

1. Executive Summary

This proposed joint programme will achieve improved food security and nutrition for vulnerable children and mothers affected by volatile food prices. The programme will contribute to Bangladesh's accelerated achievement of the MDG-1 hunger reduction target. Key elements are homestead food production, in-kind food transfers, community-based management of acute malnutrition, school feeding and gardening, and strengthening food security and nutrition information systems. **The overarching objective of the joint programme is to contribute to the reduction of acute malnutrition and underweight prevalences among children 0-59 months and acute malnutrition in pregnant and lactating women and to reduce the proportion of the population that is food insecure (i.e. those with inadequate calorie and nutrient intakesⁱ).** The programme will protect against the reversal/erosion of past MDG-1 achievements by addressing malnutrition and food insecurity with an emphasis on children and women. As undernutrition is also closely linked to under-five years' child mortality, the project aims to contribute towards the achievement of MDG-4 goals. The projects' components include community nutrition (therapeutic & supplementary feeding programmes), school feeding, homestead gardening, micronutrient supplementation, nutrition and health education, awareness building and social mobilization, and strengthening and consolidating existing information systems related to food security, hunger and nutrition. The project will effectively result in outcomes such as reduced acute malnutrition (severe and moderate) rates and reduced underweight prevalences among children under-five years, improved nutritional status in pregnant and lactating women, increased incomes and food production enjoyed by beneficiary households, increased primary school attendance rates, reduced anaemia prevalence in young children and pregnant and lactating women and strengthened information systems. Additionally, the programme will accomplish more qualitative goals, such as contributing to the empowerment of women, improved community-based safety nets and better access to information for all stakeholders. The right to adequate food is one of the most basic human rights. The programme seeks to address this issue by intensifying ongoing efforts to eradicate child hunger and malnutrition, and improve maternal health and the food security of the chronically hungry.

In the backdrop of volatile food prices, natural disasters like Cyclone Sidr in 2007 and the global economic downturn, the challenge of achieving food security and nutritional goals is greater than ever. Bangladesh has made significant strides in social and economic development in recent years, in terms of acceleration in per capita income growth, reduction in population growth, decrease in child malnutrition and mortality, decline in income-poverty, and expansion of education etc. However considerable efforts need to be made still if the Millennium Development Goals of halving poverty incidence and halving the present level of child malnutrition are to be attained or closely approached by 2015. Formulating public actions built on the consolidated gains of the past, lessons learned from past development experience and policy ownership through broad based consultations and dialogue with key stakeholders will enable the Government to effectively push forward in the positive direction regarding both economic and social indicators. While the trends in reduction of child mortality and child malnutrition in the 1990's were encouraging, it is recognized that the major goalposts of reducing hunger and malnutrition cannot be achieved by addressing economic growth alone. Powerful synergies must be struck between social development interventions such as health, nutrition, food security, education, and the empowerment of women amongst others to add momentum to the overall national priorities and broader MDG objectives. The Government of Bangladesh has hence recognized the urgency of upgrading its nutrition interventions and has identified food security as one of its topmost priorities. Thus, this proposed joint programme by addressing the food security and nutrition status of undernourished children and mothers seeks to reinforce the current national level initiatives and existing programmes of the Government of Bangladesh. The intended outcomes and achievements of the joint programme are in line with the broader goals outlined in the Government's National Food Policy, the Poverty Reduction Strategy and the Annual Development Plan (ADP). Furthermore, the proposed joint programme's emphasis on community-based nutritional interventions and the strengthening of household food security and nutrition-related information systems ensures direct alignment within the broader UNDAF vision for Bangladesh (UNDAF, 2006-2010). In addition to young children, another nutritionally vulnerable group, pregnant and lactating women will be assisted as a priority group within the

programme. By directing resources to both geographic areas where poverty and malnutrition rates are highest, and to nutritionally vulnerable demographic groups within these areas, the programme is likely to have the greatest efficacy impact.

This programme will be implemented in the most poverty prone division of the country, Barisal Division; an area where more than half the population (52%) was found to be poor according to the latest official household income and expenditure surveyⁱⁱ. A more recent survey, carried out by UNICEF, WFP, and the Institute of Public Health Nutrition (IPHN) found the highest rates of global acute malnutrition within Barisal division (16.1%) for children aged 6-59 monthsⁱⁱⁱ, exceeding the WHO international emergency threshold (15%). Similarly, for the same survey, underweight prevalence was very high within Barisal (42%), considerably worse off than the national prevalence rate of 37%^{iv} and both greater than the WHO 30% threshold.

The participating organizations, WFP, FAO and UNICEF, together with key implementing partners, will forge synergistic and strategic partnerships through joint and complementary programming. Innovative approaches will be used to enhance existing initiatives, to build local capacity, and to establish common knowledge bases. Capturing and sharing best practices with national institutions and partners is a major element within the programme design. Due attention will be given to ensuring that best practices are later replicated and scaled up by and through national partner institutions beyond the programme implementation period.

2. Situation Analysis

In 2008, the demand for food out paced supply at a global level and as a result prices rose. Underlying and contributing factors for this crisis include insufficient investment in the agricultural sector in previous decades, as well as poor harvests of food surplus-exporting countries during recent years. As supply tightened, trade has been curtailed with many nations enforcing export restrictions while at the same time increasing imports to ensure national food supplies for domestic markets and strategic reserves. The rising price of oil during April to July 2008 also contributed to higher shipping costs and higher food import prices. Food production also became more expensive due to higher fertilizer and fuel costs which peaked in May 2008 following a continuous soar since September 2007. This led to a serious decline in the purchasing power of the poorer farmers. The share of their incomes that were spent on food went up from 60-65% to 75-80%, with negative implications for their household nutritional status.

In Bangladesh, regional and domestic factors have also contributed to high food prices. Additionally two successive large scale floods following the devastation of Cyclone Sidr in the latter part of 2007 caused a major reduction in domestic rice production and approximately 1.4 million metric tonnes of *Aman* rice were lost. Many of the countries that Bangladesh relies on for food imports such as India, Thailand and Vietnam have imposed rice export restrictions in order to secure sufficient food for their own populations. Myanmar cancelled rice exports following its dramatic harvest losses associated with Cyclone Nargis.

The retail price of coarse rice, the variety that poor households depend mostly on, rose by 82% from June 2006 to June 2008^v. Rice provides 70% to 80% of the total calories consumed by low-income households. There is an established relationship within Bangladesh between malnutrition rates and high food prices^{vi}. As rice prices rise, poor households typically reduce their purchase and consumption of more nutrient-rich foods, such as vegetables, fruits, pulses, etc. With less of these foods in the diet, food consumption-related childhood malnutrition normally worsens^{vii}. This relationship becomes even more important given the already unacceptably high level of under-nutrition in Bangladesh, one of the highest in the world^{viii}.

Both poverty and malnutrition rates are highest in the administrative division of Barisal^{ix}, located along the southern coast of Bangladesh. The division suffered from previous floods and the recent cyclone Sidr, which devastated the region resulting in marked impacts on agriculture, livelihoods, health, nutrition and infrastructure. Prevailing high food prices have seriously worsened the food and nutritional security situation within this already fragile region. Therefore, this proposed joint programme will be implemented within the sub-districts (upazilas) of Barisal where the prevalences of poverty, food insecurity and malnutrition are known to be the worst. The geographic targeting will be further guided by the presence of the Government's National Nutrition Programme (NNP) in those upazilas. Selection of areas where similar programmes or systems exist or are planned for the near future would increase the potential for the proposed joint programme to be sustained, scaled up or replicated in the future.

The specific sub-districts/Upazilas to be included in the programme are Kala Para and Galachipa (of Patuakhali district), Manpura and Char Fasson (of Bhola district), and Patharghata and Bamna (of Barguna district). The areas were chosen taking into account the following criteria;

- estimates of the prevalence of extreme poverty within the Upazila population¹,
- the views of WFP, UNICEF, and FAO staff (local level key informants) working in the Barisal regional field office,

¹ All six Upazilas chosen have very high (33% or greater) estimated prevalence of extreme poverty within the Upazila. Source; GoB BBS, WFP VAM, World Bank poverty estimates (using GoB HIES 2005 data).

- and the absence or presence of the implementing agencies and their partners.

Although the prevalences of malnutrition in Bangladesh have decreased over the past two decades, the rates still remain unacceptably high. Wasting is 13.5% (<-2 WHZ), just below the WHO emergency threshold of 15%, and indicates a critical situation for these acutely malnourished children under five years of age. Conservative estimates of case projections for the real numbers of acutely malnourished children in Bangladesh is approximately 2.2 million children of which more than one-half million are severe acutely malnourished and at increased risk for mortality^{xxi}.

Of these malnourished children, those aged 6-23 months are more malnourished than children aged 24-59 months; this is closely linked to the poor infant and young child feeding practices. Only 48.6% of mothers exclusively breast-feed their children to the recommended age of 6-months. The youngest children presented the highest acute malnutrition rates with 19.5% of infants aged from 6 to 11 months and 16.1% of children 12 to 14 months acutely malnourished. Infant and young child feeding indicators were very low and these activities deserve priority attention if optimal IYCF practices - early initiation and exclusive breast feeding up to six-months and provision of age-appropriate complementary feeding to two years of age - are to be sustained for nutritional improvement^{xii}.

Child malnutrition in Bangladesh has been found to be strongly associated with food insecurity. Children from poor and borderline food consumption groups and/or children from households with increased percentages of household incomes on food are more likely to be malnourished^{xiii}. The HFSNA 2009 found that diet quality did not meet acceptable levels for children and that children under two years of age did not eat the minimum acceptable diet. In Barisal division, only 42.8% of children aged 6 to 24 months received a minimum number of meals whilst just 23.6% received a minimum diet diversity (defined by a minimum of four food groups/day from seven different food groups). Nationally, only 40% of children took this minimum daily diet.

The HFSNA 2009 survey also showed that the prevalence of underweight children was 37.4%, above the WHO threshold (30%). In the same survey, Barisal showed high rates of underweight (42.3%) and it was one of three divisions that showed the highest shares of rice expenditures. The same survey also found that the stunting level (48.6%) had increased slightly since 2005 (46.2%); both of these numbers are concerning as these rates of chronic malnutrition exceed the WHO threshold of 40%. Moreover, the survey showed that stunting was closely correlated with poor maternal nutrition status.

Nationally the prevalence of low birth weight is very high at 36%, twice the WHO threshold level (15%) which indicates a challenging public health concern. This means that a large proportion of mothers become pregnant when they are malnourished and this, in turn, has an impact on intrauterine development and pregnancy outcomes^{xiv}. In the context of the food price hikes, this situation is expected to deteriorate as interventions that support maternal nutrition in addressing these problems, such as postpartum vitamin A supplementation, and iron and folic acid supplements are inadequate on their own. These programmes need to be complemented by appropriate food insecurity and safety net programmes if the underlying causes of maternal malnutrition are to be tackled.

In spite of marked progress made in the vitamin A supplementation of children and promotion of universal salt iodization, micronutrient deficiencies, especially anaemia remain major nutritional problems in Bangladesh. Vitamin A supplementation can improve maternal status but only 36% of women in Bangladesh received Vitamin A within the recommended six-week post-delivery of their last child². Acute malnutrition as determined by mid-upper arm circumferences was found in 18.2% of mothers whose children were surveyed in the HFSNA 2009. Furthermore, anaemia which can be a severe public health

² WHO, WFP, UNICEF Joint Statement (2007): Preventing and controlling micronutrient deficiencies in populations affected by an emergency. Multiple vitamin and mineral supplements for pregnant and lactating women, and for children aged 6 to 59 months. WHO, 2007

problem for pregnant women has been found at 46% in pregnant women and 39% of non-pregnant women³. Almost one third of adolescent girls also suffered from anaemia.

Anaemia is often used as a proxy indicator for the prevalence and severity of iron deficiency and its causes include low iron intakes due to poor dietary quality and low fish or meat intake, infections and pregnancy, as well as parasitic infections and malaria. Anaemia is associated with higher risks for maternal ill-health and mortality and can have devastating impacts on the cognitive and motor development of an entire generation of children with further-reaching implications for human capital, labour productivity and economic losses^{xv}. Findings from the HKI/IPHN national anaemia survey in 2004 showed 68% of children under-five years of age were anaemic with the highest prevalences amongst infants 6 to 11 months (92%). Overall, 68% of children aged 6 to 59 months were anaemic. The prevalences of anaemia were lower in children that had been dewormed^{xvi}.

The household food security indicators presented in the HFSNA 2009 reflects the existing crisis of food and nutritional insecurity among the income-poor. Real income per household had dropped by 12% in 2008, in comparison to the 2005 reference period^{xvii}. According to the most recent nationally representative household survey data; food expenditures, as a percentage of total household expenditures, are the highest they have been in more than 12 years. The food expenditure share was 62% according to the recent HFSNA survey of 2008, vs. 52% in 2005, 51% in 2000, and 58% in 1995^{xviii}. This recent increase is of particular concern because of its potential implications for the development of the country. Between 1995 and 2005, Bangladesh had experienced favorable economic growth, resulting in declining rates of poverty and hunger prevalence. With the more recent unfavorable development of high and volatile food prices, this decade long trend in poverty and hunger reduction, and the ability to achieve MDG-1 related targets, is now jeopardized.

Households have used a variety of coping mechanisms in response to food insecurity. In a recent survey by WFP/UNICEF/IPHN the most common food based coping mechanisms reported were '*relying on cheaper and less preferred foods*', '*borrowing food from friends and neighbors*', and '*reducing portion sizes at meal times*'. Other non-food related coping mechanisms that have been most frequently used include borrowing money from family and friends, borrowing money from banks or micro-credit lending institutions, and reducing health related expenditures.

Female headed households have been particularly affected by food insecurity. For three important food insecurity indicators; namely *food as a percentage of total household expenditures*, *food consumption score*, and *coping strategies index score*, female headed households fared worse than their male headed counterparts^{xix}.

While the newly elected government is in the process of adopting various measures to address these problems, the food price hike crisis together with the global economic meltdown and the general atmosphere of national and institutional fragility, pose a grave threat to the food security situation. Realizing the precarious food supply and food security situation that the nation faced, the government elevated its strategic priority of food security in early 2007 and turned its attention to both maximizing food production while at the same time aggressively increasing food imports. An active campaign was launched to ensure a favourable outcome from the May-June 2007 *Boro* harvest which traditionally provides over one-half (53%) of total national rice production. Although the harvest was successful, the expectation that larger volumes of marketed rice would significantly drive market prices downwards, thus increasing access for low-income consumers, has largely not materialized.

Within the current context of food security and nutrition in Bangladesh, the proposed joint programme can be an effective and essential strategic intervention with a multi-pronged approach towards addressing household food security and nutrition-related problems. Aligned closely with the vision contained in the UNDAF (2006-2010) and linking with the UNDAF Country Programme outputs of community-based response for improved nutritional status of women and

³ HKI (2004) The Burden of Anemia in Rural Bangladesh: The Need for Urgent Action. Nutrition Surveillance Project Bulletin No. 16. Dhaka: Helen Keller International, Bangladesh, April 2006.

children, and enhanced knowledge and awareness of health and nutrition, the joint programme proposes to be an innovative model for cross-sectoral synergistic nutrition interventions with significant and sustained impact on the food security and nutrition status of the target population.

3. Strategies, including lessons learned and the proposed joint programme

Background/Context: This Joint Programme is broadly aligned with the goals of the UNDAF (2006-2010), the Common Country Assessment, and Bangladesh's Poverty Reduction Strategy (PRS). By protecting and addressing the food security and nutritional status of the most vulnerable high-risk groups affected by volatile food prices (i.e. primarily young children and women from the poorest households); this Joint Programme directly supports the following 'National Priorities' as identified by the Government of Bangladesh and the UNCT during the UNDAF formulation process:

- National Priority-2: Health, Nutrition, and Sustainable Population
- National Priority-4: Social Protection, and Disaster Risk Reduction

Although most of the outputs and activities of this Joint Programme are more strongly associated with the Nutrition element of UNDAF National Priority-2 and the Social Protection element of National Priority-4; a number of outputs and activities will also contribute to other UNDAF National Priorities; namely 'Education and Pro-Poor Growth', and 'Gender Equity and the Advancement of Women'.

Because the entire Joint Programme is in response to the economic shocks and setbacks associated with high and volatile food prices; all five outcomes and components have a 'Social Protection' dimension to them, in that food, nutrition, and other forms of technical assistance are being provided to either mitigate the impact of the volatile food prices, and/or to build resiliency to any future volatility.

Outcome-1 will reduce the prevalence of acute malnutrition and underweight incidence using a Community Management of Acute Malnutrition (CMAM) approach. Malnourished young children between the age of 0-59 months will receive assistance through specialized feeding programmes. Similarly, malnourished pregnant and/or lactating women will also receive specialized feeding assistance. Such assistance supports the UNDAF Outcome pertaining to the survival and development rights of vulnerable groups, as well as to UNDAF National Priority-2; 'Improving Health and Nutrition for a Sustainable Population'.

Outcome-2 will improve food security through agriculture, homestead food production, and nutrition training. Income generating activities such as small livestock rearing, and the marketing of surplus agricultural produce will help to increase the income earned by women, thereby contributing to economic empowerment. Women will be mobilized into groups with group members receiving training in areas such as agro-processing, food marketing, small business management etc... The learning and acquisition of new skills will contribute to confidence building, life skills management, and social empowerment.

These activities will contribute to the UNDAF outcome which addresses the need for 'Societal change and the need for Equity and the Empowerment of Women and Girls'. This in turn will contribute to the UNDAF National Priority of Gender Equity and the Advancement of Women.

Outcome-3 focuses on improved learning and nutrition awareness through primary schools. In addition to the provision of biscuits^{xx} which contributes to promoting students' attendance and enrollment, students also learn about the importance of a balanced and diverse diet through participation in a school gardening activity. The higher enrollment and attendance rates contribute to universal primary education (MDG-2) and to the UNDAF Outcome regarding 'the need for vulnerable groups to have improved life conditions, skills, and services'. This in turn contributes to the UNDAF National Priority of Education and Pro-Poor Growth.

Outcome-4, with its focus on using micronutrient supplements to reduce anaemia rates amongst children and pregnant and/or lactating women will make an important contribution to the earlier mentioned UNDAF outcome regarding the survival and development rights of vulnerable groups, and to the related UNDAF National Priority-2; i.e. 'Improving Health and Nutrition for a Sustainable Population'.

Outcome-5 with its emphasis on strengthening existing food security and nutrition information systems is closely aligned to the UNDAF Outcome - Survival and development rights of vulnerable groups are ensured within an environmentally sustainable framework.

Lessons Learned: The joint programme, rather than pioneering new activities or departing from previous programme strategies, would build on the strengths of the individual partners and use innovative methods of optimally utilizing each agency's particular advantage in filling possible gaps. The thrust of the interventions would be further intensified if ample attention is given to existing opportunities, challenges and past experiences, particularly at the field level. Lessons learned and best practices will be integrated continuously into the joint programme structure throughout the implementation process.

To effectively implement an integrated demand-driven and results-oriented approach to community nutrition, the joint programme will seek to involve the community level stakeholders, NGO partners and government counterparts at every stage. Constant interaction and information sharing will be crucial in achieving multiple and compound returns from each planned activity.

Some of the lessons learned and existing opportunities are outlined as follows:

- Nutrition education training can be incorporated into an existing government programme such as agriculture extension for food production and dietary diversification (e.g. home and community gardens), safety net programmes (food assistance/cash transfers) and health service provisions. Strategies include training programme staff to become facilitators in agriculture extension and nutrition; these facilitators teach community workers (mobilizers) to provide face-to-face nutrition training to householders and caregivers (usually mothers & grandmothers but other household members should be included). In addition to face-to-face training, nutrition awareness campaigns are organized whereby information is communicated through various media, e.g. radio, music, TV, agriculture days, exhibitions and fairs, folklore, community theatre, etc.
- Poor accessibility of the project area may have implications for monitoring and tracking progress. The need for greater budget allocation toward monitoring activities could be indicated.
- When identifying implementing partners, particular consideration should be given to local NGOs with a view to building local capacity.
- For maximum efficiency and effectiveness, the UN agencies, implementing partners and local government authorities at the field level, may formulate an official written agreement, outlining individual responsibilities. This would be in addition to the formal agreements signed by the agencies and government partners at the national level.
- Where take home household rations are concerned, the timing and the administering of the rations must be carefully considered in order to ensure full participation of beneficiaries in the relevant activity (e.g. training or counseling) and to minimize possible leakages or substitution.

In addition to the operational issues above, further lessons can be gleaned from observing the scope, span and impact of existing nutritional interventions. Nutrition programmes are part of a wider multi-sectoral development strategy of the government. While this approach has the potential to have a cascading multi-layered impact on nutrition, it also runs the risk of lacking sufficient focus and having a diluted response to the immediate nutritional needs of the ultra-poor.

The key policy documents that form the basis for food security and nutrition interventions are the PRSP, the National Plan of Action for Nutrition (1997), the National Food Policy Plan of Action (2008), the Conceptual Framework for Health, Nutrition and Population Sector Programme (HNPS) which has the National Nutrition Programme as its nutrition centerpiece. Despite there being a host of direct and indirect nutrition related goals in these programmes, the nutrition specific component seems to have its limitations. A DFID-commissioned study conducted by the Institute for Food Policy and Research (IFPRI) in 2004 on the state of malnutrition in Bangladesh critiqued the programme as being too ‘care-focused’, having a relatively small scope, weak impact analysis, inadequate coordination between partners, less than optimal resource utilization and non-national coverage.

There are several safety net programmes currently in place in Bangladesh which include short to medium term programmes to address seasonal and chronic food insecurity, with varying degrees of success. There are “Food for Education” programmes (approx. 130 million USD, 2002-2003) that distributed ration to primary school children from poor households, “Food for Work” programmes (approx. 80 million USD, 2002-2003), Community Nutrition programmes and “Food for Training” programmes (approx. 25 million USD, 2002-2003) such as the Vulnerable Group Development (VGD) programme which is the world’s largest intervention of its kind, exclusively targeting women. The Public Food Distribution System (PFDS) is the Government’s main mechanism for addressing household level food access shortfalls. PFDS programmes include market interventions, involving the sale of staple foods at discounted prices, and targeted interventions. Amongst the wide array of food and cash transfer programmes at present, which are designed to enhance the nutritional status of the target population, particularly women and children, the National Nutrition Programme (NNP) is currently the key nutrition in the country since the mid nineties. However more intensive cross-sectoral coordination and planning are required to ensure maximum returns for food security, nutrition and health.

Public response to the malnutrition problem can be intensified by mainstreaming nutrition into development policy and dialogue. The task at hand, for all development partners and stakeholders, is thus to give nutrition the highest profile and the greatest attention possible. Existing nutrition components need to be expanded and improved, by drawing on past lessons and also by exploring new, innovative ways of programming. Taking into account the observations and assessments by various stakeholders and the conclusions drawn from recent surveys and evaluations of existing programmes, it is apparent that there is ample scope for better targeting, wider geographical coverage, stronger government-NGO partnerships (public sector/private sector) and inter-sectoral coordination, better impact assessment and evaluations, etc. Greater awareness of the linkages between nutrition and poverty, gender, human capital and entitlement must be integrated into the policy planning level. Increase in food production does not necessarily translate into optimal access to adequate food or into equitable intra-household food distribution. Positive changes in income status do not directly result in improved nutrition or health outcomes. A rights-based approach to the reduction of undernutrition, particularly with regard to gender disparities, should be duly adopted both at the design and implementation stages of nutrition interventions. Strong recognition of the role that improved nutrition plays in advancing other development goals is vital if undernutrition and hunger are to be substantially reduced^{xxi}. All development initiatives should be evaluated through nutrition lenses. Nutrition programming in both direct and indirect actions such as agricultural research, disaster preparedness, social mobilization, education and awareness building, etc. should be upgraded in terms of resource deployment, institutional capacity and national commitment.

The earlier nutrition programme of the Government, the Bangladesh Integrated Nutrition Programme (BINP), which preceded NNP, had the objective of significantly reducing prevalence of underweight among children less than 24 months of age. Evaluations of both BINP and its successor NNP have shown that stunting and underweight in children of 2004 increased in 2007 while their wasting decreased significantly. The NNP has multiple elements including primary health care services, immunizations, vitamin A supplementation, education (girls), agricultural improvement, etc. The Area Based Community Nutrition Programme (ABCN) is being implemented by NGOs in 109 upazilas of 34 districts at 6 divisions. It is observed that there has been some improvement in overall nutritional indicators but progress has been slow (ICDDR,B, 2004), as this programming reaches only about 25% of the Bangladesh population.

Stronger safety nets, significant behavioural change and communication, dietary diversity, greater voice and participation of women and scaling up of small scale successful interventions are all essential elements that can contribute to successful programming. Furthermore bolstering existing information systems, integrated monitoring, reporting and evaluation of food security and nutrition programmes, proper knowledge sharing and dissemination of key lessons learned, would form the backbone of a comprehensive national level nutritional strategy. Household food security and nutrition programmes should place stronger focus on improving complementary feeding and exclusive breastfeeding practices, ensuring greater enrollment of women at community health centers, providing more intensive training to CNPs etc (BRAC, 2006)^{xxii}. A **2008** study published in the Journal of Health, Population and Nutrition, stressed the need for improved referral systems and better management of complicated severely malnourished children at the Community Nutrition Centers^{xxiii}. On the whole, emphasis must be placed on incorporation of diverse nutritional activities into primary health care, awareness and education, operations research, grassroots level training and institutional capacity building.

Recent nutritional surveillance information, baseline survey of NNP, studies conducted by ICDDR, etc. all show that undernutrition (both calorie deficiency as well as micronutrient-related) continues to be a major problem in the country. The country's greatest resource, its people, cannot be fully utilized unless there is a significant investment in nutrition. Raising the profile of nutrition will also create a 'spill over' effect into other areas of development. Significant progress can be made by leveraging existing networks and systems and by adding value to the processes that can be nationally owned and sustained.

The programme outcomes are expected to enrich policy guidance to governments for formulating and implementing food security and nutrition policies, strategies and plans of action and for strengthening food security and nutrition objectives and considerations into national regional, and sector development policies and strategies. Evidence can also be provided for implementing successful nutrition interventions on a wider scale.

The proposed joint programme: WFP, FAO and UNICEF have many decades of experience and success in implementing household food security and nutrition programmes in Bangladesh. Although there have been numerous past cases whereby two of the three agencies have directly implemented programmes together, the joint programme proposed herein represents the first opportunity whereby all three agencies would be jointly programming interventions. The rationale for this new three agency joint programme alliance is driven by a heightened realization that utilizing the comparative advantages and resources of each agency *in combination* will lead to the achievement of successful programme outcomes. Similarly, there is a growing consensus amongst the three agencies that complex problems like food insecurity and malnutrition in Bangladesh require more innovative and sustainable solution due to their underlying multi-faceted causal dimensions. Individual agencies working by themselves, or even two UN agencies working together, are less likely to be able to draw upon the breadth of expertise and experience required to deliver needed solutions.

Discussions with experts and stakeholders that took place as part of the Joint Programme Document formulation process confirmed that community nutrition programmes often give inadequate attention to household food access issues, and therefore fail to achieve their desired outcomes. Similarly, programmes designed to address household food insecurity often give inadequate attention to the importance of improving the maternal and child care environment within the household. Understanding what needs to be done to improve the maternal and child care environment with specific emphasis on micronutrient deficiency prevention and control, promotion of infant and young child feeding and influencing government policies on maternal and child nutrition policies and strategies are core areas of expertise of UNICEF, while understanding how best to improve household food access and utilization are undoubtedly a strength areas for FAO and WFP. FAO has a great deal of experience and success in addressing inadequate diet diversity linked to inadequate homestead food production and poor crop diversity. WFP's experience and achievements with supplementary feeding, and their similarly history and success with UNICEF in using multiple micronutrient supplements to address inadequate micronutrient intake are examples of comparative strengths and complementarities and just a few of the illustrative cases in point. The agency designations found within this joint programme's result matrix and workplans shed more light on the comparative strength areas and complementarities of each of the three agencies.

The participating agencies have existing programmes and established partnerships in many geographical areas of the country, with extensive coverage. Given this comparative advantage of the UN on the ground with its vast pool of technical expertise, wealth of experience and longstanding partnerships with Government and non-governmental organizations, there is a tremendous potential for synergy and joint intervention among these three agencies. The coordinated efforts of WFP, FAO and UNICEF would maximize the potential for the successful achievement of common goals of the multiple partners, including the MDGs, the corresponding national priorities, the broad Common Country Assessment goals and the related UNDAF outcomes. This programme would benefit all relevant stakeholders and have far-reaching implications for any future initiatives in community nutrition and hunger and poverty-focused interventions among its partners.

The joint programme would be an effective model and prime example of a comprehensive multilateral partnership at the grassroots level. On one hand, this would enhance outreach, coverage and quality of the provided services; on the other hand, it would be a platform for further innovations and partnerships to be launched. The joint learning experience would support and strengthen existing mechanisms and strategies within government programmes and NGO initiatives, thus significantly bolstering local institutional capacity.

Phasing

The cross-agency programme would have the unique capacity for adopting a comprehensive cross-sectoral approach toward community nutrition, by leveraging existing institutions at national and ground level and also by building new partnerships. The joint programme will effectively combine the comparative strengths of the three agencies and aim at strengthening synergies and avoiding overlap. Since one of the main ways that UN agencies can add value in the local context is institutional capacity building, the joint programme will serve to integrate and bring together various local and national sectors under the umbrella of household food security and nutrition. A multi-disciplinary participatory approach will be maintained throughout the life of the programme, by consistently involving government and NGO partners from the consultation stage to the various stages of implementation.

Year 1: All groundwork will be completed, including baseline surveys, feasibility studies, formalizing inter-agency and inter-sectoral agreements, setting up coordination mechanisms etc. Implementation of all components will begin, based on detailed work plans and targeted annual activities.

Year 2: On-the-ground implementation will continue. Regular monitoring and evaluation will be conducted and findings/results duly shared among all stakeholders for further strategizing. Significant capacity building and advocacy related actions will be undertaken and models for replication, where possible, will be defined.

Year 3: Handing over to local partners and phasing out from the project areas will be initiated. Scaling-up and replication of pilots can begin. End-line assessments, studies and surveys will be undertaken. Distilled policy briefs to key stakeholders can be provided to lay the basis for extensive national dialogue and policy planning.

Programme Outcomes and Outputs

In summary, the diets, food consumption, and ultimately the food security and nutrition status of programme beneficiaries will be improved through nutrition awareness training and through greater access and improved utilization of nutritious foods. The therapeutic feeding component of the programme for children under five years and the supplementary feeding for pregnant and lactating women will use well-defined international criteria (i.e. anthropometric screening) as a means for selecting programme beneficiaries. These special demographic groups will have their malnutrition managed in their communities (or in health

facilities if presenting with medical complications) and receive in-kind food assistance using nutrient rich foods and multiple micronutrient supplements. The intended outcomes of the proposed joint programme are:

1. *Reduced prevalence of acute malnutrition and underweight in children 0-59 months and acute malnutrition in pregnant and lactating women.*
2. *Food security improved through agriculture, homestead food production and nutrition training.*
3. *Improved learning and nutrition awareness through school feeding and school gardening activities.*
4. *Reduced rates of anaemia in children under-five years of age and pregnant and lactating women through multiple micronutrient supplementation*
5. *Strengthened food security and nutrition information systems used for planning, monitoring and evaluations.*

Outcome 1: Reduced acute malnutrition prevalence and underweight in children 0 to 59 months. At least 15,000 acutely malnourished children under-years of age will be screened and referred for management in therapeutic and community-based programmes in Barisal division. The key strategy to be implemented in six upazillas of Barisal Division is the community-based management of acute malnutrition (CMAM). The CMAM approach is built on the principle that service delivery that avoids time consuming clinic-based, in-patient care is more effective. With services delivered in a Barisal community or household environment, the daily routines and economic activities of household members are not disrupted and opportunity costs are minimised. The CMAM component of this joint programme will seek to manage the majority of severe acutely malnourished programme participants at home while developing local upazilla, divisional (Barisal), and national capacity to better manage the care of these acutely malnourished children and address repeated cycles of malnutrition. **Implementation will incorporate and ensure four key CMAM principles; access and high coverage, timeliness** (providing interventions before malnutrition escalates and before medical complications occur), **sectoral integration** with other programmes, and capacity development through building on existing structures with collaboration rather than by establishing parallel systems.

Anthropometric measurements, mid-upper-arm circumference (MUAC) measurements and nutritional oedema indicators will be used to identify children suffering from severe acute malnutrition (SAM). Specialized ready-to-use-therapeutic-foods (RUTFs) will be used for managing the rehabilitation of these children in their Barisal communities. Initially the RUTFs will be imported; however local production capacity will be supported in subsequent years to reduce costs and to build national capacity. **The approach will combine three modes of care and treatment:**

Supplementary Feeding Programme (SFP): Moderate acutely malnourished children and children who have successfully recovered from severe acute malnutrition will be enrolled into this programme. Pregnant and lactating women who are acutely malnourished will also be enrolled. Beneficiaries will receive nutrient-rich supplemental foods such as Wheat Soya Blend cereals or a local equivalent.

Outreach Therapeutic Programme (OTP): Home-based treatment, management and rehabilitation of severely acutely malnourished children without medical complications in their Barisal communities using a specially formulated ready-to-use therapeutic-food (RUTF). International and local NGOs working in the identified upazillas of Barisal division with support the CMAM of more than 15,000 severely acutely malnourished children.

Stabilisation Centre (SC): Inpatient health facility care for severe acutely malnourished children with medical complications using the “National Guidelines for the Management of Severe Acute Malnourishment in Bangladesh” and standard WHO/IMCI protocols. The stabilisation centres will be set-up in at least six Upazilla Health Complexes in Barisal division with referrals to twelve or more community-based OTPs for CMAM rehabilitation

The National Guidelines for managing severe acute malnutrition will be implemented through master training courses and TOT in at least six upazilla health facilities of Barisal division whilst protocols will be developed for at least 12 CMAM programmes (OTPs) in the same referral areas. It is expected that at least 200 NNP, IPHN, DHGS health facility staff will receive training in Dhaka and Barisal divisions on the use of the National SAM guidelines for facility-based care and that at least three INGO/LNGO staff operational in Barisal division will be trained in CMAM implementation and protocols. Ongoing

supportive supervision and/or refresher training in SAM and CMAM implementation will be provided to the implementing staff in at least 6 UHCs and 3 NGOs implementing IMAM programmes in Barisal.

Moreover, community and social mobilization undertaken and community support groups will be formed in six upazillas of Barisal division to support mothers in early and exclusive breastfeeding. At least 10 mother/caregiver support groups will be formed in each of 6 upazillas where SAM/CMAM programming is implemented. Community workers in the 12 CMAM programme sites and health staff of the six UHC will be given training to provide optimum IYCF supportive counselling techniques for women of reproductive age. Mothers and caregivers will be supported by community nutrition volunteers to prepare local complementary foods available in Barisal division for their breastfed and non-breastfed children.

Equipment, supplies and therapeutic foods will be procured for at least six facilities and 12 community-based programmes in Barisal whilst local RUTF production for Bangladesh will be assessed in planning for support to a national strategy developed with government authorities for implementation and production of the therapeutic foods.

Outcome 2: Food security improved through agriculture, homestead food production and nutrition training. The joint project will promote home gardening to improve production and consumption of a variety of micronutrient rich foods for household nutrition and will support household income generation through the rearing of small livestock and the marketing and selling of surplus produce. Women will generate additional household income and this will contribute to their economic and social empowerment. Technical assistance will be provided with a focus on agro-processing, food preservation, food safety and hygiene. A household grain storage facility will be established in each of participating households. Training will be provided on bookkeeping, group savings, and small business management. Participants will also be trained on the preparation of low-cost, nutritious recipes for household consumption and dietary improvement.

There will be a strong emphasis on enhancing nutrition awareness and promoting behavioural changes with regards to food choices, improved diet, and appropriate and effective infant and young child feeding practices. Participants will learn improved food preparation and handling, and optimal food hygiene, storage and sanitary practices that can impact on their nutrition status. Similarly, state of the art information, education and communication (IEC) activities and behavioral change communication (BCC) materials will be developed and utilized to maximize programme effectiveness through innovative nutrition education strategies and interpersonal communication.

To offset economic opportunity costs and to compensate the labour needed to create and maintain the homestead gardens, participants will receive in-kind food assistance transfers, which will include fortified and nutrient rich food items.

Outcome 3: Improved learning and nutrition awareness through school feeding and school gardening activities.

School feeding and school gardening activities will be undertaken with the aim to improve learning, increase school attendance and reduce drop-out rates and to promote nutrition awareness. Activities will include the provision of daily snacks for schoolchildren (high-energy biscuits, fortified with multiple micronutrients), to address short term hunger and to improve concentration and learning in the classroom. School gardens will be established and maintained to promote student and teacher nutritional awareness and encourage student participation in practical school gardening. Fruits and vegetables grown in the school garden will be incorporated into school lunches, whenever feasible. De-worming tablets will be administered to students and to the younger children in their homes to combat worm infestation that interferes with nutrient absorption and affects nutritional status.

Outcome 4: Reduced rates of anaemia for children under-five years of age and pregnant and lactating women through multiple micronutrient supplementation: To address the high prevalence of micronutrient deficiency, and specifically iron-deficiency anaemia, more than 100,000 children from 6-

23 months in Barisal division and pregnant and lactating women will be assisted with multiple micronutrient supplements. Mothers will receive sachets of multiple micronutrient powder, a relatively new and innovative food supplement for Bangladesh, which is mixed with staple foods such as rice and pulses during meal time. Recently developed IEC materials will be used to train recipients on proper use of the food supplement during meal preparation and communicating the expected benefits to health and nutrition. Assistance will be targeted to extremely poor households in Barisal identified through WFP VAM poverty mapping, many of whom also have inadequate consumption of staple foods as well. For this reason, rations will also include rice and pulses. A baseline iron deficiency anaemia prevalence study will be undertaken in early 2010 and with an end-line iron deficiency anaemia study undertaken at the end of the project cycle in 2011.

Outcome 5: Strengthened food security and nutrition information systems for planning, monitoring and evaluations. An inventory of already established child nutrition and food security programmes in Bangladesh will be undertaken. A database of ongoing projects will be created capturing details such as programme objectives, implementation plans and status, project activities, geographic areas of coverage, targeting criteria, caseloads, and assistance packages. Information systems associated with these programmes will be assessed and opportunities for strengthening and/or integrating such systems will constitute the main activity under this joint programme component. Priorities include improved information utilization for improved targeting, resource allocation, and analyzing the food security and nutritional status of the general population, as well as those that pertain to specific programmes or project level interventions, specifically within the Barisal project areas but also support national-level collation and analysis. The MOHFW, NNP and IPHN will be supported to develop, endorse and implement national nutrition survey guidelines through technical consultancy and stakeholder workshops. The utilization of the latest and most reliable information on child nutrition status and food insecurity prevalence will be promoted for incorporation into multi-sectoral information systems and programmes, e.g. HIS, WASH, etc. The information systems reviewed will include both those that focus on tracking and analyzing the food security and nutritional status of the general population, as well as those that pertain to the MDG-F supported specific programmes and/or Barisal project level interventions. The use of appropriate internationally accepted standard indicators will be supported, as well as the collection of data and information that is disaggregated by demographic, socio-economic and livelihood factors. Training will be provided to health facility and NGO-implemented CMAM programmes to collect routine nutrition surveillance and programme monitoring information (based on national survey guidelines and programme indicators) for entry into divisional and nationally-developed databases. All efforts under this joint programme component will be integrated and complementary to already existing capacities or initiatives such as the BBS-HIES, NIPORT-BDHS, Food security and Nutritional Surveillance Programme (FSNSP) of Helen Keller International/BRAC, National Food Policy PoA, FAO's FIVIMS (Food Insecurity and Vulnerability Information Management Systems), and WFP's VAM (Vulnerability Analysis and Mapping) programmes.

Sustainability of results: The proposed joint programme will target geographical areas not only on the basis of poverty and nutrition-related criteria but also with regard to the presence of existing Government programmes (i.e. the NNP), and the presence and capacity of implementing partners (NGOs, in particular) at the local level. By forging an effective and coherent partnership among the local government institutions, government programmes, NGO partners and other parallel civil society organizations, the proposed joint programme will essentially create a roadmap for future interventions in similar areas. Efforts will be made to systematically include all partners throughout the entire programme lifespan and beyond. Regular involvement and participation of government ministries and local level organizations will be ensured from the beginning. Outputs from assessments after Year 1 would also help formulate further strategic action. Success of local implementation will also depend on the willingness of local governments, the capacity of organizations and the suitability of social, political and economic conditions at the time. By the end of the joint programme's project cycle, it is envisaged that the resulting information base, improved linkages and institutional capacity, innovations and key findings, and success stories would generally set the stage for sustainability. This would enable local institutions and stakeholders (both government and non-government organizations) to scale up, replicate and successfully expand the scope of the projects in practical and sustainable ways. One of the key capacity building activities would be the establishment of community groups or community networks that are empowered to take responsibility for undertaking food security and nutrition-related actions necessary for their nutritional improvement.

The key government ministries and relevant bodies that will be directly or indirectly involved in the joint programme implementation are listed below:

Line Ministries & relevant Departments, Government of Bangladesh:

- Ministry of Food and Disaster Management
- Ministry of Health and Family Welfare
- Ministry of Agriculture
- Ministry of Primary and Mass Education
- ERD
- IPHN, NNP

Other key partner institutions and/or stakeholders are likely to include:

- Save the Children
- Helen Keller International
- Action Contre la Faim
- ICDDR,B
- BRAC

4. Results Framework

Table 1: Results Framework (Annex 1)

The key results associated with each output are given below. Table 1 outlines in detail the key UN agencies and partners for each output, the indicated activities and corresponding resource allocations.

Output 1.1: Reduce severe acute malnutrition rates among children 0-59 months through access to programmes for the integrated management of acute malnutrition (IMAM), including facility and community-based therapeutic programmes

The results associated with this output include procurement of anthropometric supplies and therapeutic food, screening and referrals of malnourished children to community and facility based programmes, implementation of national guidelines for managing acute malnutrition in the facility and development of guidelines for community-based management, training of health facility staff and community workers, and exploring and advocating for the production of locally produced ready-to-use therapeutic foods. Children in the 12-59 months age group will also be provided with de-worming tablets twice a year.

Output 1.2

Reduce the prevalence rates of moderate acutely malnourished children and acutely malnourished pregnant and lactating women through screening and referral to the appropriate feeding programmes.

This output aims to achieve the identification and supplementary feeding of moderately malnourished children and pregnant and lactating women, in addition to the children who recover from the therapeutic feeding programmes and providing appropriate nutrition education for the mothers and caregivers.

Output 1.3

Assess, monitor and improve quality of care in the therapeutic feeding programmes addressing severe acute malnutrition Guidelines for community-based management of acute malnutrition will be developed and operationalised in at least six upazilas (sub-divisions) and appropriate training will be extended to all national and international NGO partners, government counterparts at the local level and local health facility staff.

Output 1.4

Protect, support and promote early initiation and exclusive breastfeeding of infants up to 6 months of age

Output 1.5

Ensure safe, appropriate and adequate feeding for non-breastfed infants

Output 1.6

Promote and advocate for acceptable, adequate and (locally) available complementary foods for breastfed and non-breastfed children 6-23 months to be given with age-appropriate feeding practices

Outputs 1.4 to 1.6 all relate to the promotion of exclusive breastfeeding and complementary feeding practices to ensure positive nutritional outcomes for infants and young children. Extensive training and counselling will be provided to Barisal mothers, community workers and Upazilla health staff; moreover, community support groups and networks will be established to ensure support for and the sustainability of the promoted practices.

Output 2.1

Improved dietary intake and supplementary household income generation through the promotion and implementation of homestead gardens.

Homestead gardens will be established and household members, particularly women, will be trained on various aspects of food processing, hygiene, sanitation, preservation and marketing techniques. Additional support will be given through provision of livestock and establishment of grain storage facilities. Women household members will also be provided information and counseling regarding good nutrition practices and infant and young child feeding practices.

Output 2.2

Increased nutritional awareness and caregiving skills of care givers through community-based continuing education and training for behavioural change in mothers, caregivers and families.

To reinforce the nutritional benefits as well as the income generation achieved through homestead gardening activities, continued nutritional education and skills training will be provided to the care givers.

Output 2.3

Improved access to support for optimal infant and young child feeding practices and increased access and availability to relevant nutrition information for the homestead household members.

This component also addresses the important issue of early exclusive breastfeeding and complementary feeding practices for young children and hence will provide support, education and awareness regarding IYCF practices to the homestead gardening households.

Output 3.1

Prevent micronutrient deficiencies in children through the provision of micronutrient-enriched high-energy biscuits and de-worming tablets to pre-primary and primary school-aged children.

Targeted children in the primary schools will receive fortified biscuits and de-worming tablets.

Output 3.2

School gardening and nutrition training and demonstration provided.

The participating school children will be tested on their knowledge and understanding of good nutrition practices following the exposure to the school gardening activity.

Output 3.3

Mechanisms and/or tests developed for assessing students' learning and understanding of basic nutrition concepts due to their exposure to the gardening activity.

Testing tools will be designed and developed to effectively monitor student's learning and understanding of basic nutrition concepts.

Output 4.1.

Reduced rates of anaemia in children <5 years and pregnant and lactating mothers through the provision of multiple micronutrient supplements

Output 4.2

Number of sachets of MNP delivered for consumption.

Outputs 4.1 and 4.2: The results envisaged are that in a blanket approach, all children 6 to 23 months and pregnant and lactating women within the Barisal project communities will receive and benefit from adequate micronutrient supplementation. Baseline and end line evaluations will be conducted to determine the impact of the intervention on the prevalence of iron-deficiency anaemia in the target community.

Output 5.1

Existing or currently developed food security monitoring and nutrition surveillance systems supported and strengthened

Existing information systems will be assessed, in terms of their capacity and effectiveness. In consultation and collaboration w/ partners; after capacity gaps are identified by consensus; appropriate technical assistance in terms of training and/or hardware and software support will be provided so as to fill the gaps.

Output 5.2

Common knowledge/information base of best practices for improved food security and nutrition programmes established.

A stock-taking of best practices in food security and nutrition interventions will be undertaken; through both a literature review, and through consultations with experts. A report detailing the findings, with recommendations addressing how best practices can and should be shared and replicated amongst development workers (i.e. service providers), will be produced and widely disseminated. A complementary database of best programme practices will also be created and uploaded to the web for easy access. The database will allow users to query findings and recommendations by subject (for example '*best practices when selecting participants for admission into feeding programmes*'...) and a mechanism for maintaining and sustaining the database with a national institution will be ensured.

Output 5.3

Shared knowledgebase of historical food security and nutrition survey data established.

A literature review and consultations with experts will result in an inventory of past food security and/or nutrition surveys, that were carried out either within the programme implementation area (i.e. Barisal Division), or within Bangladesh. The accessible raw and processed data associated with these surveys will be obtained, and then structured within a common database so that various indicators can be queried, analysed, summarized etc. Data will be geo-referenced whenever possible; for integration within a GIS.

5. Management and Coordination Arrangements

The project will be jointly sponsored and coordinated by WFP, FAO and UNICEF in collaboration with the government and NGOs, and with WFP as the lead agency. A National Steering Committee (NSC) has been established, composed of i) the Secretary, ERD, ii) the Head of the Diplomatic Mission of Spain, and iii) the U.N. Resident Coordinator. The NSC may further include senior level representatives from additional government bodies. Other representatives and advisors may be invited as deemed appropriate by the co-chairs. The NSC will provide general oversight and coordination guidance and the RC's Office will extend facilitation support. The NSC will normally meet semi-annually or as needed and will take decisions on consensus.

The primary responsibilities of the NSC include:

- Reviewing and approving the Terms of Reference (TOR) and Rules of Procedure for the NSC.
- Reviewing and endorsing programme documents and annual work plans and budgets submitted by participating UN Organizations; ensuring their conformity with the requirements of the Fund and in particular decisions of the MDG-F Steering Committee in New York; ensuring the quality of programme documents receiving financial support from the Fund.
- Discussing programme requirements and priorities concerning, *inter alia*:
 - Programme management, including consistent and common approaches to project costing, cost recovery, implementation modalities, results-based reporting and impact assessment.
 - Information management, including appropriate Fund and donor visibility.
- Ensuring that appropriate consultative processes take place with key stakeholders at the country level in order to avoid duplication or overlap between the Fund and other funding mechanisms.
- Approving the reporting mechanism for each programme.
- Reviewing findings of summary audit reports consolidated by the Administrative Agent; highlighting lessons learnt and periodically discussing follow-up by participating UN organizations on recommended actions with programme-wide impact.

A Programme Management Committee (PMC) comprising of Implementing UN Agency Representatives or their designated Focal Points from each agency, Focal Points from the Government and NGO partners and the UN Resident Coordinator or her designate Focal Point, will be responsible for the management, planning, implementation, monitoring and reporting and all operational aspects. The PMC will be Co-chaired by (a) the UN Resident Coordinator or her delegate and (b) a government representative as designated by the Secretary, Economics Relations Division (Government representative of the NSC). The Participating agencies- WFP, UNICEF, and FAO will also each designate one Monitoring and Evaluation officer/focal point from each agency. Thus, the PMC will be composed of:

- The UN Resident Coordinator or his/her delegate in the role of Co-Chair;
- Government representative in the role of Co-Chair;

- Implementing National and local government counterparts;
- Participating UN Agency Representatives or their delegates;
- Monitoring and Evaluations focal points from each participating agency and
- Selected representatives of the non-state actors

WFP as the lead agency will be responsible for submitting both the quarterly financial reports and the bi-annual programme achievement reports to the MDG-F Secretariat. The PMC will meet at least once prior to the submission of each report, so as to ensure consensus in the final version of the submitted reports. The participating UN agencies (WFP, UNICEF and FAO) and their M&E staff will work together to support the PMC in the process of creating, reviewing and finalising the quarterly financial reports and the bi-annual programme achievement reports.

The fund will rely on the UN Resident Coordinator to facilitate collaboration between participating UN Organizations to ensure that the programme is on track and that promised results are being delivered.

To ensure proper execution of the programme activities, the PMC will provide regular updates to the NSC. Some of the specific areas over which the PMC will have oversight are listed below:

- Operational coordination; addressing management, budget and implementation issues
- Managing programme resources to achieve the stated outcomes and outputs; agreeing on any re-allocations/budget revisions and making recommendations to the NSC as appropriate;
- Providing technical support to the activities detailed in the annual work plan;
- Integrating work plans, budgets, reports and all other programme related documents and ensure effective implementation of all components; aligning the MDG-F funded activities within the UNDAF approved strategic priorities;
- Monitoring and evaluation; putting an effective reporting mechanism in place; and,
- Formulating communication, public information, advocacy plans

At ground level, the joint project will utilize existing structures at district level, Upazila Parishads (sub –district government body), and Union Parishads (community level government body) in order to mainstream activities into the on-going government programmes of food security, nutrition, agriculture, health and education. Project implementation mechanisms and arrangements will be made operational through community-based mobilization structures under the local government. NGO partners will be selected on the basis of their proven track record relevant to the programme as well as their pre-existing social capital within the targeted communities. During the formulation of this proposal, meetings and consultations were held with NGOs that have comparative strengths in the relevant programme areas. Supportive leadership and supervision at the district and sub district levels will be ensured. The interface between the district and upazila-level functionaries will be strengthened as part of the process. The roles, responsibilities and training needs of the project personnel at various levels will be defined and agreed upon by the PMC.

7. Fund Management Arrangements

As specified in the MDG-F guidelines, UNDP will act as Administrative Agent in accordance with the policy of 26 June 2007 on “Accountability when UNDP is acting as Administrative Agent in UNDP Multi-Donor Trust Funds and/or UN Joint Programmes”. As per this policy, accountability for UNDP’s Administrative agent function rests with the Executive Coordinator of the MDTF Office. However, specific tasks related to the Administrative Agent role may be performed by the UNRC with explicit delegation from the Executive Coordinator of the MDTF Office. The administration of the programme will follow the “Pass-Through” fund management option, in accordance with the planning and financial procedures as explained in the UNDG Guidance note on Joint Programming. In the performance of any Administrative Agent tasks at the country level under delegated authority the UNRC will be accountable to the Executive Coordinator of the MDTF Office. Detailed agreements on the delegated performance of specific Administrative Agent tasks will be established by the MDTF Office on a case by case basis ensuring that capacity requirements are met.

On receipt of a copy of the signed Joint Programme document, the MDTF Office will transfer the first annual installment to each participating UN agency. To request the fund transfer, the RC will submit the Fund Transfer Request Form to the MDTF Office. The transfer of funds will be made to the Headquarters of each Participating UN Organization. Each organization will assume complete programmatic and financial responsibility for the funds disbursed to it by the administrative agent and can decide on the execution modality and method of fund transfer to its partners and counterparts following the organization’s own regulations (described below).

Each participating UN organization will maintain a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent. Participating UN organizations will give certified financial reporting according to a budget template provided by the MDTF Office. While participating UN organizations are entitled to deduct their indirect costs on contributions received according to their own rules and regulations, indirect costs will not exceed 7% of programme expenditures.

Subsequent installments will be released in accordance with Annual Work Plans approved by the NSC. The release of funds is subject to meeting a minimum commitment threshold of 70% of the previous fund release to the participating UN organizations combined. If the 70% threshold is not met for the programme as a whole, funds will not be released to any organization, regardless of the individual organization’s performance. On the other hand, the following year’s advance can be requested at any point after the combined disbursement against the current advance has exceeded 70% and the work plan requirements have been met. If the overall commitment of the programme reaches 70% before the end of the twelve month period, the participating UN organizations may upon endorsement by the NSC request the MDTF to release the next instalment ahead of schedule. The RC will make the request to the MDTF Office on NSC’s behalf. Any fund transfer is subject to the submission of an approved Work Plan and Budget to the MDTF Office.

Cash Transfer Modalities of the UN agencies involved (Cash Transfer to National Partners):

WFP, UNICEF and FAO are the implementation/execution partners for this Joint Programme. As the Ex-Com Agencies, UNICEF, and WFP will follow a Harmonized Approach for Cash Transfer (HACT) to implementing partners based on the agreed annual work plan. Following are the four cash transfer modalities:

- *Direct Cash Transfers* to Implementing Partners, for obligations and expenditures to be made by them in support of activities agreed in the annual work plan (AWP);
- *Direct Payments* to vendors and other third parties, for obligations incurred by the Implementing Partner in support of activities agreed in the AWP;
- *Reimbursement* to Implementing Partners for obligations made and expenditure incurred by them in support of activities agreed in the AWP;
- *Direct agency implementation* through which the Agency makes obligations and incurs expenditure in support of activities agreed in AWP.

The procedures for transferring cash, including the *periodicity of disbursements, reporting on cash utilization, and maintaining assurance over the accuracy of the reports*, are essentially the same for the four modalities. All Implementing Partners will use the same standard format for requesting cash transfers and reporting on their use i.e. Funding Authorization and Certificate of Expenditure (FACE).

FAO will account for cash transfers in accordance with their established policies and procedures.

8. Monitoring, Evaluation and Reporting

Monitoring

The Project Management Committee's M&E programme staff from WFP, UNICEF, and FAO, based in Dhaka, will brief the concerned Barisal based field staff from their own respective agencies on the overall Joint Programme Monitoring Framework (JPMF), and the actions that will be required to ensure timely and effective M&E reporting. Responsible field staff will be briefed on expected results (outcomes and outputs), indicators to be used within the context of baselines and indicative time frames, means of verification, data collection methods, and the specific responsibilities of each UN agency, and its implementing partners.

M&E activities will be designed in a manner that emphasizes effective participatory approaches, between the implementing agencies and the assisted communities and households. M&E data collection activities will provide opportunities for active participation from programme beneficiaries. Whenever appropriate, results of programme activities, outputs, and outcomes will be shared with assisted communities, to foster a greater sense of buy-in and ownership.

External MDG-F Secretariat led evaluations of the programme will take place mid-way through the programme, and at the end of the programme. WFP, UNICEF, and FAO, as well as their implementing partners will provide programme, administrative, and logistics support to the external evaluators as needed.

The monitoring and evaluation component will be linked to the recently approved National Food Policy Plan of Action. The plan underscores the importance of establishing collaborative relationships with other food security and nutrition monitoring initiatives such as those relating to the PRSP and MDGs. Best practices and evidence-based monitoring and evaluation findings from past and current programmes will be considered as inputs to improve programme design and implementation.

The following specific indicators will be used, during Monitoring, Evaluation, and Reporting:

Outcome-1: Reduced prevalence of acute malnutrition and underweight in children 0-59 months and acute malnutrition in pregnant and lactating women.

Indicators: Proportion of severely acutely malnourished children cured/recovered in facility-based therapeutic feeding programmes (>75%); Proportion of defaulters from facility-based therapeutic feeding programmes (<15%); Prevalence of acutely malnourished and underweight children <5 years of age.

- **Output 1.1** Reduce severe acute malnutrition rates among children 0-59 months through access to programmes for the integrated management of acute malnutrition (IMAM), including facility and community-based therapeutic programmes

Indicators: Proportion of severe acutely malnourished children cured/recovered (>75%) in therapeutic feeding programmes; proportion of defaulters (<15%) from therapeutic feeding programmes.

Baseline: Baseline measurement to be established when children are screened.

Timeframe: 2010-2012

- Output 1.2 Reduce the moderate acutely malnutrition rates among children 6-59 months and acutely malnourished pregnant and lactating women through screening and referral to the appropriate feeding programmes.

Indicators: Proportion of moderate acutely malnourished children <5 years cured/recovered (>75%) and proportion of defaulters in SFP (<15%); Proportion of pregnant & lactating women cured/recovered, proportion of defaulters in SFP; # of moderate acutely malnourished children <5 years that receive adequate SFP rations; # of moderate acutely malnourished pregnant & lactating women that receive adequate SFP rations.

Baseline: To be determined later.

Timeframe: 2010-2012

-Output 1.3

Assess, monitor and improve quality of care in the therapeutic feeding programmes addressing severe acute malnutrition

Indicators: Guideline on community-based management of severe acute malnutrition developed and endorsed; # of health facilities implementing community-based management of severe acute malnutrition in line with guidelines and protocols; # of nutrition workers trained in community-based management of severe acute malnutrition.

Baseline: To be determined later.

Timeframe: 2010-2012

- Output 1.4

Protect, support and promote early initiation and exclusive breastfeeding of infants up to 6 months of age

Indicators: Proportion of mothers exclusively breast-feeding their infants to six months of age; # of community breast-feeding support groups established.

Baseline: To be determined later.

Timeframe: 2010-2012

- Output 1.5

Ensure safe, appropriate and adequate feeding for non-breastfed infants

Indicators: # of mothers trained on safe, appropriate and adequate feeding practices for their non-breastfed infants

Baseline: To be determined later.

Timeframe: 2010-2012

- Output 1.6

Promote and advocate for acceptable, adequate and (locally) available complementary foods for breastfed and non-breastfed children 6-23 months to be given with age-appropriate feeding practices.

Indicators: # of mothers trained on age-appropriate complementary feeding practices for children >6 months.

Baseline: To be determined later.

Timeframe: 2010-2012

Outcome-2: Food security improved through agriculture, homestead food production and nutrition training.

Indicator: Percentage of beneficiary households with acceptable food consumption scores, as measured using dietary diversity indicators (i.e. a count of foods or food groups consumed during the past 7 days).

-Output 2.1

Improved dietary intake and supplementary household income generation through the establishment and promotion of homestead gardens.

Indicators: Number of beneficiary households with acceptable food consumption scores as measured using dietary diversity indicators; # of homestead gardens established; # of women groups established for undertaking home gardening, food preparation, complementary feeding and food processing activities; # of farmers especially female farmers trained in integrated home gardening techniques, food-based nutrition and food processing, food preservation and food safety; # of farmers, especially women farmers, trained in raising small livestock; # of household grain storage facilities established and # of participating households that received household grain storage facilities; # of households assisted with appropriate livelihood support.

Baseline: To be determined.

Timeframe: 2010-2012

-Output 2.2

Increased awareness of nutrition, food hygiene and feeding of children through community-based nutrition activities and training for enhancing behaviour change in rural women, mothers, caregivers and families that participated in homestead gardening.

Indicators: # of households who received community nutrition training and services.

Baseline: To be determined

Timeframe: 2010-2012

-Output 2.3

Improved access to support for appropriate infant and young child feeding practices and increased access and availability to relevant nutrition information for the homestead household members.

Indicators: # of mothers exclusively breast-feeding their infants to six-months of age; # of women who introduced age-appropriate complementary foods for children >6 months along with continuation of breast feeding.

Baseline: To be determined

Timeframe: 2010-2012

Outcome-3: Improved learning and nutrition awareness through school feeding and school gardening activities.

Indicators: Attendance rate of boys and girls (6-12 years age) in targeted primary schools; percentage of students participating in the school gardening activities who are able to demonstrate their learning of basic nutrition concepts.

-Output 3.1

Increased primary and pre-primary school enrolment and attendance, reduced dropout and enhanced learning at primary schools.

Indicators: # of school-age children provided with micronutrient-enriched, high-energy biscuits; # of school-age children provided with deworming tablets twice a year; # of boys and girls enrolled in WFP-assisted primary schools; # of boys and girls attending in WFP-assisted pre-primary schools; percentage of girls and boys in WFP-assisted schools attending classes during the school year; teachers' perception of children's ability to concentrate and learn in school as a result of school feeding.

Baseline: To be determined.

Timeframe: 2010-2012.

-Output 3.2

School gardening and nutrition training and demonstrations provided.

Indicators: # of school students that received school gardening and nutrition training with emphasis on utilization/consumption of their school garden produce.

Baseline: To be determined later.

Timeframe: 2009 -2011

-Output 3.3

Testing tools developed for assessing students learning of establishing school gardens and practical nutrition concepts through exposure/participation in the school gardening activities.

Indicators: Proportion of school students participating in school gardening activities who demonstrate adequate learning of basic gardening and nutrition concepts.

Baseline: To be determined.

Timeframe: 2010-2012.

Outcome-4: Reduced rates of anaemia for young children (6-59 months) and pregnant and lactating women through multiple micronutrient supplementation.

Indicators: Proportion of anaemia prevalence for young children (6-59 months) as determined by blood haemoglobin concentration levels; Proportion of children <5 years that received multiple micronutrient supplements.

-Output 4.1

Reduced rates of anaemia in children <5 years and pregnant and lactating mothers through the provision of multiple micronutrient supplements

Indicators: % reduction in anaemia prevalence among 6-59 month age group; % reduction in anaemia prevalence among pregnant & lactating women;

Baseline: To be determined.

Timeframe: 2010-2012

-Output 4.2

Number of sachets of micro-nutrient powder (MNP) delivered for consumption.

Indicators: Proportion of children <5 years that received multiple micronutrient supplements; Proportion of pregnant & lactating women that received multiple micronutrient; # of sachets of multiple micronutrient powders, procured and delivered for consumption.

Outcome-5: Strengthened food security and nutrition information systems for planning, monitoring and evaluations.

Indicators: Number of partners' strengthened food security and nutrition information systems used for planning, targeting/resource allocation, monitoring and/or impact assessments (as assessed through formal evaluations and/or case studies).; number of timely and quality food security and nutrition monitoring reports generated and distributed widely (quality and timeliness will be assessed using reader feedback surveys).

-Output 5.1

Existing or currently developed food security monitoring and nutrition surveillance systems supported and strengthened

Indicators:

of partners with strengthened nutrition information systems used for planning; targeting/resource allocation, monitoring and/or impact assessment; number of people received hardware/software training.

Baseline: Bangladesh Bureau of Statistics (BBS)/HIES; NIPORT/BDHS, HKI

Timeframe: 2010-2012

Output 5.2:

Common knowledge/information base of best practices for improved food security and nutrition programmes established

Indicators: Report produced and widely disseminated; Database established and uploaded to web.

Baseline: To be determined.

Timeframe: 2010-2012

Output 5.3:

Shared knowledge base of historical food security and nutrition survey data established.

Indicators: Database created and potential users informed; user survey (two thirds or more of users evaluating database rated favorable).

Baseline: to be determined

Timeframe: 2010-2012

Table 2: Joint Programme Monitoring Framework (JPMF) (ANNEX 2: Table 2)

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
From Results Framework (Table 1)	From Results Framework (Table 1) Baselines are a measure of the indicator at the start of the joint programme	From identified data and information sources		Specific responsibilities of participating UN organizations (including in case of shared results)	

Annual/Regular reviews: Quarterly and annual reports will be prepared and provided by the Programme Management Committee. A joint reporting mechanism will be established in order to effectively capture and consolidate the individual and joint experiences of the partners. The Steering Committee will normally meet and report once a year.

Evaluation: Annual evaluations will be undertaken by the PMC to measure progress vis-à-vis the programme objectives set out in the annual work plans, budget allocations, resource utilisation, operational hurdles, etc.

Reporting:

On an annual basis, the lead UN Organizations for each output are required to provide narrative reports on results achieved, lessons learned and the contributions made to the joint programme. The reporting mechanism will be anchored in the common Results Framework. A common reporting format will be developed by the PMC, Steering Committee and the RC’s Office and will be adhered to throughout the programme. Reporting would be provided at both fund and programme levels. The PMC will provide narrative reports on results achieved, lessons learned and the contributions made to the Joint Programme on an annual basis. While all three agencies’ contributions will be channelled into the integrated common reporting system, individual agency contributions to outputs will also be tracked. At implementation level, each UN agency together with their respective line ministries and NGO partners will prepare their individual progress reports; these would be consolidated at the national level by the PMC. The participating agencies are each responsible for the monitoring, evaluation and reporting for each of their respective programme components. WFP as the lead agency will provide overall monitoring and evaluations updates from time to time and facilitate the consolidation of the joint progress report. The monitoring system will track the Participating UN organizations’ individual contributions to the programme outputs. To ensure a consistent information flow among key stakeholders, the PMC will provide informal quarterly updates to the NSC on the status of the Joint Programme implementation. A joint annual narrative progress report and financial report will be provided to the NSC/RC’s office who would formally submit these to the MDTF office in New York.

The MDTF Office is responsible for the annual Consolidated Joint Programme Progress Report, which will consist of three parts:

- a. **AA Management Brief**
The Management brief consists of analysis of the certified financial report and the narrative report. The management brief will identify key management and administrative issues, if any, to be considered by the NSC.
- b. **Narrative Joint Programme Progress Report**
This report is produced through an integrated Joint Programme reporting arrangement. The report should be reviewed and endorsed by the PMC before it is submitted to the MDTF Office on 31 March of each year.
- c. **Financial Progress Report.**
Each Participating UN organization will submit to the MDTF Office a financial report stating expenditures incurred by each programme during the reporting period. The dead-line for this report is 30 April.

In addition, participating UN Organizations will provide quarterly updates to ensure an open flow of information to the donor. The joint programme will have a final evaluation and mid term review. The mid term review will be organized by the MDG-F Secretariat.

9. Legal Context or Basis of Relationship

Table 3: Basis of Relationship

Participating UN organization	Agreement
WFP	The Joint Programme Document will be implemented within the legal framework as defined by the Bangladesh Country Programme Action Plan signed between the Government of Bangladesh and the World Food Programme on 09 May 2007.
FAO	The Food and Agriculture Organization of the United Nations and the Government of Bangladesh signed an agreement for the establishment of the FAO Representation in Bangladesh on 22 November 1996.
UNICEF	The United Nations Children's Fund operates in Bangladesh under the Basic Co-operation Agreement signed between The Government of Bangladesh and UNICEF on 2 nd January 1996.

10. Work plans and budgets (see Annexes)

Signatures^{xxiv}:

UN organization(s)	Implementing Partner(s)
Replace with: <i>Name of Representative</i> <i>Signature</i> <i>Name of Organization</i> <i>Date</i>	Replace with: <i>Name of Head of Partner</i> <i>Signature</i> <i>Name of Institution</i> <i>Date</i>

ANNEXES

- 1. Annex-1 Results Framework**
- 2. Annex-2 Joint Programme Monitoring Framework**
- 3. Annex-3 Annual Workplan**
- 4. Annex-4 Budget**

ACRONYMS

AA	Administrative Agent
ABCN	Area Based Community Nutrition
ADP	Annual Development Plan
BBS	Bangladesh Bureau of Statistics
BDHS	Bangladesh Demographic and Health Survey
BIDS	Bangladesh Institute of Development Studies
BINP	Bangladesh Integrated Nutrition Programme
BRAC	Bangladesh Rural Advancement Committee
CMAM	Community-based Management of Acute Malnutrition
CNP	Community Nutrition Promoter
CSO	Civil Society Organizations
DAE	Department of Agriculture Extension
DoPE	Department of Primary Education
DFID	Department for International Development (UK)
ERD	Economic Relations Division

FAO	Food and Agriculture Organization
FIVIMS	Food Insecurity and Vulnerability Information Management Systems
FSNSP	Food Security and Nutritional Surveillance Programme
GAM	Global Acute Malnutrition
HH	Household(s)
HIES	Household Income and Expenditure Survey
HFSNA	Household Food Security and Nutrition Assessment
HKI	Helen Keller International
HNPSP	Health, Nutrition and Population Sector Programme
HQ	Headquarters
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
IEC	Information, Education and Communication
IFPRI	International Food Policy Research Institute
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illness
IPHN	Institute of Public Health and Nutrition
IYCF	Infant and Young Child Feeding Practices
MDG-F	Millennium Development Goals Fund
MDTF	Multi-Donor Trust Fund
MNP	Micro-nutrient Powder
MoA	Ministry of Agriculture
MoFDM	Ministry of Food and Disaster Management
MoHFW	Ministry of Health and Family Welfare
MoPME	Ministry of Primary and Mass Education
MUAC	Mid-Upper Arm Circumference
NAP	National Agricultural Policy
NFP PoA	National Food Policy Plan of Action
NGO	Non-government Organization
NI	Nutrition Intervention
NIPORT	National Institute of Population Research and Training
NNP	National Nutrition Programme
NSC	National Steering Committee
OTP	Outreach Therapeutic Programme
PMC	Programme Management Committee
PRSP	Poverty Reduction Strategy Paper
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilisation Centre
SFP	Supplementary Feeding Programme
TFP	Therapeutic Feeding Programme
TOR	Terms of Reference
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
UNRC	United Nations Resident Coordinator
VAM	Vulnerability Analysis and Mapping
VGd	Vulnerable Group Development
VGf	Vulnerable Group Feeding
WFP	World Food Programme
WHO	World Health Organization

Annex-1/Table 1: Results Framework

UNDAF(or other relevant framework) Outcome: Survival and development rights of vulnerable groups are ensured within an environmentally sustainable framework JP Outcome 1: Reduced prevalence of acute malnutrition and underweight in children 0-59 months and acute malnutrition in pregnant and lactating women. (Barisal division: GAM 16.1%, SAM 5.3) Indicators:									
<ul style="list-style-type: none"> Proportion of severely acutely malnourished children cured/recovered in facility-based therapeutic feeding programmes (>75%) % of defaulters from facility-based therapeutic feeding programmes (<15%) Prevalence of acutely malnourished & underweight children <five years of age in Barisal project areas 									
JP Outputs (Give corresponding indicators and baselines)	Participating UN org.-specific Outputs	Participating UN org.	Participating UN org. corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
						Y1	Y2	Y3	Total
Output 1.1: Reduce severe acute malnutrition rates among children 0-59 months through access to programmes for the integrated management of acute malnutrition (IMAM), including facility and community-based therapeutic programmes	Activity 1 outputs: National guidelines for managing acute malnutrition implemented through master training courses and TOT in at least 6 upazilla health facilities of Barisal division and protocols developed for at least 12 CMAM programmes in same referral areas	UNICEF	UNICEF Country Programme 2006-2010	IPHN, NNP, MoHFW, NGOs	Activity 1: Support to development of national guidelines, protocols and tools for facility and community-based management of acute malnutrition	\$7,918	\$12,509	\$4,901	\$25,328
-Proportion of severely acutely malnourished children cured/recovered (>75%); proportion of defaulters from therapeutic feeding programmes (<15%)	Activity 2 outputs: At least 200 NNP, IPHN, DHGS health facility staff trained in Dhaka and Barisal divisions in national SAM guidelines for facility-based and at least 3 INGO/LNGO staff in Barisal trained in CMAM implementation and guidelines	UNICEF	UNICEF Country Programme 2006-2010	IPHN, NNP, MoHFW, NGOs	Activity 2: Support training of international/national NGOs, NNP, IPHN & DHGS health facility staff in the implementation of national guidelines and integrated management of acute malnutrition at national & district levels	\$87,443	\$103,048	\$63,124	\$253,615
Baseline: To be established when children are screened Timeframe: 2010-2012	Activity 3 outputs: Equipment, supplies and therapeutic foods procured for at least 6 facility and 12 community-based IMAM programmes	UNICEF	UNICEF Country Programme 2006-2010	IPHN, NNP, MoHFW, NGOs	Activity 3: Procure anthropometric equipment and therapeutic feeding programme food and supplies including essential drugs	\$197,725	\$428,637	\$201,748	\$828,110

	Activity 4 outputs: At least 15,000 acutely malnourished children <5yrs screened and referred for management in up to 6 therapeutic facility and 12 community-based (CMAM) programmes in Barisal division	UNICEF	UNICEF Country Programme 2006-2010	IPHN, NNP, MoHFW, NGOs	Activity 4: Undertake nutrition screening at community levels of children 0-59 months using MUAC measurements; provide referrals to appropriate facility of CMAM programmes for the acutely malnourished	\$9,208	\$14,078	\$15,791	\$39,077
	Activity 5 outputs: Local RUTF production for Bangladesh assessed and national strategy for implementation / production developed with govt authorities	UNICEF	UNICEF Country Programme 2006-2010	IPHN, NNP, MoHFW, NGOs	Activity 5: Advocate for and support the local production of RUTFs for usage in the community-based management of acute malnutrition	\$8,090	\$59,153	\$15,646	\$82,889
	Activity 6 outputs: All children 12-59 months provided with de-worming tablets twice yearly in selected project areas of Barisal division	UNICEF	UNICEF Country Programme 2006-2010	IPHN, NNP, MoHFW, NGOs	Activity 6: Support provision of de-worming tablets for all children 12-59 months in selected priority project areas through campaigns and community health programmes	\$12,550	\$18,640	\$14,490	\$45,680
Output 1.2 Reduce prevalence rates of moderate acutely malnourished children (6-59 months) and acutely malnourished pregnant and lactating women through screening and referral to appropriate feeding programmes -Proportion of moderate acutely malnourished children <5 years cured/recovered (>75%); defaulters in SFP (<15%); proportion of PLWs cured/recovered (>75%), defaulters in SFP (<15%).-no. of	WFP sub-output : a) Moderate acutely malnourished children (3500) & acutely malnourished PLW (10000) identified at screening covering total of 13500 HHs (at max.) received fortified WSB through THR (7.5 kg/hh/month for 6 months) b) Moderately malnourished children recovered from TFP (community & facility levels) covering a total of 1,500 HHs received WSB through THR (7.5 kg/hh/month for 6 months)	WFP	WFP Strategic Objective 4: Reduce chronic hunger & under-nutrition	NGO through NNP, MoWCA, DWA	Activity 1: Selection & agreement on NGOs together with UNICEF Activity 2: Procurement of WSB Activity 3: Support distribution and transport of WSB to the selected beneficiaries Activity 7: Monitoring of WSB distribution & implementation of nutrition education Activity 8: Assessment	\$20,250 \$364,500 \$40,871 \$30,475 \$6,498	\$20,250 \$364,500 \$40,871 \$30,475 \$6,498	\$20,250 \$364,500 \$40,871 \$30,475 \$6,498	\$60,750 \$1,093,500 \$122,613 \$91,425 \$19,494

<p>moderate acutely malnourished children <5 years that receive SFP rations; no. of moderate acutely malnourished PLWs that receive adequate SFP rations.</p> <p>Baseline: To be determined Timeframe: 2010-2012</p>	<p>WFP sub-output : c) 10,000 PLW & mothers of the WSB supplemented children are educated on nutrition and also on WSB under WFP's NI package</p>	WFP	WFP Strategic Objective 4	NGO through NNP, MoWCA DWA	<p>Activity 4: Revisit/review of IEC materials/formative research</p>	\$14,175	\$14,175	\$14,175	\$42,525
					<p>Activity 5: Support training to the lead trainers & community workers on WSB & a comprehensive nutrition education package</p>	\$25,456	\$25,456	\$25,456	\$76,368
					<p>Activity 6: Support delivering of nutrition education to the beneficiaries</p>	\$6,498	\$6,498	\$6,498	\$19,494
					<p>Subtotal-WFP-Outcome-1-CMAM</p>	\$508,723	\$508,723	\$508,723	\$1,526,169

UNDAF(or other relevant framework) Outcome: Survival and development rights of vulnerable groups are ensured within an environmentally sustainable framework JP Outcome 1: Reduced prevalence of acute malnutrition and underweight in children 0-59 months and acute malnutrition in pregnant and lactating women. (for Barisal division: GAM 16.1%, SAM 5.3) Indicators: <ul style="list-style-type: none"> • Proportion of severely acutely malnourished children cured/recovered in facility-based therapeutic feeding programmes (>75%) • % of defaulters from facility-based therapeutic feeding programmes (<15%) • Prevalence of acutely malnourished & underweight children <five years of age in Barisal project areas 									
JP Outputs (Give corresponding indicators and baselines)	Participating UN org.- specific Outputs	Participating UN org.	Participating UN org. corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
						Y1	Y2	Y3	Total
Output 1.3 Assess, monitor and improve quality of care in therapeutic feeding programmes addressing severe acute malnutrition Indicators: - Guidelines on community-based management of severe acute malnutrition developed & endorsed - No. of health facilities implementing management of severe acute malnutrition in line with national guidelines & protocols -No. of nutrition workers trained in community-based management of severe acute malnutrition Baseline: Timeframe: 2010-2012	Activity 1 outputs: Master training course developed for health facility staff in national and upazilla levels (UHCs) through SAM Working Group (support to IPHN) to implement national guidelines for managing severe acute; CMAM guidelines drafted and training of trainers undertaken; tools, protocols and materials developed for both levels of care.	UNICEF	UNICEF Country Programme 2006-2010: Strategic Objective (Focus Area) 1. Young child survival and development	IPHN, NNP, MoHFW, NGOs	Activity 1: Support to development of <i>training courses</i> on national guidelines, protocols and tools for facility and community-based management of acute malnutrition	\$12,918	\$21,738	\$4899	\$39,555
	Activity 2 outputs: Ongoing supportive supervision and/or refresher training in SAM and CMAM implementation to staff in at least 6 UHCs in Barisal and at least 3 NGO staff implementing CMAM in 12 sites of Barisal.	UNICEF	UNICEF Country Programme 2006-2010	IPHN, NNP, MoHFW, NGOs	Activity 2: Support <i>ongoing or refresher training</i> of international/national NGOs, NNP, IPHN and DHGS health facility staff in the national guidelines and integrated malnutrition	\$20,358	\$26,449	\$25,482	\$72,289

<p>Output 1.4: Protect, support and promote early initiation and exclusive breastfeeding of infants up to 6 months of age</p> <p>Indicators: -% of mothers exclusively breastfeeding their infants to 6 months of age - No. of community breastfeeding support groups established</p> <p>Output 1.5: Ensure safe, appropriate and adequate feeding for non-breastfed infants</p> <p>Indicators: No. of mothers trained in safe and adequate feeding practices for their non-breastfed infants</p>	<p>Activity 1 outputs: Community and social mobilization undertaken and community support groups formed in 6 upazilla of Barisal division to support at least 25,000 mothers in early and exclusive breastfeeding</p>	UNICEF	UNICEF Country Programme 2006-2010: Strategic Objective (Focus Area) 1. Young child survival and development	IPHN, NNP, MoHFW, NGOs	Activity 1: Promote and support participatory nutrition education and training for mothers and caregivers through community nutrition workers	\$11,558	\$18,491	\$17,422	\$47,471	
	<p>Activity 2 outputs: Social mobilisation for IMAM programmes in Barisal undertaken in-line with tested BCC strategy for IYCF in project areas</p>					Activity 2: Promote and support social mobilization for creating and enabling IYCF environment with commitment and demand for programmes	\$9,118	\$14,551	\$13,982	\$37,651
	<p>Activity 3 outputs: At least 10 mother/caregiver support groups formed in each of 6 upazillas where SAM/CMAM programming is implemented</p>					Activity 3: Support development of mother/caregiver support groups at community level with continuum of IYCF practices to & from facility-level IYCF activities	\$7,118	\$11,685	\$11,142	\$29,945
	<p>Activity 4 outputs: Community workers in programme areas for 12 CMAM sites and health staff of 6 UHC trained in 6 upazilla of Barisal division to provide IYCF support counselling techniques for women of reproductive age</p>	UNICEF	UNICEF Country Programme 2006-2010	IPHN, NNP, MoHFW, NGOs	Activity 4: Support training of health facility and community workers on IYCF counselling techniques and skills	\$11,558	\$18,490	\$17,422	\$47,470	

<p>Output 1.6: Promote and advocate for acceptable, adequate and (locally) available complementary foods for breastfed and non-breastfed children 6-23 months to be given with age-appropriate feeding practices</p> <p>Indicators: -No. of mothers trained in age-appropriate complementary feeding practices for children <6month</p> <p>Baseline: Timeframe:2010-2012</p>	<p>Activity 5 outputs: At least 25,000 mothers and caregivers in SAM/CMAM sites supported by community nutrition volunteers to prepare local complementary foods available in Barisal division for their breastfed and non-breastfed children</p>	UNICEF	UNICEF Country Programme 2006-2010: Strategic Objective (Focus Area) 1. Young child survival and development	IPHN, NNP, MoHFW, NGOs	<p>Activity 5: Support training of mothers/caregivers on the home-based preparations of locally-produced and available complementary and age-appropriate foods for their children</p>	<p>\$9,118</p>	<p>\$14,550</p>	<p>\$13,982</p>	<p>\$37,650</p>
<p>Subtotal-UNICEF-Outcome-1-CMAM</p>						<p>\$404,680</p>	<p>\$762,019</p>	<p>\$420,031</p>	<p>\$1,586,730</p>

	<p>Sub-output 2.1.B: Households received training on value adding food processing and marketing of agricultural and livestock products.</p>	<p>FAO</p>	<p>FAO strategic objective H: Improved food security and better nutrition</p>	<p>MoA, DOL, DAE, NGOs</p>	<p>Support training and demonstration, household income generation and cash availability through value adding food processing and marketing of produced agricultural products, livestock rearing and propagated fruit trees and food processing and preservation and low cost food packaging</p> <p>Activities:</p> <ul style="list-style-type: none"> • Preparation of the training modules • Training on food processing and food preservation • Reporting / Analysis 	<p>23,800</p> <p>11,000</p> <p>4,000</p> <p>8,800</p>	<p>15,700</p> <p>7,500</p> <p>3,500</p> <p>4,700</p>	<p>11,300</p> <p>7,000</p> <p>-</p> <p>4,300</p>	<p>\$50,800</p> <p>25,500</p> <p>7,500</p> <p>17,800</p>
	<p>Sub-output 2.1.C: Women received training on agro-processing, adding value techniques and food safety.</p>	<p>FAO</p>	<p>FAO strategic objective H: Improved food security and better nutrition</p>	<p>MoA, DAE NGOs</p>	<p>Support women empowerment through agro-processing, food processing and preservation, food hygiene and safety adding value to surplus production from homestead gardens in terms of quality and safety for local marketing</p> <p>Activities:</p> <ul style="list-style-type: none"> • Preparation of the training modules for district/upazila and farmer levels • Technical training and mobilization of women farmer groups • Reporting / Analysis 	<p>23,800</p> <p>11,000</p> <p>4,000</p> <p>8,800</p>	<p>15,700</p> <p>7,500</p> <p>3,500</p> <p>4,700</p>	<p>11,000</p> <p>7,000</p> <p>-</p> <p>4,000</p>	<p>\$50,500</p> <p>25,500</p> <p>7,500</p> <p>17,500</p>

	WFP sub-output: 2.1.D 5000 households assisted with homestead gardening by FAO received food ration of rice (10 kg rice/hh/month for 3 months) to improve their household food security (as an opportunity cost)	WFP	WFP Strategic Objective 4: Reduce chronic hunger & undernutrition	NGOs/ MoFDM /DAE/ MoA	Activity 1: Negotiate & make agreement with NGOs for ration implementation Activity 2: Procure rice for participating households Activity 3: Support distribution of beneficiary cards & food ration, including transport Activity 4: Monitoring of ration distribution Subtotal-WFP-Outcome-2-Homestead Gardens	\$14,934 \$52,500 \$19,082 \$17,409 \$103,925	 \$52,500 \$19,082 \$17,409 \$ 88,991	 \$52,500 \$19,082 \$17,409 \$88991	\$14,934 \$157,500 \$57,246 \$52,227 \$281,907
	Sub-output 2.1.E: Household provided with livestock and received relevant training for income generation and diversification.	FAO	FAO strategic objective H: Improved food security and better nutrition	MoA, DOL NGOs	Support household income generation and cash availability through distribution of livestock and provision of relevant training. Activities: <ul style="list-style-type: none"> • Recruitment of personnel • Purchase of livestock • Distribution of livestock • Technical training • Reporting / Analysis 	 110,000 5,000 4,000 8,800	 125,700 27,500 85,000 5,000 3,500 4,700	 36,300 32,000 - - 4,300	 \$3 195,000 10,000 7,500 17,800

<p>Output 2.1 indicators continued: -# of family members esp. female farmers also assisted with appropriate income generation livelihood support e.g. livestock rearing and support services -# of household grain storage facility produced -# of participating households that received them</p>	<p>Sub-output 2.1.F: Households received training on establishing grain storage facility.</p>	<p>FAO</p>	<p>FAO strategic objective H: Improved food security and better nutrition</p>	<p>MoA, DOL, NGOs</p>	<p>Support households with grain storage facility (about 0.5mt capacity) to enhance availability and safe storage of food within households and community, as applicable.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Recruitment of personnel • Purchase of equipment for Grain Storage • Distribution of equipment • Technical training on grain storage • Reporting / Analysis 		<p>2</p>		<p>\$</p>
					72,000	32,500	37,000	141,500	
					200,000	190,000	-	390,000	
					10,000	10,000	-	20,000	
					4,000	3,500	-	7,500	
					8,800	4,700	4,300	17,800	

<p>Output 2.2 Increased nutritional awareness and caregiving skills of care givers through community-based continuing education and training for behavioral change in rural women, mothers and households that participated in homestead gardening</p> <p>-# of homestead gardening participants that receive nutrition training with an emphasis on the utilization/consumption of their homestead garden produce Baseline: Timeframe:2010-2012</p>	<p>Output 2.2: Nutrition improved for mothers and caregivers.</p>	<p>FAO</p>	<p>FAO strategic objective H: Improved food security and better nutrition</p>	<p>MoA, DAE, NGOs</p>	<p>Promote and support social mobilization for creating enabling environments and carrying out community based food processing activities on complementary feeding to achieve optimal nutrition and health-related goals in mothers and infants and young children Promote and support participatory nutrition education and training for mothers and households through community based agriculture extension nutrition workers</p> <p>Activities:</p> <ul style="list-style-type: none"> • Preparation of the training modules • Technical training and demonstrations • Reporting / Analysis 	<p>23,800</p> <p>11,000</p> <p>4,000</p> <p>8,800</p>	<p>15,700</p> <p>7,500</p> <p>3,500</p> <p>4,700</p>	<p>11,300</p> <p>7,000</p> <p>-</p> <p>4,300</p>	<p>\$50,800</p> <p>25,500</p> <p>7,500</p> <p>17,800</p>
<p>Output 2.3 Improved access to support for optimal infant and young child feeding (IYCF) practices and increased access and availability to relevant nutrition information for the homestead hh members</p> <p>-% of mothers exclusively breastfeeding their infants till 6 months age -# of women who introduced age-appropriate comp.</p>	<p>Sub-output 2.3.A: Mothers received training on infant and young child practices</p>	<p>FAO</p>	<p>FAO strategic objective H: Improved food security and better nutrition</p>	<p>NNP/I PHN, MoHFW</p>	<p>Promote and support optimal IYCF practices for homestead gardening HH members (initiation of breastfeeding within the first hour of delivery, exclusive breast feeding for the first six months, appropriate complementary feeding along with breast feeding up to 2 years)</p> <p>Activities:</p> <ul style="list-style-type: none"> • Preparation of the training modules • Technical training and demonstrations • Reporting / Analysis 	<p>23,800</p> <p>11,000</p> <p>4,000</p> <p>8,800</p>	<p>15,700</p> <p>7,500</p> <p>3,500</p> <p>4,700</p>	<p>11,300</p> <p>7,000</p> <p>-</p> <p>4,300</p>	<p>\$50,800</p> <p>25,500</p> <p>7,500</p> <p>17,800</p>

feeding for children>6months	Sub-output 2.3.B: Women received training and demonstrations on appropriate complementary foods	FAO	FAO strategic objective H: Improved food security and better nutrition	NNP/I PHN, MoHFW	Promote training/education to homestead gardening HH members on timely introduction of adequate quality and quantity of complementary food at six months of age with continued breastfeeding for at least 24 months) Activities: <ul style="list-style-type: none"> • Preparation of the training modules • Technical training and demonstrations • Reporting / Analysis Subtotal-FAO-Outcome-2-Homestead Gardens	23,800 961,400	15,700 769,600	11,300 207,118	\$50,800 1,938,118
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UNDAF(or other relevant framework) Outcome: Survival and development rights of vulnerable groups are ensured within an environmentally sustainable framework
 JP Outcome 3: Improved learning and nutrition awareness through school feeding and school gardening (Baselines to be provided later)

Indicators:

- Attendance rate of boys and girls in targeted primary schools
- Percentage of students participating in the school gardening activity who demonstrate their learning of basic nutrition concepts

JP Outputs (Give corresponding indicators and baselines)	Participating UN org.- specific Outputs	Participating UN org.	Participating UN org. corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation (US\$) and indicative time frame*			
						Y1	Y2	Y3	Total
Output 3.1 Increased pre-primary and primary school enrolment and attendance, reduced dropout and enhanced learning at primary schools Indicators: - Number of school age children receive fortified biscuits - Number of school age children have access to deworming tablets twice a year - Number of boys and girls enrolled in WFP-assisted primary schools - Number of boys and girls attending in WFP-assisted pre-primary schools - Percentage of girls and boys in WFP-assisted schools attending classes during the school year -Teachers' perception of children's ability to concentrate and learn in school as a result of school feeding	WFP sub-output: 14,000 pre-primary & primary school children from selected schools received fortified biscuits, deworming tablets & essential package of health-hygiene education (75 g/child/day for 240 school days)	WFP	WFP Strategic Objective 4: Reduce chronic hunger & undernutrition	NGO/DoPE /MoHFW	Activity 1: School Feeding Identify/select schools Select NGOs, do NGO contracts	\$7,560			\$7,560
					Activity 2: Make agreements with relevant GoB dept. & ministries re: biscuit (HEB) & deworming tablets distribution	\$8,315			\$8,315
					Activity 3: Procure HEB	\$218,700	\$218,700	\$218,700	\$656,100
					Activity 3.A Procure Vitamin Premix for HEB	\$5544	\$5544	\$5544	\$16,632
					Activity 4: Support distribution of HEB & deworming tablets, including transport	\$15,258	\$15,258	\$15,258	\$45,774
					Activity 5: Monitoring the distribution	\$15,651	\$15,651	\$15,651	\$46,953
					Activity 6: Revisit/review IEC materials/formative research	\$15,218	\$15,218	\$15,218	\$45,654
					Activity 7: Support training for NGO staff on education package	\$13,940	\$13,940	\$13,940	\$41,820
					Subtotal-WFP-Outcome-3-Improved-Learning-Nut.Awareness, School Feeding	\$300,186	\$284,311	\$284,311	\$868,808

UNDAF(or other relevant framework) Outcome: Survival and development rights of vulnerable groups are ensured within an environmentally sustainable framework

JP Outcome 3: Improved learning and nutrition awareness through school feeding and school gardening (Baselines to be provided later)

Indicators:

- Attendance rate of boys and girls in targeted primary schools
- Percentage of students participating in the school gardening activity whom can demonstrate their learning of basic nutrition concepts

JP Outputs (Give corresponding indicators and baselines)	Participating UN org.- specific Outputs	Participating UN org.	Participating UN org. corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation (US\$) and indicative time frame*			
						Y1	Y2	Y3	Total
Output 3.2: School gardening and nutrition training and demonstration provided. -# school students that received nutrition training with emphasis on utilization/consumption of their school garden produce	Output 3.2: School gardening participants received training on nutrition.	FAO	FAO strategic objective H: Improved food securities & better nutrition	MoA DAE, NGOs	Preparation of demonstration plot for school gardening. Establishment of school gardens, weeding and maintenance. Provision of training on nutrition (food preparation) using school garden produce. Activities: <ul style="list-style-type: none"> • Preparation of the training modules • Purchase of school gardening tools • Training on food based nutrition • Reporting / Analysis 	82,800	53,700	14,300	\$150,800
						20,000	10,500	10,000	40,500
						50,000	35,000	-	85,000
						4,000	3,500	-	7,500
						8,800	4,700	4,300	17,800

<p>Output 3.3 Mechanisms/tests developed for assessing students' learning of basic nutrition concepts due to their exposure/participation in the gardening activity -%primary schoolchildren participating in school gardening & demonstrating learning of basic nutrition concepts</p>	<p>Output 3.3: Testing tools developed to assess trainings' impact.</p>	<p>FAO</p>	<p>FAO strategic objective H: Improved food securities & better nutrition</p>	<p>MoA DAE NGOs</p>	<p>Prepare testing tool for students to demonstrate their learning of basic nutrition concepts.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Demonstrations on preparation of nutritious recipes using school garden produce and preparation of the assessment modules • Collection of data and analysis • Reporting / Analysis <p>Subtotal-FAO-Outcome-3-Improved-Learning-Nut.Awareness, School Gardens</p>	<p>23,800</p> <p>11,000</p> <p>4,000</p> <p>8,800</p> <p>106,600</p>	<p>15,700</p> <p>7,500</p> <p>3,500</p> <p>4,700</p> <p>69,400</p>	<p>11,300</p> <p>7,000</p> <p>-</p> <p>4,300</p> <p>25,600</p>	<p>\$50,800</p> <p>25,500</p> <p>7,500</p> <p>17,800</p> <p>201,600</p>
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UNDAF(or other relevant framework) Outcome: Survival and development rights of vulnerable groups are ensured within an environmentally sustainable framework Joint Programme Outcome 4: Reduced rates of anaemia for young children and pregnant and lactating mothers through multiple micronutrient supplementation Indicators: (Baselines to be provided)									
<ul style="list-style-type: none"> Percentage reduction in anaemia prevalence among 6-59 month age group in Barisal division project areas Percentage reduction in anaemia prevalence among pregnant and lactating women in Barisal division project areas 									
JP Outputs (Give corresponding indicators and baselines)	Participating UN org.- specific Outputs	Participating UN org.	Participating UN org. corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation (US\$) and indicative time frame*			
						Y1	Y2	Y3	Total
Output 4.1: Reduced rates of anaemia in children <5 years and pregnant and lactating mothers through the provision of multiple micronutrient supplements Indicators: -%reduction in anaemia prevalence among 6-59 month age group; -%reduction in anaemia prevalence among PLW	Activity 1 outputs: Baseline iron deficiency anaemia prevalence study undertaken early 2010 and end-line iron deficiency anaemia study undertaken end-2011	UNICEF	UNICEF Country Programme 2006-2010: Strategic Objective (Focus Area) 1. Young child survival and development	IPHN, NNP, MoHFW, NGOs	Activity 1: Undertake assessments of serum iron deficiency and anaemia in children 6-59 months, school-aged children and pregnant and lactating women using biochemical indicators (Anaemia testing via blood samples)	\$55,278	\$48,528	0	\$103,806
	Activity 2 outputs: Multiple micronutrient powder (MNP) procured and at least 100,000 children aged 6-23 months receive regular supplementation in Barisal division SAM/CMAM project sites	UNICEF	UNICEF Country Programme 2006-2010	IPHN, NNP, MoHFW, NGOs	Activity 2: Support procurement and provision of multiple micronutrient supplements for all targeted children in selected priority project areas through campaigns and community health programmes	\$22,815	\$46,303	\$30,858	\$99,976
	Subtotal-UNICEF-Outcome-4-Reducing Anaemia-using-MNP					\$78,093	\$94,831	\$30,858	\$203,782

	WFP sub-outputs: 75% of the PLW & under five children have consumed MNP who received MNP through the blanket coverage	WFP	WFP Strategic Objective 4: Reduce chronic hunger & undernutrition	NNP, IPHN, MoHFW, NGOs	<p>Activity 3: Procurement of multiple micronutrient powder ("Sprinkles") for children 6 to 23 months, pregnant and lactating women through appropriate mechanism</p> <p>Activity 4: Prepare and test information, education and communication (IEC) materials on micronutrients mothers and caregivers</p>	\$ 61,281	\$ 61,281	\$61,281	\$183,843
						\$65,805	\$65,805	\$65,805	\$197,415
Output 4.2: Number of sachets of MNP delivered for consumption -% of children <5 yrs that received MNP -% of PLW that received MNP -# MNP sachets procured/delivered	WFP sub-output: 8000 young children & 4000 PLWs received multiple micronutrient supplements (MNP) through a blanket package (90 sachets/child, 180 sachets/PLW)	WFP	WFP Strategic Objective 4: Reduce chronic hunger & undernutrition	IPHN, MoHFW NGOs	<ul style="list-style-type: none"> • Screening & identifying the target group • Selection and contract on NGOs • Review IEC material • Support training to the NGO staffs • Procure and support distribution of MNP, including transport • Social marketing/promotional counselling • Monitoring of MNP distribution and promotional activities Assessment 	costs within see 4.1.3 and 4.1.4 above WFP			
						\$127,086	\$127,086	\$127,086	\$381,258
					Subtotal-WFP-Outcome-4-Reducing Anaemia-using-MNP				

UNDAF(or other relevant framework) Outcome: Survival and development rights of vulnerable groups are ensured within an environmentally sustainable framework
 Joint Programme Outcome 5: Strengthened food security and nutrition information systems for planning, monitoring and programme evaluations.
 Indicators: (Baselines to be provided)

- No. of partners that strengthened their food security and nutrition information systems & used the information for planning, targeting/resource allocation, monitoring or impact assessment (assessed through formal evaluations/case studies)
- No. of timely and quality food security and nutrition monitoring reports generated and widely distributed

JP Outputs (Give corresponding indicators and baselines)	Participating UN org.- specific Outputs	Participating UN org.	Participating UN org. corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
						Y1	Y2	Y3	Total

Output 5.1 : Existing or currently developed food security monitoring and nutrition surveillance systems supported and strengthened Indicators: #of partners with strengthened food security and/or nutrition monitoring and/or surveillance systems	Activity 1 outputs: Capacity gaps of existing nutrition surveillance information systems assessed and identified; technical assistance provided to address/fill the gaps.	UNICEF	UNICEF Country Programme 2006-2010: Strategic Objective (Focus Area) 1. Young child survival and development	IPHN, NNP, MHFW, NGOs	Activity 1: Nutrition Surveillance Assess existing capacity; i.e. data collection, analysis, and reporting information systems and identify capacity gaps and specific areas where technical assistance required.	\$16,390	\$19,952	0	\$36,342
	Activity 2 outputs: Nutrition survey equipment, supplies and materials procured and used for sentinel site monitoring & surveillance in at least 6 facility and 12 community-based IMAM programme areas	UNICEF	UNICEF Country Programme 2006-2010	IPHN, NNP, MHFW, NGOs	Activity 2: Nutrition Surveillance Procure anthropometric equipment and survey supplies for nutrition assessments in defined project areas	\$11,558	\$18,490	\$20,862	\$50,910

	Activity 3 outputs: MOHFW, NNP and IPHN supported to develop, endorse and implement national nutrition survey guidelines through technical consultancy and stakeholder workshops.	UNICEF	UNICEF Country Programme 2006-2010	IPHN, NNP, MoHFW, NGOs	Activity 3: <u>Nutrition Surveillance</u> Support the development, endorsement and implementation of national nutrition survey guidelines and ensure national survey guidelines are disseminated and understood amongst all stakeholders	\$16,918	\$17,077	\$14,882	\$48,877
	Activity 4: Provide training to health facility and NGO-implemented CMAM programmes to collect routine nutrition surveillance and programme monitoring information (based on national survey guidelines and programme indicators) for entry into divisional and nationally-developed databases	UNICEF	UNICEF Country Programme 2006-2010	IPHN, NNP, MoHFW, NGOs	Activity 4: <u>Nutrition Surveillance:</u> Support that current nutrition surveillance data is timely collated for dissemination to all stakeholders Subtl-UNICEF-Outcome-5 Strengthened food security and nutrition information systems	\$16,618	\$39,437	\$30,925	\$86,980
	WFP sub-outputs: Capacity gaps of existing food security monitoring information systems assessed and identified; technical assistance provided to address/fill the gaps.	WFP	WFP Strategic Objective 5: Strengthening the capacities of the country to reduce chronic hunger including handover strategies & local purchase	MoFDM, NGOs	Activity 1: <u>Food Security Monitoring</u> Assess existing capacity; i.e. GoB and non GoB organizations' data collection, analysis, and reporting information systems. Identify capacity gaps. Activity 2: <u>Food Security Monitoring</u> -Provide hardware, software, training to address gaps	\$ 5,000	-	-	\$ 5,000
						\$29,990	\$59,981	-	\$89,971

Output 5.2: Common knowledge/information base of best practices for improved food security and nutrition programmes established	WFP sub-output: Report containing best programme practices widely disseminated to stakeholders	WFP, FAO	WFP Strategic Objective 5		Activity 1: Literature Review	\$14,200	-	-	\$14,200
					Activity 2: Report writing, dissemination, awareness raising w/ intended users	\$7,100	\$7,100	-	\$14,200
	WFP sub-output: Database of best programme practices created and uploaded to the web for easy access	WFP, FAO			Activity 3: Database design	\$14,200	-	-	\$14,200
				Activity 4: Data entry; populate database	\$7,100	-	-	\$7,100	
				Activity 5: Web design and uploading to web	\$7,100	\$4,546	-	\$11,646	
Output 5.3: Shared knowledgebase of historical food security and nutrition survey data established	WFP sub-output: Geo-referenced database of past food security and/or nutrition surveys WFP sub-output: a) Structured database of key food security and nutrition indicators; from multiple surveys b) Geo-referenced datasets and thematic maps using food security and nutrition indicators	WFP	WFP Strategic Objective 5		Activity 1: Database design	\$18,700	-	-	\$18,700
					Activity 2: Data entry; populate geo-referenced database	\$16,500	\$16,500	-	\$33,000
					Activity 3: Web design and uploading to web	\$11,500	\$11,500	-	\$23,000
					Subtotal-WFP-Outcome-5 Strengthened food security and nutrition information systems	\$131,390	\$99,627	\$0	\$231,017

					Project Formulation Advance to WFP from MDG-F NY Secretariat (for consultant)	\$20,000
					WFP Total (All Outputs),	\$3,309,159
					UNICEF Total (All Outputs)	\$2,013,621
					FAO Total (All Outputs)	\$2,139,718

ANNEX 2: JOINT PROGRAMME MONITORING FRAMEWORK

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of Verification	Collection methods (with indicative timeframe & frequency)	Responsible agency	Risks & assumptions
<p>JP Outcome 1: Reduced acute malnutrition and underweight prevalence in children 0-59 months and acute malnutrition in pregnant and lactating women and reduced proportion of the food insecure population (i.e. those with inadequate calorie & nutrition intake)</p> <p>Indicators: Proportion of severely acutely malnourished children cured/recovered (>75%) in facility-based therapeutic feeding programmes; Proportion of defaulters (<15%) from facility-based therapeutic feeding programmes; Prevalence of acutely malnourished and underweight children <5 years of age</p>					
<p>Output 1.1 Reduce severe acute malnutrition rates among children 0-59 months through access to programmes for the integrated management of acute malnutrition (IMAM), including facility and community-based therapeutic programmes</p>	<p>Indicators: Proportion of severe acutely malnourished children cured/recovered (>75%) in facility-based therapeutic feeding programmes; Proportion of defaulters (<15%) from facility-based therapeutic feeding programmes Baseline: To be established when children are screened Timeframe: 2010-2012</p>	<p>Pilot projects' summary reports; Nutrition partners' registers and monthly reports; Formal evaluations/case studies</p>	<p>Collection methods Collected for regular project management reporting system Thematic task force meetings minutes Timeframe/Frequency 2010-2012, midterm evaluation</p>	<p>UNICEF/MoHFW</p>	<p>Political & security climates remain stable; Macro-economic situation remains stable; Sufficient importance attached to programme implementation and ownership; Various relevant authorities will consider and support the strategy; Sufficient number of partners in the field; Access to programme areas is possible; Assured supply & logistics chain</p>
<p>Output 1.2 Reduce the prevalence rates of moderate acutely malnourished children and acutely malnourished pregnant and lactating women through screening and referral to the appropriate feeding programmes</p>	<p>Indicators: Proportion of moderate acutely malnourished children cured/recovered (>75%) in supplementary feeding programmes; Proportion of defaulters (<15%) from supplementary feeding programmes Baseline: To be established when children are screened Timeframe: 2010-2012</p>	<p>Summary reports; implementing partners' registers and monthly reports; systematic formal evaluations/case studies</p>	<p>Collection methods Collected for regular programme management information system and to be used for scaling-up of programme design Timeframe/Frequency (Baseline, follow-up at the end of intervention, follow-up after 6 months)</p>	<p>WFP with NGO, MoHFW, MoWCA, DWA</p>	<p>Political & security climates remain stable; Macro-economic situation remains stable; Sufficient importance attached to programme implementation and ownership; Various relevant authorities will consider and support the strategy; Sufficient number of partners in the field; Access to programme areas is possible; Assured supply & logistics chain</p>
<p>Output 1.3 Assess, monitor and</p>	<p>Indicators: Guideline on community-based</p>	<p>Pilot projects summary reports; Nutrition</p>	<p>Collection methods Collected for regular project</p>	<p>UNICEF/MoHFW</p>	<p>Political & security climates remain stable;</p>

improve quality of care in the therapeutic feeding programmes addressing severe acute malnutrition	management of severe acute malnutrition developed and endorsed; # of health facilities implementing community-based management of severe acute malnutrition in-line with guidelines and protocols; # of nutrition workers trained in community-based management of severe acute malnutrition Baseline: To be determined Timeframe: 2010-2012	partners' registers and monthly reports; Formal evaluations/case studies	management reporting system Thematic task force meetings minutes Timeframe/Frequency 2010-2012, midterm evaluation		Macro-economic situation remains stable ; Sufficient importance attached to programme implementation and ownership; Various relevant authorities will consider and support the strategy; Sufficient number of partners in the field; Access to programme areas is possible; Assured supply & logistics chain
Output 1.4 Protect, support and promote early initiation and exclusive breastfeeding of infants up to 6 months of age	Indicators: % of mothers exclusively breast-feeding their infants to six-months of age; # of community breast-feeding support groups established. Baseline: To be determined Timeframe: 2010-2012	Pilot projects summary reports; Nutrition partners' registers and monthly reports; Formal evaluations/case studies	Collection methods Collected for regular project management reporting system Thematic task force meetings minutes Timeframe/Frequency 2010-2012, midterm evaluation	UNICEF/MOHFW	Political & security climates remain stable; Macro-economic situation remains stable ; Sufficient importance attached to programme implementation and ownership; Sufficient number of partners in the field; Access to programme areas is possible;
Output 1.5 Ensure safe, appropriate and adequate feeding for non-breastfed infants	Indicators: # of mothers trained on safe, appropriate and adequate feeding practices for their non-breastfed infants Baseline: To be determined Timeframe: 2010-2012	Pilot projects summary reports; Nutrition partners' registers and monthly reports; Formal evaluations/case studies	Collection methods Collected for regular project management reporting system Thematic task force meetings minutes Timeframe/Frequency 2010-2012, midterm evaluation	UNICEF/MoHFW	Political & security climates remain stable; Macro-economic situation remains stable ; Sufficient importance attached to programme implementation and ownership; Sufficient number of partners in the field; Access to programme areas is possible;
Output 1.6 Promote and advocate for acceptable, adequate and (locally) available complementary foods for	Indicators: # of mothers trained on age-appropriate complementary feeding practices for children >6	Pilot projects summary reports; Nutrition partners' registers and monthly reports; Formal evaluations/case studies	Collection methods Collected for regular project management reporting system Thematic task force meetings minutes	UNICEF/MoHFW	Political & security climates remain stable; Macro-economic situation remains stable ;

breastfed and non-breastfed children 6-23 months to be given with age-appropriate feeding practices	months Baseline: To be determined Timeframe:		Timeframe/Frequency 2010-2012, midterm evaluation		Sufficient importance attached to programme implementation and ownership; Sufficient number of partners in the field; Access to programme areas is possible;
JP Outcome 2: Food security improved through agriculture, homestead food production and nutrition training					
Indicator: % of beneficiary households with acceptable food consumption scores as measured using dietary diversity indicators					
Output 2.1 Improved dietary intake and supplementary household income generation through the establishment and promotion of homestead gardens	Indicators: % of beneficiary households with acceptable food consumption scores as measured using dietary diversity indicators increased; # of homestead gardens established; # of women's groups formed for undertaking home gardening, food preparation, complementary feeding & food processing activities; # of farmers esp. female farmers trained on integrated home gardening techniques, food-based nutrition, food processing; # of household grain storage facilities produced & # of participating households that received household grain storage facilities; # of family members assisted with appropriate livelihood support e.g. livestock rearing and support services. Baseline: to be determined Timeframe: 2010-2012	Pilot projects summary reports; Nutrition partners' registers and monthly reports; Formal evaluations/case studies	Collection methods Collected for regular project management reporting system Thematic task force meetings minutes Timeframe/Frequency 2010-2012, midterm evaluation	FAO/ MoA /DAE/ MoFDM NGOs: BRAC/HKI	Political & security climates remain stable; Macro-economic situation remains stable ; Sufficient importance attached to programme implementation and ownership; Sufficient number of partners in the field; Partners' commitment remains high; Access to programme areas is possible.
Output 2.2 Increased nutritional awareness and care giving skills of care givers	Indicators: # of households who received community nutrition training and	Pilot projects summary reports; Nutrition partners' registers and monthly reports; Formal	Collection methods Collected for regular project management reporting system Thematic task force meetings	FAO/ MoA/ DAE/MoFDM	Political & security climates remain stable; Macro-economic situation remains stable

through community-based continuing education and training for behavioural change in mothers, caregivers and families that participated in homestead gardening	services Baseline: to be determined Timeframe: 2010-2012	evaluations/case studies	minutes Timeframe/Frequency 2010-2012, midterm evaluation		; Sufficient importance attached to programme implementation and ownership; Sufficient number of partners in the field; Access to programme areas is possible
Output 2.3 Improved access to support for appropriate infant and young child feeding practices and increased access and availability to relevant nutrition information to homestead household members	Indicators: % of mothers exclusively breast-feeding their infants to six-months of age; # of women who introduced age-appropriate complementary feeding practices for children >6 months Baseline: to be determined Timeframe: 2010-2012	Pilot projects summary reports; Nutrition partners' registers and monthly reports; Formal evaluations/case studies	Collection methods Collected for regular project management reporting system Thematic task force meetings minutes Timeframe/Frequency 2010-2012, midterm evaluation	FAO/ MoA/DAE/MoFDM	Political & security climates remain stable; Macro-economic situation remains stable; ; Sufficient importance attached to programme implementation and ownership; Sufficient number of partners in the field; Access to programme areas is possible
JP Outcome 3: Improved learning and nutrition awareness through school feeding and school gardening activities Indicators: Attendance rates of boys and girls in targeted primary schools; % of students participating in school gardening activities who demonstrate adequate learning of basic nutrition concepts					

<p>Output 3.1 Increased primary and pre-primary school enrolment and attendance, reduced dropout and enhanced learning at primary schools.</p>	<p>Indicators : # of school-age children provided with micronutrient-enriched, high-energy biscuits by WFP; # of school-age children provided with deworming tablets twice a year by WFP; # of boys and girls enrolled in WFP-assisted primary schools; # of boys and girls attending in WFP-assisted pre-primary schools; percentage of girls and boys in WFP-assisted schools attending classes during the school year; teachers' perception of children's ability to concentrate and learn in school as a result of school feeding</p> <p>Timeframe: 2010-2012</p>	<p>Summary reports; implementing partners' registers and monthly reports; systematic formal evaluations/case studies</p>	<p>Collection methods Collected for regular project management reporting system Thematic task force meetings minutes Timeframe/Frequency 2010-2012, midterm evaluation</p>	<p>WFP/NGO/MoPME/DPE</p>	<p>Political & security climates remain stable; Macro-economic situation remains stable; Sufficient number of partners in the field; Access to programme areas is possible; Assured supply & logistics chain</p>
<p>Output 3.2 School gardening learning and demonstration materials produced</p>	<p>Indicators: # of school gardening participants that received nutrition training with emphasis on the utilization/consumption of their school garden produce Baseline: to be determined Timeframe: 2010-2012</p>	<p>Pilot projects summary reports; Nutrition partners' registers and monthly reports; Formal evaluations/case studies</p>	<p>Collection methods Collected for regular project management reporting system Thematic task force meetings minutes Timeframe/Frequency 2010-2012, midterm evaluation</p>	<p>FAO/MOA/DAE/MOFDM</p>	<p>Political & security climates remain stable; Macro-economic situation remains stable; Sufficient importance attached to programme implementation and ownership by partners and farmers. Sufficient number of partners in the field; Access to programme areas is possible. Assured supply & logistics chain.</p>
<p>Output 3.3 Mechanism/tests developed for assessing students' learning of establishing school gardens and practical nutrition concepts through exposure/participation in</p>	<p>Indicators: % of primary school students participating in school gardening activities who demonstrate adequate learning of basic nutrition concepts Baseline: to be</p>	<p>Workshops, questionnaires, individual consultations; Pilot projects summary reports; Formal evaluations/case studies.</p>	<p>Collection methods Collected for regular project management reporting system Thematic task force meetings minutes Timeframe/Frequency 2010-2012, midterm evaluation</p>	<p>FAO/MOA/DAE/MOE</p>	<p>Sufficient importance attached to programme implementation and ownership. Sufficient number of partners in the field; Access to programme areas is possible; Political & security climates</p>

the school gardening activities	determined Timeframe: 2010-2012				remain stable; Macro-economic situation remains stable.
JP Outcome 4: Reduced rates of anaemia for young children and pregnant and lactating mothers through multiple micronutrient supplementation					
Indicators: % anaemia prevalence as determined by blood haemoglobin concentration levels; % of children < 5years that received multiple micronutrient supplements					
Output 4.1 Reduced rates of anaemia in children <5 years and pregnant and lactating mothers through the provision of multiple micronutrient supplements	Indicators: % reduction in anaemia prevalence among 6-59 month age group; % reduction in anaemia prevalence among pregnant & lactating women; Baseline: to be determined Timeframe: 2010-2012	Formal evaluation/assessment	Collection methods Collected for regular project management reporting system Thematic task force meetings minutes Timeframe/Frequency 2010-2012, midterm evaluation	WFP/UNICEF/MoHFW	Political & security climates remain stable; Macro-economic situation remains stable; Sufficient number of partners in the field; Access to programme areas is possible; Assured supply & logistics chain
Output 4.2 Number of sachets of micro-nutrient powder (MNP) delivered for consumption	Indicators: % of children <5 years that received MNP; % of pregnant & lactating women that received MNP; # of sachets of MNP procured and delivered for consumption	Summary reports; implementing partners' registers and monthly reports; systematic formal evaluations/case studies	Community surveys, primary data collection	WFP	Political & security climates remain stable; Macro-economic situation remains stable; Sufficient number of partners in the field; Access to programme areas is possible; Assured supply & logistics chain

JP Outcome 5: Strengthened food security and nutrition information systems for planning, monitoring and evaluations					
Indicators: # of partners with strengthened food security and nutrition information systems used for planning, targeting/resource allocation, monitoring and/or impact assessments; # of timely and good quality food security and nutrition monitoring reports generated and distributed widely					
Output 5.1 Existing or currently developed food security monitoring and nutrition surveillance systems supported and strengthened	Indicators # of partners with strengthened food security and nutrition information systems used for planning Baseline: to be determined Timeframe: 2010-2012	Means of Verification Food security/nutrition surveillance information bulletins prepared and disseminated to partners	Collection methods Collected for regular project management reporting system Thematic task force meetings minutes Systematic evaluations Timeframe/Frequency 2010-2012	WFP and UNICEF	Political & security climates remain stable; Macro-economic situation remains stable ; Sufficient importance attached to programme implementation and ownership; Various relevant authorities will consider and support the strategy; Sufficient number of partners in the field;

					Access to programme areas is possible;
<p>Output 5.2 Output 5.2: Common knowledge/information base of best practices for improved food security and nutrition programmes established</p>	<p>Indicators: targeting/resource allocation, monitoring and/or impact assessment; number of people received hardware/software training Report produced and widely disseminated. Database established and uploaded to web. Baseline: to be determined Timeframe: 2010-2012</p>	<p>Means of Verification Number of food security/nutrition surveillance information bulletins prepared and used by partners</p>	<p>Collection methods Collected for regular project management reporting system Thematic task force meetings minutes Systematic evaluations Timeframe/Frequency 2010-2012</p>	<p>WFP FAO NFPCSP</p>	<p>Political & security climates remain stable; Macro-economic situation remains stable ; Sufficient importance attached to programme implementation and ownership; Various relevant authorities will consider and support the strategy; Sufficient number of partners in the field; Access to programme areas is possible;</p>
<p>Output 5.3: Shared knowledgebase of historical food security and nutrition survey data established</p>	<p>Indicators: Database created and potential users informed. User survey; two thirds or more of users evaluating database rated favorable. Baseline: to be determined Timeframe: 2010-2012</p>	<p>Means of Verification Number of food security/nutrition surveillance information bulletins prepared and used by partners</p>	<p>Collection methods Collected for regular project management reporting system Thematic task force meetings minutes Systematic evaluations Timeframe/Frequency 2010-2012</p>	<p>WFP FAO NFPCSP</p>	<p>Political & security climates remain stable; Macro-economic situation remains stable ; Sufficient importance attached to programme implementation and ownership; Various relevant authorities will consider and support the strategy; Sufficient number of partners in the field; Access to programme areas is possible;</p>

Table 3: Annual Work Plan

Work Plan for: (Protecting and Promoting Food Security and Nutrition for Families and Children in Bangladesh)

Period (Covered by the WP): YEAR 1

JP Outcome 1: Reduced prevalence of acute malnutrition and underweight in children 0-59 months and acute malnutrition in pregnant and lactating women										
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
JP Output 1.1										
Output 1.1: Reduce severe acute malnutrition rates among children 0-59 months through access to programmes for the integrated management of acute malnutrition, including facility and community-based therapeutic programmes	UNICEF	Activity 1: Support to development of national guidelines, protocols and tools for facility and community-based management of acute malnutrition	x	x	x	x	IPHN, NNP, MHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Supplies and commodities Miscellaneous Total :	3,150 2,500 1,468 800 \$7,918
	UNICEF	Activity 2: Support training of international/national NGOs, NNP, IPHN & DHGS health facility staff in the implementation of national guidelines and integrated management of acute malnutrition at national & district levels					IPHN, NNP, MHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Training Transport Supplies and commodities Travel Miscellaneous Total :	7,150 38,585 12,000 25,000 1,468 2,440 800 \$87,443
	UNICEF	Activity 3: Procure anthropometric equipment and therapeutic feeding programme food and supplies including essential drugs					IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Supplies and commodities Total :	3,150 2,500 192,075 \$197,725
	UNICEF	Activity 4: Undertake nutrition screening at community levels of children 0-59 months using MUAC measurements; provide referrals to appropriate therapeutic programmes for the acutely malnourished					IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Contracts Training Supplies and commodities Travel Miscellaneous Total :	2,500 2,000 1,468 2,440 800 \$9,208
	UNICEF	Activity 5: Advocate for and support the local production of RUTFs for usage in the community-based management of acute malnutrition					IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Travel Total :	3,150 2,500 2,440 \$8,090
	UNICEF	Activity 6: Support provision of deworming tablets for all children 12-59 months in selected priority project areas through campaigns and community health programmes					IPHN, NNP, MoHFW, NGOs	MDG-F	<ul style="list-style-type: none"> Training Supplies and commodities Miscellaneous Total :	1,000 10,750 800 \$12,550
Total Planned Budget for Output 1.1										\$322,934
Including*	Total UN organization 1	UNICEF								\$322,934
	Total UN organization 2									
	Total UN organization 3									

UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET			
			Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount	
JP Output 1.2:											
Reduce the prevalence rate of moderate acutely malnourished children 6-59 months and acutely malnourished pregnant and lactating women through screening and referral to the appropriate feeding programmes	WFP	Activity 1: Selection & agreement on NGOs together with UNICEF	x				MoHFW, NGOs MoMCA DWA	MDG-F	▪ Personnel	\$20,250	
	WFP	Activity 2: Procurement of WSB	x	x	x				▪ Supplies & commodities (commodity costs)	\$364,500	
	WFP	Activity 3: Support distribution of WSB to the selected beneficiaries	x	x	x				▪ Personnel ▪ Transport cost	\$20,250 \$20,621	
		Activity 4: Revisit/review of IEC materials/formative research	x						▪ Personnel	\$14,175	
	WFP	Activity 5: Support training to lead trainers & community workers on WSB & a comprehensive nutrition education package		x					▪ Personnel ▪ Training for counterparts	\$13,333 \$12,123	
	WFP	Activity 6: Support delivering of nutrition education to the beneficiaries		x					▪ Contract NGOs	\$6,498	
	WFP	Activity 7: Monitoring of WSB distribution & implementation of nutrition education		x	x				▪ Personnel ▪ Travel ▪ Transport	\$6,498 \$12,044 \$11,933	
	WFP	Activity 8: Assessment	x			x			• Contract	\$6,498	
Total Planned Budget for Output 1.2										\$508,723	
Including*	Total UN organization 1		WFP								\$508,723
	Total UN organization 2										
	Total UN organization 3										

UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
JP Output 1.3										
Output 1.3: Assess, monitor and improve quality of care in therapeutic feeding programmes addressing acute malnutrition	UNICEF	Activity 1: Support to development of <i>training courses on national guidelines, protocols and tools for facility and community-based management of acute malnutrition</i>	x	x	x	x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> • Personnel 3,150 • Contracts 7,500 • Supplies and commodities 1,468 • Miscellaneous 800 <p style="text-align: right;">Total : \$12,918</p>	
	UNICEF	Activity 2: Support <i>ongoing or refresher training of international/national NGOs, NNP, IPHN and DHGS health facility staff in the national guidelines and integrated malnutrition</i>			x	x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> • Personnel 5,150 • Contracts 2,500 • Training 8,000 • Supplies and commodities 1,468 • Travel 2,440 • Miscellaneous 800 <p style="text-align: right;">Total : \$20,358</p>	
Total Planned Budget for Output 1.3										\$33,276
Including*	Total UN organization 1	UNICEF								\$33,276
	Total UN organization 2									
	Total UN organization 3									

UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET			
			Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount	
JP Output 1.4 ; JP Output 1.5 ; JP Output 1.6											
<p>1.4: Protect, support and promote early initiation and exclusive breastfeeding of infants up to 6 months of age</p> <p>1.5: Ensure safe and adequate feeding for non-breastfed infants while minimizing the risks of artificial feeding</p> <p>1.6: Ensure availability of safe and adequate complementary foods and counselling and support on appropriate feeding practice</p>	UNICEF	Activity 1: Promote and support participatory nutrition education and training for mothers and caregivers through community nutrition workers		x	x	x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Training Supplies and commodities Travel 	3,150 2,500 2,000 1,468 2,440 Total :	\$11,558
	UNICEF	Activity 2: Promote and support social mobilization for creating and enabling IYCF environment with commitment and demand for programmes		x	x	x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Training Supplies and commodities 	3,150 2,500 2,000 1,468 Total :	\$9,118
	UNICEF	Activity 3: Support development of mother/caregiver support groups at community level with continuum of IYCF practices to & from facility-level IYCF activities		x	x	x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Supplies and commodities 	3,150 2,500 1,468 Total :	\$7,118
	UNICEF	Activity 4: Support training of health facility and community workers on IYCF counselling techniques and skills		x	x	x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Training Supplies and commodities Travel 	3,150 2,500 2,000 1,468 2,440 Total :	\$11,558
	UNICEF	Activity 5: Support training of mothers/caregivers on the home-based preparations of locally- produced and available complementary and age-appropriate foods for their children			x	x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Training Supplies and commodities 	3,150 2,500 2,000 1,468 Total :	\$9,118
Total Planned Budget for Outputs 1.4, 1.5, 1.6										\$48,470	
Including*	Total UN organization 1	UNICEF									\$48,470
	Total UN organization 2										
	Total UN organization 3										

JP Outcome 2 – Food security improved through agriculture, homestead food production and nutrition training										
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
JP Output 2.1:										
Improved dietary in-take and supplementary household income generation through the promotion and implementation of home-stead gardens	FAO	Group formation and mobilization	x				DAE/MoA; NGOs	MDG-F	Personnel	230,000
		Promotion of home gardening	x	x	x	x			Contracts	25,000
		Support household income generation and cash availability	x	x	x	x			Training	20,000
		Support women empowerment			x	x			Transport	19,500
		Support participating households with grain storage facility		x	x	x			Sup. & com.	539,000
									Equipment	29,000
									Travel	12,500
									Miscellaneous	15,000
									Total Output 2.1 (FAO)	\$890,000
	WFP	Activity 1: Negotiate & make agreement with NGOs for ration implementation (2.1.D.1)		x	x	x	To be selected (DAE/MoA and NGOs)	MDG-F	▪ Personnel	\$14,934
		Activity 2: Procure rice for participating households (2.1.D.2)	x						▪ Supplies and commodities: (Rice)	\$52,500
		Activity 3: Support distribution of beneficiary cards & food ration, including transport (2.1.D.3)		x					▪ Contract NGOs	\$14,500
		Activity 4: Monitoring of ration distribution (2.1.D.4)		x	x				▪ Transport	\$ 4,582
									Total :	\$19,082
									▪ Personnel	\$15,083
									▪ Travel	\$2,326
									Total :	\$17,409
									Total output 2.1 (WFP)	\$103,925
Total Planned Budget for Output 2.1										\$993,925
Total UN organization 1	FAO									\$890,000
Total UN organization 2	WFP									\$103,925
Total UN organization 3										

JP Output 2.2:											
Increased nutritional awareness and skill of care givers through a community based continuing education/training for behavior change for mothers, caregivers and families that participated in homestead gardening	FAO	Group formation and mobilization	x				DAE/MoA; NGOs	MDG-F	Personnel	5,000	
						Contracts					
						Training			4,000		
						Transport			3,500		
		Promote and support social mobilization for creating enabling environments and commitment to achieve optimal nutritional and health -related goals in mothers, caregivers and families		x	x	x			Sup. & com.	5,800	
									Equipment	2,500	
									Travel	3,000	
									Miscellaneous		
		Promote and support participatory nutrition education and training for mothers and caregivers through community nutrition workers		x	x	x			Total Output 2.2 (FAO)	\$23,800	
Total Planned Budget for Output 2.2										\$23,800	
Including*	Total UN organization 1		FAO							\$23,800	
	Total UN organization 2										
	Total UN organization 3										

JP Output 2.3											
Improved access to support for optimal infant and young child feeding (IYCF) practices and increased access and availability to relevant nutrition information to homestead garden HH members	FAO	Promote and support optimal IYCF practices (early initiation of breastfeeding within the first hour of delivery, exclusive breast feeding for the first six months) (2.3.A)		x	x	x	DAE/MoA and NGOs	MDG-F	Personnel	5,000	
									Contracts		
									Training	4,000	
									Transport	3,500	
									Sup. & com.		
									Equipment	5,800	
									Travel	2,500	
									Miscellaneous	3,000	
									Total sub-output (FAO)	\$23,800	
	FAO	Promote training/education to ensure timely introduction of adequate quality and quantity of complementary food at six months of age with continued breastfeeding for at least 24 months) (2.3.B)		x	x	x	DAE/MoA and NGOs	MDG-F	Personnel	5,000	
									Contracts		
									Training	4,000	
									Transport	3,500	
									Sup. & com.		
									Equipment	5,800	
									Travel	2,500	
									Miscellaneous	3,000	
									Total sub-output (FAO)	\$23,800	
Total Planned Budget for Output 2.3										\$47,600	
Including*	Total UN organization 1:										FAO
	\$47,600										
	Total UN organization 2										
Total UN organization 3											

JP Outcome 3: Improved learning and nutrition awareness through school feeding and school gardening activities											
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET			
			Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount	
JP Output 3.1											
Increased primary and pre-primary school enrolment and attendance, reduced dropout and enhanced learning at primary schools.	WFP	School Feeding Identify, select schools Select NGOs, NGO contracts (3.1.1)	x				NGOs, MoPME, DPE	MDG-F	▪ Personnel	\$ 7,560	
	WFP	Contact & agreement with the relevant dept. & ministries for biscuit & deworming tablets distribution (3.1.2)	x						▪ Personnel	\$8,315	
	WFP	Procure High Energy Biscuits (HEB) (3.1.3)	x	x	x				▪ Supplies and commodities (HEB)	\$218,700	
	WFP	Procure Vitamin premix (for HEB) (3.1.3.a)	x	x	x				▪ Supplies and commodities (Vitamin Premix for HEB)	\$5544	
	WFP	Support distribution of HEB and deworming tablets, including transport (3.1.4)		x	x				▪ Contract NGO ▪ Transport Total:	\$7560 \$7698 \$15258	
	WFP	Monitoring the distribution (3.1.5)		x	x				▪ Personnel ▪ Travel Total :	\$8,315 \$7336 \$15,651	
	WFP	Revisit/review IEC materials/formative research (3.1.6)	x	x					▪ Personnel	\$15,218	
	WFP	Support training of NGO staff on education package (3.1.7)		x	x				▪ Training	\$13,940	
Total Planned Budget for Output 3.1										\$300,186	
Including*	Total UN organization 1		WFP								\$300,186
	Total UN organization 2										
	Total UN organization 3										

JP Output 3.2											
School gardening and nutrition training and demonstration provided.	FAO	Preparation of demonstration plot for school gardening. Establishment of school gardens, weeding and maintenance. Provision of training on nutrition (food preparation) using school garden produce.	x	x	x	x	DAE/MoA and NGOs	MDG-F	Personnel	14,000	
									Contracts		
									Training	4,000	
									Transport	3,500	
									Sup. & com.	50,000	
									Equipment	5,800	
									Travel	2,500	
									Miscellaneous	3,000	
									Total Output 3.2 (FAO)	\$82,800	
Total Planned Budget for Output 3.2											\$82,800
Including*	Total UN organization 1 FAO \$82,800										
	Total UN organization 2										
	Total UN organization 3										

JP Output 3.3											
Mechanism/tests developed for assessing students learning of basic nutrition concepts due to their exposure/participation in the gardening activity	FAO	Prepare testing tool for students to demonstrate their learning of basic nutrition concepts.	x	x	x	x	DAE/MoA/MOE and NGOs	MDG-F	Personnel	5,000	
									Contracts		
									Training	4,000	
									Transport	3,500	
									Sup. & com.		
									Equipment	5,800	
									Travel	2,500	
									Miscellaneous	3,000	
									Total Output 3.3 (FAO)	\$23,800	
Total Planned Budget for Output 3.3											\$23,800
Including*	Total UN organization 1 FAO \$23,800										
	Total UN organization 2										
	Total UN organization 3										

JP Outcome 4: Reduced rates of anaemia for young children and pregnant and lactating mothers through multiple micronutrient supplementation											
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET			
			Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount	
JP Output 4.1											
Reduced rates of anaemia in children <5 years and pregnant and lactating mothers through the provision of multiple micronutrient supplements	UNICEF	Activity 1: Undertake assessments of serum iron deficiency and anaemia in children 6-59 months, school-aged children and pregnant and lactating women using biochemical indicators (Anaemia testing via blood samples)				x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> • Personnel 4,650 • Contracts 35,000 • Training 8,110 • Transport 2,800 • Supplies and commodities 1,478 • Travel 2,440 • Miscellaneous 800 	Total : \$55,278	
	UNICEF	Activity 2: Support procurement and provision of multiple micronutrient supplements for all targeted children in selected priority project areas through campaigns and community health programmes		x	x	x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> • Contracts 2,500 • Training 1,000 • Supplies and commodities 16,875 • Travel 2,440 	Total : \$22,815	
	WFP	Activity 3: Procurement of MNP, and transport (4.1.3)	x	x	x				<ul style="list-style-type: none"> ▪ Supplies and commodities \$61,200 ▪ Transport \$81 	Total : \$61,281	
	WFP	Activity 4: Prepare and test IEC material & implementation guideline Co-facilitate dissemination of IEC material. Distribute and monitor MNP (4.1.4)	x	x	x		IPHN		<ul style="list-style-type: none"> ▪ Personnel \$62,500 ▪ Travel \$3,305 	Total \$65,805	
Total Planned Budget for Output 4.1										\$205,179	
Including*	Total UN organization 1									UNICEF	\$78,093
	Total UN organization 2									WFP	\$127,086
	Total UN organization 3										

JP Outcome 4: Reduced rates of anaemia for young children and pregnant and lactating mothers through multiple micronutrient supplementation										
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
JP Output 4.2										
Number of sachets of MNP delivered for consumption	WFP	Activity 1: Screening & identifying the target group	x				NGOs MoHFW IPHN NNP	MDG-F	Note: costs for 4.2 incorporated within 4.1.3 and 4.1.4 above/WFP	Note: costs for 4.2 incorporated within 4.1.3 and 4.1.4 above/WFP
		Activity 2: Selection and contract on NGOs	x							
		Activity 3: Support training to the NGO staffs		x	x					
		Activity 4: Review IEC material	x	x	x	x				
		Activity 5: Procure and support distribution of MNP	x	x	x	x				
		Activity 6: Monitoring of MNP distribution and promotional activities	x	x	x	x				
		Activity 7: Assessment	x			x				
Total Planned Budget for Output 4.2										
Including*	Total UN organization 1									
	Total UN organization 2									
	Total UN organization 3									

JP Outcome 5: Strengthened food security and nutrition information systems for planning, monitoring and evaluations											
UN organization-specific targets	UN organization Annual	Activities	TIME FRAME				Implementing Partner	Source of Funds	Budget Description	Amount	
			Q1	Q2	Q3	Q4					
JP Output 5.1 ; JP Output 5.2 ; JP Output 5.3											
Output 5.1 : Existing or currently developed food security monitoring and nutrition surveillance systems supported and strengthened	UNICEF	Activity 1: Nutrition Surveillance Assess existing capacity; i.e. data collection, analysis, and reporting information systems and identify capacity gaps and specific areas where technical assistance required.		x	x	x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Travel Miscellaneous Total :	3,150 10,000 2,440 800 \$16,390	
		Activity 2: Nutrition Surveillance Procure anthropometric equipment and survey supplies for nutrition assessments in defined project areas		x	x	x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Supplies and commodities Training Travel Total :	3,150 2,500 1,468 2,000 2,440 \$11,558	
		Activity 3: Nutrition Surveillance Support the development, endorsement and implementation of national nutrition survey guidelines and ensure national survey guidelines are disseminated and understood amongst all stakeholders				x	x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Supplies and commodities Training Miscellaneous Total :	3,150 7,500 1,468 4,000 800 \$16,918
		Activity 4: Nutrition Surveillance: Support that current nutrition surveillance data is timely collated and disseminated amongst all stakeholders				x	x	IPHN, NNP, MoHFW, NGOs[TBD]	MDG-F	<ul style="list-style-type: none"> Personnel Contracts Supplies and commodities Equipment Total :	3,150 10,000 1,468 2,000 \$16,618
	WFP	Activity 1: Food Security Monitoring Assess existing capacity; i.e. GoB and non GoB data collection, analysis, and reporting systems & identify capacity gaps (5.1.1)	x	x			MoFDM ,IPHN, NNP, MHFW, NGOs,	MDG-F	<ul style="list-style-type: none"> Personnel 	\$5,000	
	WFP	Activity 2: Food Security Monitoring Provide hardware, software, training to address capacity gaps (5.1.2)		x	x	x			<ul style="list-style-type: none"> Personnel Equipment, H-ware, software Travel Training for counterparts Total :	\$13,333 \$7,843 \$1,657 \$7157 \$29,990	
	Total Planned Budget for Output 5.1									\$96,474	
Total UN organization 1 UNICEF									\$61,484		
Total UN organization 2 WFP									\$ 34,990		
* Total UN organization 3											

Output 5.2: Common knowledge/information base of best practices for improved food security and nutrition programmes established	WFP	Activity 1: Literature Review (5.2.1)	x	x			IPHN, NNP, MHFW, NGOs	MDG-F	• Personnel	\$14,200	
		Activity 2: Report writing and dissemination (5.2.2)		x	x				• Personnel	\$7,100	
		Activity 3: Database design(5.2.3)		x	x				• Personnel	\$14,200	
		Activity 4: Data entry; populate database (5.2.4)		x	x				• Personnel	\$7,100	
		Activity 5: Web design and Uploading to web (5.2.5)			x	x			• Personnel	\$7,100	
Total Planned Budget for Output 5.2										\$49,700	
Total UN organization 1 WFP										\$49,700	
Total UN organization 2											
Total UN organization 3											
Output 5.3: Shared knowledgebase of historical food security and nutrition survey data established	WFP	Activity 1: Database design (5.3.1)	x	x			MoFDM ,IPHN, NNP, MoHFW, NGO,	MDG-F	▪ Personnel	\$18,700	
		Activity 2: Data entry; populate database, geo-reference data, thematic map production, metadata creation and maintenance (5.3.2)		x	x				▪ Personnel	\$16,500	
		Activity 3: Web design and uploading to web (5.3.3)			x	x			• Personnel	\$11,500	
Total Planned Budget for Output 5.3										\$46,700	
Total UN organization 1 WFP										\$46,700	
Total UN organization 2											
Total UN organization 3											
Total Planned Budget for all Outputs (includes all 3 agencies)										\$2,803,567	
* including	WFP (note: total = \$1,171,310 + \$20,000 for Project formulation advance)										\$1,191,310
	UNICEF										\$544,257
	FAO										\$1,068,000

Annex 4: Budget

	Item	Unit Cost (US\$)	No. of Unit	Total Cost (USD)	Y1	Y2	Y3	
1.1 Supplies, Commodities, Equipment, Transport	Subtotal (all three agencies)			4,544,359	1,719,266	1,816,270	1,008,823	
	WFP	Wheat Soya Blend/WSB	540mt/year	675mt/year	1,093,500	364,500	364,500	364,500
		Rice	350/mt	150mt/year	157,500	52,500	52,500	52,500
		High Energy Biscuits (HEB)	850/mt	257.3mt/year	656,100	218,700	218,700	218,700
		Vitamin premix for HEB/biscuits	92/mt	60mt/yr	16,632	5,544	5,544	5,544
		Micronutrient Powder/MNP	23,500/mt	2.6mt/yr	183,600	61,200	61,200	61,200
		Computers/Printers/Software (for FSM)			23,528	7,843	15,685	0
		Vehicle (4WD)	25,000	1	25,000	8,333	8,333	8,334
		Operations&Maintenance (Vehicle 4WD)	3,600/yr	3	10,800	3,600	3,600	3,600
		Transport of food commodities (internal and external)	28.8/mt (avg.)	1145/mt/yr	98,946	32,982	32,982	32,982
UNICEF	Procurement of therapeutic feeding supplies (F-100, F-75, Plumpy'nut, etc.)	3,300	202.5 MTs	672,003	169,077	333,851	169,075	
	Procurement of anthropometric equipment for therapeutic feeding programmes (scales, measuring boards, MUAC tapes, feeding equip, etc.)	100,000	1	100,000	25,000	50,000	25,000	

	Item	Unit Cost (US\$)	No. of Unit	Total Cost (USD)	Y1	Y2	Y3
	Printing of IYCF and SAM/CMAM guidelines, protocols, IEC materials, posters, flipcharts etc.	50,250	Lumpsum	50,250	12,562	25,125	12,563
	Procurement of multiple micronutrient supplements	10,000	6.75 MT	67,500	16,875	33,750	16,875
	Procurement of SAM/CMAM drugs (including albendazole)		Lumpsum	67,000	16,750	33,500	16,750
	Computers for nutritional surveillance	2,500	2	5,000	0	5,000	0
	Printer for nutritional surveillance	2,800	1	2,800	0	2,800	0
	Fax machine for nutritional surveillance	2,000	1	2,000	0	2,000	0
	Office furniture & equipment	4,000	2	8,000	2,000	4,000	2,000
	Vehicle (4WD)	25,000	1	25,000	25,000	0	0
	Operations and Maintenance (Vehicle 4WD)	350	32	11,200	2,800	4,200	4,200
	Home-Gardening Expendable equipment:						
	Pulses	1.6	50,000	80,000	40,000	40,000	0.00
	Vegetable Seeds	2	100,000	200,000	100,000	100,000	0.00
	Fruit Tree Seedlings	2	50,000	100,000	50,000	50,000	0.00
	Household Grain Storage	15	25,000	390,000	200,000	190,000	0.00
	Livestock	7.5	25,000	195,000	110,000	85,000	0.00
	Organic Fertilizer Production Training per Group	3	25,000	78,000	39,000	39,000	0.00

FAO

	Item	Unit Cost (US\$)	No. of Unit	Total Cost (USD)	Y1	Y2	Y3
	School Garden Inputs		Lumpsum	85,000	50,000	35,000	0.00
	Computers + Accessories	2,000	4	8,000	8,000	0.00	0.00
	Office furniture		Lumpsum	20,000	20,000	0.00	0.00
	Communication Equipment		Lumpsum	20,000	20,000	0.00	0.00
	Office Rental/Utilities		Lumpsum	25,000	10,000	10,000	5000
	Vehicle (4WD)	25,000	1	25,000	25,000	0.00	0.00
	12 Motorbike	1,000	12	12,000	12,000	0.00	0.00
	Vehicle Operating and Maintenance			30,000	10,000	10,000	10,000
1.2 Personnel [Staff,Consultants,Travel, Training for staff]	Subtotal (all three agencies)			1,735,975	703,882	593,534	438,559
	International Prog. Offcr; Food Security Specialist	12,830	18months	230,940	115,470	76,980	38,490
	National Staff:						
	National Officer-Nutrition	2,083	36 months	74,988	24,996	24,996	24,996
	National Officer-M&E-Rpting	2,083	36 months	74,988	24,996	24,996	24,996
	National Officer-FSM-IM	2,083	30 months	64,045	24,996	24,996	14,053
	General Service Staff	833	108 months	89,964	29,988	29,988	29,988
	Consultants and Temporary Assistance						
	Nutrition Education-CMAM			40,000	26,667	13,333	-
	Food Security Monitoring-Information Mgmt			103,046	53,233	49,813	0
	Travel						
	International Staff			20,001	6,667	7,081	6,253

	Item	Unit Cost (US\$)	No. of Unit	Total Cost (USD)	Y1	Y2	Y3
UNICEF	National Staff			60,003	20,569	20,551	18,883
	International Emergency Nutrition Specialist	8,400	12 months	100,800	50,400	50,400	0
	National Nutrition Officer	3,000	12 months	36,000	0	18,000	18,000
	National Nutrition Consultants for training, survey, surveillance and CMAM support/delivery	2,500	18 months	45,000	7,500	15,000	22,500
	Travel						
	Project Personnel	1,200	36 months	43,200	14,400	14,400	14,400
	Mid-term Evaluation	15,000	1	15,000	0	15,000	0
	Terminal Evaluation	10,000	1	10,000	0	0	10,000
	International Travel/National Staff Duty Travel		lump sum	30,000	10,000	10,000	10,000
FAO	International Staff: Agricultural Officer	12,000	24 months	288,000	144,000	72,000	72,000
	National Staff:						
	Women Income Generation specialist	2,000	24 months	48,000	24,000	12,000	12,000
	Horticulture specialist	2,000	36 months	72,000	24,000	24,000	24,000
	Nutrition specialist	2,000	24 months	48,000	24,000	12,000	12,000
	Admin. and Finance Staff	1,000	36 months	36,000	12,000	12,000	12,000
	Logistics Assistant	1,000	36 months	36,000	12,000	12,000	12,000
	Procurement Assistant	1,000	36 months	36,000	12,000	12,000	12,000
	Casual Labour + Driver + Overtime	500	72 months	36,000	12,000	12,000	12,000
	Consultants						
	Project Evaluation Cost			15,000	0.00	0.00	15,000
	Advisory Technical Services			13,000	5,000	5,000	3,000
	Travel						
	International Staff	5,000	6	30,000	10,000	10,000	10,000

	Item	Unit Cost (US\$)	No. of Unit	Total Cost (USD)	Y1	Y2	Y3
	National Staff	1,200	36	40,000	15,000	15,000	10,000
1.3 Training counterparts	Subtotal (all three agencies)			321,590	119,328	125,788	76,474
WFP	Nutrition education training-CMAM-including-use-WSB			36,369	12,123	12,123	12,123
	NGO staff training re: Education package			41,820	13,940	13,940	13,940
	FSM GoB Training, Cap. Bldg			21,471	7,157	14,314	0
UNICEF	Training of NGOs and community health workers on CMAM at district/upazilla level	6,000	6	36,000	12,000	12,000	12,000
	Training of health facility staff on management of SAM at national & district/upazilla level	6,500	6	39,000	13,000	13,000	13,000
	Monitoring and supportive supervision of trained staff & health workers	34,430	Lumpsum	34,430	8,608	12,911	12,911
	Costs for facilitating CMAM workshops, training and consultative meetings	12,500	3	37,500	12,500	12,500	12,500
	Facilitation & Organization	25,000	1.5	37,500	20,000	17,500.00	0.00
FAO	Training materials	25,000	1.5	37,500	20,000	17,500.00	0.00
1.4 Contracts [3]	Subtotal (all three agencies)			770,256	218,891	357,475	193,890
WFP	NGO - - WSB distribution			60,750	20,250	20,250	20,250
	Assessment-CMAM			19,494	6,498	6,498	6,498
	Nutrition Education-CMAM			19,494	6,498	6,498	6,498
	NGO - Homestead Gardens... Rice Distribution			43,500	14,500	14,500	14,500
	NGO- HEB Distribution, deworming tablets...			22,680	7,560	7,560	7,560
UNICEF	Support to NGO costs for CMAM implementation in target upazillas	134,000	3 NGOs	402,000	100,500	201,000	100,500

	Item	Unit Cost (US\$)	No. of Unit	Total Cost (USD)	Y1	Y2	Y3
	Support to MOHFW for management of SAM implementation in health facilities	152,338	Lumpsum	152,338	38,085	76,169	38,084
FAO	Contracts (NGO/IP LoA)	25,000	2 NGOs	50,000	25,000	25,000	0.00
1.5 Other Direct Costs	Subtotal (all three agencies)			90,318	42,200	29,200	18,918
WFP	Project Formulation Cost - Advance			20,000	20,000		
UNICEF	Miscellaneous expenses	600	36 months	21,600	7,200	7,200	7,200
FAO	Reporting			21,718	0.00	10,000	11,718
	Superintendence			17,000	10,000	7,000	0.00
	Others			10,000	5,000	5,000	0.00
Total Direct Costs (sum of 1.1 thru 1.5 above)	Subtotal (all three agencies)			7,462,498	2,803,567	2,922,267	1,736,664
WFP				3,309,159	1,191,310	1,131,461	986,388
UNICEF				2,013,621	544,257	951,806	517,558
FAO				2,139,718	1,068,000	839,000	232,718
2.0 Agency Management Support[4]	Subtotal (all three agencies)			522,375	196,250	204,558	121,567
WFP	Overhead 7%			231,641	83,392	79,202	69,047
UNICEF	Overhead 7%			140,954	38,098	66,626	36,230
FAO	Overhead 7%			149,780	74,760	58,730	16,290
TOTAL BUDGET BY AGENCY ...							
	WFP			3,540,800	1,274,702	1,210,663	1,055,435
	UNICEF			2,154,575	582,355	1,018,432	553,788
	FAO			2,289,498	1,142,760	897,730	249,008
GRAND TOTAL				7,984,873	2,999,817	3,126,825	1,858,231

ⁱ A proxy indicator ‘Proportion of the assisted population with acceptable food consumption score’ will be used as a substitute/alternative for the ‘proportion of the population below the minimum level of dietary energy intake’ indicator’. Collecting reliable dietary energy intake data is not cost effective/practical; whereas the Food Consumption Score will be a reasonable proxy and is much more practical to collect. For more information regarding the ‘Food Consumption Score’ indicator see *International Food Policy Research Institute, 2006. ‘Review and Validation of Dietary Diversity, Food Frequency and Other Proxy Indicators of Household Food Security.’ Washington, D.C.*

ⁱⁱ Household Income and Expenditure Survey (2005); Bangladesh Bureau of Statistics/BBS.

ⁱⁱⁱ Preliminary finding of the Household Food Security and Nutrition Assessment (2009); WFP, UNICEF, and IPHN

^{iv} Preliminary finding of the Household Food Security and Nutrition Assessment (2009); WFP, UNICEF, and IPHN. Barisal’s underweight prevalence rate was 42.3%, vs. the National rate of 37.4%. Only one of Bangladesh’s six administrative divisions had an underweight prevalence rate higher than Barisal’s, which was that of Sylhet division with a slightly higher 42.8%.

^v FAO/WFP Crop Food Supply Assessment Mission and report (August, 2008).

^{vi} See Torlesse, H. Kiess, L & Bloem, M.W. 2003. Association of Household Rice Expenditure with Child Nutritional Status Indicates a Role for Macroeconomic Food Policy in Combating Malnutrition. *The Journal of Nutrition* 133(5): 1320-1325.

^{vii} UNICEF Programme Guidance on Management of Severe Acute Malnutrition: Programme and Supply Components of scaling up an integrated approach, 2008

^{viii} UNICEF (2007) State of the World’s Children 2008 United Nations Children’s Fund

^{ix} WFP/UNICEF/IPHN (2009) Household Food Security and Nutrition Assessment 2009, in Bangladesh; WFP 2009 Bangladesh Poverty Mapping

^x Ibid

^{xi} The Lancet Series, 2008, “Maternal and child undernutrition (1): Global and regional exposures and health consequences”, Black et al

^{xii} WFP/UNICEF/IPHN (2009) Household Food Security and Nutrition Assessment 2009, in Bangladesh

^{xiii} Ibid

^{xiv} Promoting optimal fetal development: report of a technical consultation, Geneva, World Health Organization, 25-27 November 2003

^{xv} Ibid

^{xvi} Anaemia Prevalence Survey of Urban Bangladesh and Rural Chittagong Hill Tracts 2003, UNICEF

^{xvii} WFP/UNICEF/IPHN Household Food Security and Nutrition Assessment (HFSNA Preliminary Findings 2009). The 2005 real income per HH figure (BBS HIES) is 4533 BDT per month vs. the HFSNA 2008 corresponding figure of 4000 BDT per month.

^{xviii} 2005, 2000, and 1995 estimates are all from GoB Bangladesh Bureau of Statistics (BBS) Household Income and Expenditure Surveys (HIES).

^{xix} WFP/UNICEF/IPHN Household Food Security and Nutrition Assessment (HFSNA Preliminary Findings 2009).

^{xx} The biscuits are nutrient rich containing approximately 70 percent of the daily recommended intake of the following vitamins and minerals; Vitamins A, B1, B2, B5, B6, B12, C, D, and E; and minerals Nicotinamide, Iodine, Iron, Calcium, and Zinc.

^{xxi} The Lancet Series, 2008, “Maternal and child undernutrition (2): consequences for adult health and human capital”, Victora, C.G., et al

^{xxii} Bangladesh Rural Advancement Committee/BRAC Research Report "The Food Supplementation Process in BRAC Areas Under the Nutrition Project NNP", July 2006.

^{xxiii} Faruque, ASG, et al. "Nutrition: Basis for Healthy Children & Mothers in Bangladesh", Journal of Health, Population & Nutrition, Vol 26, No 3(2008).

^{xxiv} When CSOs/NGOs are designated Implementing Partners, they do not sign this Work Plan. Each participating UN Organization will follow its own procedures in signing Work Plans with CSOs/NGOs.