	4401,00	0,00	0,00	0,00	0,00
	1.2.1.4. Realizar a Supervisão formativa dos TS, sobre a qualidade de manejo de casos da desnutrição infantil da (48 CS de zona de Projecto -19 Gabu, 14 Bafata, 10 Oio, 5 Farim- e 43 CS zona satélite)				UNICEF	MINSa	0,00	15000,00	3784,00	3784,00	25,23	25,23
	Procure transport means for the health centres				UNICEF	MINSa	65000,00	25000,00	26681,31	26433,58	106,73	105,73
Total 1.2.							145076,00	124489,00	72762,03	72514,30	58,45	58,25
Produto do PC 1.3. 90 centros de saúde e 24 de reabilitação nutricional recebem materiais de informação, educação e comunicação adequados para realizar campanhas nas comunidades e nas escolas	Design, print and distribute the IEC materials to the health centres and schools				UNICEF	MINSa	20000,00	20000,00	19328,34	19328,34	96,64	96,64
	1.3.1.1. Train health workers on communication strategies (YEAR III Formar 24 TS em técnicas de IEC na região de Gabú.)				UNICEF	MINSa	20000,00	15000,00	10680,08	10680,08	71,20	71,20
Total 1.3.							40000,00	35000,00	30008,42	30008,42	85,74	85,74
TOTAL OUTCOME 1							521755,00	453635,39	401851,84	401604,11	88,58	88,53

Produto (output)	Actividade	ANO			Agencia SNU	RESPONSÁVEL NACIONAL	Estimated Implementation Progress					
		1	2	3			Total Orcamento Planificado para o PC (3 Anos)	Montate total transferido Ano 1 + 2 + 3	Montante total Engajado 31-12-2012	Montante total amount Desembolsado 31-12-2012	% Taxa engajado	% Taxa desembolsado
Resultado Geral do Programa Conjunto 2 (outcome 2): Promoção da nutrição e vigilância nutricional estabelecida em 150 comunidades seleccionadas.												
Produto do PC 2.1: 600 Agentes de Saúde Comunitaria (ASC)/Voluntários da comunidade têm conhecimento e põem em prática as actividades de promoção e vigilância.	Organize training of (600) community health care providers on basic nutrition monitoring and surveillance, maternal & child nutrition and hygiene				UNICEF	MINSA	40850,00	30850,00	30423,48	30423,83	98,62	98,62
	2.1.1.1. Reciclar 600 ASC formados nas regiões seleccionadas.				OMS	MINSA	43000,00	33282,00	21280,00	21280,00	63,94	63,94
	2.1.1.2. Identificar/delimitar as zonas de intervenção de cada ASC e recensear as crianças <5 anos				UNICEF	MINSA	0,00	5000,00	0,00	0,00	0,00	0,00
	2.1.1.3. Adquirir, preparar e distribuir todos os materiais para as actividades de vigilância nutricional (400 ficha comunitária e os instrumentos de gestão), e material de demonstração culinária (300 Panelas, 1800, pratos, 1800 tigelinhas para sopa 1800 colheres de sopa, 1800 sobremesa concha, 300 colheres grande de pau, 300 baldes 300 copos de 1litro e 1800 de 1/4 litros e 300 bacias 300 facas de cozinha).				UNICEF	MINSA	0,00	3785,52	30551,00	30551,00	807,05	807,05
	2.1.1.4. Inicio e seguimento de implementacao das actividades de vigilância nutricional nas comunidades (peso, medição da altura e do perimetro braquial, referencia de casos grave e aconselhamento nutricional apropriado as mães).				UNICEF	MINSA	0,00	15000,00	7085,00	7085,00	47,23	47,23
	2.1.1.5. Realizar reuniões mensais de seguimento com os Agentes de Saúde Comunitaria				UNICEF	MINSA	0,00	10000,00	0,00	0,00	0,00	0,00
	Procure transport means for the community health providers				UNICEF	MINSA	37000,00	12000,00	17303,49	17303,49	144,20	144,20
	Provide field adapted anthropometric materials and RUTF to the community health providers				UNICEF	MINSA	20000,00	20000,00	18369,19	18369,18	91,85	91,85
	Total 2.1.						140850,00	129917,52	125012,16	125012,50	96,22	96,22

Produto do PC 2.2:	Prepare IEC material including a manual in Creole on promotion techniques for community based nutrition promotion and surveillance		UNICEF	Ministry of Health	10000,00	10000,00	6155,41	6155,41	61,55	61,55
	2.2.1.1. Distribuir álbum seriado já produzido aos 600 agentes de saúde já formados		UNICEF	MINSA	0,00	0,00	0,00	0,00	0,00	0,00
	2.2.1.2. Realizar um inquérito CAP sobre a alimentação das crianças menores de dois anos e grávidas fêmeas em idade de procriar, enceintes et allaitantes dans la zone du projet		UNICEF	MINSA	0,00	10000,00	0,00	0,00	0,00	0,00
	2.2.1.3. Elaborar/distribuir utensílios de comunicação para a mudança de comportamento em matéria de nutrição, aleitamento materno, alimentação complementar oportuna e apropriada, exclusivo incluindo no contexto da prevenção do VIH a lavagem das mãos, a nutrição materno (1000 posters, 50 000 desdobráveis) nos 114 centros de saúde, 150 escolas, 150 comunidades		UNICEF	MINSA	0,00	20000,00	0,00	0,00	0,00	0,00
	2.2.1.4. Realizar sessões de sensibilização e educação com os 300 líderes comunitários 600e de opinião (religiosos, comité de saúde, Associações de base comunitárias) aleitamento materno, alimentação complementar oportuna e apropriada, exclusivo incluindo no contexto da prevenção do VIH a lavagem das mãos, a nutrição materno (1000 posters, 50 000 desdobráveis)		UNICEF	MINSA	0,00	10000,00	0,00	0,00	0,00	0,00
	Organize community educational sessions in communities and schools (including school parents associations) on nutrition, hygiene and appropriate feeding practices, PMTCT		UNICEF	MINSA	30000,00	15000,00	40156,19	40156,19	267,71	267,71
	Promote communication for behaviour changes vis-à-vis nutrition and appropriate feeding practice through medias activities (radio campaigns)		OMS	MINSA	33929,00	30328,89	27096,24	27096,24	89,34	89,34
	Total 2.2				73929,00	95328,89	73407,84	73407,84	77,00	77,00
TOTAL OUTCOME 2				214779,00	225246,41	198420,00	198420,34	88,09	88,09	

Os conhecimentos e as habilidades entre as comunidades e as famílias são criados com base em práticas de nutrição saudável, como o aleitamento materno exclusivo, alimentação complementar oportuna e apropriada, a lavagem das mãos, a nutrição materno-infantil e a prevenção da Transmissão Vertical do VIH.

Produto (Output)	Actividade	ANO			Agencia SNU	RESPONSÁVEL NACIONAL	Estimated Implementation Progress					
		1	2	3			Monante total Planificado para 3 anos	Total Transferido Ano1+2+3	Montante total Engajado 31-12-2012	Montante total Desembolsado 31-12-2012	% Engajado	% Desembolsado
Resultado Geral do programa Conjunto 3 (outome 3): As crianças de idade escolar em 150 escolas comunitárias seleccionadas estão conscientes das boas práticas nutricionais e consumo de legumes pelo menos uma vez por dia												
Produto do PC 3.1. Os hábitos alimentares e de conhecimento dos alunos é avaliado no início e no fim da intervenção para estimar a contribuição do actividades das hortas escolares	Preparation of the survey tools				FAO	MADR	6000,00	6000,00	6000,00	6000,00	100,00	100,00
	3.1.1.1.Realizar um inquérito de base para a avaliação do estado nutricional (hábitos alimentares) e de conhecimento dos alunos em 38 novas escolas em comunidades seleccionadas.(Região Bafata; 10 escolas,						0,00	5000,00	5000,00	5000,00	100,00	100,00
	3.1.2.1.Realizar um inquérito para avaliar o estado nutricional (hábitos alimentares) e conhecimento dos alunos das 150 escolas seleccionadas para estimar a contribuição do programa das hortas escolares. (Purchase of vehicle)						27000,00	33000,00	33000,00	31000,00	100,00	93,94
	Total 3.1.						33000,00	44000,00	44000,00	42000,00	100,00	95,45
Produto do PC 3.2 Os professores, alunos, trabalhadores comunitários, os pais e ASC são formados sobre a agricultura básica, nutrição e segurança alimentar para garantir a apropriação dos conhecimentos e de sustentabilidade da intervenção e manutenção das hortas escolares.	Preparation and validation of new training material on basic nutrition and food security , nutrition and management of school garden				FAO	MADR	7000,00	7000,00	7000,00	7000,00	100,00	100,00
	3.2.1.1. Organização de sessões de formação para professores, alunos, pais e membros das comunidades						30000,00	24000,00	24000,00	23000,00	100,00	95,83
	3.2.2.1. Organizar sessões de formação/reciclagem para agentes de saúde comunitária sobre a agricultura básica nutrição e segurança alimentar						0,00	5054,00	5054,00	4500,00	100,00	89,04
	Total 3.2.						37000,00	36054,00	36054,00	34500,00	100,00	95,69
Produto do PC 3.3. Hortas escolares são criadas em 150 escolas das comunidades seleccionadas	Procurement of seeds				FAO	MADR	234189,00	168000,00	168000,00	168000,00	100,00	100,00
	3.3.1.1. Seguir e apoiar tecnicamente 123 hortas escolares já atingidas pelo o PC						0,00	5000,00	5000,00	5000,00	100,00	100,00
	3.3.2.1. Criar 38 novas hortas escolares envolvendo os alunos, professores e membros das comunidades						0,00	68000,00	68000,00	31658,50	100,00	46,56
	Procurement of needed tools						191509,00	141006,00	141006,00	141006,00	100,00	100,00
	Distribution of tools and seeds						30000,00	20000,00	20000,00	20000,00	100,00	100,00
	Set up of the management team of school garden in each school and start the work on school gardens involving school children						13000,00	8000,00	8000,00	7500,00	100,00	93,75
	Total 3.3.						468698,00	410006,00	410006,00	373164,50	100,00	91,01

Produto do PC 3.4. 32 Hortas comunitárias criadas e reforçadas na base da dinâmica das hortas escolares	3.4.1.1. Apoiar a criação de 20 hortas comunitárias nas regiões enquadradas pelo programa conjunto, envolvendo as mães agrupadas em associações.				FAO	MADR	0,00	36000,00	36000,00	36000,00	100,00	100,00
	3.4.1.2. Reforçar a capacidade técnica e material das 12 hortas comunitárias já existentes.				FAO	MADR	0,00	20000,00	20000,00	20000,00	100,00	100,00
	Total 3.4.						0,00	56000,00	56000,00	56000,00	100,00	100,00
Produto do PC 3.5. Os alunos nas 150 escolas seleccionadas produzem e consomem periodicamente legumes uma vez por dia	3.5.1.1. Controlo e avaliação técnica da produção alimentar nas escolas				FAO	MADR	7505,00	7505,00	7505,00	7505,00	100,00	100,00
	3.5.1.2. Controlo e avaliação do consumo de legumes nas escolas				FAO	MADR	0,00	3000,00	3000,00	3000,00	100,00	100,00
	3.5.2.1. Organização de sessões de preparação de alimentos a nível das escolas.				FAO	MADR	15523,00	10523,00	10523,00	10523,00	100,00	100,00
	3.5.3.1. Realizar sessões de sensibilização para a valorização dos produtos locais através das rádios comunitárias e demonstrações culinárias a nível da comunidade.				FAO	MADR	0,00	5000,00	5000,00	5000,00	100,00	100,00
	3.5.4.1. Realização de sessões de demonstração culinária com produtos locais.				FAO	MADR	0,00	5000,00	5000,00	5000,00	100,00	100,00
	3.5.5.1. Organizar sessões de sensibilização com os pais e os líderes comunitários sobre o direito à alimentação.				FAO	MADR	0,00	2500,00	2500,00	2500,00	100,00	100,00
	Organize advocacy sessions with parents and community leaders on the right to Food concept				FAO	MADR	7000,00	7000,00	7000,00	7000,00	100,00	100,00
	Total 3.5.						30028,00	40528,00	40528,00	40528,00	100,00	100,00
TOTAL OUTCOME 3							568726,00	586588,00	586588,00	546192,50	100,00	93,11

Produto (Output)	Actividade	ANO			Agencia SNU	RESPONSAVEL NACIONAL	Estimated Implementation Progress					
		1	2	3			Montante total Planificado para 3 anos	Montante total transferido Ano1+2+3	Total		% Engajado	% Desembolsado
									Engajado 31-12-2012	Desembolsado 31-12-2012		
Resultado Geral do Programa Conjunto 4 (outcome 4): As intervenções nas áreas de nutrição infantil e segurança alimentar a níveis local e comunitário são controladas e supervisionadas de forma eficaz e regular pelos homólogos do Governo												
Produto do PC 4.1. A Unidade de Nutrição no Ministério da Saúde é reforçada em recursos humanos e equipamentos	4.1.1.1. Garantir até final do projecto a continuidade do expert internacional em nutrição e o consultor nacional recrutados.				UNICEF	MINSa	390000,00	398641,43	276110,65	235850,75	69,26	59,16
	Procure a vehicle for the nutrition unit of the Ministry of Health				UNICEF	MINSa	25000,00	25000,00	28159,46	28159,46	112,64	112,64
	Preparation of training materials						0,00	0,00	0,00	0,00	0,00	0,00
	4.1.2.1. Formação de técnicos de saúde, professores das escolas, técnicos de agricultura, autoridades locais sobre S&E.				OMS	MINSa	13000,00	26655,60	11196,00	11196,00	42,00	42,00
	4.1.3.1. Aquisição do material (mesa da reunião com cadeiras, armário, impressora, antivírus)				UNICEF	MINSa	0,00	2000,00	0,00	0,00	0,00	0,00
	Training of school teachers, health workers on monitoring of programme activities				OMS	MINSa	10000,00	10000,00	14959,60	14959,60	149,60	149,60
Total 4.1.							438000,00	462297,03	330425,71	290165,81	71,47	62,77
Produto do PC 4.2	4.2.1.1. Apoiar a realização do inquérito SMART 2012 a fim de conhecer o real estado de nutrição nas zonas de intervenção do Programa Conjunto.				UNICEF	MINSa	0,00	25000,00	24950,00	24950,00	99,80	99,80
	4.2.2.1. Realizar reuniões trimestrais conjuntas: nível regional e central (4 reunions annelles d'une journée) Alvos: directeurs regionaux de la santé(4), education (3), agriculture (#); points focaux de nutrition de chaque région (4), gouverneurs (3), points focaux des radios communautaires (5), Direction de Nutrition; Points focaux des ministères d'education, d'Agriculture, plano, Caritas,plan, OMS.				OMS	MINSa	0,00	10000,00	0,00	0,00	0,00	0,00

O programa conjunto é bem gerido e avaliado	4.2.2.2. Realizar missões de supervisão a nível regional: cada 2 meses. Alvo: Points focaux agriculture, education, radio communautaires, point focal comité de l'Etat			OMS	MINSA	0,00	3500,00	0,00	0,00	0,00	0,00
	4.2.2.3. Realizar missões de supervisão do nível central: trimestralmente. Cible: Points focaux MINSA, Education, agriculture, Communication INASA, CARITAS			OMS	MINSA	0,00	9000,00	0,00	0,00	0,00	0,00
	4.2.2.4. Elaboração/revisão dos instrumentos de gestão para o seguimento e avaliação para os níveis central e regional			OMS	MINSA	0,00	2000,00	0,00	0,00	0,00	0,00
	4.2.3.1. Fazer seguimento sobre inclusão dos indicadores da Nutrição no boletim mensal do INASA			OMS	MINSA	0,00	0,00	0,00	0,00	0,00	0,00
	4.2.4.1. Realizar missões conjuntas de seguimento e coordenação cada 6 meses			OMS	MINSA	12000,00	8937,95	11829,13	11829,13	132,35	132,35
	4.2.5.1. Rever junto com a INASA a estratégia de comunicação e advocacia (CAD).			RCO (UNICEF)	INASA (MINSA)	0,00	0,00	0,00	0,00	0,00	0,00
	4.2.5.2. Assegurar a implementação da estratégia de comunicação e advocacia.			RCO (UNICEF)	MINSA	54000,00	46061,12	11309,00	11309,00	24,55	24,55
	4.2.6.1. Assegurar a continuidade do coordenador do programa conjunto até fim do projecto e para período do fecho do PC ate Junho 2013.			RCO (UNICEF)	RCO	450000,00	451834,12	311142,95	313598,44	68,86	69,41
	4.2.6.2. Equipamento, material do escritório, custo escritorio, traduções, relatórios, comunicação, visibilidade, missoes conjuntas.			RCO (UNICEF)	RCO	30159,00	51013,88	50697,09	50697,09	99,38	99,38
	4.2.6.3. Organizar a avaliação final do programa conjunto			RCO (UNICEF)	RCO	47029,00	1333,92	0,00	0,00	0,00	0,00
Total 4.2.						593188,00	608680,99	409928,17	412383,66	67,35	67,75
Produto do PC 4.3. A adopção e a operacionalização pelo Governo dos documentos de Política e Plano Estratégico Nacional esta apoiado	4.3.1.1. Rever o D.P.N.N. Realizar a advocacia junto do Governo e parceiros para adopcao e operacionalização da Política Nacional			UNICEF	MINSA	0,00	0,00	0,00	0,00	0,00	0,00
	4.3.2.1. Apoiar a Elaboração do Plano Estratégico da Nutrição (Se a situação politica dos pais permite)			UNICEF	MINSA	0,00	0,00	0,00	0,00	0,00	0,00
Total 4.3.						0,00	0,00	0,00	0,00	0,00	0,00
TOTAL OUTCOME 4						1031188,00	1070978,02	740353,88	702549,47	69,13	65,60
GRAND TOTAL						2336448,00	2336447,82	1927213,72	1848766,42	82,48	79,15

			Agencia	Without 7%	Orcamento total PRODOC	Orcamento total ano 1+2+3	Montante engajado	Montante desembolsado	Engajado %	Desembolsado %
TOTAL AGENCY WIHTOUT 7%			FAO	<i>without 7%</i>		586588,00	586588,00	546192,50		
			WHO	<i>without 7%</i>		155205,44	92861,12	92861,12		
			WFP	<i>without 7%</i>		238651,00	223651,00	223651,00		
			RCO (UNICEF)	<i>without 7%</i>		550243,04	375604,53	375604,53		
			UNICEF	<i>without 7%</i>		805760,34	650964,56	610457,27		
			UNICEF+RCO	<i>without 7%</i>		1356003,38	1024113,60	986061,80		
Total JP (direct cost without 7%)					2.336.448	2.336.448	1.927.214	1.848.766	82,48	79,13
TOTAL AGENCY WITH 7% INDIRECT COST			FAO	<i>including 7%</i>	608.537	627.649	627.649	584.426	100,00	93,11
			WHO	<i>including 7%</i>	196.942	166.070	99.361	99.361	59,83	59,83
			WFP	<i>including 7%</i>	242.547	255.357	239.307	239.307	93,71	93,71
			RCO	<i>including 7%</i>	534.159	588.760	401.897	401.897	68,26	68,26
			UNICEF	<i>including 7%</i>	917.815	862.164	696.532	653.189	80,79	75,76
			UNICEF+ RCO	<i>including 7%</i>	1.451.974	1.450.924	1.095.802	1.055.086	75,52	72,72
Total JP (including 7% indirect cost)					2.500.000	2.499.999	2.062.119	1.978.180	82,48	79,13

Observação:

Actividades terminadas em Ano II

Actividades a ser continuadas em Ano III

Novas actividades definidas durante a revisao annual a ser implementadas em Ano IIII

	Committed	Executed
Outcome 1	88,58	86,58
Outcome 2	88,09	88,09
Outcome 3	100,00	93,11
Outcome 4	69,13	65,60