FINAL MDG-F JOINT PROGRAMME
NARRATIVE REPORT

Participating UN Organization(s)	Sector(s)/Area(s)/Theme(s)
UNICEF (lead agency), WFP, FAO and WHO	Children, Food Security and Nutrition

Joint Programme Title	Joint Programme Number
Promotion of a multi-level approach to child malnutrition in Guinea Bissau	**MDGF-2033**

Joint Programme Cost [Sharing - if applicable]		Joint Programme [Location]
[Fund Contribution):	USD 2.500.000	**Region(s):** **Oio, Bafata e Gabu**
Govt. Contribution:	USD 0.00	
Agency Core Contribution:		
Other:		
TOTAL:	USD 2.500.000	

Final Joint Programme Evaluation	Joint Programme Timeline
Final Evaluation Done Yes X No ☐ **Evaluation Report Attached** **X** Yes ☐No **Date of delivery of final report:** 31 of the July 2013	**Original start date** *September 2009* **Final end date** *June 2013*

Participating Implementing Line Ministries and/or other organisations (CSO, etc)
Ministry of Health, Ministry of Education, Ministry of Agriculture, Caritas NGO

I. PURPOSE

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

The MDG-F Joint Programme - Promotion of a multi-level approach to child malnutrition - was initiated in September 2009. It was built on the National and International efforts at improving the nutritional status of children and integrating them in order to achieve greater impact in the reduction of child mortality in Guinea-Bissau.

Many of the major social and health indicators reflect the country's condition as a Least Development Country and the existence of widespread poverty. Child mortality rates are high with 138 deaths per 1,000 live births and an under-five mortality rate of 223 per 1,000 live births. The maternal mortality ratio is also high with 1,100 maternal deaths per 100,000 live births. Malaria, acute respiratory infections, diarrhea and malnutrition remain the major killers of children. Stunting affects 28% of children under five, with a higher prevalence (32.3%) in the poorest regions (the East). Approximately, 17% of children under the age of five years are underweight; the severe form affects 4.8% of children living in the most vulnerable regions (Gabu and Bafata and Oio).

Guinea-Bissau's children's nutrition indicators are worrisome. According to nutritional survey using the SMART methodology (November 2008) the rate of exclusive breastfeeding up to six months is still very low (28%). Stunting affects 28% of children and the prevalence is higher in the poorest regions such as the East (32.3%). The severe form is encountered in 9.2% of children and again highest in the eastern region (11.6%). Severe acute malnutrition affects 1.2% of children under 5 years with highest values again seen in the East 1.8%. In addition, 17% of children under 5 years are underweight; with a higher prevalence in the North 20% and 22.4% in the East. The severe form of underweight affects 3.9% including 4.8% in eastern and northern regions. In this context, the prevention of malnutrition is crucial, and will basically use the community-based approach to increase knowledge and practice of families vis-à-vis infant feeding, exclusive breastfeeding and improved complementary feeding.

The Joint Programme was in line with National Strategy for Poverty Reduction (PRSP) and with the National Health Development Program (PNDS) for strengthening primary health care through a minimum package of activities; effectively involving communities in management and decision-making for health issues and programs and greater access to health services.

The joint programme was designed to contribute towards Guinea Bissau achievements of Millennium Development Goals (MDGs), particularly 1 and 4 and also aligned with UNDAF priorities such as the improvement of the capacity of health system and the reduction of infant and maternal mortality.

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

The programme's activities have been structured in order to achieve the following integrated outcomes and outputs:

Outcome 1: Management and prevention of children malnutrition is improved at facility level (nutrition Rehabilitation / health centers).

- Output 1.1: Nutrition rehabilitation centres and health centres are provided with equipment, ready-to-use therapeutic foods (RTUF), and take home foods to effectively prevent and manage child malnutrition.

- Output 1.2: Health workers are trained and put into practice for effective prevention and management of children malnutrition.

- Output 1.3: Health and nutrition-rehabilitation centres are provided with appropriate information, education and communication material to undertake campaigns at community and school levels.

Outcome 2: Community-based nutrition promotion & surveillance activities established in 150 selected Communities.

- Output 2.1: Community workers/volunteers are knowledgeable and put into practice on basic malnutrition monitoring and surveillance practices12, such as growth monitoring, identification of signs of malnutrition and timely referral of malnourished children, promotion of exclusive breastfeeding, timely and appropriate complementary feeding, maternal nutrition and hygiene.

- Output 2.2: Knowledge and skills among communities and families are built on sound nutrition practices, such as exclusive breastfeeding, timely and appropriate complementary feeding, hand washing, maternal and child nutrition and Prevention of Mother to Child transmission of HIV.

Outcome 3: Sustainable food production established in community schools to improve Nutritional status of school children and promote the education of children and their parents on food security and nutrition.

- Output 3.1: Nutritional status of school children is evaluated at the beginning and at the end of the intervention to assess the impact of school gardening program.

- Output 3.2: School teachers, school children and parents are aware of the importance of nutrition and food security.

- Output 3.3: School teachers, school children, community workers and parents are trained on basic agriculture, nutrition and food security to ensure ownership of knowledge and sustainability of the intervention and maintenance of school gardens.

- Output 3.4: School gardens are crated in 150 schools.

- Output 3.5: School kids in selected schools produce periodically and consume vegetables at least once a day

Outcome 4: Intervention on children nutrition and food security are effectively monitored and supervised by government counterparts

- Output 4.1: The Nutrition Unit at the Ministry of Health is reinforced in terms of human resources and equipment
- Output 4.2: The Joint programme is evaluated
- Output 4.3: Government has its Nutritional Policy and nutritional National Strategic Plan.

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

The joint programme interventions were aligned with the priorities of the Government of Guinea Bissau. Increased access to social services and infrastructure was one of the four priority intervention areas of the Poverty Reduction Strategy Paper (PRSP), with an emphasis on access to a well-balanced feeding for children, women and newborns. The National Health Development Plan (2008-2012) highlights growth monitoring, micronutrients supplementation and exclusive breastfeeding as key elements in the minimum package of interventions for children under five.

The joint programme's support to strengthening the national capacity in reducing child malnutrition and mortality particularly in the most vulnerable areas by introducing a multilevel approach that involves major stakeholders as well as communities. The programme was designed to complement ongoing efforts to increase access to social services and infrastructure as a priority area of government policies including the Poverty Reduction Strategy and the National Health Development Plan (2008-2012).

The JP contributed in addressing critical gaps in the process such as capacity building, institutional infrastructure and quality services. As developed jointly, the programme needed close cooperation and coordination between all agencies involved; the capacities and add-value of each agency were complementary.

The joint programme interventions contributed to the UNDAF Outcome 3 (*the most vulnerable populations have access to quality basic social services and the management capacity of the national institutions strengthened by 2012*) and to the MDG 1 (*eradicate extreme poverty and hunger*) and to the MDG 4 (*reduce the under-five mortality rate*) by reducing the prevalence of underweight children of under-five years and improving the nutritional status of school children by promoting the education of children and their parents on food security and nutrition.

In addition, joint programme interventions were in line with the commitments of the programme implementing UN agencies such as:

- UNICEF is committed to provide long-term support to Ministry of Health in delivering basic health and nutrition service.
- WHO is committed to support Ministry of Health in improving inpatient health care.
- FAO is committed to support Ministry of Agriculture and promote modern agriculture.
- WFP is committed to support in reducing the food insecurity and improving nutrition status of malnourished children and lactating women through supplementary food

distribution.

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

The Joint Programme results are due to the collective effort by Partner Ministries, UN organizations and NGO CARITAS in the preparation, implementation, monitoring and evaluation of JP activities. All partners contributed to the selection of JP tools building on their thematic areas of expertise.

The capacity of the government counterparts to monitor and supervise interventions on nutrition and food security was reinforced through the efficient and timely technical assistance given by qualified staff (one national consultant and one international expert in nutrition). 100% of 4 beneficiary Health Regions (4) and National Nutrition Direction were equipped to improve the quality and management of nutrition data and information sharing. Effectiveness and regularity of monitoring and supervision of the interventions on child nutrition and food security at local and community levels were improved to the team work.

In addition, the JP team in collaboration with the JP Nutrition Ethiopia jointly raised funds through the Knowledge Management Platform of the MDG-F Secretariat in order to benefit national partners from regional knowledge exchange on good practices, lessons learnt and respective sustainability strategies.

The JP team also contributed to the National Nutrition SMART Survey which results will guide government's orientation of policy in the nutrition, agriculture and education sector as well as the choice of strategies and interventions to redress the situation in the country.

Ownership and joint accountability increased as all governmental focal points for the JP and involved civil society organization (CARITAS) were involved in joint decision making and participate in all technical group meetings and PMC meetings. Besides, all government focal points for the JP have participated in the Annual Work Plan revision and adjustment of activities to the post-coup d'état environment.

II. ASSESSMENT OF JOINT PROGRAMME RESULTS

a. Key outcomes achieved:

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

The management of acute malnutrition cases has been implemented and improved in 100% of nutrition rehabilitation centres (24) and health centres (90) through provision of materials, equipment and nutrition therapeutic products (anthropometric equipment, RUTF, Therapeutic milk, cooking demonstration items) and adequate equipment and IEC material and through the work of 221 qualified health technicians, 11 Nutrition focal points as well as regular formative supervision. 97 % health technicians (221 out of 228) were trained in the application of the old National Protocol for Management of Acute Malnutrition.

The National Protocol for Integrated Management of Acute Malnutrition (IMAM) has been revised according to new WHO standards, and 51 National trainers have been trained in the use of the new Protocol and 94 Health technicians out of 96 expected (in all health areas of the joint project have been trained in implementation of the new protocol.

Monthly MoH reports indicate that since 2009 the total of 2,033 Severe Acute Malnutrition (SAM) cases were treated in the project area (4 health regions, 3 administrative regions) against 1,490 expected (SMART 2008).

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

Community based nutrition promotion and surveillance activities are implemented in 161 communities (villages) in the area of 21 Health centers of the 3 Regions of the JP since September 2012.

816 community health workers and 240 baby friendly mothers have been trained during the reporting period and are skilled to implement nutrition screening and surveillance as well as nutrition education for promotion of infant feeding practices (promotion of exclusive breastfeeding, appropriate complementary feeding) and nutrition balanced diets.

The population (parents, pregnant and lactating mothers, local authorities, opinions leaders, religious leaders) from 161 communities benefited from regular nutrition related messages through world breastfeeding week using different channels including radios, TV, drama groups, inter personal communication programs for education on infant and young child feeding practices, balanced diet, hygiene, etc and communication tools distributed to the same target groups.

Regular nutrition screening for under 5 children in 161 communities conducted and referral of severe malnourished cases to facility level for proper care and treatment.

5,911 under five have been screened for acute malnutrition and witnessed 248 and 555 respectively severally and moderately malnourished and referred to nutrition recuperation center at facility level for treatment.

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

In average 80% of school children, against 50% targeted initially, in 167 selected schools against 150 targeted, are aware of good practices in nutrition. This represents 29,114 out of 36,392 schools children. 100% of school children (36,392) from 100% of beneficiary schools (167) consume vegetables at school at least once a day. The consumption volume against produced is estimated to reach at least 80% in average. All 167 established school gardens produce periodically vegetables: up to now total of 60,000 kg were produced in 167 school gardens, and 48,000 kg were consumed by school children. These volumes meet 100% of the expected target. The over achievement in terms of number of beneficiary schools and percentage of school children reached by the JP interventions is explained on the one hand by efficiency of national partners on the regional level plus efficient support provided by the participating agency, and on the other hand by the active involvement of the school teachers, school children and communities. The 83 communities gardens have cultivate in 2012/2013 16.99 hectares and produced 96. 463 kgs of vegetables and at least 40% has been given to the school and the communities for the consumption.

Outcome 4: Interventions on child nutrition and food security at local and community levels are effectively and regularly monitored and supervised by the government counterparts.

The capacity of MOH/Nutrition department to monitor and supervise interventions on nutrition and food security was reinforced with the JP through efficient and timely technical assistance given by qualified staff (one national consultant based at Nutrition Department and one international expert in nutrition based at UNICEF).

The nutrition interventions have been monitored and supervised by the MOH from Central and Regional level. A formative supervision on MAM and rapid evaluation on performance indicators conducted in 43 HCs of 3 HR (Gabú-Bafatá-Oio)

11 Nutrition focal points have been appointed at each Health Region in order de monitor nutrition intervention. One vehicle has been provided to Nutrition department to support supervision, monitoring and evaluation of intervention at central, regional and community levels. Office materials and equipment have been provided to MOH/Nutrition department.

However, the effectiveness and regularity of monitoring and supervision of the interventions on child nutrition and food security at local and community levels needs still to be improved. 75% of supervision missions were completed by the central level (9 out of 12 planned) with 75 % supervision reports available.

A national SMART Nutrition Survey has been conducted providing the updated nutrition situation showing that the situation remains critical even in the area of the JP. The level of exclusive breastfeeding has increased from 38% (2010) to 67% (2012).

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

The joint programme supported in knowledge and skill development, including promotion of exclusive breast-feeding, nutrition screening, nutrition education of the Health Facility Workers, Community Volunteers, and Mother Support Groups has enhanced capacity at all levels of the progress in prevention of malnutrition.

National breastfeeding week activities were organized in line with the World Breastfeeding Week combined with the launching of Community Based Nutrition (CBN) during which 2,818 lactating mothers and 350 men were reached and sensitized and educated on the advantages of breast-feeding, complementary feeding and balanced diets. Women who had succeeded in completing six months of exclusive breastfeeding shared their experiences with their peers. Local leaders were also sensitized during that event. At least 710 families were sensitized on importance of exclusive breastfeeding through the world breastfeeding week and existent 48 support groups of women, who are in charge for sensitizing other women on sound nutrition practices. 1,512 families were reached by the JP against 47,802 existent households in all 3 beneficiary regions.

Training and capacity building efforts provided to the school teachers, students, parents, Community Health Workers and Mother Support Groups contributed in increased knowledge and skills on nutrition, food safety, agriculture and hygiene. The knowledge and skills have already a positive spillover effect at the community level and expected to improve food production and overall nutrition awareness and practices.

Regular radio programmes produced by five (5) radio partners of the JP and reaching 100% of beneficiaries regions (3), were supported by the JP. In relation to radio partner's staff, the need of having their capacities reinforced in nutrition related aspects as well as on interactive communication techniques for development was identified. To respond to this need, a one day training was conducted benefitting 19 journalists from 6 community, 1 national radio (benefiting 100% of JP radio partners).

These joint programme interventions significantly contributed in strengthening the national capacity in reducing child malnutrition.

c. How outputs have contributed to the achievement of the outcomes

The joint programme had four expected outcomes and thirteen outputs as per the final version of the approved Joint Programme Document. Following the logic of the chain of results, the realisation of the outputs ensures the fulfilment of the respective Outcomes. As it becomes clear from the analysis of the Monitoring and Evaluation Framework, most of the outputs were over achieved as the targets were higher than expected. The same framework, shows also that most of the outcome targets were realised which as a consequence on how the outcome positively moved towards the expected direction. Although three years is a short time to demonstrate actual changes in impact, the results achieved by the programme, showed in the M&E framework and corroborated by the information gathered during the joint missions, are clear statements that the contribution of the programme was very positive and was able to change attitudes and behaviours of the beneficiaries.

d. Who are and how have the primary beneficiaries/right holders been engaged in the joint programme implementation?

The Joint Programme beneficiaries are the following:

Direct Beneficiaries	Expected	Achieved
Under Five Children treated: Severe Acute Malnutrition	1.490	2.033
Under Five Children treated: Moderate Acute Malnutrition	5.558	8.761
Communities and schools	150	167
Nutritional Rehabilitation Center	24	24
Health Canters	90	94
School Gardens Students	25.000	36.392
Pregnant women and lactating mothers received food products	0	1.942

Indirect Beneficiaries	Expected	Achieved
Parents and guardians, and school gardens management committee	300	2.752
Community Volunteers	600	776
Teachers	250	315
Schools cooks	150	318
Health workers in Old Protocol	228	201
Health workers in New Protocol	0	145
Community Radios	5	5
Baby friendly mothers	20	48

The beneficiary's type of engagement varied according to the type of activities addressing them. School teachers, community workers, parents, Community Health Workers and cooks are empowered and have solid knowledge in management of school gardens, basic nutrition and food security in order to improve dietary habits and promote nutrition related knowledge at community level. Knowledge acquired is replicated to school children in all 167 beneficiary schools reaching 36.392 school children.

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

Paris Declaration Principles:

The development of the programme had in consideration the ten principles of the Paris Declaration, taking into account the national structures and priorities. From its design, the Programme as made an effort for the national authorities to be in the forefront of the decision taking and the implementation of the activities, at central as well as local level. It ensure also the contribution and participation of a wide range of stakeholders, such as NGOs, communities nad local radios. It tried to work within the existing national systems and in case of inexistence of those, the Programme strived to put in place processes and procedures that could be owned and integrated by the national structures, such was the monitor and evaluation system.

Through the participation of the national stakeholders and the functioning of the Steering Committee and, specially, the management committee, the teams were able to agree regularly on the initiatives to be undertaken and the results to achieve, as well as the responsible parties. Following the resulting workplan, it was easy to ensure that the responsibilities fell on the responsible parties. Moreover, due to the interconnection of many of the activities, they were conditional to the execution of others, therefore increasing the joint nature of this approach and thus, the mutual accountability.

Delivering as One

The United Nations launched the "Delivering as One" (DaO) pilot initiative in 2007 to respond to the challenges of a changing world and test how the UN family could provide development assistance in a more coordinated way. The Dao is based on five principles: One Programme, One Leader, One Budgetary Framework, One Office and One Voice.

The nature of this initiative as a Joint Programme falls under the One Programme principle. Indeed this intervention was jointly developed, implemented, monitored and evaluated by four of the six Resident Agencies in the Country in line with the UNDAF+ which brings all the agencies together. It allowed for the team in Bissau to look at the wide nutrition sector in an inclusive way, drawing on the mandate, experience and expertise of the contributing agencies to address the national priority of malnutrition.

The implementation of the programme was anchored in the Resident Coordination Office (RCO), with the Programme Coordinator reporting to the Head of the RCO. This allowed for the development of synergies between the integrating UN entities and linkages between them with their respective mandates and other partners. The RCO was able to provide ongoing support to the Agencies during programme implementation.

This is relevant as enhanced the partnership with other Joint Programmes, with particular emphasis on the other MDG-F supported programme. Indeed, the contribution of the RC and the RCO encouraged the innovative approach of using the same Steering Committee for both Programmes. This contributed for increasing the UN system's impact through a more coherent approach and reduced transaction costs for governments

The visibility and impact of the programme near the beneficiaries also profited from the capacity of the UN interagency Communication Group and the Communications Officer in the RCO (while present). They supported the programme delivery and the ability of the country team to

‘Communicate as One’ on nutrition related issues. The joint external communication has improved and increased the visibility of the programme and fostered support among external stakeholders.

The two other principles (One Budgetary Framework, One Office) are not as relevant in the context of a joint programme, although the fact that the coordinator was in the RCO brought coherence in terms of budget management and requirements.

III. GOOD PRACTICES AND LESSONS LEARNED

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

Good Practices:

1: Volunteer mothers groups for breastfeeding

In Guinea-Bissau, exclusive breastfeeding (up to six months) is not a generalized practice, being a public health (nutrition) problem. In fact, MICS 2006 survey indicates a rate of exclusive breastfeeding of 16% in the country. At the same time, 40.9 % of children suffer from chronic malnutrition. (This decreased to 32.1% in MICS 2010). Malnutrition contributes to a greater increase on respiratory illnesses, diarrhoeas, and therefore to increase children mortality, specifically under two and five years old.

The low rate of exclusive breastfeeding is due to the introduction of food and water in babies' diets before they complete six months, motivated by the commercial promotion of food and milks on the market, lack of information on the nutritional value of food and milk, and cultural barriers. In fact, some taboos and myths encourage mothers to adopt artificial milks, and introduce water and food to babies after birth. Tradition values forbid women from eating certain foods - which have high dietary levels – with negative consequence both to pregnant women and children. Traditionally, these issues are better discussed between women from the same village.

Supporting groups of volunteers (mothers) that promote exclusive breastfeeding and good child feeding practices at community level were identified at the village level, based on criteria such as residence (in the same village), being a mother of at least one child and will to participate in awareness activities. After received training provided by healthcare professionals, volunteers developed their activities at village level, by identifying mothers who have problems on breastfeeding, providing advice on good practices and/or refer to health centres in case of complications. Each year, the government of Guinea-Bissau organizes the national month of exclusive breastfeeding. These volunteer women continued to work even after the period of the national campaign.

This practice has been especially advantageous when dealing with (food related) taboos and child feeding. The participation of community leaders, influential people and religious leaders can effectively fight against food taboos and other practices that undermine breastfeeding and correct child feeding.

This practice might be useful in countries where taboos related with child and/or mother food habits exist; and where women are responsible for home diets, reacting in a more positive way to peer-to-peer counselling - from same village and ethnic group -, due to cultural barriers.

2: Joint Coordination Missions

In the framework of the joint programme, all members of the Programme Management Team (PMT) and local authorities, participated in joint coordination missions that took place every quarter, in (several) project locations, ideally. These missions were specifically intended to analyze, discuss and increase field coordination between all participating actors.

These missions – normally 3 days - facilitated direct contact with local authorities, beneficiaries

and population in order to better understand project challenges, activities and impact.

The joint coordination mission practice has increased considerably coordination between all joint project actors at field level. It enabled better understanding, coherence and complementary actions among all actors, and thereby better overall efficiency of project operational activities.

The joint coordination missions had proven to be an efficient and concrete mechanism to increase Coordination at field level. This practice might be useful when projects are complex as they deal with several administrative levels (for instance line ministries, Regional authorities, local communities, etc.), include many actors and different geographic locations. It is possible (and desirable) to replicate this practice on every complex coordination scenarios, especially in countries where coordination mechanisms are weak or not reliable.

3: Sustainable School Gardens

School gardens activities had a huge success. Totally 167 school gardens were established in beneficiary school communities against 150 initially planned and 0 existent in the beginning of the JP. The volume of food production continued to increase and women associations in 71 communities replicated school gardens at the household level. There are 83 community gardens which effectively produce vegetables and provide 40% of production for school children consumption. Globally communities continued to enlarge the production area.

The over achievement in terms of number of beneficiary schools and percentage of school children reached by the JP interventions is explained on the one hand by efficiency of national partners on the regional level plus efficient support provided by the participating agency, and on the other hand by the active involvement of the school teachers, school children as well as maintenance of first replicated gardens at community level by women associations. This practice might be useful in any Food Security Project.

Lessons Learned:

1: The JP motivated and hastened the designation by the MoH of Nutrition focal points at the level of the health regions. Their training and involvement in the implementation and monitoring of nutrition activities at the operational level is already achieving improved performance in terms of numbers of children screened, treated and reported. Without the JP, and considering that there is no regular funding for nutrition interventions in the country, this designation of focal points would not have taken place.

2: Community health worker involvement has proved highly complementary with the duties of already work-overload health personnel. Effectively assuming their roles has increased the numbers of children screened and referred to treatment centres.

3: The non-inclusion in the project of provision for feeding assistance for mothers or caretakers of malnourished children admitted into nutrition treatment centres is responsible for a high dropout rate. JP through the role of UNICEF, without being able to respond to this problem will have to seek collaborative partnership with other agencies/organizations that can support food rations for mothers/caretakers of malnourished children receiving treatment at the centres.

4: When a Joint Programme is implemented, the key step that will determine its success is the program formulation phase. In this case the programme formulation phase was neglected, on the one hand due the tight deadlines required by the MDG F and on the other hand due to the underestimate implications of joint implementation by the agencies. The result is a vague logical framework with no impact and sustainability indicators.

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

The JP is introducing an innovative and interdisciplinary development work strategy seeking to reach an integrated and holistic approach for the promotion of Nutrition as top priority for the Guinea Bissau Health System. Strategy is built along a circular feedback process system, structured along with the following interlinked components: capacity building, policy making, piloting activities, and implementation of best practices.

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

Internal to the joint programme

The programme had faced challenges related to UN agencies coordination which had mainly to do with the insufficient practice of joint implementation and joint monitoring. There was high implication in joint planning and high degree of joint strategic decision making. Progresses were made in information sharing on implementation.

The difficulties related with national counterparts had to do mainly with insufficient involvement of the Ministry of Education at the central level, and insufficient involvement of regional authorities in monitoring of nutrition and food security activities. Lack of solid and efficient M&E capacity, mechanisms as well as means at regional and local levels needs also were highlighted. Reports quality at the health centers level had to be improved.

Additionally and despite advocacy efforts done, the nutrition related indicators are still not included into national health information system which impedes the country to have nutrition related data treated, managed and processed in institutionalized and sustainable manner.

It is worth mentioning that during the post coup d'état period, from April to August 2012, agencies faced significant challenges to coordinate with governmental counterparts due to absence of legitimate national interlocutors.

The original management structure of the JP did not define clearly the coordination and reporting lines among the four partner ministries. This weakens the information flow and coordination effort among national counterparts on the one hand, and causes centralized coordination by the JP coordinator seated at the Resident Coordination Office on the other hand.

Due to late annual revision and following coup d'état and thus late request and reception of funds, some agencies had limited access to funds. This caused delay in purchase and thus shortage of supplementary feeding provision from January to November 2012 and required internal effort of some agencies to continue implementing activities with internal resources while waiting for reception of funds.

Due to several priorities on the agenda of the National Nutrition Service and insufficient support from the participating agency, there was a deficiency in monitoring and support provided to radio partners of the JP.

Departure of the Communication and Advocacy (C&A) specialist within RCO who provided

support to the implementation of the C&A Strategy had weakened the JP capacity to implement efficiently the C&A strategy and its plan.

External to the joint programme

The coup d'état occurred on April 12, 2012 and the resulting political instability affected largely the implementation of the JP with a temporary suspension of all activities in the absence of the legitimate national interlocutors. Due to this situation, in July 2012, under the overall supervision of the Resident Coordinator, the JP team revised its annual work plan and strategies, adapting it to the current situation in order to be able to re-launch implementation of activities in support of all its beneficiaries. This also brought difficulties to implement some of sustainability strategy priorities identified, namely elaboration of the National Strategic Plan in Nutrition and revision and validation of the National Nutrition Policy. Finally, advocacy efforts of the JP during 2 years were partially jeopardized due to post coup d'état change of governors and of some regional directors.

The difficulties related with the national counterparts had to do mainly with low motivation of health care service providers and limited human resource capacities.

There is also limited number of implementing partners in nutrition on national level which limited the JP in investing in solid and long lasting partners of implementation as well as handing over of the JP results.

Serious problems of access to water at the community level can jeopardize sustainability of the school gardens activities.

Main mitigation actions implemented to overcome these constraints

The strategic coordination of joint efforts enhanced through regular inter agency and technical team meetings, participative decision making as well as joint monitoring and coordination missions.

In order to address the difficulties related with the insufficient involvement of the Ministry of Education at central level, the coordination held meetings with the relevant ministerial direction and new and dynamic ministerial staff - focal point for the JP - was appointed.

Strong recommendation was issued during the last joint monitoring missions to ensure urgent, due and timely support to the regional authorities to equip them with means and knowledge in order to strengthen their monitoring skills. Strong accent was put on importance of the joint coordination at the regional level. This was closely followed up by the responsible agency.

Regarding quality of the data from the health centres, health staff had benefited from refresher training and formative supervisions in order to enhance their reporting capacities.

In order to accelerate the advocacy efforts for the inclusion of nutrition related indicators into the national health information system, the issue was discussed at the level of heads of agencies and UNICEF has committed to speed up the process through institutional level advocacy.

Coordination with national counterparts resumed in August 2012 and political situation allowed regular work.

JP coordinator seated at the Resident Coordination Office provided significant support to the coordination and information sharing among the national counterparts. Besides, the Ministry of

Plan, Economy and Integration has progressively assumed role of catalyst for coordination among ministries.

Shortage of supplementary food provision was overcome and centers continued to receive regular provision.

Strong recommendation was issued during the PMC, to increase the quality of support to radio partners.

The JP used in house capacity within UNDP, namely the communication officer, to address the lack of specifically allocated staff for C&A and departure of the communication officer within RCO who supported largely the implementation of the C&A strategy and its plan.

Regarding the external difficulties, namely consequences of the coup d'état, the JP team reviewed and adapted its annual work plan to continue providing support to its beneficiaries. Finally, in order to compensate the delay in implementation caused by the temporary suspension of all activities from April to August 2012 and in order to ensure that all planned results were achieved, the JP duration was extended till June 30, 2013.

The JP team has undertaken continuous advocacy effort to ensure higher valorization of the nutrition problem at national level as well issue of access to water at community level.

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

Improvement in programme management and the attainment of development results:

The M&E results helped in the decision-making process. The data and information collected during monitoring and evaluations constituted a critical foundation for action. It helped identify problems and decided on corrective measures. Monitoring and evaluation provided critical assessments that demonstrated whether or not the programme satisfied target group needs and priorities.

Improvement in transparency and mutual accountability

Quarterly sharing of progress and estimated financial delivery to the PMC members enhanced the transparency and mutual accountability in programme implementation and management. Work plans and biannual progress reports were submitted to the PMC meetings for review, comments and approval by the PMC members. Also the reports were disseminated to the different stakeholders.

Increasing national capacities and procedures in M&E and data

The biannual monitoring reports submitted to the MDG-F Secretariat were prepared in close collaboration with 4 ministerial implementing partners of the project enhancing the government counterpart capacity in updating monitoring tools as well as increasing accountability, inclusiveness and ownership. Quarterly financial and results reports were regularly discussed in inter-agency and inter-ministerial meetings promoting joint accountability and monitoring.

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

Improve the sustainability of the joint programme

Advocacy and communication strategy of the joint programme conducted higher valorization of the nutrition problem by the government, national and international development actors, as well as their commitment to improve the nutritional status of children in order to achieve greater impact in the reduction of child mortality in Guinea-Bissau.

The JP was able to produce all listed materials in its communication plan including: Success Story Poster, Food Wheel Basket with nutrition messages, JP brochure, Nutrition Video Spot, postcards, Calendars, and Handbooks of nutrition good practices. All materials were designed in a way that enables partners to use them and were widely disseminated including to UNCT. The Nutrition Video Spot will be shared with the Communities TV, and civil society.

Improve the opportunities for scaling up or replication of the JP

Through the publications and the media products, the programme was able to disseminate the idea and importance of the MDGs and its linkage to Nutrition and Food Secutrity, and there is strong commitment on behalf of agencies, namely UNICEF, WFP, and FAO to continue to invest into nutrition and food security promotion.

Providing information to beneficiaries/right holders

Several publications and media products were developed in order to help the dissemination of the MDG and Nutrition concepts, these included the following:

- Training manuals: It is being disseminated amongst the different partners is used to replicate the trainings that have been provided.
- Brochures, Postcards, factsheets and videos: These were distributed on the different stakeholders and the communities within the targeted locations. Also five partner radios broadcast regular messages on nutrition. This provided basic information about the MDG and the linkage between the Nutrition and Health.

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

In order to ensure the sustainability of the Joint Programme, all its outcomes were fully aligned with and have contributed to the implementation of national policies and strategies such as the PRSP, the National Health Development Programme and the National Nutrition Policy.

Involvement of central level authorities, technical level staff at the central and regional levels and communities in the implementation and monitoring of nutrition and food security promotion activities contributed to stronger national and local ownership of the JP's results. Alignment and integration of community based nutrition intervention using Community Health Workers trained for the comprehensive package of high impact intervention in order to reduce morbidity and mortality, which includes nutrition. Funds mobilization efforts were done to make sure the nutrition related activities will continue to be implemented after the end of MDG-F JP.

In order to further enhance national ownership, the JP team Programme Management Committee members (4 ministries, 1 NGO, 4 UN agencies and coordination), regional authorities

representatives, focal points for nutrition and agriculture at the regional level, beneficiary and partners radios staff and directors and 2 INGOs staff operating in same geographic and thematic areas participated in a joint monitoring and coordination missions in the field. These missions allowed assessing jointly progress towards expected results of the Joint Programme (JP) and effectiveness of coordination at the regional level in the areas of intervention. Mission members ensured thorough restitution of findings of the missions to regional authorities. Recommendations of the joint mission were endorsed jointly with the regional authorities and the reports were restituted largely with all implementing partners at the central and regional level.

The JP has put significant effort in order to implement the identified key priorities for sustainability, namely:

- Reinforce operationally the synergies among nutrition and food security promotion components at the community level.
- Assisting the government in the revision of the National Protocol on Management of Malnutrition Cases according to new WHO criteria.
- Advocacy for the inclusion of nutrition related issues into school curricula.
- Reinforcing the nutrition component within the existing thematic group for food security and nutrition composed by development stakeholders.
- Support to the government in the elaboration of the National Nutrition Strategic Plan and its investment plan.
- Support to advocacy for the National Nutrition Policy operationalisation.
- Mapping of nutrition and good security interventions on national level.

It is worth noticing that the high level of engagement shown by the school children, school teachers and parents in the school gardens activities as well as maintenance of first replicated gardens at community level by women associations and the general expansion of school garden surfaces are strong signs of the sustainability of the JP's results.

Series of meetings were held within the JP team and with Heads of participating agencies, and it can be stated that there is strong commitment on behalf of agencies, namely UNICEF and WFP, to continue to invest into nutrition and food security promotion.

This sustainability strategy captures recommendations of the JP technical team, national authorities and UN agencies as well as external independent final evaluation, and thus reflects the joint vision on how programme interventions benefits are likely to continue after the closure of the project as well as on what can be done in order to continue to support the Government in its efforts to reduce child mortality. While significant progress was achieved in the areas of identification and implementation of number of sustainability tools and actions during the implementation of the JP, significant joint efforts are still to be done in terms of advocacy and implementation of tools and interventions on policy, community and multidimensional levels. The JP nutrition is the pilot programme for promotion of multi-sectorial approach to child malnutrition on national level and its recommendations for sustainability tools and interventions will be of high added value to governmental and development actors as well as civil society in their efforts to reduce child mortality through addressing child malnutrition.

IV. FINANCIAL STATUS OF THE JOINT PROGRAMME

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

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

Agency	Total budget Approved	Total Amount Transferred	Total Budget Committed	Total Budget Disbursed	Delivery rate
FAO	$608.537,00	$608.537,00	$608.537,00	$608.537,00	100%
UNICEF	$1.451.974,00	$1.451.974,00	$1.451.974,00	$1.451.974,00	100%
WFP	$242.547,00	$242.547,00	$242.547,00	$242.547,00	100%
WHO	$196.942,00	$196.942,00	$196.942,00	$196.942,00	100%
TOTAL	**$2.500.000,00**	**$2.500.000,00**	**$2.500.000,00**	**$2.500.000,00**	**100%**

VI. CERTIFICATION ON OPERATIONAL CLOSURE OF THE PROJECT

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

PUNO	NAME	TITLE	SIGNATURE	DATE
FAO	Joachim Laubhouet	Representative		
UNICEF	Abubacar Sultan	Representantive		
WFP	Ussama Osma	Representantive		
WHO	Dr Ayigan Kossi	Representantive		

VI. ANNEXES

1. List of all document/studies produced by the joint programme

JP Nutrition_Biannual Monitoring Report
Final Evaluation Report
Good Practices MDGN BISSAU

2. List all communication products created by the joint programme

MDG- F Nutrition Factsheet
Flyer MDG- Nutrition
Poster Cabaz (RCO)
Poster Success Story Awa Sila (RCO)
Card with multiplication table with Cabaz (RCO)
Stickers with nutrition messages (RCO, Elisabete)
Manual for journalists (WHO)
Manual on school garden products use FAO)
Cartaz de Mae
Cartaz roda alimentar
Calendars 2014-2015
Video Spots with Nutrition Messages
Album seriado for Health workers sensitization work (UNICEF)

3. Minutes of the final review meeting of the Programme Management Committee and National Steering Committee (please find attached)
4. Final Evaluation Report (please find attached)
5. M&E framework with update final values of indicators (please find attached).