MDG ACHIEVEMENT FUND

Section I: Identification and JP Status
Children, Food Security and Nutrition in Mozambique

Semester: 2-11

Country	Mozambique
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	
Program title	Children, Food Security and Nutrition in Mozambique
Report Number	
Reporting Period	2-11
Programme Duration	
Official Starting Date	
Participating UN Organizations	* FAO * UNICEF * WFP * WHO
Implementing Partners	* Ministry Agriculture * Ministry of Health (MOH)

Budget Summary

Total Approved Budget

FAO	$1,590,662.00
UNICEF	$1,805,090.00
WFP	$1,978,430.00

WHO	$125,818.00
Total	**$5,500,000.00**

Total Amount of Transferred To Date

FAO	$1,590,662.00
UNICEF	$1,805,090.00
WFP	$1,978,430.00
WHO	$125,818.00
Total	**$5,500,000.00**

Total Budget Commited To Date

FAO	$1,171,108.00
UNICEF	$1,561,569.00
WFP	$1,700,000.00
WHO	$87,790.00
Total	**$4,520,467.00**

Total Budget Disbursed To Date

FAO	$1,161,457.00
UNICEF	$1,561,569.00
WFP	$1,700,000.00
WHO	$87,790.00
Total	**$4,510,816.00**

Donors

As you can understand, one of the Goals of the MDG-F is to generate interest and attract funding from other donors. In order to be able to report on this goal in 2010, we would require you to advise us if there has been any complementary financing provided 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
Parallel		$0.00	$0.00	$0.00	$0.00
Cost Share		$0.00	$1,889,000.00	$690,000.00	$1,165,000.00
Counterpart		$0.00	$0.00	$0.00	$0.00

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 0-59 months with MAM	40,000	28,081	Children Under 3 Years/Female	Therapeutic Feeding Programmes
Children 0-59 months with SAM	8,000	21,145	Children Under 3 Years/Female	Therapeutic Feeding Programmes
Households with food insecurity	15,000	7,772	Families	Homestead Food Production and Diversification

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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

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

1.Consolidating the capacity building for nutrition rehabilitation (treatment ,planning and logistics, M&E, supplies and job aids) and initiating capacity building for community infant and young child feeding counselling

2.Installation of over 7,700 home gardens

3.Training of master trainers for nutrition surveillance

Progress in outcomes

It is too early to have data on achievement of the outcome (Improved health, nutritional and food security status for children by 2011).

Progress in outputs

Output 1: Support was provided to trainings in the new nutrition rehabilitation programme (covering both SAM and MAM) in five provinces and in the M&E aspects of the programme in six provinces. Health centers also received recording and reporting material and job aids to support the classification of patients, and have received the new MUAC tapes for children.

In comparison to 2010, in 2011 staff in the main health centers of the districts that received on the job training were better trained and had supporting material for screening and treatment of MAM children. WFP decided that in 2011 only the main health centres in the districts would receive support, while in 2010 secondary health centers were receiving the support, which have a much smaller case load of patients. In 2011, distribution of CSB picked up along the year. It first started quite low as health center personnel needed to be trained, but after this phase, more and more children joined the programme.

Output 2: The National Health Weeks were not supported by the MDG-F in 2011.

Output 3: A total of seven NGOs/CBOs (three in Maputo city and four in Nampula city) have been selected to implement nutrition education and horticulture activities with vulnerable households in 10 neighbourhoods. In Nampula the NGOs are: i) Kulima, ii) UGCAN (União Geral dos Camponeses de Nampula), (iii)Solidariedade Zambezia and iv)Nivenyee. In Maputo the NGOs are i) Kulima, ii) AES (Association of Educational activities for Health), and (iii) Kuyakana. The selected NGOs signed MoUs in February and March 2010 to reach 7,500 households in Nampula and 7,000 households in Maputo with knowledge and skills in horticulture and nutrition to enable them to improve their dietary practices and reduce malnutrition. Six MoUs with NGOs with expiry date at end September 2011 were extended up to March 2012. The MoU with Nivenyee was not extended due to its performance and midterm evaluation recommendations.

In earlier reporting periods, 62 trainers of activists have been trained in Horticulture and in Nutrition Education, and between May and September they have trained 450 activists

from the NGOs (300 in Nampula and 150 in Maputo). After the training, the trainers of activists installed 442 model gardens (142 in Maputo and 300 in Nampula) in their houses and started a process of training the targeted households in horticulture and nutrition. So far, 7,772 families (2,297 in Maputo and 5,475 in Nampula) have been trained and started planting their home gardens.

Supplies to establish the "model gardens" of the activists and the household gardens have been purchased and distributed to the activists and families. This includes the following items; for the activists: (i) 445 hoes; (ii) 445 rakes; (ii) 445 pruning scissors; (iii) 445 measuring tapes (5m); (iv) vegetable seeds and fruit tree seedlings. For the households: 10,000 hoes; and 2,308 kg of vegetables seeds (lettuce, carrots, cucumber, tomato, spinach, kale and green beans).

The activists have started to implement community based nutritional activities in both cities, covering 13,263 households (10,155 in Nampula and 3,108 in Maputo). The topics ranged from infant feeding to basic sanitation and include: exclusive breast feeding, supplementary feeding, feeding practices for pregnant woman, to food hygiene, and environmental and personal hygiene. In this context, 2,674 awareness sessions have been conducted in Nampula (2, 506) and Maputo (168). The activists carried out 823 cooking demonstrations (784) in Nampula and (39) in Maputo and conducted 962 theatre presentations (12 in Maputo and 950 in Nampula). In addition, the activists have performed 187 home visits in Maputo with the objective of reaching those beneficiaries which have missed the awareness sessions and other nutritional education activities.

A refresher training in nutritional education, for the teachers trained in 2010, using the "Vamos Comer Manual" was conducted in both cities benefiting 33 teachers (Maputo 21 and Nampula 12). The other 8 teachers did not participate due to time constraint. During supervision visits especial attention will be given to these teachers.

With regards to the fruit tree components of this project; a total of 25,440 trees have been purchased and distributed in Maputo (9,400) and Nampula (16,040) to the households and to 10 schools.

The Knowledge, Attitudes and Practices (KAP) study on food habits and nutrition knowledge of the beneficiaries was concluded and discussed with implementing partners. The results showed that:
(i) there are great similarities between beneficiary and non-beneficiary households in terms of socio-demographic characteristics, except the average number of household members and the level of education of the household head;
(ii) the main sources of the income are employment, business and cropping, being the monthly household income very close to the minimum national wage in 2011;
(iii) the most important household expense is related to the purchase of food , including vegetables, which represents 30% of the household's monthly expenses;
(iv) almost all the households from both cities already produced vegetables and showed interest in continuing the gardening activity having availability of space and water for it;
(v) the number of households producing and selling vegetables is higher in Maputo (cabbage and lettuce) than in Nampula (tomato, cabbage and lettuce);

(vi) there is a lack of knowledge and skills and tools for gardening as well as for vegetable processing; and
(vii) there is a lack of knowledge and skills related to feeding practices for children and for pregnant women; there is also poor knowledge of all matters related to health, nutrition and hygiene practices in children from primary schools;
The study includes some recommendations for implementation.

Training materials both for nutritional education and horticulture have been produced or revised as needed.

FAO Headquarters provided a one-week Nutrition Education and Consumer Awareness Group Technical Backstopping Mission in November, 2011. The mission focused on reviewing the implementation of the project as well as the plan for the implementation of the recommendations of the mid-term evaluation.

With regards to the support to improve nutritional surveillance: WHO provided support to training a core group of five health/nutrition staff at the Ministry of Health's central level in the Anthro software as a first step. These people will undertake cascade training of provincial and district teams, which is expected to take place during the first quarter of 2012. The funds for the follow up training of about six health workers per province have already been transferred. IT materials have been purchased to facilitate implementation at the sentinel sites.

Training materials on IYCF counselling were updated and are being finalized before the national training scheduled for February. The Nutritional Education and Promotion of Food Hygiene component will be done together with the training of the activists.

Several activities were undertaken for the promotion and support for improved infant feeding practices. In the context of the World Breastfeeding Week in August, the development and distribution of radio and television spots was supported, as well as local activities in one province (Inhambane). Instructional materials for the Baby Friendly Hospital Initiative (BFHI) were produced and distributed, and the training of health workers in two hospitals (in Maputo City and in Beira, the capital of Sofala Province) was supported.

Lastly, support was provided to the Ministry of Health for the training of community health workers in twenty districts in two provinces (Maputo and Tete), in a new community counselling package on infant and young child feeding. These community health workers are expected to train mothers and community workers who coordinate mother support groups.

Measures taken for the sustainability of the joint programme
Capacity building and involvement of national actors (Government and non Government) have been cornerstones of the activities to date. These measures will ensure that activities can be sustained in the long term. It is understood that several activities will be continued with funds from the other donors and/or the Government. Most of the JPs activities are also included in the UNDAF for 2012-2015. A detailed exit strategy will be developed in the course of 2012.

Are there difficulties in the implementation?
Administrative / Financial

What are the causes of these difficulties?
Other. Please specify

Government capacity and organisational procedures.

Briefly describe the current difficulties the Joint Programme is facing
Output 1: The reporting of nutrition rehabilitation data on time and of good quality remains a challenge. The situation has been improving, but staff changes at the Ministry of Health led to loss of some institutional memory. All provinces and districts have now been trained in the new recording and reporting systems, but the reproduction and distribution of the relevant materials has not yet been completed so not all sites can implement the new system.

In the field level agreement that WFP has with Provincial Health Directorates (DPSs), the latter are responsible for the transport of CSB to the health centers where this should be

distributed to the beneficiaries. However, several delays were observed, due to which several health centers did not have CSB for some time. This was partly caused by the limited financial management capacity of the DPSs.

In the month of November, WFP was not able to deliver CSB to the DPS in the south of the country because the producer of CSB suffered some delays in its delivery. However, this was normalised in December.

There are still challenges in proper classification and registration of children. This could be due to the continuous movement of health personnel – trained staff is moved to another health center and new staff has not been trained.

It has been observed that many health centres are giving CSB to children with SAM (without complications) when there is insufficient RUTF available (due to insufficient planning and forecasting at the local level). However, since these cases are reported under SAM, and the reports do not distinguish the nutritional supplement distributed, these cases are not included in the cumulative number of children that received CSB. In sum, it is likely that more children are receiving CSB than what is reported.

FAO faced delays in the recruitment process of staff and consultants at the start-up of the programme for the activities under Output 3, which still impacts on timely achievement of results in the nutrition and horticulture component. For this reason the programme benefited of an extension up to mid 2012. The low performance of two NGO´s (Nivenyee in Nampula and Kuyakana in Maputo), observed by the midterm evaluation, led to the termination of MOUs after 31 December, 2011.

Briefly describe the current external difficulties that delay implementation
There are no external difficulties that impact on the implementation of the Joint Programme.

Explain the actions that are or will be taken to eliminate or mitigate the difficulties
Output 1: New, more user friendly monitoring tools have been designed for the nutrition rehabilitation programme (which includes supplementary feeding and treatment of severe acute malnutrition). Provincial and district health staff and trainers have been trained in these new protocols and registration materials. Monitoring and supervision will be strengthened to ensure that health centres are applying the new criteria and using new material correctly. The UN agencies will work closely with Government counterparts to guarantee that the data are reported and shared on time. WFP food monitors are trying to support health centres in preparing monthly reports correctly and on time.

Provincial and District Health authorities are supported financially and technically, so that distribution of CSB+ runs smoothly, and occurs on time. The support will focus on the larger health centres and not on the smaller health centres and health posts. This will reduce the distances. Moreover, the smaller health centres and health posts had a smaller case load, making the programme less cost-effective.

WFP is also trying to expand the capacity for the local production of CSB+, which will mean less reliance on imported CSB+ and less pipeline breaks as well as a CSB with a longer shelf life.

Output 3: Efforts continued to be made to compensate for the delays in the urban gardening component. After the review and evaluation of project activities carried out during the second trimester of 2011, measures to overcome the above mentioned delays were implemented. Those measures included the training of 62 trainers of activists and support these to train 450 activists selected within the beneficiary families. Each activist installed a “model garden” at his/her house to serve as a training and demonstration site for the families in the neighbourhood and stated implementing the training of families, with aim of reaching the project target of 15,000 families.

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 regular coordination meetings between the agencies involved were maintained.

One MDG-F inter-programme meetings was held in the second semester of 2011. One Programme Management Committee (PMC) meeting was held, to discuss the findings of the mid-term evaluation. The four UN agencies involved also coordinated their work for the preparation of the next UNDAF (2012-2015).

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	2	Meeting reports	JP Coordinator
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	1	Meeting minutes	MDG-F JP Secretariat
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	0	N/A	N/A

The nature of the JP is such that financial management and procurement are undertaken by the individual agencies in line with their rules and regulations. No joint missions were undertaken in 2011; one is planned for 2012.

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

Who leads and/or chair the PMC?
The Ministry of Health

Number of meetings with PMC chair
1

Is civil society involved in the implementation of activities and the delivery of outputs?
Not involved false
Slightly involved false
Fairly involved true
Fully involved false

In what kind of decisions and activities is the civil society involved?
Management: service provision

Are the citizens involved in the implementation of activities and the delivery of outputs?
Not involved false
Slightly involved true
Fairly involved false
Fully involved false

In what kind of decisions and activities are the citizens involved?
Management: service provision

Where is the joint programme management unit seated?
UN Agency

Current situation
The supplementary feeding activities are led by the Ministry of Health. The treatment protocols and training manuals are developed jointly with UN and other partners and are official MoH documents. A Tripartite Agreement between MoH, UNICEF and WFP further guides these interventions.

The National Health Weeks are led by the Ministry of Health, with active involvement of civil society actors in the delivery of services.

For the urban gardening interventions, there is close and day-to-day collaboration with municipal councils. Local NGOs and CBOs are closely involved in the delivery of services and seven such organizations have been identified.

Nutrition surveillance activities are implemented by the Ministry of Health. The activities related to infant and young child feeding are mostly implemented by the Ministry of Health. The Ministry invited NGOs to be trained as trainers in community based infant and young child feeding counselling, so that they can contribute to the scaling up of this activity.

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 goal is to accelerate the progress towards the MDGs via awareness raising, strengthening support and actions for the MDGs and involvement of citizens in policies and practices. For nutrition, the development of a multisectoral action plan for the reduction of chronic malnutrition was supported by the four agencies collaborating for this Joint Programme. The plan was approved by the Council of Ministers in September 2010.

What concrete gains are the adovacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?
Increased awareness on MDG related issues amongst citizens and governments
Key moments/events of social mobilization that highlight issues

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 1
Social networks/coalitions 7
Local citizen groups
Private sector
Academic institutions
Media groups and journalist
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?
Use of local communication mediums such radio, theatre groups, newspapers

Section III: Millenium Development Goals
Millenium Development Goals

Additional Narrative Comments

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

The Joint Programme is contributing to the achievement of MDG-1 (Poverty and Hunger) since it provides short-term and long-term interventions to improve nutritional status and food security. A contribution is also made to MDG-4 (Child Mortality), since the interventions also contribute to reduce children's risk of becoming sick or dying.

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

The reporting formats are not very user friendly (in particular the text boxes and the financial data in a Word (as opposed to Excel) table). It is recommended to find a more user friendly format. The on-line uploading option inhibits sharing of draft documents and it requires the development of duplicate documents (the original report and separate pieces to upload on the website), as well as double data entry (Word and web site).

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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

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

Children under 2
Total
No. Urban
No. Rural
No. Girls
No. Boys

Children from 2 to 5
Total
No. Urban
No. Rural
No. Girls
No. Boys

Children older than 5
Total
No. Urban
No. Rural
No. Girls
No. Boys

Women
Total
No. Urban
No. Rural
No. pregnant

Men
Total
No. Urban
No. Rural

1.3 Prevalence of underweight children under-five years of age

National % 18%
Targeted Area % 18%

Proportion of population below minimum level of dietary energy consumption
% National not available
% Targeted Area not available

Stunting prevalence
% National 44%
% Targeted Area 44%

Anemia prevalence
% National 51%
% Targeted Area 51%

Comments
The targets and information available in Mozambique all refer to children from 0-59 months of age (6-59 months for some interventions). Therefore, the table could only be completed partially.

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 1
Local
Urban 2
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 1
Local 1
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 1
Local 1
Urban
Rural
Girls
Pregnant Women
Boys

Therapeutic feeding programmes
National 1
Local
Urban
Rural
Girls 10,572
Pregnant Women
Boys 10,573

Vaccinations
National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Other, specify
National Supplementary feeding pr. 1
Data are not disaggregated by gender so they are spilt in two.
Local
Data are not disaggregated by gender so they are spilt in two.
Urban
Data are not disaggregated by gender so they are spilt in two.
Rural
Data are not disaggregated by gender so they are spilt in two.
Girls 14,000
Data are not disaggregated by gender so they are spilt in two.

Pregnant Women
Data are not disaggregated by gender so they are spilt in two.
Boys 14,081
Data are not disaggregated by gender so they are spilt in two.

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
Local

Plans
National 2
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 1
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**
Joint Programme Outcome: Improved health, nutritional and food security status for children by 2011	Percentage of under 5 year old children with underweight Percentage of households with improved dietary diversity	18% in 2008 VAC 2009 (SETSAN): 18.3% of households had a borderline score, 9.3% had a poor score and 72.4% had a good score	13% by 2015 (Government target – ESAN II) No target set	No new information available VAC 2010 (SETSAN): 22.6% of households had a borderline score, 11.2% had a poor score and 66.2% had a good score	Surveys Vulnerability Assessments	Surveys every 2-3 years Annually	MoH/National Statistics Institute (INE) Technical Secretariat for Food and Nutrition Security (SETSAN)	Risk: Low capacity of service providers Assumption: Good intersectoral collaboration

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**
Output 1: An effectively functioning and expanded system to treat severely and moderately malnourished children is operational in programme areas by the end of 2011.	# of moderately malnourished children reached. # of severely malnourished children and pregnant women reached.	11,527 in Sept. 2008 5,577 children in 2008, no data for pregnant women	Up to 40,000 per year Up to 8,000 children and 4,000 adults, including pregnant women, per year	28,162 (DPS/MoH data January - December for CSB; end Sept. for RUTF) 21,145 children (DPS/MoH data January-end September)	Provincial Health Directorate (DPS DPS/MoH program reports	Monthly, annually Monthly, annually	DPS/MoH DPS/MoH	Risks: Delays in reporting, delays in distribution of food items. Weak nutritional screening in the health centre which will lead to low coverage and distribution of CSB to SAM cases. Assumptions: Intervention protocol approved and disseminated timely Close collaboration between central and provincial levels
Output 2: An effective way of delivering key preventative interventions to children <5	# of children <5 reached with micro-nutrient supplementation	Second round 2008: 3,503,905	Up to 3.5 million children per round	3,440,770 Children in Round 2 of 2009, 3,787,289 in Round 1 of 2010 and 3,352,132 in Round 2 of	DDS/MoH program reports	Monthly, annually	DDS/MoH	Risk: Delays in distribution of Vitamin A supplements Assumption: Mobile teams functioning well

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
				2010				
Output 3: An effectively functioning and expanded system to promote improved and diversified diets and knowledge on nutrition included in IYCF.	# of households with improved diversified diets # of households with improved nutrition knowledge # of neighbourhoods with tree planting programme # implementing the MoH Infant Feeding Policy and Strategy on the Promotion, Protection and Support of Breastfeeding # of districts with nutritional surveillance in place	Not available Not available 0 0 0	15,000 15,000 10 11 20	7,772 HH trained 13,263 HH trained 10 9 0 (38 districts have nut. surv. but they do not yet report in the new	Survey Survey MINAG reports DDS/MoH Reports DDS /MoHReports	Annually Annually Annually Report from activities Monthly collection data from sentinel site	MoH/SETSAN MoH/SETSAN MINAG MoH / DDS MoH / DDS	Risks: Lack of adequate staff capacity (number and skills) Weak intersectoral collaboration at provincial and district levels. Assumption: Households capable of applying new knowledge

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
	# of districts implementing actions improving food safety and nutrition practices	0	20	format) This intervention has not yet been initiated	Survey	Annually	MoH/SETSAN	

JP outputs 1, 2 and 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**	**Estimated % Delivery rate of budget**
Output 1: **An effectively functioning and expanded system to treat severely and moderately malnourished children is operational in programme areas by the end of 2011.**	Supplementary feeding programme implemented jointly by the Ministry of Health (MoH), WFP and UNICEF for moderately malnourished children in 48 districts; Capacity building and supervision of health and NGO staff in 48 districts for supplementary feeding, (including logistics).		X		UNICEF	MoH (central,provincial and district)	167,000	88,001	88,001	53%*
		X	X	X	WFP		1,750,000	1,601,000	1,601,000	92%
	Management of severe acute malnutrition in inpatient and outpatient settings in all provinces		X	X	UNICEF	MoH (central,provincial and district)	110,000	149,101	149,101	136%*
	Support for nutritionally enhanced products	X	X	X	WFP	MoH (central,provincial and district)	99,000	99,000	99,000	100%
	Support to MoH in integrating Nutrition surveillance into the National surveillance system		X		WHO	MoH (central,provincial and district)	95,587	85,990	85,990	90%