

## Section I: Identification and JP Status

### Promotion of a multi-level approach to child malnutrition

#### Semester: 2-11

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	2-11
Programme Duration	
Official Starting Date	

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

##### Total Approved Budget

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

UNICEF	\$1,451,974.00
<b>Total</b>	<b>\$2,500,000.00</b>

**Total Amount of Transferred To Date**

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

**Total Budget Committed To Date**

FAO	\$444,071.00
WHO	\$85,699.00
WFP	\$174,666.00
UNICEF	\$939,125.00
<b>Total</b>	<b>\$1,643,561.00</b>

**Total Budget Disbursed To Date**

FAO	\$437,645.00
WHO	\$85,699.00
WFP	\$174,666.00
UNICEF	\$712,992.00
<b>Total</b>	<b>\$1,411,002.00</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
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
Under 5 children	4,529	1,873	Children from 2 to 6 Years/Female	Therapeutic Feeding Programmes
Under 5 children	4,529	1,654	Children from 2 to 6 Years/Male	Therapeutic Feeding Programmes
Health Technician	228	101	Health Workers/Men	Access to Health Services
Health technician	228	100	Health Workers/Women	Access to Quality Water Supply
Community health worker	600	700	Health Workers/Men	Access to Health Services
Community health worker	600	78	Health Workers/Women	Access to Quality Water Supply
Schools	150	126	Schools	Homestead Food Production and Diversification
School children	25,000	7,863	Children Older Than 6/Female	Homestead Food Production and Diversification
School children	25,000	8,739	Children Older Than 6/Male	Homestead Food Production and Diversification
School teachers	250	252	Citizens/Men	Behaviour Change Communication Initiatives (Hand Washing, Etc)
School teacher	250	63	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)

<b>Beneficiary type</b>	<b>Targetted</b>	<b>Reached</b>	<b>Category of beneficiary</b>	<b>Type of service or goods delivered</b>
School children parents	300	2,191	Ciudadanas/mujeres	Homestead Food Production and Diversification
School cooks	150	169	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Communities	150	150	Communities	Access to Health Services
Communities	150	126	Communities	Homestead Food Production and Diversification
Communities	150	126	Communities	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Pregnant woman	0	3,110	Pregnant Women	Fortification of Foods With Micronutrients/ Supplementation Programmes
Breast feeding women	0	2,172	Breast Feeding Women	Fortification of Foods With Micronutrients/ Supplementation Programmes
Women groups	20	48	Ciudadanas/mujeres	Promotion of Exclusive Breastfeeding
Radio	5	5	Local Institutions	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Health Centers	114	113	Health Centers	Capacity to Collect, Analyze Data and/or Peoduce Analysis
Ministries and regional directions	6	6	National Institutions	Capacity to Collect, Analyze Data and/or Peoduce Analysis

## Section II: JP Progress

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

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

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

1.The management of malnutrition cases is implemented at the national level (24 nutrition recuperation centers, 94 health centers) and 100% of community health workers in 100% of beneficiary regions were trained to initiate community based nutrition promotion and surveillance.

2.75 new school gardens (100% of the expected target) were established and 126 of existing ones (100% of the expected target) were maintained with replication of school gardens techniques at household level (12 communities) and enlargement of school gardens' surfaces (2.06 hectare in 2009/2010 against 5.48 in 2010/2011 with an average increase rate of 3.42 hectare).

3.Joint accountability and joint decision making significantly improved through regular inter-agency and technical group meetings, strategic coordination, timely information sharing and joint coordination field mission.

#### **Progress in outcomes**

Outcome 1: Management and prevention of child malnutrition is improved at facility level (nutrition rehabilitation centers and health centers)

Over the past 6 months, from July to December 2011, the management of malnutrition cases has continued to be implemented and improved in 100% of nutrition recuperation centers (24) and 82% of health centers at national level (94) with appropriate equipment (100% available in the centers and skilled health workers. During the reporting period 69,65% of health workers attended refresher courses (140) on the application of the National Protocol for Management of Acute Malnutrition. 3,527 (SAM+MAM) cases were treated in the project area against 1,490 of SAM and 5, 558 cases of MAM expected.

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

100% of communities (150) have today trained community health workers (788 against 0 at the beginning of the reporting period and against 600 planned) to initiate community growth monitoring and promotion activities in 150 communities in the catchment area of 48 health Centers in the 3 regions as a way of early detection and prevention of stunting and other forms of malnutrition (underweight and wasting). 100% of communities (150) continued benefitting from regular nutrition messages through radio programmes and campaigns (376 against 376 foreseen) prepared and broadcasted by all 5 partners radios.

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

Food production in school gardens has been successfully established in all 75 communities (100% of the expected target) and 126 of existent school gardens (100% of the

expected target) have been maintained. In 126 schools (100% of the target), at least 60% out of 315 teachers and 2,191 parents, who received previously training in school garden management, apply acquired knowledge through their involvement in school garden activities and management. 126 schools (100%) have school garden management committees ensuring follow-up. 168 school canteen cooks received training on basic nutrition. Results demonstrate that over 90% of community schools (113 among 126 existent) managed to generate incomes from food production which have been reinvested in purchase of seeds for the coming planting period and fence material as well as in purchase of additional food (sugar, cooking oil, salt). Some used part of generated income for organization of the Festival for Children. At least 80% of school children consumed own produced vegetables. Moreover, the high levels of engagement shown by school children and parents in working on school gardens even during school holidays as well as the first replications of school gardens at household levels (12 communities) are strong signs and basis for sustainability. Moreover, food production in school gardens increased significantly through the increase of the production areas (2.06 hectare in 2009/2010 against 5.48 in 2010/2011 with an average increase rate of 3.42 hectare) and active engagement of women associations. The Production in 2009/2010 is estimated to be of 4.800 Kg whereas in 2010/2011 it was of 20.290 kg.

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

The capacity of the government counterparts to monitor and supervise interventions on nutrition and food security were reinforced during the last 6 months through efficient and timely technical assistance given by qualified staff (one national consultant and one international expert in nutrition). The nutrition and food security interventions have been monitored and supervised by the government counterparts, (6 missions against 8 planned with 100% of reports available), namely MoH, Nutrition Service. Poor monitoring and supervision were ensured by the regional authorities, 0% of supervision reports related to nutrition interventions are available at the MoH level, even if the regional authorities have been reaffirming their fully engagement in the JP. On the other hand, regional authorities have actively participated in the quarterly joint coordination mission. One of the JP's priorities for the near future is to put in place jointly, with the national authorities, the new identified mechanisms (M&E regional and central committees) enhancing regular monitoring, supervision and concertation by government counterparts at central, regional and local levels. One (1) joint coordination mission was organized in order to foster synergy and joint accountability of all implementing partners.

Acceleration of progress towards 3 targeted MDGs (1, 2 and 4) by raising awareness, strengthening broad-based support and action and increasing citizen engagement in MDG related policy and practice continued to be promoted through the implementation of the JP Communication and Advocacy Strategy and its plan. The C&A strategy implementation was done through the joint effort of 3 ministries and 4 agencies, with the support of the Resident Coordinator's Office, reaching school children (100% of targeted schools), health workers (100% of Health centers and NRC), community health workers (100%).

### **Progress in outputs**

100% of health and nutrition rehabilitation centers (94 and 24 respectively) were equipped with material (RUTF, micronutrients, take home food and cooking demonstration items) and 62 out of 94 H.C and 24 NRC (53,4%) with food supplements in order to support the centers' capacities to effectively prevent and manage malnutrition cases. Prior to the reporting period it was noted that the Protocol for Management of Acute Malnutrition was not always respected due to the high turnover of the health staff and insufficient assimilation of the knowledge transmitted during trainings. Thus, during the period under review, 140 health workers out of 228 targeted (69,55%) received refresher trainings in order to ensure proper application of the Protocol. Prior to the reporting period, the JP faced a delay in providing health centers with appropriate Information, Education and Communication (IEC) materials on basic nutrition due to the insufficient local capacity to print IEC material timely. Today 100% of IEC materials, namely the manual on 16 basic health practices and related posters are available. The distribution of this IEC material to 114 health centers and 150 schools is currently undergoing. Moreover, 22,8% of health workers in Bafatá and Gabú (2 out of 3 beneficiary regions, Oio still to be covered) received trainings on IEC to carry out sensitization campaigns on community level. 600 planned and additional 188 community health workers are skilled to implement community growth monitoring and promotion activities in 150 communities (the catchment area of 48 HC in the 3 beneficiary regions) in order to ensure prevention of stunting and other forms of malnutrition (underweight and wasting). RUTF and anthropometric material

purchased with the support of the JP will be soon distributed to the trained CHWs for surveillance, growth monitoring and management of malnutrition cases at community level. Additionally, the JP supported the training of 46 trainers on basic nutrition monitoring and surveillance practices in order to create a national knowledge bank for future training and supervisions. Social mobilization was conducted nationwide to promote breastfeeding during 2011 World Breastfeeding Week (WBW) targeting the entire population including 802 families in the project area using media (3 community and 1 national radio) to disseminate messages on the importance of breastfeeding, and appropriate infant feeding methods including early initiation and exclusive breastfeeding up to 6 months. Exclusive breastfeeding sensitization activities in three beneficiary regions not only reached targeted population but also reinforced the knowledge of existing 48 groups of women who ensure door to door sensitization at community level. Besides, regular radio programmes produced by five (5) radio partners of the JP and reaching 100% of beneficiary regions (3), continued to be supported by the JP and at least 376 new radio programmes were prepared and broadcasted during the reporting period. In relation to radio partner's staff, the need of having their capacities reinforced in nutrition related aspects as well as on interactive communication techniques for development was identified during the reporting period. To respond to this need, a manual for journalists was prepared and produced and one day training was conducted benefitting 19 journalists from 6 community, 1 national radio (benefiting 100% of JP radio partners).

Regarding school gardens activities, 75 school gardens were established against 75 planned during the reporting period (100%). The food production continued to grow and women associations in 12 communities replicated school gardens at the household level. Globally communities continued to enlarge the surface of production in the past 6 months (2.06 hectare in 2009/2010 against 5.48 in 2010/2011 with an average increase rate of 3.42 hectare). The collection of data on consumed vegetables quantities by children started during the reporting period and will allow estimating the contribution of the school garden activities to children's diet and its diversification.

Technical assistance to Government through one international nutrition expert and one national consultant strengthened the implementation of the programme including capacity development of national and regional staff.

Nutrition advocacy assured nomination of 11 Nutrition Focal Persons (one per each region, at regional level, to monitor nutrition interventions).

The implementation of the JP Communication and Advocacy (C&A) Strategy was largely supported by the RCO, with a strong implication of all implementing partners. The following activities contributed to communication for development, advocacy and visibility of the JP results: one joint mission with the participation of journalists from five (5) radio partners, the visibility actions undertaken during the UN Day through a joint field mission, the production of IEC material (posters for 114 health centers on nutrition practices and exclusive breast feeding), the production of education material for 150 schools and 114 health centers (food pyramid poster adapted to the local context, poster on school garden success story, post card format food pyramid for each school child in 150 schools); the distribution of posters on MDG in 150 schools; and the designing and implementation of the drawing contest on good nutrition in 126 schools.

One joint coordination mission (the 5th one up to date) contributed to a more focused joint vision, joint accountability and decision making of all the implementing partners including civil society and 1 NGO (Plan International) and the UN agencies involved in the JP implementation.

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

In order to ensure the sustainability of the Joint Programme, all its outcomes have been fully aligned with and contribute to the implementation of national policies and strategies such as the PRSP and the National Health Development Programme. Involvement of central as well as local authorities and communities in the implementation and monitoring of nutrition and food security promotion activities, especially at community level, led to stronger national and local ownership of the JP's results.

The engagement of the Government is being reinforced through capacity development in monitoring and evaluation aiming at long lasting capacity to measure results and evaluate the impact of nutrition promotion activities.

Synergies and partnership with the civil society development stakeholders, namely the NGOs CARITAS and Plan International, working in the same area of intervention, have been intensified through joint coordination missions and their implication in decision making in order to ensure exchange on experience and the continuation of the JP's activities implementation by these nationally based development stakeholders.

Moreover, long term partnerships with media, namely the five (5) radios continued to be fostered through continuous support, elaboration of the manual for journalists and training aiming at ensuring the future autonomous capacity of radios to carry on with producing and broadcasting nutrition related messages.

It is worth noticing that the high level of engagement shown by the school children and parents in the school gardens activities, even during the school holidays, as well as the first replications of school gardens at household level and the general extension of school garden surfaces are strong signs of the sustainability of the JP's results.

During the reporting period, the JP team (4 ministries, 1 NGO, 4 UN agencies) proceeded with a joint thorough revision of the achieved results aiming at analysing and self-evaluating JP's efficiency and efficacy, definition of lessons learned, identification of challenges and their operational corrective measures, identifying future priorities and developing a sustainability strategy.

The JP team, in close collaboration with the National Health Institute (INASA), initiated the process to strengthen the national capacity to generate nutrition related data by defining and including nutrition indicators in the national monthly health reporting system.

Finally, the JP established networking relations with the Nutrition Working Group for West Africa (REACH) and started discussing the future visit to Guinea-Bissau of the former Cape Verdean President, M. Antonio Mascarenhas Monteiro, who was recently appointed as Nutrition Advocate for West Africa, in order to promote advocacy and fundraising for nutrition at national level.

#### **Are there difficulties in the implementation?**

UN agency Coordination

Coordination with Government

Administrative / Financial

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

Joint Programme design

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

External to the Joint Programme

Other. Please specify

*see below*

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

The programme faces problems that are related with the exact nature of a joint programme. Indeed, due to its design an extra effort is necessary to bring the work and activities of the different partners together in a coordinated way.

The difficulties related with the national counterparts have to do mainly with the understaffing within National Nutrition Service (MoH) and weak implication of regional authorities

in monitoring nutrition and food security activities. There is also a serious high turnover, understaffing and low motivation of health care service providers. High turnover of UN agencies' staff also brings about some management problems.

Difficulties related to insufficient baseline data and lack of a solid and efficient monitoring and evaluation capacity and mechanisms at regional and local levels need also to be highlighted. The JP is facing difficulties in obtaining reliable data from the field, namely on identified and treated malnutrition cases, due to understaffing problems, serious staffing weakness at the operational level (health area level), insufficient capacity and motivation of health personnel.

Neither Communication and Advocacy (C&A) nor Monitoring & Evaluation (M&E) specialists were initially allocated specifically to the JP, which has weakened JP's capacity to ensure aimed impact through C&A and results based management.

Lack of mid-term evaluation required an important effort to carry out a joint self-evaluation of the progress made towards results and JP's efficiency and efficacy in order to identify challenges, lessons learned and define corrective measures.

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

The current external difficulties met by programme that challenge the implementation and reduce the impact on the beneficiaries are as follows:

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

Lack of appropriate transportation means in health centres (in certain targeted geographical areas) to ensure regular communities outreach by the health care providers.

Financial constraints for malnourished pregnant and lactating women and mothers of malnourished children that prevent them to take long distances from remote villages to access health services.

Slow changes in nutrition related habits.

Lack of available information on the underlying causes of inadequate nutrition habits.

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

Due to joint nature of the programme, an extra effort is done to ensure the strategic coordination of joint efforts and promotion of joint responsibility through regular inter agency and technical team meetings, participative decision making and joint coordination missions.

National consultant and international expert in nutrition were recruited and provide technical assistance to the National Nutrition Service. The recruitment and proper hand over to the staff that joined the JP team during the reporting period (3) has been one of the measures undertaken to mitigate turn-over consequences.

The JP joint M&E framework is updated on regular basis (quarterly) in order to timely monitor progress. The revision of the M&E framework is foreseen in order to align the document with the new Annual Work Plan. Intensified formative supervisions and refresher trainings for better appropriation of reporting tools at local level will contribute to generation of reliable data on malnutrition cases at local and central levels. JP team is currently working closely with the National Health Institute in order to ensure the integration of nutrition indicators into national health related monthly reporting system. The JP also aims at supporting the upcoming SMART survey in order to ensure the data reflects the JP's impact. In order to further mitigate the challenge of lack of data and monitoring at local level, regional commissions for progress monitoring will be established with comprehensive TOR and appropriate training.

The JP used in house capacity within the Resident Coordinator Office to address the lack of specifically allocated staff for C&A and M&E.

Through joint effort the JP carried out a self-evaluation of the progress made towards results and JP's efficiency and efficacy in order to identify challenges, lessons learned and define corrective measures to be taken into consideration during the last third year of implementation

Regarding the external difficulties, it was decided that the JP will support the operationalisation of the recently validated National Nutrition Policy as well as lobby for the creation of a specific nutrition related budget line within the national budget. Further promotion of communication for development will contribute to the need of addressing nutrition related cultural slow changes.

## 2 Inter-Agency Coordination and Delivering as One

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

Yes true  
No false

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

Yes  
No

### What types of coordination mechanisms

Under the overall coordination of the Resident Coordinator, regular information sharing was ensured by the coordination at central level (agencies and implementing national partners), regular inter-agency meetings, joint coordination missions and involvement of the Head of Agencies in all decision making processes contributed to increasing joint accountability and joint dialogue. The Joint comprehensive M&E framework and the integrated work plan are jointly monitored and analysed quarterly in order to foster joint accountability. Coordination with the other national MDG-F joint program has been reinforced through the establishment of a common Steering Committee. Despite the different nature of the only other existing JP (Justice and Security Sector Reform), and the different geographic areas of intervention, the coordination between these two programmes is ensured in areas such as sharing on lessons learned and successful strategies.

### 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	N/A	5	Meeting reports	Routine: email exchange, meetings
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	4	Documents available	Periodic/ study related

Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	7	Mission reports	Compilation of contributions from the participants in the missions by the JP Coordinator. other.
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*Managerial practices implemented jointly: recruitment process for MDG-N national consultant; International/Programme Coordinator; national consultant responsible for drafting IEC material on promotion techniques for community based nutrition promotion and surveillance; national nutritionist recruitment; international nutritionist consultant.*

*Analytical works: baseline study to target beneficiaries' schools; needs identification for training and design of training/IEC materiel and monitoring tools; joint advocacy/communication strategy; internal analysis of the JP's efficacy and efficiency, lessons learnt, challenges and definition of corrective operational measures, priorities and sustainability strategy.*

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

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

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

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

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

Policy/decision making  
 Management: budget  
 Management: other, specify

*MoH is co-charing the PMC. Government is involved in the conception of training material & monitoring tools, recruitment process, coordination, experiences and information sharing, supervision and field visits, monitoring and evaluation activities, activities and budget planning.*

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

RC Office/MoH Number of meetings.

#### Number of meetings with PMC chair

9 times (since the beginning of the project) and 2 times during 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 true  
Fully involved false

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

Policy/decision making  
Management: service provision

*Experience and information sharing; joint coordination field visits. NGO Caritas is one of the JP partner and work in 23 nutrition recuperation centers.*

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

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

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

Policy/decision making  
Management: service provision  
Management: other, specify

*Women, parents, school children, teachers and community volunteers are involved in the school gardens activities and management committees. 48 women groups ensure door to door sensitisation on importance of the exclusive breast feeding. 788 community volunteers will be ensuring nutrition promotion and surveillance activities in 150 communities.*

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

other, specify

*The JP Coordinator is seated at the RCO (under direct supervision of the head of the Coordination Unit and work in close collaboration with the lead Ministry of Health, namely Director of the Nutrition Service - the cochair of the PMC.*

**Current situation**

At the central level three (4) implementing national governmental partners, members of the PMC, namely Ministry of Health (MoH), Ministry of Agriculture (MoA), Ministry of Education (MoE) and Ministry of Economy and Regional Integration Plan (MEPIR) are actively and highly involved in the implementation of the JP, with a clear leading role of the MoH. Ownership, alignment and accountability have significantly increased in the past 6 months as all governmental focal points for the JP and involved civil society organization (CARITAS) are involved in joint decision making and participate in all technical group meetings and PMC meetings. Besides, 100% of government focal points for the JP have

participated in the thorough internal analysis of the JP's efficacy and efficiency as well as identification of lessons learnt, corrective measures, sustainability strategy and priorities. Moreover, the MoH - through the Nutrition Service- is demonstrating real lead in JP's implementation as it assumes to a high degree its key role of co-facilitating the Programme Management Committee, and coordinating the Government interventions directly and indirectly related with the JP. At the regional level the situation is different as the regional authorities are insufficiently committed, the ownership is low and the mutual accountability is weak. Limited financial and logistical means, limited capacity in monitoring and evaluation lead to the lack of motivation and limit regional authorities from ensuring close supervision of the activities in the field. It is planned to establish regional commissions to be trained and equipped with monitoring instruments to promote central and regional concertation on progress monitoring.

The NGO Caritas, implementing partner, is represented in the JP meetings and has been participating actively in decision making process and the international NGO Plan International operating the area of the JP participated in one joint coordination mission conducted under the JP. It is expected to build more synergies and create mechanisms where Plan International expertise on community level will contribute to the JP's results sustainability, namely through Child Participation Groups who are potential strong vehicle to ensure the JP's activities promotion. It is important to continue the effort of identifying new NGOs and local associations who are eager and have capacity to carry on the activities of the JP.

Regarding civil society involvement (citizens), at the local level, replication of school gardens at households' level demonstrate the ownership of JP's activities. Existence of 788 trained community health workers who will be carrying out activities of nutrition promotion and surveillance is reflecting the engagement of citizens.

## 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 communication and advocacy strategy is focusing on:

- Establishing partnerships with media (formal and informal) to ensure regular coverage with messages and campaigns leading to behaviour changes related to MDGs and related goals.
- Using key dates and national events to raise awareness among large public on health and education promoted MDGs as well as to ensure JP results' visibility.
- Ensuring capacity building of citizens, children, women, NGOs, Community Based Organisation (CBOs) to participate efficiently in policy making and activities related to MDG's

and related goals promotion.

- Improving dialogue among governments (central and provincial level), civil society and citizens related to MDG's and related goals promotion and advancement.
- Best practices documenting and sharing.
- Reinforcement of MDG-F and MDG-F JPs' identity.
- Ensuring MDG-F is seen as transparent and reliable partner.
- Contributing toward resource mobilisation.

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

Increased awareness on MDG related issues amongst citizens and governments

Increased dialogue among citizens, civil society, local national government in relation to development policy and practice

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

Establishment and/or liaison with social networks to advance MDGs and related goals

Key moments/events of social mobilization that highlight issues

Media outreach and advocacy

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

Faith-based organizations 1

Social networks/coalitions

Local citizen groups 48 women group

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

JP Outcome	Beneficiaries	JP Indicator	Value
Management and prevention of children malnutrition is improved at facility level (nutrition rehabilitation centers and health centers);	3527	Number of children of severe and moderate acute malnutrition (SAM+MAM) treated 1,490 cases SAM expected in the project area 5,588 cases MAM expected in the project area	

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

JP Outcome	Beneficiaries	JP Indicator	Value
Management and prevention of children malnutrition is improved at facility level (nutrition rehabilitation centers and health centers);	4301	Number of pregnant and lactating women receiving nutrition services	

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

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

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

JP Outcome	Beneficiaries	JP Indicator	Value
Sustainable food production established in 150 school communities to improve nutritional status and promote education of children on food security and nutrition	16602	# of school gardens created and maintained (including number of beneficiary children)	

Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

JP Outcome	Beneficiaries	JP Indicator	Value
Sustainable food production established in 150 school communities to improve nutritional status and promote education of children on food security and nutrition	25000	# of kids who consume vegetables at least once a day in beneficiaries schools	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling			
JP Outcome	Beneficiaries	JP Indicator	Value
Sustainable food production established in 150 school communities to improve nutritional status and promote education of children on food security and nutrition	27671	# of school teachers, school children parents and school cooks who received training on food security and nutrition	

### **Additional Narrative Comments**

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

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

## Section IV: General Thematic Indicators

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

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

##### Children under 2

Total No.	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	4301
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 % 18,1 %  
 Targeted Area % 23.3 % ( Bafata: 19.5% Gabu: 24.5 %, Oio: 25.8 %)

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

% National 20%  
 % Targeted Area 17%

**Stunting prevalence**

% National 32,2%  
 % Targeted Area 38.3 % ( Bafata: 32.3 % Gabu: 40 %, Oio: 41.7 %)

**Anemia prevalence**

% National 75%  
 % Targeted Area N/A

**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 16.602  
 Local  
 Urban  
 Rural 16.602  
 Girls 7.863  
 Pregnant Women  
 Boys 8.739

**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  
Local  
Urban  
Rural 802 families  
Girls  
Pregnant Women  
Boys

#### **Therapeutic feeding programmes**

National 14 see comments below  
Local 5  
Urban 2  
Rural  
Girls  
Pregnant Women  
Boys

#### **Vaccinations**

National 0  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

#### **Other, specify**

National n/a

- 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 (48 HC and 23 Nutrition Recuperation Centers in the project area + 42 nationally supported by MDG-F Nutrition).*
  - 3) *School feeding programmes are supported indirectly by the programme, as beneficiary's school are the same as those of the JP programme.*
  - 4) *Behavioral change communication is one of the strategies promoted and supported by the JP, which includes promotion of exclusive breastfeeding; diet diversification related trainings, demonstrations, sensitization activities, cultivation of vegetables, communication for development benefiting health center workers, school children and population in general.*
  - 5) *Therapeutic feeding programmes are supported by the JP, namely Health and nutrition centres (23 CARITAS centers) nationally*
- Local
- 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 (48 HC and 23 Nutrition Recuperation*

*Centers in the project area + 42 nationally supported by MDG-F Nutrition).*

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

*4) Behavioral change communication is one of the strategies promoted and supported by the JP, which includes promotion of exclusive breastfeeding; diet diversification related trainings, demonstrations, sensitization activities, cultivation of vegetables, communication for development benefiting health center workers, school children and population in general.*

*5) Therapeutic feeding programmes are supported by the JP, namely Health and nutrition centres (23 CARITAS centers) nationally  
Urban*

*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 (48 HC and 23 Nutrition Recuperation Centers in the project area + 42 nationally supported by MDG-F Nutrition).*

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

*4) Behavioral change communication is one of the strategies promoted and supported by the JP, which includes promotion of exclusive breastfeeding; diet diversification related trainings, demonstrations, sensitization activities, cultivation of vegetables, communication for development benefiting health center workers, school children and population in general.*

*5) Therapeutic feeding programmes are supported by the JP, namely Health and nutrition centres (23 CARITAS centers) nationally  
Rural*

*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 (48 HC and 23 Nutrition Recuperation Centers in the project area + 42 nationally supported by MDG-F Nutrition).*

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*5) Therapeutic feeding programmes are supported by the JP, namely Health and nutrition centres (23 CARITAS centers) nationally  
Girls*

*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 (48 HC and 23 Nutrition Recuperation Centers in the project area + 42 nationally supported by MDG-F Nutrition).*

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*5) Therapeutic feeding programmes are supported by the JP, namely Health and nutrition centres (23 CARITAS centers) nationally  
Pregnant Women*

*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 (48 HC and 23 Nutrition Recuperation Centers in the project area + 42 nationally supported by MDG-F Nutrition).*

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*trainings, demonstrations, sensitization activities, cultivation of vegetables, communication for development benefiting health center workers, school children and population in general.*

*5) Therapeutic feeding programmes are supported by the JP, namely Health and nutrition centres (23 CARITAS centers) nationally*

Boys

*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 (48 HC and 23 Nutrition Recuperation Centers in the project area + 42 nationally supported by MDG-F Nutrition).*

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*5) Therapeutic feeding programmes are supported by the JP, namely Health and nutrition centres (23 CARITAS centers) nationally*

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

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

#### **Policies**

National	1
Local	

#### **Laws**

National	
Local	

#### **Plans**

National	
Local	

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

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

National	1
Local	3
Total	4

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 <sup>1</sup>	Means of verification	Collection methods <sup>2</sup>	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) <sup>3</sup>	3,404 cases of SAM expected nationally <sup>4</sup>  1,490 cases of SAM expected in project area <sup>5</sup>	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 <sup>6</sup>  680 SAM cases identified in the project area <sup>7</sup>	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 <sup>8</sup>	Less than 50% cases of MAM reported nationally (6750)  80% of MAM cases reported in the project area (4470)	7,913 cases of MAM expected nationally <sup>9</sup>  1,089 MAM cases reported in the project area <sup>10</sup>	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	387 cases of SAM treated nationally  1,490 cases of SAM	INASA reports  Health and Nutrition centre reports	Monthly report	Min. Health  UNICEF WFP	Idem

<sup>1</sup> Last Updated on 31/12/2011

<sup>2</sup> With indicative time frame & frequency of information sharing

<sup>3</sup> This indicator is using MICS and SMART data and therefore gives community level information.

<sup>4</sup> 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)

<sup>5</sup> SMART 2008

<sup>6</sup> 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)

<sup>7</sup> INASA annual report 2011

<sup>8</sup> SMART 2008

<sup>9</sup> PAM 2011

<sup>10</sup> PAM 2011

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date <sup>1</sup>	Means of verification	Collection methods <sup>2</sup>	Respons.	Risks & assumptions
			project area are treated (953)	treated in the project area <sup>11</sup>				
	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)	5,146 cases of MAM treated nationally <sup>12</sup>  2,037 cases of MAM treated in the project area <sup>13</sup>	INASA reports Health and Nutrition centre reports.	Monthly report	<b>Min. Health</b>  <b>WFP UNICEF</b>	Idem
	Number of mothers receiving pre-natal services	8.904 pre-natal visits in 2008 <sup>14</sup>	60% of target population (pregnant women) receives pre-natal services (5,342)	10,688 mothers receiving 3 or more ANC services <sup>15</sup>	INASA reports	Monthly report	<b>Min. Health</b>  <b>UNICEF</b>	Idem
	under-five mortality rate	223 per 1000 live births	135 per 1000 live births	117 per 1000 live births <sup>16</sup>	MICS	Annual	<b>UNICEF</b>	Risk of political and socio- crisis resulting in deterioration of social services

<sup>11</sup> INASA annual report 2011

<sup>12</sup> PAM 2011

<sup>13</sup> INASA annual report 2011

<sup>14</sup> CAP SR 2008

<sup>15</sup> INASA 2011

<sup>16</sup> MICS 2010

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date <sup>1</sup>	Means of verification	Collection methods <sup>2</sup>	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	9.5 MT of RUTF provided to 94 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			738 Kg of BP 100 therapeutic diet, 394 kg of F-75, 297.5 kg of F-100 and 46 kg of Resomal provided to 94 health and 24 nutrition rehabilitation centers.	Delivery report of micro-nutrients supplements	Every delivery		Delay in distribution
	Number of health and nutrition centres equipped with anthropometric materials			139 Scale Salter, 61 Electronic scale for adults, 156 toises, 1800 and 1000 MUAC respectively for children and for pregnant mothers, 1000 trousers for salter scale, and 7 demonstration cooking kits provided to 94 health centers and 24 nutrition rehabilitation centers.	Delivery report of anthropometric materials	Every delivery		Delay in distribution

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date <sup>1</sup>	Means of verification	Collection methods <sup>2</sup>	Respons.	Risks & assumptions
	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	<b>WFP</b>	Food pipeline break. Delay in transportation Delay in reports from centres.
	Number of centres with cooking material for demonstration	No cooking materials available	All centres are equipped with cooking material for demonstration	90 HC and 24 NRC Health centers received cooking materials for demonstration	Delivery report	Every delivery	<b>WFP</b>	Delay in distribution
<b>1.2. 228 Health workers are qualified on and put into practice for effective prevention and management of children malnutrition</b>	% 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	36 and 201 health workers respectively trained in CRENI and CRENAM 88% had a post-test score above 80% (114 HC reached, 100% of health workers in 100% of 3 the regions trained	Training & Evaluation report	Report on each training session	<b>UNICEF</b>	Political instability and socio-political crisis resulting in collapse of services; Turnover of personnel; Inadequate capacity of information absorption.
	% 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	221 Health workers recycled Not available % had a post-test score above 80%	Training & Evaluation report	Report on each training session	<b>OMS</b>	Political instability and socio-political crisis resulting in collapse of services; Turnover of personnel; Inadequate capacity of information absorption.

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date <sup>1</sup>	Means of verification	Collection methods <sup>2</sup>	Respons.	Risks & assumptions
	Number of Health centres with means of transport.	Not available	By 2010, Health centres in need are equipped with transport means to conduct outreach activities and to supervise the community health providers	9 health centers were equipped with 9 motorcycles .	Delivery report	Every delivery	<b>UNICEF</b>	Fluctuations in international market (price)
<b>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</b>	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.	1000 Boites à images, 2000 posters on nutrition messages including on Infant and young child feeding produced, printed and distributed to all 48 HCs and to 32 additional HCs) -Posters and other communication materials printed and distributed to 80 HCs and to 150 schools))	Report on number of materials available (inventory)	Routine	<b>Min. Health UNICEF</b>	Inadequate capacity on local market to reproduce timely IEC material
			By 2012, 228 health workers trained on IEC techniques scored 80% in the post evaluation	52 health workers in 2 beneficiary regions trained on IEC techniques. 3 <sup>rd</sup> region will be covered in year 3.	Training & Evaluation report	Report on each training	<b>UNICEF</b>	Political instability and socio-political crisis resulting in collapse of services; Turnover of personnel; Inadequate capacity of information

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date <sup>1</sup>	Means of verification	Collection methods <sup>2</sup>	Respons.	Risks & assumptions
								absorption
<b>Joint Programme Outcome 2: Community-based nutrition promotion &amp; surveillance established in 150 selected communities</b>	Percentage of exclusive breastfeeding in selected communities /regions	28% exclusive breastfeeding <sup>17</sup>	Increase of exclusive breastfeeding up to 50% in selected communities.	38% <sup>18</sup> exclusive breastfeeding.	SMART MICS	Annual Survey	<b>UNICEF</b> <b>Min. of Health</b>	Unable to trace percentage of exclusive breastfeeding in selected communities
	Number of SAM cases in the region	1,490 cases of SAM <sup>19</sup> 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 Activities did not start yet	INASA reports Health and Nutrition centre reports.	Monthly report	<b>Min. Health</b> <b>WFP</b> <b>UNICEF</b>	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. Activities did not start yet	INASA reports Health and Nutrition centre reports	Monthly report	<b>Min. Health</b> <b>WFP</b> <b>UNICEF</b>	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	East : 21.7% North: 19.7% (18.1% underweight children nationally) (Bafata: 19.5% Gabu: 24.5 %, Oio: 25.8 %)	SMART MICS	Periodic Survey	<b>Min. Health</b> <b>WFP</b> <b>UNICEF</b>	INASA is able to collect and or treat information regarding Health services

<sup>17</sup> National value; (SMART 2008).

<sup>18</sup> (MICS 2010) Gabu – 14.8%, Cacheu – 36.4%, Oio – 47.1%, and Bafata – 42.1%.

<sup>19</sup> 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 <sup>1</sup>	Means of verification	Collection methods <sup>2</sup>	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	46 trainers and 788 community health providers in 3 (100%) beneficiary regions trained on basic nutrition monitoring and surveillance, maternal & child nutrition and hygiene	Training & evaluation reports	Report on each training	UNICEF	Availability of community health providers corresponding to the new MINSAs standards
		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. Not yet available in the communities.	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 <sup>1</sup>	Means of verification	Collection methods <sup>2</sup>	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 <sup>20</sup> families sensitised and mobilised by Community workers	802 families sensitized on importance of exclusive breastfeeding through World breastfeeding week and 48 support group of women created to sensitize other women on sound nutrition practices	Training & evaluation reports	Routine	UNICEF	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	628 number of programs produced, and broadcast in 6 regions (covering 100% of project 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  Number of schools gardens established	Nutritional status of school children as per study of 2009  0	80% school children in selected schools consume at least once a day vegetables produced at school  150 school gardens established	80% <sup>21</sup> school children in selected schools consume at least once a day vegetables produced  126 school gardens established	Survey report  Mission reports	Mission	FAO	Insufficient involvement of local stakeholders in school garden activities

<sup>20</sup> Total number of households in the regions of Gabu, Bafata and Oio (2009 Census)

<sup>21</sup> FAO 2011

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date <sup>1</sup>	Means of verification	Collection methods <sup>2</sup>	Respons.	Risks & assumptions
3.1. Nutritional status and dietary habits of school children were evaluated in 150 community Schools	Number of schools children evaluated	0 among 20,000 school children	Nutrition status and dietary habits of school children (25,000) evaluated	Nutritional status and dietary habits of 11,157 school children evaluated in 48 community Schools (5,768 boys and 5,989 girls)	Missions report, provisory data of survey	Field survey during one month	FAO	Risk: Nutritional and food security 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 and 2191 parents trained on management of school gardens. 115 teachers and community workers and 78 parents, 168 cooks trained on basic nutrition and food security	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	126 school gardens maintained and other 75 being established in 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 <sup>1</sup>	Means of verification	Collection methods <sup>2</sup>	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	76 school gardens have produced 20.290 Kg 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	75% supervision reports fill-in by central authorities; 0% 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)	Not Available % semester reports provided with updated data on nutritional situation <sup>22</sup>	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	23,8% of reports available from 94 health centers (100% of centers) and 73,6%of reports available from 23 CARITAS centers (100% of centers) <sup>23</sup>	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	1 National consultant was recruited and posted in the MoH; one international nutritionist was	Recruitment documents	Routine	UNICEF WHO	Difficulties recruiting and securing staff. Turnover of staff

<sup>22</sup> INASA, monthly reports

<sup>23</sup> PAM

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date <sup>1</sup>	Means of verification	Collection methods <sup>2</sup>	Respons.	Risks & assumptions
			of Health	recruited and posted in UNICEF.				
	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	<b>UNICEF</b>	
	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	<b>WHO</b>	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	<b>WHO</b>	Idem
<b>4.2. The Joint programme is well managed and evaluated</b>	Recruitment of JP coordinator	0	By 2012, coordination of the MDG-Nutrition actors has increased.	1 JP Coordinator Recruited	Documents	Recruitment documents	<b>RC Office</b>	Difficulty to retain coordination staff

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date <sup>1</sup>	Means of verification	Collection methods <sup>2</sup>	Respons.	Risks & assumptions
	Number of joint missions	0	By 2012, at least 6 joint missions were successfully organized with overall increase of coordination	5 joint missions	Documents	Mission reports	<b>WHO</b>	
	Number of reports on monitoring and evaluation approved by Management Committee	0	6 reports on monitoring and evaluation approved by Management Committee	4 reports on monitoring and evaluation approved by Management Committee	Semi-annual reports	Monitoring activities	<b>RC Office</b>	Timely availability of data from agencies, MoH
	Final evaluation	0	The final evaluation of the programme is available and validated by partners	Planned for mid-end April 2012, preparation ongoing	Document	Routine	<b>WHO</b>	Political instability Timely availability of evaluator
	JP Delivery rate	0	The JP is well managed and monitored with an overall achievement of 75% of targets	<b>Delivery rate 79,85%</b>	Semi-annual / quarterly reports	Evaluation / monitoring activity	<b>RC Office UN agencies</b>	Lack of data at Health Centres and INASA level to provide information for M&E instrument. Difficulties to manage with coordination authority only.

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 31-12-2011	Total amount Disbursed to date 31-12-2011	% Committed rate	% Delivery rate
<b>Joint Programme Outcome 1: Management &amp; prevention of children malnutrition is improved at health facility level (nutrition rehabilitation &amp; health centers)</b>														
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	72236,39	72236,39	180,59	117,00
	Procure the needed non food material						98168,00	72744,00	-20000,00	52744,00	52744,00	52744,00	72,51	100,00
	Procure food supplements						100911,00	72095,00	15000,00	87095,00	87095,00	87095,00	120,81	100,00
	Ensure transport, handling & storage of foods				WFP	Ministry of Health	27600,00	18400,00	5000,00	23400,00	23400,00	23400,00	127,17	100,00
	<b>Total 1.1.</b>						<b>336679,00</b>	<b>203239,00</b>	<b>21741,00</b>	<b>224980,00</b>	<b>235475,39</b>	<b>235475,39</b>	<b>115,86</b>	<b>104,67</b>
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				UNICEF	Ministry of Health	42976,00	28488,00	0,00	28488,00	28488,00	28488,00	100,00	100,00
	Supervise the implementation of the training						12000,00	8000,00	0,00	8000,00	7308,57	7308,57	91,36	91,36
	Organize refresher trainings for health workers				WHO	Ministry of Health	25100,00	17100,00	0,00	17100,00	6500,15	6500,15	38,01	38,01
	Procure transport means for the health centres				UNICEF	Ministry of Health	65000,00	25000,00	4900,00	29900,00	26681,00	26433,58	106,72	88,41
	<b>Total 1.2.</b>						<b>145076,00</b>	<b>78588,00</b>	<b>4900,00</b>	<b>83488,00</b>	<b>68977,72</b>	<b>68730,30</b>	<b>87,77</b>	<b>82,32</b>
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	19328,34	19328,34	96,64	96,64
	Train health workers on communication strategies				UNICEF	Ministry of Health	20000,00	15000,00	0,00	15000,00	10680,08	10680,08	71,20	71,20
	<b>Total 1.3.</b>						<b>40000,00</b>	<b>35000,00</b>	<b>0,00</b>	<b>35000,00</b>	<b>30008,42</b>	<b>30008,42</b>	<b>85,74</b>	<b>85,74</b>
<b>TOTAL OUTCOME 1</b>							<b>521755,00</b>	<b>316827,00</b>	<b>26641,00</b>	<b>343468,00</b>	<b>334461,53</b>	<b>334214,11</b>	<b>105,57</b>	<b>97,31</b>

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 31-12-2011	Total amount Disbursed to date 31-12-2011	% Committed rate	% Delivery rate
<b>Joint Programme Outcome 2: Community-based nutrition promotion &amp; surveillance established in 150 selected communities</b>														
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.	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	11435,48	11435,48	37,07	37,07
	Organize refresher trainings for community health providers				WHO	Ministry of Health	43000,00	28500,00	4976,00	33476,00	19882,66	19882,66	69,76	59,39
	Procure transport means for the community health providers				UNICEF	Ministry of Health	37000,00	12000,00	5303,00	17303,00	17303,49	17303,49	144,20	100,00
	Provide field adapted anthropometric materials and RUTF to the community health providers				UNICEF	Ministry of Health	20000,00	20000,00	-1741,00	18259,00	18369,19	18369,19	91,85	100,60
	<b>Total 2.1.</b>						<b>140850,00</b>	<b>91350,00</b>	<b>8538,00</b>	<b>99888,00</b>	<b>66990,82</b>	<b>66990,82</b>	<b>73,33</b>	<b>67,07</b>
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	40156,19	40156,19	267,71	267,71
	Promote communication for behaviour changes vis-à-vis nutrition and appropriate feeding practice through medias activities (radio campaigns)				WHO	Ministry of Health	33929,00	28929,00	-4976,00	23953,00	21352,89	21352,89	73,81	89,14
	<b>Total 2.2</b>						<b>73929,00</b>	<b>53929,00</b>	<b>-4976,00</b>	<b>48953,00</b>	<b>67664,49</b>	<b>67664,49</b>	<b>125,47</b>	<b>138,22</b>
<b>TOTAL OUTCOME 2</b>							<b>214779,00</b>	<b>145279,00</b>	<b>3562,00</b>	<b>148841,00</b>	<b>134655,31</b>	<b>134655,31</b>	<b>92,69</b>	<b>90,47</b>

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 31-12-2011	Total amount Disbursed to date 31-12-2011	% Committed rate	% Delivery rate
<b>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</b>														
3.1.	Preparation of the survey tools						6000,00	6000,00	0,00	6000,00	6000,00	6000,00	100,00	100,00
Nutritional status and dietary habits of school children were evaluated in 150 community Schools	Assessment of food intake and nutritional status of school children in selected schools (Purchase of vehicle)				FAO	Ministry of Agriculture	27000,00	27000,00	551,00	27551,00	27551,00	27551,00	102,04	100,00
<b>Total 3.1.</b>							<b>33000,00</b>	<b>33000,00</b>	<b>551,00</b>	<b>33551,00</b>	<b>33551,00</b>	<b>33551,00</b>	<b>101,67</b>	<b>100,00</b>
3.2	3.2.1 - Preparation and validation of new training material on basic nutrition and food security , nutrition and management of school garden						7000,00	7000,00	0,00	7000,00	7000,00	7000,00	100,00	100,00
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	3.2.2 - Organization of training sessions				FAO	Ministry of Agriculture	30000,00	17000,00	-551,00	16449,00	16449,00	16449,00	96,76	100,00
<b>Total 3.2.</b>							<b>37000,00</b>	<b>24000,00</b>	<b>-551,00</b>	<b>23449,00</b>	<b>23449,00</b>	<b>23449,00</b>	<b>97,70</b>	<b>100,00</b>
3.3.	Procurement of seeds						234189,00	168000,00	-5000,00	163000,00	163000,00	160000,00	97,02	98,16
School gardens are created and maintained in selected schools	Procurement of needed tools						191509,00	141006,00	0,00	141006,00	141006,00	140000,00	100,00	99,29
	Distribution of tools and seeds						30000,00	20000,00	0,00	20000,00	20000,00	20000,00	100,00	100,00
	Set up of the management team of school garden in each school and start the work on school gardens involving school children				FAO	Ministry of Agriculture	13000,00	8000,00	0,00	8000,00	8000,00	8000,00	100,00	100,00
<b>Total 3.3.</b>							<b>468698,00</b>	<b>337006,00</b>	<b>-5000,00</b>	<b>332006,00</b>	<b>332006,00</b>	<b>328000,00</b>	<b>98,52</b>	<b>98,79</b>
3.4.	Technical monitoring and evaluation of food production at schools													
School kids in selected schools produce periodically and consume vegetables at least once a day							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	10000,00	100,00	100,00
	Organize advocacy sessions with parents and community leaders on the right to Food concept				FAO	Ministry of Agriculture	7000,00	7000,00	5000,00	12000,00	12000,00	10000,00	171,43	83,33
<b>Total 3.4.</b>							<b>30028,00</b>	<b>21014,00</b>	<b>5000,00</b>	<b>26014,00</b>	<b>26014,00</b>	<b>24014,00</b>	<b>123,79</b>	<b>92,31</b>
<b>TOTAL OUTCOME 3</b>							<b>568726,00</b>	<b>415020,00</b>	<b>0,00</b>	<b>415020,00</b>	<b>415020,00</b>	<b>409014,00</b>	<b>100,00</b>	<b>98,55</b>

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	2nd YEAR	Total amount Committed to date 31-12-2011	Total amount Disbursed to date 31-12-2011	% Committed rate	% Delivery rate
				Ajust					TOTAL					
<b>Joint programme Outcome 4: Interventions on children nutrition and food security are effectively monitored and supervised by government counterparts</b>														
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	230226,30	207602,00	63,95	63,56
	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	14959,60	149,60	149,60
<b>Total 4.1.</b>							<b>438000,00</b>	<b>408000,00</b>	<b>-30203,00</b>	<b>377797,00</b>	<b>284541,36</b>	<b>261917,06</b>	<b>92,85</b>	<b>69,33</b>
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	6200,95	6200,95	77,51	77,51
	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						450000,00	300000,00	0,00	300000,00	300000,00	153169,95	100,00	51,06
	Recruit a Driver for the JP unit				UNICEF	UNDP (RC Office)	54000,00	36000,00	0,00	36000,00	36000,00	5891,51	100,00	16,37
	Equipment for the JP unit, translation of documents/reports and visibility costs						30159,00	25159,00	0,00	25159,00	25159,00	13630,09	100,00	54,18
<b>Total 4.2.</b>							<b>593188,00</b>	<b>369159,00</b>	<b>0,00</b>	<b>369159,00</b>	<b>367359,95</b>	<b>178892,50</b>	<b>99,51</b>	<b>48,46</b>
<b>TOTAL OUTCOME 4</b>							<b>1031188,00</b>	<b>777159,00</b>	<b>-30203,00</b>	<b>746956,00</b>	<b>651901,31</b>	<b>440809,56</b>	<b>83,88</b>	<b>59,01</b>
<b>GRAND TOAL</b>							<b>2336448,00</b>	<b>1654285,00</b>	<b>0,00</b>	<b>1654285,00</b>	<b>1536038,15</b>	<b>1318692,98</b>	<b>92,85</b>	<b>79,71</b>
<b>TOTAL AGENCY WITHOUT 7%</b>											<b>415020,00</b>	<b>409014,00</b>		
											<b>80092,25</b>	<b>80092,25</b>		
											<b>163239,00</b>	<b>163239,00</b>		
											<b>877686,90</b>	<b>666347,73</b>		
<b>Total JP YEAR 2 (including 7% indirect cost)</b>							<b>2.499.999</b>	<b>1.770.085</b>	<b>0</b>	<b>1.770.085</b>	<b>1.643.561</b>	<b>1.411.001</b>	<b>92,85</b>	<b>79,71</b>
<b>TOTAL AGENCY (direct &amp; 7 % indirect cost)</b>														
											<b>608.537</b>	<b>444.071</b>	<b>100,00</b>	<b>98,55</b>
											<b>196.942</b>	<b>112.916</b>	<b>75,90</b>	<b>75,90</b>
											<b>242.547</b>	<b>174.666</b>	<b>100,00</b>	<b>100,00</b>
											<b>1.451.974</b>	<b>1.035.432</b>	<b>90,70</b>	<b>68,86</b>
<b>Total JP YEAR 2 (including 7% indirect cost)</b>							<b>2.500.000</b>	<b>1.767.085</b>	<b>0</b>	<b>1.767.085</b>	<b>1.643.561</b>	<b>1.411.001</b>	<b>93,01</b>	<b>79,85</b>