

## Section I: Identification and JP Status

### Albania: Reducing Malnutrition in Children

#### Semester: 1-12

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

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

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

##### Total Approved Budget

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

**Total Amount of Transferred To Date**

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

**Total Budget Committed To Date**

UNICEF	\$928,557.00
WHO	\$656,067.00
FAO	\$584,927.00
<b>Total</b>	<b>\$2,169,551.00</b>

**Total Budget Disbursed To Date**

UNICEF	\$773,046.00
WHO	\$648,840.00
FAO	\$535,277.00
<b>Total</b>	<b>\$1,957,163.00</b>

**Donors**

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

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

Type	Donor	Total	For 2010	For 2011	For 2012
DEFINITIONS					

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

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

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

## Beneficiaries

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
children	17,000	7,400	Children Under 3 Years/Female	Promotion of Exclusive Breastfeeding
children	17,000	7,000	Children Under 3 Years/Male	Promotion of Exclusive Breastfeeding
men	34,000	10,000	Citizens/Men	Behaviour Change Communication Initiatives (Hand Washing, Etc)
women	36,000	20,000	Ciudadanas/mujeres	Behaviour Change Communication Initiatives (Hand Washing, Etc)
national institutions	10	11	National Institutions	Capacity to Collect, Analyze Data and/or Produce Analysis
local institutions	16	16	Local Institutions	Capacity to Collect, Analyze Data and/or Produce Analysis
civil society organizations	20	10	Civil Society Organisations	Capacity to Collect, Analyze Data and/or Produce Analysis
milling industry	30	20	Food Producers	Fortification of Foods With Micronutrients/Supplementation Programmes

## Section II: JP Progress

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

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

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

- First draft of the new Food and Nutrition Action Plan (FNAP) developed by the intersectoral working group.

- Institutionalization of the use of child growth assessment through the mandatory use of the new child growth charts by all PHC facilities. Official order signed by the Minister of Health for the mandatory use of the new child growth charts by all PHC facilities.

- Local and national capacities strengthened to incorporate nutrition and food security objectives into sectoral activities through participatory needs assessment, and planning of interventions in the regional discussion fora.

#### **Progress in outcomes**

Outcome 1 Development of the new plan (FNAP) based on in depth assessment and analysis of the implementation of the current FNAP through a comprehensive participatory process involving the line ministries, national and specialized institutions, local authorities and civil society.

Outcome 2 Increased level of participation of district and regional authorities and local governments in municipalities' and communes' needs assessment and formulation nutrition and food security activities.

Outcome 3 Agreement by MOES and School of Medicine to respectively insert nutrition education in core curricula of the compulsory education and develop new public health curricula for post graduate specialization course in public health.

#### **Progress in outputs**

Output 1.2 Training courses on mainstreaming gender issues into the food price data collection activities and food balance sheets were conducted for agriculture experts and statisticians from national and local level. A comprehensive training kit was developed for continuous training.

Output 1.3 Inter sectoral coordination structures were established at district level, regional meetings were held for information sharing, needs assessment and activity planning, and follow up meetings with local government teams in each commune were conducted.

Output 2.2 Child growth assessment is being conducted in health facilities of target areas using the recently revised and officially approved facility and home base records (growth charts and child health book) and nutrition counselling delivered

Output 2.3 Communication strategy and plan of action for behaviour change in IYCF was officially approved by the Minister of Health and is being implemented. Full package of communication for behaviour change products (6 TV spots, 3 radio spots, 5 posters) prepared and distributed through various communication channels: national and local mass media and closed broadcasting systems at the health centers in the target areas.

Output 3.1 - Capacities of academic staff for developing public health nutrition curricula was strengthened. Nursing faculty is using the updated public health nutrition curricula at bachelor level. School of Medicine has developed the first draft of the public health nutrition curricula at under graduate level for medicine, dentistry and pharmacy. Faculty of

agro processing and agroindustry of the Agriculture University has introduced human nutrition as a required subject for the bachelor degree.

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

A very good cross-sector coordination system is established at the central level – the MOU signed among 5 line ministries has been recognized as a good practice and case study by the European Observatory on health Systems and Policies (EOHSP). Activity planning and implementation of JP is undertaken jointly by all relevant stakeholders. The PMC, through the national coordinator (MOH) establishes TWGs who are charged with planning, implementing, monitoring and reporting of specific JP interventions. All capacity building activities are accredited by the Center for Continuous Medical Education. Pre and in-service public health curricula development contributes to national capacity development and therefore to long term sustainability of interventions. Advocacy and support for mandatory flour fortification is expected to address anaemia issues in a sustainable way. Improvement plan on the MTE recommendations prepared and being followed. Exit plan prepared.

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

Administrative / Financial

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

Joint Programme design

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

- Competing priorities and commitments and insufficient numbers of trained staff in food security and nutrition poses a challenge in terms of timely planning development and implementation of JP interventions.*
- The identification and contracting of relevant specialised institutions and experts for technical assistance may take longer than initially planned.*
- Ensuring national ownership and wide intersectoral participation in planning and implementation of activities related to complex issues such as nutrition takes time – in this case more than initially planned under this JP*

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

Internal approval mechanisms sometimes take longer than 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.
- A 6 months cost extension is requested to allow sufficient time for implementation and sustainability of results.

## 2 Inter-Agency Coordination and Delivering as One

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

Yes true

No false

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

Yes

No

### What types of coordination mechanisms

The JP is part of the One UN programme in Albania. 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 regular basis and is co-chaired by the UN 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.

### 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	6	internal reporting system	meeting reports
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	4	internal reporting system	minutes of meetings/final products
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	10	internal reporting system	travel reports

*Six long term agreements exist.*

*Joint work included analysis and review of current Food and Nutrition Action Plan (FNAP), findings and recommendations of the community based needs assessment, preparation of technical position paper on flour fortification with the recommended fortification levels, findings and recommendations of the study on effective use of the Economic Aid to improve Health and Nutrition status of children in poor families.*

*The government and the participating UN agencies have jointly prepared and implemented all activities planned for the reporting period.*

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

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

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

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

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

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

Policy/decision making  
Management: budget  
Management: service provision

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

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

#### **Number of meetings with PMC chair**

2 for the reporting period

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

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

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

Policy/decision making  
Management: service provision

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

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

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

Management: other, specify

*Citizens involved on focus group discussions on feeding practices, household food security, community based assessment, planning of interventions*

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

National Government

**Current situation**

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

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

## 4 Communication and Advocacy

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

Yes true  
No false

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

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

The communication strategy proposes a campaign "new and better ways of infant and young child feeding" which targets women and future mothers and grandmothers to promote a model and comprehensive package of IYCF practices. Communication strategy and plan of action for behaviour change in IYCF was officially approved by the Minister of Health and is being implemented. Full package of communication for behaviour change products (6 TV spots, 3 radio spots, 5 posters) prepared and distributed through various communication channels: national and local massmedia and closed broadcasting systems at the health centers in the target areas.

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

Increased awareness on MDG related issues amongst citizens and governments

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

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

Key moments/events of social mobilization that highlight issues

Media outreach and advocacy



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

Faith-based organizations  
Social networks/coalitions  
Local citizen groups  
Private sector 20  
Academic institutions 8  
Media groups and journalist 7  
Other

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

Focus groups discussions  
Household surveys  
Use of local communication mediums such radio, theatre groups, newspapers  
Open forum meetings  
Capacity building/trainings

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

### **Millenium Development Goals**

#### **Additional Narrative Comments**

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

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

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

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

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

## **Section IV: General Thematic Indicators**

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

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

##### **Children under 2**

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

##### **Children from 2 to 5**

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

##### **Children older than 5**

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

##### **Women**

Total  
No. Urban  
No. Rural  
No. Pregnant

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

### Children under 2

Total	14400
No. Urban	
No. Rural	
No. Girls	7400
No. Boys	7000

### 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	20000
No. Urban	
No. Rural	
No. pregnant	

### Men

Total	10000
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 19

**Comments**

food insecure families in the target areas - 32%

**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 30000  
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 14400  
Urban  
Rural  
Girls 7400  
Pregnant Women  
Boys 7000

**Therapeutic feeding programmes**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Vaccinations**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Other, specify**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

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

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

### **Policies**

National  
Local

### **Laws**

National      MOU between 5 line ministries  
Local

### **Plans**

National      advocacy and communication plans  
Local

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

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

National      info systems in health, agriculture, social affairs and INSTAT  
Local  
Total



Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
<p><b>Outcome 1:</b> Increased awareness of nutrition as a national development priority at all levels</p> <p><b>Output 1.1.</b> – Strengthened advocacy for nutrition</p> <p><b>Output 1.2.</b> Strengthened national and local capacities for data collection and utilisation of data on food, health and nutrition</p> <p><b>Output 1.3.</b> New National Food and Nutrition Action Plan developed</p> <p><b>Output 1.4:</b> National food security and nutrition surveillance system strengthened</p>	<p>Indicator: A nutrition unit is established at IPH in support of the national coordination mechanism</p> <p>Indicator: - Food availability, food prices, food security scale and dietary diversity scale included as indicators in monitoring of food security and nutrition</p> <p>Indicator: Advocacy plan available</p> <p>Indicator: Advocacy plan promoted by line ministries, DSDC, parliamentary commissions, media, and local governments</p> <p>Indicator:</p>	<p>Baseline: No intersectoral coordination mechanism for integrated nutrition and food security policies and programmes at high level exist</p> <p>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 exist</p> <p>Baseline: Sufficiently disaggregated data on gender and household food security do not exist</p>	<p>Coordinating mechanism for food and nutrition strengthened.</p> <p>Enhanced national capacity for inter-sectoral actions to address malnutrition and food insecurity.</p> <p>National mass-media communication campaign developed and implemented to increase commitment and investment of policy and decision makers.</p> <p>Capacity strengthened for the collection, analyses and use of gender-disaggregated data relating to food, health and nutrition.</p>	<p>National and regional nutrition meetings and workshops contributed to establishment of intersectoral coordination structures.</p> <p>Regional meetings continued to be a forum for information sharing, needs assessment and planning of activities in target areas.</p> <p>MOU on nutrition and food security endorsed and signed by 5 line ministries</p> <p>Advocacy plan for nutrition and food security completed requiring to apply a “nutrition lens” to plans of all related sectors.</p> <p>Completed cost benefit analysis for nutrition</p>	<p>Ministerial order for establishment of National Coordination structure for Food and Nutrition</p> <p>Minutes of meetings of coordination structures</p> <p>Media coverage reports</p> <p>Training and workshop reports</p> <p>Survey reports</p> <p>Awareness raising communication materials produced and disseminated</p>	<p>Official reports from government of Albania</p> <p>Official workshop reports</p> <p>Training reports</p> <p>Examples of mass communication materials</p>	<p>Participating agencies and government partners</p>	<p>Assumptions: Improvement of food and nutrition status of women and children remains a priority of the government of Albania</p> <p>All major ministries and institutions will commit to implementation of activities</p> <p>No major institutional changes occur during the implementation of the project</p> <p>Risks: Competing priorities of government institutions may shift focus from implementation of JP</p> <p>Mitigation strategies: High level coordination</p>

	<p>National data collectors, producers and users trained and surveys conducted</p> <p>Indicator New FNAP document finalized and officially adopted</p> <p>Indicator: Food security and nutrition surveillance indicators, infrastructure and capacities at national level developed</p> <p>Indicator: Food security and nutrition surveillance system in operation in target areas</p> <p>Indicator Intersectoral representation in PMC ensured, and annual activity plan monitored and endorsed at this level</p> <p>Intersectoral TWGs established in</p>	<p>Baseline: Current (FNAP) has insufficient focus on nutrition and food security issues.</p> <p>Baseline: Growth monitoring data are collected at individual level but not analysed and used to flag out problems; no surveillance system in place</p>	<p>Improved information available on the effects of high food prices and gender on the food security of vulnerable groups and at-risk households.</p> <p>Situation analyses and mapping of milling industry completed.</p> <p>Statistically significant survey conducted in year 1 identifying main causes of anaemia in high prevalence areas of the country as identified in DHS.</p> <p>Development of 3<sup>rd</sup> NFNAP.</p> <p>Enhanced capacity for forecasting and early warning of food insecurity or food emergencies.</p>	<p>interventions, creating a good base for advocacy.</p> <p>Baseline survey on nutrition and food security completed, final report is prepared and data being used in capacity development, advocacy and communication interventions. Key findings indicate that 19,6% of children 6-59 months in target areas are anaemic; 43 % of families in Kukes, 24% in Shkoder and 29% in peri urban areas of Tirana are food insecure.</p> <p>Qualitative survey, complementing the baseline, on gender, food prices and impact of economic crisis on hh food security completed, report finalized and used in preparation of training plan.</p> <p>First draft of the</p>				<p>mechanism will help raise the nutrition and household food security issues high in the government agenda and make investments for nutrition priority not only of one ministry (MOH) but the whole government.</p> <p>Risks:</p>
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	<p>relevant areas as technical pillars for the nutrition coordination mechanism</p> <p>Nr of joint decisions taken by government institutions</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>new FNAP was completed based on qualitative and quantitative evaluation of the current FNAP with wide participation of key stakeholders</p> <p>Albanian Food security scale tested and statistically validated</p> <p>National and Local government capacities were strengthened on food security assessment, gender disaggregated data collection, food prices and food balance sheets.</p> <p>Situation analysis and mapping of milling industry completed; Technical report, presenting the scientific basis for flour fortification was prepared by the TWG and presented to the Minister of health including recommendations for fortification levels.</p>				
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<p><b>Outcome 2 :</b> Coordination and capacities to design, implement and monitor nutrition and food security interventions are enhanced at all levels</p> <p><b>Output 2.1.</b> Community based intervention models to address malnutrition and household food in security developed, and tested.</p> <p><b>Output 2.2.</b> Capacity of health providers in target areas enhanced to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counselling.</p> <p><b>Output 2.3.</b> Communication for behaviour</p>	<p>Indicator: Community based intervention models developed and tested</p> <p>Integrated training module on nutrition developed and delivered</p> <p>Number of health workers trained</p> <p>Number of children , women and families benefiting from community based interventions</p> <p>- Exclusive breastfeeding rates</p> <p>Number of households benefiting from activities to improve hh food security and intra hh food distribution</p> <p>Nr of children fed according to minimum acceptable diet</p>		<p>Capacity of local personnel and CSOs in nutrition and food security interventions assessed.</p> <p>Community needs assessment conducted.</p> <p>100 persons from local government and CSOs trained in design, implementation and monitoring of nutrition interventions.</p> <p>Community based models designed and implemented in target areas.</p> <p>Assessment on knowledge gaps in nutrition among health providers conducted.</p> <p>Around 300 health service providers in target areas trained in</p>	<p>Needs assessment of health care providers completed and report prepared and used in planning the training activities.</p> <p>Integrated nutrition modules for health care providers, prepared.</p> <p>245 health service providers trained in integrated nutrition ( growth monitoring, breastfeeding and complementary feeding, nutrition during pregnancy) Institutionalization of the use of child growth assessment through the mandatory use of the new child growth charts by all PHC facilities / Official order signed by the Minister of Health for the mandatory use of the new child growth charts by all PHC facilities.</p> <p>Child growth assessment is being conducted in health facilities</p>	<p>Training and workshop reports</p> <p>Survey reports ( KAP)</p>	<p>Baseline and end line surveys</p> <p>Official training reports Pre and post training evaluations</p> <p>Official reports from regional authorities (health &amp; food and nutrition)</p> <p>Annual and quarterly progress reports</p>	<p>Participating agencies and government partners</p>	<p>Assumptions:</p> <p>All major ministries, institutions and local government authorities will commit to implementation of activities</p> <p>Risks Competing priorities of government institutions may shift focus from implementation of JP</p>
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<p>change strategy targeting families and communities for improved care and feeding practices for mothers and children, implemented in target areas.</p>	<p>- Varied and comprehensive BCC package by target audience developed</p> <p>Nutrition modules for compulsory education developed and teachers in target areas trained in delivery of modules</p>		<p>nutrition.</p> <p>Supervision and follow up methodology developed.</p> <p>KAP survey conducted in target areas.</p> <p>Communication strategy for behaviour change designed.</p> <p>Food and nutrition education materials developed according to identified target groups.</p>	<p>of target areas using the recently revised and officially approved facility and home base records (growth charts and child health book )</p> <p>KAP survey on feeding practices (part of the baseline survey) completed. Key findings indicate that 42% of children are exclusively breastfeed, 40 % of children 6-23 months are feed according to recommended feeding practices; mothers and grandmothers are the primary source of information ( 55%) followed by health personnel ( 20%).</p> <p>Communication plan for behaviour change officially approved by the Minister of Health. Full package of communication for behaviour change products (6 TV spots, 3 radio spots, 5 posters) prepared</p>				
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				<p>and distributed through various communication channels: national and local massmedia and closed broadcasting systems at the health centers in the target areas.</p> <p>Community based needs assessment completed creating a good basis for development of participatory nutrition and food security interventions at the community level.</p> <p>Based on this assessment a mix of community based activities has been finalized with participation from regional authorities and beneficiaries.</p>				
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<p><b>Outcome 3 :</b> Public health nutrition repositioned within the primary health care services</p> <p><b>Output 3.1.</b> Capacities of academic staff for developing public health nutrition curricula strengthened</p> <p><b>Output 3.2.</b> Supportive supervision mechanisms in health sector strengthened to include delivery of interventions aiming at reducing malnutrition</p>	<p>Indicator: Public health nutrition curricula improved at bachelor and postgraduate levels</p> <p>Indicator: Supervision on nutrition included within the package on supportive supervision for 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>Agreement by MOES and School of Medicine to insert nutrition education in core curricula and develop new public health curricula for post graduate specialization course in public health</p> <p>Nursing faculty is using the updated public health nutrition curricula at bachelor level. School of Medicine has developed the first draft of the public health nutrition curricula at under graduate level for medicine, dentistry and pharmacy.</p> <p>Completed the revision of existing modalities of supervision of nutrition interventions</p> <p>Nutrition modules for use in the compulsory education system (grades 1 through 9) completed and are being piloted in 20 schools including teachers</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: All major ministries and institutions will commit to implementation of activities</p> <p>Risks: Turnover of trained personnel and change in position</p> <p>Mitigation strategy: Agreement with the government to ensure trained people are retaining their position for a certain period of time</p>
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b. Joint Programme Results Framework with financial information ALBANIA JP-NUTRITION

JP output: 1.1										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.1 Advocacy and awareness raising programme to address malnutrition and food security developed and implemented, targeting policy, decision makers and the general public	1.1.1 Support National coordinating mechanism for food and nutrition	15,000	10,000	13,000	WHO	MOH	38000	25430	25430	101.7%
	1.1.2.a National and regional consensus building workshops on intersectoral actions to address malnutrition	25,000	2,500	11,000	WHO	MOH	38500	35000	35000	127%
	1.1.2.b Technical support to and participation in consensus building workshops on intersectoral actions to address malnutrition and food insecurity	7,000			FAO	MOA	7,000	9951	9951	142%
	1.1.3.a Advocacy events, key stakeholders meetings, materials and information package developed and disseminated, media communications and periodic information updates to the public	53000	5,000	5000	UNICEF	IPH	63000	61103	61103	105%
	1.1.3.b Support development of communication materials and advocacy activities focusing on food security issues	7,000	14,000	7,000	FAO	MOA	28,000	27082	27082	129 %

	1.1.3.c. Support elaboration of key communication messages on consequences of malnutrition	5,000	4,000	4,000	WHO	MOH	13,000	9,000	9,000	100%
	<b>Total</b>						<b>187,500</b>	<b>167,566</b>	<b>167,566</b>	<b>114%</b>

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

JP output: 1.2										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.2. Technical support for strengthening data collection and utilisation of data on food, health and nutrition	1.2.1.a Review existing data sources and information systems on food and nutrition security and identify information needs of data users	10,000	4,000	4500	WHO	MOH	18500	14000	14000	100%
	1.2.1.b Organize meetings and workshops to review existing information and new DHS and LSMS data on food prices, household food security, nutrition and status of women and carry out secondary analyses	16,000	9,000		FAO	INSTAT	25,000	27285	27285	109%
	1.2.2.a. Training of national data producers and users in relevant statistical tools for the collection analysis and use of gender disaggregated data		46,000	22,000	FAO	INSTAT	68,000	53294	53294	116%

1.2.2.b Inputs to design training module for data collection on nutrition and gender with focus on children		10,000		UNICEF	IPH	10,000	10000	10000	100%
1.2.2.c Technical assistance to prepare training module on health and nutrition indicators		6,000		WHO	IPH	6,000	6000	6000	100%
1.2.3.a. Provide technical and financial assistance for developing, carrying out and analysing rapid data collection activities at community/household level in project target areas, including gender roles and household food and nutrition ( baseline for target areas)	87,500	32,500		FAO	INSTAT	120,000	107377	104546	87%
1.2.3.b Input to prepare baseline survey tool sections for impact of food prices in children	10,000	5,000		UNICEF	IPH	15,000	15000	15000	100 %
1.2.3.c Input to prepare baseline survey tool using a health systems perspective	5,000			WHO	IPH	5,000	5000	5,000	100%
1.2.4.a. Technical and financial support for conducting a situation analysis and feasibility study for flour	30,000	25,000		UNICEF	KASH	55,000	45855	45809	65 %
1.2.4.b. Technical support to analyze the link between fortification and micronutrient deficiencies in the survey	10,000	5,000		WHO	KASH	15,000	9320	9320	62%
1.2.5.a. Technical and financial support for conducting a survey to identify the main causes of anaemia in high prevalence areas and analysing and disseminating results	215,000			WHO	IPH	215000	227952	226941	106%
1.2.5.b Technical support for conducting secondary analysis based on DHS data for mapping of IDA and providing inputs for further research on causes of anaemia	6731			UNICEF	IPH	6731	6731	6731	100 %

	<b>Total</b>		<b>559,231</b>	<b>527814</b>	<b>523926</b>	<b>98%</b>
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JP output: 1.3										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.3. Development of 3rd National Food and Nutrition Action Plan	1.3.1.a. National and regional inter-sectoral policy workshops held to strengthen capacity to analyse impact of		10,000		FAO	MOA	10,000	15347	15347	153%
	1.3.1.b National and regional inter-sectoral policy workshops held to strengthen capacity to analyse impact of policy choices and decisions on health and nutrition		20,000		WHO	MOH	20,000	20000	20000	100%
	1.3.2. Support to the technical inter-sectoral working group for NFNAP development and implementation		13,000	14000	WHO	MOH	27,000	13000	13000	100%
	1.3.3.a. Review and analyze 2nd NFNAP and other relevant sectoral policies and evaluate lessons learned		35000		WHO	MOH	35,000	32190	29884	85%
	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	5924	5924	46%

	1.3.3.c Review and analyze 2nd FNAP and other relevant policies and evaluate lessons learned with regard to child nutrition including most at risk )		11,500		UNICEF	MOH	11,500	11,500	11500	100%
	1.3.4.a. Technical and financial support to organize the Policy Formulation workshop			16,000	WHO	MOH	16,000			
	1.3.4.b Technical assistance to prepare agenda and materials addressing food and security issues and link of			7,000	FAO	MOA	7,000			
	1.3.5.a Consultation and review process including workshop on draft NFNAP involving line ministries, private sector, CSOs			21,000	WHO	MOH	21,000			
	1.3.5.b Technical input to prepare the consultation and review process and development of the draft plan			10,000	FAO	MOA	10,000	1396	1396	14%
	1.3.5.c Technical input to consultation review process focusing on target areas and consumers			8,000	UNICEF	KASH	8,000			
	1.3.6. Preparation, presentation and dissemination of the final NFNAP			17,000	WHO	MOH	17,000			
	<b>Total</b>						<b>195,500</b>	<b>99357</b>	<b>97051</b>	<b>95%</b>

JP output: 1.4										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.4: Strengthening of National food and nutrition surveillance system	1.4.1. Workshops in each of the target areas on improving crop production survey methods, sampling frames, food balance sheet estimates and for monitoring climate change and market change prices and regular reports on food availability		38,000		FAO	MOA	38,000	66421	66421	175%
	1.4.2.a Training workshops for selected local community service providers and national government in rapid food security and nutrition assessment techniques		38,000		FAO	MOH	38,000	47146	47146	124%
	1.4.2.b Support preparation of training modules for health workers in rapid child nutrition assessment techniques		12,000		UNICEF	IPH	12,000	12000	12000	100%
	1.4.2.c Technical assistance to develop training modules for rapid health and nutrition assessments		8000		WHO	IPH	8,000	8000	8000	100%
	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	45774	42774	165%

	1.4.4.a Establishment of intersectoral technical working group to develop indicator framework for food and nutrition surveillance (FNS)		6,000	5,000	UNICEF	IPH	11,000	0	0	0%
	1.4.4.b Technical support to define food security component of surveillance system		5,000	5,000	FAO	MOA	10,000	0	0	
	1.4.4.c Technical support to define nutrition component of surveillance system		6,000	8,000	WHO	IPH	14,000	3000	3000	50%
	1.4.5.a Development of methodology and framework for FNS, including indicators, data collection systems,		23,000	25,786	UNICEF	IPH	48,786	0	0	0%
	1.4.5.b Assist in development of methodology and framework for food security component of surveillance		10,000	8,000	FAO	MOA	18,000	10700	10700	107%
	1.4.5.c Assist in development of methodology and framework for nutrition component of surveillance system		8,000	8,000	WHO	IPH	16,000	7000	7000	87.5%
	1.4.6.a Development of framework for sentinel sites in project areas			25,000	UNICEF	IPH	25,000			
	1.4.6.b.Support development of surveillance framework for sentinel sites in project areas			10,000	FAO	MOA	10,000	6524	0	0%
	1.4.6.c Technical assistance to define structure and distribution of sentinel sites in project areas			6,000	WHO	IPH	6,000			
	1.4.7 Pilot testing of sentinel site system in selected areas			20,000	UNICEF	IPH	20,000			
	<b>Total</b>						<b>325,786</b>	<b>206565</b>	<b>197041</b>	<b>109%</b>

JP output: 2.1										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 2.1. Develop, test and implement community based intervention models to address malnutrition and household food in security	2.1.1. Conduct assessment of capacities of local health and agriculture personnel and CSOs working in nutrition , to design, implement and monitor nutrition and food security interventions in target areas		12305		UNICEF	IPH	12305	12305	12305	100%
	2.1.2. a Conduct participatory needs assessment using community based planning approaches to define community based interventions in target areas		15100		UNICEF	CSOs	15100	15100	15100	100%
	2.1.2.b Technical inputs to develop food security component of participatory needs assessment		10,000		FAO	MOA	10,000	0	0	0%
	2.1.2.c Technical inputs to develop GMP component of participatory needs assessment		5,000		WHO	MOH	5,000	2000	2000	40%



	2.1.3.a. Training of health and agriculture personnel in local government structures and CSOs working in nutrition related activities in the design, implementation and monitoring of nutrition and food security interventions		65,317		UNICEF	MOA	65,317	5317	5317	8%
	2.1.3.b. Technical support to develop training modules on design, implementation and monitoring of food security interventions for agriculture personnel and CSOs		18,000		FAO	MOA	18,000	9258	2735	15%
	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	4500	4500	50%
	2.1.4.a Based on community needs assessment, design and implement models ( community IMCI, gardens of mothers, BF mother support groups, distribution of MOH approved sprinkles) to address problems related to malnutrition and food insecurity at hh level including models of conditional cash transfers within the social		84635	275701	UNICEF	SCOs	360336	45187	45187	53%
	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	25898	5874	27%
	2.1.4.c. Contribute experience from other countries and best practices into design of Albania specific models		10,000	12,000	WHO	MOA	22,000	6000	4834	48%
	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	20000	20000	28%

	2.1.5.b Support development of models to improve access to micronutrient-rich foods		19,000	25,000	FAO	MOA	44,000	0	0	0%
	2.1.5.c Technical support to develop behavioural models to improve consumption of micronutrient-rich foods		10,000	25,500	WHO	MOH	35,500	10000	10000	100%
	<b>Total</b>						<b>849,558</b>	<b>155565</b>	<b>127852</b>	<b>36%</b>

JP output: 2.2										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 2.2. Capacity building of health providers at national and in target areas to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counselling	2.2.1.a Assessment on knowledge gaps in nutrition among service providers	8813			UNICEF	IPH	8813	8813	8813	100 %
	2.2.1.b. Inputs to prepare methodology of assessment from a food security perspective	7,000			FAO		7,000	0	0	0
	2.2.1.c. Support to develop needs assessment tool on nutrition knowledge gaps among service providers	10,000			WHO	MOH	10,000	10000	10000	100%

2.2.2. a Develop integrated training modules based on existing modules on GM, BF counselling, complementary feeding, young child feeding and nutrition during pregnancy	14362			UNICEF	Professionals Association	14362	14362	14362	100 %
2.2.2.b. Technical guidance to develop food security and consumer education component of integrated training modules	25,000			FAO	MOA	25,000	35446	27946	112%
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	18000	18000	90%
2.2.3.a Workshop with trainers to review and revise training materials		31046		UNICEF	MOH	31046	31046	31046	100%
2.2.3.b. Technical support to trainers workshop		10,000	1000	WHO	MOH	11,000	10308	10308	103%
2.2.4.a Training of service providers in target areas in growth monitoring and promotion , BF, complementary feeding, nutrition during pregnancy		117983	100,000	UNICEF	MOH	217983	117983	117983	100%
2.2.4.b Support to develop training methodologies		4500		WHO	MOH	4,500	4362	4362	97 %
2.2.5.a Design and implement supervisory follow up methodology			43000	UNICEF	MOH	43000			
2.2.5.b. Technical support to development of supervisory methodology			17,000	WHO	Local Health Authorities	17,000			
2.2.6.a Revise training modules following training workshops in target areas, preparation of final materials and plan for national scale up			12,000	UNICEF	MOH	12,000			
2.2.6.b Support finalization of integrated training modules using lessons learned from global nutrition interventions			25,000	WHO	MOH	25,000			

	<b>Total</b>		<b>446,704</b>	<b>250,320</b>	<b>242,820</b>	<b>98%</b>
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JP output: 2.3										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Total amount Planned for the JP	Estimated Implementation Progress		
		Y1	Y2	Y3				NATIONAL/LOCAL	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 2.3. Development of communication for behaviour change targeting families and communities for improved care and feeding practices for mothers and children	2.3.1a Conduct a baseline KAP survey in target areas, on nutrition and feeding practices, hh food security and food distribution within the family including research on community and hh level factors that constrain and/or facilitate mothers in good IYCF	51055			UNICEF	CSOs	51055	51055	51055	100%
	2.3.1.b.Inputs to develop food security and food distribution within family sections of the KAP survey tool	25,000			FAO	MOA	25,000	17744	17744	71%
	2.3.1.c. Inputs to develop nutrition and feeding practices sections of the KAP survey tool	10,000			WHO	MOH	10,000	10000	10000	100%
	2.3.2 a Design communication for behaviour change strategy to address issues of malnutrition and food insecurity		19977		UNICEF	IPH	19977	19977	19977	100%
	2.3.2.b. Technical assistance to develop behaviour models for addressing HH food insecurity		31,000		FAO	MOA	31,000	3874	3874	12%

	2.3.2.c. Technical inputs to develop behaviour models for improved nutrition practices		10,000		WHO	IPH	10,000	6745	6745	67%
	2.3.3.a. Develop and deliver appropriate food and nutrition education materials focused on adequate feeding and nutrition of infants, young children and mothers, combining various communication channels to reach target population groups		103954	331653	UNICEF	IPH	435607	203560	87411	84%
	2.3.3.b. Support the development of educational materials focusing on consumer education and food security		50,000		FAO	IPH	50,000	9204	9204	18%
	2.3.3.c. Support the development of educational materials focusing on maternal and child feeding		6000		WHO	MOH	6,000	2000	2000	33.3%
	2.3.4. Prepare and introduce nutrition module into core curricula for compulsory education	40,000	30,000		UNICEF	IPH	70,000	69264	69093	99%
	<b>Total</b>						<b>708,639</b>	<b>393423</b>	<b>277103</b>	<b>74%</b>

JP output: 3.1										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 3.1. Curriculum for public health nutrition developed, tested and introduced in pre-service training	3.1.1.a. Establish and support technical working group to develop public health nutrition curricula	10,000	8,000	8,000	WHO	MOH	26,000	17997	17663	98%
	3.1.1.b. Technical input to working group to develop public health nutrition curricula for pre-service training	5,000	8,000	5,000	FAO	MOA	18,000	8958	8958	69%
	3.1.2. Review and adapt internationally available materials to national settings	40,000	27000		WHO	MOH	67,000	31291	28881	43%
	3.1.3. Participation of 2-3 public health professionals in short or medium term specialized nutrition courses	10,000	10,000		UNICEF	MOH	20,000	1971	1971	10%
	3.1.4. Endorse pre-service module on public health nutrition training		10,000		WHO	IPH	10,000	6500	6500	65%
	3.1.5. Introduce modules into curricula		25000	30000	WHO	IPH	55000	20477	20477	82%
	3.1.6. Design, layout and printing of curriculum materials			54,400	UNICEF	Printing house	54,400	0	0	0%
	<b>Total</b>						<b>250,400</b>	<b>87194</b>	<b>84450</b>	<b>55%</b>

JP output: 3.2										
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 3.2. Improved supportive supervision health sector mechanisms to strengthen delivery of interventions aiming at reducing malnutrition	3.2.1. Establish multi-stakeholder technical working group to review supervision modalities	10,000			WHO	MOH	10,000	10000	10000	100%
	3.2.3. Include nutrition monitoring and BCC in supervision list of Regional Directorates for Public Health and		11,000		WHO	MOH	11,000	3955	3955	36%
	3.2.4. Support integration of supportive supervision in target areas			3,000	UNICEF	Local Health Authorities	3,000			
	Support for M&E	10,000	10000	25000	WHO		45000	20000	20000	100%
	Support for M&E	6000	9000	13000	FAO		28000	12058	12058	80%
	Support for M&E	30000	30000	58000	UNICEF		118000	81681	60710	101%
	<b>Total</b>						<b>215,000</b>	<b>127694</b>	<b>106723</b>	<b>92%</b>

### Summary Table

		Planned *	Committed	Disbursed
<b>FAO</b>	Programme Cost	594,000	546,661	500,259
	Indirect Cost	41,580	38,266	35,018
	<b>Total</b>	<b>635,580</b>	<b>584,927</b>	<b>535,277</b>
<b>UNICEF</b>	Programme Cost	942,838	867,810	722,473
	Indirect Cost	65,976	60,747	50,573
	<b>Total</b>	<b>1,008,814</b>	<b>928,557</b>	<b>773,046</b>
<b>WHO</b>	Programme Cost	672,000	609,027	601,800
	Indirect Cost	47,040	47,040	47,040
	<b>Total</b>	<b>719,040</b>	<b>656,067</b>	<b>648,840</b>
<b>TOTAL</b>		<b>2,363,434</b>	<b>2,169,551</b>	<b>1,957,163</b>

\* Planned is total transferred to date. Indirect cost for WHO is always 47,040 lek.



