

## Section I: Identification and JP Status

### Albania: Reducing Malnutrition in Children

#### Semester: 2-10

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

Report Number	
Reporting Period	2-10
Programme Duration	
Official Starting Date	

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

##### Total Approved Budget

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

**Total Amount of Transferred To Date**

UNICEF	\$271,780.00
WHO	\$422,650.00
FAO	\$198,485.00
Total	\$892,915.00

**Total Budget Committed To Date**

UNICEF	\$206,719.00
WHO	\$388,864.00
FAO	\$185,226.00
Total	\$780,809.00

**Total Budget Disbursed To Date**

UNICEF	\$206,719.00
WHO	\$306,901.00
FAO	\$164,706.00
Total	\$678,326.00

**Donors**

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

Amount in thousands of U\$

Type	Donor	Total	For 2010	For 2011	For 2012
Parallel					
Cost Share					

Counterpart

## DEFINITIONS

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

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

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

### Direct Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number	34000	3700	36000	3700	17000	17000	10	16
Reached Number	110		910	30	600	600	9	16
Targeted - Reached	33890	3700	35090	3670	16400	16400	1	0
% difference	0.32	0.0	2.53	1.0	3.53	3.53	90.0	100.0

### Indirect Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number	175000	5000	175000	5000	5000	5000	6	15
Reached Number	8500	100	9000	100	500	500	4	6
Targeted - Reached	166500	4900	166000	4900	4500	4500	2	9
% difference	4.86	2.0	5.14	2.0	10.0	10.0	66.67	40.0

## Section II: JP Progress

### 1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (250 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions

#### Progress in outcomes

Outcome 1- An MOU was signed between Ministries of Health, Agriculture, Education, Social Affairs, and Finance committing them to intersectoral interventions to improve nutrition and household food security.

Outcome 1&2 – The critical research component on nutrition and household food security was planned and implemented during the reporting period.

Outcome 3- The preparatory phase for curricula development was completed. The Faculty of Medicine was contacted on the development pre-service curricula and a working group was established.

#### Progress in outputs

Output 1.1 - Subsequent to the endorsement at the national consensus building workshop, all five line ministers signed an MOU on food and nutrition. This has become a reference point for involving ministry representatives in planning and implementation of activities. The information package continues to be shared in all programme activities and is being used as a reference document in other ongoing Maternal and Child Health activities in the country. The cost benefit analysis for nutrition interventions has been completed and the results are contributing to advocacy and preparation of the second food and nutrition action plan. Almost \$ 100 million annually in economic losses can be attributed to malnutrition in Albania. A return of \$4 is projected for every dollar in cash and in-kind efforts devoted to Essential Nutrition Interventions.

Output 1.2 & 2.3 - Field work for the Baseline Nutrition survey has been completed and data analysis is in process. To complement the baseline survey, a qualitative survey on effects of gender and food prices on household food security has been designed and field work has commenced. The assessment of milling industry has been conducted. This also included feasibility of flour fortification and an action plan to create supportive environment for flour fortification. The assessment has been shared with key stakeholders.

Output 2.2 The assessment of knowledge gaps of health care workers in nutrition was implemented and final report was completed. Key findings are contributing to the preparation of the integrated nutrition modules for health care personnel. The draft of integrated nutrition modules for in service training was prepared.

Output 3.1- The review was completed and the adaptation stage of public health nutrition curricula for pre- service was commenced. Revision of the existing supervision modalities of the nutritional status of population was also completed.

#### Measures taken for the sustainability of the joint programme

The signing of the MOU between 5 line ministries helps to ensure the Government's ownership and sustainability of the JP activities. JP activities were included into the annual workplan of MoH and MOA. The continuous participation of all stakeholders in planning and implementation of activities was ensured. National and local institutions are the implementers of JP activities, and all capacity building activities will be accredited by the Center for Continuous Medical Education. Pre and in-service public health curricula

development contributes to national capacity development and therefore to long term sustainability of interventions to improve the food and nutrition status of the population.

**Are there difficulties in the implementation?**

Administrative / Financial

**What are the causes of these difficulties?**

**Briefly describe the current difficulties the Joint Programme is facing**

- Competing priorities and commitments and insufficient numbers of trained staff in food security and nutrition, poses a challenge in terms of timely planning development and implementation of JP interventions.

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

**Briefly describe the current external difficulties that delay implementation**

No major external difficulties encountered to date

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

- The JP is working to build capacities of Ministry of Health (MOH) and Ministry of Agriculture (MOA) staff to make the case for intersectoral actions and more investment in nutrition
- The JP is working to create a knowledge base on nutrition and food security to support evidence based advocacy.
- The JP is making use of the available networks of expertise of public institutions and UN agencies and as well as planning in advance of activities to allow sufficient time for procurement process and contracting.

## 2 Inter-Agency Coordination and Delivering as One

**Is the joint programme still in line with the UNDAF?**

Yes true

No false

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

Yes

No

**What types of coordination mechanisms**

The JP is part of the one UN programme in Albania and is structured under the Basic Services pillar. Therefore, activities are part of the standard planning and reporting cycle foreseen by the one UN programme along with those of other JPs active in the country. The Programme Management Committee, which meets on a quarterly basis and is co-chaired by the UN Resident Coordinator and the lead Government partner, provides oversight and guidance to all agencies participating in the joint programme. The activities

of the joint programme have been structured in order to complement each other and are closely interlinked to prevent the various components of the JP from running in parallel as separate sub-programmes. At the invitation of the Resident Coordinator the joint programme CTA/coordinator have been meeting to share lessons learned and experiences to improve and strengthen the work of all JPs in the country.

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

Indicators	Baseline	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-F JPs	0	9	Internal reporting system	Internal meetings/ Reports
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	5	Internal reporting system	Minutes of meetings/ Final products
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	8	Internal reporting system	Travel reports

### 3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

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

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

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

Policy/decision making  
 Management: budget  
 Management: service provision

**Who leads and/or chair the PMC?**

Ministry of Health

**Number of meetings with PMC chair**

3 (three)

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

Not involved      false  
 Slightly involved      false

Fairly involved false  
Fully involved true

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

Policy/decision making

Management: service provision

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

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

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

**Where is the joint programme management unit seated?**

National Government

**Current situation**

The Minister of Health has appointed a national coordinator sitting at the MOH. UNICEF is hosting FAO programme manager.

UN agencies have established a share point where all JP documents are stored and can be accessed.

Government and UN agencies sit together on specific assignments. During implementation of integrated nutrition survey( September 2010)the technical team from government and UN agencies worked closely with international experts to conduct and supervise training activities. A week of consultation sessions during December was held with UN agencies including FAO Rome, and government to prepare plan of activities for 2011.

## 4 Communication and Advocacy

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

Yes false  
No true

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

The advocacy strategy will be completed during the first months of 2011, using information from the cost benefit analysis and the results of the baseline nutrition survey coming up in April 2011. The communication strategy will be developed during the second year of the JP.

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

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

Faith-based organizations		
Social networks/coalitions		
Local citizen groups		
Private sector	8	
Academic institutions	2	
Media groups and journalist	3	
Other		

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

## Section III: Millenium Development Goals Millenium Development Goals

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

JP Outcome	Beneficiaries	JP Indicator	Value
Outcome 1-National capacities strengthened to incorporate nutritional objectives into sectoral policies and programmes		-Number of national and regional staff trained in intersectoral actions to address malnutrition and food insecurity - Food and nutrition action plan developed  -Food and nutrition surveillance system developed	

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

JP Outcome	Beneficiaries	JP Indicator	Value
Outcome 2-Cross-sectoral interventions addressing malnutrition are developed, tested and implemented in target areas		Percentage of children in target areas receiving interventions addressing malnutrition and household food insecurity.  - Exclusive breastfeeding rates  - Intra household food distribution Infant and young child feeding frequency  - Minimum dietary diversity	

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

JP Outcome	Beneficiaries	JP Indicator	Value

Outcome 3-National capacities strengthened to deliver nutrition services to the public

Public Health Nutrition curricula for pre-service training developed

Supervision on nutrition included within health reforms in Primary Health Care

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

JP Outcome	Beneficiaries	JP Indicator	Value
outcomes 1-3		Number of national and regional staff trained in intersectoral actions to address malnutrition and food insecurity -Food and nutrition surveillance system developed - Integrated training module on nutrition developed -Number of health workers participating in nutrition training - Exclusive breastfeeding rates - Supervision on nutrition included within health reforms in Primary Health Care	

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

JP Outcome	Beneficiaries	JP Indicator	Value
outcomes 1-3		- Food and nutrition surveillance system developed -Integrated training module on nutrition developed -Number of health workers participating in nutrition training - Supervision on nutrition included within health reforms in Primary Health Care	

## Additional Narrative Comments

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



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

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

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

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

## Section IV: General Thematic Indicators

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

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

##### Children under 2

Total No.

No. Urban

No. Rural

No. Girls

No. boys

##### Children from 2 to 5

Total No.

No. Urban

No. Rural

No. Girls

No. Boys

##### Children older than 5

Total

No. Urban

No. Rural

No. Girls

No. boys

##### Women

Total

No. Urban

No. Rural

No. Pregnant

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

### **Children under 2**

Total

No. Urban

No. Rural

No. Girls

No. Boys

### **Children from 2 to 5**

Total

No. Urban

No. Rural

No. Girls

No. Boys

### **Children older than 5**

Total

No. Urban

No. Rural

No. Girls

No. Boys

### **Women**

Total

No. Urban

No. Rural

No. pregnant

### **Men**

Total

No. Urban

No. Rural

## **1.3 Prevalence of underweight children under-five years of age**

National % 5  
Targeted Area % 9

**Proportion of population below minimum level of dietary energy consumption**

% National  
% Targeted Area

**Stunting prevalence**

% National 19  
% Targeted Area 28

**Anemia prevalence**

% National 17  
% Targeted Area 24

**Comments**

1.2 indicators to be reported during year 2

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

**Homestead food production and diversification**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Food fortification**

National  
Local  
Urban  
Rural  
Girls



Pregnant Women  
Boys

**School feeding programmes**

National  
Local  
Urban  
Rural  
Girls  
Pregnant women  
Boys

**Behavioural change communication**

National  
Local  
Urban  
Rural  
Girls  
Pregnant women  
Boys

**Gender specific approaches**

National  
Local  
Urban  
Local  
Girls  
Pregnant Women  
Boys

**Interventions targeting population living with HIV**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Promotion of exclusive breastfeeding**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Therapeutic feeding programmes**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Vaccinations**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Other, specify**

National  
*indicators under 1.4 to be reported during year 2*  
Local  
*indicators under 1.4 to be reported during year 2*  
Urban  
*indicators under 1.4 to be reported during year 2*  
Rural  
*indicators under 1.4 to be reported during year 2*  
Girls  
*indicators under 1.4 to be reported during year 2*  
Pregnant Women

*indicators under 1.4 to be reported during year 2*

Boys

*indicators under 1.4 to be reported during year 2*

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

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

#### **Policies**

National

Local

#### **Laws**

National MOU on intersectoral actions for food and nutrition signed between 5 line ministries

Local

#### **Plans**

National

Local

## **3 Assessment, monitoring and evaluation**

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

National

Local

Total

**b. Joint Programme M&E framework**

This template is the same as the one you will find in the JP documents. We have added 3 columns to provide spaces for baselines of the indicators as well as targets. All the values for indicators in this template are cumulative. This means the past values obtained accumulate (add up over time) as the joint programme gets implemented. We are expecting you to include not only the indicators but the value of these indicators. If you do not provide them, please explain the reason and how you are going to obtain this information for the next reporting period.

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
<p><b>Outcome 1:</b> National capacities strengthened to incorporate nutritional objectives into sectoral policies and programmes</p> <p><b>Output 1.1.</b> – Advocacy and awareness raising programme to address malnutrition and food security developed and implemented, targeting policy and decision makers</p> <p><b>Output 1.2.</b> Technical support for</p>	<p>Indicator: - A high level coordination mechanism established for integrated nutrition and food security policies and programmes.</p> <p>Indicator: - Number of National and regional staff trained in intersectoral actions to address malnutrition and food insecurity</p> <p>Indicator: - National mass media campaign developed and implemented</p>	<p>Baseline: No intersectoral coordination mechanism for integrated nutrition and food security policies and programmes at high level exist</p> <p>Baseline: No recent capacity development exercises for government officials for intersectoral food and nutrition actions</p> <p>Baseline: No advocacy plan for food and nutrition exist</p>	<p>Coordinating mechanism for food and nutrition strengthened.</p> <p>Enhanced national capacity for inter-sectoral actions to address malnutrition and food insecurity.</p> <p>National mass-media communication campaign developed and implemented to increase commitment and investment of policy and decision makers.</p> <p>Capacity</p>	<p>National and regional nutrition workshops contributed to reinforce capacities to make the case for nutrition and build consensus on intersectoral action to tackle malnutrition and food insecurity</p> <p>MOU on nutrition and food security endorsed and signed by 5 line ministries</p> <p>Completed cost benefit analysis for nutrition</p>	<p>Ministerial order for establishment of National Coordination structure for Food and Nutrition</p> <p>Minutes of meetings of coordination structures</p> <p>Media coverage reports</p> <p>Training and workshop reports</p> <p>Survey reports</p> <p>Awareness raising communication materials produced and disseminated</p>	<p>Official reports from government of Albania</p> <p>Official workshop reports</p> <p>Training reports</p> <p>Examples of mass communication materials</p>	<p>Participating agencies and government partners</p>	<p>Assumptions: Improvement of food and nutrition status of women and children remains a priority of the government of Albania</p> <p>All major ministries and institutions will commit to implementation of activities</p> <p>No major institutional changes occur during the implementation of the project</p> <p>Risks: Competing priorities of government</p>

<p>strengthening data collection and utilisation of data on food, health and nutrition</p> <p><b>Output 1.3.</b> Development of 3rd National Food and Nutrition Action Plan</p> <p><b>Output 1.4:</b> Strengthening of National food and nutrition surveillance system</p>	<p>Indicator: National data collectors, producers, and users trained and surveys conducted</p> <p>Indicator 3rd National Food and Nutrition Action Plan (FNAP) developed</p> <p>Indicator: Food and Nutrition Surveillance system developed</p> <p>Indicator Number of steering committee meetings attended by all key members</p> <p>Number of working group meetings attended by all key members</p> <p>Number of joint decisions of government institutions taken and implemented</p>	<p>Baseline: Sufficiently disaggregated data on gender and household food security do not exist</p> <p>Baseline: Current (FNAP) has insufficient focus on nutrition and food security issues.</p> <p>Baseline: Growth monitoring data are collected at individual level but not analysed and used to flag out problems; no surveillance system in place</p>	<p>strengthened for the collection, analyses and use of gender-disaggregated data relating to food, health and nutrition.</p> <p>Improved information available on the effects of high food prices and gender on the food security of vulnerable groups and at-risk households.</p> <p>Situation analyses and mapping of milling industry completed.</p> <p>Statistically significant survey conducted in year 1 identifying main causes of anaemia in high prevalence areas of the country as identified in DHS.</p> <p>Development of 3<sup>rd</sup> NFNAP.</p>	<p>interventions</p> <p>Field work for integrated research on nutrition and food security, completed – data analysis in process.</p>				<p>institutions may shift focus from implementation of JP</p> <p>Mitigation strategies: High level coordination mechanism will help raise the nutrition and household food security issues high in the government agenda and make investments for nutrition priority not only of one ministry (MOH) but the whole government.</p> <p>Risks:</p>
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			<p>Enhanced capacity for forecasting and early warning of food insecurity or food emergencies.</p> <p>Central government and project target areas staff trained in rapid nutrition and food security assessment.</p> <p>Tracking system developed on impact of high food prices and food shortages on food and nutrition security.</p> <p>Framework for sentinel sites in project areas developed.</p>					
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<p><b>Outcome 2</b> :Cross sectoral interventions addressing malnutrition are developed, tested and implemented in target areas</p> <p><b>Output 2.1.</b> Develop, test and implement community based intervention models to address malnutrition and household food in security</p> <p><b>Output 2.2.</b> Capacity building of health providers at national and in target areas to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counselling</p> <p><b>Output 2.3.</b> Development of communication for behaviour change targeting</p>	<p>Indicator: - Community based intervention models to address malnutrition and household food security implemented in target areas</p> <p>- Integrated training module on nutrition developed</p> <p>- Number of health workers participating in integrated nutrition training</p> <p>- Percentage of children in target areas receiving interventions addressing malnutrition and household food insecurity.</p> <p>- Exclusive breastfeeding rates</p> <p>- Intra household food distribution</p> <p>- Infant and young child feeding frequency</p> <p>- Minimum</p>		<p>Capacity of local personnel and CSOs in nutrition and food security interventions assessed.</p> <p>Community needs assessment conducted.</p> <p>100 persons from local government and CSOs trained in design, implementation and monitoring of nutrition interventions.</p> <p>Community based models designed and implemented in target areas.</p> <p>Assessment on knowledge gaps in nutrition among health providers conducted.</p> <p>Around 300 health service providers in target areas trained in</p>	<p>Needs assessment of health care providers completed</p> <p>Draft of integrated nutrition modules completed</p>	<p>Training and workshop reports</p> <p>Survey reports ( KAP)</p>	<p>Baseline and end line surveys</p> <p>Official training reports</p> <p>Pre and post training evaluations</p> <p>Official reports from regional authorities (health &amp; food and nutrition)</p> <p>Annual and quarterly progress reports</p>	<p>Participating agencies and government partners</p>	<p>Assumptions:</p> <p>All major ministries, institutions and local government authorities will commit to implementation of activities</p> <p>Risks</p> <p>Competing priorities of government institutions may shift focus from implementation of JP</p>
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<p>families and communities for improved care and feeding practices for mothers and children</p>	<p>dietary diversity - Varied and comprehensive BCC package by target audience developed</p>		<p>nutrition. Supervision and follow up methodology developed. KAP survey conducted in target areas. Communication strategy for behaviour change designed. Food and nutrition education materials developed according to identified target groups.</p>					
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<p><b>Outcome 3 :</b> National capacities strengthened to deliver nutrition services to the public</p> <p><b>Output 3.1.</b> Curriculum for public health nutrition developed, tested and introduced in pre-service training</p> <p><b>Output 3.2.</b> Improved supportive supervision health sector mechanisms to strengthen delivery of interventions aiming at reducing malnutrition</p>	<p>Indicator: Public Health Nutrition curricula for pre-service training developed</p> <p>Indicator: Supervision on nutrition included within health reforms in Primary Health Care</p>	<p>Baseline: Currently module is not existing</p>	<p>Public Health Nutrition Curricula for pre-service core nutrition curriculum and advanced certificate course developed.</p> <p>Curriculum materials prepared.</p> <p>Existing supervision mechanisms reviewed and supervision tool developed in year 1.</p> <p>Supervision tool integrated into PHC in year 2.</p>	<p>preparatory phase for curricula completed and plan of action on curricula improvement prepared</p> <p>Completed the revision of existing modalities of supervision of nutrition interventions</p>	<p>Finalized and approved core curricula on nutrition and official approval</p> <p>Guidelines by MOH on implementation of nutrition supervision package</p>	<p>Official reports of MOH</p> <p>Annual and quarterly progress reports</p>		<p>Assumptions:</p> <p>All major ministries and institutions will commit to implementation of activities</p> <p>Risks:</p> <p>Turnover of trained personnel and change in position</p> <p>Mitigation strategy:</p> <p>Agreement with the government to ensure trained people are retaining their position for a certain period of time</p>
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b. Joint Programme Results Framework with financial information

JP output: 1.1										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.1 Advocacy and awareness raising programme to address malnutrition and food security developed and implemented, targeting policy, decision makers and the general public	1.1.1 Support National coordinating mechanism for food and nutrition	15,000	10,000	10,000	WHO	MOH	35,000	15,430	15,430	103 %
	1.1.2.a National and regional consensus building workshops on intersectoral actions to address malnutrition	25,000	2,500	2,500	WHO	MOH	30,000	32,508	32,508	130 %
	1.1.2.b Technical support to and participation in consensus building workshops on intersectoral actions to address malnutrition and food insecurity	7,000			FAO	MOA	7,000	7,596	7,596	101 %
	1.1.3.a Advocacy events, key stakeholders meetings, materials and information package developed and disseminated, media communications and periodic information updates to the public	30,000	5,000	5,000	UNICEF	IPH	40,000	52,740	52,740	176 %*
	1.1.3.b Support development of communication materials and advocacy activities focusing on food security issues	7,000	14,000	7,000	FAO	MOA	28,000	5,938	5,938	84 %
	1.1.3.c. Support elaboration of key communication messages on consequences of malnutrition	5,000	4,000	4,000	WHO	MOH	13,000	5,000	5,000	100%

	<b>Total</b>		<b>153,000</b>	<b>119,212</b>	<b>119,212</b>	<b>134 %</b>
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JP output: 1.2										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.2. Technical support for strengthening data collection and utilisation of data on food, health and nutrition	1.2.1.a Review existing data sources and information systems on food and nutrition security and identify information needs of data users	10,000	4,000	4,000	WHO	MOH	18,000	10,000	10,000	100%
	1.2.1.b Organize meetings and workshops to review existing information and new DHS and LSMS data on food prices, household food security, nutrition and status of women and carry out secondary analyses	16,000	9,000		FAO	INSTAT	25,000	16,262	16,262	100%
	1.2.2.a. Training of national data producers and users in relevant statistical tools for the collection analysis and use of gender disaggregated data		46,000	22,000	FAO	INSTAT	68,000			
	1.2.2.b Inputs to design training module for data collection on nutrition and gender with focus on children		10,000		UNICEF	IPH	10,000			
	1.2.2.c Technical assistance to prepare training module on health and nutrition indicators		6,000		WHO	IPH	6,000			

	1.2.3.a. Provide technical and financial assistance for developing, carrying out and analyzing rapid data collection activities at community/household level in project target areas, including gender roles and household food and nutrition ( baseline for target areas)	87,500	32,500		FAO	INSTAT	120,000	88,974	69,797	80%
	1.2.3.b Input to prepare baseline survey tool sections for impact of food prices in children	10,000	5,000		UNICEF	IPH	15,000	10,000	10,000	100 %
	1.2.3.c Input to prepare baseline survey tool using a health systems perspective	5,000			WHO	IPH	5,000	5,000	5,000	100%
	1.2.4.a. Technical and financial support for conducting a situation analysis and feasibility study for flour	30,000	25,000		UNICEF	KASH	55,000	29,856	29,856	99 %
	1.2.4.b. Technical support to analyze the link between fortification and micronutrient deficiencies in the survey	10,000	5,000		WHO	KASH	15,000	9,320	9,320	93%
	1.2.5.a. Technical and financial support for conducting a survey to identify the main causes of anaemia in high prevalence areas and analysing and disseminating results	215,000			WHO	IPH	215,000	217,285	187,818	87%
	1.2.5.b Technical support for conducting secondary analysis based on DHS data for mapping of IDA and providing inputs for further research on causes of anaemia	7,000			UNICEF	IPH	7,000	6,731	6,731	96 %
	<b>Total</b>						<b>559,000</b>	<b>393,428</b>	<b>344,784</b>	<b>88 %</b>

JP output: 1.3										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.3. Development of 3rd National Food and Nutrition Action Plan	1.3.1.a. National and regional inter-sectoral policy workshops held to strengthen capacity to analyse impact of		10,000		FAO	MOA	10,000			
	<b>1.3.1.b National and regional inter-sectoral policy workshops held to strengthen capacity to analyse impact of policy choices and decisions on health and nutrition</b>		20,000		WHO	MOH	20,000			
	1.3.2. Support to the technical inter-sectoral working group for NFNAP development and implementation		13,000	13,000	WHO	MOH	26,000			
	1.3.3.a. Review and analyze 2nd NFNAP and other relevant sectoral policies and evaluate lessons learned		40,000		WHO	MOH	40,000			
	1.3.3.b Technical input to the review and analyze of 2nd NFNAP and other relevant sectoral policies from a food security and gender perspective		13,000		FAO	MOA	13,000			
	1.3.3.c Review and analyze 2nd FNAP and other relevant policies and evaluate lessons learned with regard to child nutrition including most at risk )		11,500		UNICEF	MOH	11,500			



Output 1.4: Strengthening of National food and nutrition surveillance system	1.4.1. Workshops in each of the target areas on improving crop production survey methods, sampling frames, food balance sheet estimates and for monitoring climate change and market change prices and regular reports on food availability		38,000		FAO	MOA	38,000			
	1.4.2.a Training workshops for selected local community service providers and national government in rapid food security and nutrition assessment techniques		38,000		FAO	MOH	38,000			
	1.4.2.b Support preparation of training modules for health workers in rapid child nutrition assessment techniques		12,000		UNICEF	IPH	12,000			
	1.4.2.c Technical assistance to develop training modules for rapid health and nutrition assessments		10,000		WHO	IPH	10,000			
	1.4.3. Technical assistance to develop a tracking system in target areas on the impact of high food prices and food shortages on food and nutrition security		26,000	25,000	FAO	MOA	51,000			
	1.4.4.a Establishment of intersectoral technical working group to develop indicator framework for food and nutrition surveillance (FNS)		6,000	5,000	UNICEF	IPH	11,000			
	1.4.4.b Technical support to define food security component of surveillance system		5,000	5,000	FAO	MOA	10,000			
	1.4.4.c Technical support to define nutrition component of surveillance system		6,000	6,000	WHO	IPH	12,000			
	1.4.5.a Development of methodology and framework for FNS, including indicators, data collection systems,		23,000	25,786	UNICEF	IPH	48,786			



Output 2.1. Develop, test and implement community based intervention models to address malnutrition and household food in security	2.1.1. Conduct assessment of capacities of local health and agriculture personnel and CSOs working in nutrition , to design, implement and monitor nutrition and food security interventions in target areas		15,000		UNICEF	IPH	15,000			
	2.1.2. a Conduct participatory needs assessment using community based planning approaches to define community based interventions in target areas		20,000		UNICEF	CSOs	20,000			
	2.1.2.b Technical inputs to develop food security component of participatory needs assessment		10,000		FAO	MOA	10,000			
	2.1.2.c Technical inputs to develop GMP component of participatory needs assessment		5,000		WHO	MOH	5,000			
	2.1.3.a. Training of health and agriculture personnel in local government structures and CSOs working in nutrition related activities in the design, implementation and monitoring of nutrition and food security interventions		65,317		FAO	MOA	65,317			
	2.1.3.b. Technical support to develop training modules on design, implementation and monitoring of food security interventions for agriculture personnel and CSOs		18,000		FAO	MOA	18,000			
	2.1.3.c. Technical support to develop training modules on design, implementation and monitoring of nutrition interventions for health personnel		9,000		WHO	MOH	9,000			

	2.1.4.a Based on community needs assessment, design and implement models ( community IMCI, gardens of mothers, BF mother support groups, distribution of MOH approved sprinkles) to address problems related to malnutrition and food insecurity at hh level including models of conditional cash transfers within the social		110,000	275,662	UNICEF	SCOs	385,662			
	2.1.4.b. Technical support to design implementation of community based intervention models (garden-based learning and nutrition education)		22,000		FAO	KASH	22,000			
	2.1.4.c. Contribute experience from other countries and best practices into design of Albania specific models		15,000	10,000	WHO	MOA	25,000			
	2.1.5.a Support implementation of interventions to improve access to and consumption of micronutrient rich foods ( community & school gardens etc)		71,000	160,000	UNICEF	KASH	231,000			
	2.1.5.b Support development of models to improve access to micronutrient-rich foods		19,000	25,000	FAO	MOA	44,000			
	2.1.5.c Technical support to develop behavioural models to improve consumption of micronutrient-rich foods		10,000	20,000	WHO	MOH	30,000			
	<b>Total</b>						<b>879,979</b>			

JP output: 2.2										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 2.2. Capacity building of health providers at national and in target areas to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counselling	2.2.1.a Assessment on knowledge gaps in nutrition among service providers	10,000			UNICEF	IPH	10,000	8,813	8,813	88 %
	2.2.1.b. Inputs to prepare methodology of assessment from a food security perspective	7,000			FAO		7,000	8,016	8,016	114 %
	2.2.1.c. Support to develop needs assessment tool on nutrition knowledge gaps among service providers	10,000			WHO	MOH	10,000	10,222	6,222	62 %
	2.2.2. a Develop integrated training modules based on existing modules on GM, BF counselling, complementary feeding, young child feeding and nutrition during pregnancy	35,000			UNICEF	Professionals Association	35,000	4,000	4,000	11 %
	2.2.2.b. Technical guidance to develop food security and consumer education component of integrated training modules	25,000			FAO	MOA	25,000	11,135	11,135	44%

	2.2.2.c Technical and normative guidance to introduce the new growth monitoring charts as part of integrated	20,000			WHO	MOH	20,000	19,600	1,600	8 %
	2.2.3.a Workshop with trainers to review and revise training materials		10,000		UNICEF	MOH	10,000			
	2.2.3.b. Technical support to trainers workshop		10,000		WHO	MOH	10,000			
	2.2.4.a Training of service providers in target areas in growth monitoring and promotion , BF, complementary feeding, nutrition during pregnancy		75,000	100,000	UNICEF	MOH	175,000			
	2.2.4.b Support to develop training methodologies		20,000		WHO	MOH	20,000			
	2.2.5.a Design and implement supervisory follow up methodology			43,000	UNICEF	MOH	43,000			
	2.2.5.b. Technical support to development of supervisory methodology			15,000	WHO	Local Health Authorities	15,000			
	2.2.6.a Revise training modules following training workshops in target areas, preparation of final materials and plan for national scale up			12,000	UNICEF	MOH	12,000			
	2.2.6.b Support finalization of integrated training modules using lessons learned from global nutrition interventions			20,000	WHO	MOH	20,000			
	<b>Total</b>						<b>412,000</b>	<b>61,786</b>	<b>39,786</b>	<b>37 %</b>

JP output: 2.3										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 2.3. Development of communication for behaviour change targeting families and communities for improved care and feeding practices for mothers and children	2.3.1a Conduct a baseline KAP survey in target areas, on nutrition and feeding practices, hh food security and food distribution within the family including research on community and hh level factors that constrain and/or facilitate mothers in good IYCF	52,000			UNICEF	CSOs	52,000	51,055	51,055	98 %
	2.3.1.b. Inputs to develop food security and food distribution within family sections of the KAP survey tool	25,000			FAO	MOA	25,000	24,799	24,799	99 %
	2.3.1.c. Inputs to develop nutrition and feeding practices sections of the KAP survey tool	10,000			WHO	MOH	10,000	10,396	2,396	24 %
	2.3.2 a Design communication for behaviour change strategy to address issues of malnutrition and food insecurity		30,000		UNICEF	IPH	30,000			
	2.3.2.b. Technical assistance to develop behaviour models for addressing HH food insecurity		31,000		FAO	MOA	31,000			

	2.3.2.c. Technical inputs to develop behaviour models for improved nutrition practices		10,000		WHO	IPH	10,000			
	2.3.3.a. Develop and deliver appropriate food and nutrition education materials focused on adequate feeding and nutrition of infants, young children and mothers, combining various communication channels to reach target population groups		125,000	331,653	UNICEF	IPH	456,653			
	2.3.3.b. Support the development of educational materials focusing on consumer education and food security		50,000		FAO	IPH	50,000			
	2.3.3.c. Support the development of educational materials focusing on maternal and child feeding		10,000		WHO	MOH	10,000			
	2.3.4. Prepare and introduce nutrition module into core curricula for compulsory education	40,000	30,000		UNICEF	IPH	70,000			
	<b>Total</b>						<b>744,653</b>	<b>86,250</b>	<b>78,250</b>	<b>62 %</b>

JP output: 3.1										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 3.1. Curriculum for public health nutrition developed, tested and introduced in pre-service training	3.1.1.a. Establish and support technical working group to develop public health nutrition curricula	10,000	8,000	8,000	WHO	MOH	26,000	1,529	1,529	15 %
	3.1.1.b. Technical input to working group to develop public health nutrition curricula for pre-service training	5,000	8,000	5,000	FAO	MOA	18,000	4,504	4,504	90 %
	3.1.2. Review and adapt internationally available materials to national settings	40,000	30,000		WHO	MOH	70,000	17,134	0	
	3.1.3. Participation of 2-3 public health professionals in short or medium term specialized nutrition courses	10,000	10,000		UNICEF	MOH	20,000			
	3.1.4. Endorse pre-service module on public health nutrition training		10,000		WHO	IPH	10,000			
	3.1.5. Introduce modules into curricula		30,000	30,000	WHO	IPH	60,000			
	3.1.6. Design, layout and printing of curriculum materials			54,400	UNICEF	Printing house	54,400			
	<b>Total</b>						<b>258,400</b>	<b>23,167</b>	<b>6,033</b>	<b>9 %</b>

JP output: 3.2										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 3.2. Improved supportive supervision health sector mechanisms to strengthen delivery of interventions aiming at reducing malnutrition	3.2.1. Establish multi-stakeholder technical working group to review supervision modalities	10,000			WHO	MOH	10,000			
	3.2.3. Include nutrition monitoring and BCC in supervision list of Regional Directorates for Public Health and		13,000		WHO	MOH	13,000			
	3.2.4. Support integration of supportive supervision in target areas			3,000	UNICEF	Local Health Authorities	3,000			
	Support for M&E	10,000	10,000	25,000	WHO		45,000	10,000	10,000	100 %
	Support for M&E	6000	9000	13000	FAO		28000	5,884	5,884	98 %
	Support for M&E	30,000	30,000	58,000	UNICEF		118,000	30,000	30,000	100 %
	<b>Total</b>						<b>191,000</b>	<b>45,884</b>	<b>45,884</b>	<b>82 %</b>

Summary table

		Planned	Committed	Disbursed	Delivery
<b>FAO</b>	Programme Cost	185,500	173,108	153,931	
	Indirect Cost	12,985	12,118	10,775	
	<b>Total</b>	<b>198,485</b>	<b>185,226</b>	<b>164,706</b>	<b>83%</b>
<b>UNICEF</b>	Programme Cost	395,000	363,424	286,823	
	Indirect Cost	27,650	25,440	20,078	
	<b>Total</b>	<b>422,650</b>	<b>388,864</b>	<b>306,901</b>	<b>73%</b>
<b>WHO</b>	Programme Cost	254,000	193,195	193,195	
	Indirect Cost	17,780	13,524	13,524	
	<b>Total</b>	<b>271,780</b>	<b>206,719</b>	<b>206,719</b>	<b>76%</b>
<b>TOTAL</b>		<b>892,915</b>	<b>780,808</b>	<b>678,325</b>	<b>76%</b>