

Section I: Identification and JP Status

Promotion of a multi-level approach to child malnutrition

Semester: 1-12

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

Report Number	
Reporting Period	1-12
Programme Duration	
Official Starting Date	

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

Total Approved Budget

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

UNICEF	\$1,451,974.00
Total	\$2,500,000.00

Total Amount of Transferred To Date

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

Total Budget Committed To Date

FAO	\$444,071.00
WHO	\$85,699.00
WFP	\$174,666.00
UNICEF	\$977,963.00
Total	\$1,682,399.00

Total Budget Disbursed To Date

FAO	\$487,297.00
WHO	\$85,968.00
WFP	\$174,666.00
UNICEF	\$953,490.00
Total	\$1,701,421.00

Donors

As you can understand, one of the Goals of the MDG-F is to generate interest and attract funding from other donors. In order to be able to report on this goal in 2010, we would require you to advise us if there has been any complementary financing provided 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
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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 SAM cases total female/male	1,192	913	Children from 2 to 6 Years/Female	Therapeutic Feeding Programmes
under 5 children MAM cases total female/male	4,470	5,336	Children from 2 to 6 Years/Female	Fortification of Foods With Micronutrients/ Supplementation Programmes
School children	12,500	11,714	Children Older Than 6/Female	Behaviour Change Communication Initiatives (Hand Washing, Etc)
School children	12,500	12,921	Children Older Than 6/Male	Behaviour Change Communication Initiatives (Hand Washing, Etc)
School children	12,500	11,714	Children Older Than 6/Female	Homestead Food Production and Diversification
School children	12,500	12,921	Children Older Than 6/Male	Homestead Food Production and Diversification
Health technician	114	100	Health Workers/Women	Access to Health Services
Health technician	114	101	Health Workers/Men	Access to Health Services
Community Health Workers	300	94	Health Workers/Women	Access to Health Services
Community Health Workers	300	722	Health Workers/Men	Access to Health Services
Pregnant women	5,342	10,688	Breast Feeding Women	Access to Health Services
Pregnant women	5,000	5,174	Pregnant Women	Fortification of Foods With Micronutrients/ Supplementation Programmes

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
Breast feeding women	5,000	4,215	Breast Feeding Women	Fortification of Foods With Micronutrients/ Supplementation Programmes
Health centers	114	114	Health Centers	Capacity to Collect, Analyze Data and/or Peoduce Analysis
Communities	150	150	Communities	Access to Health Services
Communities	150	167	Communities	Homestead Food Production and Diversification
Communities	150	167	Communities	Behaviour Change Communication Initiatives (Hand Washing, Etc)
School	150	167	Schools	Homestead Food Production and Diversification
Ministries and regional directions	6	6	National Institutions	Capacity to Collect, Analyze Data and/or Peoduce Analysis
Radio	5	5	Local Institutions	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Community health worker	0	139	Health Workers/Men	Behaviour Change Communication Initiatives (Hand Washing, Etc)
Community health worker	0	44	Health Workers/Women	Behaviour Change Communication Initiatives (Hand Washing, Etc)
School teacher	125	78	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)
School teacher	125	396	Citizens/Men	Behaviour Change Communication Initiatives (Hand Washing, Etc)
School teacher	125	78	Ciudadanas/mujeres	Homestead Food Production and Diversification
School teacher	125	396	Citizens/Men	Homestead Food Production and Diversification
School children parents	300	2,752	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)
School children parents	300	2,752	Ciudadanas/mujeres	Homestead Food Production and Diversification
School cooks	150	318	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)

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)

The management of acute malnutrition cases is implemented at the national level (in 24 nutrition rehabilitation and 94 health centers).

41 new school gardens (100% of the expected target for this reporting period) were established and 126 of existing ones were maintained with increase in production of 178,10% in second year (school year 2010/2011) and 219,75% in third year (2011/2012 schools year) as well as enlargement of school gardens' production areas. In average each school production area increased of 75,01% in the second year (2010/2011) and of 73,53% in the third year (2011/2012) . At least 90% of school children consume once a day vegetables produced in school.

Ministry of Health (MoH) improved its capacity and is now able to provide updated data on nutritional status in the project area: reported and treated Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases. Valorization of the nutrition problem increased within the government counterpart: two national staff (one staff, one intern) were allocated by the government to the national nutrition service seriously understaffed in the past.

Progress in outcomes

Outcome 1: management and prevention of child malnutrition is improved at facility level (24 nutrition recuperation centres and 90 health centres).

The management of acute malnutrition has continued to be implemented and improved in 100% of nutrition recuperation centres (24) and health centres (94) with appropriate equipment and information, education and communication material (100% available in 100% beneficiary centers representing 82% of health centers national level) and with 96.92% health workers (221 out of 228) trained in the application of the National Protocol for Management of Acute Malnutrition. Monthly MoH reports indicate that since 2009 the total of 913 Severe Acute Malnutrition (SAM) cases were treated in the project area (4 health regions, 3 administrative regions) against 1,490 expected (SMART 2008). 5,336 Moderate Acute Malnutrition (MAM) cases were treated in the project area (4 health regions, 3 administrative regions) against 8,733 reported and against 5,558 expected (SMART 2008).

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

Additional 28 community health workers have been trained during this reporting period and are skilled to implement community growth monitoring and promotion activities. Up to date 100% of beneficiary communities (150) have trained community health workers (816 against 600 planned) to initiate community growth monitoring and promotion activities in the catchment area in 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 to benefit from regular nutrition related messages through locally produced radio programmes and campaigns (328 programmes against 336 foreseen for this reporting period) prepared and broadcasted by 5 partner radios. Up to date since the beginning of the JP 956 radio programmes were prepared and broadcasted benefiting not only 3 beneficiary regions but also reaching population at national level due to larger coverage range of certain radios.

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

Food production in school gardens has been successfully established in 41 new communities during this reporting period and 126 of already existent school gardens have been maintained with increase in production of 178,10% (school year 2010/2011) and 219,75% (school year 2011/2012) as well as enlargement of school gardens' production areas. In average each school production area increased of 75,01% in the second year (2010/2011) and of 73,53% in the third year (2011/2012) . Totally up to date 167 school gardens are established in beneficiary school communities against 150 initially planned and 0 existent in the beginning of the JP. At least 90% of school children in 177 assessed schools consume 90% of own produced vegetables.

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 was reinforced during the last six 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 at the central level (6 missions realized against 12 planned with 100% of reports available), namely MoH, National Nutrition Service. Monitoring and supervision of nutrition related activities by the regional authorities is still insufficient, nevertheless 9 supervision missions were undertaken during the reporting period As per recommendations of the annual review held in January 2012, adequate funds were allocated to support regional and central committees for M&E enhancing thus monitoring and supervision capacities as well as consultation among government counterparts at central, regional and local levels.

Biannual monitoring reports submitted to the MDG-F Secretariat are prepared in close collaboration with 4 Ministries implementing partners of the project enhancing the government counterpart capacity in updating monitoring tools as well as increasing accountability, inclusiveness and ownership. Quarterly financial and results reports are regularly discussed in inter-agency and inter-ministry meetings promoting joint accountability and monitoring. Trainings on M&E to central and regional governmental teams are foreseen in coming months.

It is worth noting that the JP annual review undertaken in January 2012, provided space for joint internal evaluation and JP performance framework was elaborated jointly with four ministries and four agencies. The JP performance analysis results were presented by the government counterparts during the annual review. This exercise enhanced joint accountability and increased capacities of government counterparts in monitoring nutrition and food security interventions.

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 and its plan were reviewed in line with the JP annual review recommendations. The revision was done through the joint effort of communication department of the national health institute (INASA) and communication focal points from 4 participating UN agencies under overall supervision of the Resident Coordinator's Office, namely specialist in communication and the JP coordinator.

Progress in outputs

Up to date 100% of nutrition rehabilitation centers (CRN) and health center (24 and 94 respectively) are equipped with material (RUTF, micronutrients, take home food, food supplements and cooking demonstration items) in order to support the centers capacities to effectively prevent and manage children malnutrition cases. 96,92% health workers (221 out of 228) are qualified and apply the National Protocol for Management of Acute Malnutrition. 100% of nutrition rehabilitation centers (CRN) and health center (24 and 94 respectively) are equipped with appropriate information, education and communication material on basic nutrition, health care and hygiene to undertake campaigns at community

and school levels (manual on 16 basic health practices, posters, serial albums). 150 schools also benefitted from IEC material, namely 240 posters on nutrition. During this reporting period 25 health workers have been trained on IEC techniques and scored 80% in the post test evaluation. Up to date total of 79 health workers in 4 health regions are trained on IEC techniques.

28 community health workers (CHW) have been trained during this reporting period and now skilled to implement community growth monitoring and promotion activities. By now 100% of beneficiary communities (150) have trained community health workers (816 against 600 planned) to initiate soon community growth monitoring and promotion activities as a way of early detection and prevention of stunting and other form of malnutrition (underweight and wasting). A manual on nutrition and use of local foodstuffs was developed during this reporting period to support the upcoming refresher training for the community health workers. 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.

Knowledge and skills among communities and families continued to be built on sound nutrition practices, such as exclusive breastfeeding, timely and appropriate complementary feeding, hand washing, maternal and child nutrition. 48 existing groups of women continued to ensure the door-to-door sensitization on sound nutrition practices at community level. Besides, regular radio programmes produced by five (5) partners radio of the JP and reaching 100% of beneficiary regions (3) continued to be supported by the JP and at least 328 new radio nutrition related programmes were prepared and broadcasted during the reporting period.

Regarding sustainable food production established in communities' school in order to improve nutritional status and promote the education of children and their parents on food security and nutrition, the progress during the reporting period can be captured as follows. Nutritional status and dietary habits evaluation was undertaken in a sample of 40 school children of age from 6 to 12 in 24 selected schools. Chronic malnutrition is manifested in at least 17.5% of evaluated children. The conclusions of this rapid assessment encourages the JP to reinforce its school garden activities and work on behavior change. It also contributes to raise awareness among parents and school teachers in relation to school children nutrition diet which is crucial for growth, health and better learning capacities of school children. In relation to dietary habits the study confirmed the following: i) school children diet is poor in nutrients essential for growth (proteins, vitamins and minerals); ii) low consumption of products of animal origin leading to protein deficiency; iii) low consumption of products rich in iron and calcium (milk, meat, green vegetables); iv) Insufficient number of meals per day served to school children, leading to calorie deficiency and thus decelerating the growth; v) Insufficient knowledge on the role of various nutrient group necessary for children health, growth and learning capacity.

41 new school gardens were established during this reporting period and 126 of existing ones were maintained. Totally up to date 167 school gardens are established in beneficiary school communities against 150 initially planned and 0 existent in the beginning of the JP. The food production continued to grow and women associations in 12 communities who replicated school gardens at the household level continue to exist and produce vegetables. Globally communities continued to enlarge the production area. In average each school production area increased of 75,01% in the second year (2010/2011) and of 73,53% in the third year (2011/2012): 2.06 hectare in 2009/2010 (school year) against 5.48 ha in 2010/2011 (school year) and 5,13 ha in the school year 2011/2012. The production in 2009/2010 is estimated to be of 4.800 Kg (in 50 schools) whereas in 2010/2011 it was of 20.290 kg (in 76 schools), and in 2011/2012 35.000 kg (41 newly established schools). 90% of children in 117 assessed schools consumed at least 90% of vegetables produced in school gardens. During the reporting period the school gardens established during the 1st and 2nd year of the JP continued to function and produced 8,311kg vegetables.

In 167 schools, at least 80% out of 474 teachers and 2.752 parents, who received previously training in school garden management, apply acquired knowledge through their involvement in school garden activities implementation and management. 167 schools (100%) have school garden management committees ensuring due follow-up. During this reporting period 159 school teachers and 561 parents received training on management of school gardens. 53 school teachers, 150 cooks and 183 community health workers (139 men and 44 women) were trained on food security and basic nutrition. Knowledge acquired is replicated to school children in all 150 beneficiary schools reaching 25 000

school children.

Technical assistance to Government, namely National Nutrition Service, through one international nutrition expert and one national consultant strengthened the coordination, planning and implementation of the programme. Regular supervision have been conducted (6 out of 12 planned) in 100% of beneficiary regions (3) in order to support the improvement of capacity development of regional team (201 health technicians) to improve the management of malnutrition through quality services to the beneficiaries. Ministry of Health improved its capacity and is able to provide updated data on nutritional status in the project area as well as national level. Data on reported and treated SAM and MAM cases in the project area are available through the MoH for the first time since the beginning of the project.

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 level 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.

During the reporting period, the JP team (4 ministries, 1 NGO, 4 UN agencies) held a joint revision workshop aiming at analysing and self-evaluating JP's efficiency and efficacy, defining lessons learned, identification of challenges and their operational corrective measures, identifying future priorities. This joint reflection involved national counterparts (ministries and civil society), governors of the beneficiary regions and beneficiaries of the JP. A sustainability strategy was jointly defined at that occasion and translated into the annual work plan. The strategy aims at ensuring the sustainability of JP interventions through:

- Involvement of local authorities and communities in the implementation of all activities especially at community level.
 - Assisting the government in the revision of the National Protocol on Management of Malnutrition Cases according to new WHO criteria.
 - Support to advocacy for the inclusion of nutrition related issues into school curricula.
 - Integration of the nutrition indicators into the monthly reporting system of the National Health Institute (INASA).
 - Reinforcing the nutrition component within the existing thematic group for food security and nutrition composed by development stakeholders.
 - Reinforce operationally the synergies among nutrition and food security promotion components at the community level.
 - Ensure the sharing of lessons learned with the development stakeholders.
 - Once adequate conditions are in place, the programme will support to the government in the elaboration of the National Nutrition Strategic Plan and its investment plan.
 - The support to advocacy for the National Nutrition Policy operationalisation.
- The Government counterpart capacity is being reinforced through technical assistance and knowledge transfer by one international nutrition expert and one national consultant, one posted within UNICEF and latter within the national nutrition service.

Synergies and partnership with the civil society development stakeholders, namely the NGOs CARITAS and Plan International, working in the same thematic and geographical area of intervention, have been intensified through their implication in decision making, exchange of experience in order to invest in partnerships with nationally based development stakeholders who might be interested in the continuation of the JP's activities implementation.

Moreover, long term partnerships with media, namely the five (5) radios continued to be fostered through continuous support 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 as well as maintenance of first replicated gardens at community level by women associations and the general extension of school garden surfaces are strong signs of the sustainability of the JP's results. Community gardens, managed by women associations (77 up to date), committed to transmit up to 40% of production from community gardens to schools for school children consumption in order to enhance further nutrition diet.

Finally, once adequate political conditions are in place, the JP will continue lobbying for the visit to Guinea-Bissau of the former Cape Verdean President, M. Antonio Mascarenhas Monteiro, 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

Coordination within the Government (s)

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 section 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 understaffing and low motivation of health care service providers, limited human resource capacities and insufficient involvement of regional authorities in monitoring of nutrition and food security activities.

The management structure of the JP did not define clearly the coordination and reporting lines among the four partners ministries which weakens the information flow and coordination effort among national counterparts on the one hand, as well as causes centralised coordination by the JP coordinator seated at the Resident Coordination Office.

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.

There is also limited number of implementing partners in nutrition on national level which limits JP in investing in solid and long lasting partners of implementation.

Due to a number of consecutive delays mainly caused by external factors, annual review took place in late January 2012 instead of September 2011. Later, the coup d'état of 12th of April 2012 and political instability led to temporary suspension of JP activities. All this caused late request for funds (3rd tranche) and left some agencies without funds for

a certain period of time.

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 as well as to translate them into annual work plan for the third and last year.

Final evaluation which started on April 9, 2012 was interrupted and suspended due to coup d'état of April 12, 2012.

Departure of the Communication and Advocacy (C&A) specialist within RCO who was providing support to the implementation of the C&A Strategy is weakening the JP capacity to implement efficiently the C&A strategy and its plan.

Briefly describe the current external difficulties that delay implementation

- The coup d'état occurred on April 12, 2012 and the resulting political instability affected largely the implementation of the JP till the point of temporary suspension of all activities in the absence of the legitimate national interlocutors. Due to this situation, in July 2012 under the overall supervision of the Resident Coordinator, the JP team had to revise its annual work plan and strategies, adapting it to the current situation in order to be able to re-launch implementation of activities in support of all its beneficiaries. From now on, the JP will work with ministries on technical level whereas all official collaboration on level of ministers is suspended till further order. The above described situation requires additional effort and intelligence in planning, and implementing. Defined sustainability strategy aiming among others at the elaboration of the National Strategic Plan in Nutrition is seriously prejudiced by the fact that for at least one year there will be a transitional government with a different set of priorities on the agenda comparing to previous government. This will bring difficulties to implement the sustainability strategy conceived during the annual review of the JP in January 2012.
- 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 means (gasoil) as well as low motivation of health service providers to ensure regular communities outreach.
- 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 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 and participative decision making.

Two (2) national staff (one staff, one intern) was allocated by the government to the national nutrition service, understaffed in the past. The JP continued to reinforce capacities of health care providers through trainings and refresher courses. National consultant and international expert in nutrition provide technical assistance to the National Nutrition Service.

With new staff allocated to the National Nutrition Service and decrease of work load on one person, namely the Director of the National Health Service, it will be possible to revise the information flow among national counterparts on the one hand, as well as decentralise coordination by the JP coordinator seated at the Resident Coordination Office.

The JP joint M&E framework is updated on regular basis (quarterly) in order to timely monitor progress in results. 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 contributed to

availability 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 that 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.

Regarding the limited number of implementing partners in nutrition on national level the JP aims to extend further collaboration to other NGOs working in the area of Nutrition (e: Plan International) and solidify the collaboration with implementing partner CARITAS.”

JP team is conscious of the delay in implementation caused by external factors, namely political instability, and will put jointly and in a coordinated way all necessary efforts to accelerate the activities implementation. Allocation of two new staff within the National Nutrition Service is an opportunity to be used to support this acceleration of the implementation. The JP will continue to work with national counterparts in a more decentralized way, mainly i) strengthening the involvement and participation of regional and community level in the planning, implementation and monitoring and evaluation of the programme in order to enhance ownership and sustainability of results; ii) strengthening the involvement of Regional Nutrition focal Points in supervision, monitoring, reporting of the situation in their respective regions.

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. Annual review held in January 2012 provided an opportunity to use self-evaluation recommendations and plan last and third year as well as design sustainability strategy.

Once adequate conditions in place, final evaluation which was interrupted and suspended due to coup d'état of April 12, 2012, will be resumed.

The JP will use in house capacity within four participating UN organizations, namely communication officers, to address the lack of specifically allocated staff for C&A and recent departure of the communication officer within RCO who was supporting largely the implementation of the C&A strategy and its plan.

Regarding the external difficulties, namely consequences of the coup d'état, the JP team reviewed and adapted its annual work plan to the current situation in order to be able to continue supporting its beneficiaries. The team will proceed to revising its sustainability strategy in order to adapt it to the current situation too. Finally, in order to compensate the delay in implementation caused by the temporary suspension of all activities from April to July 2012 and in order to ensure that all planned results are achieved, the JP requested the MDG-F Secretariat the extension till June 30, 2012.

The JP team undertakes continuous advocacy effort to ensure higher valorization of the nutrition problem at national level.

Strong emphasis on communication for development within beneficiary communities will enhance the process of changes in nutrition habits.

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 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. In January 2012, the JP undertook the participatory exercise of the annual review and strategic planning of the third and last year of the JP. The joint reflection involved national counterparts, national implementing partners (ministries and civil society), governors of the beneficiary regions and beneficiaries of the JP. A sustainability strategy was jointly defined at that occasion and translated into the annual work plan.

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

Indicators	Baseline	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-F JPs	-	5	Recruitment panel minutes	Interview
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	5	Available documents	Periodic study related
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	7	Mission reports	Contribution from the participants

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 planning of the last and third last year of the JP.

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: procurement
Management: service provision
Management: other, specify

MoH is co-chairing 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?

MoH (lead ministry) co chair PMC with the RC Office representative.

Number of meetings with PMC chair

12 times (since the beginning of the project) and 3 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

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

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

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

Management: service provision

Women, school children parents, school children, teachers and community health workers (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. 816 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 the overall supervision of the RC) and work in close collaboration with the lead Ministry of Health, namely Director of the Nutrition Service.

Current situation

At the central level four 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 fairly involved in the implementation of the JP, with a leading role and more active involvement of the MoH. Ownership, alignment and accountability have significantly increased in the first quarter of the last semester as all governmental focal points for the JP and involved civil society organization (CARITAS) were involved in joint decision making and participate in all technical group meetings and PMC meetings. Besides, all 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 translated into the joint work plan. Nevertheless, following the coup d'état on April 12, the implementation of activities was temporary frozen and absence of legitimate national interlocutors limited the capacity for joint decision making and activities implementation. The JP has resumed its activities since July 2012 and participating UN organizations will work on technical level and thus joint decision making on technical level will continue to be enhanced and strengthened, despite the difficulties resulting from the need to deal with newly appointed counterparts. 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. Necessary funds and activities were allocated and planned in the revised annual work plan. Furthermore, it is planned to establish regional commissions to be trained and equipped with monitoring instruments to promote central and regional coordination on progress monitoring. It is worth mentioning that central government (national nutrition service), regional health directors, responsible for health structures in the regions and regional administrative authorities participate in capacity development initiatives in malnutrition case management and M&E, IEC activities and joint coordination visits. Finally, five partner radios broadcast messages on nutrition and participate in all joint coordination missions.

The NGO Caritas, implementing partner, is represented in the JP meetings and has been participating actively in decision making process. 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 potentially, a strong vehicle to ensure the JP's activities promotion. Recently, the JP started collaborating with a local association and it aims to invest further in such type of collaboration with organizations and associations who are eager and have capacity to carry on the activities of the JP.

Regarding citizens civil society involvement at the local level, replication of school gardens at household and community level demonstrate the ownership of JP's activities. Existence of 816 trained community health workers who will be carrying out activities of nutrition promotion and surveillance is reflecting the engagement of citizens.

Finally, and foremost, the coup d'état and the resulting political instability affected largely the implementation of the JP till the point of temporary suspension of all activities in the absence of the legitimate national interlocutors. In July 2012 under the overall supervision of the Resident Coordinator, the JP team revised its annual work plan and strategies, adapting it to the current situation, and is ready to launch implementation of activities reaching communities in support of all its beneficiaries.

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

- 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
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
Private sector	
Academic institutions	
Media groups and journalist	5 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?

- 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 child malnutrition is improved at facility level (24 nutrition recuperation centres and 90 health centres).	6249	% of reported SAM and MAM cases treated in the project area: SAM 1,192+ MAM 3,576	

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 child malnutrition is improved at facility level (24 nutrition recuperation centres and 90 health centres).	10688	Number of mothers receiving prenatal services	

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 child malnutrition is improved at facility level (24 nutrition recuperation centres and 90 health centres).	114	Number of health and nutrition centers equipped with needed quantities of ready-to-use therapeutic foods (RUTF) micro nutrient supplements antropometric material take home food supllements non food cooking material for demonstration	

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

JP Outcome	Beneficiaries	JP Indicator	Value
Community-based nutrition promotion&surveillance established in 150 communities	150	Number of communities with established Community-based nutrition promotion&surveillance	

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

JP Outcome	Beneficiaries	JP Indicator	Value
Community-based nutrition promotion&surveillance established in 150 communities	0	Number of malnourished children efficiently treated at the 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 school communities to improve nutritional status and promote the education of children and their parents on food security and nutrition	167	Number of established school gardens	

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 school communities to improve nutritional status and promote the education of children and their parents on food security and nutrition	22171	% of school children consuming at least once a day vegetables produced in school gardens	

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

Regarding the financial report on the overall delivery of FAO (109,73%), it is worth noting that due to the delay in the request of the final instalment caused by external factors (coup d'état), and in view of the need to respect the cultivation season, FAO decided to anticipate the use of funds pertaining to its last instalment.

In relation to beneficiaries, the JP faces difficulties to report accurately on targeted beneficiaries as sex disaggregated data on beneficiaries is not available. For reporting purposes, it was decided to take an estimate disaggregation of half male half female. Nevertheless, regarding the reached beneficiaries, the disaggregated data by sex is accurate. In relation to beneficiary children under 5 and SAM and MAM cases treated, data disaggregated by sex on reached beneficiary is available since January 2012 and will be a useful source as baseline in future initiatives. Unfortunately, it cannot be used for the purpose of this report as data collected before January 2012 was not disaggregated by



sex.

Section IV: General Thematic Indicators

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

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

Children under 2

Total No.	-
No. Urban	-
No. Rural	-
No. Girls	-
No. boys	-

Children from 2 to 5

Total No.	-
No. Urban	-
No. Rural	-
No. Girls	-
No. Boys	-

Children older than 5

Total	-
No. Urban	-
No. Rural	-
No. Girls	-
No. boys	-

Women

Total	-
No. Urban	-
No. Rural	-
No. Pregnant	-

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

Children under 2

Total	-
No. Urban	-
No. Rural	-
No. Girls	-
No. Boys	-

Children from 2 to 5

Total	-
No. Urban	-
No. Rural	-
No. Girls	-
No. Boys	-

Children older than 5

Total	24095
No. Urban	
No. Rural	
No. Girls	11714
No. Boys	12921

Women

Total	9389
No. Urban	
No. Rural	9389
No. pregnant	5174

Men

Total	-
No. Urban	-
No. Rural	-

1.3 Prevalence of underweight children under-five years of age

National % 18,1
 Targeted Area % 23,3

Proportion of population below minimum level of dietary energy consumption

% National 20
 % Targeted Area 17

Stunting prevalence

% National 32,2
 % Targeted Area 38,3

Anemia prevalence

% National 75
 % Targeted Area -

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 24635
 Girls 11714
 Pregnant Women
 Boys 12921

Food fortification

National
 Local
 Urban
 Rural
 Girls
 Pregnant Women 5174

Boys

School feeding programmes

National

Local

Urban

Rural

Girls

Pregnant women

Boys

Behavioural change communication

National

Local

Urban

Rural

Girls 11714

Pregnant women

Boys 12921

Gender specific approaches

National

Local

Urban

Local

Girls

Pregnant Women

Boys

Interventions targeting population living with HIV

National

Local

Urban

Rural

Girls

Pregnant Women

Boys

Promotion of exclusive breastfeeding

National
Local
Urban
Rural 802 families
Girls
Pregnant Women
Boys

Therapeutic feeding programmes

National
Local 913
Urban
Rural
Girls
Pregnant Women
Boys

Vaccinations

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Other, specify

National see below
Local
Urban
Rural
Girls
Pregnant Women
Boys

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

- 1) Homestead food production and diversification: The joint programme promotes School Gardens and food diversification in 150 communities.*
- 2) Food fortification (with micronutrients) is provided as part of treatment to malnutrition patients in 114 Health and nutrition Centres (72 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) Behavioural 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 and cultivation of vegetables.
- 5) Therapeutic feeding programmes are supported by the JP, namely Health and nutrition centres (24 CARITAS centres) 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 ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
Joint Programme Outcome 1: Management & prevention of children malnutrition is improved at health facility level (nutrition rehabilitation & health centres)	Number of children with severe acute malnutrition (SAM) ³	3,404 cases of SAM expected nationally ⁴ 1,490 cases of SAM expected in project area ⁵	Less than 1,700 cases of SAM reported nationally 80% of SAM cases reported in the project area (1,192)	2,744 cases of SAM expected nationally ⁶ Cases of SAM reported in project area to date 913 ⁷	MICS SMART INASA reports	Annual Survey Monthly reports	Min. Health UNICEF WFP	INASA is able to collect and analyse needed information in due time
	Number of children with moderate acute malnutrition (MAM)	13,500 cases of MAM expected nationally 5,588 MAM cases expected in the project area ⁸	Less than 50% cases of MAM reported nationally (6750) 80% of MAM cases reported in the project area (4470)	7,913 cases MAM expected nationally ⁹ MAM cases reported in the project area to date 8,733 ¹⁰ .	MICS SMART INASA	Annual Survey Monthly reports	Min. Health UNICEF WFP	INASA is able to collect and analyse needed information in due time
	Number of children with severe acute malnutrition (SAM) treated in health and	Not available	80% cases of SAM treated equiv at 2,700. (225 monthly) nationally		INASA reports Health and Nutrition	Monthly report	Min. Health UNICEF	Idem

¹ Updated on **30/06/2012**

² With indicative time frame & frequency of information sharing

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

⁴ Calculated using SAM rate from SMART 2008, and population from the 2009 census taking a population growth rate of 2.45% (also from the census)
⁵ SMART 2008

⁶ Calculated using SAM rate from SMART 2008, and population from the 2009 census taking a population growth rate of 2.45% (also from the census)

⁷ Monthly Report MINSAs, 2012 (2012 SAM 690 cases in the project area; SAB= 123 cases; 201 SAM = 100 cases)

⁸ SMART 2008

⁹ PAM 2011

¹⁰ Monthly Report MINSAs, 2012 (4 health regions covered by the project). PAM 2011 reports different figure 7,919 MAM cases reported (project area HC + 24 Caritas CRN).

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	nutrition centres		80% of SAM cases reported in the project area are treated (953)	SAM cases reported and treated in project area 938 ¹¹	centre reports		WFP	
	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 ¹² In project area to date 5,336 MAM cases treated ¹³	INASA reports Health and Nutrition centre reports.	Monthly report	Min. Health WFP UNICEF	Idem
	Number of mothers receiving pre-natal services	8.904 pre-natal visits in 2008 ¹⁴	60% of target population (pregnant women) receives pre-natal services (5,342)	10.688 pregnant women received ANC services ¹⁵	INASA reports	Monthly report	Min. Health UNICEF	Idem
	under-five mortality rate	223 per 1000 live births	135 per 1000 live births	117 per 1000 live birth ¹⁶	MICS	Annual	UNICEF	Risk of political and socio- crisis resulting in deterioration of social services

¹¹ Monthly Report MINSA , 2012

¹² PAM 2011

¹³ PAM 2012. MINSA reported that 100% of MAM reported cases were treated. Different data reported by MINSA 2012= 2,194 cases treated.

¹⁴ CAP SR 2008

¹⁵ Estimated on the ANC participation rate. No data available updated as of 30.06.2012.

¹⁶ MICS 2010

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
1.1. 24 nutrition rehabilitation centres and 90 health centres are equipped to effectively prevent and manage child malnutrition	Number of health and nutrition centres equipped with needed quantities of ready-to-use therapeutic foods (RUTF)	22 nutritional centres functional in 2009, with limited materials	All centres - 24 nutrition rehabilitation centres and 90 health centres - are provided with needed quantities of RUTF	All centers – 24 CRN's+ 94 health centers with needed quantities of ready-to-use therapeutic foods (RUTF) . 9.5 MT of RUTF are provided with the needed quantities of ready to use therapeutic foods (RUTF) Distributed according to the need.	Delivery report of RUFT	Supervision visit	UNICEF	Delay in distribution
	Number of health and nutrition centres equipped with micro-nutrient supplements			24 CRN'S and 90 health centres are equipped with micro nutrient supplement: 738 kg of BP100, therapeutic diet,394 kg of F-75,297.5 kg of F-100 and 46 kg of Resomal: distributed gradually and according to the need.	Delivery report of micro-nutrients supplements	Supervision visit	UNICEF	Delay in distribution
	Number of health and nutrition centres equipped with anthropometric materials			24 CRN+90 health centres equipped with anthropometric material: 152 Child measurement scale in woods, 80 electrical balances, 156 Child	Delivery report of anthropometric materials	Supervision visit	UNICEF	Delay in distribution

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
				measurement scale in plastic ,1800 for children and 1000 adults (MUAC), 1000 trouser for salter scale and 9 cooking demonstration kits				
	Number of centres receiving take home Food supplements	33 heath centres receiving food supplements from WFP	By 2012, all - 24 nutrition rehabilitation centres (9 CRN) and 90 health centres(HC) are provided with needed quantities of food supplements	24 CRN and 90 HC are provided with needed quantities of food supplements	Delivery report	Supervision visit	WFP	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	24 CRN and 90 HC are equipped with cooking material for demonstration	Delivery report	Supervision visit	WFP	Delay in distribution
1.2. 228 Health workers are qualified on and put into practice for effective prevention and management of children malnutrition	% of trained staff who scored at least 80% for the post test of the training session	Not available	By 2012, the capacity of 228 health workers in management of moderate and severe malnutrition strengthened	36+201 health workers were trained in project areas and other areas. 88% obtained the result of post-test overage 80%. Covering 114 Health Centers	Training & Evaluation report	Report on each training session	UNICEF	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 ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	% 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. Information on % of post-test score not available	Training & Evaluation report	Report on each training session	OMS	Political instability and socio-political crisis resulting in collapse of services; Turnover of personnel; Inadequate capacity of information absorption.
	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 equipped with transport with 9 motorbikes. All of health centers had transport.	Delivery report	Every delivery	UNICEF	Fluctuations in international market (price)
1.3. 24 nutrition rehabilitation centres and 90 health centres are provided with appropriate information, education and communication material on basic nutrition, health care and hygiene to undertake campaigns at community and school levels	Number of health workers trained on IEC techniques and who scored at least 80% during the post training evaluation.	Not available	By 2010, IEC materials on basic nutrition, health care and hygiene are reproduced and available.	The IEC materials elaborated and produced and available: 1000 Serial Albums, 2000 posters with messages on nutrition. Coverage: 24CRN+ 32 C.S. The communication materials printed and distributed for 80 health centers and 150 schools.	Report on number of materials available (inventory)	Routine	Min. Health UNICEF	Inadequate capacity on local market to reproduce timely IEC material
			By 2012, 228 health workers trained on	79 health workers in 4 health regions	Training & Evaluation	Report on each training	UNICEF	political instability and socio-political

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
			IEC techniques scored 80% in the post evaluation	(Bafata, Gabu, Farim and Oio – Mansoa) trained on IEC techniques scored 80% in the post test evaluation and 4 staff less 80%.	report			crisis resulting in collapse of services; Turnover of personnel; Inadequate capacity of information absorption
.The Joint Programme Outcome 2: Community-based nutrition promotion & surveillance established in 150 selected communities	Percentage of exclusive breastfeeding in selected communities /regions	28% exclusive breastfeeding ¹⁷	Increase of exclusive breastfeeding up to 50% in selected communities.	38% of exclusive breastfeeding nationwide ¹⁸ .	SMART MICS	Annual Survey	UNICEF Min. of Health	Unable to track percentage of exclusive breastfeeding in selected communities
	Number of SAM cases in the project area (communities)	1,490 cases of SAM in the project area communities ¹⁹	80% of SAM cases reported in the project area communities (1192)	0 SAM cases reported in the project areas from community level (activities on community level did not start yet)	INASA reports Health and Nutrition centre reports.	Monthly report	Min. Health WFP UNICEF	INASA is able to collect and or treat information regarding Health services
	Number of MAM cases in the project area	5,588 cases of MAM expected in the project area communities	80% of MAM cases reported in the project area communities (4,470)	0 MAM cases reported in project areas communities (activities on community level did not start yet)	INASA reports Health and Nutrition centre reports	Monthly report	Min. Health WFP UNICEF	INASA is able to collect and or treat information regarding Health services

¹⁷ National value; (SMART 2008).

¹⁸ MICS, 2010

¹⁹ Calculated with 1.8% of SAM in Gabu & Bafata and 1.6% in Oio based on SMART Survey of 2008 and National Census of 2008-2009.

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	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	23.3% of under 5 children suffering from underweight in project area ²⁰ EST: 21.7% NORTH: 19.7% (Bafata:19.5%, Gabu:24.5%, Oio :25.8%)	SMART MICS	Periodic Survey	Min. Health WFP UNICEF	INASA is able to collect and or treat information regarding Health services
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 816 community health providers in 3 (100%) beneficiary regions trained on basic nutrition monitoring and surveillance, maternal and 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	Training manual available. Activities planned for 2nd semester 2012.	Training & evaluation reports	Report on each training	OMS	ASC identified timely by MoH based on new criteria Political instability

²⁰ MICS 2010

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	Number of 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
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 ²¹ families sensitised and mobilised by Community workers	802 families ²² 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	

²¹ Total number of households in the regions of Gabu, Bafata and Oio (2009 Census)

²² No updated data available as of 30.06.2012

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	Number of Radio programs/campaigns produced and broadcast in these 3 regions	0	Programs broadcasted in three pilot regions, and reaching all concerned population	956 programmes produced and broadcasted in 6 regions (covering 100% of project regions (3))	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	90% of children in 117 assessed schools consumed 91,57 % of produced vegetables ^{23, 24} 167 school gardens established	Survey report Mission reports	Mission	FAO	Sufficient involvement of local stakeholders in school garden activities
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 habits of 11.197 (40 in this semester) school children evaluated in 72 community schools (5.787 boys and 6.010 girls) ²⁵	Missions report, provisory data of survey	Field survey during one month	FAO	Nutritional and food security situation receives enough attention from national policies and programs.

²³ Monthly field report from January to March 2012

²⁴ 2009/2010 academic year 50 schools produced 4,800kg (area of production 2, 06 ha). 2010/2011 academic year 76 schools produced 20,290kg (area of production 5, 48 ha). 2011/2012 41 newly established schools produced 35,000kg (area of production 5, 13 ha). 15 assessed previously established schools gardens produced at least 8,311 kg.

²⁵ Monthly report (Mai 2012) by nutritionist national consultant to PC

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
3.2. 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	474 school teachers, 2.752 parents and 183 Community Health Workers trained on management of school gardens. 168 school teachers, 141 community workers and 78 parents, 318 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 of existent school gardens maintained and other 41 being established in the past 6 months. 167 school gardens existent.	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
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.	41 newly established school gardens have produced 35.000 kg of vegetables in the period of the last 6 months	School committee reports	Periodic supervision (missions)	FAO	Lack of local supervision and involvement

Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
Joint Programme Outcome 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	50% of supervision mission completed (6 out of 12) with 100% supervision reports available at central level; 9 supervision missions completed by the regional authorities with 33% supervision reports available. ²⁶	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)	MoH (INASA) is able to provide updated data on nutritional status of the project area)	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	24 % of reports available ^{27 /28}	Monitoring reports		MoH UNICEF WFP	Adequate national capacity to gather and process data
4.1. The Nutrition Unit at the Ministry of Health is reinforced in terms of human resources and equipment.	Number of new staff who were integrated in MOH structure (nutritional unit) by 2012	2 national staff involved in nutrition programs at the MOH in 2009	By end of 2009, one international nutritionist and one national consultant are recruited and posted at the Ministry of Health	1 National consultant posted in the MoH and one international nutritionist posted in UNICEF.	Recruitment documents	Routine	UNICEF WHO	Difficulties recruiting and securing staff. Turnover of staff

²⁶ Farim and Mansoa, from 06-10.02.2012 , Bafata from 13-17/02/2012 and Gabu at 21-23/02/2012

²⁷ WFP obtained 39% of reports out of expected 100%

²⁸ All Regions are reporting but with 24 % of all HC in their respective area are not separating SAM and MAM data, reports arrive very late and are not complete.

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

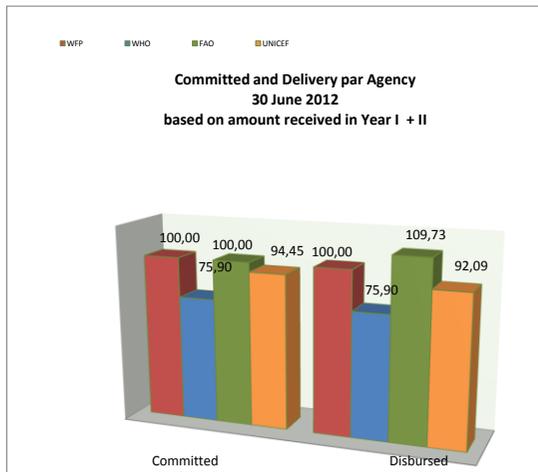
Expected Results Outcomes & outputs	Indicators	Baseline	Overall JP Expected target (2012)	Achievement of Target to date ¹	Means of verification	Collection methods ²	Respons.	Risks & assumptions
	Number of joint missions	0	By 2012, at least 6 joint missions were successfully organized with overall increase of coordination	5 joint coordination missions organized with overall increase of joint decision making and ownership	Documents	Mission reports	RC Office WHO	
	Number of reports on monitoring and evaluation approved by Management Committee	0	6 reports on monitoring and evaluation approved by Management Committee	5 reports on monitoring and evaluation approved by Management Committee	Semi-annual reports	Monitoring activities	RC Office	Timely availability of data from agencies, MoH
	Final evaluation	0	The final evaluation of the programme is available and validated by partners	Started in April 2012. Suspended to coup d'etat.	Final evaluation report	Routine	WHO	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	Delivery rate 96,27%	Semi-annual / quarterly reports	Evaluation / monitoring activity	RC Office UN agencies	Lack of data at Health Centres and INASA level to provide information for M&E instrument.

Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE NATIONAL OR LOCAL PARTNER	Estimated Implementation Progress							
		1	2	3			Total amount Planned for the JP (3 YEARS)	Total amount Transferred YEAR 1 + 2	2nd YEAR Ajust	2nd YEAR TOTAL	Total amount Committed to date 30-06-2012	Total amount Disbursed to date 30-06-2012	% Committed rate	% Delivery rate
Joint Programme Outcome 1: Management & prevention of children malnutrition is improved at health facility level (nutrition rehabilitation & health centers)														
1.1. 24 nutrition rehabilitation centres and 90 health centers are equipped to effectively prevent and manage child malnutrition	Procure and distribute the required quantities of supplies (ready-to-use therapeutic foods (RUTF), micro-nutrient supplements and anthropometric materials)				UNICEF	Ministry of Health	110000,00	40000	21741	61741	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
Total 1.1.							336679,00	203239,00	21741,00	224980,00	235475,39	235475,39	115,86	104,67
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	26681,31	26433,58	106,73	88,41
Total 1.2.							145076,00	78588,00	4900,00	83488,00	68978,03	68730,30	87,77	82,32
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
Total 1.3.							40000,00	35000,00	0,00	35000,00	30008,42	30008,42	85,74	85,74
TOTAL OUTCOME 1							521755,00	316827,00	26641,00	343468,00	334461,84	334214,11	105,57	97,31

Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE NATIONAL OR LOCAL PARTNER	Estimated Implementation Progress							
		1	2	3			Total amount Planned for the JP (3 YEARS)	Total amount Transferred YEAR 1 + 2	2nd YEAR Ajust	2nd YEAR TOTAL	Total amount Committed to date 30-06-2012	Total amount Disbursed to date 30-06-2012	% Committed rate	% Delivery rate
Joint Programme Outcome 2: Community-based nutrition promotion & surveillance established in 150 selected communities														
2.1.	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	30423,48	30423,83	98,62	98,62
	Organize refresher trainings for community health providers													
	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.				WHO	Ministry of Health	43000,00	28500,00	4976,00	33476,00	19882,66	19882,00	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	18369,18	91,85	100,60
Total 2.1.							140850,00	91350,00	8538,00	99888,00	85978,82	85978,50	94,12	86,07
2.2.	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													
	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.				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
Total 2.2							73929,00	53929,00	-4976,00	48953,00	67664,49	67664,49	125,47	138,22
TOTAL OUTCOME 2							214779,00	145279,00	3562,00	148841,00	153643,31	153642,99	105,76	103,23

Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE NATIONAL OR LOCAL PARTNER	Estimated Implementation Progress							
		1	2	3			Total amount Planned for the JP (3 YEARS)	Total amount Transferred YEAR 1 + 2	2nd YEAR Ajust	2nd YEAR TOTAL	Total amount Committed to date 30-06-2012	Total amount Disbursed to date 30-06-2012	% Committed rate	% Delivery rate
JP outcome 3: Sustainable food production established in school communities to improve nutritional status and promote the education of children and their parents on food security and nutrition														
3.1.	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
Total 3.1.							33000,00	33000,00	551,00	33551,00	33551,00	33551,00	101,67	100,00
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	26500,00	96,76	161,10
Total 3.2.							37000,00	24000,00	-551,00	23449,00	23449,00	33500,00	97,70	142,86
3.3.	Procurement of seeds						234189,00	168000,00	-5000,00	163000,00	163000,00	168000,00	97,02	103,07
School gardens are created and maintained in selected schools	Procurement of needed tools						191509,00	141006,00	0,00	141006,00	141006,00	160000,00	100,00	113,47
	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	10000,00	100,00	125,00
Total 3.3.							468698,00	337006,00	-5000,00	332006,00	332006,00	358000,00	98,52	107,83
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	8014,00	100,00	199,65
	Organization of school meal preparation sessions						15523,00	10000,00	0,00	10000,00	10000,00	10153,00	100,00	101,53
	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	12200,00	171,43	101,67
Total 3.4.							30028,00	21014,00	5000,00	26014,00	26014,00	30367,00	123,79	116,73
TOTAL OUTCOME 3							568726,00	415020,00	0,00	415020,00	415020,00	455418,00	100,00	109,73

Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE NATIONAL OR LOCAL PARTNER	Estimated Implementation Progress								
		1	2	3			Total amount Planned for the JP (3 YEARS)	Total amount Transferred YEAR 1 + 2	2nd YEAR Ajust	2nd YEAR TOTAL	Total amount Committed to date 30-06-2012	Total amount Disbursed to date 30-06-2012	% Committed rate	% Delivery rate	
Joint programme Outcome 4: Interventions on children nutrition and food security are effectively monitored and supervised by government counterparts															
4.1 The Nutrition Unit at the Ministry of Health is reinforced in terms of human resources and equipment.	Recruit and support the salaries of one international nutritionist and one national consultant				UNICEF	Ministry of Health	390000,00	360000,00	-33362,00	326638,00	247535,05	224910,75	68,76	68,86	
	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	
	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	
Total 4.1.							438000,00	408000,00	-30203,00	377797,00	301850,11	279225,81	95,05	73,91	
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	300000,00	100,00	100,00	
	Recruit a Driver for the JP unit				UNICEF	UNDP (RC Office)	54000,00	36000,00	0,00	36000,00	36000,00	36000,00	100,00	100,00	
	Equipment for the JP unit, translation of documents/reports and visibility costs						30159,00	25159,00	0,00	25159,00	25159,00	25159,00	100,00	100,00	
Total 4.2.							593188,00	369159,00	0,00	369159,00	367359,95	367359,95	99,51	99,51	
TOTAL OUTCOME 4							1031188,00	777159,00	-30203,00	746956,00	669210,06	646585,76	86,11	86,56	
GRAND TOTAL							2336448,00	1654285,00	0,00	1654285,00	1572335,21	1589860,86	95,05	96,11	
TOTAL AGENCY WITHOUT 7%					FAO	without 7%					415020,00	455418,00			
					WHO	without 7%					80092,25	80091,59			
					WFP	without 7%						163239,00	163239,00		
					UNICEF	without 7%						913983,96	891112,27		
Total JP YEAR 2 (including 7% indirect cost)							2.499.999	1.770.085	0	1.770.085	1.682.399	1.701.151	95,05	96,11	
TOTAL AGENCY (direct & 7 % indirect cost)					FAO	including 7%	608.537	444.071			444.071	487.297	100,00	109,73	
					WHO	including 7%	196.942	112.916			85.699	85.698	75,90	75,90	
					WFP	including 7%	242.547	174.666			174.666	174.666	100,00	100,00	
					UNICEF	including 7%	1.451.974	1.035.432			977.963	953.490	94,45	92,09	
Total JP YEAR 2 (including 7% indirect cost)							2.500.000	1.767.085	0	1.767.085	1.682.399	1.701.151	95,21	96,27	



	Committed	Executed
Outcome 1	105,57	97,31
Outcome 2	105,76	103,23
Outcome 3	100,00	109,73
Outcome 4	86,11	86,58

