FINAL MDG-F JOINT PROGRAMME NARRATIVE REPORT

Participating UN Organization(s)	**Sector(s)/Area(s)/Theme(s)**
World Food ProgrammeWFP (lead agency) UNICEF FAO (indicate the lead agency)	Please indicate Thematic window and other relevant sub thematic areas Children, Food Security and Nutrition

Joint Programme Title	**Joint Programme Number**
Protecting and Promoting Food Security and Nutrition for Families and Children in Bangladesh	**200175**

Joint Programme Cost [Sharing - if applicable]		**Joint Programme [Location]**
[Fund Contribution):	USD 7,984,873	**Region (s):**Barisal division
Govt. Contribution:	Included in existing Government budgets under different sectors. No separate allocations	Selected Sub districts of Bhola and Barguna districts
Agency Core Contribution UNICEF USD $ 54,198 WFP USD 108,858		
Other:		
TOTAL:	USD 8,145,929	

Final Joint Programme Evaluation	Joint Programme Timeline
Final Evaluation Done **Yes** **Evaluation Report Attached** **Yes** **Date of delivery of final report** **July 30th, 2013**	**Original start date 01 February 2010** *Official start date* *of the programme* **Final end date June 30, 2013** *(including agreed extended date)*

Participating Implementing Line Ministries and/or other organisations (CSO, etc)

Government of Bangladesh		**NGO**
Coordinating Agency Economic Relations Division (ERD)-Ministry of Finance		Save the Children- Technical Partner
Ministry of Women and Children Affairs	(MoWCA)	Shushilan – Cooperating Partner
Ministry of Health and Family Welfare	(MoHFW)	Muslim Aid UK –Cooperating Partner
Ministry of Agriculture	(MoA)	
Ministry of Fisheries and Livestock	(MoFLS)	
Ministry of Primary and Mass Education	(MoPME)	
Ministry of Food	(MoF)	
Department of Livestock Services	(DLS)	
Department of Agriculture Extension	(DAE)	

Report Formatting Instructions:

- Number all sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point _ Times New Roman.

List of Acronyms

Country Investment Plan	CIP
Community Management of Acute Malnutrition	CMAM
Department of Agriculture Extension	DAE
Department of Livestock Services	DLS
Department of Fisheries and Livestock	DoFL
Economic Relations Division	ERD
Food and Agriculture Organization	FAO
Food Planning and Monitoring Unit	FPMU
Fortified Wheat Soya Blend	WSB+
Government of Bangladesh	GoB
Health, Population and Nutrition Sector Development Programme	HPNSDP
International Centre for Diarrhoeal Disease Research, Bangladesh	ICDDR.B
Institute of Public Health Nutrition	IPHN
Infant and Young Child Feeding	IYCF
Joint Programme	JP
Moderate Acute Malnutrition	MAM
Millennium Development Goal Achievement Fund	MDG-F
Micronutrient Powder	MNP
Mid Upper Arm Circumference	MUAC
Ministry of Health and Family Welfare	MoHFW
Ministry of Rural Development and Local Government	MoLGRD
Ministry of Primary and Mass Education	MoPME
Nutrition Information system	NIS
National Nutrition Programme	NNP
National Nutrition Services	NNS
National Steering Committee	NSC
Pregnant and Lactating Women	PLW
Programme Management Committee	PMC
Resident Coordinator Office	RCO
Ready to Use Therapeutic food	RUTF
Severe Acute Malnutrition	SAM
Scaling Up Nutrition	SUN
UpazilaNirbahi Officer	UNO
United Nations	UN
United Nations Development Assistance Framework	UNDAF
United Nations Children's Fund	UNICEF
Renewed Efforts to End Child Hunger	REACH
Vulnerable Group Development	VGD
Water and Sanitation Hygiene	WASH
World Food Programme	WFP
World Health Organization	WHO

I. PURPOSE

a. Provide a brief introduction on the socio economical context and the development problems addressed by the programme.

Despite the progress made by Bangladesh in the economic and social arenas, improvements in the nutrition status of children and women have been less impressive. Nutritional status is the result of complex interactions between a variety of factors ranging from household food availability, access and utilization, health and nutrition practices, availability of services and socio-cultural norms and practices. A comprehensive approach addressing all of these factors is needed to sustainably improve nutrition status of children and women. Barisal Division, where the Joint Programme (JP) was located, is an area where more than half the population (52%)[1] was found to be poor. Both stunting and underweight prevalence rates were higher in Barisal division than the national average as confirmed by the baseline survey, and were greater than the World Health Organization (WHO) emergency thresholds for these indicators[2]. According to the programme baseline, almost all children under the age of two years were found to be anaemic.The JP aimed to address some of the critical factors in improving the nutritional status of children and women.

The JP was designed against the backdrop of the global economic downturn, the resulting volatility in food prices and two recent natural disasters in the southern part of the county. While there was recognition that renewed efforts on a comprehensive and robust national response to the widespread prevalence of under nutrition were needed, the shape and form of this was still under discussion at the time the JP was being designed. Government of Bangladesh's (GoB) National Nutrition Programme (NNP) had just ended, and efforts were underway to integrate nutrition services into the existing health systems under the government's Health, Population and Nutrition Sector Development Programme (HPNSDP). The Government's decision to mainstream nutrition was hailed as a forward looking and sustainable approach to addressing under nutrition in the country. Simultaneously, the Country Investment Plan2011-2015 was being developed to prioritize all investments under agriculture, food security and nutrition, and analyse resource gaps inkey programme areas across multiple sectors.

The multisectoral approach,proposed by JP, was also being echoed in global initiatives such as UN REACH (Renewed Efforts to End Child Hunger) and the SUN (Scaling Up Nutrition) movement that were being conceptualized around the same time, and were introduced in Bangladesh. Although the need for multi sectoral approaches was being recognized at the time the JP was being designed, the structure and systems to promote these had not been identified.

b. List joint programme outcomes and associated outputs as per the final approved version of the joint programme document or last agreed revision.

[1] Government of Bangladesh, Bangladesh Bureau of Statistics, WFP VAM, World Bank poverty estimates (using GoB HIES 2005 data).

[2] ICDDR,B "Baseline Survey Report Protecting and Promoting Food Security and Nutrition for Families and Children in Bangladesh", MDG Achievement Fund, 2011

The JP had five outcomes, of which four were directly related to programme activities at the field. The fifth was a global outcome that served as the bridge between programme activities and National Programmes and Policies. The JP outcomes presented in the proposal were reviewed and the Results Frameworkwas revised in May 2011. The revision was the product of a consultative process that started during the Inception workshop in April 2011, and was followed up with detailed consultations within the UN agencies and the Government of Bangladesh. Revisions were proposed at the output and indicator levels.

The five outcomes and the respective outputs in the Revised Results Framework are detailed below.

JP Outcome 1: Reduced prevalence of acute malnutrition and underweight in children 6-59 months of age and acute malnutrition in pregnant and lactating women. (Barisal division: Global Acute Malnutrition (GAM) 16.1%, SAM 5.3%)

Output 1.1	Improved access for Severely Acutely Malnourished children aged 6-59 months, to facility and community based management of acute malnutrition.
Output 1.2	Improved access for Moderately Acutely Malnourished children aged 6-59 months, to community based management of acute malnutrition programmes through supplementary feeding programmes.
Output 1.3	Improved access of Pregnant and Lactating Women (PLW) to programmes to enhance their nutritional status.
Output 1.4	Improved knowledge and practice on optimum Infant and Young Child Feeding (IYCF) practices (including hygiene and care) and maternal nutrition practices in targeted groups.
Output 1.5	National SAM and Community Management of Acute Malnutrition (CMAM) guidelines and protocols used to provide good quality management of acute malnutrition.

JP Outcome 2: Food security improved through agriculture, homestead food production and nutrition training

Output 2.1	Improved dietary intake and supplementary household income generation through the promotion and implementation of homestead gardens.
Output 2.2	Improved skills and practices on food production, preservation and consumption in the targeted households.
Output 2.3	Improved supportfor optimal infant and young child feeding (IYCF) practices and increased access and availability to relevant nutrition information for the homestead household members.

JP Outcome 3: Improved learning and nutrition awareness through school feeding and school gardening

Output 3.1	Fortified biscuits and essential learning support provided to children in WFP-assisted pre-primary and primary schools.
Output 3.2	Establish demonstration gardens and food based nutrition education in targeted primary schools.
Output 3.3	Mechanism/test developed for assessing students learning of basic nutrition concepts due to their exposure/participation in the gardening.

JP Outcome 4: Prevention and control of iron deficiency anaemia in children aged 6-23 months.

Output 4.1 Improved access to anaemia prevention and control activities for children aged 6-23 months.

JP Outcome 5: Strengthened food security and nutrition information systems for planning, monitoring and programme evaluations.

Output 5.1 Existing or currently developed food security and nutrition monitoring and surveillance systems supported and strengthened.

Output 5.2 Common knowledge/information base of best practices for improved food security and nutrition programmes established.

Output 5.3 Shared knowledge base of historical food security and nutrition survey data established and used.

c. Explain the overall contribution of the joint programme to National Plan and Priorities

The JP was aligned with several global and national programmes and priorities. The following sections describe these contributions and alignments.

Millennium Development Goals: The JP was expected to contribute directly towards the achievement of the following MDGs in Bangladesh:

- MDG 1 - eradicating extreme poverty and hunger,
- MDG 4 - reducing child mortality,

Additionally the programme was also expected to contribute to some extent to the following:

- MDG 2 – universal primary education
- MDG 5 – improving maternal health

United Nations Development Assistance Framework (UNDAF): The JP spanned two successive UNDAFs. The JP outcomes were expected to significantly contribute to the UNDAF priorities in both the periods. The JP contributed to the following UNDAF Outcomes:

UNDAF 2007-2011

- Improving health and nutrition for a sustainable population
- Survival and development rights of vulnerable groups are ensured within an environmentally sustainable framework
- Social protection and disaster risk reduction

UNDAF 2012-2016

The JP directly contributed to Pillar 4, i.e., Food Security and Nutrition outcome:

- By 2016, the urban and rural poor have adequate food security and nutrition throughout the life cycle

Additionally, the JP was also expected to contribute to the Pillars on

- Social Services for Human Development (Pillar 3)
- Gender Equality and Women's Advancement (Pillar 7)

Alignment with Government Programmes and Priorities

The JPwas anchored in the country's development frameworks, including the National Poverty Reduction Strategy, the National Food Policy Plan of Action (2008-2015) and the Country Investment Plan for Agriculture, Food Security and Nutrition (2011-2015). The JP, designed as a pilot, also served to bridge the gap between the NNP which ended in 2010, and the National Nutrition Services (NNS) which was operationalized in 2011, in the programme areas. The JP washarmonized with the activities planned under the NNS and was also the first integrated model of the CMAM approach in the country. Following are some of the key contributions of the JPto National Priorities

- The JP supported the development and approval process for the National Guidelines for CMAM. The English version was approved by the Ministry of Health and Family Welfare (MoHFW) in September 2011 and the process is on-going for the Bangla version.

- The JP demonstrated a model of multisectoralimplementation and coordination involving six ministries and the local administration.

- Additionally, the JP carried out six studies that will contribute to policy dialogue. These are presented under Outcome level achievements.

d. Describe and assess how the programme development partners have jointly contributed to achieve development results

The JP involved six ministries, three NGO partners and three UN agencies. The roles and responsibilities of each of the partners were clearly established at the outset. At the national level, the Economic Relations Division (ERD) of the Ministry of Finance coordinated the efforts of the technical GoB agencies. ERD co-chaired the National Steering Committee and the Programme Management Committee. ERD was also responsible for organizing joint missions to the programme areas, establishing technical groups for evaluations and studies and dissemination. The six technical ministries provided programmatic and policy guidance to the programme. At the sub national levels, the local administration took over the coordination amongstthe Government Departments, the UN and the NGO partners.

WFP as the lead agency was involved in all aspects of the programme, and this made it easier to coordinate across sectors. Although all government agencies were involved in coordination of the programme from the beginning, their specific technical involvement was organized according to programme requirements. Of all the government agencies, the Institute of Public Health Nutrition (IPHN), the Department of Agriculture Extension (DAE) and the Ministry of Primary and Mass Education (MoPME), were engaged from the start. Technical inputs from the Department of Fisheries and Livestock (DoFL) were provided later to coincide with the distribution of poultry/livestock to the beneficiaries. The programme strategy to link programme beneficiaries with the government's Vulnerable Group Development (VGD) programme, was operationalized last year to ensure continued support for poor families that would need further assistance. The Food Policy Monitoring Unit (FPMU) in the Ministry of Food was a key player and guide in identifying knowledge gaps in food security and nutrition information systems.

Technical assistance to the nutrition component of the programme was provided by Save the Children. NGO partners Muslim Aid UK and Shushilan, were responsible for implementing the activities and maintaining community relations. The UN agencies provided technical expertise, support and guidance for technical inputs, monitoring of the programme, and for ensuring programme policy linkages. One of the key roles of the UN agencies was to ensure continued alignment of the JP activities with the National Policies.

The coordinated approach involving implementation, policy dialogue and advocacy was effective due to the clear roles and responsibilities identified at the beginning of the programme. ERD, as a neutral agency, was able to involve the technical ministries into the coordination process. This is particularly noteworthy as the funding was not channelled through the government. The coordination structure (Programme Management Committee and National Steering Committee) and process were well defined. Despite the absence of the Ministry of Local Government and Rural Development (MoLGRD) at the national level, the local level administration took a keen interest in the programme and assumed the responsibility for coordination at the sub-national level. The coordination mechanisms at the national and sub-national levels, provided an opportunity to sensitize stakeholders on the multi-sectoral approaches to under nutrition.

II. ASSESSMENT OF JOINT PROGRAMME RESULTS

a. **Report on the key outcomes achieved and explain any variance in achieved versus planned results. The narrative should be results oriented to present results and illustrate impacts of the pilot at policy level)**

The overarching objective of the JPwas to"*contribute to the reduction of acute malnutrition and underweight prevalence among children 0-59 months and acute malnutrition in pregnant and lactating women and to reduce the proportion of the population that is food insecure (i.e. those with inadequate calorie and nutrient intakes*[i]*)".*

Monitoring data indicates the programme has successfully reduced under nutrition among children 6-59 months of age. The technical and material inputs provided into the health systems were effective in ensuring services to the communities. The almost zero prevalence of severe under nutrition at the end of the programme vindicates the strategy of early identification and treatment of moderate acute under nutrition, thereby reducing the number of severe cases. The monitoring data from the programme shows a reduction in the prevalence of moderate acute under nutrition from 11 percent at the beginning, to 1 percent towards the end of the programme. The low relapse rates confirm the sustainability of the treatment modality and the preventative approaches used by the JP.

The programme worked intensively to prevent under nutrition. Appropriate feeding practices, health and hygiene were key activities to promote prevention.In addition, the programme assisted families with an undernourished child (6-59 months of age), or an undernourished pregnant/lactating woman, to establish homestead gardens to grow and consume more vegetables and fruits. The end line survey reveals a fourfold increase in the households in programme areas with homestead gardens. Even more importantly, food consumption patterns in the poorest quintile indicate an increase in the consumption of dairy, eggs and meats. The actual Food Consumption Score in the poorest quintile in programme areas was 51 percent, as compared to the 41.8 percent in the control groups.

The homestead gardens and the courtyard sessions were effective methods of communicating the strategies available for poor households to diversify their diets using locally available produce. Since only a small fraction of available homestead land in the country is used effectively and efficiently, the JP results have highlighted the huge potential for replication of this approach for addressing under nutrition.

Children's enrolment and attendance increased significantly during the programme. Nutrition education and school gardens provided an effective methodology to introduce nutrition concepts in schools. The endline survey confirms that the children are taking these messages home to their families. Families too are receptive to trying out new techniques/recipes that the children learn at school. The JP efforts will inform the education policy on integrating nutrition education into the primary school curriculum.

The programme was also successful in reducing the prevalence of anaemia among children 6-23 months of age as compared to the baseline.

The programme was able to demonstrate a greater voice of women in decision making related to food and nutrition in their families. In the endline survey, more than 75 percent of the women in the programme areas reported an increased role in decision making related to health and nutrition practices for their children, as compared to the 44 percent in the control group. These findings are especially important as women's empowerment is considered a critical factor in improving nutrition of children, especially in South Asia where men and older women (mothers in law) make decisions related to nutrition in the families. The findings also confirm the need to make women's empowerment an explicit goal of programmes on food security and nutrition.

The collaborative efforts of the Government, the UN and the NGO partners, prevented massive loss of human lives when the tropical storm "Mahasen", hit the programme sites only a few days before the outcome survey. The storm caused havoc to livelihoods and natural resources. Persistent rainfall in the days following the storm disrupted supplies. The Food Security and Nutrition assessment carried out by the Food Security Cluster indicates significant reduction in food consumption in the period following the storm. [3] All of these are assumed to have had an impact on diets during the endline survey.

b. In what way do you feel that the capacities developed during the implementation of the joint programme have contributed to the achievement of the outcomes?

The JP Strategy was designed in a way to strengthen families' and local institutions' response to food insecurity and under nutrition among young children, pregnant and lactating women. A systematic capacity strengthening process was developed to assess and enhance current capabilities in the health facilities, among the health and agriculture extension staff, and the partner NGOs on food security and nutrition interventions. Formal trainings were organized, and werefollowed up by on- the- job support and refresher trainings.

A community learning programme on four thematic areas, involving mothers of young children, pregnant women and men was established. The sessions focused upon causes of under nutrition and the means to prevent under nutrition and micronutrient deficiencies. The awareness created at the family level, supplemented with practical approaches, was a key factor in improving nutritional behavior among women and children. The decrease in the

[3] Food Security Cluster –Nutrition Cluster, "Food Security and Nutrition Assessment in the Areas affected by the Tropical Storm Mahasen", June 2013

prevalence of under nutrition, and low relapse and readmission ratesare indicative of changes brought about at the household level to sustain theimprovements in children'snutritional status.

The capacity of the service providers was pivotal for the changes witnessed among the children, the women and the families. Not only were these service providers able to stimulate change in these remote areas, they also provide the link for sustainability. More than half of the programme is located in a hard to reach areas with limited infrastructure. In some of these areas there is no electricity, and in others it is available for a fraction of the day. Lack of electricity dramatically reduces access to any audio visual media. In such cases, the Government service providers, and the NGO cadre of workers, are the only sources of information in the communities. These extension workers are the change agents in the communities, and the improvements identified in the final evaluation, are testimonies to their knowledge and capability in bringing about changes. Moreover, the NGO extension workers belong to these communities, and are expected to remain as resources persons.

c. Report on how outputs have contributed to the achievement of the outcomes based on performance indicators and explain any variance in actual versus planned contributions of these outputs. Highlight any institutional and/ or behavioural changes, including capacity development, amongst beneficiaries/right holders.

The JPput into place screening mechanisms to assess the nutritional status of all children under the age of five and pregnant and lactating women. All of the children and women identified as under nourished were enrolled in the programme for treatment. In addition, the families of these children/women were provided with training and inputs to establish home stead gardens and to increase dietary diversity. The following section presents the changes in the output levels of the programme:

JP Outcome 1: Reduced prevalence of acute malnutrition and underweight in children 6-59 months of age and acute malnutrition in pregnant and lactating women. (Barisal division: GAM 16.1%, SAM 5.3)

The JP identified and treated 693 children with severe acute malnutrition in the communities. SAM corners were established at the Medical College at the Divisional level and at the Upazila Health centres for treatment of severely acutely malnourished children with complications. Severely acutely malnourished children without complications were treated as outpatients. The recovery rate was 81percent. This figure was higher than the accepted global standard of 75percent recovery rate. More importantly the default rate was lower than 10 percent.

More than 9,600children with MAM were treated during the programme through 18 Community Clinics that had been provided with technical and material support to identify and treat under nutrition. The recovery rate of 93percent was higher than the accepted standard of 75 percent.

The JP enrolled more than 4,200 under nourished PLW in the component. This number was higher than the one projected in the revised targets. The PLW were enrolled from the start of

the first trimester, and were expected to remain enrolled in the programme until their child was six months of age.
There was a discrepancy between the actual figures and the ones mentioned in the proposal. It is difficult to conclusively state the reasons behind the discrepancy, as the basis of the figures mentioned in the planning documents is not clear. Part of the discrepancy arose from the use of different anthropometric methods for planning and screening. Planning figures are based upon point prevalence data which is subject to seasonal variations. Regular screening overcomes the difference according to seasons.

Even though the figures were revised, it was difficult to predict the rate of change in the prevalence of SAM/MAM, due to early identification and treatment of MAM and the impact of prevention strategies. The actual population size, as found out during screening also varied from the nationally available statistics. Since this was the first time an integrated food security and nutrition programme was being implemented, it was difficult to predict the relative effectiveness of the different strategies in reducing prevalence of under nutrition. It is assumed that more children were being identified and treated as MAM cases before they deteriorated into the SAM stage, thereby contributing to the lower than planned numbers of SAM cases in the programme areas.

The JP also organized sessions on prevention of under nutrition for all families with children under the age of five and pregnant women. In total the JP reached more than 25,800 participants for these sessions. As a result of this strategy, on an average around two thirds of the families confirmed participating in the sessions.

Changes are also visible in the care of pregnant women. Thenumber of women reporting increasedfood intake during the last pregnancyincreased substantively during the programme period. More women in the programme areas reported taking a complete dose of iron-folate in the last pregnancy as compared to the baseline.

JP Outcome 2: Food Security improved through agriculture, homestead food production and nutrition training

This component of the programme provided training and material inputs to the selected households on establishing homestead gardens and improving dietary diversity. The strategies assisted families in cooking techniques and on improving infant and young child feeding practices. By the end of the programme, more than 12,500 families had been trained in homestead gardening. These families were provided with silos for safe grain storage. The programme also established 1,410 plant nurseries in the areas.

As a result of the above, and the courtyard sessions and cooking demonstrations organized by the programme, improvements in dietary diversity werebecoming visible by the end of the programme. In the programme areas, more respondents reported including eggs/ meats and dairy in their diets, as compared to the baseline and the comparison groups. The proportion of incomes from the sale of homestead produce increased from 2 percent at baseline to more than 9 percent at the endline. This increase in income seems to have somewhat reduced the food availability gap, especially for the poorest families.

JP Outcome 3: Improved learning and nutrition awareness through school feeding and school gardening

The JP established a nutrition awareness component in 117 schools. In these schools, all children received a nutritious mid-morning snack of fortified biscuits every school day. Both attendance and enrolment increased as a result of the activities organized under this outcome.

As of March 2013, more than 31,000 primary and pre-primary children in the 117 primary schools received micronutrient fortified biscuits.Earlier studies have confirmed the impact of these biscuits, distributed as school snack, in reducing micro nutrient deficiencies among school children.

School gardens were established in the 110 Government primary schools. Nutrition education sessions were conducted for children from senior grades. The end line survey confirms more than 80 percent of children were aware of the importance of a nutritious diet. Children recognized the importance of these sessions. Around 80 percent of the children reported discussing cooking demonstrations carried out in the schools with their families. Most encouragingly, 94 percent of the children reported preparing a new recipe at home applying healthy cooking methods learnt at school.

JP Outcome 4: Prevention and control of iron deficiency anaemia in children aged 6-23 months.

The programme organized all children between the 6-23 month age group to get micro nutrient powder (MNP) supplements. The MNPs assist in reducing the most prevalent micro nutrient deficiencies, especially iron, among the children. In the baseline survey, anaemia was found to be almost universal among the children in this age group. An estimated 12,680 children received regular MNPs from the programme. Mothers were taught to recognize the signs of anaemia, its effect on children's growth and development, and the means to prevent it. Despite some of the initial hesitation among mothers on adding MNPs to the diets of their children and supply constraints, this component is a cost effective method of reducing anaemia among children 6-23 months, especially in areas where a combination of poor diets and high infections contribute to high prevalence of micro nutrient deficiencies.

JP Outcome 5: Strengthened food security and nutrition information systems for planning, monitoring and programme evaluations.

This outcome was expected to contribute to the knowledge base on food security and nutrition in the country. The period soon after the JP formulation saw two key developments in the food security and nutrition sectors in the country.The Country Investment Plan (CIP) was approved and the health sector began the preparations to operationalize NNS. These developments in the food security and nutrition sector landscape required the JP to assess and identify those specific areas where contributions would be most useful.It took time to understand the implications of these developments on the activities planned under this outcome. The JP undertook several discussions within the UN agencies and with stakeholders in the government. Finally three types of activities were carried out under this outcome.

i. The first set of activities related to determining the effectiveness of the JP in achieving outcomes. A baseline survey, end line survey and an independent final evaluation were carried out to determine the outcomes of the JP interventions.

ii. In order to track the progress of the activities, the JP developed a comprehensive monitoring system to track changes in the communities. A web-based data base was developed to ensure availability and accessibility of the data on all indicators. A qualitative monitoring process was established to review the activities and identify methods of improvement.

iii. Finally, in consultation with the UN agencies and Government partners, the JP systematically identified technical and policy knowledge gaps during programme implementation.These gaps were discussed with UN agencies and government partners and studies were designed to address these gaps. Specifically the JP has contributed to the following:

- An Analytical Exercise of Mapping of Food Security and Nutrition Interventions in Bangladesh: The JP undertook a detailed mapping exercise that identified and located food security and nutrition interventions on 41 variables in all the districts in the country. This database and the report have been handed over to IPHN (responsible for implementing the NNS) and FPMU of the Ministry of Food. In addition, the database has been distributed to key implementers at the national level.

- Comparing Measures of Acute Malnutrition in Bangladesh: A study that looks at the secondary data collected through the JP and historical food security and nutrition surveillance data to identify the programmatic implications of using different measures. The study brings an international perspective from similar situations to help contextualize the findings. The study will inform the CMAM guidelines on the implications of using different measures.

- Nutrition Education in Schools-Programme and Policy Implications: The JP substantiated policy analysis with results from the JP's Nutrition Education in primary schools to identify the implications for scaling up nutrition education in primary schools in the country.

- Women's Empowerment in a Food Security and Nutrition (FSN) programme-A case study: This case study was designed primarily to understand the pathways in a FSN programme to women's empowerment. The study has provided insights into the changes in the women and their families as a result of their participation in the JP.

- Food Security and Nutrition Assessment in Selected Urban Slums of Bangladesh: The study highlights detailed analysis of urban food insecurity and nutrition and produced maps based on different indicators. This study specifically collected genderdisaggregated information on anthropometric measures.

- Issues in Assessing Multi-Sector Food Security and Nutrition Programmes-Case Study of Two Selected Programmes in Bangladesh: This review looks at two multi sectoral food security and nutrition initiatives in the country. The study draws out several lessons that emerge from these long running initiatives in different parts of Bangladesh.

d. Who are and how have the primary beneficiaries/right holders been engaged in the joint programme implementation? Please disaggregate by relevant category as appropriate for your specific joint programme (e.g. gender, age, etc.)

Total beneficiaries	Boys	Girls	Total
SAM and MAM	4,600	5,781	10,381
PLW			4,279
Children 6-23 age	5,963	6,724	12,687
School children	14,901	17,066	31,967
Total HHs supported with BCC			25,811

The JP worked with different categories of beneficiaries. The table above shows the number of beneficiaries reached throughout the life of the programme.

- Children 6-59 months: The programme aimed to reduce under nutrition among children 6-59 months of age and among pregnant and lactating women. According to the programme monitoring reports, almost all children in the 6-59 months of age and PLWs were screened to identify and enroll those under nourished. SAM children with complications were referred to the health facilities. Families of SAM children without complications received counseling, and participated in cooking demonstration on preparation of nutritious food at home. Children with MAM were provided with nutritional supplements in the form of fortified Wheat Soya Blend (WSB+). The programme organized sessions for all families with children under the age of five to prevent malnutrition, infant and young child feeding practices, health and hygiene.

- Pregnant and Lactating Women: Under nourished women received nutritional supplements in the form of WSB+, and counseling on care during pregnancy and in the post natal period. Pregnant women were advised to receive iron-folate from the community clinics.

- All children 6-23 months of age received Micronutrient Powder (MNP) supplements to address micro nutrient deficiencies. The families were also provided with training on prevention of anemia in women and children by including iron rich foods in diets.

- Households with an under nourished child 6-59 months of age and/or undernourished PLW received food security inputs from the programme. Selected families were provided training and material inputs (seeds, fertilizers and gardening implements) on establishing homestead gardens. The JP provided livestock/poultry to the programme participants. Both these components focused on helping families improve their diets by including seasonal vegetables, fruits and animal based proteins.

- School children in the primary schools received fortified biscuits as mid-morning snack every school day. Children in Grade IV of the schools also participated in setting up school gardens. Nutrition education sessions were also organized for these children.

e. Describe and assess how the joint programme and its development partners have addressed issues of social, cultural, political and economic inequalities during the implementation phase of the programme:

a. To what extent and in which capacities have socially excluded populations been involved throughout this programme?

The JP screened and identified under nourished children and pregnant/lactating women from the entire community. Since this was the only selection criteria, and was based upon objective measurement, the selection process was inclusive and transparent. The single criterion for inclusion made it easier for the programme to communicate this across the sectors without fear of mis-interpretation. Because under nutrition also exists in well to do families, the JP involved all families equally. Mass communication methods were used to inform the communities of the programmes. Measurements were repeated at the clinic level to ensure that eligible children/women were enrolled in the programmes.

The programme organized the same activities for all participants regardless of social, economic orcultural status. Courtyard sessions were organized at a time that all women could participate in the sessions. Individual follow ups were organized for those families that needed additional counselling.

The programme created awareness on parental responsibility in taking children for screening to the community clinics. The JP conducted several sessions on self-referral to increase the community awareness on the need to access screening services provided at the community clinics.

b. Has the programme contributed to increasing the decision making power of excluded groups vis-a-vis policies that affect their lives? Has there been an increase in dialogue and participation of these groups with local and national governments in relation to these policies?

The programme created spaces for women to participate in activities that resulted in enhanced knowledge and capacity to influence decision making related to food security and nutrition. The JP linked women with the extension staff of the Agriculture, Poultry and Livestock and Health Departments. The women were provided with contact telephone numbers, and were also showed how to get in touch with these resource persons should there be need. The JP also provided the women and their families with information on availability ofquality seeds and other inputs in the markets. All of these were with the view to increase the access of disenfranchised communities to available services, and to make them more self-reliant.

To understand the pathways of change, the programme undertook a case study on how participation affected women's self-esteem and confidence. The endline survey sought to establish a definitive quantitative basis to substantiate the findings from the case study. Theendline survey confirms the positive changes in women's role in food security and nutrition decision making in the programme areas.

c. Has the programme and its development partners strengthened the organization of citizen and civil society groups so that they are better placed to advocate for their rights? If so how? Please give concrete examples.

The JP focussed upon building the capacity of NGO partners in integrated approaches to food security and nutrition. The JP was the first initiative using an integrated CMAM model in the communities.The combination of strategies and their interaction at the household level have provided the NGO partners and government agencies with a conceptual framework that can be applied to future initiatives.

The coordination committees provided the platforms for engagement of different sectors. By creating links between the different technical sectors, the JP facilitated the appreciation of a multi-sectoral approach to nutrition at the local level. It has provided a model that can be used at the local and national level for similar approaches. The use of under nutrition as a selection criterion, focused on the attention of service providers from different sectors, on under nutrition.

The NGOs employed women workers who worked intensively at the community level to advocate for nutrition for young children, and pregnant and lactating women. These women served as change agents in the remote programme areas. They were instrumental in creating linkages between beneficiaries and service providers for continued accessibility beyond the life of the programme. Since theJP used existing government facilities, the service from these facilities became more regular and reliable.

d. To what extent has the programme (whether through local or national level interventions) contributed to improving the lives of socially excluded groups?

At least half of the programme beneficiaries live in extremely hard to reach areas. These remote areas are accessible only by boat, and only if the weather permits. Transportation is available mostly through privately run launches which are unsafe and unreliable. Communication is limited due to non-availability of regular electricity supply, and remote location. There are very few NGOs working in these areas. At any given time, around a quarter of the positions in the health facilities are vacant. The JP provided the strategy and the means to link the communities to development opportunities.

The results from the outcome survey indicate improvements in the food consumption patterns among the poorest quintiles. Increased consumption of eggs/meat and dairy products was reported by this group in the programme areas. Under nutrition among children 6-59 months, as measured by Mid Upper Arm Circumference (MUAC), decreased in the programme areas. Anecdotal information suggests that due to the JP, government facilities became more regular in providing the services in the communities. Uptake of other services from government health facilities also increased due to the programme.

The evaluation also confirms increased attendance in schools thereby increasing the potential of the children to learn. Reduction in anaemia among children is also expected to improve the growth and development potential of young children.

f. **Describe the extent of the contribution of the joint programme to the following categories of results**:

a. Paris Declaration Principles

- Leadership of national and local governmental institutions
- Involvement of CSO and citizens
- Alignment and harmonization
- Innovative elements in mutual accountability (justify why these elements are innovative)

The JP was developed as a model, and not a mainstream initiative. The sole purpose was to establish, in one of the remotest parts of the country, a multi sectoral approach using existing government systems and infrastructure. The model itself had several firsts, including coordination of an initiative that was primarily UN led and supported by the Government. Although designed as a pilot, the JP attempted to contribute to the spirit of the principles outlined in the Paris Declaration.

Since the funding did not involve the government systems, there was little scope for mainstreaming programme activities in the government. Despite this, theJP succeeded in creating and sustaining interest of the involved government departments. Coordination at the national level was managed by ERD. All meetings were organized in a timely and efficient manner.

The JP was accountable to the National Steering Committee (NSC)co-chaired by the Secretary ERD, and the Resident Coordinator. The PMC co-chaired by the Joint Secretary ERD at the national level provided oversight and guidance to the programme. The PMC led the process of review and revision of the Results Framework, which was then used for management and reporting. The PMC also undertook the responsibility for organizing the workshops and events associated with the studies carried out by the programme.

At the sub national level, the UpazilaNirbahi Officer (UNO) took keen interest in coordination. In areas where the UNO was deeply engaged and committed, the programme did better, and there was greater transparency in the work carried out. The coordination mechanisms provided the platform for sharing the monitoring findings, plans and financial information.

The JP reflected the thinking among the donors on the need for a coordinatedmulti sectoralapproach to under nutrition. By using existing systems to create a coordination platform, the programme was able to initiate activities with minimal adjustments at the national or sub national levels.

The hiatus between the ending of the NNP and the start-up of the NNS had an impact on the development of linkages between the national government initiatives and the JP. The linkages at the national level were slow to develop. However, at the facility level, the health workers were involved in maintaining the records, and in follow ups. The service providers from the Department of Agriculture Extension (DAE) and the Department of Livestock Services (DLS) were responsible for providing the necessary technical support to the beneficiary households.

With the exception of the monitoring of the school feeding programme and its impacts which is managed by the Department of Primary and Mass Education, the monitoring information was channelled through NGO partners to the UN agencies, for sharing at the coordination committee meetings at the different levels.

Due to the lack of a Nutrition Information System (NIS) there was no clarity on indicators that were to be monitored in the NNS. The JP assisted in the development of the NIS. To overcome the lack of an integrated food security and nutrition information system, the JP developed an output monitoring system that spanned all the relevant indicators.Monitoring information was shared regularly with the PMC.

b. Delivering as One

The JP used existing structures within the agencies to facilitate the implementation of the programme. A Coordination Unit was established within the World FoodProgramme, to support collaboration, monitoring and reporting. In each of the agencies, focal persons were nominated to assume responsibility for the components.

Some of the factors that assisted in ensuring a coordinated effort were as follows:

- Clarity in roles and responsibilities
- Programme strategy clearly defined
- Monthly coordination meetings at the beginning
- Regular support provided by the UN focal persons
- Establishment of a policy agenda that was based on a common analysis of policy gaps
- Opportunities provided to discuss topics of mutual interest outside the agency mandates

Some of the challenges emerging from the JP modality were as follows:

- Differences in operational systems of each of the agencies made synchronization of efforts more difficult.
- Interagency transfer of funds was a complex process that required months of preparation including PMC approvals and organizing the documents necessary for the transfers. Local transfers would have resulted in accountability issues and were not advised by the HQs of participating agencies.
- The high level of turnover of UN focal points probably had a more significant effect on a joint initiative than it would on a single agency programme. The changes in strategies in one agency had an impact on the components led by other agencies.
- Joint Programmemodalities require time to develop and the time frame needs to be developed accordingly
- The MDG Fund was developed based upon the UNDP systems. In those cases where UNDP was not involved fund transfers were found to be extremely complicated. The JP refused funding from UN Women for a study due to continued challenges.

c. Role of Resident Coordinator Office (RCO) and synergies with other MDG-F joint programmes

The RCO played a strategic role, in providing clarifications, organizing the National Steering Committee meetings and workshops abroad and supporting the reporting process. The RCO was represented in the strategic level discussions. The Resident Coordinator co-chaired the National Steering Committee meetings. The RCO was represented in all the PMC meetings and in the technical review committee meetings. It served as liaison between JP Food Security and Nutrition and the MDG-F Secretariat. It provided policy guidance to ensure the JP's compliance with MDG-F requirements and accountability framework. The RCO also assisted the Coordination Unit through participation in a number of review panels and in transferring funds from the Multi Partner Trust Fund, the administrative agent.

The information exchange with JP VAW was facilitated by the RCO especially in the areas of joint monitoring, contextualizing Terms of Reference (ToR), selection of consultants etc. Though there was limited formal interaction, but informal discussions continued throughout, primarily to seek suggestions and discuss strategies. Discussions to collaborate in one location were initiated. However, the process of adding yet another element was too cumbersome, and the time too short to make any advances.

d. Innovative elements in harmonization of procedures and managerial practices (justify why these elements are innovative)

The JP decided on a phased implementation to allow for the baseline survey to be carried out in a limited, but representative area. This allowed the JP activities to begin without having to wait for the completion of a baseline which would have delayed activities by another six months.

The phased implementation also allowed for improvements in strategies in the subsequent phases.

The JP decided to have all cross cutting activities funded through one agency. This prevented the need for fund transfer across agencies for all cross cutting activities.

A combined monitoring data base allowed the programme to be monitored as a whole rather than in parts. This helped in joint reviews and in identifying solutions applicable to the whole rather than agency specific components.

Joint missions to the programmes were particularly helpful in sensitizing different sectors towards nutrition.

III. GOOD PRACTICES AND LESSONS LEARNED

a. Report key lessons learned and good practices that would facilitate future joint programme design and implementation

The JP experience has highlighted several lessons on working together that would have an impact on future initiatives. Although the programme design was done jointly, transition of key staff in the agencies led to knowledge gaps, and prevented the new generation of staff from fully appreciating the earlier discussions and decisions. Transitions in international

development are inevitable. However, careful handover and transition strategies might assist in tiding over the period of flux.

Two of the three agencies worked with the same NGO partners. This helped in collaboration, in joint design and implementation at the local levels. Coordination would have been even more effective if all agencies had the same partners.

Determining a joint policy/research agenda (under Outcome 5) was also helpful in coordinating efforts at the national level. Technical focal persons in each of the agencies assisted in ensuring continuity in decision making and providing support to the programme.

One of the critical factors of success of joint initiatives is shared recognition of successes. All missions with senior staff of government and donors involved representation from all agencies.

b. Report on any innovative development approaches as a result of joint programme implementation

The decision of the JP to focus activities in one of the poorest and most hard to reach areas, and to work with the same beneficiaries resulted in convergence of efforts. This approach, involving six Government Ministries and three UN agencies at the regional and beneficiary levels, assisted in creating a multi-sectoral approach without any structural and systemic changes.

The JP was the first instance of an integrated CMAM model, and therefore has several experiences to contribute in management of under nutrition in the country.

Due to changes in the policy, the JP had to use locally available recipes for treatment of SAM. This change in treatment approach has provided several insights into the effectiveness of using locally available foods for treating SAM in a non-emergency section.

The JP used well defined strategies to make visible the role of the women in decision making regarding food security and nutrition in their families. By clarifying the pathways of changes in women's roles, the JP has provided the evidence needed by the programme to integrate women's empowerment as an explicit outcome.

c. Indicate key constraints including delays (if any) during programme implementation

a. Internal to the joint programme

The time frame for the programme was unrealistic to begin with. The activities were planned to begin almost immediately after approval for funding. This immediate start up might be applicable if the funds are for an on-going activity. In those cases where new initiatives are to be set up, adequate time for preparatory work is needed. Better appreciation of government policies would have helped in ensuring planned activities were well aligned with the national policies and programmes. As key activities such as baseline survey were not included in the budget, revisions had to be undertaken at the start to ensure fund availability for the baseline survey.

Although the planning expected all activities under all outcomes to begin simultaneously, this was not possible. The UN agencies also have different operational modalities, which affect coordination and synchronization of efforts.

b. External to the joint programme

There were two major factors in the external environment that affected the JP.

The geographical location makes programme areas particularly vulnerable to natural disasters. Localized storms and floods had an impact on the beneficiaries, especially in one remote island community. Families had to repeatedly deal with the aftermath of the storms. Homestead gardens were being washed away, and poultry and livestock were destroyed.“ Mahasen”, a tropical storm in May 2013, just before the final evaluation, caused substantive destruction in the programme areas.

At the country level, the deterioration in the political situation, especially during the last six months, affected programme activities at local and national levels. Almost three to four months of intermittent generalstrikes hampered planned activities. Consultations planned at the national levels were delayed for several months. These activities were an integral part of the studies the JP was engaged in. Events, including the Programme Management Committee meetings, had to berepeatedly rescheduled. The delays prevented the JPfrom engaging the Government in key policy related topics.

The general strikes prevented regular monitoring and participation inprogramme meetings.

c. Main mitigation actions implemented to overcome these constraints

The UN offices used alternative modalities to operate during the strikes. This ensured that all preparatory work was completed on time. However it had an impact on communication and coordination. Better use of internet communication modalities, online meetings helped in diminishing the impact of the strikes. The events were rescheduled whenever possible, but due to the shortage of time the JP was unable to optimally leverage these for advocacy.

At the ground level, the NGO partners continued their activities as planned. Monitoring visits were reorganized whenever possible.

d. **Describe and assess how the monitoring and evaluation function has contributed to the**:

a. Improvement in programme management and the attainment of development results

The results framework of the programme was revised to ensure that indicators were relevant and sensitive. This provided the basis for developing a monitoring framework which would provide quantitative and qualitative information on the expected outcomes. The JP developed a combined output monitoring system that allowed the NGO partners to upload data directly on a webbased database. This assisted in reducing the time gaps in the submission and data entry steps. It also assisted in ensuring availability of data for all at any given time. The system assisted in a comprehensive monitoring of all programme outcomes. The data was available to all for review and analysis. The JP organized workshops for field staff to review and analyse the data and determine how best they would use it for their own work.

The analysis assisted the programme in understanding the key factors related to recovery rates, duration of recovery and relapse rates. All of these provided critical information on quality of interventions and their relevance. Relapse cases were tracked

to identify the causes and to find ways through which children could be better supported by the programme. The programme was also able to track the impact of the government's ban on the use of Ready to Use Therapeutic Food (RUTF) for treatment of Severe Acute Malnourished children, by reviewing before and after recovery rates and duration of treatment.

The analysis also led to several programmatic decisions, such as expansion of the programme area to include additional locations. The information from the monitoring system also assisted in reviewing and readjusting commodity requirements and fund reallocation.

The JP presented the findings at sub national and national levels through programme committees established to support the JP.

b. Improvement in transparency and mutual accountability

There were two steps taken to increase transparency, one was the presentation of the monitoring findings regularly at the PMC meetings. The second was to report on the improvement plan developed in response to the recommendations of the mid-term evaluation at national and sub national levels. This assisted in enhancing the accountability of the JP to stakeholders, both Government and NGOs. The regular scrutiny of the information by the coordination committees assisted in improving the accountability of the results. The JP organized three joint missions to the programme areas. These joint missions raised points on coordination and collaboration across sectors and were responded to in the subsequent period.

c. Increasing national capacities and procedures in M&E and data

The JP benefitted from the guidance received from FPMU and IPHN on determining the scope of outcome 5. The data collected by the programme, especially the mapping exercise and the urban food security study will be included in a common repository for national and sub national use. The JP provided technical assistance to the NNS on the establishment of the NIS. This included technical support to Health Management Information System (HMIS) on reporting on Direct Nutrition Indicators, development of training guidelines and data entry guidelines and tools for web base reporting.

d. To what extent was the mid-term evaluation process useful to the joint programme?

The mid-termevaluation (MTE) was timely as the programme had just completed a year's implementation. Overall the MTE was helpful in validating the programme's experience. The consultative approach adopted by the consultant assisted in focussing upon key areas of concern related to implementation. It would have been more helpful to have had the joint programme reviewedalso from atechnical lens, rather than only from a generalist's point of view.

e. **Describe and assess how the communication and advocacy functions have contributed to**:

a. Improve the sustainability of the joint programme

The JP communication and advocacy strategy was designed for all levels of the programme, primarily to contribute towards sustainability. The JP focussed upon creating a critical mass at the community level to introduce and sustain improved practices related to nutrition. A combination of mass communication and focussed

group methodologies were used to enhance awareness. These were supplemented with inter-personal communication with vulnerable members of the community.

The JP organized three joint missions to the programme areas to inform and advocate for multi sectorial approaches to nutrition. In addition, several high level missions were organized to the programme areas to highlight the need for coordination across sectors. The JP engaged stakeholders and partners in formal and informal discussions on combined approaches in improving nutrition in the country. All of these methods have assisted in underscoring the need for strategies that combine food security and nutrition.

b. Improve the opportunities for scaling up or replication of the joint programme or any of its components

The JP's success in improving the nutritional status of children in the programme areas in a really short span of time has enhanced the commitment among the development partners to use similar combinations in other areas. An expanded initiative, building upon the strategic framework of the JP is being developed under the 2012-2016 UNDAF Pillar on Food Security and Nutrition. FAO and UNICEF have already started a similar process in other locations in Southern Bangladesh.

c. Providing information to beneficiaries/right holders

The communication strategy focussed upon three aspects:

- Providing the information to the beneficiaries on the services available from government departments/facilities. Mass media, interpersonal communications were critical elements of the strategy. All community clinics displayed a citizen's charter which described the services available from the clinics and the responsibility of the clinics.
- Health and Nutrition messages; Regular fortnightly courtyard sessions were conducted on pre-determined topics. Practical demonstrations were organized in the communities/schools to demonstrate cooking techniques and new improved recipes. Homestead gardens and school gardens provided the platforms for introducing the role of vegetables and fruits in nutritious diets.
- Counselling: Vulnerable families received special attention from the Community Nutrition Workers. These families were visited on a regular basis to assist them in receiving services from the government and to introduce new practices at home.

f. Please report on scalability of the joint programme and/or any of its components

a. To what extend has the JP assessed and systematized development results with the intention to use as evidence for replication or scaling up the JP or any of its components?

The JP has communicated results from monitoring exercises to convey the changes in the communities to stakeholders. The lessons learned from the JP are already being used to inform the development of a new joint initiative under the UNDAF Pillar on

Food Security and Nutrition. At the same time, the JP is also working with other agencies to incorporate key strategic elements for other food security and nutrition initiatives. The JP has also engaged systematically with development partners to continue the discussion on multi sectoral approaches to nutrition in Bangladesh.

The UN agencies will organize an event to inform the development community of the key learnings emerging from the JP and to outline a way forward.

b. Describe example, if any, of replication or scaling up that are being undertaken

Under the UNDAF Pillar on Food Security and Nutrition, UNICEF, FAO and WFP are working on an initiative that will scale up the interventions through the government structures and systems. This initiative plans on including all the critical elements of the joint programme, and those that were missing, and will determine the process of expansion through technical support to participating government ministries and departments. The coordination mechanisms used in the JP are providing key lessons on how agencies can be brought together effectively and efficiently to address the issues of chronic and acute under nutrition.

In addition all three agencies have plans of continuing food security and nutrition activities in the JP areas.

c. Describe the joint programme exit strategy and assess how it has improved the sustainability of the joint program

The JP had two strategies operating simultaneously to facilitate exit. The first was to build capacity of government service providers in health, education, agriculture and fisheries and livestock sectors. The JP categorized health facilities according to capacity and ensured support was being provided where it was needed the most.

Secondly, the JP created linkages with the national programmes wherever possible throughout the life of the programme. Eligible women were linked to the Government's safety nets programme, e.g. the VGD programme. Programmatically, linkages are being developed with the NNS. The JP has already requested IPHN to include the JP areas under the NNS. These steps will assist in sustaining the efforts at the local and individual levels. The DLS and DAE will also integrate common and core nutrition messages in their extension services so as to enhance the consumption of a range of commonly grown or available foods to improve diets and nutrition in the households.

In the last six months the JP has focussed upon addressing technical and policy knowledge gaps. The findings from the research work will ensure JP's contribution in these specific areas and assist the next generation of programmes.

IV. FINANCIAL STATUS OF THE JOINT PROGRAMME

a. Provide a final financial status of the joint programme in the following categories:

1. Total Approved Budget 2.Total Budget Transferred 3. Total Budget Committed 4.Total Budget Disbursed

b. Explain any outstanding balance or variances with the original budget

At a glance MDG-F total budget summary:

Organization	Approved budget	Total Amount Transferred until 30 June 2013*	Total Budget Committed until 30 June 2013*	Total Budget Disbursed until 30 June 2013*
UNICEF	1,818,575.00	1,818,575.00 **	1,817,316.80	1,698,381.97
FAO	2,725,498.00	2,725,498.00 **	2,725,498.00	2,697,236.00
WFP	3,440,800.00	3,440,800.00 **	3,414,888.28	2,855,605.31
Total	**7,984,873.00**	**7,984,873.00**	**7,957,703.08**	**7,251,223.28**

** This amountwill be confirmed after the financial closure of the project by the respective UN agencies regulation.*

*** Total budget for each agency has been revised. The figures presented here reflect the fund transfers of US$186,000 from WFP and UNICEF, and US$ 250,000 from UNICEF to FAO.*

V. OTHER COMMENTS AND/OR ADDITIONAL INFORMATION

VI. CERTIFICATION ON OPERATIONAL CLOSURE OF THE PROJECT

By signing, Participating United Nations Organizations (PUNO) certify that the project has been operationally completed.

PUNO	NAME	TITLE	SIGNATURE	DATE
WFP	Christa Räder	Representative		
UNICEF	Louise Mvono	Deputy Representative		
FAO	Mike Robson	Representative		

VII. ANNEXES

The following are attached in a separate file

i. List of all document/studies produced by the joint programme
ii. List all communication products created by the joint programme
iii. Minutes of the final review meeting of the Programme Management Committee and National Steering Committee
iv. Final Evaluation Report
v. M&E framework with update final values of indicators