



# FINAL NARRATIVE REPORT

**Albania**

Thematic window  
Children, Food Security & Nutrition

**Programme Title:**

Reducing Child Malnutrition in Albania

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Augusts | **2013**

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# Prologue

The MDG Achievement Fund was established in 2007 through a landmark agreement signed between the Government of Spain and the UN system. With a total contribution of approximately USD 900 million, the MDG-Fund has financed 130 joint programmes in eight Thematic Windows, in 50 countries around the world.

The joint programme final narrative report is prepared by the joint programme team. It reflects the final programme review conducted by the Programme Management Committee and National Steering Committee to assess results against expected outcomes and outputs.

The report is divided into five (5) sections. Section I provides a brief introduction on the socio economic context and the development problems addressed by the joint programme, and lists the joint programme outcomes and associated outputs. Section II is an assessment of the joint programme results. Section III collects good practices and lessons learned. Section IV covers the financial status of the joint programme; and Section V is for other comments and/or additional information.

We thank our national partners and the United Nations Country Team, as well as the joint programme team for their efforts in undertaking this final narrative report.

MDG-F Secretariat

**FINAL MDG-F JOINT PROGRAMME  
NARRATIVE REPORT**

<b>Participating UN Organization(s)</b> UNICEF ( lead agency), WHO, FAO	<b>Sector(s)/Area(s)/Theme(s)</b> Children, Food Security and Nutrition
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<b>Joint Programme Title</b> Reducing Child Malnutrition in Albania	<b>Joint Programme Number</b> <b>MDG-F 2035</b>
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<b>Joint Programme Cost [Sharing - if applicable]</b>  <b>[Fund Contribution]:</b> USD 4,000,000  <b>Govt. Contribution:</b> USD 0 <b>Agency Core Contribution:</b> USD 0 <b>Other:</b> USD 0 <b>TOTAL:</b> USD 4,000,000	<b>Joint Programme [Location]</b>  <b>National level for some of interventions</b>  <b>Regions: Kukes, Shkoder ,Tirana peri- urban</b>  <b>District(s)</b>
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<b>Final Joint Programme Evaluation</b>  <b>Final Evaluation Done</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Evaluation Report Attached</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of delivery of final report: August 2, 2013</b>	<b>Joint Programme Timeline</b>  <b>Original start date</b> January 2010 <b>Final end date</b> June 2013
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**Participating Implementing Line Ministries and/or other organisations (CSO, etc)**  
**Ministry of Health, Ministry of Agriculture, Ministry of Education, Ministry of Social Affairs,  
 Institute of Public Health, INSTAT, Institute for Development of Education, School of Medicine**

**Report Formatting Instructions:**

- Number all sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point \_ Times New Roman.

## I. PURPOSE

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

In spite of considerable progress since 1990-ies, relatively low U5 mortality rates (22 per 1,000 according to ADHS 2008-09) and good exclusive breastfeeding rates in the first months of life, Albanian children face multiple nutrition problems including high rates of stunting and overweight, disparities in health and nutrition status and micronutrient deficiencies. According to Albanian DHS 2008-2009, the country is faced with the double burden of malnutrition: 19% of children under the age of 5 are stunted and at the same time 22 % are overweight. About 17% of children aged 6-59 months and 19% of women have some level of anemia. Poverty, household food insecurity and poor infant and child feeding practices all contribute to malnutrition. Stunting indicates chronic malnutrition and is more common in mountainous rural regions (28%) than in urban areas of Tirana and Central region. Similarly, anemia rates are considerably higher in rural areas than in urban areas; it is more common in children of mothers with no education and for lowest wealth quintile.

Despite a high economic growth, Albania remains one of the poorest countries in Europe. According to estimates by the World Bank (2009), the poverty headcount ratio at national poverty line was 18.5% in 2005 and 12.4% in 2008 ([www.data.worldbank.org/country/albania](http://www.data.worldbank.org/country/albania)). The UN in Albania ([www.un.org.al](http://www.un.org.al)) also reports that approximately 3.5% of Albanians live in extreme poverty, i.e. on less than \$1/day. The UN further notes that there are substantial disparities between urban and rural areas, and that poverty is more widespread in rural and mountainous areas. The current poverty profile includes large and young families with small children, often with the head of household unemployed.

Studies have also shown a close co-relation between the nutritional status of expectant mothers and IMR, particularly with regards to delivery, where anemia is a predisposing factor for poor obstetric outcome, as well as on the growth of the child. It can be seen therefore, that in addition to household poverty, lack of access to sufficient and quality food, poor educational status of mothers and inadequate health care services are the major contributing factors to infant and child mortality. The combined effect of these factors manifests in a double-edged problem of malnutrition in which Albania faces both stunting and over-weight. Recent studies have indicated that 19% of children under-five years are stunted and 22% are over-weight. These data are also confirmed by studies conducted as part of the JP baselines surveys, which showed that only 41% of children under-six months were exclusively breastfed; and for children 6-23 months old, only 38% are appropriately fed according to recommended infant and young child feeding (IYCF) practices.

The same studies also showed high anemia rates among children 6-59 months (19.3%) and women of reproductive age (18.9%). There is a significant inverse relationship between anemia among children 6 – 59 months and household incomes. 35% of the children suffering from anemia were from high income households, while almost double that rate, 64% were from low income households. Shkodra and Kukes had the highest incidence of anemia and malnutrition, as well as being among the most food insecure regions. Also interestingly, in these regions, women were less likely to participate in overall management of the food budget and decisions about daily household expenditures.

Household food insecurity levels are high in the North and pronounced in sub-urban areas of the capital, with 43% and 34% of the population, respectively, stating to the baseline food and nutrition survey in 2010 that they had difficulty in buying food for their families in the previous six months.

The dramatic political and socio-economic changes of the past fifteen years have increased the vulnerability of Albanian children to malnutrition and health care. Many Albanian children, especially those from poor families face a great risk of exclusion. Social policies that adequately address the needs of children and ensure a protective environment are incomplete. The existing social assistance mechanism, while providing benefits, fails to ensure health care and nutrition of children. The current Food and Nutrition Action Plan (FNAP) 2003-2008, has mostly bypassed the need to immediately address the food insecurity and malnutrition situation of the population, especially of the most disadvantaged sections of society and the most vulnerable groups of children and women. At the beginning of the JP there was no mechanism at high GoA level to oversee, discuss and decide on priorities for investments in food security and nutrition through health sector and partner channels.

In the past the Ministries of Health and Agriculture have focused their interventions mainly on food safety and have overlooked the issues related to nutrition and food security. Lack of data for policy development and action, inadequate capacities in public health nutrition and insufficient warning systems to help identify food security problems and plan interventions to improve nutrition situation are contributing to malnutrition among women and children clearly among the highest in the region.

Taking into consideration the nutrition situation of women and children in Albania, a Joint Programme on Nutrition, funded by the MDGF-Spanish Government, was developed jointly by UNICEF, WHO, FAO and the Albanian Government to help place nutrition and food security higher on Government agenda and design interventions focusing directly to most marginalized population groups.

The Joint Programme “Reducing malnutrition in children in Albania” started in January 2010. Its duration was initially planned for 3 years, with 6 months extension until June 2013 granted afterwards. The Programme aimed to implement multi-sectoral interventions in high risk rural and peri-urban communities, in combination with strengthening the national policy development, building of partnerships, systematic capacity development of health sector and that of food and agriculture experts in issues related to nutrition and household food security.

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

The results matrix was revised following recommendation from MTE

**Outcome 1** – Increased awareness of nutrition as a national development priority at all levels

Output 1.1 Strengthened advocacy for nutrition

Output 1.2. Strengthened national and local capacities for data collection and utilization of data on food, health and nutrition

Output 1.3. New National Food and Nutrition Action Plan developed

Output 1.4: National food security and nutrition surveillance system strengthened

**Outcome 2:** Coordination and capacities to design, implement and monitor nutrition and food security interventions are enhanced at all levels

Output 2.1. Community based intervention models to address malnutrition and household food in security developed, and tested.

Output 2.2. Capacity of health providers in target areas enhanced to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counseling.

Output 2.3. Communication for behavior change strategy targeting families and communities for improved care and feeding practices for mothers and children, implemented in target areas.

**Outcome 3-** Public health nutrition repositioned within the primary health care services

Output 3.1 Capacities of academic staff for developing public health nutrition curricula strengthened

Output 3.2 Supportive supervision mechanisms in health sector strengthened to include delivery of interventions aiming at reducing malnutrition

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

The Mid-term evaluation reported that the JP is very relevant in the context of the development objectives of Albania and is adequately aligned with the government’s priorities and strategies as well as the overall goals of the UN as articulated in the UNDAF.

The JP supports the priorities of the Government of Albania in the areas of health, agriculture, education, social protection and social inclusion.

**Figure 1:** Albania Strategy Frameworks aligned to JP Interventions

Strategy Framework	Goals, Priorities and Strategies
National Strategy for Development and Integration 2007 -2013.	Strategic Priority 3 of the NSDI - rapid, balanced and sustainable economic, social and human development which has as its strategic goal to reduce the infant mortality rate.
The National Strategy for Health in Albania 2007-2013.	Increase of access to the effective health services by reducing financial, geographical and cultural barriers and providing widespread free essential public health services
Agriculture and Food Sector Strategy 2007 – 2013.	To develop agriculture in a harmonized and diversified way so that the country would be able at any time to meet its food needs.
Inter-sectoral Rural Development Strategy 2007 – 2013.	To contribute to a fair development of all rural regions in Albania, and reduce poverty among rural population.
Social Inclusion Strategy 2007-13	Highlights the impact of child poverty, inadequate nutrition and poor access to health services to health and nutrition outcomes and has a strong focus on vulnerable groups.
National Children’s Strategy and Action Plan 2005-2010	Includes objectives for reducing infant and child mortality and improving maternal and child nutrition

All key results contribute to national priorities reflected in NSDI, more specific contributions to sectors strategies and plans include:

- Expanding the knowledge base on Nutrition and food security – the JP provides first time data on causes of anaemia, and comprehensive data on food security especially in vulnerable regions of the country.
- Research on nutrition and food security has contributed to advocacy for more investments in nutrition.
- Development of the new FNAP was based on critical review of existing plan, costed and approved by line ministries, selected activities already incorporated in the MTBF.
- Contribution of the JP to development of NISARD (National Strategy for Agriculture and Rural Development 2014-2020) to strengthen focus on food security and social inclusion.
- Contribution to the PHC reform through health sector intervention , trainings of health personnel, revision of supportive supervision framework, improved quality of service delivery
- Contribution to the education sector reform related to curricular framework through development of modules for nutrition education in compulsory school.
- Inputs of the JP to the ongoing reform in social protection sector aim at strengthening the role of social protection programmes to enhance nutrition investments through revising the scoring system for enrollment in economic aid of nutritionally vulnerable populations and combination of cash transfers with nutrition services ( growth monitoring and nutrition counseling) and products( food supplements).

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

The activities of the JP have been structured to complement each other and are closely interlinked to prevent the various components of the JP from running in parallel as separate sub-programmes.

The MTE noted that “the programme implementation is undertaken jointly by all relevant stakeholders. This is a very significant finding as...is one of the few programmes where a JP is actually jointly implemented”.

Government partners and UN agencies met regularly in quarterly PMC meetings where government focal points were reporting on progress of implementation and future plans. Annual work plans were jointly developed through a consultation process with UN and government technical persons involved in the JP. Plans and progress were periodically discussed in formal forums with key stakeholders at local level through regional workshops organized twice a year.

More specific details on joint work are illustrated by the following results:

All research activities and most notably the **Baseline food and nutrition survey** were jointly planned, implemented and monitored. Regular meetings with combined missions from WHO and FAO Regional offices and government partners (MOH, MOA, INSTAT, IPH) were held to prepare the survey tool. WHO contracted INRAN to provide technical assistance and all three agencies (WHO, UNICEF, FAO) jointly supported the field work by transferring funds to the IPH. The management and monitoring of field work was done jointly by IPH and INSTAT. Second level supervision was organized with technical officers from UN agencies and representatives from MOH,

MOA and INSTAT. Public health departments were very helpful throughout the field work phase and especially to organize collection of specimens for biomarkers of anaemia.

**Strengthening the capacities of local government units** for planning implementation and monitoring of food security and nutrition interventions. Interventions at LGU level were jointly supported by government partners (MOH, MOA), local Public Health and Agriculture departments, and UN agencies (UNICEF, WHO, FAO). UNICEF, in consultation with other partners, contracted Partners for Development ( Pfd) for implementation of interventions. Training modules for the local teams were jointly prepared by a team of experts from IPH, MOA and Pfd with technical support from UNICEF, FAO and WHO. Combined teams with representatives from MOH, MOA and local sectors representatives attended all advocacy meetings with local governments/ heads of the communes to discuss involvement of local governments and preparation of the local food and nutrition management plans. Following approval of the plans, the local teams identified a priority and translated it into a small project with 50% contribution by local governments and the JP. Project proposals from local teams were presented in front of a selection committee composed of representatives of Pfd, regional public health and agriculture departments, agency for development of mountainous areas (MADA), UNICEF, FAO and UNICEF. Monitoring of all steps of implementation was organized jointly by government and UN partners.

**Capacity development of health personnel** was jointly developed by MOH, IPH, School of Medicine, UNICEF and WHO. A technical working group ( TWG) was established with experts from MOH, IPH and School of Medicine. UNICEF provided technical support and resource materials along with WHO. Regional Departments of Public Health implemented the training with funds channelled from UNICEF.

**Strengthen national food security and nutrition surveillance system** – A TWG was established with representatives from MOH, IPH, MOA, INSTAT, Ministry of Social Affairs and was supported by an international consultant contracted by FAO. Household food security and dietary diversity scales developed with support from FAO were important tools that can be used in future surveys.

Trainings implemented under output 1.2 provided a set of ready available instruments to analyse food and nutrition security information and enhanced capacities of Albanian experts to use them efficiently under the food and nutrition surveillance system. The work of TWG on child nutrition surveillance was based on previous work and inputs by the JP and was composed by experts from IPH, MOH, Health insurance fund and Ministry of Agriculture supported technically and financially by UNICEF with inputs from technical officers of FAO and WHO. Results of the TWG were elaboration of Food and nutrition surveillance framework and preparation of software and training package for the selected indicators to be collected through the surveillance system.

Development of **FNAP 2013-2020**- the MOH and MOA have lead the formulation process. WHO provided technical expertise in the critical analysis of the existing FNAP. FAO and UNICEF supported technically the process. The TWG for elaboration of the new FNAP was composed of representatives from 5 line ministries that were signatories of the MOU (Health, Agriculture, Education, Social Affairs and Finance). Frequent consultation meetings were held with the TWG members to write specific sections of the document and discuss progress in preparation. Missions

from Regional offices of FAO and WHO were coordinated with schedules of technical meetings with national experts.

Development of **national curriculum for nutrition education** in compulsory education. Resource materials for teachers and students in Grades 1 – 9 (teacher’s book and pupil’s book) were developed jointly by the Institute of Public Health (IPH) and the Institute for Development of education (IZHA) based on MOU nr 147, dt 18.04.2011, signed between two institutions. Working together for a healthy nutrition was the tagline of collaboration between health and education sectors at central but also local level. Around 80 teachers and health personnel were involved in joint consultation roundtables and expressed their opinions on the cooperation between health and education sectors. The national conference on school, curricula and nutrition education focused on increased awareness on nutrition and the best practices of implementation in practice of the new nutrition curriculum package. UNICEF provided financial and technical inputs to the process. FAO and WHO provided support in preparation of the resource materials.

## II. ASSESSMENT OF JOINT PROGRAMME RESULTS

### a. Report on the key outcomes achieved and explain any variance in achieved versus planned results. The narrative should be results oriented to present results and illustrate impacts of the pilot at policy level)

The JP addressed malnutrition at two levels; (i) the national policy level aimed to create a conducive and enabling environment in which national and local actors could develop, fund and implement effective programmes to combat malnutrition, and (ii) local level interventions to build and strengthen awareness, local capacities and institutional mechanisms for addressing household food insecurity and malnutrition. The logic of the model was to build mutual accountability between the *duty-bearers* (national and local government authorities) and the *rights-holders* (individuals, households and communities) through participatory and collaborative decision-making and action.

#### **Outcome 1 – Increased awareness of nutrition as a national development priority at all levels**

**Outcome achieved.** The JP contributed in increasing awareness of nutrition as national development priority among key sectors at national and local level through facilitating a multi-sector approach and development and implementation of an effective communication and advocacy strategy.

An important institutional framework for inter-sectoral collaboration was established with the MOU signed by five line ministries (Health, Agriculture, Education, Social Affairs and Finance) to address malnutrition and food insecurity issues. The national and local capacities were strengthened for evidence based decision making through implementation of several important surveys and research activities that expanded the knowledge base on situation and determinants influencing nutrition and food security in Albania.

Institutional capacity development activities for nutrition data collection, analysis and decision making contributed to the development of the new Food and Nutrition Action Plan (FNAP 2013-2020) which forms the basis of institutional commitment and future collaboration among sectors to achieve nutrition and food security targets.

The JP has provided policy and decision –makers with specific evidence and enabled them to focus strategies and plans towards relevant results. The research activities conducted under the JP provide

evidence –based information to stratify population according to levels of vulnerability enabling specific targeting. The JP has also provided evidence-based information to help the government identify critical roles and responsibilities of different line ministries and develop a multi-sectoral strategy to tackle the complicated challenge of malnutrition.

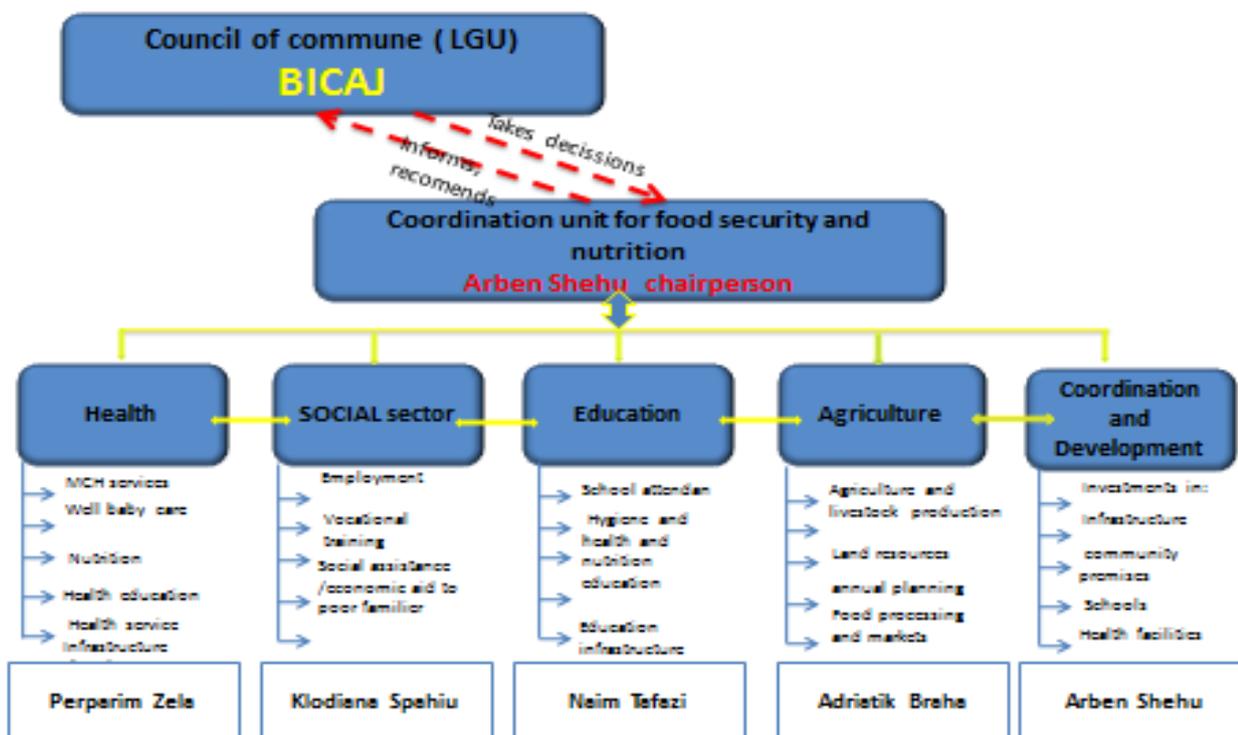
Development of the new food and nutrition action plan (FNAP) was based on in depth assessment and analysis of the implementation of the existing FNAP through a comprehensive participatory process involving line ministries, local authorities and civil society. The process of development of FNAP helped line ministries ( Health, Education, Agriculture) identify immediate actions related to food and nutrition that were subsequently included in the MTBF 2014-2017.

**Variance from expected results:** The establishments of the high level inter sectoral mechanism is not finalized but is work on progress and foreseen in the new FNAP. The approval of a detailed plan of action with attached budgets was identified by the Albanian government as a prerequisite to establish a high level intergovernmental mechanism that will oversee the implementation of the plan (FNAP 2013-2020).

## **Outcome 2: Coordination and capacities to design implement and monitor nutrition and food security interventions are enhanced at all levels.**

**Outcome achieved.** Interventions of the JP have contributed to improved knowledge, skills and participation of national, regional, district authorities and local governments in understanding food and nutrition situation, design and formulation of community based plans to improve food and nutrition security. Models of sector and cross sector interventions were developed with participation of key stakeholders at regional and local levels to address malnutrition and household food insecurity. Capacity development of around 435 primary health care workers provided them with necessary knowledge, skills and tools to improve coverage and quality of growth monitoring of young children and nutrition counseling. Comparing results of two supportive supervision rounds, it was shown that the use of child growth chart was improved from 57 % to 75% of cases observed, and the counseling of mothers by health personnel on breastfeeding was increased by 63%. The use of the child growth assessment was institutionalized by the order of the Minister of Health for mandatory use of the new growth charts in all primary health care facilities. During the second phase of JP implementation, stronger focus was placed on strengthening the role of the local governments in assessing the situation, planning and monitoring of food and nutrition interventions in their respective communities. Local governments were used as an important entry point to introduce change in the institutional and social norms related to addressing nutrition and food security at community level and the need to make more investments in nutrition. 15 LGUs established local coordination structures with representatives from health, education, agriculture and social sectors and developed their own plans for food security and nutrition management.

**Fig 2 Structure of the coordination unit for food security and nutrition in commune of Bicaj, Kukes region**



Behavior change communication was an important component of the JP and was based on a comprehensive strategy and plan officially approved by the Minister of Health. Goal of interventions was twofold: a) improving skills of health personnel for child growth monitoring and nutrition counseling and b) behavior change at community level for improved IYCF practices using a combination of more traditional channels with innovative communication channels including social media.

Community based interventions were based on nutrition sensitive agriculture principle and supported selected households in the target areas with agriculture inputs and technical advice from agriculture extension workers. As a result 245 homestead gardens and small scale animal husbandry models were established in the target areas that contributed to grow a greater variety of agriculture produce and ensure year around availability of high nutrient content fruits, vegetables and animal products.

In addition to interventions through health and agriculture sectors, the JP contributed to improvements in the school curricula to integrate nutrition modules into the compulsory education. Inputs of the JP to the ongoing reform in social protection sector aim at strengthening the role of social protection programmes to enhance nutrition investments through revising the scoring system for enrollment in economic aid of nutritionally vulnerable populations and combination of cash transfers with nutrition services ( growth monitoring and nutrition counseling) and products( food supplements) . These are some examples of the inter-sectoral approach employed by the JP Nutrition. The end result was that government institutions started to plan and work together sharing common targets and objectives.

**Variance from expected results:** Community based interventions followed a cycle of needs assessment, capacity development and action with participation of all sectors through a better

positioning of the local government as the coordinator of the process at LGU levels. This required more time than initially planned and some interventions are wrapping up during August. The level of behavior change was not possible to measure at the end of the JP as no end line KAP survey was planned due to relatively short timeline for a meaningful evidence of changed behavior. Degree of behavior change on IYCF practices will be measured during the upcoming second DHS.

### **Outcome 3- Public health nutrition repositioned within the primary health care services**

**Outcome achieved.** The capacity gap in public health nutrition (PHN) identified at the start of the JP was addressed through capacity development of academic staff on development of competence based PHN curricula and interactive teaching methods resulting in implementation of the improved PHN syllabus in faculty of Nursing. In addition, PHN module was integrated in the third year curricula of the education program for MDs.

The inclusion of public health nutrition curriculum in health related pre-service education will contribute to sustainability of the nutrition related capacity development interventions supported by the JP and at same time will help raise the profile of PHN among health care professionals.

**Variance from expected results:** No change from expected results. A draft syllabus for one-year post graduate training in PHN in the Medical University has been developed and is in process of approval.

#### **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?**

Capacity development in measuring the impact of policy choices in food security and nutrition contributed to evaluate critically the previous FNAP and develop the new document.

A series of four trainings were developed and carried out for national and local government staff of relevant inter-sectorial institutions covering a wide range of specific technical topics aimed at improving food and nutrition-related statistics, mainstreaming gender in food security data collection and analysis, and raising capacities for strengthening the surveillance on food and nutrition. The implemented trainings contributed to strengthen the evidence-based national policy development for addressing problems of malnutrition and food insecurity among vulnerable segments of population. The trainings in crop assessment and food balance sheets presented an overview of available instruments to analyze food and nutrition security information sources and enhanced capacities to use them efficiently in the country.

Training of primary health care providers in growth monitoring and nutrition counseling, based on integrated nutrition modules, provided knowledge, skills and simple tools to health professionals to improve quality of care and contribute to prevention of malnutrition. The new child health booklet (home based record) contained important nutrition counseling and evidence of child growth. The integration of the new growth charts in the medical records of children under 5 and the order of the minister of health for the mandatory use of growth charts in all health facilities along with improved knowledge and skills of health professionals contributed in institutionalization of growth monitoring and improved quality of nutrition counseling. Supportive supervision results indicate change in behavior of health professionals with regard to growth monitoring and nutrition counseling.

Training of Albanian Red Cross community volunteers and provision of simple nutrition counseling tools, counseling aid with 16 key messages and book of local recipes, have supported community based interpersonal communication activities for improved IYCF and introduction of improved local recipes for feeding of young children using local available and nutritious food.

Training of academic staff on updated nutrition related knowledge and interactive teaching methods, have contributed to the development of competence based public health nutrition curricula for pre-service training.

Capacity building of cross sectoral local teams in situation assessment, planning, implementation and monitoring of food and nutrition interventions led to development of LGU based food security and nutrition management plans and the start of implementation of priority interventions foreseen in the local plans with shared contributions from the local budgets and JP budget.

Capacity development of teachers based on revised curricula framework and nutrition modules developed by the JP contributed in improved teaching skills for introducing quality nutrition education in compulsory education. Evidence for this was shared in the national education sector conference “Working together for a healthy nutrition”. In the frame of a broader process of the Curriculum Reform on Compulsory Education (conducted during 2012 -2013) an important achievement is the programming of knowledge /skills on healthy nutrition as separate lines in the following subjects: a) Home economics for classes 4, 5, 6; b) Technology for all compulsory education, which is realized through teaching standards and teaching programs for each grade. This will contribute to future sustainability of the intervention.

- c. Report on how outputs have contributed to the achievement of the outcomes based on performance indicators and explain any variance in actual versus planned contributions of these outputs. Highlight any institutional and/ or behavioural changes, including capacity development, amongst beneficiaries/right holders.**

## **Outcome 1 – Increased awareness of nutrition as a national development priority at all levels**

### **Output 1.1 Strengthened advocacy for nutrition.**

The JP delivered significant outputs to contribute to outcome 1. A Memorandum of Understanding (MOU) on malnutrition was signed by the key line Ministries, including the Ministry of Finance, committing to take joint inter-sectoral actions to improve food security and nutrition, and establish a national, sustainable coordinating mechanism at the highest level of decision-making. The MOU facilitated the establishing of Technical Working Groups (TWGs) to coordinate and oversee the implementation of JP interventions. Most significantly, the MOU also facilitated collaboration and coordination of sector departments at the local level, culminating with joint development of local food and nutrition action plans. Among important products delivered under this output was the cost benefit analysis of nutrition interventions in Albania. The key findings of this study indicated that 30% of child deaths in Albania were linked to malnutrition, and at the current prevalence, the burden to the national economy was about US\$107 million per year, which represented about 0,7% of the GDP. Cost benefit ratio for interventions to prevent malnutrition and its consequences was estimated at 1: 4.

Following milling industry assessment for flour fortification (FF), a high level advocacy mission with representatives from Flour Fortification Initiative (FFI) and UNICEF Regional office visited Albania during October 2011 and contacted key stakeholders from health, agriculture, finance, milling industry, media, consumers association and parliamentarians. This contributed towards establishment of a national alliance for flour fortification and preparation of a plan of action. The preparation of legislative framework for FF is included in the new FNAP 2013-2020.

The above studies and the research developed under output 1.2 contributed to development and update of the advocacy strategy documents. This advocacy was targeted upstream at the policy and decision maker level and calls for a higher level coordination mechanism and application of a Nutrition Lens to assess the full range multi sectoral investments in Albania's national development. Advocacy messages based on CB analysis and advocacy strategy were widely used by heads of UN agencies and government officials in related meetings and other official events. There were also at the basis of justification for development of the new FNAP 2013-2020 and the costing of planned interventions.

National and regional workshops for inter sectoral actions to address malnutrition and food insecurity, organized on a regular basis, were important forums to discuss plans and progress with implementation of JP and at same time contributed to strengthening of regional and local inter sectoral teams and structures. Participants to the regional workshops included sector representatives from national and regional levels, representatives from local governments and civil society.

**Output 1.2& 1.4.** Strengthened national and local capacities for data collection and utilization of data on food, health and nutrition & National food security and nutrition surveillance system strengthened

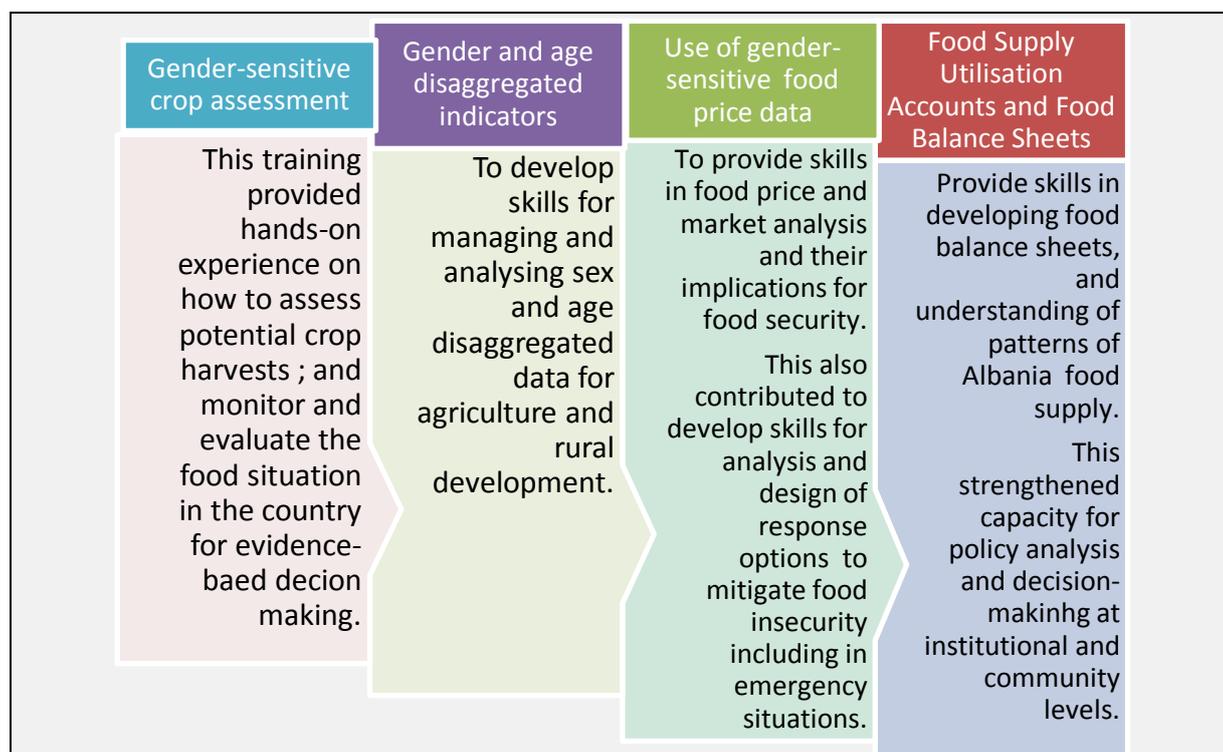
In order to provide the necessary evidence base to the advocacy for nutrition as a national priority, the JP supported several studies on situation of food security and nutrition, effects of gender issues and high food prices on household food security, tool for monitoring of diversity, assessment of milling industry for planning flour fortification. Studies and tools developed under output 1.2 were closely linked to products under output 1.4 and contributed to development of the food and nutrition surveillance system.

The following studies were completed by the JP:

1.	Baseline Nutrition and Food Security Survey (BNFSS).	The BNFSS identified the main determinants of anemia, knowledge, attitudes and practices (KAP) on infant and young child feeding practices (IYCF); as well as assessment of food and nutrition security, dietary diversity and food management practices by households in Albania. The survey was designed and implemented by 52 national experts, thereby contributing to national capacity for nutrition and food security data collection and analysis.
2.	Qualitative study on the effects of gender issues and high food prices on household food security	The study was undertaken in 14 localities, focusing on how nutrition was impacted by such factors as basic services, infrastructure, employment, incomes, food prices, vulnerability and feeding practices. The JP estimated that awareness of 360 national and local authorities was raised to consider gender issues in food security analysis.
3.	Linguistic adaptation of the Albanian food and nutrition security scale	The scale was originally written in English, which did not effectively reflect the nuances and concepts necessary to effectively reflect Albania food and nutrition concepts. 340

	(AFNSS).	national and district staff were trained in the use of the Albania food and nutrition security scale.
4.	Report on Data Inventory and Review of Food and Nutrition Security Data.	Data on food and nutrition security was not centrally located and managed. The study provided an integrated database of available data. 60 national level staff was trained in the collection and analysis of inter-sectoral data on food and nutrition security.
5.	Better Diets for Health: Monitoring Dietary Diversity in Albania.	A tool was developed to measure the dietary diversity at household and individual level. 120 national and local level staff were trained in the use of the standardized tool.
6.	Milling Industry Assessment.	An assessment for the fortification of flour was undertaken culminating with recommendations on the mix of vitamins and micronutrients required in flour fortification. A national alliance for flour fortification was established and a plan of action developed.
7	Cost benefit analysis of nutrition interventions	The report was prepared by national experts from MOH, IPH, Ministry of Agriculture, supported by an international expert, and consisted of an assessment of the economic cost of malnutrition among Albanian children and an estimated budget to support a set of integrated interventions to prevent malnutrition and its consequences.
8	Childhood Obesity Surveillance Initiative	A survey was conducted by IPH in early 2013 as part of the child obesity surveillance system in Albania in the framework of the participation of Albania in the WHO COSI initiative in order to start measuring childhood obesity in a standardized way with other European countries members of this initiative. This survey provides comparable data with other countries and aims to collect, analyze, interpret and disseminate descriptive information to help monitor overweight among young children.

In order to provide sufficient evidence to the advocacy for nutrition as a national priority, the JP also strengthened national capacities for nutrition data collection, analysis and decision-making. A number of training packages were developed and implemented to develop capacities of national and local level staff in food and nutrition surveillance and related activities. The trainings were attended by participants from national and district level personnel involved in agriculture extension services, statistics, crop production, livestock, fisheries, NGOs and other partners involved with the joint programme.



The technical working group for child nutrition surveillance established by the Ministry of Health was composed by experts from IPH, MOH, Health Insurance Fund, and Ministry of Agriculture. Their work built on previous results from the critical review of food and nutrition security data, the development of the new food and nutrition action plan, the approval of the new growth charts for children under 5 and the training of the health personnel in child growth assessment.

The food and nutrition surveillance framework was developed by this expert team and officially approved by the ministry of health in June 2013. This indicator framework will be an instrument to monitor FNAP implementation and as a good basis for the new models of data collection, processing and analysis for selected indicators.

### **Output 1.3.** New National Food and Nutrition Action Plan developed

In order to address insufficient focus on nutrition and food security in the existing FNAP 2003-2008, a comprehensive process of critical assessment of the existing plan, participatory approach in developing the new plan and wide consultations with key stakeholders were employed.

The development of the new national FNAP started in April 2011 with a critical review and evaluation of the implementation of the FNAP 2003 – 2008. Following the official invitation from MOH and MOA, 5 line ministries nominated their Focal Points for “Revision and analysis of current FNAP and formulation of the new plan” as it was agreed in the MoU among 5 line Ministries (18.06.2010). Four inter-ministerial sub-working groups were established; (i) food security, (ii) nutrition, (iii) food safety, for quantitative evaluation and (iv) qualitative evaluation of the implementation of FNAP 2003-2008. The sub-working groups produced several reports which became the main inputs for the development of the FNAP 2013-2020.

### **Key documents in support of the FNAP 2013 – 2020**

- Analysis of nutrition situation; MOH perspective.
- Analysis of food security and food safety; MOAFCP perspective.

- Quantitative analysis of FNAP 2003 – 2008.
- Qualitative evaluation of FNAP 2003 – 2008.
- Assessment of the NFNAP 2003 -2008 (Integrated Report).

The FNAP was shared and discussed with central and local experts beyond the core TWGs. So, the actions of new FNAP initially formulated based on critical evaluation were subsequently presented and discussed with a larger audience with representatives of all sectors (Health, Agriculture, Education, Social protection, Local government) at national and local level forums. Costing of the new FNAP was a good experience for the Albanian experts in terms of cross sector planning of implementable and affordable actions and provided sufficient level of details to ensure the integration of selected activities of FNAP into the Mid - term Budget framework (MTBF 2014-2016) of line ministries.

The final draft of the new FNAP was completed in February 2013, and was endorsed by the four sectoral line Ministries. The Ministry of Finance also endorsed the FNAP 2013-20 which is an indication of the commitment of the government to financially back up the new plan.

## **Outcome 2: Coordination and capacities to design implement and monitor nutrition and food security interventions are enhanced at all levels**

**Output 2.1.** Community based intervention models to address malnutrition and household food in security developed, and tested.

Capacities of local teams at regional level to work cross sectorally were strengthened in the process of planning and monitoring of JP interventions in target areas. Focal points appointed from regional departments of health, agriculture and education were part of the regional teams and were involved in planning and monitoring the specific JP Interventions in target areas.

The coordination capacities of local teams at LGU level were strengthened through interventions for development of local food and nutrition management plans. Coordination structures at LGU level were established and decisions of commune councils formalized these structures.

Community based interventions combined models that were supported by Government and UN agencies in previous programmes including: mother support groups (MSGs) for BF, using community volunteers to provide counseling on key child care practices in C-IMCI and, new interventions models through agriculture, education and social protection sectors.

Community based intervention models through health, agriculture and social protection sectors were planned and widely discussed in the regional inter sectoral workshops with participants from central level, regional authorities and representatives of local government. The selection of the targeted communes/municipalities was finalized during the regional workshops organized in Kukes and Shkodra. The targeted communes/municipalities were selected based on socioeconomic status, malnutrition rates, geographical access, remoteness, level of engagement of local authorities and receptiveness for intervention.

The JP aimed to strengthen the capacities of local government authorities and civil society organizations to design, implement and monitor nutrition and food security interventions and to provide comprehensive information and education to consumers to promote healthy lifestyles, food safety and a sustainable food supply.

The JP partnered with a local NGO – Partnership for Development (PfD) – to build capacities of local teams in situation assessment, planning, implementation and monitoring of food and nutrition interventions. Following identification of 15 communes targeted for community based interventions, PfD conducted participatory needs assessments in those communes to identify (a) existing gaps among community-based partners to design, implement and monitor nutrition and food security interventions, and (b) to define community-based interventions for the commune. Based on the needs assessments, training modules were developed for the multi-sectoral teams on issues associated with nutrition and food security, and measuring dietary diversity. 230 representatives of local governments, health, agriculture, education and social protection sectors and representatives of civil society organizations benefited from these trainings.

Teams of 10-15 persons were trained in each commune and coached in the preparation of commune food and nutrition management plans. The plans were officially approved by the respective commune councils, and coordination units were officially established to coordinate implementation of the plans. Each of the communes identified one priority project for implementation with 50% counterpart funding between the JP and the commune. This comprehensive and cross sectoral capacity development, planning and implementation process was introduced for the first time in some of the communes (LGUs). Feedback from beneficiaries of these activities indicated that this was the first time they had developed food and nutrition plans and that the commune was allocating funds to address malnutrition related issues applying the multi sector approach. Among selected range of intervention were building /cleaning of irrigation channels to boost agriculture production in the community, improved water and sanitation conditions in the schools and health centers.

The JP also worked closely with KASH (Agribusiness Council of Albania – an umbrella organization of several agriculture producers and farmers associations) to develop models aimed at improving access to food and consumption of micronutrient rich foods for population groups in the target areas: Kukes, Shkoder and Kamez Paskuqan.

Models aimed at improved knowledge for increased diversity of plants cultivated, harvesting productivity, and the nutrition values of fruits and vegetables introduced. The type of demonstration models – school gardens and /or farmer plots were based on concrete possibilities in each of the selected intervention areas and focused on most problematic communes and on small scale or family farms. These models intended to increase cultivation/production of a wide range of fruits and vegetables, introduce principles for increasing the quantity of production of the current crops and livestock, and understanding of the nutrition values of the selected produce.

Dissemination and showcasing of this experience is intended to transform these improved practices into normal behavior among targeted communities. The above models introduced new behavioral models of cross sector collaboration and at same time community participation in developing these models.

MOUs were signed between KASH, regional departments of health, education and agriculture and local government representatives to showcase transformative approaches for increasing and diversifying agricultural productivity.

### **Demonstration models to increase and diversify agricultural productivity**

- MOUs signed between KASH, commune representatives, Agriculture , and Health departments.
- 245 farmers / local households benefited from the implementation of agriculture based models.
- **Direct support for farmer’s families** included in addition to providing agriculture inputs, also expert advice from the agriculture extension specialists on agriculture and livestock production, post harvesting and cooking techniques including information meetings on nutrition values of various agriculture products being introduced.
- 40 demonstrations conducted and attended by 700 individual farmers
- 3 handbooks were produced on crop and animal management.
- 350 farmers that participated in the training sessions conducted by agriculture extension workers
- 600 pupils from schools in the target areas benefited from demonstration of models of gardens

Interventions supported by the **Albanian Red Cross** were based on previous experience with implementation of community IMCI (integrated management of childhood illnesses) for improved child care practices at family level. The extensive network of the Red Cross volunteers was used to provide counseling of mothers and other direct caregivers on infant and young child feeding practices. 225 Red Cross volunteers in 15 communes and 75 villages were trained in simple counseling techniques. Two important tools were developed by experts of MOH and IPH- guidelines with 16 key messages on IYCF and child care and book of improved local recipes - to help volunteers conduct interpersonal communication sessions with mothers and other community members. A total of 5,094 mothers and other direct caregivers were reached through counseling sessions on IYCF and cooking sessions using improved local recipes for young children.

Interventions supported by the **Center for Healthy Childhood / Albanian IBFAN** aimed at: a) promoting breastfeeding and healthy feeding practices for infant and young children through training of mother leaders with the proper knowledge and skills to help mothers & babies at the community settings; b) establishment of mother to mother support groups ( MSGs) in the targeted areas; c) Raising of the awareness of the local government, working together on the establishment of “Baby Friendly Communities” in the targeted areas.

Capacities of 250 mother leaders were developed using the MSG training tool. Collaboration models with the local government under this project helped to create supportive environment for the change in social practices regarding breastfeeding and child feeding practices.

Interventions through **social sector** are considered very important to improve child nutrition outcomes. UNICEF supported implementation of the Analysis of cash transfers program in Albania from a child rights perspective. Main purpose of the qualitative component of this study was to explore perceptions of families /primary care givers on malnutrition and risk factors, policy and programme measures to improve health and nutrition status of poor families and utilization of economic aid to improve child nutrition.

Based on recommendation of this research UNICEF in close collaboration with MoLSAEO, supported the elaboration of a pilot model of means-tested social assistance designed to reduce risks of malnutrition among young children. The model proposes an implementation plan based on assessment of financial and market opportunities to provide means tested economic assistance combine with nutrition services and food packages. Piloting and scale of up this model is foreseen in the new FNAP 2013-2020.

*A population of about 153 thousand inhabitants (about 35,200 households) in 15 involved communes and municipalities, benefiting indirectly from improved planning of actions/intervention on nutrition and food security.*

**Output 2.2.** Capacity of health providers in target areas enhanced to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counseling.

Following the KAP survey of primary healthcare providers (PHCP) in nutrition and the prevention and treatment of anemia, the JP gave a significant contribution in capacity development of primary health care providers to conduct Growth Monitoring and Promotion and deliver nutrition counseling. Based on the findings of the survey, a group of experts from the School of Medicine, MOH and IPH prepared an integrated 12-day training module on nutrition for PHCPs. The modules integrated knowledge on nutrition during pregnancy, IYCF, child growth assessment and monitoring of mother and child health (MCH) services. Theoretical discussions were combined with well-organized practical sessions where trainees practiced their counseling skills and advise mothers on breastfeeding, complementary feeding, feeding during pregnancy, and use of the new WHO growth charts. The training of trainers was followed by capacity development of 435 health personnel in Kukes and Shkoder regions and two peri urban areas of Tirana. Health care providers acquired skills to assess the child's growth, identify any nutrition problems and feeding and nutrition provide advice to families. All the training sessions were accredited by the National Center for Continuous Medical Education.

The JP also developed a monitoring tool to assess the effective use of the new growth charts and changes in the practice of PHC providers. Based on monitoring through a structured supportive supervision process supported by the JP the indications were that there was improved awareness and utilization of growth charts among PHC providers. The proportion of non-compliance with the new standards among PHC providers had decreased during the period between the two monitoring assessments.

**Output 2.3.** Communication for behavior change strategy targeting families and communities for improved care and feeding practices for mothers and children, implemented in target areas.

A well designed communication strategy and action plan were at center of all behavior change interventions combining media campaign with counseling for nutrition delivered through health care providers and interpersonal communication activities at community level implemented by civil society partners.

The communication plan calls for a strong communication response, including a behavior change communication campaign via mass media for the general public, training for health staff to strengthen their communication skills, development of materials to distribute through the health system, interpersonal communication in the community, and press coverage. The Media Campaign\_ "*New and better ways of infant and young child feeding*" targeted women, new and future mothers and mothers-in-law, used a variety of mass media and interpersonal channels and was unified by central character, a logo, a tagline and a musical theme. This was a behavior change campaign, making effective use of

information, evidence, attitude and image change messages, and modeling to promote change. Activities implemented by Maniacard- a media company, and community based counseling interventions implemented by the Red Cross and Center for Healthy Childhood are based on standardized messages and communication materials prepared under the agreed communication strategy and action plan and pre-tested with the target audience.

**Box: Media campaign and IPC activities implemented by Mania Card**

- 5 TV spots produced on BF and young child feeding
- 135,000 TV viewers reached in first round (July –Sep 2012): Kukes (16,000); Shkoder (114,000) and Puke (5,000).
- In 2<sup>nd</sup> round, 270,000 TV viewers reached from 15 spots per day between Nov – Dec 2012.
- 3 radio spots aired in 3 radio stations Jul-Sep 2012 (total 300 times).
- 2,000 postcards in 5 different models distributed in 270 locations
- 200,000 leaflets produced in 4 different models 5 types on infant and young child feeding (IYCF)
- 10,000 posters in 5 different types on IYCF
- 1,892 mothers were contacted during the promotion of the mothers of the year competition
- 900 mothers reached during the meeting the mothers tour.
- Creation of [ushqyerjaefemijeve.com](http://ushqyerjaefemijeve.com) ([childfeeding.com](http://childfeeding.com)) website and interaction of health professionals with mothers through Facebook and blogs with a total of 80,490 visitors

Programming of up to date knowledge on Nutrition throughout the compulsory education system was identified as a priority. In partnership with Institute for Development of Education (IZHA), the JP supported the development of a national curriculum for nutrition education in basic education. Resource materials for teachers and students in Grade 1 – 9 (teacher’s book and pupil’s book) were developed jointly by the Institute of Public Health and the Institute for Development of education based on MOU nr 147, dt 18.04.2011, signed between two institutions. Under the Curriculum Reform on the Basic Education – the “healthy eating and nutrition education” was included as separate curriculum line in the subjects “Home Economics”, for classes 4,5 and 6; and “Technology”, for all compulsory education. The new curriculum was planned to be implemented starting in the 2013-2014 school year.

200 training sessions for teachers and other educational staff were conducted in selected pilot schools in Shkodër, Kukës, Tropojë, Pukë, Malësi e Madhe, Has, Tiranë District, Tiranë City. Around 300 open teaching sessions were implemented in the pilot schools showcasing this experience on interactive learning in Nutrition education with other schools in the area.

According to IZHA estimates, more than 10,000 students and 1,000 teachers have benefited in knowledge, attitudes and practical skills in the targeted districts.

Working together for a healthy nutrition was the tagline of collaboration between health and education sectors at central but also local level. Around 80 teachers and health personnel were involved in joint consultation roundtables and expressed their opinions on the cooperation between health and education sectors. The national conference on school, curricula and nutrition education focused on increased awareness on nutrition and the best practices of implementation in practice of the new nutrition curriculum package.

### **Outcome 3- Public health nutrition repositioned within the primary health care services**

JP contributed to development of public health nutrition curriculum for health related pre-service education and an advanced post graduate certificate programme.

#### **Output 3.1** Capacities of academic staff for developing public health nutrition curricula strengthened

An assessment of existing public health nutrition (PHN) curricula in the Faculties of Medicine and Nursing was undertaken under the assistance from the Copenhagen Metropolitan College University. In 2011, the MOH established a working group of MOH and IPH staff, and academics from the Faculties of Medicine and Nursing to develop curricula for pre-service training.

Following the capacity building activities with academic staff on competence based PHN (public health nutrition) curricula development and teaching process based in interactive approach and case studies, the improved syllabus on PHN was approved and started implementation in the faculty of nursing in 2012. The PHN module was developed following the approval of the respective syllabus by the Scientific Committee of the Faculty of Medicine as part of the third year curricula of the education program for medical doctors. A draft syllabus for one- year post-graduate training in the Faculty of Medicine had also been developed and is in process of approval.

#### **Output 3.2** Supportive supervision mechanisms in health sector strengthened to include delivery of interventions aiming at reducing malnutrition

A review of the PHC supervision mechanism was also undertaken by a working group composed of MOH and IPH. The working group produced a report; “Review of supervision mechanisms of nutritional situation with focus on children and women”. The development and use of the tool for M&E of PHCP trained in child growth assessment and nutrition counseling by the M&E sector at the Public health departments in the regions has provided a good model to be integrated into the national existing supportive supervision package for primary health care.

#### **d. Who are and how have the primary beneficiaries/right holders been engaged in the joint programme implementation? Please disaggregate by relevant category as appropriate for your specific joint programme (e.g. gender, age, etc.)**

**Mothers and other direct caregivers** including mothers-in-law and grandmothers are the primary beneficiaries under the JP Nutrition. They were reached through a combination of interventions including: growth monitoring and nutrition counseling by primary health care workers; interpersonal communication (IPC) activities on IYCF and using of improved local recipes by the Red Cross volunteers; various communication activities as part of the communication plan; counseling on BF and complementary feeding by the mother leaders of the mother support groups (MSGs).

**Farmers and families** that participated in the agriculture based interventions from KASH, and PfD; those that were reached by the communication campaign implemented by Maniacard in close collaboration with IPH and health promotion units in the regional public health departments.

**Under five children, pregnant and lactating mothers** benefited directly by growth monitoring interventions and nutrition counseling for pregnant, lactating women and young children. Children under five are the final beneficiaries of improved practices due to all the above interventions.

**Sector professionals from all line ministries** and their regional teams benefited from the research and training activities mentioned under outcome 1, in addition to their involvement in planning, monitoring and implementation of all community based activities in their regions.

**School teachers and pupils** in the selected schools in target areas benefited from capacity development for introducing nutrition education topics in compulsory school curricula and from practical activities organized in these schools. Pupils were considered as important agents of change in their communities that will bring new information on nutrition in their families.

**Local government teams** were identified as important partners that can bring together all sectors at the lowest levels (LGU) and can effectively coordinate interventions when they have the knowledge and the resources.

More detailed information on beneficiaries could be found at the beneficiary table (annex 4)

**e. Describe and assess how the joint programme and its development partners have addressed issues of social, cultural, political and economic inequalities during the implementation phase of the programme:**

- a. To what extent and in which capacities have socially excluded populations been involved throughout this programme?

The programme has engaged with the government and the civil society to design the JP focusing the interventions in most disadvantaged regions of the country where population groups were living mostly on social assistance, in rural remote areas with more limited access to the basic services including health, as compared to the rest of the Albanian population, peri-urban vulnerable groups residing in the peri-urban areas of the capital city and where some roma population were located as well. The programme has directly reached roma through interpersonal communication interventions (ManiaCard supported tour “meeting the mothers” and the community health volunteers of the Red Cross for IYCF counseling) mostly in Kamez and Paskuqan where there is more roma population.

The pro-poor dimension was inherent in the planning phase of the JP starting from selections of target regions, followed by the process of selecting the most vulnerable communities within the 7 districts where the targeted intervention were being implemented. Regional sector representatives and representative of LGUs have participated in identifying the target beneficiaries and monitoring interventions. Within these target areas the most vulnerable have been selected to be enrolled into models of intervention e.g. priority given to women farmers in all agriculture interventions.

The Joint Programme has contributed to assure the pro-poor aspects of the interventions by using a participatory, community-based approach, involving people who are poor and marginalized. Engagement of beneficiaries was ensured through mother support groups, community health boards, and other community groups that participated in the needs assessment process and implementation. This was reinforced by strengthened capacities of local institutions and providers so that they can sustainably continue to engage with their local populations.

- b. Has the programme contributed to increasing the decision making power of excluded groups vis-a-vis policies that affect their lives? Has there been an increase in dialogue and participation of these groups with local and national governments in relation to these policies?

Active participation of beneficiaries in conducting of surveys at community level and discussion of issues like gender effects, effectiveness of economic aid , have contributed to raising awareness on the essential role of women in household food security and the rights of the marginalized population groups.

- c. Has the programme and its development partners strengthened the organization of citizen and civil society groups so that they are better placed to advocate for their rights? If so how? Please give concrete examples.

No direct impact from the JP. The strengthening of organization of civil society groups was not in the focus of this programme.

- d. To what extent has the programme (whether through local or national level interventions) contributed to improving the lives of socially excluded groups?

Advocacy efforts and policy changes at national level – FNAP 2013-2020 and the JP contribution to the social assistance reform –are expected to impact lives of the most vulnerable due to pro-poor focus and better targeting.

Agriculture interventions to improve production and dietary diversity have influenced household food security. Implementation of local food and nutrition management plans have improved water and sanitation conditions in schools and health centers in the 15 targeted communes. Improved quality of health service delivery has contributed to better growth monitoring of young children and better advice on IYCF.

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

- a. Paris Declaration Principles
  - Leadership of national and local governmental institutions

According to mid-term evaluation there was a high level of national participation, ownership and commitment to the JP processes. In fact, the evaluation found this JP as a good example of the application of the MDG-F recommended management model which provides that; “...*the management of the programme should reside within national entities.*”

The PMC was established by the Minister of Health through a Ministerial Order (No. 44 dated 22 January 2010), with specific membership and Terms of Reference (TORs). The National Coordinator of the JP is an officer of the Ministry of Health appointed by the Minister, and is responsible for the planning, day to day implementation and management of activities as well as monitoring activities. The National Coordinator signs and issues all formal correspondence of the JP; while all formal

meetings of the Programme Management Committee (PMC) and official correspondence to partners outside the participating line ministries is cosigned by the Ministers of Health and Agriculture. This is a particularly good practice, which gives the JP the official character of a government programme, as well as convening authority within the government at central and local levels.

All JP activities are implemented in the framework of TWGs, which are chaired by the Focal Points from various line Ministries and are appointed by the respective Ministers. Members and TORs for the TWGs are also issued directly by the MOH as the lead government agency.

The minister of health has appointed a national coordinator sitting at the MOH. UNICEF is hosting FAO programme manager. Government and UN agencies were sitting together on a regular basis. Periodic consultation sessions were held with participating UN agencies and government counterparts to elaborate annual and quarterly activity plans and discuss preparation of specific activities.

- Involvement of CSO and citizens

CSOs and citizens were involved in focus group discussions on feeding practices, household food security, community based assessment, role of social assistance to improve health and nutrition status of children, planning of interventions. CSOs and NGOs participated in PMC and regional workshops.

Citizen and civil society groups have been partners in designing and implementation of community based interventions and have contributed with their experience to plan National FNAP and local nutrition and food security management plans.

Capacities of civil society partners have been strengthened to analyze nutrition situation to plan realistically and implement future food and nutrition interventions.

The JP has enabled a high level of engagement of other national stakeholders and institutions. For example, Partnership for Development is a national NGO engaged by the JP to undertake participatory studies at the Commune level to establish existing gaps with regards to awareness and response mechanisms to child malnutrition, and develop appropriate strategies for JP interventions at the community level. The Children Rights Observatory is also another nation-wide national NGO with presence in all regions which has been engaged by the JP to participate in regional level meetings and provide information and watchdog role on the implementation of JP activities from a Children Rights perspective.

Other national institutions are also engaged at the level of TWGs. For example, the Albania Association of Agribusiness Council participates in the TWG on Flour Fortification, and provides information on existing private sector capacities in the four milling industries. National and European University faculties are also engaged to provide specific expertise in the context of curricula development for strengthening national capacities in the delivery of public health and nutrition. The JP also engaged with the national and regional media organization in its communication campaigns. Of particular significance here is the partnership developed with the 'Club of Health Journalists' through which the JP ensures that the media has accurate information on the state of children health and nutrition in the country, and consequently can provide relevant and useful information to the public. Journalists from the electronic and print media are involved through this partnership.

- Alignment and harmonization

Programme evaluations have noted that the JP is very relevant in the context of the development objectives of Albania and is adequately aligned with the government's priorities and strategies as well as the overall goals of the UN as articulated in the UNDAF.

Details of alignment with national and sector priorities including relevance to key strategic documents are provided under 1/C – contribution of the JP to the national priorities.

The impact of the JP on improving health and nutrition situation of Albanian children is acknowledged and implementation progress is reported at MOH reports on health sector Milestones for 2010 and 2011.

JP activities were included into annual work plans of MOH and MOA and reporting on progress was incorporated /integrated into the annual reports of both ministries.

- Innovative elements in mutual accountability (justify why these elements are innovative)

Mutual accountability was ensured through joint planning, implementation and monitoring of interventions. The MOU on nutrition and food security signed between 5 line ministries was considered as an institutional framework for collaboration and introduced an important change in institutional behavior as there is not a common practice for many ministries and to a greater extent for regional authorities to have joint objectives, develop common policy/ plan documents and jointly implement interventions.

Regular PMC meetings and periodical regional workshops were forums where all partners reported on the achievements and discussed challenges and future plans.

Programme evaluation noted that the JP has a very clear framework of the roles and responsibilities of participating UN agencies, which clearly defines the lead agency for each output and its associated activities, as well as the role of supporting agencies in those activities. In addition, the TWG system led by the government appointed focal points ensures that there is adequate sharing of information by UN agencies. As a direct consequence of this inter-sectoral collaboration; (a) the MOH appointed a national coordinator who was located at the Ministry facilities, b) five line Ministries ( MOH, MOAFCP, MOE, MOLSAEO, and MOF) appointed their respective focal points located at the ministry facilities to ensure their active contribution and participation in planning and implementation of JP activities, c) all formal JP meetings were convened by line Ministries, with official letters issued and signed by the MOH and MOAF&CP, and d) the Government and UN partners undertook joint field trips for activity monitoring and meetings.

- Delivering as One

The JP is part of the one UN programme in Albania. Therefore activities are part of the standard planning and reporting cycle foreseen by the One UN Programme along with those of other JPs active in the country. The Programme Management Committee which meets on a regular basis and is co-chaired by the UN and the lead government partner provides oversight and guidance to all agencies participating in the JP.

The JP has a very clear framework of the roles of participating UN agencies, which clearly defines the lead agency for each output and its associated activities, as well as the role of supporting agencies in those activities. In addition, the TWG system led by the government appointed focal points ensures that there is adequate sharing of information by UN agencies. UNICEF is also providing administrative and operational support to FAO, which did not have country presence prior to the JP.

- Role of Resident Coordinator Office and synergies with other MDG-F joint programmes

At the invitation of the Resident Coordinator the joint programme CTA/coordinators have been meeting to share lessons learned and experience to improve and strengthen the work of all JPs in the country.

- Innovative elements in harmonization of procedures and managerial practices (justify why these elements are innovative)
- Joint United Nations formulation, planning and management

UN agencies have planned together the activities of the joint programme and each activity was not possible to complete without shared technical and financial inputs from all UN participating agencies. The inputs completed each other logically, appropriately and timely to achieve planned outputs and outcomes.

The JP was well aligned with the priorities articulated in the Albania UNDAF 2012 -2016

<b>Output 4.3.3.</b> Prevention measures and Promotion of Public Health enhanced through multi-sectorial dialogue and community participation	<b>Indicator 1:</b> Percentage use of growth monitoring cards in mother visits to health centres.
	<b>Indicator 3:</b> % of families that have access to quality maternal, neonatal and child health services.

**Source:** The Government of Albania – United Nations Programme of Cooperation 2012-2016

### III. GOOD PRACTICES AND LESSONS LEARNED

- **Report key lessons learned and good practices that would facilitate future joint programme design and implementation**

#### Good practices

##### Inter sectoral collaboration

In June 2010, five Ministries formally agreed to take joint inter-sectoral actions to improve nutrition in Albania. The Ministries committed themselves to take joint action to improve the nutritional status of the Albania population in order to reach the MDGs and to establish a national, sustainable coordination mechanism at the highest level of decision-making. After the signature of the Memorandum of Understanding (MOU) on Food and Nutrition, focal persons were nominated in each of the five Ministries to coordinate the activities of the joint programme. This MOU enhanced sectoral collaboration, and was further cascaded to the regional and local levels through joint meetings with sector representatives, local government, and civil society and private sector partners.

As a direct consequence of this inter-sectoral collaboration;

- The MOH appointed a national coordinator who was located at the Ministry facilities,
- All formal JP meetings were convened by line Ministries, with official letters issued and signed by the MOH and MOAF&CP.
- Government and UN partners undertook joint field trips for activity monitoring and meetings.
- The local coordination units on nutrition and food security were established at the local government level ( 15 LGUs)

### **Joint implementation**

The programme evaluation finds that programme implementation is undertaken jointly by all relevant stakeholders. This is a very significant finding, and in the evaluator’s experience, is probably one of a few where a JP is actually “jointly implemented”. Joint implementation is achieved through the following combination of key elements in all stages of the programme:

*Programme design:* The activities of the JP have been structured to complement each other and are closely interlinked to prevent the various components of the JP from running in parallel as separate sub-programmes.

*Implementation:* The line ministries establish Technical Working Groups (TWGs) who are charged with planning, implementing, monitoring and reporting of specific JP interventions. Actual implementation combines technical and financial inputs of UN Agencies and key government partners.

*Monitoring & evaluation:* Activities are jointly monitored through joint missions (government central and local levels and UN agencies) to ensure accountability towards achievement of results and timely changes/improvements in the process of implementation.

### **Lessons learned**

***Lesson No. 1: At the operational level, cross-sector collaboration works better with institutional mechanism for coordination.***

Nutrition cuts across many sectors, and as such issues are not neatly circumscribed within a single sector. The agreement by five line ministries to collaborate and work jointly to reverse malnutrition of children constitutes an effective and comprehensive approach towards this objective. However, cross-sector collaboration constitutes more than intention and goodwill; it also involves increased responsibilities and workloads for staff, as well as expanded individual capacities and skills to understand issues from a ‘big picture’ perspective. Operationalizing cross-sector collaboration therefore requires setting up an institutionalized coordination mechanism to provide the venue for coordinated planning, resource-base for technical information, and repository for institutional memory, as well as entry point for nutrition advocacy into the national dialogue.

***Lesson # 2: Engaging national counterparts at all level of programme cycle enhances national ownership and sustainability.***

TWGs constitute an effective mechanism for planning and implementation of programme processes, but programme visibility, national ownership and potential for sustainability is increased exponentially if the TWGs are led by national counterparts and institutions. It also contributes to

capacity development by exposing the TWG members to information and ideas from a broader spectrum of best practices across sectors. The experience of this JP indicates that TWGs were officially appointed by line ministries and composed of focal points from the relevant government Ministries and institutions and civil society organizations. The focal points from all three participating UN agencies have default membership in all TWGs, and the TWGs have a right to co-opt representatives from any other national institutions as they see fit. The TWGs were led by government officials, had clear TORs and a defined schedule for completing the task and for reporting back at the ministerial level on achievements.

***Lesson # 3: Support for the development of national systems, policies and models for effective programmes to address food insecurity and malnutrition is crucial in the context of a middle income country***

Although Albania has experienced growth over the last 2 – 3 decades to become officially classified as an upper middle income country, there still remained pockets of poverty with significant proportion of the population facing food insecurity and inadequate nutrition. One of the challenges associated with middle income countries is the reduction of official development assistance. This effectively lays the burden and responsibility for programme implementation on the shoulders of the government with limited support from both bilateral and multilateral development agencies. In this regard, the UN approach to support development of national systems, policies and models for effective programmes to address food insecurity and malnutrition was not only strategic but also consistent with the dynamics of development assistance in the context of a middle income country.

Experience from the JP confirmed that:

- ***Constant follow-up and monitoring of programme outputs is critical aspect of business process change.***

The introduction of new knowledge, techniques and tools for doing business often interfere with established processes, especially in an environment characterized by capacity constraints and work pressures such as primary health care. To be effective, new interventions should be supported by constant and consistent follow-up to monitor that the new approaches are appropriately implemented, and that the new tools are made available to users.

- ***Institutional and individual behavior change requires time to materialize***

One of the experiences of this JP is that the timeframe required to develop and institutionalize changes in policy and coordination mechanisms requires time in the context of employing a multi-sectoral approach. The JP design was quite complex and combines components of research, national policy development, capacity development, communication for behavior change and inters sectoral community based interventions. While this has long term benefits, it may increase planning and implementation time for specific activities.

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

During JP implementation, stronger focus was placed on strengthening the role of the local governments in assessing the situation, planning and monitoring of food and nutrition interventions in

their respective communities. This contributed to improvement of governance and accountability at LGU level in the context of ongoing decentralization. Local governments were used as an important entry point to introduce change in the institutional and social norms related to addressing nutrition and food security at community level and the need to make more investments in nutrition. 15 LGUs established local coordination structures with representatives from health, education, agriculture and social sectors and developed their own plans for food security and nutrition management.

The JP approach to engage community members and civil society organizations (CSOs) in developing the community-based interventions and in developing local food and nutrition management plans was a critical factor for sustainability.

- **Indicate key constraints including delays (if any) during programme implementation**

National ownership and sustainability are the cornerstones of the approach of this JP and have been inherent and integral part of its design and implementation. The activities of the Joint Programme have been structured in order to complement each other and are closely interlinked to prevent various components of the JP from running in parallel as separate sub-programmes. While this has long term benefits, it may increase planning and implementation time for specific activities.

- a. Internal to the joint programme

- Competing priorities and commitments and insufficient numbers of trained staff in food security and nutrition posed a challenge in terms of timely planning, development and implementation of JP interventions
- Ensuring national ownership and wide inter sectoral participation in planning and implementation of activities related to complex issues such as nutrition in the context of a middle income country takes time
- The identification and contracting of relevant specialized institutions and experts for technical assistance may take longer than initially planned.

- b. External to the joint programme

- Limited programme timeframe to implement all interventions as initially planned

- c. Main mitigation actions implemented to overcome these constraints

- The JP worked to build capacities of technical staff in all 5 line ministries and the specialized institutions to make the case for inter sectoral actions and more investment in nutrition
- The JP contributed to create a knowledge base on nutrition and food security to support evidence based advocacy, policy development and interventions
- The JP worked to expand the available networks of expertise of public institutions, civil society and UN agencies as well as advance planning to allow sufficient time for procurement process and contracting
- A year no cost extension was requested to the donor to allow for sufficient time for implementation and sustainability of results

- **Describe and assess how the monitoring and evaluation function has contributed to the:**

- a. Improvement in programme management and the attainment of development results

Key findings from surveys and other monitoring reports were shared in quarterly PMC and periodical regional workshops and were helpful to measure progress, identify challenges and plan relevant actions.

- b. Improvement in transparency and mutual accountability

Frequent joint monitoring missions with government and UN partners contributed to increase transparency and mutual accountability based on well-defined roles of each partner.

- c. Increasing national capacities and procedures in M&E and data

All research and capacity development activities for data collection and analysis have contributed to strengthen national capacities. Monitoring of trained health personnel based on a very structured approach will contribute to improvement of the supportive supervision package for primary health care services.

- d. To what extent was the mid-term evaluation process useful to the joint programme?

The mid-term evaluation was useful to assess progress with implementation and help identify challenges. The results framework was revised to facilitate results –based reporting. An improvement plan was prepared with key stakeholders and completion of the plan was monitored.

- **Describe and assess how the communication and advocacy functions have contributed to the:**

Within the advocacy and communication strategy, evidence based advocacy was targeted upstream at the policy level as well as downstream for individuals, families and communities to change IYCF practices and food consumption behaviours. Good communication and well designed and targeted information were critical to model new behaviours and ensure sustainable behaviour change in longer run.

- a. Improve the sustainability of the joint programme

Evidence based advocacy using data from cost benefit analysis and other important studies were useful to raise awareness on nutrition as national priority.

- b. Improve the opportunities for scaling up or replication of the joint programme or any of its components

- c. Providing information to beneficiaries/right holders

All communication for behaviour change interventions described under outcomes and outputs aimed to empower the beneficiaries with knowledge, practices and motivation to try the new behaviours.

- **Please report on scalability of the joint programme and/or any of its components**

- a. To what extent has the joint programme assessed and systematized development results with the intention to use as evidence for replication or scaling up the joint programme or any of its components?

The JP generated evidence for replication of various capacity development components including training of health care providers on growth monitoring and nutrition counselling and changes in the

compulsory education curricula. The first intervention, following ministerial order for the mandatory use of new growth charts in all health institutions, is expected to be scaled up in other regions using Swiss funds.

Other interventions planned to be scaled up include communication for behaviour change and interventions at LGU levels with development and implementation of local plans. All JP interventions intended for scale up are reflected in the new FNAP 2013-2020.

- b. Describe example, if any, of replication or scaling up that are being undertaken

The JP contribution on the reform of basic education curricula to include nutrition was approved and planned for roll-out in 2014. The government mid-term budget framework had also allocated resources for the programme’s roll-out, including continued training of teachers and publication of resources. IZHA had undertaken training of trainers in order to ensure that the programme could be replicated in other districts where it was not piloted.

- c. Describe the joint programme exit strategy and assess how it has improved the sustainability of the joint program

Based on MTE recommendation, the exit plan was jointly developed by key stakeholders and is attached as an annex 2 to this report.

#### 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

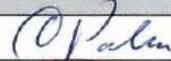
- b. Explain any outstanding balance or variances with the original budget

UN Agency	Total Approved Budget	Total Budget Transferred	Total Budget Committed	Total Budget Disbursed
FAO	782,170	782,170	773,879	755,379
UNICEF	2,214,170	2,214,170	2,214,170	2,206,853
WHO	1,003,660	1,003,660	1,003,660	978,348
<b>Total</b>	<b>4,000,000</b>	<b>4,000,000</b>	<b>3,991,709</b>	<b>3,940,580</b>

#### V. OTHER COMMENTS AND/OR ADDITIONAL INFORMATION

## 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
UNICEF	Detlef Palm	Representative		1.8.2013
				

PUNO	NAME	TITLE	SIGNATURE	DATE
FAO	Mr Tony Alonzi	O-i-C Regional Office for Europe and Central Asia	 	18/13

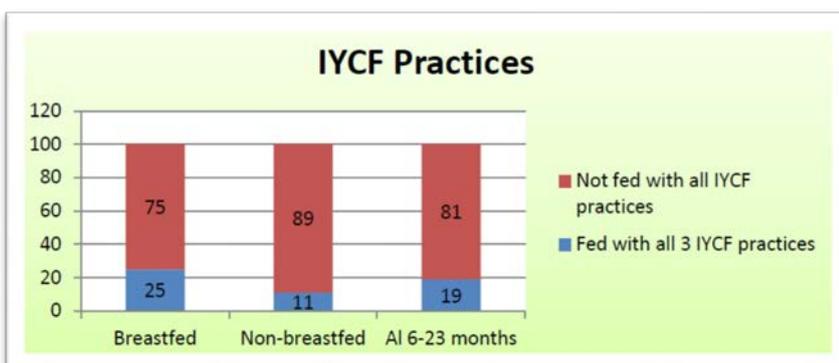
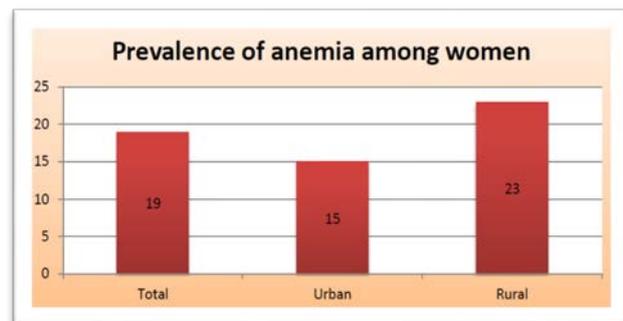
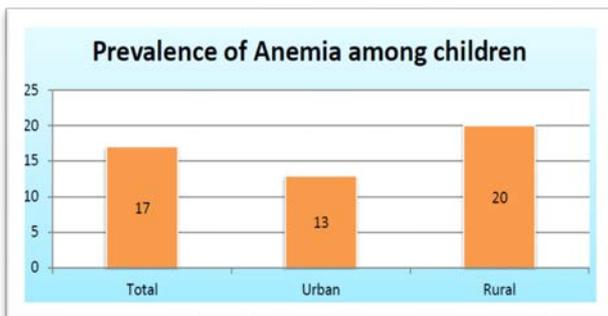
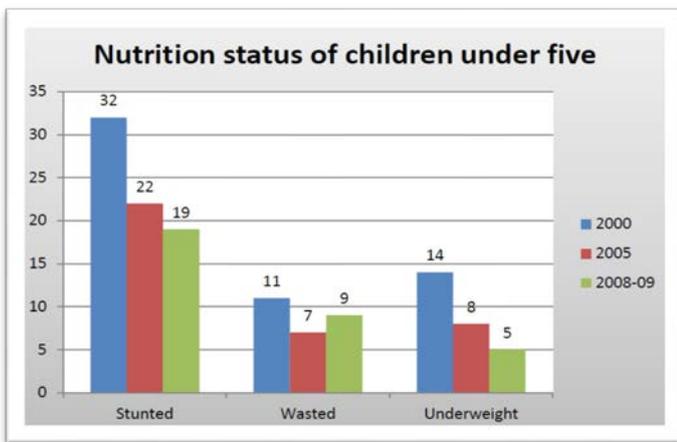
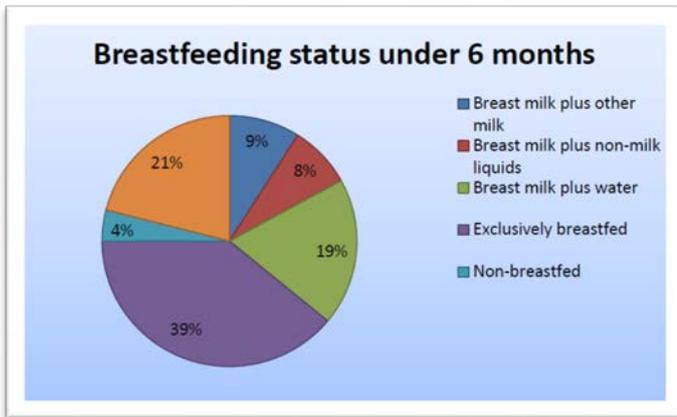
PUNO	NAME	TITLE	SIGNATURE	DATE
WHO	VASIL MIHO	WHO HEAD OF CO	 	16.9.13

## VII. ANNEXES

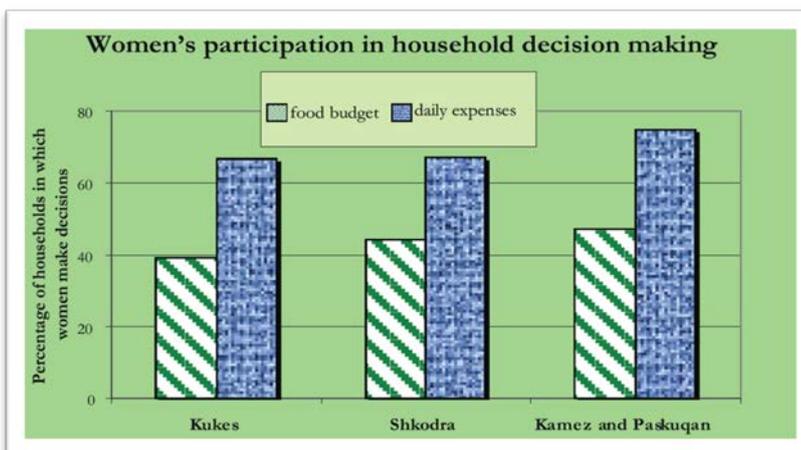
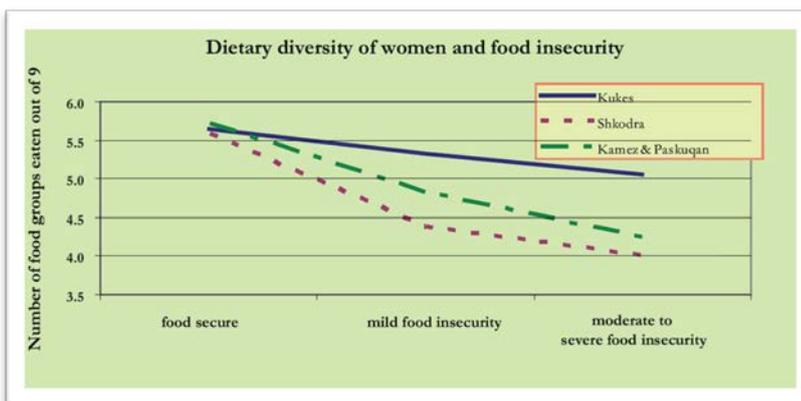
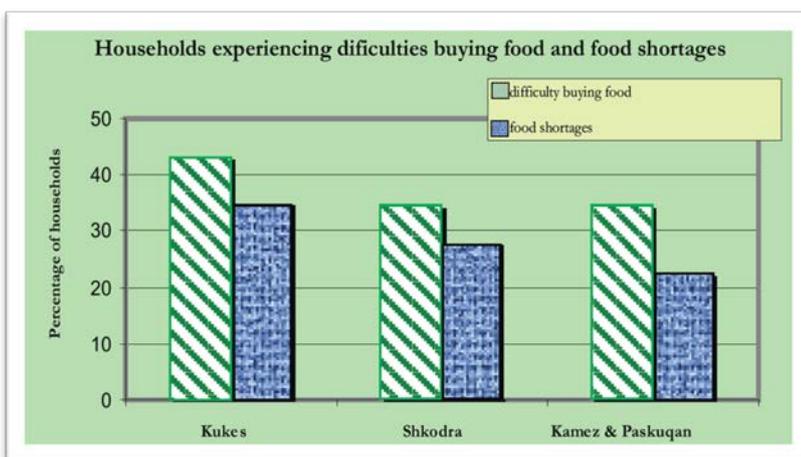
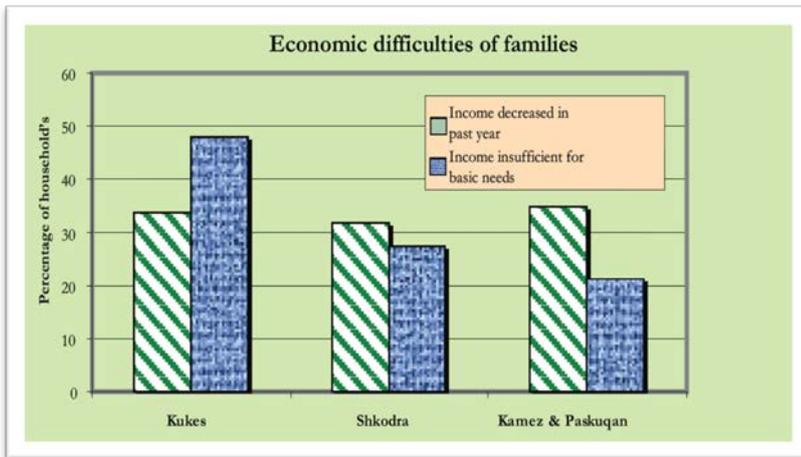
1. Nutrition and food security situation – data summary
2. Exit strategy and sustainability plan
3. M&E framework with update final values of indicators
4. Detailed beneficiary table
5. List of all document/studies produced by the joint programme
6. List all communication products created by the joint programme
7. Final Evaluation Report



Annex 1 Nutrition status indicators- source ADHS 2008-9



**Food security status and gender considerations- source BFNS 2010**



## **Reducing malnutrition in children in Albania Sustainability and Exit plan**

### **Background**

The Joint Programme (JP) “Reducing Malnutrition in Children in Albania” aims to implement successful multi sectoral interventions in high –risk rural and peri-urban communities. Interventions are implemented in five districts of Northern Albania - in Kukes and Shkodra Prefectures - and in two peri-urban Municipalities of Tirana. These rural and peri-urban areas are highly affected by stunting, have large numbers of Roma population, and have high incidence of poverty and/or high unemployment.

The JP is implemented by the Ministry of Health (MOH), Ministry of Agriculture, Food and Consumer Protection (MOAFCP), Institute for Statistics (INSTAT), specialized institutions, regional authorities, and civil society organizations. The JP is supported by three participating UN agencies – Food and Agriculture Organization (FAO), United Nations Children’s Fund (UNICEF) as the lead agency and World Health Organization (WHO).

The MTE of this JP conducted in November –December 2011 found that the JP is very relevant in the context of the development objectives of Albania and is adequately aligned with the government’s priorities and strategies as well as the overall goals of the UN as articulated in the UNDAF. The programme logic approaches the problem from two levels – improvement in policy and community action.

The evaluation found that programme implementation is undertaken jointly by all relevant stakeholders. The PMC, through the National JP Coordinator (MOH), establishes Technical Working Groups (TWGs) who are charged with planning, implementing, monitoring and reporting of specific JP interventions. The TWGs are composed and chaired by focal points from the relevant government Ministries and institutions and civil society organizations. The focal points from all three participating UN agencies have default membership in all TWGs, and the TWGs have a right to co-opt representatives from any other national institutions. However, this system of coordination only exists at the central government level and is not implemented at regional level, where the evaluation observed weak collaboration and coordination across sectors.

Overall, the evaluation observed a high level of national participation, ownership and commitment to the JP processes. In fact, the evaluation found this JP as a good example of the application of the MDG-F recommended management model which provides that; “...*the management of the programme should reside within national entities*”. The JP also has a very clear framework of the roles and responsibilities of participating UN agencies, which clearly defines the lead agency for each output and its associated activities, as well as the role of supporting agencies in those activities. In addition, the TWG system led by the government appointed focal points ensures that there is adequate sharing of information by UN agencies.

The evaluation noted however that the JP in spite of good coordination at national level should establish cross-sector coordination mechanisms at regional level.

The process for implementation of the JP (participation, joint governance, shared ownership, coordination, TWGS etc.), is slow and time-consuming, and by its nature requires more time for the completion of each activity. Activities implemented at national level are part of the expected results of the JP and were important to prepare the ground for community interventions. On the other hand, the community based mix of interventions were developed based on community based assessments and wide consultations with the local government teams in the target areas. These activities were initially planned to be delivered mostly during the 3<sup>rd</sup> year, but for the above reasons their implementation may require one additional year.

The MTE recommends a one year extension of the JP and this was strongly supported by the PMC meeting held in January 2012.

## **Achievements of the JP Nutrition and exit actions**

The JP Nutrition has three main outcomes:

- 1- Increased awareness of nutrition as a national development priority at all levels
- 2- Coordination and capacities to design, implement and monitor nutrition and food security interventions are enhanced at all levels
- 3- Public Health Nutrition repositioned within the primary health care services

### Outcome 1

The **advocacy strategy** developed by the TWG and an international consultant was approved by the PMC and calls for application of a nutrition lens to assess the full range of multi sectoral investments in Albania's national development.

Five ministries in Albania formally agreed in June 2010 to take joint inter sectoral actions to improve the nutritional situation of the Albanian population. Through a signed **Memorandum of Understanding**, the Ministry of Health, the Ministry of Agriculture, Food, and Consumer Protection, the Ministry of Education and Science, the Ministry of Labor, Social Assistance and Equal Opportunities and the Ministry of Finance committed themselves to take joint, inter-sector actions to improve the nutritional status and household food security of the Albanian population. A technical inter sectoral working group is established to conduct a critical analysis of the existing FNAP and to formulate the new plan.

The JP contributed to **strengthen evidence-based decision –making** through implementation of several important survey and research activities:

- Baseline survey on KAPB, causes of anemia and household food security
- Assessment of knowledge of health care providers on nutrition
- Cost benefit analysis contributed to better understanding of consequences of malnutrition and cost benefit of interventions to prevent malnutrition
- Assessment of the milling industry for flour fortification
- Qualitative study on gender issues and the effects of the high food prices and economic crisis on household food security
- Inventory and critical review of food and nutrition security data
- Effective use of economic aid ( social assistance scheme) to improve health and nutrition status of children in poor families
- Quantitative and qualitative evaluation of the current FNAP contributed to highlight the importance of involvement of all sectors at national and local levels in the formulation, implementation and monitoring of the FNAP.

The activities implemented under the JP contributed to **strengthen national and local capacities for data collection and utilization** of data on food, health and nutrition. The following capacity building activities were implemented:

- Training on crop assessment and forecasting
- Training on Food balance sheets
- Training on food prices
- Training on gender disaggregated data and gender sensitive indicators

- Training to analyze impact of policy choices and decisions on nutrition and food security.

#### Outcome 2

A **Communication strategy** and plan based on ADHS, baseline survey, and cost benefit analysis, was prepared by a team of Albanian experts and international consultant. The strategy was officially approved by the Minister of Health and launched in March 2012. The communication for behavior change campaign” new and better ways for infant and young child feeding” is an exciting, colorful campaign, targeting women, new and future mothers and mothers-in-law, and will present, promote and model a coherent package of infant and young child feeding practices. The campaign has already developed the central character, a logo, a tagline and a musical theme, TV spots and other printed materials. This is a behavior change campaign, making effective use of information, evidence, attitude and image change messages, and modeling to promote change.

Development of an integrated training package on growth monitoring and nutrition counseling and 10 training sessions already implemented in the target areas have contributed to **build capacities** of 200 primary health care providers in nutrition during pregnancy, infant and young child feeding (breastfeeding and complementary feeding), child growth assessment, and monitoring of MCH services. The 12 days training sessions combine theoretical discussions with well-organized practical sessions where trainees practices their skills in growth monitoring, using the new WHO growth charts, and counseling skills in communicating with the mothers. Trainings were accredited by the National Center for Continuous Health Education. Based on an MOU signed between the Institute of Public Health (IPH) and Institute for Development of Education (IZHA), a technical working group was established with representation from both institutions and has started to work on preparation of **curriculum materials for the instruction of healthy eating** and nutrition in the mandatory educational system. The module for grades 1-3, 4-6, 7-9 were developed. Piloting of these modules in 20 schools is planned for 2012.

Following identification of communes, targeted for community based interventions, in the regional meetings and discussions of the integrated package of interventions, a **needs assessment at the community level** was conducted. Main purpose of the assessment was be to understand the nutrition problems of a community with the full participation and cooperation of its members. The assessment included: A) Identification of needs/existing gaps of community based partners (community leaders, local service providers (health, education, agriculture, social services) and CSOs working with communities in the target areas to design, implement and monitor nutrition and food security interventions; B) Conducting a participatory needs assessment at community level to define community based interventions in target areas.

#### Outcome 3

Improved and updated public health nutrition curricula were developed for the School of Nursing. Capacities of the academic staff from schools of medicine and nursing were strengthened on most updated public health nutrition related information and development of competence based curricula and interactive teaching techniques.

National ownership and sustainability are the cornerstones of the approach of this JP and have been an inherent and integral part of its design and implementation.

#### Key sustainability features include:

- JP interventions are in line with priorities of the Albanian Government
- Five line ministries have signed an MOU committing for inter sectoral actions to tackle malnutrition and food insecurity
- Formulation of a new Food and Nutrition Action Plan with budget, timeline and responsibilities that will include activities that require continuity

- All health sector related trainings are accredited by the National Center for Continuing Medical Education ( e.g. TOT for integrated nutrition training has 54 credits)
- Special focus on pre-service training through preparation of the nutrition curricula for the medical school – will ensure that capacity building activities are sustained by creating a solid public health nutrition career
- All activities are implemented by government counterparts at national and regional levels in collaboration with civil society organizations
- Community based interventions were planned based on discussions with key stakeholders at national and local level through intersectoral meetings and by in depth focus group discussions with local services providers, civil society, and community representatives, in order to ensure that intervention packages are tailored to community needs.
- Establishment of mandatory flour fortification with iron with contribute to sustainable prevention of anemia.

**Table- Achievements of the JP Nutrition, sustainability and exit actions**

Delivered/pending activities	Achieved/expected measurable results	Potential for sustainability	Exit actions	Assumptions/risks
<b>Outcome 1- Increased awareness of nutrition as a national development priority at all levels</b>				
<b>Output 1.1 – Strengthened advocacy for nutrition</b>				
Activity 1.1.1 Technical working group was established with participation from 5 line ministries to prepare the new FNAP	Expected: The high level coordination structure will be materialized upon the approval of the new FAP	MOU between 5 line ministries is a good starting point and legal and administrative basis for all inter sectoral interventions  Activities under the JP have enhanced the stewardship role of the MOH to address determinants of health and nutrition through others sectors. Inter sectoral technical WG were established by the line ministries and this is expected to sustain the results beyond the life time of the project Other line ministries have been involved in joint activities with MOH and have become more aware on the determinants of health and nutrition and benefits of inter sectoral actions	Approval of the new FNAP will be the basis for establishment of the high level coordination mechanism.	Following the official approval of the FNAP, it is expected that the line ministries will honor their commitment for inter sectoral actions and the high level inter sectoral coordination will be established.
Activity 1.1.2.	Completed Inter sectoral participation at	Five line ministers attended the national workshop in the	n/a	The current activities will create good practices for various

One national workshop conducted at the beginning of the programme and regional workshops were conducted in each of the target regions in 2010, 2011, 2012 ( 6 workshops)	national and regional meetings contributed to raise awareness on importance of inter sectoral actions for nutrition and food security.	beginning of the programme highlighting commitment to inter sectoral actions. All regional meetings were organized by MOH, MOA and their local structures, invitations jointly signed and sent out by both ministries. Regional meetings were an important forum to plan interventions and monitor progress of JP Nutrition activities		sectors to plan and implement joint actions
Activity 1.1.3. Completed - advocacy plan finalized; meetings of joint teams from Health and agriculture sectors with heads of the communes in target areas conducted to raise awareness on importance of inter sectoral actions  On-going- activities under the advocacy plan to be implemented as planned	Advocacy plan approved by the PMC Expected – JP related events used as an opportunity to share periodical information with the media and the general public including information packages on the JP	The baseline food and nutrition survey and the cost benefit analysis were developed by TWGs established by both leading ministries and results were the basis to develop the advocacy plan. There is good buy in from key stakeholders and key messages are being used. There is a good understanding on the consequences of malnutrition and the cost benefit of inter sectoral interventions	Key advocacy messages are translated into actions in the new FNAP.	Government institutions will continue to be interested in inter sectoral actions for food and nutrition
<b>Output 1.2 – Strengthened national and local capacities for data collection and utilization of data on food, health and nutrition</b>				
Activity 1.2.1. Completed  Review of existing data sources and information systems completed.	Achieved -MOH and MOA have reviewed and officially endorsed the document. Key findings used in the analysis and formulation of the new FNAP	TWG was established with representatives of 5 line ministries, joint meetings were regularly held to report on key findings. The results will be used to support improvements in the monitoring and assessing of food and nutrition security National capacities of 5 line ministries were strengthened on data collection and utilization	No exit actions	
Activity 1.2.2. Completed One training course ( 4days) for the management and analysis of gender disaggregated statistics for agriculture and rural development conducted with 30 participant's from national and local levels	Expected- training will be replicated in other regions	The training was organized by MOA Strengthened capacities for the management and analysis of gender disaggregated statistics for agriculture and rural development	Data collection systems improved to collect gender disaggregated data for food and nutrition	MOA will allocate sufficient resources for capacity development
Activities 1.2.3. & 1.2.5 Completed	Both studies created a good knowledge base for the actual	Capacities of national research institutions (INSTAT, IPH,)	No exit actions	

BFNS (KAP, Anemia causes and food security) survey conducted and complemented by a qualitative survey on gender issues and the effect of high food prices and economic crisis on HH food security	situation in target areas and were a good basis for planning food and nutrition interventions under the JP and for formulation of the new food and nutrition action plan	strengthened for future research activities in food and nutrition. Results of the BFNS were shared at national level and local level (regional meetings). Results are being used in the formulation of the new FNAP, training activities and advocacy events.		
Activity 1.2.4. On-going  FF analysis conducted, report published and disseminated	Expected Mandatory FF established	Awareness raised and better understanding from key stakeholders on the situation and opportunities for FF in Albania  The key findings were widely discussed during a high level advocacy mission from FFI with line ministries, regulation bodies, parliamentarians and private sectors.	The results of this assessment will be used in preparation of legislation framework for mandatory FF	MOH and MOA will continue to be supportive of this process. Milling industry may not be willing to cover all cost related to fortification, if government does not approve tax exemptions for fortification premix and fortification supplies.
<b>Output 1.3 – New National Food and Nutrition Action plan developed</b>				
Activities 1.3.1. & 1.3.2. 1.3.2. completed  Two workshops were conducted during 2011 with external technical assistance and participation of key stakeholders from line ministries to support the technical working group in preparation of the new FNAP	Completed Capacities of government institutions were strengthened to analyze impact of policy choices and decisions on food security and nutrition	Capacities were used in the critical analysis of the existing FNAP and the formulation of the new plan	N/a	
Activities 1.3.3, 1.3.5, 1.3.4, 1.3.6 Completed Intersectoral TWG from 5 line ministries prepared a critical review of the current FNAP, based the findings from quantitative and qualitative assessments On-going Frist draft of recommendations for the new FNAP prepared followed with wide consultations and review process until	Expected - National capacities strengthened to formulate a realistic FNAP based on evidence and specific conditions of Albania	TWG was established with representation of 5 line ministries. Periodical joint working meetings were held at all stages. Key informants from national and local level were involved in the qualitative assessment of the current FNAP. The methodology used for critical review can be used for future analysis of policy documents. Key findings of the critical analysis and progress with the formulation of the new FNAP were widely discussed at	New FNAP endorsed by the Albanian government; High level advocacy to secure budgets for the FNAP	Sufficient financial resources are made available for implementation of the FNAP and are part of the MTBF( medium term budget framework)

finalization		regional meetings. Participatory process and leading role of the MOH, and MOA will ensure the plan is realistic and accepted		
<b>Output 1.4 – National food security and nutrition surveillance system strengthened</b>				
Activities 1.4.1, 1.4.2,1.4.3 Completed Three training courses on Crop production assessment, food balance sheets and food prices were held during November 2011 and March 2012 30 participants from local and national levels	Achieved - Strengthened capacities for the management and analysis of crop production forecast, preparation of food balance sheets and forecasting of food price fluctuations	The training was organized by MOA with international expertise; MOA is aware of the importance of the food balance sheet as an important analysis and planning tool and intends to integrate them in its information system.	MOA will be provided with the full package of the training materials to be used in future training activities A more in-depth training will be required to build capacities for preparation of food balance sheets.	Turnover of trained personnel
Activities 1.4.4., 1.4.5, 1.4.6, 1.4.7 1.4.5. 1.4.6. On-going – Draft TORs for the FNS system developed	Expected Framework for the nutrition and food security surveillance system approved and the system operational in target areas	The process of development of FNS will be based on the critical review of the info systems on nutrition and food security and the current FNAP conducted under the JP, the BFNS, and the ADHS. The FNS will enable governments institutions to have a clear and real time understanding of the food and nutrition situation and support evidence based decision making	FNS reflected and budgeted under the new FNAP and included in the Public Health Observatory at the IPH	Sufficient resources are made available and trained personnel are retained
<b>Outcome 2 – Coordination and capacities to design, implement and monitor nutrition and food security interventions are enhanced at all levels</b>				
<b>Output 2.1- Community based interventions models to address malnutrition and household food insecurity developed and tested</b>				
Activities 2.1.1.& 2.1.2 Completed Community based needs assessment conducted using participatory and rural appraisal approach,	Achieved Key findings and recommendations presented and discussed in the regional meetings	A knowledge base was created on the capacity gaps of local authorities to plan and implement food and nutrition interventions and understand the needs of the community on the type of interventions to be implemented Used in planning the community based activities and capacity development of local authorities through a participatory approach ensuring involvement of local government	No exit action	
Activity 2.1.3. On-going TORs and structure for the capacity development of local	Expected Nutrition and food security management plans developed in each of the selected communes	The participatory approach ( line sectors and LG) used the planning of the capacity building package will ensure that LG is	The nutrition and food security management plans developed will be supported under the sectoral strategies and plans (	Sufficient resources are made available to implement the plans

government structures and CSOs in the design, implementation and monitoring of nutrition and food security interventions process developed	in the target areas	more aware on the importance of intersectoral actions and prepares concrete plans for interventions in the target areas These will be ready to fund action plans developed in response to the specific needs of the communes.	MPOH, MOA) the new FNAP and in the future plans of the UN Participating agencies and other donors	
Activities 2.1.4. & 2.1.5 On-going - Community based needs assessment conducted using participatory and rural appraisal approach defined the intervention mix that will be implemented at the community level. Proposals were discussed and validated in the regional meetings in April 2012. Qualitative survey on effective use of economic aid ( social assistance scheme) to improve health and nutrition status of children in poor families completed	Expected  Development of successful community based intersectoral models that can be scaled up at national level	The interventions will aim to improve community knowledge and practices related to healthy feeding at hh level. Demonstration models will be developed to improve hh food security	Incorporation of the successful models in the new FNAP Revised model of social assistance to ensure the use of nutrition lens in the planning and delivery of economic aid.	Changes in the social assistance materialized
<b>Output 2.2 – Capacity of health providers in target areas enhanced to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counseling</b>				
Activity 2.2.1. Assessment on knowledge gaps in nutrition among service providers conducted	A good knowledge base was created on the capacity gaps of PHC providers for Nutrition and Anemia	The key findings and the recommendations were used to prepare the integrated training modules of nutrition  Findings of the report were widely disseminated at national and regional level	N/a	
Activity 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.2.6 Completed development of the integrated training modules on nutrition and child growth assessment On-going – 200 PHC providers trained on nutrition and child growth assessment. 200 additional personnel planned for 2012	Expected The trained health personnel offer growth monitoring and nutrition counseling to the population	The integrated training modules were based on global recommendations and guidelines on growth monitoring and IYCF The training modules were adopted by the MOH The training curricula accredited by the national centre of continuous health education The training courses were organized by the MOH and its structures at local level. A core team of trainers was prepared at national and local level and could be used for future	Official approval of the new child growth charts by the MOH Official approval of the changes in the facility and home based records based on the new charts Training of health personnel on nutrition and child growth assessment to be integrated in to the CME curricula and be scaled up at national level ( recommendation of the new FNAP)	Sufficient resources are made available

		trainings		
<b>Output 2.3 – Communication for behavior change</b>				
Activity 2.3.2 , 2.3.3 Communication for behavior change strategy and plan to address issues of malnutrition and food insecurity developed Implementation of the communication is on going Logo, slogan of the campaign, and a website were developed along with package of TV spots and other info materials	Completed The communication strategy and plan are officially approved by the minister of health	<b>Communication strategy</b> and plan based on ADHS, baseline survey, and cost benefit analysis, was prepared by a team of Albanian experts and international consultant. The communication for behavior change campaign" new and better ways for infant and young child feeding" is an exciting, colorful campaign, targeting women, new and future mothers and mothers-in-law. This is a behavior change campaign, making effective use of information, evidence, attitude and image change messages, and modeling to promote sustainable change.	The communication models developed will be scaled up through activities planned under the new FNAP	
Activity 2.3.4.  On-going The nutrition modules for teachers and pupils of grades 1-9 developed Piloting and introduction in 20 schools to be completed in the remaining period	Expected Teachers trained and modules piloted in 20 schools in the target areas	An MOU was signed between the Institute of Public Health (IPH) and Institute for Development of Education (IZHA), and a technical working group was established with representation from both institutions and has started to work on preparation of <b>curriculum materials for the instruction of healthy eating</b> and nutrition in the mandatory educational system. The modules for grades 1-3, 4-6, 7-9 were developed.	Approved curricula by the MOES	Schools use the approved curricula
<b>Outcome 3- Public Health Nutrition repositioned within the primary health care services</b>				
<b>Output 3.1 – Capacities of academic staff for developing public health nutrition curricula strengthened</b>				
Activities 3.1.1. 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.1.6  Current public health nutrition curricula at schools of nursing and medicine revised.  Public health nutrition curricula	Expected Public health nutrition curricula improved at bachelor and postgraduate levels	Capacities of the academic staff from schools of medicine and nursing were strengthened on development of competence based curricula and interactive teaching techniques.	Improved public health nutrition curricula incorporated into existing curricula of nursing and medicine faculty	Trained resource persons are retained in their positions

<p>at nursing faculty improved and updated. On-going – implementation is on-going at nursing faculty</p> <p>Preparation of improved PHN curricula at Public Health master degree level and specialization course for PH is on-going ( faculty of medicine)</p>				
<b>Output 3.2 – Supportive supervision mechanisms in health sector strengthened to include delivery of interventions aiming at reducing malnutrition</b>				
<p>Activities 3.2.1. 3.2.2, 3.2.3 Revision of supervision modalities completed On-going Reflect changes in the supervisory documents</p>	<p>Expected The PHC providers use in their daily work the child growth assessment charts and provide nutrition counseling</p>	<p>A TWG from MOH and IPH revised the existing modalities and documentation on supervision and provided comments and recommendations</p>	<p>MOH approved the revised supervision package for PHC, based on recommendations</p>	

Annex 3 – M&E Framework

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
<p><b>Outcome 1:</b> Increased awareness of nutrition as a national development priority at all levels</p> <p><b>Output 1.1.</b> – Strengthened advocacy for nutrition</p> <p><b>Output 1.2.</b> Strengthened national and local capacities for data collection and utilization of data on food, health and nutrition</p> <p><b>Output 1.3.</b> New National Food and Nutrition Action Plan developed</p> <p><b>Output 1.4:</b> National food security and nutrition surveillance system strengthened</p>	<p>Indicator: A nutrition unit is established at IPH in support of the national coordination mechanism</p> <p>Indicator: Food availability, food prices, food security scale and dietary diversity scale included as indicators in monitoring of food security and nutrition</p> <p>Indicator: Advocacy plan available</p>	<p>Baseline: No inter sectoral coordination mechanism for integrated nutrition and food security policies and programmes at high level exist</p> <p>Baseline: No recent capacity development exercises for government officials for inter sectoral food and nutrition actions</p> <p>Baseline: No advocacy plan for food and nutrition exist</p> <p>Baseline: Sufficiently disaggregated data on gender and household food security do not exist</p> <p>Baseline:</p>	<p>Coordinating mechanism for food and nutrition strengthened.</p> <p>Enhanced national capacity for inter-sectoral actions to address malnutrition and food insecurity.</p> <p>National mass-media communication campaign developed and implemented to increase commitment and investment of policy and decision makers.</p> <p>Capacity strengthened for the collection, analyses and use of gender-disaggregated data relating to food, health</p>	<p>National and regional nutrition meetings and contributed to establishment of inter sectoral coordination structures.</p> <p>MOU on nutrition and food security endorsed and signed by 5 line ministries; the MOU also facilitated collaboration and coordination of sector departments at the local level, culminating with joint development of local food and nutrition action plans.</p> <p>The approval of the a detailed plan of action for food and nutrition with attached budgets was identified by the Albanian government as a prerequisite to establish a high level intergovernmental mechanism that will oversee the implementation of this plan ( FNAP 2013-2020)</p> <p>Cross sectoral TWGs were established by ministerial orders to oversee planning and implementation of main JP components.</p> <p>The JP has provided policy and decision –makers with specific evidence and</p>	<p>Ministerial order for establishment of National Coordination structure for Food and Nutrition</p> <p>Minutes of meetings of coordination structures</p> <p>Media coverage reports</p> <p>Training and workshop reports</p> <p>Survey reports</p> <p>Awareness raising communication materials produced and disseminated</p>	<p>Official reports from government of Albania</p> <p>Official workshop reports</p> <p>Training reports</p> <p>Examples of mass communication materials</p>	<p>Participating agencies and government partners</p>	<p>Assumptions:</p> <p>Improvement of food and nutrition status of women and children remains a priority of the government of Albania</p> <p>All major ministries and institutions will commit to implementation of activities</p> <p>No major institutional changes occur during the implementation of the project</p> <p>Risks:</p> <p>Competing priorities of government institutions may shift focus from implementation of JP</p> <p>Mitigation strategies: High level coordination mechanism will help raise the nutrition and</p>

	<p>Indicator: Advocacy plan promoted by line ministries, DSDC, parliamentary commissions, media, and local governments</p> <p>Indicator National data collectors, producers and users trained and surveys conducted</p> <p>Indicator: New FNAP document finalized and officially adopted</p> <p>Indicator Food security and nutrition surveillance indicators, infrastructure and capacities at national level developed</p>	<p>Current (FNAP) has insufficient focus on nutrition and food security issues.</p> <p>Baseline: Growth monitoring data are collected at individual level but not analysed and used to flag out problems; no surveillance system in place</p>	<p>and nutrition.</p> <p>Improved information available on the effects of high food prices and gender on the food security of vulnerable groups and at-risk households.</p> <p>Situation analyses and mapping of milling industry completed.</p> <p>Statistically significant survey conducted in year 1 identifying main causes of anemia in high prevalence areas of the country as identified in DHS.</p> <p>Development of 3<sup>rd</sup> NFNAP.</p> <p>Enhanced capacity for forecasting and early warning of food insecurity or food emergencies.</p>	<p>enabled them to focus strategies and plans towards relevant results.</p> <p>The research activities conducted under the JP as planned, provide evidence-based information to stratify population according to levels of vulnerability enabling specific targeting.</p> <p>The JP provided evidence-based information to help the government identify critical roles and responsibilities of different line ministries and develop a multi-sectoral strategy to tackle the complicated challenge of malnutrition.</p> <p>MOU signed between local government in target communities, sector representatives Agribusiness council (KASH) for community based interventions.</p> <p>Advocacy plan for nutrition and food security completed requiring to apply a “nutrition lens” to plans of all related sectors.</p> <p>Advocacy messages based on CB analysis and advocacy strategy were widely used by heads of UN agencies and government officials in related meetings and other official events, including international meetings.</p> <p>Completed cost benefit (CB) analysis for nutrition</p>				<p>household food security issues high in the government agenda and make investments for nutrition priority not only of one ministry (MOH) but the whole government.</p> <p>Risks:</p>
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	<p>Food security and nutrition surveillance system in operation in target areas</p> <p>Inter sectoral representation in PMC ensured, and annual activity plan monitored and endorsed at this level</p> <p>Inter sectoral TWGs established in relevant areas as technical pillars for the nutrition coordination mechanism</p> <p>Nr of joint decisions taken by government institutions</p>		<p>Central government and project target areas staff trained in rapid nutrition and food security assessment.</p> <p>Tracking system developed on impact of high food prices and food shortages on food and nutrition security.</p> <p>Framework for sentinel sites in project areas developed.</p>	<p>interventions, creating a good base for advocacy.</p> <p>Baseline survey on nutrition and food security completed, final report is prepared and data being used in capacity development, advocacy and communication interventions.</p> <p>Key findings indicate that 19,6% of children 6-59 months in target areas are anemic; 43 % of families in Kukes, 24% in Shkoder and 29% in peri urban areas of Tirana are food insecure.</p> <p>Qualitative survey, complementing the baseline, on gender, food prices and impact of economic crisis on hh food security completed, report finalized and used in preparation of training plan.</p> <p>Development of the new food and nutrition action plan (FNAP) was based on in depth assessment and analysis of the implementation of the existing FNAP through a comprehensive participatory process involving line ministries, local authorities and civil society.</p> <p>The FNAP is endorsed by the four sectoral line Ministries. The Ministry of Finance also endorsed the FNAP 2013-20 clearly indicating commitment of the government to</p>				
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				<p>financially back up the new plan. The official signature is in process.</p> <p>Albanian Food security scale tested and statistically validated</p> <p>National and Local government capacities were strengthened on food security assessment, gender disaggregated data collection, food prices and food balance sheets.</p> <p>The food and nutrition surveillance framework based on the new FNAP, is officially approved by line ministries; training package and software for data collection and information flow is prepared.</p> <p>The knowledge of 10 national members of TWG on food and nutrition data collection and utilization were enriched with studying the Finish practices on the inter sectoral collaboration.</p> <p>Methodological tools (food security scale and dietary diversity score) policy briefs and guidelines on their utilization are produced as components of the food security and nutrition surveillance system.</p> <p>Situation analysis and mapping of milling industry completed including costing of implementation of FF in Albania;</p>				
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				Technical report, presenting the scientific basis for flour fortification was prepared by the TWG and presented to the Minister of health including recommendations for fortification levels. The preparation of the legislative framework for FF is foreseen in the new FNAP 2013-2020.				
<p><b>Outcome 2 :</b> Coordination and capacities to design, implement and monitor nutrition and food security interventions are enhanced at all levels</p> <p><b>Output 2.1.</b> Community based intervention models to address malnutrition and household food in security developed, and tested.</p>	<p>Indicator: Community based intervention models developed and tested</p> <p>Integrated training module on nutrition developed and delivered</p> <p>Number of health workers trained</p> <p>Number of children , women and families benefiting</p>		<p>Capacity of local personnel and CSOs in nutrition and food security interventions assessed.</p> <p>Community needs assessment conducted.</p> <p>100 persons from local government and CSOs trained in design, implementation and monitoring of nutrition interventions.</p> <p>Assessment on knowledge gaps in nutrition among health providers</p>	<p>Capacities of local teams at regional level to work cross sectorally were strengthened in the process of planning and monitoring of JP interventions in target areas.</p> <p>Focal points appointed from regional departments of health, agriculture and education were part of the regional teams and were involved in planning and monitoring the specific JP Interventions in target areas.</p> <p>Local governments were used as an important entry point to introduce change in the institutional and social norms related to addressing nutrition and food security at community level. 15 LGUs formalized local coordination structures with representatives from health, education, agriculture and social sectors and developed their own plans for food security and nutrition management that were</p>	<p>Training and workshop reports</p> <p>Survey reports ( KAP)</p>	<p>Baseline and end line surveys</p> <p>Official training reports Pre and post training evaluations</p> <p>Official reports from regional authorities (health &amp; food and nutrition)</p> <p>Annual and quarterly progress reports</p>	<p>Participating agencies and government partners</p>	<p>Assumptions:</p> <p>All major ministries, institutions and local government authorities will commit to implementation of activities</p> <p>Risks Competing priorities of government institutions may shift focus from implementation of JP</p>

<p><b>Output 2.2.</b> Capacity of health providers in target areas enhanced to conduct Growth Monitoring and Promotion (GMP) and deliver nutrition counseling.</p>	<p>from community based interventions</p> <p>Exclusive breastfeeding rates</p> <p>Number of households benefiting from activities to improve hh food security and intra hh food distribution</p>		<p>conducted.</p> <p>Around 300 health service providers in target areas trained in nutrition.</p> <p>Supervision and follow up methodology developed.</p> <p>KAP survey conducted in target areas.</p> <p>Communication strategy for behavior change designed.</p> <p>Food and nutrition education materials developed according to identified target groups.</p>	<p>approved by commune councils.</p> <p>Community based interventions combined already tested models including: mother support groups (MSGs) for BF, using community volunteers to council on key child care practices in C-IMCI and new interventions models through agriculture, education and social protection sectors.</p> <p>Nutrition sensitive agriculture models supported selected households in the target areas with agriculture inputs and technical advice from agriculture extension workers. 245 homestead gardens and small scale animal husbandry models were established in the target areas that contributed to grow a greater variety of agriculture produce and ensure year around availability of high nutrient content fruits, vegetables and animal products.</p> <p>Around 18,000 families benefited from the implementation of local food and nutrition management plans.</p> <p>Inputs of the JP to the ongoing reform in social protection sector revised the scoring system for enrolment in economic aid of nutritionally vulnerable populations and tested the logistic and financial feasibility of a new model</p>				
<p><b>Output 2.3.</b> Communication for behavior change strategy targeting families and communities for improved care and feeding practices for mothers and children, implemented in target areas.</p>	<p>Nr of children fed according to minimum acceptable diet</p>							

	<p>Varied and comprehensive BCC package by target audience developed</p> <p>Nutrition modules for compulsory education developed and teachers in target areas trained in delivery of modules</p>			<p>combining cash transfers with nutrition services and products .</p> <p>Based on the needs assessment, a group of experts from the School of Medicine, MOH and IPH prepared an integrated 12-day training module on nutrition for PHCPs.</p> <p>Capacity development of 435 primary health care workers provided them with necessary knowledge, skills and tools to improve coverage and quality of growth monitoring of young children and nutrition counselling.</p> <p>Comparing results of two supportive supervision rounds, it was shown that the use of child growth chart was improved from 57 % to 75% of cases observed, and the counseling of mothers by health personnel on breastfeeding was increased by 63%.</p> <p>The use of the child growth assessment was institutionalized by the order of the Minister of health for mandatory use of the new growth charts in all primary health care facilities.</p> <p>JP estimates that 47,623 children under 5, 35,705 women and around 36,000 households have benefited from interventions in the target areas.</p> <p>KAP survey on feeding</p>				
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				<p>practices (part of the baseline survey) completed. Key findings indicate that 42% of children are exclusively breastfeed, 40 % of children 6-23 months are feed according to recommended feeding practices; mothers and grandmothers are the primary source of information ( 55%) followed by health personnel ( 20%).</p> <p>The level of behavior change was not possible to measure at the end of the JP as no end line KAP survey was planned due to relatively short timeline for a meaningful evidence of changed behavior.</p> <p>Degree of behavior change on IYCF practices will be measured during the upcoming second DHS. Communication plan for behavior change officially approved by the Minister of Health.</p> <p>Full package of communication for behavior change products (6 TV spots, 3 radio spots, 5 posters) prepared and distributed through various communication channels: national and local mass media and closed broadcasting systems at the health centers in the target areas.</p> <p>Nutrition modules for compulsory education (teacher's book and pupil's</p>				
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				book) were developed jointly by the Institute of Public Health and the Institute for Development of education based on MOU nr 147, dt 18.04.2011, signed between two institutions. Under the Curriculum Reform on the Basic Education – the “healthy eating and nutrition education” was included as separate curriculum line in two subjects. The new curriculum will start implementation during the 2013-2014 school year.				
<p><b>Outcome 3 :</b> Public health nutrition repositioned within the primary health care services</p> <p><b>Output 3.1.</b> Capacities of academic staff for developing public health nutrition curricula strengthened</p> <p><b>Output 3.2.</b> Supportive supervision mechanisms in health sector strengthened to include delivery of interventions</p>	<p>Indicator: Public health nutrition curricula improved at bachelor and postgraduate levels</p> <p>Indicator: Supervision on nutrition included within the package on supportive supervision for primary health care.</p>	<p>Baseline: Currently module is not existing</p>	<p>Public Health Nutrition Curricula for pre-service core nutrition curriculum and advanced certificate course developed.</p> <p>Curriculum materials prepared.</p> <p>Existing supervision mechanisms reviewed and supervision tool developed in year 1.</p> <p>Supervision tool</p>	<p>Following the capacity building activities with academic staff on competence based PHN (public health nutrition), curricula development and teaching process based in interactive approach, the improved syllabus on PHN was approved and started implementation in the faculty of nursing in 2012.</p> <p>The PHN module was developed following the approval of the respective syllabus by the Scientific Committee of the Faculty of Medicine as part of the third year curricula of the education program for medical doctors.</p> <p>A draft syllabus for one-year post-graduate training in the Faculty of</p>	<p>Finalized and approved core curricula on nutrition and official approval</p> <p>Guidelines by MOH on implementation of nutrition supervision package</p>	<p>Official reports of MOH</p> <p>Annual and quarterly progress reports</p>	<p>Assumptions:</p> <p>All major ministries and institutions will commit to implementation of activities</p> <p>Risks:</p> <p>Turnover of trained personnel and change in position</p> <p>Mitigation strategy:</p> <p>Agreement with the government to ensure trained people are retaining their position for e</p>	

<p>aiming at reducing malnutrition</p>			<p>integrated into PHC in year 2.</p>	<p>Medicine had also been developed and is in process of approval.</p> <p>The review of supervision mechanisms of nutritional situation with focus on children and women was conducted by a working group composed of MOH and IPH.</p> <p>The development and use of the tool for M&amp;E of PHCP trained in child growth assessment and nutrition counseling by the M&amp;E sector at the Public health departments in the regions provided a good model to be integrated into the national existing supportive supervision package for primary health care.</p>				<p>certain period of time</p>
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**Annex 4- Beneficiary table / detailed**

Beneficiary type	Targeted	Reached	Category of beneficiary	Type of service delivered
Government institutions-national	<b>10</b>	<b>14</b>	Ministry of Health, Ministry of Agriculture, Institute of Public Health, School of Medicine, School of Nursing, National Food Control Authority, Ministry of Social Affairs, Ministry of Education, Institute for Development of Education, Ministry of Finance, Ministry of Local Government, Agriculture University, Institute of Statistics, Health insurance Fund	Awareness raising on nutrition as national priority and capacities strengthened on analysis, planning, implementation of food security and nutrition interventions
<b>Government institutions- Direct beneficiaries at national level</b>		90	Government Officials	Awareness raising on nutrition as national priority and strengthened capacities for cross sectoral planning
		52	Government officials	Capacity to design, develop and implement surveys related to nutrition and food security
		60	Health and agriculture professionals	Capacity to understand impact of gender and food prices on food security
		40	Agriculture professionals	Capacity to use the Albanian Food Security Scale
		60	Health, Agriculture, Statistics professionals	Capacity to identify indicators and analyze nutrition and food security data
		20	Agriculture, Statistics, Extension services	Capacity for crop assessment
		20	Agriculture, Statistics	Capacity to apply Food Balance Sheet methodology
		10	Experts from IPH, School of Medicine	Capacity development of Growth monitoring and nutrition counseling ( TOT)
		30	Agriculture, Health, Statistics	Capacity for generating sex-and age-disaggregated data and gender sensitive indicators for food security and nutrition
		40	Education sector	Capacity to use new nutrition education modules in the compulsory education ( TOT)
Government and other local institutions-	<b>16</b>	<b>51</b>	Departments of Public health -7; Regional Education Departments -3; Regional Food and Agriculture Departments -3; Regional Health Insurance Departments- 3; Regional Departments of Social Protection -3; Municipalities -7; communes -25	Awareness raising on nutrition as national priority and capacities strengthened on analysis, planning, implementation of food security and nutrition interventions
<b>Government institutions- Direct beneficiaries at local level</b>				
		300	Health and agriculture professionals	Capacity to understand impact of gender and food prices on food security
		300	Agriculture professionals	Capacity to use the Albanian Food Security Scale
		26	Agriculture, Statistics, Extension services	Capacity for crop assessment
		16	Agriculture, Statistics	Capacity to apply Food Balance Sheet methodology

		435	Primary health care providers ( doctors and nurses)	Capacity development of Growth monitoring and nutrition counseling
		200	Health, Agriculture, Statistics	Capacity to assess, analyze, and monitor nutrition, food security and dietary diversity
		74	Agriculture, Health, Statistics	Capacity for generating sex-and age-disaggregated data and gender sensitive indicators for food security and nutrition
		360	Local government and sector representatives ( Health, Education, Agriculture, Social protection, Coordination and Development)	Capacities to analyze, plan, implement and monitor food security and nutrition interventions at LGU level
		320	Agriculture, Health, Education , Social protection sector representatives	Capacity to design nutrition sensitive agriculture interventions
		1000	Teachers – compulsory education	Capacity to use new nutrition education modules in the compulsory education
		225	Red Cross community health volunteers	Counseling of Infant and young child feeding and development of improved local recipes
		250	MSGs - Mother leaders	Capacity for peer counseling on breastfeeding and complementary feeding
Civil society	<b>20</b>	22	Partners for Development (PFD), Albanian Agribusiness Council ( KASH central + 7 branches), Albanian Red Cross (KKSH center + 7 local branches), Center for healthy Childhood /Albanian IBFAN; Albanian Institute for Health and Social Development ( AIHSD); Albanian Center for Economic Research ( ACER ) ; Agency for Development of Mountainous Areas ( MADA) ; Albanian Fertilizer And Agriculture Inputs Dealers Association (AFADA); National Association of Albanian Farmers (BKFSH), Mary Ward Loreto Foundation, Association of Women Farmers; Albanian Flour Millers Union (UPM); Horticulture Albanian Association (HABA), Association of Dairy and Meat Producers (ADAMA); Albanian Poultry Framers Association ( APFA) ; Albanian National Seeds Association (ANSPA); Yunus Foundation, Association of Kitchen Chefs; Club of health journalists; Public Policy Institute ( PPI) ; Urban research Institute ( URI); National Center for Social Studies (NCSS)	Awareness raising on importance of nutrition and food security  Capacity to plan and implement sector and cross sector interventions related to nutrition and food security
Local interventions in target areas – direct beneficiaries				
Women	<b>36,000</b>	19,519		Interventions through health sector- growth monitoring and nutrition counseling
		2,792		Reached through interpersonal communication – ManiaCard interventions
		5,094		Interpersonal Communication for improved IYCF practices- through Albanian red Cross interventions
		2,500		MSGs

		500	Agriculture interventions
		700	Interventions through education sector
		4,600	Improved water & sanitation conditions in the villages - implementation of local food and nutrition plans
		217,856	Reached through media campaign
Men	<b>34,000</b>	15,271	Pfd interventions – elaborate
		2,300	KASH interventions
		300	Education sector
		54,464	Media Campaign
Children under 5	<b>34,000</b>	27,039	Through health sector GM and nutrition counseling of mothers, distribution of child health book ( home based record)
		5,584	IPC- maniacard reaching mothers of children under 5
		10,000	Red cross interventions – counseling of mothers
		5,000	MSGs- reaching mothers of young children
School Children 5-15	<b>No target est.</b>	600	Agriculture based interventions
		10,000	School based interventions in target schools
		491	Improved water & sanitation conditions in the schools- implementation of local food and nutrition plans

## **Annex 5- List of all document/studies produced by the joint programme**

- Knowledge, attitude and practice survey on anemia and infant feeding practices of primary health care providers
- Baseline Nutrition and Food Security Survey
- Baseline Nutrition and Food Security Survey- summary of key findings
- Food and Nutrition Action Plan 2013-2020
- Qualitative Study on the Effects of Gender Issues and High Food Prices on Household Food Security in Albania.
- The economic consequences of malnutrition in Albania – cost benefit analysis of nutrition interventions
- Effective Use of Economic Aid to Improve Health and Nutrition Status of Children in Poor Families.
- Linguistic Adaptation of the Albanian Food and Nutrition Security Scale
- Better Diets for Health: Monitoring Dietary Diversity in Albania
- Report on Data Inventory and Critical Review of Food and Nutrition Security Data in Albania
- Participatory capacity and needs assessment for key local partners and targeted communities
- Assessment of the national food and nutrition action plan. Albania 2003-2008
- Assessment of the milling industry for the purpose of wheat flour fortification – Albania
- Communication Strategy and Action Plan to Reduce Malnutrition in Children in Albania
- Advocacy strategy for Nutrition in Albania
- Protocol of monitoring visits of primary health care workers in the evaluation of growth, according to the new WHO growth charts and counseling for nutrition of children under 5 years
- Training modules for primary health care providers for growth monitoring and nutrition counseling ( integrated 12 days training course)
- Review of supervision mechanisms of nutrition situation of Albanian population with focus on children and women
- Expert report on recommended fortification agents ( vitamins and micronutrients) to be used for flour fortification in Albania
- Capacity development of local actors for planning and implementation of cross sectorial actions to address malnutrition and food insecurity- Pfd Final report.
- Nutrition education modules for teachers and pupils in compulsory education
- Assessment of the feasibility ( logistical and financial) of providing food and nutrition packages to supplement the Economic Aid
- Training modules for nutrition surveillance system
- Trainers' toolkit including 4 trainings: crop assessment with gender perspective, sex-and-age disaggregate data and gender sensitive indicators, analyzing food price data with a gender perspective, utilization of food balance sheets
- Local ( 15 LGUs) food and nutrition management plans
- Mother support group ( MSG) training tool
- Training modules for Red cross volunteers
- Proceedings of the national conference on school, curricula and nutrition education

- Training catalogue on healthy eating and nutrition for teachers in compulsory education
- Training modules for teachers on use of nutrition modules in compulsory education
- Albanian public health nutrition curricula improvement report
- Principles of human nutrition and health course syllabus
- Curricula for one year post graduate course in Public Health Nutrition
- Report of monitoring of trained health personnel in GM and nutrition counseling

## **Annex 6– list of communication products created by the joint programme**

- Illustrated guideline on improved practices for infant, young child feeding and nutrition during pregnancy and lactation
- Book of improved local recipes for children under 5
- Food Security and its determinants - Leaflet
- Key family practices for better infant and young child nutrition- fact sheet
- Reducing malnutrition in children – Albania – information booklet on JP Nutrition
- Agriculture and nutrition security - Leaflet
- Steps for successful breastfeeding – poster
- Complementary feeding – poster
- Good health starts with good nutrition – poster
- Positioning and attachment for breastfeeding – poster
- Skin to skin contact – poster
- Breastfeeding for a good start in life – TV spot
- Benefits of breast milk – TV spot
- Father/Family support for continued breastfeeding – TV spot
- Nutrition during pregnancy and childhood – advice from the super grandmother – TV Spot
- IYCF – recommendations from health personnel – TV Spot
- Positioning and attachment during breastfeeding- TV spot
- Benefits of breastfeeding – radio spot
- Why exclusive breastfeeding? – radio spot
- New mother, father and health personnel conversation on IYCF – radio spot
- Nutrition during pregnancy and lactation – leaflet
- Exclusive breast-feeding- leaflet
- Feeding during 6-12 months – leaflet
- Feeding from 1 to 5 years – leaflet