

**Programme Title:** *Promotion of a multi-level approach to child malnutrition*

**UNDAF Outcome:** The most vulnerable populations have access to quality basic social services and the management capacity of the national institutions strengthened by 2012

**Joint Programme Outcome(s):**

- 1). Management and prevention of children malnutrition is improved at facility level (nutrition rehabilitation centers and health centers);
- 2). Community-based nutrition promotion & surveillance activities established in 150 selected communities;
- 3). School children in 150 selected community schools are aware of good practices in nutrition & they consume vegetables at least once a day;
- 4). Interventions on children nutrition and food security at local and community levels are effectively and regularly monitored and supervised by the government counterparts

Programme Duration: 3 years

Anticipated Start/end dates: September 2009 -  
September 2012

Fund Management Option(s): Parallel

Managing or Administrative Agent:

Total estimated budget: \$US 2,500,000

Out of which:

**FAO: \$US 608,537**

**UNICEF: \$US 1,451,974**

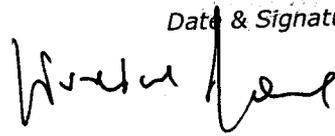
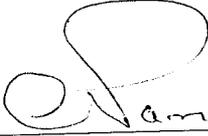
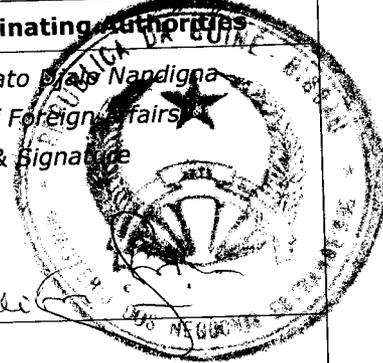
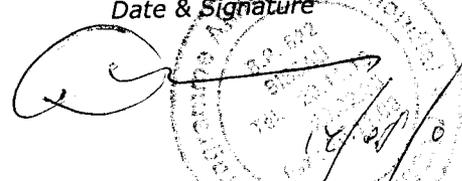
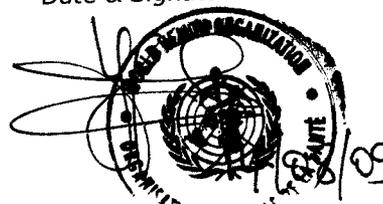
**WFP: \$US 242,547**

**WHO: \$US 196,942**

1. *Funded Budget:* \$US 2,500,000

2. *Unfunded budget:* \$US 0

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

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## List of Acronyms

CSB.....	Corn Soya Blend
CPAP .....	Country Programme Action Plans
FAO .....	Food and Agriculture Organization
HIV .....	Human Immunodeficiency Virus
HNSM.....	Hospital National Simao Mendes
IEC.....	Information, Education & Communication
INEC .....	Instituto Nacional de Estatistica e Censo
IMCI .....	Integrated Management of Childhood Illnesses
JP .....	Joint Programme
MDG.....	Millennium Development Goals
MDG-F.....	UNDP-Spain MDG Achievement Fund
MDTF .....	Multi Donor Trust Fund
MOH.....	Ministry of Health
MOU .....	Memorandum of Understanding
NSC .....	National Steering Committee
NGO.....	Non Governmental Organization
PMC.....	Programme Management Committee
PMTCT .....	Prevention of Mother-To-Child Transmission of HIV
PNDS .....	Plan National de Développement Sanitaire
PRSP.....	Poverty Reduction Strategy Paper
RUTF .....	Ready to Use Therapeutic Food
SBAA .....	Standard Basic Assistance Agreement
SMART.....	Standardized Monitoring and Assessment of Relief Transitions
UN .....	United Nations
UNDAF.....	United Nations Development Assistance Framework
UNDP .....	United Nations Development Programme
UNICEF .....	United Nations Children's Fund
UNFPA .....	United Nations Population Fund
UNCT .....	United Nations Country Team
UNV.....	United Nations Volunteer
WHO .....	World Health Organisation
WFP.....	World Food Programme

## 1. Executive Summary

Guinea-Bissau is in a post-conflict situation and ranks 175 of 177 on the Human Development Index, according to the 2007-2008 UNDP Human Development Report. Many of the major social and health indicators reflect the country's underdevelopment and the existence of widespread poverty. Child mortality rates are high with 138 deaths per 1,000 live births and an under-five mortality rate of 223 per 1,000 live births. The maternal mortality ratio is also high with 1,100 maternal deaths per 100,000 live births. Malaria, acute respiratory infections, diarrhoea and malnutrition remain the major killers of children. Stunting affects 28% of children under five, with a higher prevalence (32.3%) in the poorest regions (the East). Approximately, 17% of children under the age of five years are underweight; the severe form affects 4.8% of children living in the most vulnerable regions.

The Guinea-Bissau United Nations Country Team (UNCT) joint programme "Promotion of a multi-level approach to child malnutrition" is a concerted effort by FAO, UNICEF, WHO and WFP aiming to reduce child malnutrition and mortality in Guinea-Bissau. More specifically, by integrating and boosting the existing efforts at various levels, the programme will (i) strengthen existing nutrition rehabilitation centers and extend their coverage to the whole country by reinforcing nutrition activities in the health centers, (ii) build the capacity of communities to implement a community-based approach for nutrition promotion and surveillance in the most vulnerable areas in collaboration with local and traditional authorities; (iii) develop nutrition interventions in community schools as a complement to the existing school feeding programme, and (iv) strengthen the national institutional capacity to monitor the progress made toward reducing child malnutrition and mortality, and evaluate the impact of the programme.

The joint programme will build on the national and international efforts and aims at improving the nutritional status of children and integrate them in order to achieve greater impact in the reduction of child mortality in Guinea-Bissau. Particularly, the Joint Programme will contribute to the National Strategy for Poverty Reduction (PRSP) and to the National Health Development Program (PNDS) aiming at strengthening primary health care through a minimum package of activities; effectively involving communities in management and decision-making for health issues and programs and greater access to health services. The Joint Programme is also aligned with UNDAF priorities such as the improvement of the capacity of health system and the reduction of infant and maternal mortality. The JP will also contribute to the country's efforts toward achieving the MDGs, particularly one and four.

The Joint Programme will strengthen national capacity in the health and nutrition sector, empower communities and make positive contributions to the national and international partnerships. The project will be built on concerted efforts between UN agencies and national partners including national institutions, community leaders and local NGOs.

At the end of the 3-year programme, 24 nutrition rehabilitation centers and 90 health centers will have the capacity to effectively manage and prevent malnutrition including its acute severe form. Malnutrition management and surveillance will be established in 150 selected communities. Schools children and school teachers as well as parents in selected communities will acquire basic knowledge in nutrition, food security, hygiene, and basic health care and will be able to manage and efficiently maintain school gardens. In addition, the capacity of the government in monitoring and evaluating nutrition related intervention will be strengthened. Prior to the implementation of the JP, the criteria for selecting the communities which will benefit from the JP will be defined in collaboration with the national counterparts through the JP management team, taking into consideration the priority areas indicated in the National Health Development Plan (2008-2012); data from the 2008 nutrition survey regarding the highest malnutrition rates, existence of WFP schools feeding programme; possibility of

agriculture conditions to develop and sustain school gardens; other criteria identified by the JP management team.

## 2. Situational Analysis

Guinea-Bissau, a West African country with an estimated population of 1.6 million inhabitants in 2008, has some 333,000 children under the age of five years and a total area of 36,125 km<sup>2</sup>. Guinea-Bissau has seen a period of social decline since the armed conflict in 1998/99 which has been characterized by a failure to satisfy the basic needs of its population. Guinea-Bissau must both face to the urgent need to consolidate peace and democracy and the challenge of achieving the MDGs and human development.

The economy of Guinea-Bissau is not very diversified and is based mainly on the primary sector. The main crops in the agricultural sector are rice and nuts and in 2004, cashew nuts contributed to over 58% of GDP. The economic, political and social situation in Guinea-Bissau has been difficult and has had a negative impact on the living conditions of its population. The country ranks 175 out of 177 nations on the Human Development Index, according to the 2007-2008 UNDP Human Development Report, with a per capita income of around 182 U.S. dollars in 2004. The life expectancy at birth is 47 years<sup>1</sup>.

The social and human situation in Guinea-Bissau is bleak; the 2004 national report on the Millennium Development Goals showed how slowly the MDG process is progressing in Guinea-Bissau. Two out of three Guineans are still below the absolute poverty line and the trend is not yet on the verge of turning around given the weak economic situation in the country<sup>2</sup>.

Achieving universal education remains a massive challenge to Guinea-Bissau. Over 45% of children of school age have no access to school due to lack of infrastructure and qualified teachers. In addition, Guinea-Bissau is still far from parity in education with ratios of 83 girls to 100 boys and 44 girls per 100 boys respectively in primary and secondary school as stated in the Human Development Report in Guinea Bissau. Moreover, 63.4% of the population in Guinea-Bissau is illiterate with a distinct disadvantage for women whose literacy rate was only 16.7% compared to 23.8% for men. Differences also exist between regions; e.g., Bafata, Oio and Gabu where literacy is the least advanced with levels of only 11.8%, 13.8% and 17 respectively.

Access to safe water and sanitation is a major problem in Guinea-Bissau with serious consequences for public health as only 56.4% of the population have access to drinking water and only about 37% have sanitation facility.

Infant and child mortality rates are still unacceptably high (138 and 223 deaths per 1,000 live births respectively – MICS<sup>3</sup> 2006). The major causes of infant and child morbidity and mortality are acute respiratory infections (57%), malaria (35%) and diarrhoeal diseases (15%). Under-nutrition is the leading underlying cause of child mortality as it increases the case fatality rate in children suffering from common childhood diseases, such as diarrhoea and pneumonia<sup>4</sup>. The estimated maternal mortality ratio is alarming: 1,100 maternal deaths per 100,000 live births<sup>5</sup>.

Guinea-Bissau's children's nutrition indicators are worrisome. The latest nutritional survey using the SMART methodology (November 2008) indicates that the rate of exclusive breastfeeding up to six

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1 STATE OF THE WORLD CHILDREN, 2009, UNICEF

2 NOTE SUR LA SITUATION SOCIO-ÉCONOMIQUE DE LA GUINÉE BISSAU, UNDP, 2006

3 MULTIPLE INDICATORS CLUSTER SURVEY (MICS), 2006.

4 THE LANCET SERIES ON UNDERNUTRITION, JANUARY 2008

5 MATERNAL MORTALITY IN 2005 – ESTIMATES DEVELOPED BY WHO, UNICEF, UNFPA AND THE WORLD BANK.

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

Maternal educational level, hygiene conditions and socioeconomic status have a significant impact on child and infant morbidity/mortality and malnutrition rates. As in many other poor countries, malnutrition occurs in families that have limited access to nutritious foods and are living in unhygienic conditions. On the other hand, the majority of children who suffer from severe malnutrition are never brought to health centers; therefore, only preventive interventions with a strong community-based component can provide them with the appropriate care. There is evidence that about 80% of children with acute severe malnutrition who have been identified through active case finding through communities can be treated at home<sup>6</sup>. In such a poor country like Guinea-Bissau, investing in the prevention of malnutrition is critical; this should include interventions aiming to increasing knowledge and promote sound practices among communities in order to promote maternal health, increase the proportion of children exclusively breastfed and ensuring appropriate complementary feeding, as well as increasing the capacity of the communities to identify severely malnourished children earlier, before the onset of complications.

Access to healthcare infrastructures is still weak, especially in poor regions such as Oio and Gabu, Bissau, with more than 300,000 inhabitants, has a weak network of health centers, which causes an overload on the national Hospital Simao Mendes (HNSM), the only structure that serves the entire nation and lacks essential equipments and supplies. The four regional hospitals are in the same situation regarding needs. Access to complete reproductive healthcare is still weak. The functioning of services is affected by the lack of qualified human resources, a shortage of drugs and weaknesses in the implementation of outreach strategies. In addition, demotivation of the government staff is rampant due to the precarious working conditions and low pay. All of this contributes to an increase in the lack of confidence of users of the services and causes a low rate of usage.

Nutrition activities such as management of acute, moderate and severe malnutrition are part of the minimum package of activities of the health centers, as defined by the National Health Development Plan. However, currently only 24 nutrition rehabilitation centers run by Caritas are dedicated to nutrition activities. Though this remains a highly relevant intervention, a joint evaluation conducted in July 2008 by UNICEF and the Ministry of Health reported problems in these centers (lack of staff trained on malnutrition management due to the quick staff turn-over, non respect of the treatment protocol, weak recording and reporting systems, lack of appropriate equipment). Moreover, the supervision of nutrition activities is weak due to insufficient qualified personnel at the nutrition unit of the Ministry of Health (team of only two people for the entire country), as well as the absence of appropriate transport means for field monitoring visits.

The Government clearly considers malnutrition and food insecurity as a priority. Increased access to social services and infrastructure is one of the four priority intervention areas of the Poverty Reduction Strategy Paper (PRSP), with an emphasis on access to a well-balanced feeding for children, women

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<sup>6</sup> COMMUNITY-BASED MANAGEMENT OF SEVERE ACUTE MALNUTRITION - A JOINT STATEMENT BY WHO, WFP, UN STANDING COMMITTEE ON NUTRITION AND UNICEF, 2007.

and newborns. The National Health Development Plan (2008-2012) highlights growth monitoring, micronutrients supplementation and exclusive breastfeeding as key elements in the minimum package of interventions for children under five. The Government has also elaborated several policy documents to ensure that malnutrition is effectively addressed, such as the National Policy for Use of Micronutrient Supplements and De-worming in the Health Programmes<sup>7</sup>, the National Nutrition Policy, the National Plan for Food and Nutrition<sup>8</sup>, and the nutritional component of the National Programme for Food Security<sup>9</sup>. In 2006, the Ministry of Health adopted the Child Survival and Development initiative as the strategy for reducing infant and child mortality in Guinea-Bissau. The strategy focuses on the implementation of high impact life-saving health and nutrition interventions. Recently, the country has developed a national strategic plan for Community-based Integrated Management of Childhood Illnesses (IMCI), which includes exclusive breastfeeding and child nutrition as key family practices to be promoted. Since 2006, the country has conducted every year two rounds of vitamin A supplementation and distribution of de-worming tablets for all children under five, achieving coverage higher than 90%.

The UNCT efforts in this area are significant. The World Health Organization (WHO), UNICEF and UNFPA are providing substantial technical assistance for the formulation of the second National Health Development Plan, which includes an important nutrition component. UNICEF is providing technical and financial support to the Government to implement child survival interventions, such as micronutrients supplementation campaigns, promotion of early and exclusive breastfeeding, use of insecticide treated nets, hand washing and PMTCT (Prevention of Mother-To-Child Transmission of HIV). UNICEF also supports Caritas by providing anthropometric equipment and therapeutic foods for the nutrition rehabilitation centers. The WFP is supporting supplementary feeding for malnourished children under five and pregnant and lactating women in the existing nutrition rehabilitation centers. Moderately malnourished children under five will receive dry rations from nutrition rehabilitation centres or public health centres until they reach normal weight (85 percent W/H). Malnourished children receive micronutrient-fortified rations of CSB - Corn Soya Blend (250gr./person/day), vegetable oil (25gr./day/person), sugar (20 gr./day/person) and iodized salt (5gr/person/day).

In addition, the WFP promotes access to education and provides basic nutrition through food and nutrition assistance. The school feeding programme of WFP aims to improve the nutritional status of school children as well as school attendance, through the provision of food at school; WFP is assisting 150,517 pre-primary and primary schoolchildren in 897 schools all over the country (all regions except Bissau capital city). In the proposed areas of intervention of this joint programme (Bafata and Gabu regions), WFP is assisting 2,004 pre-schoolchildren and 76,119 schoolchildren<sup>10</sup>. WFP food basket for school feeding contains corn Soya blend (enriched with minerals and vitamins), vegetable oil (enriched with vitamin A) and sugar. In addition WFP is distributing take home ration (cereals) as an incentive to girls to attend school and ensure gender parity. WFP is also using the school feeding programme to distribute de worming tablets twice a year to schools children. To complement these efforts at the school level, in 2004 FAO developed a pilot project of school gardens under which seeds and tools were provided to 50 primary schools, as well as training to teachers and beneficiaries on basic information on nutrition. Unfortunately to date, there is no available documentation of this experience.

### 3. Strategies, Lessons Learned and Proposed Joint Programme

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7 POLÍTICA NACIONAL PARA A UTILIZAÇÃO DOS SUPLEMENTOS DE MICRO NUTRIENTES E DEPARASITAÇÃO NOS PROGRAMAS DE SAÚDE, NOVEMBRO 2005.

8 POLÍTICA NACIONAL DE NUTRIÇÃO E PLANO NACIONAL DE ALIMENTAÇÃO E NUTRIÇÃO NOVEMBRO 2005.

9 PROGRAMME NATIONAL DE SÉCURITÉ ALIMENTAIRE – COMPOSANTE NUTRITIONNELLE, JUILLET 2007.

10 WFP STANDARD PROJECT REPORT (GUINEA BISSAU), 2007

### 3.1. *Background:*

The UNDAF in Guinea-Bissau aims to support social protection and development of human capital. This will enable vulnerable groups to use quality basic social services and national institutions to have continuous human development. It is therefore obvious that strengthening the capacity of health services and empowering communities in preventing and managing malnutrition will contribute to reach this goal. In addition and despite the difficult political situation, the government of Guinea-Bissau has made special efforts to define policies that contribute to poverty reduction and achieving the MDGs. These policies are defined in key strategic documents such as the National Strategy for Poverty Reduction (PRSP) and the National Health Development Plan (2008-2012).

The Joint Programme will also contribute to the expected outcome of the combined efforts of UN agencies, and the Guinea Bissau' government by:

- 1). *Building capacities in health facilities, nutrition rehabilitation centers and communities in managing malnutrition and promoting basic health care*
- 2). *Reinforcing the existing infrastructure by providing equipment and food supplement*
- 3). *Promoting food security and nutrition education at schools and communities*
- 4). *Strengthening national capacity in monitoring and evaluating the national nutrition-related interventions*

During the three years of its implementation, the joint programme will benefit an approximate 20,000 children under the age of five years by reinforcing the facility and community-based management and prevention of children malnutrition. Some 15,000 primary school children and their families will benefit from the school garden initiative and training activities related to nutrition, hygiene and primary health care. Therefore, the joint programme will contribute to the achievement of MDG 4 (of reducing child mortality) as well as MDG 1 related to the eradication of extreme poverty and hunger, and the MDG 2 aiming at achieving universal primary education.

### 3.2. *Lessons Learned:*

The experience acquired in the past years highlights a number of lessons that can be used to improve the implementation of this Joint Programme:

- The interventions planned within the framework of this joint programme have to be tested and adapted to the satisfaction of the government stakeholders such as the Ministry of Health, the Ministry of Education, the Ministry of Agriculture and the community leaders. Another prerequisite is that the MOH should provide strong program leadership and effective nationwide coordination.
- The interventions are conceived of and implemented in a decentralized manner, centring around the community and encouraging **community participation and ownership** in every step of planning and implementation and at all levels of decision-making.
- Partnerships are important and the need to engage partner institutions and support their efforts in child health and nutrition activities. Senior technical staff of the project should also maintain an ongoing dialogue with key stakeholders to gradually overcome barriers to change
- A reasonably effective nutrition coordination structure needs to be in place at national level (Ministry of Health) with trained staff and effective presence at regional level; the Project should provide systems strengthening. The project should also actively support the use of integrated coordinating mechanisms for addressing many of these constraints.

- The Program will build a strong **monitoring and evaluation** component to provide essential information on program progress and impact. This information should be regularly reviewed by well trained staff, and used to address and rectify programmatic issues
- Capacity building is the key to sustaining the results of the programme and will therefore be pursued with multiple institutions across multiple sectors and components.

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

The overall goal of the joint programme (JP) is to strengthen the national capacity in reducing child malnutrition and mortality particularly in the most vulnerable area by introducing a multilevel approach that involves major stakeholders as well as communities. The programme was designed to complement ongoing efforts to increase access to social services and infrastructure as a priority area of government policies including the Poverty Reduction Strategy and the National Health Development Plan (2008-2012). The JP will mainly contribute in addressing critical gaps in the process such as capacity building, institutional infrastructure and quality services.

As developed jointly, the programme needs close cooperation and coordination between all agencies involved; the capacities and add-value of each agency are complementary. For example, it is expected that UNICEF, WFP and WHO<sup>1</sup> will focus on strengthening health centers and community capacity in managing child malnutrition, including severe acute malnutrition.

UNICEF, WFP and WHO have a substantial experience in the management of severe acute and moderate malnutrition at health facility and at the community levels. UNICEF will provide assistance to ensure that health facilities and nutrition rehabilitations centers are providing adequate services to manage acute severe and moderate malnutrition. UNICEF will support the work of an international nutritionist to coordinate the implementation and monitoring of the nutrition program. UNICEF, in collaboration with WHO, will also provide support and technical assistance to strengthen health facilities and nutrition rehabilitation centers infrastructure and provide appropriate training for health workers on the management of acute severe and moderate malnutrition as part of the Integrated Management of Childhood Illnesses (IMCI). In addition, UNICEF will provide substantial support to the health workers in developing communication tools on nutrition, hygiene and basic health care. UNICEF and WHO will ensure that activities at facility and community levels are in complementary and integrated, including the promotion of maternal nutrition. UNICEF will provide iron supplement for antenatal care and vitamin A supplement during post-natal visits. Infant and young child feeding practices and breastfeeding will also be promoted. In addition, UNICEF will provide multi-micronutrient supplements (sprinkles) for pregnant and lactating mothers to ensure that foods produced and prepared locally, particularly complementary food for young child, contain adequate amount of essential micronutrients.

UNICEF and WFP will work closely at health facilities and rehabilitation centers linking supplementary feeding to the management of malnutrition to better targeting treatment of malnutrition and food security. On the other hand, WFP and FAO will work in synergy within this programme to optimize their efforts in ensuring food security and increasing school attendance. School gardening promotes active learning by providing children with hands-on experience in food production, and increasing children's knowledge on nutrition. It also improves household nutrition and food security benefiting the whole family. In this joint activity, WFP and FAO will support the implementation of primary school gardens within the framework of the WFP school feeding programme. WFP will give food for school canteens and provide take-home rations to girls and FAO will support the school garden activities and provide training on basic agriculture for teachers and parents as well as tools for gardening. UNICEF and WHO will contribute to this activity by supporting the training of schools children and teachers on basic nutrition, basic health care and hygiene promotion. It is expected that

the schools gardens and the nutrition component of the JP will be implemented in the same communities to have greater impact; i.e. the schools gardens and the health centers/nutrition rehabilitation centers will be in the same community.

The programme approach will also allow for the necessary support of implementing partners, principally relevant ministries, community leaders and civil society's organizations. This is to promote national ownership. The JP will contribute to this objective by promoting capacity building at all levels. In addition, coordination, monitoring and evaluation activities of the JP will be managed by the government which will be strengthened to achieve this purpose.

The programme design was built on key lessons learned from the UN experience in health and nutrition activities. For example, capacity building is the key for sustainable interventions. The programme will enhance capacity at all levels of the process. In addition, the need to engage partner institutions at the beginning of the implementation for decision making and planning will ensure the ownership and will contribute in reaching the expected output. Moreover, the JP will build on a strong monitoring and evaluation components to provide essential information to measure the progress and impact of the JP.

The joint programme is designed over a three years period. Activities in the first year will focus on building capacity in managing severe acute and moderate malnutrition at the facility and community levels. In addition, advocacy and sensitization sessions on basic nutrition and health care will be conducted at schools and communities. The reinforcement of the nutrition unit at the Ministry of Health is one of the important activities planned in the first year for better coordination and monitoring. Activities in the second year will mainly focus on monitoring and evaluating implemented interventions at health facilities, communities and schools. Updated trainings will also be undertaken in the second year. Activities in the third year will focus on the final evaluation of the programme and ensuring sustainability of the interventions. A launching workshop will be organized at the beginning of the implementation of the joint programme during which a detailed work plan will be discussed and finalized with implementing agencies and national stakeholders. The targeted communities will be selected in collaboration with the government counterparts, considering the priority areas of the National Health Development Plan (2008-2012); this selection will also consider the areas with high malnutrition rates, the functionality of the schools.

In the regions, contacts with the communities will be facilitated and followed by the regional authorities (Governor and chief of sectors). The implementation of the activities at regional and local levels will be ensured by the health and education regional teams. The programme management team will conduct regular joint field missions and the programme coordinator will work in close collaboration with regional actors.

The programme plans to actively involve local non-governmental organizations through partnership to help in implementing various activities.

**Joint Programme Outcome 1: Management & prevention of children malnutrition is improved at health facility level (nutrition rehabilitation & health centers)**

Most of the country's health facilities in Guinea Bissau are damaged; the health centers are poorly equipped and suffer from lack of staff and qualified health personnel. The activities listed below will contribute in improving the quality of health services by strengthening the capacity of health workers in managing malnutrition and by improving the existing infrastructure.

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

Specific activities will include:

- Provide the needed quantities of ready-to-use therapeutic foods (RUTF), micro-nutrient supplements (vitamin A and iron) including sprinkles and anthropometric materials to the selected health centers and rehabilitation centers.
- Provide to the selected health centers and nutrition rehabilitation centers the needed quantities of take home food supplements (Cereals and seeds, Corn-Soya, milk, iodized salt, sugar, and vegetable oil) and kitchen material for food preparation & demonstrations.

The anthropometric measurements will include weight and height in order to monitor the wasting and stunting indicators.

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

Specific activities will include:

- Prepare appropriated training material<sup>11</sup>
- Organize training sessions
- Evaluate the process

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

Specific activities will include:

- Preparation of adapted IEC material
- Train health workers on IEC techniques
- Provide health workers with transport means for outreach activities at community level
- Monitoring & evaluation process

## **Joint Programme Outcome 2: Community based nutrition promotion & surveillance established in selected communities**

Output 2.1: community workers/volunteers are knowledgeable and put into practice on basic malnutrition monitoring and surveillance practices<sup>12</sup>, such as growth monitoring, identification of signs of malnutrition and timely referral of malnourished children, promotion of exclusive breastfeeding, timely and appropriate complementary feeding, maternal nutrition and hygiene.

Specific activities will include

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<sup>11</sup> WORLD HEALTH ORGANIZATION: TRAINING COURSE ON THE MANAGEMENT OF SEVERE MALNUTRITION, WHO/NHD/02.4(P)1. GENEVA: WHO, 2002

<sup>12</sup> COMMUNITY-BASED MANAGEMENT OF SEVERE ACUTE MALNUTRITION

- Preparation of training material & Training of selected community workers/volunteers on basic malnutrition monitoring and surveillance, maternal & child nutrition, basic health care and hygiene<sup>13</sup>
- Evaluation & monitoring of the process

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

Specific activities will include:

- Produce interactive education materials into local languages
- Dissemination of best practices in counselling services attached to ante-natal care services
- Organize sensitization sessions in communities using appropriate IEC material on basic health care, nutrition and hygiene.

The sensitization sessions in the communities will include activities such as good cooking practices, use of local foods, with an emphasis on food diversification. Specific attention will be given to these sessions to ensure a good participation of both women and men.

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

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

Specific activities will include

- Preparation of nutrition survey's tools and questionnaires to assess nutritional status of target children at the baseline and at the end of the intervention
- Assessment of nutritional status and food intake of school children

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

Specific activities will include:

- Preparation of IEC material
- Organisation of training sessions
- Evaluation of the training sessions

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

Output 3.4: School gardens are crated in 150 schools

Specific activities will include:

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<sup>13</sup> WHO: IMPROVING CHILD HEALTH IN THE COMMUNITY, WHO/FCH/CAH/02.12.GENEVA: WHO, 2002

- Set up of the management team of the school gardens made by teachers, school kids, parents and community members who will ensure the maintenance of school garden particularly during school holidays
- Create and maintain the school gardens
- Contribute to the school meal preparation
- Evaluation of the intervention

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

Output 4.1: The Nutrition Unit at the Ministry of Health is reinforced in terms of human resources and equipment

Activities include:

- Recruit one international nutritionist and one national nutrition expert for the MOH
- Support supervision and field missions with the procurement of a vehicle.

Output 4.2: The Joint programme is evaluated

Activities include:

- Assessment
- Reporting
- External audit

Throughout the implementation of the JP, the participating agencies and partners will undertake quarterly joint field visits to monitor progress against the indicators with the participation of the field implementing partners and beneficiaries. The monitoring tools usually used by the Government counterparts will be adapted to the context of the JP; they will include qualitative indicators to measure the quality of the services provided to beneficiaries. The outcomes of the visits will be discussed on the spot with the local partners and authorities, and corrective measures decided jointly. If needed, rapid surveys will be conducted during the field monitoring visits to assess the satisfactory level and involvement of beneficiaries and communities. A final evaluation of the programme will be conducted.

***Gender equality***

The women's situation in Guinea-Bissau is highly vulnerable with illiteracy rates of 76.2%, high prevalence of maternal mortality and harmful traditional practices such as forced marriage and female genital mutilation and cutting. Thus, improving women's knowledge of basic health care, hygiene, nutrition and food security can prevent illnesses, disabilities and premature deaths. Further, women who enjoy good health are better able to contribute to economic development. The JP will contribute to women's development and health by promoting basic health services and community activities on good practices as well as food security through gardening activities in schools.

***Contributing to better environment***

School gardens can make an important contribution to the country's efforts to overcome hunger and malnutrition through improving nutrition and education of children and their families. In addition, it is

important to highlight that school gardens are also a platform for learning about nature and environment and making healthy food choices.

### 3.4. *Sustainability of Results*

To sustain the Program, the JP will,

- Reinforce the position of the Ministry of Health (MOH) to be the main partner of the Program by strengthening the capacity of the nutrition unit at the MOH in implementing, monitoring and evaluating activities within the JP.
- The JP will also emphasize on strengthening partnership with key stakeholders such as NGOs through cooperation agreements or memorandum of understanding (MOU).
- The JP will ensure a strong multi-level capacity building at the Ministry of health, at regional health directorates, at health facilities and communities, experience has shown that community-based activities where populations are mobilized are essential components of programmes for sustainable reduction of malnutrition.
- The project team will ensure that strategies for capacity building and technical assistance only introduce monitoring & evaluation processes and information management systems that are affordable and sustainable over the long-term, after the withdrawal of international assistance.

## 4. Results Framework

The Joint Programme will focus on outcome area 1 (promotion of integrated approaches for alleviating child hunger and under-nutrition) of the Terms of Reference of the Thematic Window for Children, Food Security and Nutrition. It will contribute to the achievement of MDG 4 (of reducing child mortality) as well as MDG 1 related to the eradication of extreme poverty and hunger, and the MDG 2 aiming at achieving universal primary education.

The progress on the MDG indicators related to goals 1 and 2 (Eradicate extreme poverty and hunger, Reduce child mortality) will be measured through the 2010 MICS, particularly, the infant & under-five mortality rates, the prevalence of underweight children and the measles vaccination coverage. The periodic food security survey will help to measure the proportion of population below the minimum level of dietary energy consumption. The measles immunization coverage will be also monitored through the routine data collected by the national health information system. As much as possible, data will be disaggregated to capture the gender.

The existing information and monitoring systems will be strengthened with realistic indicators to monitor progress and evaluate the impact of the interventions.

The outcomes and outputs of the programme are:

- 1) Management and prevention of children malnutrition is improved at facility level (nutrition rehabilitation centres and health centres).
  - a) 24 nutrition rehabilitation centres and 90 health centres are equipped to effectively prevent and manage children malnutrition;
  - b) 228 health workers are trained to ensure effective prevention and management of children malnutrition;
  - c) 114 health and nutrition rehabilitation centres are provided with appropriate information and communication materials to undertake educational interventions on nutrition practices at community and school levels.

- 2) Community-based nutrition promotion & surveillance established in 150 selected communities.
  - a) 600 community workers/volunteers (four in each selected community) are empowered with the information, knowledge and skills to adequately conduct growth monitoring and nutrition surveillance, identification of signs of malnutrition and timely referral of malnourished children, promotion of exclusive breastfeeding, timely and appropriate complementary feeding and hand washing.
  - b) Knowledge, skills and confidence to practice the promoted practices are built among communities and families through communication activities for behaviour change – in particular, nutritional practices such as early and exclusive breastfeeding, timely and appropriate complementary feeding, hand washing, Prevention of Mother to Child transmission of HIV.
- 3) School children in 150 selected community schools consummate vegetables at least once a day.
  - a) School gardens established in 150 selected community schools;
  - b) 300 school teachers and 300 representatives of school parent’ associations are trained to effectively manage “school gardens” in the selected community schools.
- 4) Interventions on children nutrition and food security at local and community levels are effectively and regularly monitored and supervised by the government counterparts.
  - a) The Nutrition Unit at the Ministry of Health is reinforced in terms of human resources, equipment and transport means.
  - b) The capacity of public health and nutrition centres are strengthened through training and supportive supervision, in order to ensure monitoring of community-based and school garden activities.

**Table 1: Results Framework**

UNDAF (or other relevant framework) outcome: <b>The most vulnerable populations have access to quality basic social services and the management capacity of the national institutions strengthened by 2012.</b>								
<b>Joint Programme Outcome 1: Management &amp; prevention of children malnutrition is improved at health facility level (nutrition rehabilitation &amp; health centers)</b>								
Indicators:								
<ul style="list-style-type: none"> <li>• Number of children of severe acute malnutrition treated</li> <li>• Number of children of moderate and severe malnutrition treated</li> <li>• Number of mothers receiving pre-natal services</li> </ul>								
Baseline: Child malnutrition indicators , SMART survey 2008								
Number of pre-natal visits in 2008								
JP Outputs (Give corresponding indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization <sup>14</sup>	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Y1	Y2	Y3	Total
1.1. 24 nutrition rehabilitation centers and 90 health centres are equipped to effectively prevent and manage child malnutrition <u>Indicators</u> - Number of health centers equipped - Number of centers receiving Food supplements <u>Baseline</u> - 22 centers actually functioning in 2009	By 2012, 24 nutrition rehabilitation centres and 90 health centres are provided with needed quantities of ready-to-use therapeutic foods (RUTF), micro-nutrient supplements and anthropometric materials	UNICEF	Ministry of Health	Procure and distribute the required quantities of supplies (ready-to-use therapeutic foods (RUTF), micro-nutrient supplements and anthropometric materials)	40,000	0	70,000	110,000
				Procure the needed non food material	47,320	25,424	25,424	98,168
	By 2012, 24 nutrition rehabilitation centres and 90 health centres are provided with needed quantities of take home food supplements and	WFP	Ministry of Health		Procure food supplements	36,750	35,345	28,816

<sup>14</sup> IN CASES OF JOINT PROGRAMMES USING POOLED FUND MANAGEMENT MODALITIES, THE MANAGING AGENT IS RESPONSIBLE /ACCOUNTABLE FOR ACHIEVING ALL SHARED JOINT PROGRAMME OUTPUTS. HOWEVER, THOSE PARTICIPATING UN ORGANIZATIONS THAT HAVE SPECIFIC DIRECT INTEREST IN A GIVEN JOINT PROGRAMME OUTPUT, AND MAY BE ASSOCIATED WITH THE MANAGING AGENT DURING THE IMPLEMENTATION, FOR EXAMPLE IN REVIEWS AND AGREED TECHNICAL INPUTS, WILL ALSO BE INDICATED IN THIS COLUMN.

JP Outputs (Give corresponding indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization <sup>14</sup>	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Y1	Y2	Y3	Total
- 33 centres receiving food supplements from WFP	kitchen material cooking demonstration			Ensure transport, handling & storage of foods	9,200	9,200	9,200	27,600
1.1 228 Health workers are qualified on and put into practice for effective prevention and management of children malnutrition  <u>Indicator:</u> % of trained staff who scored at least 80% for the post test of the training session	By 2012, the capacity of 228 health workers in management of moderate and severe malnutrition strengthened	UNICEF	Ministry of Health	Train health workers on quality management of child malnutrition	14,000	14,488	14,488	42,976
				Supervise the implementation of the training	4,000	4,000	4,000	12,000
	Refresher trainings are organized every year for the trained health workers	WHO	Ministry of Health	Organize refresher trainings for health workers	0	17,100	8,000	25,100
	By 2010, Health centres in need are equipped with transport means to conduct outreach activities and to supervise the community health providers	UNICEF	Ministry of Health	Procure transport means for the health centres	25,000	0	40,000	65,000
1.3. 24 nutrition rehabilitation centres and 90 health centres are provided with appropriate information, education and communication material on basic nutrition, health care and hygiene to undertake campaigns at community and school levels	By 2010, IEC materials on basic nutrition, health care and hygiene are made available for selected health centers and schools	UNICEF	Ministry of Health	Design, print and distribute the IEC materials to the health centres and schools	20,000	0	0	20,000
	By 2012, 224 health workers trained on IEC techniques who scored 80% in the post evaluation	UNICEF	Ministry of Health	Train health workers on communication strategies	10,000	5,000	5,000	20,000

JP Outputs (Give corresponding indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization <sup>14</sup>	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Y1	Y2	Y3	Total
<p><u>Indicators:</u></p> <p>Number of health workers trained on IEC techniques and who scored at least 80% during the post training evaluation.</p>								
<p><b>Joint Programme Outcome 2: Community-based nutrition promotion &amp; surveillance established in 150 selected communities</b></p> <p><u>Indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of communities where community based nutrition promotion &amp; surveillance is established</li> <li>• Number of malnourished children effectively treated at community level</li> </ul>								
<p>2.1. 600 community health care providers are knowledgeable and put into practice on basic nutrition monitoring and surveillance practices, such as growth monitoring, identification of signs of malnutrition and timely referral of malnourished children, promotion of exclusive breastfeeding, timely and appropriate complementary feeding and hand washing, etc</p> <p><u>Indicators</u></p> <p>Number of health care providers trained and who scored 80% during the post training</p>	<p>By 2012, Selected 600 community health care providers are trained on basic nutrition monitoring and surveillance, maternal &amp; child nutrition and hygiene</p>	<p>UNICEF</p>	<p>Ministry of Health</p>	<p>Organize training of community health care providers on basic nutrition monitoring and surveillance, maternal &amp; child nutrition and hygiene</p>	<p>20,850</p>	<p>10,000</p>	<p>10,000</p>	<p>40,850</p>

JP Outputs (Give corresponding indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization <sup>14</sup>	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Y1	Y2	Y3	Total
evaluation								
	Update trainings are organized every year for the community health providers	WHO	Ministry of Health	Organize refresher trainings for community health providers	0	28,500	14,500	43,000
	By 2012, Community health providers are equipped with transport means to undertake regular outreach activities and home visits	UNICEF	Ministry of Health	Procure transport means for the community health providers	12,000	0	25,000	37,000
	By 2010, Community health providers are equipped with anthropometric materials and RUTF to undertake nutrition monitoring activities	UNICEF	Ministry of Health	Provide field adapted anthropometric materials and RUTF to the community health providers	20,000	0	0	20,000
2.2. Knowledge and skills among communities and families are built on sound nutrition practices, such as exclusive breastfeeding, timely and appropriate complementary feeding, hand washing, maternal and child nutrition and Prevention of Mother to Child transmission of HIV, etc	By 2010, Adequate communication materials are developed and provided to community health care providers.	UNICEF	Ministry of Health	Prepare IEC material including a manual in Creole on promotion techniques for community based nutrition promotion and surveillance	10,000	0	0	10,000
	Continuous sensitization of families and social mobilization for behaviour change on nutritional foods and cooking practices, exclusive	UNICEF	Ministry of Health	Organize community educational sessions in communities and	15,000	0	15,000	30,000

JP Outputs (Give corresponding indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization <sup>14</sup>	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Y1	Y2	Y3	Total
	breastfeeding, infant and young child feeding ensured.			schools (including school parents associations) on nutrition, hygiene and appropriate feeding practices, PMTCT				
		WHO	Ministry of Health	Promote communication for behaviour changes vis-à-vis nutrition and appropriate feeding practice through medias activities (radio campaigns)	10,000	18,929	5,000	33,929
<p>JP outcome 3: Sustainable food production established in school communities to improve nutritional status and promote the education of children and their parents on food security and nutrition</p> <p><u>Indicators:</u> Number of school gardens established by 2012 % school children in selected schools who consume at least once a day vegetables produced at school</p> <p><u>Baseline:</u> Number of school gardens created in 2009 Nutritional status of school children assessed in 2009</p>								
3.1. Nutritional status and dietary habits of school children were evaluated in 150 community Schools <u>Indicators:</u> Number of school children evaluated	By 2009, Nutritional status and dietary habits of school children in selected communities was evaluated in 150 schools	FAO	Ministry of Agriculture	Preparation of the survey tools	6,000	0	0	6,000
				Assessment of food intake and nutritional status of school children in selected schools	27,000	0	0	27,000

JP Outputs (Give corresponding indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization <sup>14</sup>	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Y1	Y2	Y3	Total
3.2 School teachers school children, community workers and parents are trained on basic agriculture, nutrition and food security to ensure ownership of knowledge and sustainability of the intervention and maintenance of school gardens <u>Indicators:</u> Number of school teachers, school children and parents who scored 80% during the post training evaluation	By 2012, 300 school teachers, 150 community workers and 300 parents are trained on basic nutrition and food security , nutrition and management of school garden	FAO	Ministry of Agriculture	Preparation and validation of new training material on basic nutrition and food security , nutrition and management of school garden	7,000	0	0	7,000
				3.2.3. Organization of training sessions	4,000	13,000	13,000	30,000
3.3. School gardens are created and maintained in selected schools  <u>Indicators:</u> Number of school gardens crated and maintained	By 2012, 150 school garden are created and maintained	FAO	Ministry of Agriculture	3.3.1. Procurement and seeds	84,000	84,000	66,189	234,189
				3.3.2. Procurement of needed tools	70,503	70,503	50,503	191,509
				3.3.3. Distribution of tools and seeds	10,000	10,000	10,000	30,000
				3.3.4. Set up of the management team of school garden in each school and start the work on school gardens	3,000	5,000	5,000	13,000

JP Outputs (Give corresponding indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization <sup>14</sup>	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Y1	Y2	Y3	Total
				involving school children				
3.4. School kids in selected schools produce periodically and consume vegetables at least once a day  Indicators: Number of kids who consume vegetables at least once a day	By 2012, 80% of schools children in selected schools consume at least once a day produced vegetables at school	FAO	Ministry of Agriculture	3.4.1. Technical monitoring and evaluation of food production at schools	3,000	1,014	3,491	7,505
				3.4.2. Organization of school meal preparation sessions	6,000	4,000	5,523	15,523
				3.4.3. Organize advocacy sessions with parents and community leaders on the right to Food concept	3,000	4,000	0	7,000
<b>Joint programme Outcome 4: Interventions on children nutrition and food security are effectively monitored and supervised by government counterparts</b>								
Indicators: Number of reports on monitoring and evaluation produced								
-								
4.1 The Nutrition Unit at the Ministry of Health is reinforced in terms of human resources and equipment.  Indicators: Number of new staff who join the MOH by 2012	By end of 2009, one international nutritionist and one national consultant are recruited and posted at the Ministry of Health.	UNICEF	Ministry of Health	Recruit and support the salaries of one international nutritionist and one national consultant	180,000	180,000	30,000	390,000
	By 2009, the nutrition unit of the Ministry of Health is equipped with a vehicle for	UNICEF	Ministry of Health	Procure a vehicle for the nutrition unit of the	25,000	0	0	25,000

JP Outputs (Give corresponding indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization <sup>14</sup>	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Y1	Y2	Y3	Total
Baseline:  Number of national staff involved in nutrition programs at the MOH in 2009	field visits and supervision			Ministry of Health				
	By end of 2010, the national and regional health teams are trained to ensure good implementation and monitoring of the nutrition interventions.	WHO	Ministry of Health	Preparation of training materials	0	0	0	0
				Provide training to regional health and agriculture directorates, the nutrition team of the Ministry of health, on surveillance and monitoring systems	3,000	10,000	0	13,000
	By 2011, Capacity of health centres and schools is strengthened to ensure monitoring of field activities	WHO	Ministry of Health	Training of school teachers, health workers on monitoring of programme activities	10,000	0	0	10,000
4.2 The Joint programme is well managed and evaluated	By 2012, the final evaluation of the joint programme is completed	WHO	INEC	Organize joint regular monitoring visits to health centers, communities and schools in collaboration with health, agriculture and education directorates	4,000	4,000	4,000	12,000
				Organize the final evaluation of the joint programme	0	0	47,029	47,029

JP Outputs (Give corresponding indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization <sup>14</sup>	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*			
					Y1	Y2	Y3	Total
	The JP is well managed and monitored	UNICEF	UNDP (RC Office)	Recruit the Programme Manager	150,000	150,000	150,000	450,000
				Recruit a Driver for the JP unit	18,000	18,000	18,000	54,000
				Equipment for the JP unit, translation of documents/reports and visibility costs	20,159	5,000	5,000	30,159
Total of direct costs & indirect costs (7%)	FAO				239,148	204,923	164,465	608,537
	UNICEF				624,890	413,542	413,542	1,451,974
	WFP				99,799	74,867	67,881	242,547
	WHO				28,890	84,026	84,026	196,942
	Total				992,727	777,358	729,914	2,500,000

	FAO	UNICEF	WFP	WHO	TOTAL
1.1. Supplies, commodities equipment and transport	469,698	297,000	199,079	20,000	<b>909,062</b>
1.2. Personnel	57,029	894,000	0	20,000	<b>831,219</b>
1.3. Training of counterparts	9,000	120,826	0	69,000	<b>158,526</b>
1.4. Contracts	9,000	0	0	10,000	<b>35,082</b>
1.5. Other direct costs	24,000	45,159	27,600	65,058	<b>402,560</b>
<b>Total Direct Costs</b>	<b>568,727</b>	<b>1,356,985</b>	<b>226,679</b>	<b>184,058</b>	<b>2,336,449</b>
2.0. UN Agency Indirect cost (7%)	39,810	94,989	15,868	12,884	163,551
<b>Grand Total</b>	<b>608,537</b>	<b>1,451,974</b>	<b>242,547</b>	<b>196,942</b>	<b>2,500,000</b>

## 5. Management and Coordination Arrangements

The United Nations Country Team in Guinea Bissau is comprised of representatives of all resident UN Agencies (FAO, UNDP, UNFPA, UNICEF, WFP and WHO). UN organizations with no country representation are linked to the Country Team through the Resident Coordinator. The role of the UN Country Team is to ensure strategic decision-making for programmatic operations and common activities of UN agencies in the country (in accordance with national priorities and UNDAF document). It also aims to enhance substantive collaboration among UN agencies by strengthening opportunities for joint programming and operations, hence facilitating an integrated system-wide approach.

In accordance with the MDG-F Guidelines, the Fund will rely on UN Resident Coordinator to facilitate collaboration between participating UN organizations (FAO, UNICEF, WFP and WHO) and to ensure that the programme is on track and that promised results are being delivered. The Resident Coordinator will co-facilitate the National Steering Committee (NSC) and be represented in the Programme Management Committee (PMC). The NSC will provide oversight and strategic guidance to the programme. It will be co-chaired by the RC and the representative of the Government, and composed by at least a representative of the Spanish Embassy and a representative of the Ministry of Foreign Affairs. The NSC will operate by consensus decision making and will meet at least twice a year. The responsibilities of the NSC will include:

- Reviewing and adopting the Terms of Reference and Rules of Procedures of the NSC and/or modify them, as necessary
- Approving the Joint Programme Document before submission to the Fund Steering Committee. Minutes of meeting to be sent to MDG-F Secretariat with final programme submission.
- Approving the strategic direction for the implementation of the Joint Programme within the operational framework authorized by the MDG-F Steering Committee.
- Aligning MDG-F funded activities with the UN Strategic Framework or UNDAF approved strategic priorities;
- Approving the documented arrangements for management and coordination
- establishing programme baselines to enable sound monitoring and evaluation
- Approving the annual work plans and budgets as well as making necessary adjustments to attain the anticipated outcomes.

- Reviewing the Consolidated Joint Programme Report from the Administrative Agent and provide strategic comments and decisions and communicate this to the Participating UN Organizations.
- Suggesting corrective action to emerging strategic and implementation problems.
- Creating synergies and seeking agreement on similar programmes and projects by other donors.
- Approving the communication and public information plans prepared by the PMCs.

The **PMC** will provide operational coordination to the Joint Programme, as well as the inputs for the preparation of implementation plans and the monitoring and evaluation of activities. The RC will delegate on the “Nutrition and Food Security Coordinator” to chair the PMC. Its membership will consist of representatives of implementing UN agencies (FAO, UNICEF, WFP, WHO), representatives from relevant government departments (Ministry of Health, Ministry of Agriculture and Ministry of Education). The PMC can decide to invite civil society organizations, including particularly women organizations to enhance national ownership. The specific functions of the PMC are:

- ensuring operational coordination
- appointing a Programme Manager or equivalent thereof;
- managing programme resources to achieve the outcomes and output defined in the programme;
- establishing adequate reporting mechanisms in the programme;
- integrating work plans, budgets, reports and other programme related documents; and ensures that budget overlaps or gaps are addressed;
- providing technical and substantive leadership regarding the activities envisaged in the Annual Work Plan;
- agreeing on re-allocations and budget revisions and make recommendations to the NSC as appropriate;
- addressing management and implementation problems;
- identifying emerging lessons learned; and
- Establishing communication and public information plans.

The Nutrition and Food security coordinator and driver will be recruited by RC Office with UNICEF assistance for the duration of the joint programme. He will be full time in charge of managing the implementation, monitoring and evaluation of the JP activities and ensure timely reporting. He will work in close collaboration with the RC office (monitoring/evaluation specialist) and with the technical staffs of the UN participating agencies. Generic terms of reference are attached to the programme document and will be agreed on and finalized by the UNCT. For easy transfer of the programme management costs, we have put all shared costs under UNICEF budget for transfer to the UNDP (RC Office).

UN agencies participating in the joint programme will have direct responsibility to implement activities that fall under their leadership according to the project results and resources framework. In this connection, the Programme Managers of the respective implementing UN organisations will be responsible for developing terms of reference for project activities, preparing procurement plans in accordance with relevant rules and regulations, providing technical advice relating to project implementation, processing invoices and maintaining records and control systems. FAO will recruit a national consultant to supervise FAO related activities in accordance to the joint programme work plans.

The JP will also have an international nutritionist (L3) and one national nutrition consultant based at the Ministry of Health, in charge of supporting implementation of joint programme activities related to maternal and child nutrition, in close collaboration with both Nutrition and Food security coordinator and UNICEF international nutritionist Specialist.

The JP intends to work with Caritas, the only organization currently running the nutrition rehabilitation centres. ADPP Guinea-Bissau (Ajuda de Povo para o Povo), a non-profit private association running a number of development projects with the Government and other partners, has expressed its interest for participating in the JP. Once the targeted communities will be selected in collaboration with the government counterparts, other NGOs and community-based organizations (mainly those with whom the participating agencies have already partnership or cooperation agreements) operating in these communities will be contacted to seek possible synergy and collaboration.

## IMPLEMENTATION STRUCTURE



## 6. Fund Management Arrangements

Given that the implementation of the interventions by implementing partners will be done through different national, regional and community partners and considering the large component of supplies in the JP and the different procurement mechanism of the different participating agencies, the fund management option agreed for the joint programme is **parallel**; each participating agency will receive and manage its allocated funds.

Each organisation assumes complete programmatic and financial responsibility for the funds disbursed to it and can decide on the execution process with its partners and counterparts following the organisation's own regulations.

Each Participating UN Organisation establishes a separate ledger account for the receipt and administration of the funds disbursed to it. Participating UN Organisations are requested to provide certified financial reporting according to the budget template. Participating UN Organisations are entitled to deduct their indirect costs (to the limit of 7%) on contributions received according to their own regulations and rules.

The release of funds is subject to meeting a minimum commitment threshold of 70% of the previous fund release to the Participating UN Organisations combined commitments (commitments are defined as legally binding contracts signed, including multi-year commitments which may be disbursed in future years). If the 70% threshold is not met for the programme as a whole, funds will not be released to any organisation, regardless of the individual organisation's performance. On the other hand, the following year's advance

can be requested at any point after the combined disbursement against the current advance has exceeded 70% and the work plan requirements have been met. If the overall expenditure of the programme reaches 70% before the end of the twelve-month period, the Participating UN Organisations may upon endorsement by the National Steering Committee request the MDG-F release the next instalment ahead of schedule. The Resident Coordinator will make the request to the Spanish MDG-F Office on the National Steering Committee's behalf. Any fund transfer is subject to submission of an approved annual work plan and budget to the MDTF Office.

The work plan for the following years will be developed through a technical workshop gathering the experts / partners supporting activities in the areas of maternal and child nutrition, community nutrition, school gardening, etc. Subsequent instalments will be released in accordance with annual work plans approved by the National Steering Committee.

The duration of the project will be 3 years, corresponding to the September 2009-September 2012 period for which the UNDP/Spain MDG Achievement Fund allocation is USD 2,500,000.

At the country level the project will be implemented by UN agencies through National Execution modalities, procedures and rules (NEX). Regarding transfer of money, the UN agencies will transfer funds to their national counterparts reflecting agreed harmonized approaches to cash transfers, as detailed in their Country Programme Action Plans (CPAP) or other agreements, which includes direct cash transfer, direct payment, reimbursement of cash advance and direct agency implementation.

## 7. Monitoring, Evaluation and Reporting

Table 2: Joint Programme Monitoring Framework (JPMF)

Expected Results	Indicators	Means of Verification	Collection Methods	Responsibilities	Risks and Assumptions
Outcome 1: Management & prevention of children malnutrition is improved at health facility level (nutrition rehabilitation & health centres)					
<p><b>JP Output 1:</b> 24 nutrition rehabilitation centres and 90 health centres are equipped to effectively prevent and manage child malnutrition</p> <p><u>SMART outputs</u></p> <p>1. By 2012 24 nutrition rehabilitation centres and 90 health centres are provided with needed quantities of ready-to-use therapeutic foods (RUTF), micro-nutrient supplements and anthropometric materials).</p> <p>2. By 2012: 24 nutrition rehabilitation centres and 90 health centres are provided with needed quantities of take home food supplements and kitchen material for food preparation.</p>	<p>- Number of health centres equipped and effectively functioning by 2012</p> <p><u>Baseline</u> 22 centres actually functioning in 2009</p>	Delivery report of equipment and food supplements	routine	UNICEF	Risk: - political instability and socio-political crisis resulting in collapse of services
	<p>- Number of health centres receiving ready-to-use therapeutic foods (RUTF), micro-nutrient supplements and anthropometric materials).</p> <p>- Quantity of RUTF food procured by centre and by year</p>	Periodic report of food distribution Database(WFP COMPAS)	routine	UNICEF	Risks: - political instability and socio-political crisis resulting in collapse of services - Food pipeline break - Delay in transportation
	<p>- Quantity of food supplement procured by centre and by year</p> <p>- Number of kitchen material procured by centre and by year</p> <p>- % of health centres receiving take home food supplements and kitchen material for food preparation.</p> <p><u>Baseline in 2009</u></p> <p>- 523 MT of food procured</p> <p>- 800 buckets with cover procured</p> <p>- 70 cooking pots procured</p>	Periodic report of food distribution Database (WFP COMPAS)	routine	WFP	Risks: - political instability and socio-political crisis resulting in collapse of services - Food pipeline break - Delay in transportation

Expected Results	Indicators	Means of Verification	Collection Methods	Responsibilities	Risks and Assumptions
<p><b>JP Output 2:</b> 228 Health workers are qualified on and put into practice for effective prevention and management of children malnutrition</p> <p><u>SMART outputs</u></p> <p>1. By 2012, the capacity of 228 health workers in management of moderate and severe malnutrition strengthened</p> <p>2. Every year, Updated trainings are organized every year for the trained health workers</p> <p>3. By, 2010, 114 health centres are equipped with transport means to conduct outreach activities and to supervise the community health providers</p>	- % of trained staff who scored at least 80% during the post evaluation	Training & Evaluation report	Report on each training session	UNICEF	Risk: - political instability and socio-political crisis resulting in collapse of services
	- % of trained staff who scored at least 80% during the post evaluation	Training & Evaluation report.	Report on each training session	UNICEF	Risk: - political instability and socio-political crisis resulting in collapse of services
	- % of trained staff who scored at least 80% during the post evaluation	Training & Evaluation report.	Report on each training session	WHO	Risk: - political instability and socio-political crisis resulting in collapse of services
	- Number of transport means procured	Delivery report of equipment	routine	UNICEF	Risk: - political instability and socio-political crisis resulting in collapse of services
<b>Joint Programme Outcome 2: Community-based nutrition promotion &amp; surveillance established in 150 selected communities</b>					
<p><b>JP Output 2.1</b></p> <p>600 community health care providers are knowledgeable and put into practice on basic nutrition monitoring and surveillance practices, such as growth monitoring, identification of signs</p>	- Number of community health workers trained on basic health care, management of malnutrition and hygiene and who scored 80% for the post test of the training session.	Training & evaluation reports	Monitoring and Evaluation activities	UNICEF	Risk: - political instability and socio-political crisis resulting in collapse of services
	- Number of training material produced and distributed				Risk: - political instability and socio-political crisis resulting in collapse of services

Expected Results	Indicators	Means of Verification	Collection Methods	Responsibilities	Risks and Assumptions
<p>of malnutrition and timely referral of malnourished children, promotion of exclusive breastfeeding, timely and appropriate complementary feeding and hand washing, etc</p> <p><u>SMART Outputs</u></p> <p>By 2012, selected 600 health care providers are trained on basic nutrition monitoring and surveillance, maternal &amp; child nutrition and hygiene</p> <p>Update trainings are organized every year for the community health providers</p> <p>By 2012, Community health providers are equipped with transport means to undertake regular outreach activities and home visits</p> <p>By 2010, Community health providers are equipped with anthropometric materials and RUTF to undertake nutrition monitoring activities</p>	- Number of health care providers and who scored 80% during the post evaluation process	Evaluation report	Evaluation process	UNICEF	Risk: - political instability and socio-political crisis resulting in collapse of services
	- Number of transport means provided to the health care providers in 2010	Procurement report	Routine	UNICEF	Risk: - political instability and socio-political crisis resulting in collapse of services
	Number of anthropometric materials and quantity of RUTF procured	Procurement report	Routine	UNICEF	Risk: - political instability and socio-political crisis resulting in collapse of services
<p>JP output 2.2</p> <p>Knowledge and skills among communities and families are built</p>	Number of communication material prepared and distributed	Monitoring report and procurement report	Routine	UNICEF/WHO	Risk: - political instability and socio-political crisis resulting in collapse of services

Expected Results	Indicators	Means of Verification	Collection Methods	Responsibilities	Risks and Assumptions
<p>on sound nutrition practices, such as exclusive breastfeeding, timely and appropriate complementary feeding, hand washing, maternal and child nutrition and Prevention of Mother to Child transmission of HIV, etc</p> <p>SMART outputs:</p> <p>By 2010, Adequate communication materials are developed and provided to community health care providers.</p> <p>By 2012, Continuous sensitization of families and social mobilization for behaviour change on nutritional foods and cooking practices, exclusive breastfeeding, infant and young child feeding ensured.</p>	<p>Number of family members and community members who participated to advocacy sessions</p>	<p>Monitoring and valuation reports</p>	<p>Routine</p>	<p>UNICEF/WHO</p>	<p>Risk:</p> <ul style="list-style-type: none"> <li>- political instability and socio-political crisis resulting in collapse of services</li> </ul>
<p><b>JP outcome 3:Sustainable food production established in school communities to improve nutritional status and promote the education of children and their parents on food security and nutrition</b></p>					
<p><u>JP output 3.1</u></p> <p>Nutritional status and dietary habits of school children were evaluated in 150 community Schools</p> <p>SMART outputs:</p> <p>By 2009, Nutritional status and dietary habits of school children in selected communities was evaluated in 150 schools</p>	<ul style="list-style-type: none"> <li>- Number of school children who participated in the survey and whose nutritional status was evaluated in 2009</li> <li>- % of school children malnourished</li> </ul>	<p>Survey report</p>	<p>Survey</p>	<p>FAO</p>	<p>Nutrition and food security concerns do not receive sufficient attention in national policies and programmes.</p> <p>The country is willing to address problems on food security and malnutrition</p>

Expected Results	Indicators	Means of Verification	Collection Methods	Responsibilities	Risks and Assumptions
<p><u>JP output 3.2</u> School teachers , school children, community workers and parents are trained on basic agriculture, nutrition and food security to ensure ownership of knowledge and sustainability of the intervention and maintenance of school gardens</p> <p>Smart outputs: By 2012, 300 school teachers, 150 community workers and 300 parents are trained on basic nutrition and food security , nutrition and management of school garden</p>	- Number of school teachers, school children and parents who scored 80% during the post training evaluation	Training evaluation report Meetings' report	Evaluation process	FAO	Inadequate capacities, including insufficient knowledge and understanding, to support capacity building in nutrition and food security
<p><u>JP output 3.3</u> School gardens are created and maintained in selected schools Smart outputs By 2012, 150 school garden are created and maintained</p>	- Number of school gardens producing vegetables and maintained in 2011, and in 2012	Routine and evaluation reports	- Periodic visits of the supervisors to evaluate the activity - Evaluation	FAO	Inadequate capacities, including insufficient knowledge and understanding, to support capacity building in nutrition and food security
<p><u>JP output 4</u> School kids in selected schools produce periodically and consume vegetables at least once a day By 2012, 80% of schools children in selected schools consume at least once a day produced vegetables at school</p>	- Number of kids who consume vegetables at least once a day vegetable produced in school garden in 2010, 2011 and in 2012	Survey report	Survey		insufficient support from local stakeholders to maintain school garden activities
<b>JP outcome 4: Outcome 4: Interventions on children nutrition and food security are effectively monitored and supervised by government counterparts</b>					
<p><u>JP Output:</u> The Nutrition Unit at the Ministry of Health is reinforced in terms of</p>	The international nutritionist and one national nutritionist consultant are recruited	Recruitment documents		UNICEF	Delay in the recruitment process

Expected Results	Indicators	Means of Verification	Collection Methods	Responsibilities	Risks and Assumptions
human resources and equipment.	Vehicle procurement document	Procurement document	routine	UNICEF	Socio-political crisis resulting in collapse of services
SMART output By 2009, an international nutritionist and one national nutritionist consultant are recruited and posted at the Ministry of Health	Number of trained staff at national and regional levels and who scored 80% during the post evaluation process	Report of training activities Report of training evaluation	reports	UNICEF	
By 2009, the nutrition unit of the Ministry of Health is equipped with a vehicle for field visits and supervision  By end of 2010, the national and regional health teams are trained to ensure good implementation and monitoring of the nutrition interventions.  By 2011, Capacity of health centres and schools is strengthened to ensure monitoring of field activities	Number of trained health care providers and teachers who scored 80% during the post-training evaluation	Report of training activities Report of training evaluation	Report	UNICEF	Socio-political crisis resulting in collapse of services
<u>JP output 4.2</u> The Joint programme is evaluated  SMART outputs By 2012, the final evaluation of the joint programme is completed	Report of the evaluation	Report	Evaluation activity	UNICEF,WHO, FAO, WFP	Socio-political crisis resulting in collapse of services

### **7.1. Annual/Regular reviews:**

The project will be subject to reporting, monitoring and evaluation in accordance with MDG-F requirements and the indicators and risk analysis contained in the matrix above. The project team will undertake quarterly and mid-year progress reviews which assess progress towards objectives, obstructions encountered, risk management strategies and lessons learned. The project team will also undertake annual program reviews at which time any amendment to the strategy, work-plan or implementation modalities can be discussed and referred to the Joint Program Steering Committee. Reports from both sets of reviews will be made available to the Joint Programme Steering Committee and the MDG-F.

### **7.2. Evaluation:**

The Joint Programme team will undertake a baseline assessment including data from the last SMART nutrition survey conducted in 2008, existing information of capacity building and existing infrastructure related to the management of malnutrition, existing reports on school gardening and food supplementation programme, and a nutrition survey on nutritional status of school children in selected schools to obtain data which will be used as baseline data to assess the impact of school garden activities. At regular intervals, further data will be collected to provide feedback on progress toward objectives and to inform any required amendments to the programme strategy or work-plan. Two independent evaluations of the program will be conducted:

- § Mid-term evaluation, after the first two years of the program: this evaluation will assess the key achievements and challenges of the program, identify lessons learned and make recommendations to improve implementation in the remaining period of the program.
- § Final evaluation, at the end of the program, will assess its overall impact, identify lessons learned for future programs and provide recommendations to ensure sustainability.

### **7.3. Reporting:**

The following reports will be submitted as part of the monitoring process:

- § Yearly report: A report of self-assessment will be submitted by the project management team annually, including the following elements:
  - Performance assessment of the project during the year under consideration;
  - Challenges encountered;
  - Annual work plan and other expenditure reports;
  - Lessons learned;
  - Recommendations for future implementation to address the main challenges encountered.
- § Quarterly narrative and financial updates will be prepared by the JP team (narrative) and the Participating UN Organizations (financial)
- § Mid-term review: This will be organized by the MDGF Secretariat after the first two years of implementation. The report will be presented by the project management team. It will assess the achievements and challenges of the program, identify lessons learned, and, on this basis, present a detailed strategy and work plan for the second phase of the program (years III).
- § Final report of the project: this report will synthesize all activities and results of the project, lessons learned degree of achievements of results. This report will also recommend the necessary actions to ensure sustainability of results.

- § The Management brief consists of the certified financial report and the narrative report. The management brief will identify key management and administrative issues, if any, to be considered by the NSC.
- § Narrative Joint Programme Progress report: this report is produced through an integrated joint programme reporting arrangement. The report should be reviewed and endorsed by the PMC before it is submitted to the MDTF Office on 31 March of each year.
- § Financial Progress Report: Each participating organization will submit to the MDTF Office a financial report stating expenditures incurred by each programme during the reporting period. The deadline for this report is 30 April.

### 8. Legal Context or Basis of Relationship

The legal framework governing the joint program is the Standard Basic Assistance Agreement (SBAA) between the Government of Guinea Bissau and the UN Agencies involved in the implementation of the joint program. Please see below.

*Financial Management Procedures:* The standard procedures for accounting and financial reporting for direct execution, applicable to involved UN agency, will apply to this project. Those provisions must be included in all sub-contracts or sub-agreements entered into under this Project Document.

Table: Basis of Relationship

Participating UN Organization	Agreement
UNICEF	<p>The United Nations Children’s Fund (UNICEF) has as its overall goal to engage all relevant actors - in the community, nationally and around the world - and unite them for the delivery of the best possible results for children. UNICEF health and nutrition strategy (2006-2015) defines its contribution to national efforts to accelerate health and nutrition action and achieve the Millennium Development Goals. Within the framework of UNICEF medium-term strategic plan (MTSP 2006-2009), the Organization works intensively with partners to accelerate the scaling-up of an evidence-based and integrated package of low cost, high impact health and nutrition interventions. UNICEF country office support health, nutrition, water, sanitation and hygiene interventions. UNICEF also supports communication for behaviour change of families and communities to improve health and nutrition practices at country level.</p> <p>The child survival component of the Country Programme Action Plan 2008-2012, signed between the Government of Guinea-Bissau and UNICEF, aims to contribute to the reduction of infant and child mortality through the scaling-up of high impact child survival interventions. The Country Office has a technical team to support the partners in planning, implementation of projects, monitoring results and reporting. The same team ensures coherence of actions with other agencies and efficient management of projects and programmes.</p>
FAO	<p>FAO recognizes the important contribution the school can make to population training in the areas of food and agriculture and nutrition. Thus in many countries - such as Guinea Bissau - school garden programmes are already implemented and associated with school feeding activities.</p>

	<p>FAO will contribute to this programme by providing technical expertise, administrative support and supplies to the nutrition and crop production departments in Ministry of Agriculture’s headquarters and sub-regional offices in the implementation of the school garden initiative. Also, FAO will jointly prepare with UNICEF and WHO the programmed training sessions on nutrition, and, in collaboration with the Ministry of Agriculture; on technical production, processing and preserving and partners who are involved in development activities.</p>
<p>WHO</p>	<p>The World Health Organization is a specialized UN agency. Its mandate is to bring all peoples to the highest possible level of health. WHO’s main function is to act as the directing and coordinating authority in the field of health.</p> <p>WHO will contribute to this project by providing technical expertise especially in the reinforcement of capacity of health and community-based agents to manage nutrition &amp; health issues. WHO will contribute also in strengthening the Information, Education and Communication (IEC) activities for behavioural change, including the preparation of audio-visual materials. WHO has an agreement with local radios to promote behavioural change in health and has initiated the “School Health Sponsor Initiative</p>
<p>WFP</p>	<p>WFP operational capacities at both national and international levels can be made available for the implementation of this programme in Guinea Bissau. WFP has extensive experience, in building partnerships with public institutions and NGOs, and proved technical expertise in nutrition and school feeding activities. In term of logistics, WFP has warehouses in Bissau and in Bafata, which can be used for this Joint Programme. In addition to the WFP country team in Bissau, its sub-office in Bafata can provide support to the project in the monitoring and evaluation of field activities.</p>

## 9. Work plan and Budget

A launching workshop will be organized at the beginning of the implementation of the joint programme during which a detailed work plan for each implementing UN agency will be elaborated in collaboration with the national and international stakeholders.

### Work plan for period: Sept 2009-Sept 2010

JP outcome 1: Management & prevention of children malnutrition is improved at health facility level (nutrition rehabilitation & health centers)										
UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
JP Output 1: 24 nutrition rehabilitation centers and 90 health centres are equipped to effectively prevent and manage child malnutrition										
1.1.1. 22 nutrition rehabilitation centers and 14 health centres are equipped to effectively prevent and manage child malnutrition	UNICEF	1.1.1.1. Procure and distribute to nutrition rehabilitation centres and health centres the annual needs of quantities of supplies (ready-to-use therapeutic foods (RUTF), micro-nutrient supplements and anthropometric materials)				Ministry of Health	MDG-F	Supp/equip & commodities	40,00	
								International staff		
								National staff		
								Travel		
								Personnel		
								Training		
								Contracts		
								Other Costs		
<b>Total</b>	<b>40,00</b>									
1.1.2. 24 nutrition rehabilitation centres and 90 health centres are provided with needed quantities of take home food supplements and kitchen material cooking demonstration	WFP	1.1.2.1. Procure 114 kits of kitchen material procured and buckets with cover for food distribution				Ministry of Health	MDG-F	Supp/equip & commodities	47,32	
								International staff		
								National staff		
								Travel		
	Personnel									
	Training									
	Contracts									
	Other Costs									
<b>Total</b>	<b>47,32</b>									
WFP	1.1.2.2. Procure 67.5 Mt of food				Ministry of Health	MDG-F	Supp/equip & commodities	36,75		
							International staff			
							National staff			
							Travel			
							Personnel			
Training										
Contracts										

Promotion of a multi-level approach to child malnutrition  
Application to MDG-F Country Thematic Window for: Children, Food Security and

UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
								Other Costs		
								<b>Total</b>	<b>36,75</b>	
	WFP	1.1.2.3. Ensure transport, handling & storage of foods				Ministry of Health		Supp/equip & commodities		
								International staff		
								National staff		
								Travel		
								Personnel		
								Training		
								Contracts		
								Other Costs	9,20	
								<b>Total</b>	<b>9,20</b>	
<b>JP Output 2: 228 Health workers are qualified on and put into practice for effective prevention and management of children malnutrition</b>										
1.2.1. 72 Health workers are qualified et equipped to undertake effective prevention and management of children malnutrition	UNICEF	1.2.1.1. Train 72 health workers on quality management of child malnutrition				Ministry of Health	MDG-F	Supp/equip & commodities		
								International staff		
								National staff		
								Travel		
								Personnel		
								Training	18,00	
								Contracts		
								Other Costs		
								<b>Total</b>	<b>18,00</b>	
1.2.2. 36 health centres and nutritional rehabilitation centres are equipped with transport means to conduct outreach activities and to supervise the community health providers	UNICEF	1.2.1.2. Procure transport means (motorcycles) for 22 nutrition rehabilitation centers and 14 health centres				Ministry of Health	MDG-F	Supp/equip & commodities	25,00	
								International staff		
								National staff		
								Travel		
								Personnel		
								Training		
								Contracts		
								Other Costs		
								<b>Total</b>	<b>25,00</b>	
<b>JP Output 3: 24 nutrition rehabilitation centres and 90 health centres are provided with appropriate information, education and communication material on basic nutrition, health care and hygiene to undertake campaigns at community and school levels</b>										
1.3.1. IEC materials on basic nutrition, health care and	UNICEF	1.3.1.1. Design and print communication materials on basic nutrition, health care and				Ministry of Health	MDG-F	Supp/equip & commodities	20,00	
								International staff		
								National staff		

UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
hygiene are made available for selected health centers and schools		hygiene and distribute to selected health centers and schools							Travel	
			Personnel							
			Training							
			Contracts							
			Other Costs							
	<b>Total</b>	<b>20,00</b>								
	UNICEF	1.3.1.2. Train 72 health workers on IEC techniques					Ministry of Health	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
								Personnel		
								Training	10,00	
								Contracts		
								Other Costs		
								<b>Total</b>	<b>10,00</b>	
<b>JP outcome 2: Community-based nutrition promotion &amp; surveillance established in 150 selected communities</b>										
JP Output 2.1: 600 community health care providers are knowledgeable and put into practice on basic nutrition monitoring and surveillance practices, such as growth monitoring identification of signs of malnutrition and timely referral of malnourished children, promotion of exclusive breastfeeding, timely and appropriate complementary feeding and hand washing, etc										
2.1.1. Selected 200 community health care providers are trained on basic nutrition monitoring and surveillance, maternal & child nutrition and hygiene	UNICEF	2.1.1.1. Train 200 community health care providers on basic nutrition monitoring and surveillance, maternal & child nutrition and hygiene					Ministry of Health	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	20,85
									Contracts	
									Other Costs	
						<b>Total</b>	<b>20,85</b>			
2.1.2. Community health providers in 200 selected communities are equipped with transport means to undertake regular outreach activities and home visits	UNICEF	2.1.2.1. Procure bicycles for 200 community health providers					Ministry of Health	MDG-F	Supp/equip & commodities	12,00
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	
				Contracts						

UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
								Other Costs		
								<b>Total</b>	<b>12,00</b>	
2.1.3. Community health providers are equipped with anthropometric materials and RUTF to undertake nutrition monitoring activities	UNICEF	2.1.3.1. Provide field adapted anthropometric materials and RUTF to the community health providers				Ministry of Health	MDG-F	Supp/equip & commodities	20,00	
								International staff		
								National staff		
								Travel		
								Personnel		
								Training		
								Contracts		
								Other Costs		
							<b>Total</b>	<b>20,00</b>		
JP Output 2.2: Knowledge and skills among communities and families are built on sound nutrition practices, such as exclusive breastfeeding, timely and appropriate complementary feeding, hand washing, maternal and child nutrition and Prevention of Mother to Child transmission of HIV, etc										
2.2.1. Adequate communication materials are developed and provided to community health care providers	UNICEF	2.2.1.1. Prepare IEC material including a manual in Creole on promotion techniques for community based nutrition promotion and surveillance				Ministry of Health	MDG-F	Supp/equip & commodities	10,00	
								International staff		
								National staff		
								Travel		
								Personnel		
								Training		
								Contracts		
								Other Costs		
							<b>Total</b>	<b>10,00</b>		
2.2.2. Continuous sensitization of families and social mobilization for behaviour change on nutritional foods and cooking practices, exclusive breastfeeding, infant and young child feeding ensured	UNICEF	2.2.2.1. Organize community educational sessions in communities and schools (including schools parents associations) on nutrition, hygiene and appropriate feeding practices, PMTCT				Ministry of Health	MDG-F	Supp/equip & commodities		
								International staff		
								National staff		
								Travel		
								Personnel		
								Training	5,00	
								Contracts		
								Other Costs	10,00	
							<b>Total</b>	<b>15,00</b>		
2.2.2.2. Promote communication for behaviour changes vis-à-vis nutrition and appropriate feeding practice through medias activities	WHO					Ministry of Health	MDG-F	Supp/equip & commodities	5,00	
								International staff		
								National staff		
								Travel		

UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
		(radio campaigns)							Personnel	
									Training	
									Contracts	
									Other Costs	5,00
									<b>Total</b>	<b>10,00</b>
<b>JP outcome 3: Sustainable food production established in school communities to improve nutritional status and promote the education of children and their parents on food security and nutrition</b>										
JP Output 3.1: Nutritional status and dietary habits of school children were evaluated in 150 community Schools										
3.1.1. Evaluation of the nutritional status and dietary habits of school children in selected communities schools	FAO	3.1.1.1. Recruit the national consultants (2) and installation of the team which will carry out the diagnosis					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	5,00
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	<b>5,00</b>
	FAO	3.1.1.2. Purchase of a vehicle for the project					Ministry of Agriculture	MDG-F	Supp/equip & commodities	24,00
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	<b>24,00</b>
	FAO	3.1.1.3. Identification of the 150 schools to be supported					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	5,00
									Travel	1,00
									Personnel	
									Training	
									Contracts	
									Other Costs	

UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
									<b>Total</b>	<b>6,00</b>
	FAO	3.1.1.4. Conduct the evaluation, analyze data and prepare report					NGO	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	
JP Output 3.2: School teachers school children, community workers and parents are trained on basic agriculture, nutrition and food security to ensure ownership of knowledge and sustainability of the intervention and maintenance of school gardens										
3.2.1. Preparation and validation of new training material on basic nutrition and food security, nutrition and management of school garden	FAO	3.2.1.1. Establishment of contract with an organization for the preparation of the training materials					NGO	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	
	FAO	3.2.1.2. Selection of the existing didactic materials which can be used in the schools					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	
	FAO	3.2.1.3. Preparation, validation and distribution of the training materials in the schools					Ministry of Education	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	

UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
								Training		
								Contracts		
								Other Costs		
								<b>Total</b>		
3.2.2. Organization of 4 trainings sessions for school teachers , school children, community workers and parents	FAO	3.2.2.1. Conduct field missions to sensitize the parents for the reinforcement of existing associations and the establishment of new associations					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	3,00
									Travel	
									Personnel	
									Training	
									Contracts	
					Other Costs	1,00				
					<b>Total</b>	<b>4,00</b>				
		FAO	3.2.2.2. Undertake a baseline evaluation on agricultural matter knowledge, of nutrition, for teachers, community workers and parents to be used as reference to the future evaluation of the impact of the project.				Ministry of Agriculture	MDG-F	Supp/equip & commodities	
						International staff				
						National staff			3,00	
						Travel				
						Personnel				
						Training				
						Contracts				
				Other Costs	1,00					
				<b>Total</b>	<b>4,00</b>					
	FAO	3.2.2.3. Conduct four training sessions (theory and practices) on topics related to food safety, nutrition and the management of the school gardens				Ministry of Agriculture	MDG-F	Supp/equip & commodities		
								International staff		
								National staff		
								Travel		
								Personnel		
								Training	4,00	
								Contracts		
				Other Costs						
				<b>Total</b>	<b>4,00</b>					
JP Output 3.3: School gardens are created and maintained in selected schools										
3.3.1. Creation and maintained 50 schools garden	FAO	3.3.1.1. Identification of the needs for the school gardens					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	2,00

UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
								Travel		
								Personnel		
								Training		
								Contracts		
								Other Costs	1,00	
								<b>Total</b>	<b>3,00</b>	
	FAO	3.3.1.2. Definition of the technical specifications of the required tools and agricultural inputs				Ministry of Agriculture	MDG-F	Supp/equip & commodities		
								International staff		
								National staff	2,00	
								Travel		
								Personnel		
								Training		
								Contracts		
								Other Costs		
								<b>Total</b>	<b>2,00</b>	
	FAO	3.3.1.3. Launching of the biddings for the purchase of the inputs; analysis of the tenders and attributions				Ministry of Agriculture	MDG-F	Supp/equip & commodities		
								International staff		
								National staff		
								Travel		
								Personnel		
								Training		
								Contracts		
								Other Costs	50	
								<b>Total</b>	<b>50</b>	
	FAO	3.3.1.4. Signing of contract with the partners for the support on agricultural aspects of the school gardens, followed by distribution of the tools and agricultural inputs to the recipients and for the preparation of the training materials				NGOs	MDG-F	Supp/equip & commodities		
								International staff		
								National staff		
								Travel		
								Personnel		
								Training		
								Contracts	4,00	
								Other Costs		
								<b>Total</b>	<b>4,00</b>	
	FAO	3.3.1.5. Procure, receive and ensure quality				Ministry of	MDG-F	Supp/equip & commodities	154,50	
								International staff		

UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
		control of the inputs and distribute to the beneficiaries					Agriculture		National staff	
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	10,00
									<b>Total</b>	<b>164,50</b>
	FAO	3.3.1.6. Organization of the teams of management of the school gardens in each selected school					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	50
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	<b>50</b>
	FAO	3.3.1.7. Support food production in the school gardens and income generating activities aimed at improving access to and consumption of micronutrient-rich foods through implementation of good practices and new techniques					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	50
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	<b>50</b>
	FAO	3.3.1.8. Planning of the activities with the management team of the school gardens, the children for the regular maintenance of the school gardens (definition of activities per period and class, etc...)					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	
	FAO	3.3.1.9. Technical follow-up of the consultant					Ministry of	MDG-F	Supp/equip & commodities	

UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
		in horticulture in the school gardens					Agriculture		International staff	
									National staff	
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	50
									<b>Total</b>	<b>50</b>
	FAO	3.3.1.10. Planning and realization of the activities of maintenance of the school gardens during the holidays					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	
JP Output 3.4: School kids in selected schools produce periodically and consume vegetables at least once a day										
3.4.1. School kids in selected schools produce periodically and consume vegetables	FAO	3.4.1.1. Technical monitoring and evaluation of food production at schools					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	
	FAO	3.4.1.2. Development of school proposals of menus with local schools and producers, to promote and sensitize the local public on the purchase of the products prepared by the schools					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	1,00
									Training	
									Contracts	
									Other Costs	

UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
								<b>Total</b>	<b>1,00</b>	
	FAO	3.4.1.3. Use of the school gardens like site of demonstration practices to allow the children to have an interest for the agricultural work, in the future					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	
	FAO	3.4.1.4. Formulate information messages about right to food to be used in communication strategy and information campaign to promote better food safety quality. A range of media will be used in order to effectively target the groups most at risk.					Ministry of Agriculture	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	
<b>JP outcome 4: Interventions on children nutrition and food security are effectively monitored and supervised by government counterparts</b>										
JP Output 4.1: The Nutrition Unit at the Ministry of Health is reinforced in terms of human resources and equipment.										
4.1.1. An international Nutritionist and one national nutrition expert are recruited and posted at the Ministry of Health.	UNICEF	4.1.1.1. Recruit an International nutritionist Specialist and one national nutrition expert					Ministry of Health	MDG-F	Supp/equip & commodities	
									International staff	150,00
									National staff	30,00
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	<b>180,00</b>
4.1.2. The nutrition unit of the Ministry of Health is equipped with a vehicle for field visits and	UNICEF	4.1.2.1. Procure a vehicle for the nutrition unit of the Ministry of Health					Ministry of Health	MDG-F	Supp/equip & commodities	25,00
									International staff	
									National staff	
									Travel	

UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
supervision								Personnel		
								Training		
								Contracts		
								Other Costs		
								<b>Total</b>	<b>25,00</b>	
4.1.3. The national and regional health teams are trained to ensure good implementation and monitoring of the nutrition interventions.	WHO	4.1.3.1. Preparation of training materials					Ministry of Health	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	
									Contracts	
					Other Costs					
								<b>Total</b>		
		WHO	4.1.3.2. Provide training to regional health and agriculture directors, the nutrition team of the Ministry of health, on surveillance and monitoring system on programme monitoring					Ministry of Health	MDG-F	Supp/equip & commodities
						International staff				
						National staff				
						Travel				
						Personnel				
						Training				
						Contracts				
						Other Costs	2,00			
							<b>Total</b>	<b>3,00</b>		
4.1.4. Capacity of health centres and schools is strengthened to ensure monitoring of field activities	WHO	4.1.4.1. Training of school teachers, health workers on monitoring of programme activities					Ministry of Health	MDG-F	Supp/equip & commodities	
									International staff	
									National staff	
									Travel	
									Personnel	
									Training	10,00
									Contracts	
					Other Costs					
								<b>Total</b>	<b>10,00</b>	
		WHO	4.1.4.2. Organize joint regular monitoring visits to health centers, communities and					Ministry of Health	MDG-F	Supp/equip & commodities
						International staff				
						National staff				

UN organization-specific Annual targets	UN Organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
		schools in collaboration with health, agriculture and education directorates						Travel		
								Personnel		
								Training		
								Contracts		
								Other Costs	4,00	
								<b>Total</b>	<b>4,00</b>	
4.1.5. The JP is well managed	UNICEF	4.1.5.1. Support the Programme Management Team and ensure visibility of the JP implementation					N/A	MDG-F	Supp/equip & commodities	20,15
									International staff	150,00
									National staff	18,00
									Travel	
									Personnel	
									Training	
									Contracts	
									Other Costs	
									<b>Total</b>	<b>188,15</b>
<b>Total Planned Budget</b>									<b>992,72</b>	
<b>Including indirect costs *</b>	<b>Total FAO</b>									<b>239,14</b>
	<b>Total UNICEF</b>									<b>624,89</b>
	<b>Total WFP</b>									<b>99,79</b>
	<b>Total WHO</b>									<b>28,89</b>

Summary budget for the AWP (year 1)					
	FAO	UNICEF	WFP	WHO	TOTAL
1.1. Supplies, commodities equipment and transport	178,503	172,159	84,070	6,000	<b>440,732</b>
1.2. Personnel	26,000	348,000	0	0	<b>374,000</b>
- Programme Manager	0	150,000	0	0	150,000
- Driver	0	18,000	0	0	18,000
- Nutritionist L3	0	150,000	0	0	150,000
- National consultant	26,000	30,000	0	0	56,000
1.3. Training of counterparts	4,000	53,850	0	10,000	<b>67,850</b>
1.4. Contracts	4,000	0	0	0	<b>4,000</b>
1.5. Other direct costs	11,000	10,000	9,200	11,000	<b>41,200</b>
Total Direct Costs	223,503	584,009	93,270	27,000	<b>927,782</b>
2.0. UN Agency Indirect cost (7%)	15,645	40,881	6,529	1,890	<b>64,945</b>
<b>Grand Total</b>	<b>239,148</b>	<b>624,890</b>	<b>99,799</b>	<b>28,890</b>	<b>992,727</b>