

## Section I: Identification and JP Status

### Albania: Reducing Malnutrition in Children

#### Semester: 2-11

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

Report Number	
Reporting Period	2-11
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
<b>Total</b>	<b>\$4,000,000.00</b>

**Total Amount of Transferred To Date**

UNICEF	\$1,008,814.00
WHO	\$719,040.00
FAO	\$635,580.00
<b>Total</b>	<b>\$2,363,434.00</b>

**Total Budget Committed To Date**

UNICEF	\$651,468.00
WHO	\$577,807.00
FAO	\$563,705.00
<b>Total</b>	<b>\$1,792,980.00</b>

**Total Budget Disbursed To Date**

UNICEF	\$651,468.00
WHO	\$572,620.00
FAO	\$455,302.00
<b>Total</b>	<b>\$1,679,390.00</b>

**Donors**

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

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

Type	Donor	Total	For 2010	For 2011	For 2012
Parallel		\$0.00	\$0.00	\$0.00	\$0.00
Cost Share		\$0.00	\$0.00	\$0.00	\$0.00

Type	Donor	Total	For 2010	For 2011	For 2012
Counterpart		\$0.00	\$0.00	\$0.00	\$0.00

## DEFINITIONS

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

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

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

## Beneficiaries

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
Children	17,000	1,800	Children Under 3 Years/Female	Promotion of Exclusive Breastfeeding
children	17,000	1,800	Children Under 3 Years/Male	Promotion of Exclusive Breastfeeding
men	34,000	1,000	Citizens/Men	Behaviour Change Communication Initiatives (Hand Washing, Etc)
women	36,000	5,000	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)
national institutions	10	11	National Institutions	Capacity to Collect, Analyze Data and/or Produce Analysis
local institutions	16	16	Local Institutions	Capacity to Collect, Analyze Data and/or Produce Analysis
Civil society organizations	20	7	Civil Society Organisations	Behaviour Change Communication Initiatives (Hand Washing, Etc)
milling industry	30	15	Food Producers	Fortification of Foods With Micronutrients/Supplementation Programmes

## Section II: JP Progress

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

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

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

Output 1.1 Advocacy plan completed requesting to use “a nutrition lens” in developing plans of related sectors. Advocacy event conducted with key stakeholders and national alliance for Flour fortification established.

Output 1.2 A food security scale was tested and statistically validated. Inventory on information systems and data sources was completed and will be used in development of food and nutrition surveillance. Agriculture specialists built their capacities in policy analysis and decision making through participation in the training for crop assessment and forecasting.

Output 1.3 Experts from 5 line ministries prepared a critical review of the existing FNAP to ensure achievements and challenges are identified and lessons learned are drawn in the process of preparation of the new plan.

#### **Progress in outcomes**

Output 2.1 Forum for awareness rising on the need for inter sectoral cooperation and action was provided at the local level within community needs assessment survey. Findings are being used to inform development of participatory nutrition and food security interventions at the community level.

Output 2.2 A total of 200 health workers from Kukes and Shkodra regions and Tirana periurban acquired counselling skills on maternal and child nutrition. Trained health personnel from the target areas conduct home visits and advise mothers, who contact the health center, on breastfeeding, complementary feeding, feeding during pregnancy, child growth.

#### **Progress in outputs**

Output 2.3 A communication strategy proposed a campaign “New and better ways of infant and young child feeding” which targets women and future mothers and grandmothers to promote a model and comprehensive package of IYCF practices. Activities will be rolled out in early 2012. Specialists from health and education sectors developed jointly modules for nutrition in the mandatory education system, grades 1 through 9. Piloting of modules in selected schools will start during 2012 -2013 school year before going to scale in 2013.

Output 3.1 Experts from faculties of Medicine and Nursing developed new public health nutrition curricula and developed interactive teaching techniques. A mid term evaluation of the programme has taken place during the reporting period.

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

A very good cross-sector coordination system is established at the central level – the MOU signed among 5 line ministries has been recognized as a good practice and case study by the European Observatory on health Systems and Policies (EOHSP). Activity planning and implementation of JP is undertaken jointly by all relevant stakeholders. The PMC, through the national coordinator ( MOH) establishes TWGs who are charged with planning, implementing, monitoring and reporting of specific JP interventions. All capacity building activities are 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. Advocacy and support for mandatory flour fortification is expected to address anaemia issues in a sustainable way.

**Are there difficulties in the implementation?**

Administrative / Financial  
Joint Programme design

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

- *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.*
- *Ensuring national ownership and wide intersectoral participation in planning and implementation of activities related to complex issues such as nutrition, takes time – in this case more than initially planned under this JP*

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

Current difficulties are the same as difficulties mentioned in the above box.

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

No external difficulties encountered.

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

- The JP is working to build capacities of all 5 line ministries and specialized institutions 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, policy development and interventions.
- The JP is working to expand the available networks of expertise of public institutions, civil society and UN agencies and as well as planning in advance of activities to allow sufficient time for procurement process and contracting.
- A one year no cost extension, with necessary budget reallocations will be requested to allow sufficient time for implementation and sustainability of results

## **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 lead Government partner and a representative from the UN side, 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 MDG-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	4	Internal reporting system	Minutes of meetings/final products
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	10	Internal reporting system	Travel reports

*Nine Long-Terms agreements are available to the JPs.*

*Joint work includes analysis and review of the current Food and Nutrition Action Plan (FNAP) , critical review of nutrition related data sources, preparation of advocacy and communication strategy and flour fortification. The government and the participating UN agencies have jointly prepared and implemented all activities planned for the reporting period.*

*Regular technical meetings between government institutions, UN agencies and international technical experts have been organized to discuss the above mentioned documents .*

*Ministries of Health and Agriculture (MOH/MOA), INSTAT and Institute of Public Health and UN agencies ( WHO, UNICEF,FAO) have jointly prepared the regional workshops and monitored training activities for health care professionals. A total of 10 joint field visits have been conducted.*

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

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

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

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

Policy/decision making

Management: budget

Management: service provision

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

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

**Number of meetings with PMC chair**

2 for the reporting period

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

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

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

Policy/decision making

Management: service provision

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

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

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

Management: other, specify

*Citizens involved on focus group discussions on feeding practices, household food security and community based assessments*

**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.

Government and UN agencies sit together frequently. Periodic consultation sessions were held with participating UN agencies and government counterparts to elaborate quarterly activity plans and discuss preparation of specific activities.

## **4 Communication and Advocacy**

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

Yes true

No false

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

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

The communication strategy proposes a campaign "new and better ways of infant and young child feeding" which targets women and future mothers and grandmothers to promote a model and comprehensive package of IYCF practices. Following this a communication plan has been finalized and will be rolled out in early 2012.

### **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 15

Academic institutions 4

Media groups and journalist 5

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

Use of local communication mediums such radio, theatre groups, newspapers

Open forum meetings

Capacity building/trainings

## **Section III: Millenium Development Goals**

### **Millenium Development Goals**

#### **Additional Narrative Comments**

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

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

Addressing malnutrition including micronutrient deficiencies ( Iron, iodine etc) will contribute to 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	3600
No. Urban	n/a
No. Rural	n/a
No. Girls	1800
No. Boys	1800

### 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	5000
No. Urban	n/a
No. Rural	n/a
No. pregnant	n/a

### Men

Total	1000
No. Urban	n/a
No. Rural	n/a

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

National % 5  
 Targeted Area % 9

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

% National  
 % Targeted Area 28

**Stunting prevalence**

% National 19  
 % Targeted Area 28

**Anemia prevalence**

% National 17  
 % Targeted Area 19,6

**Comments**

**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 6000

Local n\

Urban n\

Rural n\

Girls 5000

Pregnant women n\

Boys 1000

**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	3600	
Local	n/a	
Urban	n/a	
Rural	n/a	
Girls	1800	
Pregnant Women		n/a
Boys	1800	

**Therapeutic feeding programmes**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Vaccinations**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Other, specify**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

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

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

### Policies

National  
Local

### Laws

National MOU between 5 line ministries  
Local

### Plans

National 2- advocacy and communication plans  
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 4, health, agriculture, social affairs INSTAT  
Local  
Total



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

<p>of 3rd National Food and Nutrition Action Plan</p> <p><b>Output 1.4:</b> Strengthening of National food and nutrition surveillance system</p>	<p>Indicator 3rd National Food and Nutrition Action Plan (FNAP) developed</p> <p>Indicator: Food and Nutrition Surveillance system developed</p> <p>Indicator Number of steering committee meetings attended by all key members</p> <p>Number of working group meetings attended by all key members</p> <p>Number of joint decisions of government institutions taken and implemented</p>	<p>Baseline: Current (FNAP) has insufficient focus on nutrition and food security issues.</p> <p>Baseline: Growth monitoring data are collected at individual level but not analysed and used to flag out problems; no surveillance system in place</p>	<p>Improved information available on the effects of high food prices and gender on the food security of vulnerable groups and at-risk households.</p> <p>Situation analyses and mapping of milling industry completed.</p> <p>Statistically significant survey conducted in year 1 identifying main causes of anaemia in high prevalence areas of the country as identified in DHS.</p> <p>Development of 3<sup>rd</sup> NFNAP.</p> <p>Enhanced capacity for forecasting and early warning of food insecurity or food emergencies.</p>	<p>for nutrition and food security completed requiring to apply a "nutrition lens" to plans of all related sectors.</p> <p>Completed cost benefit analysis for nutrition interventions, creating a good base for advocacy.</p> <p>Baseline survey on nutrition and food security completed, final report is prepared and data being used in capacity development, advocacy and communication interventions. Key findings indicate that 19,6% of children 6-59 months in target areas are anaemic; 43 % of families in Kukes, 24% in Shkoder and 29% in peri urban areas of Tirana are food insecure.</p>				<p>mechanism will help raise the nutrition and household food security issues high in the government agenda and make investments for nutrition priority not only of one ministry (MOH) but the whole government.</p> <p>Risks:</p>
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			<p>Central government and project target areas staff trained in rapid nutrition and food security assessment.</p> <p>Tracking system developed on impact of high food prices and food shortages on food and nutrition security.</p> <p>Framework for sentinel sites in project areas developed.</p>	<p>Qualitative survey, complementing the baseline, on gender, food prices and impact of economic crisis on hh food security completed, report finalized and used in preparation of training plan.</p> <p>Inventory on data sources and information systems on food health and nutrition completed and report submitted to line ministries and used in the critical review of existing FNAP.</p> <p>Albanian Food security scale tested and statistically validated</p> <p>Government capacities on food security assessment and gender disaggregated data collection</p>				
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				<p>strengthened.</p> <p>Capacities of the TWG on preparation of FNAP strengthened on critical review of the existing plan</p> <p>Situation analysis and mapping of milling industry completed;</p> <p>Advocacy event conducted and national alliance for FF established</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 and report prepared and used in planning the training activities.</p> <p>Integrated nutrition modules for health care providers, prepared.</p> <p>200 health service providers trained in integrated nutrition ( growth monitoring, breastfeeding and complementary feeding, nutrition during pregnancy)</p> <p>KAP survey on feeding practices (part of the baseline survey) completed. Key findings</p>	<p>Training and workshop reports</p> <p>Survey reports ( KAP)</p>	<p>Baseline and end line surveys</p> <p>Official training reports Pre and post training evaluations</p> <p>Official reports from regional authorities (health &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 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</p> <p>- Varied and comprehensive BCC package by target audience developed</p>		<p>nutrition.</p> <p>Supervision and follow up methodology developed.</p> <p>KAP survey conducted in target areas.</p> <p>Communication strategy for behaviour change designed.</p> <p>Food and nutrition education materials developed according to identified target groups.</p>	<p>indicate that 42% of children are exclusively breastfeed, 40 % of children 6-23 months are feed according to recommended feeding practices; mothers and grandmothers are the primary source of information ( 55%) followed by health personnel ( 20%).</p> <p>Communication plan for behaviour change prepared.</p> <p>Community based needs assessment completed creating a good</p>				
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				basis for development of participatory nutrition and food security interventions at the community level.				
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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>Public health nutrition curricula of nutrition related subjects at nursing faculty improved</p> <p>Completed the revision of existing modalities of supervision of nutrition interventions</p> <p>Nutrition modules for use in the compulsory education system (grades 1 through 9) completed.</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 ALBANIA JP-NUTRITION

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	13,000	WHO	MOH	38000	25430	25430	101.7%
	1.1.2.a National and regional consensus building workshops on intersectoral actions to address malnutrition	25,000	2,500	11,000	WHO	MOH	38500	35000	35000	127%
	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	9951	9951	142%
	1.1.3.a Advocacy events, key stakeholders meetings, materials and information package developed and disseminated, media communications and periodic information updates to the public	53000	5,000	5000	UNICEF	IPH	63000	61103	61103	105%
	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	35,949	24789	118 %

	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	55%
	<b>Total</b>						<b>187500</b>	<b>172433</b>	<b>161273</b>	<b>104%</b>

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

JP output: 1.2										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			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	4500	WHO	MOH	18500	12000	12000	85.7%
	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	27285	27285	109%
	1.2.2.a. Training of national data producers and users in relevant statistical tools for the collection analysis and use of gender disaggregated data		46,000	22,000	FAO	INSTAT	68,000	39251	39251	85%

	1.2.2.b Inputs to design training module for data collection on nutrition and gender with focus on children		10,000		UNICEF	IPH	10,000	10000	10000	100%
	1.2.2.c Technical assistance to prepare training module on health and nutrition indicators		6,000		WHO	IPH	6,000	3000	3000	50%
	1.2.3.a. Provide technical and financial assistance for developing, carrying out and analysing rapid data collection activities at community/household level in project target areas, including gender roles and household food and nutrition ( baseline for target areas)	87,500	32,500		FAO	INSTAT	120,000	159543	112316	94%
	1.2.3.b Input to prepare baseline survey tool sections for impact of food prices in children	10,000	5,000		UNICEF	IPH	15,000	15000	15000	100 %
	1.2.3.c Input to prepare baseline survey tool using a health systems perspective	5,000			WHO	IPH	5,000	5000	5,000	100%
	1.2.4.a. Technical and financial support for conducting a situation analysis and feasibility study for flour	30,000	25,000		UNICEF	KASH	55,000	35811	35811	65 %
	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	9320	9320	62%
	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	215000	227952	225852	105%
	1.2.5.b Technical support for conducting secondary analysis based on DHS data for mapping of IDA and providing inputs for further research on causes of anaemia	6731			UNICEF	IPH	6731	6731	6731	100 %
	<b>Total</b>						<b>559231</b>	<b>550893</b>	<b>501566</b>	<b>94%</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	15347	15347	153%
	1.3.1.b National and regional inter-sectoral policy workshops held to strengthen capacity to analyse impact of policy choices and decisions on health and nutrition		20,000		WHO	MOH	20,000	14500	14500	72.5%
	1.3.2. Support to the technical inter-sectoral working group for NFNAP development and implementation		13,000	14000	WHO	MOH	27,000	9000	9000	69.2%
	1.3.3.a. Review and analyze 2nd NFNAP and other relevant sectoral policies and evaluate lessons learned		35000		WHO	MOH	35,000	27129	24381	70%
	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	14427	14427	111%

	1.3.3.c Review and analyze 2nd FNAP and other relevant policies and evaluate lessons learned with regard to child nutrition including most at risk )		11,500		UNICEF	MOH	11,500	11,500	11500	100%
	1.3.4.a. Technical and financial support to organize the Policy Formulation workshop			16,000	WHO	MOH	16,000			
	1.3.4.b Technical assistance to prepare agenda and materials addressing food and security issues and link of			7,000	FAO	MOA	7,000			
	1.3.5.a Consultation and review process including workshop on draft NFNAP involving line ministries, private sector, CSOs			21,000	WHO	MOH	21,000			
	1.3.5.b Technical input to prepare the consultation and review process and development of the draft plan			10,000	FAO	MOA	10,000			
	1.3.5.c Technical input to consultation review process focusing on target areas and consumers			8,000	UNICEF	KASH	8,000			
	1.3.6. Preparation, presentation and dissemination of the final NFNAP			17,000	WHO	MOH	17,000			
	<b>Total</b>						<b>195500</b>	<b>91903</b>	<b>89155</b>	<b>87%</b>

JP output: 1.4										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
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	66421	54452	143%
	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	47146	21441	56%
	1.4.2.b Support preparation of training modules for health workers in rapid child nutrition assessment techniques		12,000		UNICEF	IPH	12,000	12000	12000	100%
	1.4.2.c Technical assistance to develop training modules for rapid health and nutrition assessments		8000		WHO	IPH	8,000	3000	3000	37.5%
	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	25691	25691	99%

	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	0	0	0%
	1.4.4.b Technical support to define food security component of surveillance system		5,000	5,000	FAO	MOA	10,000			
	1.4.4.c Technical support to define nutrition component of surveillance system		6,000	8,000	WHO	IPH	14,000	3000	3000	50%
	1.4.5.a Development of methodology and framework for FNS, including indicators, data collection systems,		23,000	25,786	UNICEF	IPH	48,786	0	0	0%
	1.4.5.b Assist in development of methodology and framework for food security component of surveillance		10,000	8,000	FAO	MOA	18,000	22688	17438	174%
	1.4.5.c Assist in development of methodology and framework for nutrition component of surveillance system		8,000	8,000	WHO	IPH	16,000	0	0	0%
	1.4.6.a Development of framework for sentinel sites in project areas			25,000	UNICEF	IPH	25,000			
	1.4.6.b.Support development of surveillance framework for sentinel sites in project areas			10,000	FAO	MOA	10,000			
	1.4.6.c Technical assistance to define structure and distribution of sentinel sites in project areas			6,000	WHO	IPH	6,000			
	1.4.7 Pilot testing of sentinel site system in selected areas			20,000	UNICEF	IPH	20,000			
	<b>Total</b>						<b>325786</b>	<b>179946</b>	<b>137022</b>	<b>76%</b>

JP output: 2.1										
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 2.1. Develop, test and implement community based intervention models to address malnutrition and household food in security	2.1.1. Conduct assessment of capacities of local health and agriculture personnel and CSOs working in nutrition , to design, implement and monitor nutrition and food security interventions in target areas		12305		UNICEF	IPH	12305	12305	12305	100%
	2.1.2. a Conduct participatory needs assessment using community based planning approaches to define community based interventions in target areas		15100		UNICEF	CSOs	15100	10000	10000	66%
	2.1.2.b Technical inputs to develop food security component of participatory needs assessment		10,000		FAO	MOA	10,000	0	0	0%
	2.1.2.c Technical inputs to develop GMP component of participatory needs assessment		5,000		WHO	MOH	5,000	0	0	0%



	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		UNICEF	MOA	65,317	5317	5317	8%
	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	0	0	0%
	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	3000	3000	33.3%
	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		84635	275662	UNICEF	SCOs	360297	20187	20187	22%
	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	0	0	0%
	2.1.4.c. Contribute experience from other countries and best practices into design of Albania specific models		10,000	12,000	WHO	MOA	22,000	3000	3000	30%
	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	0	0	0%

	2.1.5.b Support development of models to improve access to micronutrient-rich foods		19,000	25,000	FAO	MOA	44,000	0	0	0%
	2.1.5.c Technical support to develop behavioural models to improve consumption of micronutrient-rich foods		10,000	25,500	WHO	MOH	35,500	2500	2500	25%
	<b>Total</b>						<b>849519</b>	<b>56309</b>	<b>56309</b>	<b>16%</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	8813			UNICEF	IPH	8813	8813	8813	100 %
	2.2.1.b. Inputs to prepare methodology of assessment from a food security perspective	7,000			FAO		7,000	8016	8016	114%
	2.2.1.c. Support to develop needs assessment tool on nutrition knowledge gaps among service providers	10,000			WHO	MOH	10,000	10000	10000	100%

2.2.2. a Develop integrated training modules based on existing modules on GM, BF counselling, complementary feeding, young child feeding and nutrition during pregnancy	14362			UNICEF	Professionals Association	14362	14362	14362	100 %
2.2.2.b. Technical guidance to develop food security and consumer education component of integrated training modules	25,000			FAO	MOA	25,000	11135	11135	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	16000	16000	80%
2.2.3.a Workshop with trainers to review and revise training materials		31046		UNICEF	MOH	31046	31046	31046	100%
2.2.3.b. Technical support to trainers workshop		10,000	1000	WHO	MOH	11,000	10308	10308	103%
2.2.4.a Training of service providers in target areas in growth monitoring and promotion , BF, complementary feeding, nutrition during pregnancy		117983	100,000	UNICEF	MOH	217983	117983	117983	100%
2.2.4.b Support to develop training methodologies		4500		WHO	MOH	4,500	4362	4362	97 %
2.2.5.a Design and implement supervisory follow up methodology			43000	UNICEF	MOH	43000			
2.2.5.b. Technical support to development of supervisory methodology			17,000	WHO	Local Health Authorities	17,000			
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			25,000	WHO	MOH	25,000			

	<b>Total</b>		<b>446704</b>	<b>232025</b>	<b>232025</b>	<b>93%</b>
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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	51055			UNICEF	CSOs	51055	51055	51055	100%
	2.3.1.b.Inputs to develop food security and food distribution within family sections of the KAP survey tool	25,000			FAO	MOA	25,000	24799	24799	100 %
	2.3.1.c. Inputs to develop nutrition and feeding practices sections of the KAP survey tool	10,000			WHO	MOH	10,000	10000	10000	100%
	2.3.2 a Design communication for behaviour change strategy to address issues of malnutrition and food insecurity		19977		UNICEF	IPH	19977	19977	19977	100%
	2.3.2.b. Technical assistance to develop behaviour models for addressing HH food insecurity		31,000		FAO	MOA	31,000	0	0	0%

	2.3.2.c. Technical inputs to develop behaviour models for improved nutrition practices		10,000		WHO	IPH	10,000	3000	3000	30%
	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		103954	331653	UNICEF	IPH	435607	54377	54377	52%
	2.3.3.b. Support the development of educational materials focusing on consumer education and food security		50,000		FAO	IPH	50,000	0	0	0%
	2.3.3.c. Support the development of educational materials focusing on maternal and child feeding		6000		WHO	MOH	6,000	2000	2000	33.3%
	2.3.4. Prepare and introduce nutrition module into core curricula for compulsory education	40,000	30,000		UNICEF	IPH	70,000	49311	49311	70%
	<b>Total</b>						<b>708639</b>	<b>214519</b>	<b>214519</b>	<b>57%</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	9529	9529	53%
	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	7120	7120	55%
	3.1.2. Review and adapt internationally available materials to national settings	40,000	27000		WHO	MOH	67,000	27000	27000	40%
	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	1971	1971	10%
	3.1.4. Endorse pre-service module on public health nutrition training		10,000		WHO	IPH	10,000	6500	6500	65%
	3.1.5. Introduce modules into curricula		25000	30000	WHO	IPH	55000	20477	20477	82%
	3.1.6. Design, layout and printing of curriculum materials			54,400	UNICEF	Printing house	54,400	0	0	0%
	<b>Total</b>						<b>250,400</b>	<b>72597</b>	<b>72597</b>	<b>47%</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	10000	10000	100%
	3.2.3. Include nutrition monitoring and BCC in supervision list of Regional Directorates for Public Health and		11,000		WHO	MOH	11,000	3000	3000	27%
	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	10000	25000	WHO		45000	20000	20000	100%
	Support for M&E	6000	9000	13000	FAO		28000	12058	12058	80%
	Support for M&E	30000	30000	58000	UNICEF		118000	60000	60000	100%
	<b>Total</b>						<b>215000</b>	<b>105058</b>	<b>105058</b>	<b>90%</b>

### Summary Table

		Planned *	Committed	Disbursed
<b>FAO</b>	Programme Cost	594,000	526,827	425,516
	Indirect Cost	41,580	36,878	29,786
	<b>Total</b>	<b>635,580</b>	<b>563,705</b>	<b>455,302</b>
<b>UNICEF</b>	Programme Cost	942,778	608,849	608,849
	Indirect Cost	65,994	42,619	42,619
	<b>Total</b>	<b>1,008,772</b>	<b>651,468</b>	<b>651,468</b>
<b>WHO</b>	Programme Cost	672,000	540,007	535,159
	Indirect Cost	47,040	37,800	37,461
	<b>Total</b>	<b>719,040</b>	<b>577,807</b>	<b>572,620</b>
<b>TOTAL</b>		<b>2,363,392</b>	<b>1,792,980</b>	<b>1,679,390</b>

\* Planned is total transferred to date