

## STANDARD JOINT PROGRAMME DOCUMENT

### The Kingdom of Lesotho

#### UN Joint Program on Maternal and Child Health, HIV/AIDS, Nutrition and Economic Growth

Joint Programme Outcome(s): This program is contributing to first three UNDAF 2008-212 outcomes

Programme Duration: 8 months

Anticipated start/end dates: 1<sup>st</sup>

November 2011- 30 June 2012

Fund Management Option(s): Pass-through

(Parallel, pooled, pass-through, combination)

Managing or Administrative Agent:  
MDTF

Total estimated budget\*:

USD 764,975

Out of which:

1. Funded Budget: USD 764,975

2. Unfunded budget: 0

\* Total estimated budget includes both programme costs and indirect support costs

Sources of funded budget:

- Government
- UN Org....
- UN Org...
- Donor ... DOCO
- Donor ...
- NGO...



**Names and signatures of (sub) national counterparts and participating UN organizations**

UN Organizations	National Coordinating Authorities
<p>Ms. Ahunna Eziakonwa-Onochie UN Resident Coordinator and UNDP Resident Representative</p> <p>Signature </p> <p>Date &amp; Seal 14/11/2011 </p>	<p><b>OFFICE OF THE MINISTER MINISTRY OF FINANCE &amp; DEVELOPMENT PLANNING</b></p> <p>Hon. Dr. Timothy Thahane Minister of Finance and Development Planning</p> <p>Signature </p> <p>Date &amp; Seal 14 NOV 2011 P.O. BOX 355 MASERU 100, LESOTHO</p>
<p>Dr. Ahmed Magan UNICEF Representative</p> <p>Signature </p> <p>Date &amp; Seal 8/11/2011</p>	<p> </p>
<p>Prof. Jacob Mufunda WHO Representative</p> <p>Signature </p> <p>Date &amp; Seal 14/11/2011</p>	<p></p>
<p>Dr. Lillian Marutle UNFPA Representative</p> <p>Signature </p> <p>Date &amp; Seal 14/11/11</p>	<p></p>
<p>Mr. Attaher Maiga FAO Representative</p> <p>Signature </p> <p>Date &amp; Seal 25/11/2011</p>	<p></p>
<p>Mr. Imad Osman-Salih WFP Representative</p> <p>Signature </p> <p>Date &amp; Seal 10/11/2011</p>	<p></p>
<p>Dr. Biziwick Mwale UNAIDS Country Coordinator</p> <p>Signature </p> <p>Date &amp; Seal 07/11/2011</p>	<p></p>



## Joint Programme Document Outline

### 1. Executive Summary

With less than four years left to the deadline of the Millennium Development Goals, the UN family in Lesotho has, in collaboration with the Government, critically reviewed the progress towards achievement of these goals in Lesotho. While the country has demonstrated good progress in a number of the MDGs, especially in terms of education and gender equality, it is evident that the health related goals, especially those relating to maternal and child mortality, are off track. In response to this very serious socio-economic situation, the UN family and Government of Lesotho have developed a comprehensive joint programme, as complementary action to supplement the ongoing activities and fill the gaps. The main aim of the joint programme is to improve maternal and child health in Lesotho (MDGs 4 and 5) by addressing the problems they face comprehensively and within a specific area. Four different programme components implemented in four districts all strive to support this aim, while at the same time making important development contributions on their own. At the center of the joint programme is the 'mother' – not only because women are disproportionately suffering from the current situation but also because they have a unique role and ability to improve the life and health of others when equipped with the relevant knowledge and tools.

This is the continuation of the initial efforts started in 2010, and the broad, multi-faceted programme is based the following four components which together supplement a comprehensive package of support:

- **Maternal, Neonatal and Child Health** – building capacities of selected health facilities to enable them to provide improved maternal health services and increased awareness on the danger signs of pregnancy.
- **HIV Prevention** – equipping the Basotho, with focus on young women and mothers with HIV risk reduction and avoidance information and skills that will influence their behaviors. Institutionalize national HIV prevention symposium to facilitate policy dialogue and commitment on the importance of Revitalizing HIV Prevention at all levels.
- **Nutrition** – addressing micronutrient deficiencies and chronic malnutrition among children younger than two years old, reduce child mortality due to acute malnutrition, safeguard the health, nutrition and well-being of food insecure people living with HIV and tuberculosis patients on antiretroviral and tuberculosis treatment, and strengthen surveillance systems for an effective management of nutrition data. Pregnant and lactating women will be especially targeted to reduce malnutrition among young children in selected districts with high malnutrition rate.
- **Economic growth** – strengthening existing businesses, especially at the small and medium scale level, and provide skills training to entrepreneurs. Special efforts will be made towards promoting employment opportunities for women, encouraging women entrepreneurship activities through appropriate skills training, business advisory services

and development of value chains, to encourage greater production and consequent economic growth.

Management arrangements are in place to ensure that these four components are appropriately integrated and that the interventions with the mother at the center are done through a single interface. Based on the review of socio-economic indicators, four districts in Lesotho have been chosen as a starting point for this initiative. These districts are Berea, Mokhotlong, Thaba Tseka, and Qacha's Nek.

## **2. Situation Analysis**

Lesotho is a land locked country faced with a number of development challenges. Most of the socio-economic indicators reveal a pattern of decline, posing a threat to the achievements of most of the MDGs. Specifically, little progress is being witnessed in MDG 1 (Halve extreme poverty and hunger), MDG 4 (Reduce child mortality), MDG 5 (Reduce maternal mortality) and MDG 6 (Combat HIV and AIDS and Tuberculosis). The need to address these issues has been articulated by the Government in key documents such as the Vision 2020 and the National Development Framework. The Government has consequently been in the lead in the formation and implementation of this joint programme. The programme has been specifically designed to comprehensively assist the Government in addressing the highlighted MDGs by including it as a component in the methodology.

In response to this challenging development situation, the UN in consultation with the Government has agreed to collaborate through the Delivering as One Initiative to draw on the full knowledge and resources that exist with the UN System in Lesotho. The interventions will be implemented in the four districts which have demonstrated the worst social-economic indications: Mokhotlong, Qacha's Nek, Thaba-Tseka and Berea. This Joint Programme consists of four components that will be implemented for a period of three years commencing from July 2010. The components are: a) Maternal, Neonatal and Child Health b) HIV Prevention c) Nutrition and d) Economic Growth. The joint efforts of the UN are designed to tackle both the direct and indirect causes of Maternal Mortality and mitigate the effects of Malnutrition and the spread of HIV, while simultaneously encouraging economic growth by supporting Small and Medium Enterprises (SMMEs), thus creating opportunities for people to cope with their situation.

## **3. Strategies, including Lessons Learned and the Proposed Joint Programme**

**Background/context:** This joint program is complementing the national efforts and ongoing activities undertaken by the GoL and UN family. The guiding tool for the implementation is the PRSP, National Development Plan and the UNDAF. Therefore the description of this plan need to be read in conjunction of above cited document.

### **3.1. Lessons Learned:**

It has been a labour intensive process to ensure functional coordination of the joint programme, however, this was a great opportunity to identify weaknesses and address it

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Management arrangements are in place to ensure that these four components are appropriately integrated and that the interventions with the mother at the center are done through a single interface. Based on the review of socio-economic indicators, four districts in Lesotho have been chosen as a starting point for this initiative. These districts are Berea, Mokhotlong, Thaba Tseka, and Qacha's Nek.

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in the process of joint program development and implementation. One fund was meant to be supplementary fund for addressing gaps in different programs implementations, however in some instances, it has been the sole funding source and additional funding were not secured due to global financial crisis and competing donors' priorities.

### **3.2. The Proposed Joint Programme:**

#### **a) Maternal, Neonatal and Child Health**

Improving maternal and child health (MDGs 4 and 5) is used as an entry point paving the way for the inclusion and implementation of the other components. The Maternal, Neonatal and Child Health component will seek to build the capacities of health workers to deliver more effective and improved health services which, in return, enhance the health condition of the targeted population.

#### **b) HIV Prevention**

HIV and AIDS (MDG 6) continue to be the leading public health and developmental problem in Lesotho, affecting all parts of the population. In spite of global and national investments, the national adult HIV prevalence remains high at 23 per cent. Largely as a result of this, over 110,000 children are left orphaned. Addressing the HIV situation is key to any effort to improve maternal and child health in Lesotho. The planned HIV prevention symposium will revitalize the prevention efforts, and will renew leadership commitment at all levels. The HIV Prevention component will also contribute to the reduction of HIV infections through the dissemination of health messages in different forms and platforms.

#### **c) Nutrition**

Malnutrition is the most common cause of death among children younger than five years old, with over 39 per cent of children in this age group suffering from chronic malnutrition. In the fortunate cases where malnutrition does not lead to death, it leaves a devastating impact on the child's development, affecting both its physical, social and mental growth. In order to reduce child mortality (MDG4) and address poverty and hunger (MDG 1), the nutrition component will target pregnant and lactating women as well as children younger than five years old.

#### **d) Economic Growth**

Without an acceleration of shared and sustained economic growth in the target districts, any programme of support would continue to depend on outside funding. To avoid this, the UN has included an economic growth and development component in the joint programme. This component aims to make a concerted effort to strengthen existing businesses, especially at the small and medium scale level, and provide skills training to entrepreneurs in the four target districts. Special efforts will be made to promote employment opportunities for women, encouraging women entrepreneurship activities

through appropriate skills training, business advisory services and development of value chains. The aim is to encourage greater production and consequent economic growth which will transform the ability of women to start and maintain income generating activities. This will also support and assist in sustaining their families' health, nutrition and education needs.

Furthermore, this module will also constitute a vital and strategic component of UN support to the Government in formulation of National Strategic Development Plan. As a result of this support the Government will be able to provide a framework to guide UN support to development processes in the country.

The joint programme is based on a result-oriented methodology and aligned to the UNDAF outcomes. The joint programme addresses three out of four UNDAF outcomes:

- Outcome 1: Individuals, civil society organizations, national/local public and private institutions have the capacity to achieve/deliver and sustain universal access to HIV prevention, treatment, care and support, and to mitigate its impact.
- Outcome 2: District institutions able to provide quality and sustained health, education and social welfare services.
- Outcome 3: National Institutions able to implement sustainable pro-poor economic development, environmental management and household food security policies and strategies with special focus on vulnerable groups including women, children, young men and women and the disabled.

### **3.3. Sustainability of Results:**

In Lesotho, the government is committed to fight HIV, malnutrition and ensure the wellbeing of the nation. Some of the key activities supported by the joint program include capacity development, by the end of the project; the trained staff will continue to utilize their upgraded skills. On the other hand, joint program resources are a very small portion of the overall government and partners' expenditure on social services; therefore, it is expected to keep the same level of expenditure, with possibility of increased investment, if resources could be made available.

The planned HIV prevention symposium will renew leadership commitment and ownership to fight HIV and is expected to be translated to increased advocacy and resource allocation; which will, on its own turn, in the long run result in reduced new HIV infection.

## **4. Results Framework**

The results of the program are listed in the table below, in thematic manner with following headings:

- a) Maternal, Neonatal and Child Health
- b) HIV Prevention

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- c) Nutrition
- d) Economic Growth

**Table 1: Results Framework**

<p>UNDAF Outcome 1: Individuals, civil society organisations, national/local public and private institutions have the capacity to achieve/deliver and sustain universal access to HIV prevention, treatment, care and support and to mitigate its impact</p> <p>UNDAF Outcome 2: District institutions able to provide quality and sustained health education and social welfare services</p> <p>UNDAF Outcome 3: National institutions able to implement sustained pro-poor economic development, environmental management and household food security policies and strategies with special focus on vulnerable groups including women children, young men and women and the disable</p>						
Joint Programme Outcome (if different from UNDAF Outcome), including corresponding indicators and baselines,						
JP Outputs	Participating UN organization-specific Outputs	Participating UN organization <sup>1</sup>	Participating UN organization corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*
1.4.2 To undertake national HIV prevention symposium, to renew leadership commitment and ownership of the fight against HIV	UNAIDS	UNAIDS, UNFPA, UNICEF and WHO	UNFPA, UNICEF and WHO	MOHSW,	<p>1. Organizing sector specific consultation with key stakeholders on issues of HIV prevention</p> <p>2. Development of communication materials for intensified HIV prevention efforts</p> <p>3. Supporting the organization of national HIV Prevention Symposium, which is expected to lead to renewed commitment and resources allocation for HIV Prevention</p> <p>4. National launch of national HIV prevention strategy and national plan for elimination of Mother to Child Transmission of HIV</p> <p>5. Commemoration of World AIDS Day</p>	<p>2011-2012</p> <p>For detail or resources, please refer to the action plan below</p> <p>Total</p> <p>Please refer to detail action plan for resources allocation</p>

<sup>1</sup> In cases of joint programmes using pooled fund management modalities, the Managing Agent is responsible/accountable for achieving all shared joint programme outputs. However, those participating UN organizations that have specific direct interest in a given joint programme output, and may be associated with the Managing Agent during the implementation, for example in reviews and agreed technical inputs, will also be indicated in this column.

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1.7.3 Food insecure PLHIV on antiretroviral therapy have their daily minimal nutritional intake and support		WFP	FAO/UNICEF	MoHSW, Caritas Lesotho	<p>1. Procurement and distribution of food to undernourished ART and TB clients and their corresponding household members</p> <p>2. Support referrals and assessment of nutritional status of PLHIV under IMAM protocol.</p> <p>3. Facilitate provision therapeutic &amp; nutritional support to food insecure risk of malnutrition.</p>		
2.4.1 Government institutions, CSOs & other service providers able to design, implement and monitor social welfare and protection services for OVCs, women and children		UNICEF	WFP		<p>1. Provide social safety nets for OVC's, women and children.</p> <p>2. Capacity building and support for GOL &amp; stakeholders in their respond to the basic needs of OVCs, women &amp; children on food security, healthcare, and psycho-social support (including peer support).</p>		
2.3.6 Trained skilled staff on normal & EnOC services available in all government 7 non-governmental health facilities		WHO	UNICEF		Please see detail plan		
3.3.4 Capacities of Ministry of Agriculture and Food Security and NGOs developed to promote and upscale homestead agricultural production and increased access to micro-nutrient rich foods for vulnerable groups		FAO			Please refer to detail plan		

3.1.3 increased institutional capacities of the public and private technical support institutions to utilize trade preferences, enhance market access opportunities and improve competitiveness of manufacturing enterprises							
3.2.2 Government institutions, private sector institutions and NGOs have capacity to facilitate creation of employment opportunities for both young men and women	UNDP	ILO				Please refer to detail plan	
FAO	Programme Cost **					93,874	
	Indirect Support Cost**						
UNAIDS	Programme Cost					155,751	
	Indirect Support Cost						
UNFPA	Programme Cost					13,000	
	Indirect Support Cost						
UNDP	Programme Cost					188,543	Including change mangmt
	Indirect Support Cost						
UNICEF	Programme Cost					171,374	
	Indirect Support Cost						
WFP	Programme Cost					42,559	
	Indirect Support Cost						
WHO	Programme Cost					99,874	
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Total	Programme Cost					764,975	
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\*Resource allocation may be agreed at either output or indicative activity level.

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## 5. Management and Coordination Arrangements

The UN Country Programme Steering Committee, comprised of the Minister of Finance, the Resident Coordinator and Participating UN Agencies, will provide overall leadership to the joint programme. The Steering Committee will be supported by a designated Programme Coordinator within the Resident Coordinator's Office and the Program Management Team.

Each of the four components is run by a Thematic Working Group (TWG) which is chaired by the lead agency for that component. The TWGs report to the Programme Management Team. The tasks of the lead agency in the TWG include but are not limited to:

- a. Organizing and coordinating joint visits
- b. Organizing coordination meetings
- c. Coordinating preparation of financial and narrative progress reports
- d. Submission of the progress reports to the Administrative Agent

In each component the following lead and participating UN agencies and implementing partners are engaged:

- **Maternal, Neonatal and Child Health** – UNFPA, UNICEF and WHO will execute programme activities, with WHO serving as the lead agency. Programme implementing partners include the Ministry of Health and Social Welfare, Health Management Teams of the four districts and civil society organisations.
- **HIV Prevention** – UNFPA, UNICEF, UNAIDS and WHO will execute programme activities, with UNAIDS serving as the lead. Programme implementing partners include the Ministry of Health and Social Welfare, civil society organizations and private sector.
- **Nutrition** - WFP, UNICEF, FAO and WHO will execute the programme activities, with WFP serving as the lead agency. Programme implementing partners include the Ministry of Health and Social Welfare and Ministry of Agriculture and Food Security.
- **Economic growth** – UNDP, ILO and UNCTAD will execute programme activities, with UNDP serving as the lead agency. Programme implementing partners include the Ministry of Finance and Development Planning.

Project documents capturing detailed arrangements and budgets have been developed and signed for each of these four components.

The joint programme will be a standing agenda point in the UN Country Team and the Program Management Team monthly meetings. The Technical Working Groups will hold monthly meetings to assess progress, identify common challenges and find synergies. These meetings will ensure that duplication of efforts is reduced. The Technical Working Groups will also report progress to their respective UNDAF Outcome Working Groups.

Common Monitoring and Evaluation guidelines will be adopted to identify milestones and process monitoring of the activities. A rapid baseline assessment will be undertaken to provide

bench marks for this joint programme. Joint field visits and a joint annual review will also be undertaken.

## 6. Fund Management Arrangements

The Multi-Donor Trust Fund Office as the Administrative Agent for Lesotho One Fund will prepare consolidated narrative progress and financial reports, based on the reports provided by the lead agency, and submit them to the DOCO and relevant donors.

## 7. Monitoring, Evaluation and Reporting

**Table 2: Joint Programme Monitoring Framework (JPMF)**

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
2.3.2	Percentage of pregnant women receiving micronutrient supplements (iron-folate) (Baseline: 30%, Target: 90%).	LDHS 2009 HIS-MOHSW NDSO	Routine monthly reports Number of mother baby pack distributed with the supplements	Procurement of supplements.	Monthly and consistent supply of micronutrient supplements
1.7.3	Percentage of malnourished children and PLHIV benefiting from IMAM- (Baseline: 20%, Target: 50%)	HIS-MOHSW	Routine monthly inpatients, outpatients and supplementary feeding reports	Provision of data collection tools	Community health workers have the capacity to actively identify and refer children
Renewed leadership commitment and ownership of fight against HIV	National HIV Prevention Symposium conducted and the national HIV Prevention Strategy and MTCT elimination plan launched	Reports of the event and the plans	End of year	UNAIDS	Assumptions: Current commitment will continue to undertake the symposium and launch the key plans

### 7.1. Annual/Regular reviews:

Joint program will be regularly reviewed along with UNDAF and the lead agencies will be responsible for provision of update on the progress. In addition, thematic review of the program will be done by related cluster lead in relevant technical working groups along with other GoL/UN intervention.

### 7.2. Evaluation: The joint program will not be evaluated independently but will be part of the overall UNDAF evaluation or sector specific evaluation efforts.

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**7.2. Evaluation:** The joint program will not be evaluated independently but will be part of the overall UNDAF evaluation or sector specific evaluation efforts.



- 7.3. Reporting:** Lead agencies will be providing regular update to the Program Management Team on monthly basis. In addition at the end of the current funding cycle (expected to be end of June 2012), final report will be prepared by lead agencies, validated by the relevant technical team and Program Management Team forwarded to the steering committee for endorsement.

## 8. Legal Context or Basis of Relationship

Table below provide basis of agreements of different UN agencies, participating in the current joint program.

**Table 3: Basis of Relationship**

Participating UN organization	Agreement
FAO	The Food and Agriculture Organization of the United Nations and the Government of Lesotho signed agreement for the establishment of the FAO Representation in Lesotho on 25 <sup>th</sup> May 1981.
UNDP	This Joint Programme Document shall be the instrument referred to as the Project Document in Article I of the Standard Basic Assistance Agreement between the Government of Lesotho and the United Nations Development Programme, signed by the parties on 31 December 1974.
UNAIDS	UNAIDS is the UN joint program, co-sponsored by 10 UN agencies.
UNFPA	This Joint Programme Document shall be the instrument referred to as the Project Document in Article I of the Standard Basic Assistance Agreement between the Government of Lesotho and the United Nations Development Programme (this also apply to UNFPA), signed by the parties on 31 December 1974.
UNICEF	The United Nations' Children Fund and the Government of Lesotho signed Basic Cooperation Agreement for the establishment of terms and conditions of UNICEF Cooperation with GoL on 30 <sup>th</sup> November 1994.
WFP	The World Food Programme of the United Nations and The Ministry of Finance and Planning signed an agreement for implementation of WFP Development Project (Nutrition) - 200169, the "Common Framework for Development Project Action Plan on 1 <sup>st</sup> March 2011.
WHO	

*The Implementing Partners/Executing Agency<sup>2</sup> agree to undertake all reasonable efforts to ensure that none of the funds received pursuant to this Joint Programme are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by Participating UN organizations do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this programme document.*

<sup>2</sup> Executing Agency in case of UNDP in countries with no signed Country Programme Action Plans

## 9. Work Plans and Budgets

The workplan below describe planned complementary activities funded by current joint program.

### Work Plan for: HIV/AIDS

Period: Nov 2011- June 2012

JP Outcome 3.2.: Effective prevention mechanisms in place and operational resulting in reduced spread of HIV and AIDS especially among young people, children and adults by 2017.									
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET	
			Q1	Q2	Q3	Q4		Source of Funds	Amount
JP Output 2: National HIV prevention symposium is institutionalize at all levels of the national HIV response									
	UNAIDS	National Prevention Symposium (UNAIDS) and launch of national HIV prevention strategy and MTCT elimination plan	X	X			MOHSW	DOCO	Forum for PLHIV, TA for Symposium coordination, presentations, report, symposium logistical arrangements.
Total Planned Budget									\$155,751

\* The Total Planned Budget by UN Organization should include both programme cost and indirect support cost

## 9. Work Plans and Budgets

The workplan below describe planned complementary activities funded by current joint program.

**Work Plan for: HIV/AIDS**      **Period: Nov 2011- June 2012**

JP Outcome 3.2.: Effective prevention mechanisms in place and operational resulting in reduced spread of HIV and AIDS especially among young people, children and adults by 2017.									
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET	
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Total Planned Budget									\$155,751

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JP Outcome									
UN organization-specific Annual targets	UN organization	Activities	Nov 2011- June 2012				Implementing Partner	PLANNED BUDGET	
			Q1	Q2	Q3	Q4		Source of Funds	Amount
Output 1: Draft policy and strategic plan (ization )	FAO	Develop Nutrition Policy and Strategic Plan				X	FNCO	DOCO	40,000
JP Output 2: No of training sessions held and participants	FAO	Support Household Food Production				X	MoA	DOCO	45,000
( JP Output 3: No of training sessions held and participants	UNICEF	Implement Community Management of Acute malnutrition (CMAM)				X	MoHSW	DOCO	40,000
JP Output 4: 40% improvement in micronutrients	UNICEF	Procurement of micronutrients supplementation				X	MoHSW	DOCO	15,000
JP Output 5: Final draft of IYCF strategic plan	WHO	IYCF strategic plan				X	MoHSW	DOCO	20,000
JP Outcome 6: No field visits undertaken	WFP, WHO, UNICEF, FAO	Conduct programme monitoring				X	MoHSW, MoAFS, FNCO	DOCO	35,499
JP Output 7: Draft Policy and strategic plan	WFP	Develop Food Fortification Policy				X	FNCO	DOCO	10,000
JP Output 8: Production & dissemination of information data	UNICEF & WFP	Strengthen Nutrition Information System				X	MoHSW, FNCO	DOCO	47,000
Total budget	FAO								252,681
Including*	UNICEF								93,874
	WFP								87,374
	WHO								42,559
									28,874

\* The Total Planned Budget by UN Organization should include both programme cost and indirect support cost

# Work Plan for: Maternal and Child Health

Period: Nov 2011- June 2012

JP Outcome: Outcome 2: District institutions able to provide quality and sustained health education and social welfare services											
UN organization-specific Annual targets		UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
				Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
JP Output 1:											
80% Of Communities at with challenges accessing services are reached with MNCH services 80% of Disadvantages communities at hard to reach areas reached with MNCH services Health workers in the four districts have skills to deliver IMCI	UNICEF	Support outreach services	X	X	X	X	X	MOHSW	DOCO	Outreach cost	80,000
	UNICEF & WHO	Support helicopter outreach services for comprehensive package for MNH	X	X	X	X	X	MOHSW	DOCO	hiring of helicopter to hard to reach areas	30,000
	WHO & UNFPA	Train health workers on integrated management of childhood illnesses		X	X			MOHSW	DOCO	hiring of facilities for training and food and per diem for participants	38,000
JP Output 2:											
Improved Quality of MNCH services	WHO, UNICEF & UNFPA	Supportive supervision	X	X	X	X	X		DOCO	Joint technical supervision	10,000
		Quarterly review meetings							DOCO	Technical support for monitoring and evaluation	10,000
UNFPA											
Total Planned Budget											168,000
Includi ng*	UNFPA										13,000
	UNICEF										84,000
	WHO										71,000

\* The Total Planned Budget by UN Organization should include both programme cost and indirect support cost

JP Outcome: Outcome 2: District institutions able to provide quality and sustained health education and social welfare services										
UN organization-specific Annual targets		UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET	
				Q1	Q2	Q3	Q4		Source of Funds	Budget Description
JP Output 1:										
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	UNICEF & WHO	Support helicopter outreach services for comprehensive package for MNH	X	X	X	X	MOHSW	DOCO	hiring of helicopter to hard to reach areas	30,000
	WHO & UNFPA	Train health workers on integrated management of childhood illnesses		X	X		MOHSW	DOCO	hiring of facilities for training and food and per diem for participants	38,000
JP Output 2:										
Improved Quality of MNCH services	WHO, UNICEF & UNFPA	Supportive supervision	X	X	X	X		DOCO	Joint technical supervision	10,000
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UNFPA										
UNICEF										
WHO										
Total Planned Budget										
Includi ng*	UNFPA									168,000
	UNICEF									13,000
	WHO									84,000
										71,000

\* The Total Planned Budget by UN Organization should include both programme cost and indirect support cost



# Work Plan for: Economic Growth Component

Period: Nov 2011- June 2012

JP Outcome 3.2.: Government institutions, private sector institutions and NGO's able to create decent employment opportunities for women, men, children and youth, including orphaned and vulnerable youth											
UN organization-specific Annual targets		UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
				Q1	Q2	Q3	Q4		Source of Funds	Amount	
JP Output 1: Government institutions, private sector institutions and NGO's have capacity to facilitate creation of decent employment opportunities for both young men and women											
National Strategic Development Plan (NSDP) formulated **	UNDP/All UN Agencies	NSDP Coordination	X	X	X	X		MFDP	DOCO	National coordinator salary and related costs	\$72,722
		Support to Research Inputs for NSDP	x	x				MFDP	DOCO	MSME Policy development, technical support, venue for stakeholder briefing,	\$32,273
		Technical support to the NSDP Secretariat					x	MFDP	DOCO	Technical support for M&E	\$50,000
Total Planned Budget**											
Including*		UNDP									

\* The Total Planned Budget by UN Organization should include both programme cost and indirect support cost

\*\*Only shows the amount expended/required to support NSDP

# **Total allocation of MDTF JP, available resources and funding gap by thematic area, Nov 2011 - Oct 2012**

Outcome/Thematic Area	Participating UN Agencies	Total MDTF JP Allocation USD	Other available Resources USD	Additional Funding required USD	Remarks
MNCH	WHO, UNFPA, UNICEF	168,000	2,500,000	260,000	
Nutrition	WFP, FAO, UNICEF, WHO	252,681	4,918,505	450,000	
HIV/AIDS	UNAIDS, UNFPA, UNICEF	155,751	1,850,450	2,887,950	
Economic Growth	UNDP	154,995	367,206	100,000	It includes addition contribution from other thematic areas, to cover the salary of NSDP Secretariat (72,722), Research (22,273) and NSDP M&E support (50,000)
Change Management	UNDP	33,548			Covers UNDAF M&E and Printing, plus one voice
<b>Total</b>		<b>764,975</b>	<b>8,936,161</b>	<b>2,587,950</b>	

Total allocation of MDTF JP, available resources and funding gap by thematic area, Nov 2011 - Oct 2012

Outcome/Thematic Area	Participating UN Agencies	Total MDTF JP Allocation USD	Other available Resources USD	Additional Funding required USD	Remarks
MNCH	WHO, UNFPA, UNICEF	168,000	2,500,000	260,000	
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Economic Growth	UNDP	154,995	367,206	100,000	It includes addition contribution from other thematic areas, to cover the salary of NSDP Secretariat (72,722), Research (22,273) and NSDP M&E support (50,000)
Change Management	UNDP	33,548			Covers UNDAF M&E and Printing, plus one voice
<b>Total</b>		<b>764,975</b>	<b>8,936,161</b>	<b>2,587,950</b>	

