

Section I: Identification and JP Status

Albania: Reducing Malnutrition in Children

Semester: 1-11

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

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

Participating UN Organizations	<ul style="list-style-type: none"> * FAO * UNICEF * WHO
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Implementing Partners	<ul style="list-style-type: none"> * •Faculty of Medicine * •INSTAT * •Institute of Public Health * •Private sector * Ministry of Agriculture * Ministry of Health (MOH)
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Budget Summary

Total Approved Budget

UNICEF	\$2,214,170.00
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WHO	\$1,003,660.00
FAO	\$782,170.00
Total	\$4,000,000.00

Total Amount of Transferred To Date

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

Total Budget Committed To Date

	UNICEF	\$531,191.00
WHO	\$486,199.00	
FAO	\$396,464.00	
Total	\$1,413,854.00	

Total Budget Disbursed To Date

	UNICEF	\$413,146.00
WHO	\$450,856.00	
FAO	\$322,755.00	
Total	\$1,186,757.00	

Donors

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

Amount in thousands of U\$

Type	Donor	Total	For 2010	For 2011	For 2012
Parallel					
Cost Share					

Type	Donor	Total	For 2010	For 2011	For 2012
Counterpart					

DEFINITIONS

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

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

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

Direct Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number	34000	3700	36000	3700	17000	17000	10	16
Reached Number	260	10	1060	40	600	600	9	16
Targeted - Reached	33740	3690	34940	3660	16400	16400	1	0
% difference	0.76	0.27	2.94	1.0	3.53	3.53	90.0	100.0

Indirect Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number	175000	5000	175000	5000	5000	5000	6	15
Reached Number	8500	100	9000	100	500	500	4	6
Targeted - Reached	166500	4900	166000	4900	4500	4500	2	9
% difference	4.86	2.0	5.14	2.0	10.0	10.0	66.67	40.0

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (250 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions

Progress in outcomes

Outcome 1- National and regional capacities are strengthened to use data in policy development and planning interventions for food and nutrition.

Outcome 2 – Nutrition curricula for health and education professionals are developed

Outcome 3- Improved knowledge and skills of academic staff at medical and nursing schools are improved to teach public health nutrition.

Progress in outputs

Output 1.1 - Participation of key stakeholders in planning targeted interventions for nutrition and food security, was ensured through regional conferences in target areas. Data from the baseline survey are being used to plan and target interventions. Information package updated/expanded with information from recent studies on nutrition and food security.

Output 1.2 - Intersectoral technical working group drafted an inventory of existing data related to food, health and nutrition and is carrying out a critical review of these data sets and information systems.

Output 1.3 -National capacities of policy makers and technical working group on food and nutrition action plan, are strengthened to analyze impact of policy choices on food and nutrition and to review and analyze the current FNAP.

Output 2.2 – Integrated training modules on nutrition are completed. The training of trainers on monitoring of child growth assessment was conducted; Capacity development of 160 health personnel on child growth assessment is completed. Health personnel are trained in skills to assess the child's growth, identify any problems and provide advice to families.

Output 2.3 - Communication plan for behaviour change for nutrition practices is drafted in collaboration with Albanian experts. It will provide the basis for community interventions for improved feeding and dietary practices. Technical working group on nutrition modules for school curricula is established and preparation of modules has started. Module outline for grades 1-3 are developed.

Output 3.1- Albanian public health specialists are able to use the international standards for improvement and development of public health, competency –based, nutrition curricula at university and post-university level.

Measures taken for the sustainability of the joint programme

The signing of the MOU between 5 line ministries helps to ensure the Government's ownership and sustainability of the JP activities. JP activities were included into the annual work plan of MoH and MOA. The continuous participation of all stakeholders in planning and implementation of activities was ensured. National and local institutions are the implementers of JP activities, and all capacity building activities will be accredited by the Center for Continuous Medical Education. Pre and in-service public health curricula development contributes to national capacity development and therefore to long term sustainability of interventions to improve the food and nutrition status of the population.

Are there difficulties in the implementation?

Administrative / Financial

What are the causes of these difficulties?

Briefly describe the current difficulties the Joint Programme is facing

- Competing priorities and commitments and insufficient numbers of trained staff in food security and nutrition poses a challenge in terms of timely planning development and implementation of JP interventions.
- The identification and contracting of relevant specialised institutions and experts for technical assistance may take longer than initially planned.

Briefly describe the current external difficulties that delay implementation

No major external difficulties encountered to date

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

- The JP is working to build capacities of all 5 line ministries and specialized institutions to make the case for intersectoral actions and more investment in nutrition.
- The JP is working to create a knowledge base on nutrition and food security to support evidence based advocacy, policy development and interventions.
- The JP is working to expand the available networks of expertise of public institutions, civil society and UN agencies and as well as planning in advance of activities to allow sufficient time for procurement process and contracting.

2 Inter-Agency Coordination and Delivering as One

Is the joint programme still in line with the UNDAF?

Yes true
No false

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

Yes
No

What types of coordination mechanisms

The JP is part of the one UN programme in Albania and is structured under the Basic Services pillar. Therefore, activities are part of the standard planning and reporting cycle foreseen by the one UN programme along with those of other JPs active in the country. The Programme Management Committee, which meets on a quarterly basis and is co-chaired by the UN Resident Coordinator and the lead Government partner, provides oversight and guidance to all agencies participating in the joint programme. The activities of the joint programme have been structured in order to complement each other and are closely interlinked to prevent the various components of the JP from running in parallel as separate sub-programmes. At the invitation of the Resident Coordinator the joint programme CTA/coordinator have been meeting to share lessons learned and experiences to improve and strengthen the work of all JPs in the country.

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

Indicators	Baseline	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-F JPs	0	9	Internal reporting system	Internal Meetings/Reports
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	2	Internal reporting system	Minutes of meetings/Final products
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	6	Internal reporting system	Travel reports

3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

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

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

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

Policy/decision making
 Management: budget
 Management: service provision

Who leads and/or chair the PMC?

Institution leading and/or chairing the PMC is the Ministry of Health

Number of meetings with PMC chair

Number of meetings for the reporting period: 2

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

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

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

Policy/decision making
Management: service provision

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

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

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

Management: other, specify
Citizens involved in focus group discussions on feeding practices and household food security.

Where is the joint programme management unit seated?

National Government

Current situation

The Minister of Health has appointed a national coordinator sitting at the MOH. UNICEF is hosting FAO programme manager.

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

4 Communication and Advocacy

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

Yes true
No false

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

The Advocacy strategy is in preparation process, using information from the cost benefit analysis and the results of the baseline nutrition survey. The communication strategy is drafted in close collaboration with national team of experts. Key objectives include:

After communication for behavior change interventions

Health Staff will:

- Know the new infant feeding guidelines and why they are better than the traditional practices
- Believe it is essential for mothers to follow them exactly
- Have the skills and the materials necessary to convince mothers in law and mothers to follow the new guidelines

Mothers in law will:

- Be aware that there are new infant feeding guidelines
- Believe they are better than the traditional practices
- Believe it is their duty to make sure their daughters in law to follow them exactly.

Mothers will:

- Know the new infant feeding guidelines
- Believe they are the best for their baby
- Decide to try the new infant feeding guidelines
- Have the skills to explain to family members and others why they are doing that.

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

Key moments/events of social mobilization that highlight issues

Media outreach and advocacy

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

Faith-based organizations

Social networks/coalitions

Local citizen groups

Private sector 8

Academic institutions 4

Media groups and journalist 5

Other

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

Focus groups discussions

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

Section III: Millenium Development Goals Millenium Development Goals

Additional Narrative Comments

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

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

Addressing malnutrition including micronutrient deficiencies (Iron, iodine etc) will contribute to reduction of infant and under-five mortality rates as link of malnutrition to child mortality and morbidity is well documented (target 4.A). In Albania is estimated that malnutrition contributes up to 25% in infant mortality rates.

Improved nutrition and reduction of anaemia levels among pregnant women will contribute to improve maternal health and pregnancy outcomes (Target 5.A).

Beneficiaries reached during the reporting period: 145 representatives of line ministries and regional authorities in target interventions areas; 160 health professionals involved in capacity developments activities in target areas; 15 public health specialists able to use international standards for development of public health nutrition curricula.

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

Section IV: General Thematic Indicators

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

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

Children under 2

Total No.

No. Urban

No. Rural

No. Girls

No. boys

Children from 2 to 5

Total No.

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total

No. Urban

No. Rural

No. Girls

No. boys

Women

Total

No. Urban

No. Rural

No. Pregnant

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

Children under 2

Total

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

No. Urban

No. Rural

No. Girls

No. Boys

Women

Total

No. Urban

No. Rural

No. pregnant

Men

Total

No. Urban

No. Rural

1.3 Prevalence of underweight children under-five years of age

National % 5
Targeted Area % 9

Proportion of population below minimum level of dietary energy consumption

% National
% Targeted Area 28

Stunting prevalence

% National 19
% Targeted Area 28

Anemia prevalence

% National 17
% Targeted Area 20

Comments

Section 1.1

Percentage of food insecure families in target areas is 32%. Data based on baseline food and nutrition survey 2010.

Section 1.3

Prevalence of underweight, and stunting both at national level and target areas is based on DHS data.

Prevalence of anemia at national level is based on DHS while prevalence at target areas based on the baseline food and nutrition survey 2010.

Instead of population below minimum level of dietary consumption, is calculated the proportion of population with low dietary diversity: 28% in target areas. Data based on baseline food and nutrition survey 2010.

1.4 Type of interventions and/or strategies scaled up with the support the joint programme and number of citizens affected

Homestead food production and diversification

National

Local

Urban

Rural

Girls



Pregnant Women
Boys

Food fortification

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

School feeding programmes

National
Local
Urban
Rural
Girls
Pregnant women
Boys

Behavioural change communication

National
Local
Urban
Rural
Girls
Pregnant women
Boys

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
Girls
Pregnant Women
Boys

Therapeutic feeding programmes

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Vaccinations

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Other, specify

National
Information of type of interventions and citizens involved will be reported during the end of year 2

Local

Information of type of interventions and citizens involved will be reported during the end of year 2

Urban

Information of type of interventions and citizens involved will be reported during the end of year 2

Rural

Information of type of interventions and citizens involved will be reported during the end of year 2

Girls

Information of type of interventions and citizens involved will be reported during the end of year 2

Pregnant Women

Information of type of interventions and citizens involved will be reported during the end of year 2

Boys

Information of type of interventions and citizens involved will be reported during the end of year 2

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

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

Policies

National

Local

Laws

National

MOU between 5 ministries

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
Local
Total

b. Joint Programme M&E framework (attachment) –

This template is the same as the one you will find in the JP documents. We have added 3 columns to provide spaces for baselines of the indicators as well as targets. All the values for indicators in this template are cumulative. This means the past values obtained accumulate (add up over time) as the joint programme gets implemented. We are expecting you to include not only the indicators but the value of these indicators. If you do not provide them, please explain the reason and how you are going to obtain this information for the next reporting period.

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
<p>Outcome 1: National capacities strengthened to incorporate nutritional objectives into sectoral policies and programmes</p> <p>Output 1.1. – Advocacy and awareness raising programme to address malnutrition and food security developed and implemented, targeting policy and decision makers</p> <p>Output 1.2.</p>	<p>Indicator: - A high level coordination mechanism established for integrated nutrition and food security policies and programmes.</p> <p>Indicator: - Number of National and regional staff trained in intersectoral actions to address malnutrition and food insecurity</p> <p>Indicator: - National mass media campaign developed and implemented</p>	<p>Baseline: No intersectoral coordination mechanism for integrated nutrition and food security policies and programmes at high level exist Baseline: No recent capacity development exercises for government officials for intersectoral food and nutrition actions</p> <p>Baseline: No advocacy plan for food and nutrition</p>	<p>Coordinating mechanism for food and nutrition strengthened.</p> <p>Enhanced national capacity for inter-sectoral actions to address malnutrition and food insecurity.</p> <p>National mass-media communication campaign developed and implemented to increase commitment and investment of policy and decision makers.</p>	<p>National and regional nutrition workshops contributed to reinforce capacities to make the case for nutrition and build consensus on intersectoral action to tackle malnutrition and food insecurity</p> <p>MOU on nutrition and food security endorsed and signed by 5 line ministries</p> <p>Completed cost benefit analysis for nutrition interventions,</p>	<p>Ministerial order for establishment of National Coordination structure for Food and Nutrition</p> <p>Minutes of meetings of coordination structures</p> <p>Media coverage reports</p> <p>Training and workshop reports</p> <p>Survey reports</p> <p>Awareness raising communication materials produced and</p>	<p>Official reports from government of Albania</p> <p>Official workshop reports</p> <p>Training reports</p> <p>Examples of mass communication materials</p>	<p>Participating agencies and government partners</p>	<p>Assumptions: Improvement of food and nutrition status of women and children remains a priority of the government of Albania</p> <p>All major ministries and institutions will commit to implementation of activities</p> <p>No major institutional changes occur during the implementation of the project</p> <p>Risks: Competing</p>

<p>Technical support for strengthening data collection and utilisation of data on food, health and nutrition</p> <p>Output 1.3. Development of 3rd National Food and Nutrition Action Plan</p> <p>Output 1.4: Strengthening of National food and nutrition surveillance system</p>	<p>Indicator: National data collectors, producers, and users trained and surveys conducted</p> <p>Indicator 3rd National Food and Nutrition Action Plan (FNAP) developed</p> <p>Indicator: Food and Nutrition Surveillance system developed</p> <p>Indicator Number of steering committee meetings attended by all key members</p> <p>Number of working group meetings attended by all key members</p> <p>Number of joint decisions of government institutions taken and</p>	<p>exist</p> <p>Baseline: Sufficiently disaggregated data on gender and household food security do not exist</p> <p>Baseline: Current (FNAP) has insufficient focus on nutrition and food security issues.</p> <p>Baseline: Growth monitoring data are collected at individual level but not analysed and used to flag out problems; no surveillance system in place</p>	<p>Capacity strengthened for the collection, analyses and use of gender-disaggregated data relating to food, health and nutrition.</p> <p>Improved information available on the effects of high food prices and gender on the food security of vulnerable groups and at-risk households.</p> <p>Situation analyses and mapping of milling industry completed.</p> <p>Statistically significant survey conducted in year 1 identifying main causes of anaemia in high prevalence areas of the country as identified in DHS.</p>	<p>creating a good base for advocacy.</p> <p>Baseline survey on nutrition and food security completed and final report is being prepared.</p> <p>Inventory on data sources and information systems on food health and nutrition drafted and critical review in process.</p> <p>Establishment of the TWG on preparation of FNAP and capacities to analyse policy choices on food and nutrition strengthened.</p> <p>Situation analysis and mapping of milling industry completed; next steps include national advocacy event to disseminate results and advocate for mandatory flour fortification.</p>	<p>disseminated</p>			<p>priorities of government institutions may shift focus from implementation of JP</p> <p>Mitigation strategies: High level coordination mechanism will help raise the nutrition and household food security issues high in the government agenda and make investments for nutrition priority not only of one ministry (MOH) but the whole government.</p> <p>Risks:</p>
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	implemented		<p>Development of 3rd NFNAP.</p> <p>Enhanced capacity for forecasting and early warning of food insecurity or food emergencies.</p> <p>Central government and project target areas staff trained in rapid nutrition and food security assessment.</p> <p>Tracking system developed on impact of high food prices and food shortages on food and nutrition security.</p> <p>Framework for sentinel sites in project areas developed.</p>	<p>Anaemia survey completed: 19,6% of children in target areas are anaemic.</p>				
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<p>Outcome 2 :Cross sectoral interventions addressing malnutrition are developed, tested and implemented in target areas</p> <p>Output 2.1. Develop, test and implement community based intervention models to address malnutrition and household food in security</p> <p>Output 2.2. Capacity building of health providers at national and in target areas to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counselling</p> <p>Output 2.3. Development of communication for behaviour change targeting</p>	<p>Indicator: - Community based intervention models to address malnutrition and household food security implemented in target areas</p> <p>- Integrated training module on nutrition developed</p> <p>- Number of health workers participating in integrated nutrition training</p> <p>- Percentage of children in target areas receiving interventions addressing malnutrition and household food insecurity.</p> <p>- Exclusive breastfeeding rates</p> <p>- Intra household food distribution</p> <p>- Infant and young child feeding frequency</p> <p>- Minimum</p>		<p>Capacity of local personnel and CSOs in nutrition and food security interventions assessed.</p> <p>Community needs assessment conducted.</p> <p>100 persons from local government and CSOs trained in design, implementation and monitoring of nutrition interventions.</p> <p>Community based models designed and implemented in target areas.</p> <p>Assessment on knowledge gaps in nutrition among health providers conducted.</p> <p>Around 300 health service providers in target areas trained in</p>	<p>Needs assessment of health care providers completed</p> <p>Integrated nutrition modules for health care providers, prepared.</p> <p>160 health service providers trained in child growth assessment.</p> <p>KAP survey completed as part of the baseline food and nutrition survey.</p> <p>Communication plan for behaviour change drafted.</p>	<p>Training and workshop reports</p> <p>Survey reports (KAP)</p>	<p>Baseline and end line surveys</p> <p>Official training reports Pre and post training evaluations</p> <p>Official reports from regional authorities (health & food and nutrition)</p> <p>Annual and quarterly progress reports</p>	<p>Participating agencies and government partners</p>	<p>Assumptions:</p> <p>All major ministries, institutions and local government authorities will commit to implementation of activities</p> <p>Risks Competing priorities of government institutions may shift focus from implementation of JP</p>
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<p>families and communities for improved care and feeding practices for mothers and children</p>	<p>dietary diversity</p> <p>- Varied and comprehensive BCC package by target audience developed</p>		<p>nutrition.</p> <p>Supervision and follow up methodology developed.</p> <p>KAP survey conducted in target areas.</p> <p>Communication strategy for behaviour change designed.</p> <p>Food and nutrition education materials developed according to identified target groups.</p>					
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<p>Outcome 3 : National capacities strengthened to deliver nutrition services to the public</p> <p>Output 3.1. Curriculum for public health nutrition developed, tested and introduced in pre-service training</p> <p>Output 3.2. Improved supportive supervision health sector mechanisms to strengthen delivery of interventions aiming at reducing malnutrition</p>	<p>Indicator: Public Health Nutrition curricula for pre-service training developed</p> <p>Indicator: Supervision on nutrition included within health reforms in Primary Health Care</p>	<p>Baseline: Currently module is not existing</p>	<p>Public Health Nutrition Curricula for pre-service core nutrition curriculum and advanced certificate course developed.</p> <p>Curriculum materials prepared.</p> <p>Existing supervision mechanisms reviewed and supervision tool developed in year 1.</p> <p>Supervision tool integrated into PHC in year 2.</p>	<p>preparatory phase for curricula completed and plan of action on curricula improvement prepared</p> <p>Completed the revision of existing modalities of supervision of nutrition interventions</p>	<p>Finalized and approved core curricula on nutrition and official approval</p> <p>Guidelines by MOH on implementation of nutrition supervision package</p>	<p>Official reports of MOH</p> <p>Annual and quarterly progress reports</p>		<p>Assumptions:</p> <p>All major ministries and institutions will commit to implementation of activities</p> <p>Risks:</p> <p>Turnover of trained personnel and change in position</p> <p>Mitigation strategy:</p> <p>Agreement with the government to ensure trained people are retaining their position for a certain period of time</p>
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	Total		153,000	162111	145201	116%
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*over expenditure is due to shift of salary funds to programme activities, changes are already approved by PMC

JP output: 1.2										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.2. Technical support for strengthening data collection and utilisation of data on food, health and nutrition	1.2.1.a Review existing data sources and information systems on food and nutrition security and identify information needs of data users	10,000	4,000	4,000	WHO	MOH	18,000	10000	10000	71.4%
	1.2.1.b Organize meetings and workshops to review existing information and new DHS and LSMS data on food prices, household food security, nutrition and status of women and carry out secondary analyses	16,000	9,000		FAO	INSTAT	25,000	16262	16262	100%
	1.2.2.a. Training of national data producers and users in relevant statistical tools for the collection analysis and use of gender disaggregated data		46,000	22,000	FAO	INSTAT	68,000	35180	35180	76%
	1.2.2.b Inputs to design training module for data collection on nutrition and gender with focus on children		10,000		UNICEF	IPH	10,000	10000	5000	50%

	1.2.2.c Technical assistance to prepare training module on health and nutrition indicators		6,000		WHO	IPH	6,000	1500	1500	25%
	1.2.3.a. Provide technical and financial assistance for developing, carrying out and analyzing rapid data collection activities at community/household level in project target areas, including gender roles and household food and nutrition (baseline for target areas)	87,500	32,500		FAO	INSTAT	120,000	159543	112316	93%
	1.2.3.b Input to prepare baseline survey tool sections for impact of food prices in children	10,000	5,000		UNICEF	IPH	15,000	15000	12500	83 %
	1.2.3.c Input to prepare baseline survey tool using a health systems perspective	5,000			WHO	IPH	5,000	5000	5,000	100%
	1.2.4.a. Technical and financial support for conducting a situation analysis and feasibility study for flour	30,000	25,000		UNICEF	KASH	55,000	31206	30425	55 %
	1.2.4.b. Technical support to analyze the link between fortification and micronutrient deficiencies in the survey	10,000	5,000		WHO	KASH	15,000	8070	8070	53.8%
	1.2.5.a. Technical and financial support for conducting a survey to identify the main causes of anaemia in high prevalence areas and analysing and disseminating results	215,000			WHO	IPH	215,000	223285	217285	101%
	1.2.5.b Technical support for conducting secondary analysis based on DHS data for mapping of IDA and providing inputs for further research on causes of anaemia	7,000			UNICEF	IPH	7,000	6731	6731	96 %
	Total						559,000	521777	460269	86%

JP output: 1.3										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.3. Development of 3rd National Food and Nutrition Action Plan	1.3.1.a. National and regional inter-sectoral policy workshops held to strengthen capacity to analyse impact of		10,000		FAO	MOA	10,000			
	1.3.1.b National and regional inter-sectoral policy workshops held to strengthen capacity to analyse impact of policy choices and decisions on health and nutrition		20,000		WHO	MOH	20,000	9840	0	0%
	1.3.2. Support to the technical inter-sectoral working group for NFNAP development and implementation		13,000	13,000	WHO	MOH	26,000	200	200	1.5%
	1.3.3.a. Review and analyze 2nd NFNAP and other relevant sectoral policies and evaluate lessons learned		35000		WHO	MOH	35000	7500	0	0%
	1.3.3.b Technical input to the review and analyze of 2nd NFNAP and other relevant sectoral policies from a food security and gender perspective		13,000		FAO	MOA	13,000	14427	14427	11%
	1.3.3.c Review and analyze 2nd FNAP and other relevant policies and evaluate lessons learned with regard to child nutrition including most at risk)		11,500		UNICEF	MOH	11,500	11,500	5000	43%

Output 1.4: Strengthening of National food and nutrition surveillance system	1.4.1. Workshops in each of the target areas on improving crop production survey methods, sampling frames, food balance sheet estimates and for monitoring climate change and market change prices and regular reports on food availability		38,000		FAO	MOA	38,000			
	1.4.2.a Training workshops for selected local community service providers and national government in rapid food security and nutrition assessment techniques		38,000		FAO	MOH	38,000			
	1.4.2.b Support preparation of training modules for health workers in rapid child nutrition assessment techniques		12,000		UNICEF	IPH	12,000	12000	2000	17%
	1.4.2.c Technical assistance to develop training modules for rapid health and nutrition assessments		8000		WHO	IPH	8000	500	500	6%
	1.4.3. Technical assistance to develop a tracking system in target areas on the impact of high food prices and food shortages on food and nutrition security		26,000	25,000	FAO	MOA	51,000	24544	19294	74%
	1.4.4.a Establishment of intersectoral technical working group to develop indicator framework for food and nutrition surveillance (FNS)		6,000	5,000	UNICEF	IPH	11,000			
	1.4.4.b Technical support to define food security component of surveillance system		5,000	5,000	FAO	MOA	10,000			
	1.4.4.c Technical support to define nutrition component of surveillance system		6,000	6,000	WHO	IPH	12,000	3000	3000	50%
	1.4.5.a Development of methodology and framework for FNS, including indicators, data collection systems,		23,000	25,786	UNICEF	IPH	48,786			

Output 2.1. Develop, test and implement community based intervention models to address malnutrition and household food in security	2.1.1. Conduct assessment of capacities of local health and agriculture personnel and CSOs working in nutrition , to design, implement and monitor nutrition and food security interventions in target areas		15,000		UNICEF	IPH	15,000			
	2.1.2. a Conduct participatory needs assessment using community based planning approaches to define community based interventions in target areas		20,000		UNICEF	CSOs	20,000	13000	3000	15%
	2.1.2.b Technical inputs to develop food security component of participatory needs assessment		10,000		FAO	MOA	10,000			
	2.1.2.c Technical inputs to develop GMP component of participatory needs assessment		5,000		WHO	MOH	5,000	0	0	0%
	2.1.3.a. Training of health and agriculture personnel in local government structures and CSOs working in nutrition related activities in the design, implementation and monitoring of nutrition and food security interventions		65,317		UNICEF	MOA	65,317	9200	5317	8%
	2.1.3.b. Technical support to develop training modules on design, implementation and monitoring of food security interventions for agriculture personnel and CSOs		18,000		FAO	MOA	18,000			
	2.1.3.c. Technical support to develop training modules on design, implementation and monitoring of nutrition interventions for health personnel		9,000		WHO	MOH	9,000	1500	1500	17%

	2.1.4.a Based on community needs assessment, design and implement models (community IMCI, gardens of mothers, BF mother support groups, distribution of MOH approved sprinkles) to address problems related to malnutrition and food insecurity at hh level including models of conditional cash transfers within the social		110,000	275,662	UNICEF	SCOs	385,662	20711	6007	5.4%
	2.1.4.b. Technical support to design implementation of community based intervention models (garden-based learning and nutrition education)		22,000		FAO	KASH	22,000			
	2.1.4.c. Contribute experience from other countries and best practices into design of Albania specific models		10,000	10,000	WHO	MOA	20,000	0	0	0%
	2.1.5.a Support implementation of interventions to improve access to and consumption of micronutrient rich foods (community & school gardens etc)		71,000	160,000	UNICEF	KASH	231,000			
	2.1.5.b Support development of models to improve access to micronutrient-rich foods		19,000	25,000	FAO	MOA	44,000			
	2.1.5.c Technical support to develop behavioural models to improve consumption of micronutrient-rich foods		10,000	20,000	WHO	MOH	30,000	1250	1250	12.5%
	Total						879,979	45661	17074	8%

JP output: 2.2										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 2.2. Capacity building of health providers at national and in target areas to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counselling	2.2.1.a Assessment on knowledge gaps in nutrition among service providers	10,000			UNICEF	IPH	10,000	8813	8813	88 %
	2.2.1.b. Inputs to prepare methodology of assessment from a food security perspective	7,000			FAO		7,000	8016	8016	114%
	2.2.1.c. Support to develop needs assessment tool on nutrition knowledge gaps among service providers	10,000			WHO	MOH	10,000	10000	10000	100%
	2.2.2. a Develop integrated training modules based on existing modules on GM, BF counselling, complementary feeding, young child feeding and nutrition during pregnancy	35,000			UNICEF	Professionals Association	35,000	14362	14362	41 %
	2.2.2.b. Technical guidance to develop food security and consumer education component of integrated training modules	25,000			FAO	MOA	25,000	11135	11135	44%

	2.2.2.c Technical and normative guidance to introduce the new growth monitoring charts as part of integrated	20,000			WHO	MOH	20,000	16000	16000	80%
	2.2.3.a Workshop with trainers to review and revise training materials		10,000		UNICEF	MOH	10,000	9720	9720	97%
	2.2.3.b. Technical support to trainers workshop		10,000		WHO	MOH	10,000	9000	9000	90%
	2.2.4.a Training of service providers in target areas in growth monitoring and promotion , BF, complementary feeding, nutrition during pregnancy		75,000	100,000	UNICEF	MOH	175,000	104672	104556	139%
	2.2.4.b Support to develop training methodologies		4500		WHO	MOH	4500	1450	1450	32%
	2.2.5.a Design and implement supervisory follow up methodology			43,000	UNICEF	MOH	43,000			
	2.2.5.b. Technical support to development of supervisory methodology			15,000	WHO	Local Health Authorities	15,000			
	2.2.6.a Revise training modules following training workshops in target areas, preparation of final materials and plan for national scale up			12,000	UNICEF	MOH	12,000			
	2.2.6.b Support finalization of integrated training modules using lessons learned from global nutrition interventions			20,000	WHO	MOH	20,000			
	Total						412,000	193168	193052	93%

	2.3.3.a. Develop and deliver appropriate food and nutrition education materials focused on adequate feeding and nutrition of infants, young children and mothers, combining various communication channels to reach target population groups		125,000	331,653	UNICEF	IPH	456,653	15000	10000	8%
	2.3.3.b. Support the development of educational materials focusing on consumer education and food security		50,000		FAO	IPH	50,000	0	0	0%
	2.3.3.c. Support the development of educational materials focusing on maternal and child feeding		6000		WHO	MOH	10,000	0	0	0%
	2.3.4. Prepare and introduce nutrition module into core curricula for compulsory education	40,000	30,000		UNICEF	IPH	70,000	26465	13471	19%
	Total						744,653	143746	119032	37%

JP output: 3.1											
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress				
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget
Output 3.1. Curriculum for public health nutrition	3.1.1.a. Establish and support technical working group to develop public health nutrition curricula	10,000	8,000	8,000	WHO	MOH		26,000	2891	2891	16%

Output 3.2. Improved supportive supervision health sector mechanisms to strengthen delivery of interventions aiming at reducing malnutrition	3.2.1. Establish multi-stakeholder technical working group to review supervision modalities	10,000			WHO	MOH	10,000	10,000	10000	10000	100%
	3.2.3. Include nutrition monitoring and BCC in supervision list of Regional Directorates for Public Health and		11,000		WHO	MOH	11,000	11000	3000	3000	27%
	3.2.4. Support integration of supportive supervision in target areas			3,000	UNICEF	Local Health Authorities	3,000				
	Support for M&E	10,000	10000	25000	WHO		45000	20000	15000	15000	75%
	Support for M&E	6000	9000	13000	FAO		13000	6,000	5884	5884	
	Support for M&E	30000	30000	58000	UNICEF		118000	60000	61700	35326	59%
	Total						200000		95584	69210	40%

Summary Table

		Planned *	Committed	Disbursed
FAO	Programme Cost	594,000	370,527	301,640
	Indirect Cost	41,580	25,937	21,115
	Total	635,580	396,464	322,755
UNICEF	Programme Cost	942,817	496,440	386,118
	Indirect Cost	65,997	34,751	27,028
	Total	1,008,814	531,191	413,146
WHO	Programme Cost	672,000	454,392	421,361
	Indirect Cost	47,040	31,807	29,495
	Total	719,040	486,199	450,856
TOTAL		2,363,434	1,413,854	1,186,757

* Planned is total transferred to date