

Section I: Identification and JP Status

Promotion of a multi-level approach to child malnutrition

Semester: 1-11

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

Report Number	
Reporting Period	1-11
Programme Duration	
Official Starting Date	

Participating UN Organizations	<ul style="list-style-type: none"> * FAO * UNICEF * WFP * WHO
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Implementing Partners	<ul style="list-style-type: none"> * Ministry of Agriculture (MOA) * Ministry of Education (MoE) * Ministry of Health (MOH)
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Budget Summary

Total Approved Budget

FAO	\$608,527.00
WHO	\$196,942.00
WFP	\$242,547.00

UNICEF	\$1,451,974.00
Total	\$2,499,990.00

Total Amount of Transferred To Date

FAO	\$444,071.00
WHO	\$112,916.00
WFP	\$174,666.00
UNICEF	\$1,035,432.00
Total	\$1,767,085.00

Total Budget Committed To Date

FAO	\$415,020.00
WHO	\$48,066.00
WFP	\$145,251.00
UNICEF	\$808,863.00
Total	\$1,417,200.00

Total Budget Disbursed To Date

FAO	\$310,765.00
WHO	\$48,065.00
WFP	\$144,011.00
UNICEF	\$377,037.00
Total	\$879,878.00

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
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Parallel	0	0	0	0	0
Cost Share	0	0	0	0	0
Counterpart	0	0	0	0	0

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	0	0	0	0	12791	12332	3	417
Reached Number	0	0	5874	0	14116	13012	3	247
Targeted - Reached	0	0	-5874	0	-1325	-680	0	170
% difference	0	0	0	0	110.36	105.51	100.0	59.23

Indirect Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number	316386	0	336119	0	0	0	0	5
Reached Number	332311	0	353098	0	0	0	0	5
Targeted - Reached	-15925	0	-16979	0	0	0	0	0
% difference	105.03	0	105.05	0	0	0	0	100.0

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

Up to date 72 health facilities in 3 beneficiary regions and 94 at national level against 90 planned are able to manage and prevent children malnutrition as a result of the trainings conducted, the regular supervision and the timely distribution of medical supplies, cooking demonstration materials and food supplements. While only 24 centers were able to attend malnourishment cases in the beginning of the project. Food production in school gardens has been successfully established in already 126 community schools against 100 initially planned. 100% of schools including teachers, students and parents, received training on food security, nutrition and school gardens management and over 60% appropriated and apply acquired knowledge. 100% of schools have school garden management committees ensuring follow up. Results demonstrate that over 50% of community schools managed to ensure income from food production in order to reinvest in seeds and production during coming year. Moreover, the high levels of engagement shown by school children and parents in working on school gardens even during school holidays as well as first replications of school gardens at household level are strong signs and basis for sustainability. Less progress can be reported regarding community based nutrition promotion and surveillance establishment because of the delay in the identification of community health workers by the Ministry of Health that has recently established new criteria which entail old community health workers to be replaced and new ones to be identified. Nevertheless, 100% of identification is accomplished up to date and trainings as well as material distribution at community level have already started. It is worth noting that sensitization activities on exclusive breast feeding at community level were already undertaken during breastfeeding week campaign and through home visits and breastfeeding practices demonstration. Communities also largely benefited from radio programmes and campaigns which increased from 0 to 252 in 6 regions (3 covered by the JP and 3 additional regions benefiting from large broadcasting). The interventions have been monitored and supervised by all government counterparts involved in the JP, with 100% supervision reports filled by central authorities. Less efficient monitoring and supervision was ensured at regional level with only 20% of supervision reports available. One of the main targets of the JP for the near future is to jointly identify the mechanisms allowing an improve and more efficient monitoring mechanism under the supervision of government counterparts.

Progress in outputs

63% of health and rehabilitation centers were equipped with material and food supplements to improve management and prevention of child malnutrition. 88% of health workers were trained to date of which 88% had a post test score above 80%. Due to high turnover of staff and insufficiently acquired knowledge among some health workers, it was noted that the malnutrition protocol is not respected in some centers. Refresher trainings are planned and will allow correcting such discrepancies. Chosen centers in need were equipped with transport means (9 motorcycles) to allow community to benefit from outreach activities. JP faced a delay in providing health centers with appropriate Information, Education and Communication (IEC) material on basic nutrition due to insufficient local capacity to print timely IEC material, nevertheless, materials are now available and trainings will start in the coming month. Trainings and sensitization campaigns at community level are behind schedule due to the time taken to identify the community health workers. Nevertheless, identification was finally accomplished, the training materials were prepared and communities have started to be strengthened in terms of basic nutrition monitoring and surveillance practices. Regarding school gardens activities, the JP reached much more beneficiaries than planned initially: 172% of school teachers, 100% of management committees' members and six times more than planned initially parents gained knowledge on food security, nutrition and agriculture techniques. School gardens are established and maintained in 126 schools against 100 initially planned. At least 80% of school children in selected schools cultivate periodically and consume vegetables at least once a day. More than 50% of cultivated vegetables are consumed at school by children. Quantities of consumed vegetables are currently being collected in order to

estimate the impact on dietary diversification habits. The Nutrition Unit at the Ministry of Health is being continuously reinforced by recruited specialists, one national and one international nutritionist. Communication and Advocacy (C&A) strategy was jointly developed and approved in April 2011 and its implementation is currently undergoing. It is important to mention that there is no staff specifically allocated for C&A strategy implementation, thus the support is provided through the RCO Communication Officer. The recruitment of the project coordinator was completed in May 2011 and the regular joint coordination missions (4 up to date) contributed to better management and monitoring of the JP. The external mid-term evaluation is delayed due to lack of available staff to be appointed by the MDG-F Secretariat; it is still planned to be undertaken through the common efforts of JP and MDG-F Secretariat in identifying a suitable candidate in the most timely manner.

Measures taken for the sustainability of the joint programme

The Joint Programme has been fully aligned and contributes to the implementation of national policies and strategies such as PRSP and National Health Development Programme in order to ensure the sustainability of the interventions and national ownership. The participation of the Government is being reinforced through capacity development on coordination, monitoring and evaluation aimed at reaching measurable results and impact. A number of development stakeholders (NGOs) acting in the area have been identified in order to ensure synergies and partnerships. Moreover, long term partnerships with media, namely 5 community radios, as well as the development and implementation of a comprehensive advocacy and communication strategy have been put in place in order to ensure communication for development, strengthen national ownership and decision-makers' commitment as well as visibility of the JP's results. It is worth noticing that high levels of engagement shown by school children and parents in working on school gardens even during school holidays as well as first replications of school gardens at household level are strong signs for JP sustainability.

Are there difficulties in the implementation?

UN agency Coordination

Administrative / Financial

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

Joint Programme design

What are the causes of these difficulties?

External to the Joint Programme

Internal: see below

Other. Please specify

Internal: see below

Briefly describe the current difficulties the Joint Programme is facing

Turnover of personnel responsible for JP implementation within agencies and JP coordination and need for an enhanced common vision of the JP, among partner agencies, weaken the coordination and the implementation. Some of the management difficulties faced by JP are related to the lack of a solid and efficient monitoring and evaluation mechanisms at local level. Neither C&A nor Monitoring & Evaluation (M&E) specialist were initially allocated specifically to the JP, which has weakened JP's capacity to ensure sufficient impact through C&A and results based management through M&E. Besides, internal WHO new operational system long-lasting blockage impeded the allocation of funds and delayed timely implementation of refresher training activities of health workers. The identification of community health agents due to new criteria, as established recently per MoH, delayed achievement of outputs at community level, regarding basic nutrition management and surveillance. JP is also facing difficulties in obtaining reliable data from the field, namely on identified and treated malnourishment cases, due to insufficiently functional locally adapted mechanisms to gather data and motivate health personnel to ensure its reliability.

Briefly describe the current external difficulties that delay implementation

a. High turnover and low motivation of health care service staff, b. insufficient number of health care staff per centre at national level, c. very poor conditions of roads and inaccessibility of certain targeted communities during rainy season, d. lack of appropriate transportation means (in certain targeted geographical areas) to ensure regular communities outreach by health care providers, e. financial difficulty of malnourished pregnant and lactating women and mothers of malnourished children to take long distances from remote villages to reach reliable health services as well as f. cultural resistance to nutritional habits changes are external difficulties challenging implementation and reducing impact on the beneficiaries. Reduced access to water in the communities and low literacy rate among population are the main challenges of school garden activities. The external mid-term evaluation should have been carried out in May 2011, it is delayed due to lack of available staff to be appointed by the MDG-F Secretariat. The outcomes of this evaluation would be crucial for addressing some of the difficulties faced by the JP by assessing on best practices and innovative ways to reach a higher impact.

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

The JP, through joint effort, is aiming to strengthen further existing national monitoring and supervision mechanisms in order to improve national counterpart capacity to better follow up health facilities and generate reliable data allowing to evaluate the nutritional situation and progress done. When programming the 3rd year activities and with the support of M&E specialist based within the Resident Coordinator Office, the emphasis will be on strengthening monitoring and supervision mechanisms at local level as well as national ownership. The improvement achieved in terms of information sharing among JP's partners is ensuring higher participation and strengthens coordination of the JP. A greater emphasis on a joint vision among agencies and national counterparts would lead to higher level of joint mutual accountability. Joint inter agency and national counterpart effort will be used as leverage for implementing Communication and Advocacy strategy. JP will seek to ensure better quality of services at the level of all health centres beneficiaries of JP to attract mothers with malnourished children, pregnant and lactating malnourished women to look for services from the closest health centre. Rigorous and efficient implementation of activities at community level in coming months, regarding establishment of basic malnourishment surveillance, will be thoroughly supervised by JP interagency task force as well as by national counterpart, in order to mitigate delays and ensure positive impact. JP is planning to provide support to WHO to implement activities delayed due to long lasting blockage of funds through considering financial inter agency arrangement. Recruitment of an international nutritionist to be fielded for the rest of the JP duration starting from August and the finalised recruitment of JP Manager should ensure better cohesion and coordination.

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

Heads of involved agencies were approached by the JP in May 2011 and it was decided to increase information sharing on JP progress and constraints with heads of agencies in order to improve joint accountability as well as facilitate delivering as one dialogue. The established inter-agencies task-force is a powerful mechanism through which decisions on progress constraints and recommendations are coordinately and jointly addressed. With interagency effort, a comprehensive M&E instrument was recently developed to increase, among others, the level of mutual accountability. Coordination with the other national MDG-F joint project has been reinforced through the common Steering Committee. Considering the nature of the only other existing JP (Justice and SSR Reform), and different geographic areas of interventions, the coordination between these two projects will

be happening in areas such as common Advocacy and Communication strategy as well as seeking into sharing lessons learnt and successful strategies.

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	Not available	5	Meeting reports	Routine:email exchange, meetings
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	3	Studies	Periodic, study related
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	6	Mission Reports	Periodic: meetings

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

Conception of training material & monitoring tools, recruitment process, coordination, experiences and information sharing, supervision and field visits, monitoring and evaluation activities.

Management: budget

Conception of training material & monitoring tools, recruitment process, coordination, experiences and information sharing, supervision and field visits, monitoring and evaluation activities.

Management: other, specify

Conception of training material & monitoring tools, recruitment process, coordination, experiences and information sharing, supervision and field visits, monitoring and evaluation activities.

Who leads and/or chair the PMC?

RC Office/ Ministry of Health

Number of meetings with PMC chair

7 times (since the beginning of the project)

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

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

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

Policy/decision making
Experiences and information sharing; supervision and field visits.
Management: service provision
Experiences and information sharing; supervision and field visits.
Management: other, specify
Experiences and information sharing; supervision and field visits.

Are the citizens 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 are the citizens involved?

Management: service provision
Women, parents, students, teachers and community volunteers are involved in the school gardens management committees.
Management: other, specify
Women, parents, students, teachers and community volunteers are involved in the school gardens management committees.

Where is the joint programme management unit seated?

other, specify
Coordination ensured by RCO (JP Coordinator) with support of the leading agency (UNICEF) and in close collaboration with national counterpart who seats in the Ministry of Health (Nutrition Unit).

Current situation

The Ministry of Health (MoH), Ministry of Agriculture (MoA) and Ministry of Education (MoE) have some participation at central and local level in the implementation of the JP. Moreover, the MoH - through the Nutrition Unit - has a key role of co-facilitating the Programme Management Team, and coordinating the Government interventions directly and indirectly related with the JP. MoH (Nutrition Unit) is fully engaged and involved in the JP activities. At regional level, authorities are insufficiently committed. Poor road conditions, limited financial and logistical means lead to demotivation and limit regional authorities from ensuring close supervision of the activities in the field. Nevertheless high and strong wish to be engaged, to ensure ownership and supervision are clearly expressed and progressive efforts towards it are done by regional governments.

NGO Caritas is represented in main JP meetings and it has been participating actively in decision making process and activities implementation.

Regarding Civil society involvement, at the local level, school children parents committees, school teachers and community volunteers have participated in the programme implementation. Representatives of rural communities will be more closely involved in the JP once training and sensitization (for behavior change) activities start.

Private sector is not involved in the implementation of the JP, efforts should and will be done in this direction.

Regular Joint Coordination missions allow better alignment among national and provincial stakeholders increasing mutual accountability.

4 Communication and Advocacy

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

Yes true
No false

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

The JP Communication & Advocacy strategy was validated by the PMC in April 2011.

This strategy aims to:

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

The implementation of this communication strategy will focus on:

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

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

Increased awareness on MDG related issues amongst citizens and governments

Increased dialogue among citizens, civil society, local national government in relation to development policy and practice
Establishment and/or liaison with social networks to advance MDGs and related goals
Key moments/events of social mobilization that highlight issues
Media outreach and advocacy

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

Faith-based organizations
Social networks/coalitions
Local citizen groups
Private sector
Academic institutions
Media groups and journalist 5 community radios
Other

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

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

Section III: Millenium Development Goals

Millenium Development Goals

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
N° 1: Management and prevention of children malnutrition is improved at facility level (nutrition rehabilitation centers and health centers);	0	Under-five mortality rate in the region	560.0

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
N° 1: Management and prevention of children malnutrition is improved at facility level (nutrition rehabilitation centers and health centers);	4539	Number of children of severe and moderate acute malnutrition (SAM+MAM) treated	1035.0

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
N° 1: Management and prevention of children malnutrition is improved at facility level (nutrition rehabilitation centers and health centers);	0	Number of preganant and lactating women receiving nutrition services	5847.0

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
N° 2:Community-based nutrition promotion & surveillance activities established in 150 selected communities;	4539	Prevalence of underweight children under-five years of age in selected regions`	1035.0

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
N° 2:Community-based nutrition promotion & surveillance activities established in 150 selected communities;	0	Number of malnourished children effectively treated at community level	0.0

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
N° 3:Sustainable food production established in school communities to improve nutritional status and promote education of children on food security and nutrition	4539	Prevalence of underweight children under-five years of age in selected regions`	1035.0

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
N° 3:Sustainable food production established in school communities to improve nutritional status and promote education of children on food security and nutrition	20000	Number of school gardens created and maintained (including number of beneficiary children)	26093.0

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
N° 3:Sustainable food production established in school communities to improve nutritional status and promote education of children on food security and nutrition		Number of kids who consume vegetables at least once a day in beneficiaries schools	20874.0

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
N° 3:Sustainable food production established in school communities to improve nutritional status and promote education of children on food security and nutrition	20550	Nuber of school teachers, school children and parents who received training on food security and nutrition	26286.0

Additional Narrative Comments

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



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

Please note that targeted and reached indirect beneficiaries, as per information provided in this report, include total population of 3 targeted regions, since all communities in these 3 regions largely benefit from radio programs and campaigns undertaken within JP activities.

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.	Not available
No. Urban	Not available
No. Rural	Not available
No. Girls	Not available
No. boys	Not available

Children from 2 to 5

Total No.	Not available
No. Urban	Not available
No. Rural	Not available
No. Girls	Not available
No. Boys	Not available

Children older than 5

Total	Not available
No. Urban	Not available
No. Rural	Not available
No. Girls	Not available
No. boys	Not available

Women

Total	Not available
No. Urban	Not available
No. Rural	Not available
No. Pregnant	Not available

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	Not available
No. Urban	Not available
No. Rural	Not available
No. Girls	Not available
No. Boys	Not available

Children from 2 to 5

Total	Not available
No. Urban	Not available
No. Rural	Not available
No. Girls	Not available
No. Boys	Not available

Children older than 5

Total	Not available
No. Urban	Not available
No. Rural	Not available
No. Girls	Not available
No. Boys	Not available

Women

Total	Not available
No. Urban	Not available
No. Rural	Not available
No. pregnant	Not available

Men

Total	Not available
No. Urban	Not available
No. Rural	Not available

1.3 Prevalence of underweight children under-five years of age

National % 17.2
Targeted Area % 22.4

Proportion of population below minimum level of dietary energy consumption

% National 20
% Targeted Area 17

Stunting prevalence

% National 28.1
% Targeted Area 32.3

Anemia prevalence

% National 75
% Targeted Area Not available

Comments

- Underweight and stunting prevalence from SMART Survey 2008 using WHO 2006 ref
- Dietary energy consumption - CFSVA Survey on food security and vulnerable rural households, (May 2011)
- Anemia rate for pre-school aged children (National Survey 2008)

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 16602
Local 15818
Urban Not available
Rural 11757
Girls 7863
Pregnant Women Not applicable
Boys 8739

Food fortification

National see comments below
Local
Urban

Rural
Girls
Pregnant Women
Boys

School feeding programmes

National see comments below
Local
Urban
Rural
Girls
Pregnant women
Boys

Behavioural change communication

National see comments below
Local
Urban
Rural
Girls
Pregnant women
Boys

Gender specific approaches

National 0
Local
Urban
Local
Girls
Pregnant Women
Boys

Interventions targeting population living with HIV

National 0
Local
Urban
Rural
Girls
Pregnant Women

Boys

Promotion of exclusive breastfeeding

National see comments below

Local

Urban

Rural

Girls

Pregnant Women

Boys

Therapeutic feeding programmes

National see comments below

Local

Urban

Rural

Girls

Pregnant Women

Boys

Vaccinations

National 0

Local

Urban

Rural

Girls

Pregnant Women

Boys

Other, specify

National 0

Some of the interventions above mentioned have not been directly scaled-up via the JP. However it is worth mentioning that in some cases they are integrated, foressen or complementary to the Joint programme:

1) Homestead food production and diversification: The joint programme promotes School Gardens and food diversification in 150 communities.

2) Food fortification (with micronutrients) is provided as part of treatment to malnutrition patients in 114 Heath and nutrition Centers (72 in the project area + 42 nationally supported by MDG-F Nutrition).

3) School feeding programmes are supported indirectly by the programme, as beneficiarries school are the same as those of the JP programme.

4) Behavioural change communication is one of the strategies promoted and supported by the JP, which includes promotion of exclusive breastfeeding; diet diversification realted tranings, demonstrations, sensitisation activities and cultivation of vegetables.

5) *Therapeutic feeding programmes are supported by the JP, namely Heath and nutrition centres (24 CARITAS centers) nationally*

Local

Some of the interventions above mentioned have not been directly scaled-up via the JP. However it is worth mentioning that in some cases they are integrated, foressen or complementary to the Joint programme:

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2) *Food fortification (with micronutrients) is provided as part of treatment to malnutrition patients in 114 Heath and nutrition Centers (72 in the project area + 42 nationally supported by MDG-F Nutrition).*

3) *School feeding programmes are supported indirectly by the programme, as beneficiarries school are the same as those of the JP programme.*

4) *Behavioural change communication is one of the strategies promoted and supported by the JP, which includes promotion of exclusive breastfeeding; diet diversification realted tranings, demonstrations, sensitisation activities and cultivation of vegetables.*

5) *Therapeutic feeding programmes are supported by the JP, namely Heath and nutrition centres (24 CARITAS centers) nationally*

Urban

Some of the interventions above mentioned have not been directly scaled-up via the JP. However it is worth mentioning that in some cases they are integrated, foressen or complementary to the Joint programme:

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2) *Food fortification (with micronutrients) is provided as part of treatment to malnutrition patients in 114 Heath and nutrition Centers (72 in the project area + 42 nationally supported by MDG-F Nutrition).*

3) *School feeding programmes are supported indirectly by the programme, as beneficiarries school are the same as those of the JP programme.*

4) *Behavioural change communication is one of the strategies promoted and supported by the JP, which includes promotion of exclusive breastfeeding; diet diversification realted tranings, demonstrations, sensitisation activities and cultivation of vegetables.*

5) *Therapeutic feeding programmes are supported by the JP, namely Heath and nutrition centres (24 CARITAS centers) nationally*

Rural

Some of the interventions above mentioned have not been directly scaled-up via the JP. However it is worth mentioning that in some cases they are integrated, foressen or complementary to the Joint programme:

1) *Homestead food production and diversification: The joint programme promotes School Gardens and food diversification in 150 communities.*

2) *Food fortification (with micronutrients) is provided as part of treatment to malnutrition patients in 114 Heath and nutrition Centers (72 in the project area + 42 nationally supported by MDG-F Nutrition).*

3) *School feeding programmes are supported indirectly by the programme, as beneficiarries school are the same as those of the JP programme.*

4) *Behavioural change communication is one of the strategies promoted and supported by the JP, which includes promotion of exclusive breastfeeding; diet diversification realted tranings, demonstrations, sensitisation activities and cultivation of vegetables.*

5) *Therapeutic feeding programmes are supported by the JP, namely Heath and nutrition centres (24 CARITAS centers) nationally*

Girls

Some of the interventions above mentioned have not been directly scaled-up via the JP. However it is worth mentioning that in some cases they are integrated, foressen or complementary to the Joint programme:

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3) *School feeding programmes are supported indirectly by the programme, as beneficiarries school are the same as those of the JP programme.*

4) *Behavioural change communication is one of the strategies promoted and supported by the JP, which includes promotion of exclusive breastfeeding; diet diversification realted*

trainings, demonstrations, sensitisation activities and cultivation of vegetables.

5) Therapeutic feeding programmes are supported by the JP, namely Health and nutrition centres (24 CARITAS centers) nationally

Pregnant Women

Some of the interventions above mentioned have not been directly scaled-up via the JP. However it is worth mentioning that in some cases they are integrated, foressen or complementary to the Joint programme:

1) Homestead food production and diversification: The joint programme promotes School Gardens and food diversification in 150 communities.

2) Food fortification (with micronutrients) is provided as part of treatment to malnutrition patients in 114 Health and nutrition Centers (72 in the project area + 42 nationally supported by MDG-F Nutrition).

3) School feeding programmes are supported indirectly by the programme, as beneficiarries school are the same as those of the JP programme.

4) Behavioural change communication is one of the strategies promoted and supported by the JP, which includes promotion of exclusive breastfeeding; diet diversification realted tranings, demonstrations, sensitisation activities and cultivation of vegetables.

5) Therapeutic feeding programmes are supported by the JP, namely Health and nutrition centres (24 CARITAS centers) nationally

Boys

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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 0

Local

Laws

National 0

Local

Plans

National	0
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	0
Local	3
Total	3

b. Joint Programme M&E framework

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

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
Joint Programme Outcome 1: Management & prevention of children malnutrition is improved at health facility level (nutrition rehabilitation & health centres)	Number of children with severe acute malnutrition (SAM) ³	3,404 cases of SAM expected nationally ⁴ 1,490 cases of SAM expected in project area ⁵	Less than 1,700 cases of SAM reported nationally 80% of SAM cases reported in the project area (1,192)	2,744 cases of SAM expected nationally ⁶ 387 SAM cases identified in the project area ⁷	MICS SMART INASA reports	Annual Survey Monthly reports	Min. Health UNICEF WFP	INASA is able to collect and analyse needed information in due time
	Number of children with moderate acute malnutrition (MAM)	13,500 cases of MAM expected nationally 5,588 MAM cases expected in the project area ⁸	Less than 50% cases of MAM reported nationally (6750) 80% of MAM cases reported in the project area (4470)	4,475 cases of MAM expected nationally ⁹ 1,723 MAM cases reported in the project area ¹⁰	MICS SMART INASA	Annual Survey Monthly reports	Min. Health UNICEF WFP	INASA is able to collect and analyse needed information in due time
	Number of children with severe acute malnutrition (SAM) treated in health and nutrition centres	Not available	80% cases of SAM treated equiv at 2,700. (225 monthly) nationally 80% of SAM cases reported in the project	xxx cases of SAM treated nationally 1,035 SAM+MAM	INASA reports Health and Nutrition centre reports	Monthly report	Min. Health UNICEF WFP	Idem

¹ Last Updated on 15/07/2011

² With indicative time frame & frequency of information sharing

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

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

⁵ SMART 2008

⁶ Calculated using SAM rate from MICS 2010, and population from the 2009 census taking a population growth rate of 2.45% (also from the census)

⁷ INASA (January to May 2011)

⁸ SMART 2008

⁹ PAM

¹⁰ INASA (January to May 2011)

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
			area are treated (953)	cases treated in the project area ¹¹				
	Number of children with moderate acute malnutrition (MAM) treated in health and nut. centres	Not available	50% of 6,750 cases of MAM treated (3375) nationally 80% of reported MAM cases in the project area are treated (3,576)	2,146 cases of MAM treated nationally ¹² 1,035 SAM+MAM cases treated in the project area ¹³	INASA reports Health and Nutrition centre reports.	Monthly report	Min. Health WFP UNICEF	Idem
	Number of mothers receiving pre-natal services	8.904 pre-natal visits in 2008 ¹⁴	60% of target population (pregnant women) receives pre-natal services (5,342)	10,526 mothers receiving 3 or more ANC services	INASA reports	Monthly report	Min. Health UNICEF	Idem
	under-five mortality rate	223 per 1000 live births	135 per 1000 live births	158 per 1000 live births	MICS	Annual	UNICEF	Risk of political and socio- crisis resulting in deterioration of social services

¹¹ MoH data collected from health facilities in the area of the project , period from December 2010 to May 2011 (data from 14 centers). Data is not disaggregated by type of case SAM and MAM. Data in not interlinked with FWP reports.

¹² PAM 2011

¹³ MoH data collected from health facilities in the area of the project , period from December 2010 to May 2011 (data from 14 centers). Data is not disaggregated by type of case SAM and MAM. Data in not interlinked with FWP reports.

¹⁴ CAP SR 2008

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
1.1. 24 nutrition rehabilitation centres and 90 health centres are equipped to effectively prevent and manage child malnutrition	Number of health and nutrition centres equipped with needed quantities of ready-to-use therapeutic foods (RUTF)	22 nutritional centres functional in 2009, with limited materials	All centres - 24 nutrition rehabilitation centres and 90 health centres - are provided with needed quantities of materials	RUTF provided to 48 health centers and 24 nutrition rehabilitation centers.	Delivery report of RUTF	Every delivery	UNICEF	Delay in distribution
	Number of health and nutrition centres equipped with micro-nutrient supplements			Micro-nutrient supplements provided to 48 health and 24 nutrition rehabilitation centers.	Delivery report of micro-nutrients supplements	Every delivery	UNICEF	Delay in distribution
	Number of health and nutrition centres equipped with anthropometric materials			Anthropometric materials provided to 48 health centers and 24 nutrition rehabilitation centers.	Delivery report of anthropometric materials	Every delivery	UNICEF	Delay in distribution
	Number of centres receiving take home Food supplements	33 health centres receiving food supplements from WFP	By 2012, all - 24 nutrition rehabilitation centres and 90 health centres - are provided with needed quantities of food supplements	62 health centers are provided with needed quantities of take home food supplements	Delivery report	Every month	WFP	Food pipeline break -Delay in transportation
	Number of centres with cooking material for demonstration	No cooking materials available	All centres are equipped with cooking material for demonstration	62 Health centers received cooking materials for demonstration	Delivery report	Every delivery	WFP	Delay in distribution

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
1.2. 228 Health workers are qualified on and put into practice for effective prevention and management of children malnutrition	% of trained staff who scored at least 80% for the post test of the training session	Not available	By 2012, the capacity of 228 health workers in management of moderate and severe malnutrition strengthened	201 health workers trained to date; 88% had a post-test score above 80%	Training & Evaluation report	Report on each training session	UNICEF	Risk: political instability and socio-political crisis resulting in collapse of services turnover of personnel
	% of trained staff who scored at least 80% for the post test of the training session	0	Refresher trainings are organized every year for the trained health workers	0 Health workers trained and recycled	Training & Evaluation report	Report on each training session	OMS	
	Number of Health centres with means of transport.	Not available	By 2010, Health centres in need are equipped with transport means to conduct outreach activities and to supervise the community health providers	22 health centers were equipped with transport means (motorcycles). All health Centers have means of transportation	Delivery report	Every delivery	UNICEF	Fluctuations in international market (price)
1.3. 24 nutrition rehabilitation centres and 90 health centres are provided with appropriate information, education and communication material on basic nutrition, health care and hygiene to undertake campaigns at community and school levels	Number of health workers trained on IEC techniques and who scored at least 80% during the post training evaluation.	Not available	By 2010, IEC materials on basic nutrition, health care and hygiene are reproduced and available.	Activities (are behind schedule) and will start in the end of second year	Report on number of materials available (inventory)	Routine	Min. Health UNICEF	
			By 2012, 228 health workers trained on IEC techniques scored 80% in the post evaluation	Not yet started	Training & Evaluation report	Report on each training	UNICEF	

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
Joint Programme Outcome 2: Community-based nutrition promotion & surveillance established in 150 selected communities	Percentage of exclusive breastfeeding in selected communities /regions	28% exclusive breastfeeding ¹⁵	Increase of exclusive breastfeeding up to 50% in selected communities.	38% ¹⁶ exclusive breastfeeding.	SMART MICS	Annual Survey	UNICEF Min. of Health	Unable to trace percentage of exclusive breastfeeding in selected communities
	Number of SAM cases in the region	1,490 cases of SAM ¹⁷ in the project area communities	80% of SAM cases reported in the project area communities (1192)	0 SAM cases reported in the communities of the project area	INASA reports Health and Nutrition centre reports.	Monthly report	Min. Health WFP UNICEF	INASA is able to collect and or treat information regarding Health services
	Number of MAM cases in the project area	5,588 cases of MAM expected in the project area communities	80% of MAM cases reported in the project area communities (4,470)	0 MAM cases reported in the project area communities	INASA reports Health and Nutrition centre reports	Monthly report	Min. Health WFP UNICEF	INASA is able to collect and or treat information regarding Health services
	Prevalence of underweight children under-five years of age in selected region level	26.5% in the East, and 23.5% in the North (17% underweight children nationally)	18% in the East and 16% in the North	21.7% in the East, and 19.7% in the North. (18.1% underweight children nationally)	SMART MICS	Periodic Survey	Min. Health WFP UNICEF	INASA is able to collect and or treat information regarding Health services

¹⁵ National value; (SMART 2008).

¹⁶ (MICS 2010) Gabu – 14.8%, Cacheu – 36.4%, Oio – 47.1%, and Bafata – 42.1%.

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

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
2.1. 600 community health care providers are knowledgeable and put into practice on basic nutrition monitoring and surveillance practices, such as growth monitoring, identification of signs of malnutrition and timely referral of malnourished children, promotion of exclusive breastfeeding, timely and appropriate complementary feeding and hand washing, etc.	Number of community health care providers trained and who scored 80% during the post training evaluation	None in 2009.	By 2012, Selected 600 community health care providers are trained on basic nutrition monitoring and surveillance, maternal & child nutrition and hygiene	Activities (are behind schedule) and will start in second year	Training & evaluation reports	Report on each training	UNICEF	
		None in 2009.	Update trainings are organized every year for the community health providers	Activities (are behind schedule) and will start in third year	Training & evaluation reports	Report on each training	OMS	
	Number of transport means provided	0	Community health providers are equipped with transport means to undertake regular outreach activities and home visits	200 bicycles procured for 200 community health providers.	Procurement document Delivery reports	Routine	UNICEF	Delay in distribution
	Number of Community health agents equipped with anthropometric and RUTF materials	0	By 2010, Community health providers are equipped with anthropometric materials and RUTF to undertake nutrition monitoring activities	Anthropometric materials and RUTF procured	Procurement document Delivery reports	Routine	UNICEF Min. of Health	Delay in distribution

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
2.2. Knowledge and skills among communities and families are built on sound nutrition practices, such as exclusive breastfeeding, timely and appropriate complementary feeding, hand washing, maternal and child nutrition and Prevention of Mother to Child transmission of HIV, etc	Number of families sensitized and mobilized for behaviour change on nutritional foods and cooking practices, exclusive breastfeeding, infant and young child feeding ensured.	None in 2009	47 802 ¹⁸ families sensitised and mobilised by Community workers	Activities (are behind schedule) and will start in second year	Training & evaluation reports	Routine	UNICEF	Risk: Delay in providing adequate communication materials to community health care providers.
	Number of Radio programs/campaigns produced and broadcast in these 3 regions	0	Programs broadcasted in three pilot regions, and reaching all concerned population	252 number of programs produced, and broadcast in 6 regions	Copy of Radio programs	Ad hoc (copy of radio programs)	WHO	Lack of appropriate verification method
Joint Programme Outcome 3: Sustainable food production established in school communities to improve nutritional status and promote the education of children and their parents on food security and nutrition	% school children in selected schools who consume at least once a day vegetables produced at school	Nutritional status of school children as per study of 2009	80% school children in selected schools consume at least once a day vegetables produced at school	Not Available % ¹⁹ school children in selected schools consume at least once a day vegetables produced	Survey report Mission reports	Mission	FAO	Insufficient involvement of local stakeholders in school garden activities
	Number of schools gardens established	0	150 school gardens established	126 school gardens establishes				
3.1. Nutritional status and dietary habits of school children were evaluated in 150	Number of schools children evaluated	0 among 20,000 school children	Nutrition status and dietary habits of school children	Nutrition status and dietary habits of 11.757 schools	Missions report, provisory data	Field survey during one	FAO	Risk: Nutritional and food security

¹⁸ Total number of households in the regions of Gabu, Bafata and Oio (2009 Census)

¹⁹ Data collection currently undergoing (FAO)

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
community Schools			(25,000) evaluated	children evaluated (5768 boys and 5989 girls)	of survey	month		situation do not receive enough attention from national policies and programmes.
3.2. School teachers school children, community workers and parents are trained on basic agriculture, nutrition and food security to ensure ownership of knowledge and sustainability of the intervention and maintenance of school gardens	Number of school teachers and parents who scored 80% during the post training evaluation	0	By 2012, 250 school teachers, 150 community workers and 300 parents are trained on basic nutrition and food security , nutrition and management of school garden	315 School teachers trained on management of school garden and 2191 parents. 115 teachers and 78 parents trained on nutrition	Training report Meetings' report	Evaluation process	FAO	Adequate capacities, including sufficient knowledge and comprehension to support capacity building on nutrition and food security
3.3. School gardens are created and maintained in selected schools	Number of school gardens created and maintained	0	By 2012, 150 school garden are created and maintained	50 school gardens maintained, and other 75 established during second year	Routine and evaluation reports Missions report	Periodic supervision (missions)	FAO	Lack of water / water management issues Adequate capacities, including sufficient knowledge and comprehension to support capacity building on nutrition and food security

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
3.4. School kids in selected schools produce periodically and consume vegetables at least once a day	Quantities and quality of vegetables produced in the school gardens	0	By 2012, 80% of school gardens produce, at least twice per year, vegetables	75 school gardens have produced 17,757kg of vegetables.	School committee reports	Periodic supervision (missions)	FAO	Lack of local supervision and involvement
Joint Programme Outcome 4 : Interventions on children nutrition and food security are effectively monitored and supervised by government counterparts	Number of supervision reports fill-in by: (1) central authorities; (2) regional authorities	0	By 2012, both central and regional authorities participate and follow-up activities on nutrition sector	100% supervision reports fill-in by central authorities; 20% supervision reports fill-in by regional authorities.	Monitoring reports	Routine Monitoring missions	Min. of Health	Adequate capacities, including sufficient knowledge and understanding, to support capacity building in M&E
	Number of reports provided with updated and accurate data on nutritional status in the country	N/A	By 2012, the Ministry of health is able to provide updated data on nutritional status of the country (project area)	100% semester reports provided with updated data on nutritional situation ²⁰	Routine Surveys		Min. of Health WHO INASA	INASA has adequate capacity to gather and process data
	Number of reports provided with updated and accurate data on treated SAM and MAM cases, separately	N/A	By 2012, the ministry of health is able to provide updated and accurate data on treated SAM and MAM cases, separately	19,4 % of reports available ²¹	Monitoring reports		MoH UNICEF WFP	Adequate national capacity to gather and process data
4.1. The Nutrition Unit at the Ministry of Health is reinforced in terms of human resources and equipment.	Number of new staff who were integrated in MOH structure (nutritional unit) by 2012	2 national staff involved in nutrition programs at the MOH in 2009	By end of 2009, one international nutritionist and one national consultant are recruited and posted at the Ministry of Health	1 National consultant was recruited and posted in the MoH; one international nutritionist was	Recruitment documents	Routine	UNICEF WHO	Difficulties recruiting and securing staff

²⁰ INASA, monthly reports

²¹ MoH (Nutrition Service) consolidated in June 2011 data from 13 CARITAS centers and 1 CRENI/CRENAJ Ganu center (total 14). Only available information to date.

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
				recruited and posted in MoH				
	Number of Vehicles distributed	0	By 2009, the nutrition unit of the Ministry of Health is equipped with a vehicle for field visits and supervision	Nutrition unit of the Ministry of Health is equipped with 1 vehicle for field visits and supervision of programme.	Delivery reports	Routine	UNICEF	
	Number of training provided to regional teams; percentage of people who scored more than 80% in post-training tests	Not available	By end of 2010, the national and regional health teams are trained to ensure good implementation and monitoring of the nutrition interventions	The training provided to 3 regional teams (12 regional direction's staff); with n/available number of people who scored more than 80% in post-training tests	Reports on training; training test.	Training documents	WHO	Adequate capacities, including sufficient knowledge and understanding, to support capacity building in M&E
	Number of training provided to health centres and school staff; percentage of people who scored more than 80% in post-training tests	Not available	By 2011, Capacity of health centres and schools is strengthened to ensure monitoring of field activities	The training provided to Health centres and school staff (218 staff in 3 regions); with 90% among trained who scored more than 80% in post-training tests	Reports on training; training test.	Training reports	WHO	Idem
4.2. The Joint programme is well managed and evaluated	Recruitment of JP coordinator	0	By 2012, coordination of the MDG-Nutrition actors has increased.	1 JP Coordinator Recruited	Documents	Recruitment documents	RC Office	

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	Number of joint missions	0	By 2012, at least 6 joint missions were successfully organized with overall increase of coordination	4 joint missions	Documents	Mission reports	WHO	
	Number of reports on monitoring and evaluation approved by Management Committee	0	6 reports on monitoring and evaluation approved by Management Committee	3 reports on monitoring and evaluation approved by Management Committee	Semi-annual reports	Monitoring activities	RC Office	
	Final evaluation	0	The final evaluation of the programme is available and validated by partners	N/A	Document	Routine	WHO	
	JP Delivery rate	0	The JP is well managed and monitored with an overall achievement of 75% of targets	Delivery rate 49,79%;	Semi-annual / quarterly reports	Evaluation / monitoring activity	RC Office UN agencies	Difficulties recruiting securing staff.

Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE NATIONAL OR LOCAL PARTNER	Estimated Implementation Progress							
		1	2	3			Total amount Planned for the JP (3 YEARS)	Total amount Transferred YEAR 1 + 2	2nd YEAR Ajust	2nd YEAR TOTAL	Total amount Committed to date 30-06-2011	Total amount Disbursed to date 30-06-2011	% Committed rate	% Delivery rate
Joint Programme Outcome 1: Management & prevention of children malnutrition is improved at health facility level (nutrition rehabilitation & health centers)														
1.1. 24 nutrition rehabilitation centres and 90 health centers are equipped to effectively prevent and manage child malnutrition	Procure and distribute the required quantities of supplies (ready-to-use therapeutic foods (RUTF), micro-nutrient supplements and anthropometric materials)				UNICEF	Ministry of Health	110000,00	40000	21741	61741	79807,08	47958,08	199,52	77,68
	Procure the needed non food material						98168,00	72744,00	-20000,00	52744,00	45055,62	45055,62	61,94	85,42
	Procure food supplements						100911,00	72095,00	15000,00	87095,00	77995,00	77995,00	108,18	89,55
	Ensure transport, handling & storage of foods				WFP	Ministry of Health	27600,00	18400,00	5000,00	23400,00	22200,00	20960,00	120,65	89,57
Total 1.1.							336679,00	203239,00	21741,00	224980,00	225057,70	191968,70	110,74	85,33
1.2. 228 Health workers are qualified on and put into practice for effective prevention and management of children malnutrition	Train health workers on quality management of child malnutrition						42976,00	28488,00	0,00	28488,00	21527,03	21527,03	75,57	75,57
	Supervise the implementation of the training				UNICEF	Ministry of Health	12000,00	8000,00	0,00	8000,00	14739,29	12775,23	184,24	159,69
	Organize refresher trainings for health workers				WHO	Ministry of Health	25100,00	17100,00	0,00	17100,00	0,00	0,00	0,00	0,00
	Procure transport means for the health centres				UNICEF	Ministry of Health	65000,00	25000,00	4900,00	29900,00	26681,00	26681,00	106,72	89,23
Total 1.2.							145076,00	78588,00	4900,00	83488,00	62947,32	60983,26	80,10	73,04
1.3. 24 nutrition rehabilitation centres and 90 health centres are provided with appropriate information, education and communication material on basic nutrition, health care and hygiene to undertake campaigns at community and school levels	Design, print and distribute the IEC materials to the health centres and schools				UNICEF	Ministry of Health	20000,00	20000,00	0,00	20000,00	20000,07	16817,74	100,00	84,09
	Train health workers on communication strategies				UNICEF	Ministry of Health	20000,00	15000,00	0,00	15000,00	15000,00	0,00	100,00	0,00
Total 1.3.							40000,00	35000,00	0,00	35000,00	35000,07	16817,74	100,00	48,05
TOTAL OUTCOME 1							521755,00	316827,00	26641,00	343468,00	323005,09	269769,70	101,95	78,54

Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE NATIONAL OR LOCAL PARTNER	Estimated Implementation Progress							
		1	2	3			Total amount Planned for the JP (3 YEARS)	Total amount Transferred YEAR 1 + 2	2nd YEAR Ajust	2nd YEAR TOTAL	Total amount Committed to date 30-06-2011	Total amount Disbursed to date 30-06-2011	% Committed rate	% Delivery rate
Joint Programme Outcome 2: Community-based nutrition promotion & surveillance established in 150 selected communities														
2.1. 600 community health care providers are knowledgeable and put into practice on basic nutrition monitoring and surveillance practices, such as growth monitoring, identification of signs of malnourished children, promotion of exclusive breastfeeding, timely and appropriate complementary feeding and hand washing, etc.	Organize training of 400 community health care providers on basic nutrition monitoring and surveillance, maternal & child nutrition and hygiene				UNICEF	Ministry of Health	40850,00	30850,00	0,00	30850,00	28850,00	8303,51	93,52	26,92
	Organize refresher trainings for community health providers													
	Procure transport means for the community health providers				OMS	Ministry of Health	43000,00	28500,00	4976,00	33476,00	0,00	0,00	0,00	0,00
	Provide field adapted anthropometric materials and RUTF to the community health providers				UNICEF	Ministry of Health	37000,00	12000,00	5303,00	17303,00	17303,49	17303,49	144,20	100,00
					UNICEF	Ministry of Health	20000,00	20000,00	-1741,00	18259,00	18258,85	18258,85	91,29	100,00
Total 2.1.							140850,00	91350,00	8538,00	99888,00	64412,34	43865,85	70,51	43,92
2.2. Knowledge and skills among communities and families are built on sound nutrition practices, such as exclusive breastfeeding, timely and appropriate complementary feeding, hand washing, maternal and child nutrition and Prevention of Mother to Child transmission of HIV, etc.	Prepare IEC material including a manual in Creole on promotion techniques for community based nutrition promotion and surveillance				UNICEF	Ministry of Health	10000,00	10000,00	0,00	10000,00	6155,41	6155,41	61,55	61,55
	Organize community educational sessions in communities and schools (including school parents associations) on nutrition, hygiene and appropriate feeding practices, PMTCT				UNICEF	Ministry of Health	30000,00	15000,00	0,00	15000,00	12420,00	12174,54	82,80	81,16
	Promote communication for behaviour changes vis-à-vis nutrition and appropriate feeding practice through medias activities (radio campaigns)				WHO	Ministry of Health	33929,00	28929,00	-4976,00	23953,00	16648,00	16648,00	57,55	69,50
Total 2.2							73929,00	53929,00	-4976,00	48953,00	35223,41	34977,95	65,31	71,45
TOTAL OUTCOME 2							214779,00	145279,00	3562,00	148841,00	99635,75	78843,80	68,58	52,97

Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE NATIONAL OR LOCAL PARTNER	Estimated Implementation Progress							
		1	2	3			Total amount Planned for the JP (3 YEARS)	Total amount Transferred YEAR 1 + 2	2nd YEAR Ajust	2nd YEAR TOTAL	Total amount Committed to date 30-06-2011	Total amount Disbursed to date 30-06-2011	% Committed rate	% Delivery rate
JP outcome 3: Sustainable food production established in school communities to improve nutritional status and promote the education of children and their parents on food security and nutrition														
3.1. Nutritional status and dietary habits of school children were evaluated in 150 community Schools	Preparation of the survey tools				FAO	Ministry of Agriculture	6000,00	6000,00	0,00	6000,00	6000,00	6000,00	100,00	100,00
	Assessment of food intake and nutritional status of school children in selected schools (Purchase of vehicle)						27000,00	27000,00	551,00	27551,00	27551,00	27551,00	102,04	100,00
Total 3.1.							33000,00	33000,00	551,00	33551,00	33551,00	33551,00	101,67	100,00
3.2 School teachers school children, community workers and parents are trained on basic agriculture, nutrition and food security to ensure ownership of knowledge and sustainability of the intervention and maintenance of school gardens	3.2.1 - Preparation and validation of new training material on basic nutrition and food security , nutrition and management of school garden				FAO	Ministry of Agriculture	7000,00	7000,00	0,00	7000,00	7000,00	5200,00	100,00	74,29
	3.2.2 - Organization of training sessions						30000,00	17000,00	-551,00	16449,00	16449,00	15000,00	96,76	91,19
Total 3.2.							37000,00	24000,00	-551,00	23449,00	23449,00	20200,00	97,70	86,14
3.3. School gardens are created and maintained in selected schools	Procurement of seeds				FAO	Ministry of Agriculture	234189,00	168000,00	-5000,00	163000,00	163000,00	100000,00	97,02	61,35
	Procurement of needed tools						191509,00	141006,00	0,00	141006,00	141006,00	118000,00	100,00	83,68
	Distribution of tools and seeds						30000,00	20000,00	0,00	20000,00	20000,00	15000,00	100,00	75,00
	Set up of the management team of school garden in each school and start the work on school gardens involving school children						13000,00	8000,00	0,00	8000,00	8000,00	8000,00	100,00	100,00
Total 3.3.							468698,00	337006,00	-5000,00	332006,00	332006,00	241000,00	98,52	72,59
3.4. School kids in selected schools produce periodically and consume vegetables at least once a day	Technical monitoring and evaluation of food production at schools				FAO	Ministry of Agriculture	7505,00	4014,00	0,00	4014,00	4014,00	4014,00	100,00	100,00
	Organization of school meal preparation sessions						15523,00	10000,00	0,00	10000,00	10000,00	7000,00	100,00	70,00
	Organize advocacy sessions with parents and community leaders on the right to Food concept						7000,00	7000,00	5000,00	12000,00	12000,00	5000,00	171,43	41,67
Total 3.4.							30028,00	21014,00	5000,00	26014,00	26014,00	16014,00	123,79	61,56
TOTAL OUTCOME 3							568726,00	415020,00	0,00	415020,00	415020,00	310765,00	100,00	74,88

Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE NATIONAL OR LOCAL PARTNER	Estimated Implementation Progress							
		1	2	3			Total amount Planned for the JP (3 YEARS)	Total amount Transferred YEAR 1 + 2	2nd YEAR Ajust	2nd YEAR TOTAL	Total amount Committed to date 30-06-2011	Total amount Disbursed to date 30-06-2011	% Committed rate	% Delivery rate
Joint programme Outcome 4: Interventions on children nutrition and food security are effectively monitored and supervised by government counterparts														
4.1 The Nutrition Unit at the Ministry of Health is reinforced in terms of human resources and equipment.	Recruit and support the salaries of one international nutritionist and one national consultant				UNICEF	Ministry of Health	390000,00	360000,00	-33362,00	326638,00	158801,97	89670,58	44,11	27,45
	Procure a vehicle for the nutrition unit of the Ministry of Health				UNICEF	Ministry of Health	25000,00	25000,00	3159,00	28159,00	28159,46	28159,46	112,64	100,00
	Preparation of training materials						0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
	Provide training to regional health and agriculture directorates, the nutrition team of the Ministry of health, on surveillance and monitoring systems				WHO	Ministry of Health	13000,00	13000,00	0,00	13000,00	11196,00	11196,00	86,12	86,12
	Training of school teachers, health workers on monitoring of programme activities				WHO	Ministry of Health	10000,00	10000,00	0,00	10000,00	14959,60	14959,00	149,60	149,59
Total 4.1.							438000,00	408000,00	-30203,00	377797,00	213117,03	143985,04	85,67	38,11
4.2 The Joint programme is well managed and evaluated	Organize joint regular monitoring visits to health centers, communities and schools in collaboration with health, agriculture and education directorates				WHO	INEC	12000,00	8000,00	0,00	8000,00	5262,00	5262,00	65,78	65,78
	Organize the final evaluation of the joint programme						47029,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
	Recruit the Programme Manager				UNICEF	UNDP (RC Office)	450000,00	300000,00	0,00	300000,00	300000,00	63765,57	100,00	21,26
	Recruit a Driver for the JP unit						54000,00	36000,00	0,00	36000,00	36000,00	2824,66	100,00	7,85
	Equipment for the JP unit, translation of documents/reports and visibility costs						30159,00	25159,00	0,00	25159,00	25159,00	4661,98	100,00	18,53
Total 4.2.							593188,00	369159,00	0,00	369159,00	366421,00	76514,21	99,26	20,73
TOTAL OUTCOME 4							1031188,00	777159,00	-30203,00	746956,00	579538,03	220499,25	74,57	29,52
without 7%							2336448,00	1654285,00	0,00	1654285,00	1417198,87	879877,75	85,67	53,19
Total JP YEAR 2 (including 7% indirect cost)							2.499.999	1.770.085	0	1.770.085	1.516.403	941.469		
TOTAL AGENCY (direct & 7 % indirect cost)					FAO	including 7%	608.537	444.071			415.020	310.765	93,46	69,98
					WHO	including 7%	196.942	112.916			48.066	48.065	42,57	42,57
					WFP	including 7%	242.547	174.666			145.251	144.011	83,16	82,45
					UNICEF	including 7%	1.451.974	1.035.432			808.863	377.037	78,12	36,41
TOTAL							2.500.000	1.767.085			1.417.199	879.878	80,20	49,79

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	Committed	Executed
Outcome 1	101,95	78,54
Outcome 2	68,58	52,97
Outcome 3	100,00	74,88
Outcome 4	74,57	29,52