

# ABUJA NUTRITION MULTI-YEAR WORKPLAN (2014-2015)

**OUTCOME 4:** By 2017, the Nutritional Status of Infants, Young Children and Women is improved through the Scale-Up of Integrated High Impact and Evidence-based Nutrition Interventions and Improved Family and Community Care Practices with a focus on those most vulnerable

Planned IR / activities	Timeframe in months				Implementing partner	Planned Budget (\$'000)		Planned Budget (\$'000)	
	2014	2015	2015	2015		2014	2015	2015	2015
	0-6	7-12	13-16	19-24		RR	OR	RR	OR
<b>Output 1: By 2017 Community Management of Acute Malnutrition Programme and Nutrition sensitive interventions scaled-up in priority States and the prevalence of wasting (GAM) among children under-five years reduced to less than 5 percent (11 states)</b>									
<b>4.1.1 Advocacy, communication for development and leveraging resources</b>						<b>581.8</b>	<b>34,722.7</b>	<b>580.3</b>	<b>23,269.1</b>
4.1.1.1 Organize advocacy events (meetings, workshops, summit) with stakeholders (Federal, State and LGA policy makers) for adequate budgetary provision for supplies, additional personnel and logistics for management of SAM and for scaling up CMAM interventions		X	X	X	FMOH, SMOH, NPHCDA, SPHCDA, INGOs, Donors	-	1,200.1	-	689.4
4.1.1.2 In collaboration with CAD, support development of communication strategy including related materials to reduce defaulter rates		X	X	X	FMOH, SMOH, NPHCDA, SPHCDA, INGOs, Donors	-	122.0	-	90.0
4.1.1.3 Support CMAM costing exercise and dissemination of results/recommendations (RAD, WB, ORIE)		X	X	X	FMOH, NPHCDA, SMOH, INGOs	-	210.0	-	184.0
4.1.1.4 Map existing stakeholders/partners and initiatives working in nutrition/CMAM advocacy (Federal level)		X	X	X	FMOH, NPHCDA, SMOH, INGOs	7.0	104.0	7.0	100.0
4.1.1.5 Develop and disseminate advocacy strategy/plan and related materials		X	X	X	FMOH, NPHCDA, SMOH, INGOs	-	100.0	-	100.0
<b>4.1.1.2 Capacity Development (tools, skills, staff and infrastructure, structures, systems, roles of duty bearers, caretakers, health staff, community leaders, institutions)</b>						<b>14.1</b>	<b>3,472.3</b>	<b>14.1</b>	<b>2,326.9</b>
4.1.1.2.1 Support capacity building of government officials to enhance real time monitoring of CMAM programme through use of RapidSMS / Smartphone through training and implementation		X	X	X	FMOH, SMOHs, NPHCDA, SPHCDA	-	270.3	-	200.0
4.1.1.2.2 Strengthen logistics management capacity within UNICEF in Field Offices and Government in State and LGA levels (training, providing tools/templates for use, supportive supervision, etc)		X	X	X	SMOH, SPHCDA	-	490.0	-	300.0
4.1.1.2.3 Training of master trainers (State trainers, SPHCDA and SMOHs) on CMAM and in-patient management using National Guidelines		X	X	X	FMOH, SMOH, NPHCDA, SPHCDA	-	300.0	-	200.0
4.1.1.2.4 Support training including refresher to (PHC staff - CHWs and CVs, LGA Nutrition Focal Persons, State Nutrition Officers, Storekeepers) on CMAM management and CMAM data management including supportive supervision		X	X	X	FMOH, SMOH, NPHCDA, SPHCDA	14.1	1,772.0	14.1	972.0
4.1.1.2.5 Develop CMAM training strategy (targeting to SNOs, PHC Directors, LGA Nutrition Focal Persons, OTP refresher among others)		X	X	X	FMOH, NPHCDA, Donors	-	5.0	-	4.9
4.1.1.2.6 Review and disseminate training curricula, training materials and related tools/templates for initial and refresher training for CMAM program as required		X	X	X	FMOH, SMOH, NPHCDA, SPHCDA	-	30.0	-	80.0
4.1.1.2.7 Ensure provision of necessary technical assistance through recruitment/assignment of additional human resources to support management and scaling up of CMAM programme		X	X	X	UNICEF	-	500.0	-	500.0
4.1.1.2.8 Support forming Community Based Organization (CBO) of Community Volunteers and mothers of the children who are admitted in CMAM OTP sites (income generation, agriculture, cash transfer, etc)		X	X	X	FMOH, SMOH, NPHCDA, SPHCDA	-	70.0	-	50.0
4.2.1.2.9 Support training on local production of blended complementary foods in IFAD's income generating project and CMAM sites		X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, INGOs, IFAD	-	35.0	-	20.0
<b>4.1.1.3 Service delivery</b>						<b>532.7</b>	<b>22,569.8</b>	<b>531.2</b>	<b>15,125.0</b>
4.1.1.3.1 Procurement and distribution of supplies for management of acute malnutrition (therapeutic spread, formula, anthropometric equipment, monitoring tools, computers, routine drugs, etc) to the states and LGAs (11 states)		X	X	X	FMOH, SMOH, NPHCDA, SPHCDA	490.7	21,269.8	489.2	13,939.0
4.1.1.3.2 Provide necessary relevant support to set up local production of RUTF		X	X	X	FMOH, NAFEDAC, NPSHA, Companies	22.0	100.0	22.0	100.0
4.1.1.3.3 Printing and distribution of CMAM Guidelines and Training Manual		X	X	X	FMOH, NPHCDA, SMOH, INGOs	10.0	100.0	10.0	100.0
4.1.1.3.4 Provide support to States/LGAs for strengthening the supplies management		X	X	X	SMOH, SPHCDA, LGAs, INGOs	5.0	250.0	5.0	250.0
4.1.1.3.5 Strengthening of Nutrition Information System (improving data management, quality checks, performance indicators analysis, using RapidSMS and smartphones, etc)		X	X	X	FMOHs, SMOH, NBS, SPHCDA	5.0	250.0	5.0	250.0

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4.1.2.3.6	Initiate demonstration CMAM sites in two southern states based on the results/recommendation of SMART survey and interest of state government authorities		X	X	X	SMOH, SPHCDA	-	106.0	-	106.0
4.1.2.3.7	Support CMAM preventive interventions (social mobilization, screening/case finding/referral to improve coverage, family visits, defaulter follow up, analysis of end users of RUTF, sensitisation of community leaders, etc)	X	X	X	X	MOH, SPHCDA	-	100.0	-	100.0
4.1.1.3.8	Provide technology to strengthen CMAM data management (improve data recording/reporting, quality checks, performance analysis, rapidSMS and smartphones, etc)	X	X	X	X	SMOH, SPHCDA	-	150.0	-	100.0
4.1.1.3.9	Integration of CMAM services/activities with other sector programmes including WASH, healthy/EPI, polio, child protection/social protection, education, children and AIDS.	X	X	X	X	FMOHs, SMOH, NBS, SPHCDA	-	114.0	-	50.0
4.1.1.3.10	Provide integrated services to accelerate polio eradication	X	X	X	X	FMOHs, SMOH, NBS, SPHCDA	-	50.0	-	50.0
4.1.1.3.11	Develop CMAM sites as centres for excellence	X	X	X	X	FMOHs, SMOH, NBS, SPHCDA	-	80.0	-	80.0
4.1.1.4	<b>Monitoring, Evaluation, Research, Planning, Coordination, Documentation</b>						<b>28.0</b>	<b>6,944.5</b>	<b>28.0</b>	<b>4,653.8</b>
4.1.1.4.1	Carry out continuum of care study and analysis of supply chain management to improve community management of severe acute malnutrition (CMAM)	X	X	X	X	FMOH, SMOH, SPHCDA	14.0	2,480.0	14.0	1,593.0
4.1.1.4.2	Support meetings of Food and Nutrition Committees at Federal and State levels	X	X	X	X	FMOH, NPHCDA, SMOH, INGOs	5.0	917.0	5.0	830.0
4.1.1.4.3	Support conducting GIS mapping of CMAM OTP and inpatient sites	X	X	X	X	FMOH, SMOH, SPHCDA	9.0	217.0	9.0	200.0
4.1.1.4.4	Support regular monitoring of CMAM activities by Federal, State and LGA authorities and Field Offices	X	X	X	X	FMOH, SMOH, SPHCDA	-	850.0	-	850.0
4.1.1.4.5	Develop monitoring strengthening strategy and supportive supervision plans	X	X			FMOH, SMOH, SPHCDA	-	400.0	-	100.0
4.1.1.4.6	Support partners to conduct coverage survey (SLEAC and SQUEAC) and dissemination of results/recommendation	X	X			FMOH, NPHCDA, SMOH, INGOs	-	500.0	-	200.0
4.1.1.4.7	Create data base of CMAM focal points (States, LGAs, Community levels)	X	X	X	X	FMOH, SMOHs, SPHCDA	-	300.0	-	200.0
4.1.1.4.8	Strengthen national level coordination through institutionalization of CMAM taskforce meeting and operationalization of national coordination committee	X	X	X	X	FMOH, SMOHs, NPHCDA, SPHCDA, INGOs	-	200.5	-	200.8
4.1.1.4.9	Disseminate results/lessons learnt from high performing CMAM states/LGAs/sites to medium and low performing states/LGAs/sites through monthly meeting	X	X	X	X	SMOHs, SPHCDA, INGOs	-	180.0	-	180.0
4.1.1.4.10	Institutionalize/strengthen monthly CMAM meeting in all CMAM states	X	X	X	X	SMOHs, SPHCDA, INGOs	-	500.0	-	200.0
4.1.1.4.11	Carry out operational research and evaluation of CMAM in selected states	X	X	X	X	FMOH, SMOH, NPHCDA, SPHCDA, INGOs	-	400.0	-	100.0
<b>Output 2: By 2017 Proportion of 0-23 months children optimally fed increased to 70 percent through Integrated IYCF and care promotion</b>										
4.2.1.1	<b>Advocacy, communication for development and leveraging resources</b>						<b>480.5</b>	<b>1,422.1</b>	<b>481.3</b>	<b>1,082.5</b>
4.2.1.1.1	Finalize BCC strategy and integrated IYCF communication plan to implement in selected states (WINNN, EU, southern states, etc)	X	X	X	X	FMOH, NPHCDA, SMOH, INGOs	-	71.1	6.7	54.1
4.2.1.1.2	Support advocacy activities to promote optimal IYCF practices (early initiation of breastfeeding, exclusive breastfeeding, complementary feeding, etc) through breastfeeding days (as campaign)	X	X	X	X	FMOH, NPHCDA, SMOH, INGOs	-	12.0	-	12.0
4.2.1.1.3	Support implementation of breastfeeding media campaign to promote breastfeeding as a social norm through social marketing approach	X	X	X	X	SMOH, SPHCDA, INGOs	-	20.0	-	20.0
4.2.1.1.4	Sensitisation of duty bearers on IYCF through multi-media, SMS, faith groups, NGOs, CBOs, MINCHWs, National day prayer and other social structures on benefits of exclusive breastfeeding	X	X	X	X	SMOH, SPHCDA, INGOs	-	8.1	-	8.0
4.2.1.2.5	Certify Hospitals and HFIs that have 10 steps to BFHI as part of the code of conduct	X	X	X	X	SMOH, SPHCDA, INGOs	3.7	10.0	3.7	4.1
4.2.1.2.6	Develop criteria and certify Baby Friendly communities	X	X	X	X	SMOH, SPHCDA, INGOs	3.0	11.0	3.0	-
4.2.1.2	<b>Capacity Development (tools, skills, staff and infrastructure, structures, systems, roles of duty bearers, caretakers, health staff, community leaders, institutions)</b>						<b>13.3</b>	<b>142.2</b>	<b>13.3</b>	<b>108.3</b>
4.2.1.2.1	Conduct IYCF TOT at state and LGA levels	X	X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, INGOs	-	55.0	-	-
4.2.1.2.2	Support conducting IYCF training for health workers and community volunteers in selected states (WINNN, EU, southern states)	X	X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, INGOs	-	15.0	-	50.0
4.2.1.2.3	Support scaling up IYCF linking with nutrition sensitive interventions (local production of blended complementary foods, MNP and CMAM, MNCH, income generating projects, cash transfer, WASH interventions/CLTS, etc) for appropriate child friendly behaviours	X	X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, INGOs, IFAD	-	20.0	-	10.0
4.2.1.2.4	Support FME and FMOH to integrate IYCF behaviour change communication into pre- and post service training curriculum	X	X	X	X	FME, Universities, INGOs	-	12.0	-	20.3
4.2.1.2.5	Working with faith based organization, TBAs, extensions workers, school children, out of school youths, community development associations	X	X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, INGOs	-	10.2	-	10.0

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4.2.1.2.6	Use of innovation and technology to improve IYCF service delivery (quality and timely reporting, etc)	X	X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, INGOS	13.3	20.0	13.3	8.0
4.2.1.2.7	Support maternal nutrition and delayed cord-clamping to improve nutrition outcomes for mother and baby	X	X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, INGOS	-	10.0	-	10.0
4.2.1.3	<b>Service delivery (supply and commodities)</b>						<b>433.9</b>	<b>924.4</b>	<b>434.7</b>	<b>703.6</b>
4.2.1.3.1	Print IYCF policy, training manuals, counselling tools, and supervisory checklists	X	X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, INGOS	397.3	800.0	398.1	600.0
4.2.1.3.2	Produce and disseminate advocacy materials for IYCF targeting policy makers at all levels	X	X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, INGOS	36.6	124.4	36.6	103.6
4.2.1.4	<b>Monitoring, Evaluation, Research, Planning, Coordination, Documentation</b>						<b>26.6</b>	<b>284.4</b>	<b>26.6</b>	<b>216.5</b>
4.2.1.4.1	Conduct IYCF KAP baseline survey in selected states (i.e. WINNN, EU, etc)	X	X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, INGOS	12.0	77.0	12.0	70.0
4.2.1.4.2	Develop IYCF supervisory tools to standardize data collection and reporting on IYCF process indicators	X	X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, INGOS	8.0	97.0	8.0	87.0
4.2.1.4.3	Conduct Propan assessment to identify and promote locally available and acceptable complementary foods for young child feeding	X	X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, NAFDAC	4.0	60.0	4.0	29.5
4.2.1.4.4	Carry out operational research and evaluation of c-IYCF in selected states	X	X	X	X	FMOH, NPHCDA, SPHCDA, SMOH, INGOS	2.6	50.4	2.6	30.0

**Output 3: By 2017 Micronutrient Deficiencies prevented through improved micronutrient supplementation interventions for children and women**

4.3.1.1	<b>Advocacy, communication for development and leveraging resources</b>						<b>200.1</b>	<b>5,056.2</b>	<b>200.4</b>	<b>4,260.0</b>
4.3.1.1.1	Conduct advocacy/sensitization meeting for the pilot distribution of MNP linked with IYCF at national level in selected states (EU supported)	X	X	X	X	SMOH, SPHCDA, INGOS	3.7	252.8	3.7	213.0
4.3.1.1.2	Support NPHCDA to develop Federal workshop for vitamin A supplementation, deworming, iron folate supplementation through MNCHWs (MNCHW technical working group meetings, national advocacy with health commissioners and coverage validation workshop)	X	X			FMOH, NPHCDA, INGOS	-	44.0	-	34.0
4.3.1.1.3	Orientation to community leaders and influential people to increase awareness on importance of MNCHW to encourage their participation (develop social mobilization plan, production/distribution of IEC materials and conduct advocacy meetings with traditional/religious leaders)	X	X			SMOH, SPHCDA, INGOS	-	40.0	-	40.0
4.3.1.1.4	Support social mobilization for vitamin A supplementation, deworming, iron folate supplementation for PLW through MNCH weeks	X	X			SMOH, SPHCDA, IGAs, INGOS	-	43.0	-	43.0
4.3.1.1.5	Advocate with manufacturers of fortified foods to ensure compliance (salt iodisation, flour fortification, sugar fortification, oil fortification)		X	X	X	FMOH, NPHCDA, NAFDAC, SMOH, SPHCDA	1.7	40.0	1.7	32.0
4.3.1.1.6	High level advocacy at federal and states to increase government's contribution to implement vitamin A supplementation, deworming, iron folate supplementation through MNCHW	X	X	X	X	FMOH, NPHCDA, NAFDAC, SMOH, SPHCDA	-	20.0	-	10.0
4.3.1.2	<b>Capacity Development (tools, skills, staff and infrastructure, structures, systems, roles of duty bearers; caretakers, health staff, community leaders, institutions)</b>						<b>7.4</b>	<b>505.6</b>	<b>7.4</b>	<b>426.0</b>
4.3.1.2.1	Disseminate new national micronutrient guideline to key nutrition stakeholders and donors to generate national consensus on key micronutrient priorities	X	X	X	X	FMOH, NPHCDA, INGOS	-	116.0	-	100.0
4.3.1.2.2	Develop national strategic plan to initiate and scale up MNP supplementation linked with IYCF promotion					FMOH, NPHCDA, INGOS	-	100.0	-	80.0
4.3.1.2.3	National workshop to share experiences and lessons learnt on Zinc-LO ORS in Diarrhoea management and develop national workshop	X	X	X	X	FMOH, NPHCDA, INGOS	-	100.0	-	76.0
4.3.1.2.4	Support LGA level planning and orientation to effectively implement MNCHW (one day state level workshop for LGA focal persons on planning/use of new tools, monitoring and supportive supervision of MNCHW)	X	X			SMOH, SPHCDA, INGOS	3.4	50.0	3.4	50.0
4.3.1.2.5	Enhance capacity of MNCHW focal persons to ensure adequate support to health facilities for implementation vitamin A supplementation, deworming, iron folate supplementation (one day ward level workshop for focal persons to support for effective planning and supervision of campaign)	X	X			SMOH, SPHCDA, INGOS	2.0	71.6	2.0	70.0
4.3.1.2.6	Conduct refresher training of frontline health workers to effectively deliver vitamin A, deworming, iron folate supplements through the MNCHW campaign (reproduce training materials and one day ward level training/workshop for HWS)	X	X			SMOH, SPHCDA, INGOS	2.0	68.0	2.0	50.0
4.3.1.3	<b>Service delivery</b>						<b>174.1</b>	<b>3,286.6</b>	<b>174.4</b>	<b>2,769.0</b>
4.3.1.3.1	Develop communication materials, M&E tools for micronutrient control programme	X	X	X	X	FMOH, NPHCDA, INGOS	20.0	50.0	20.0	50.0
4.3.1.3.2	Print and distribute BCC materials for micronutrient deficiency control programmes	X	X	X	X	FMOH, NPHCDA, INGOS, FMOH, NPHCDA, INGOS	10.0	100.0	10.0	100.0
4.3.1.3.4	Reproduce and distribute MNCHW guidelines and training manual to two new additional states	X				FMOH, NPHCDA, INGOS	134.1	136.6	134.4	119.0
4.3.1.3.5	Procurement of multiple micronutrient supplements (MNPs), deworming tablets, Zinc LO-ORS, iron folate supplements and i-check and WYD machines for monitoring fortification compliance	X	X	X	X	SMOH, SPHCDA, INGOS	10.0	3,000.0	10.0	2,500.0

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<b>4.3.1.4 Monitoring, Evaluation, Research, Planning, Coordination, Documentation</b>									
4.3.1.4.1 Support monitoring and supervision of Vitamin A, deworming and iron folate supplementation during MNCHW at PHC, LGA and State level	X	X	X	X		FMOH, NPHCDA, SMOH, SPHCDA, INGOS	14.9	1,011.2	14.9
4.3.1.4.2 Support to NPHCDA for coordinated joint planning, review and harmonization of activities to strengthen Vitamin A supplementation coverage	X	X				FMOH, NPHCDA, SMOH, SPHCDA, INGOS	4.9	91.2	4.0
4.3.1.4.3 Support state and zonal planning meetings to review results of recent round and finalise plan for coming round of Vitamin A supplementation through MNCHW	X	X				FMOH, NPHCDA, SMOH, SPHCDA, INGOS	-	50.0	3.0
4.3.1.4.4 Carry out operational research and evaluation of Micronutrient Deficiency Control (MNDQ) in selected states		X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	-	40.0	3.0
4.3.1.4.5 Conduct formative research to identify enabling factors and barriers on acceptability of Micronutrient Powders (MNP)		X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	-	50.0	0.9
4.3.1.4.6 Support process of analysis and correction of bottlenecks for Vitamin A, deworming and iron folate supplementation and fortification initiatives	X	X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	-	50.0	-
4.3.1.4.7 Support NAFDAC to ensure adequate quality control of iodized salt at different levels (production, borders, retails)	X	X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	-	30.0	-
<b>Output 4: leadership, policy, institutional capacity and partnership strengthened to scale up nutrition interventions.</b>									
<b>4.4.1.1 Advocacy, communication for development and leveraging resources</b>									
4.4.1.1.1 Support finalization and adoption of nutrition policy and costed strategic plan,	X	X				FMOH, NPHCDA, SMOH, SPHCDA, INGOS	3.4	43.4	3.3
4.4.1.1.2 Support development of implementation plan based on adopted food and nutrition policy and strategic plan in selected states		X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	3.4	11.0	3.3
4.4.1.1.3 Support special events and national days (i.e. WBW, IDD day, world food day, etc.) to raise awareness at federal and state levels	X	X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	-	10.0	-
4.4.1.1.4 Support advocacy activities to leverage federal and state resources to scale up nutrition interventions	X	X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	-	2.4	-
4.4.1.2 Capacity Development (tools, skills, staff and infrastructure, structures, systems, roles of duty bearers, caretakers, health staff, community leaders, institutions)							6.6	86.9	6.6
4.4.1.2.1 Strengthen the food and nutrition committees at state level to scale up nutrition interventions	X	X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	3.6	46.0	3.6
4.4.1.2.2 Strengthen linkage of nutrition interventions with Agriculture, WASH, Education, Private Sector to scale up nutrition sensitive interventions	X	X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	3.0	40.9	3.0
<b>4.4.1.3 Service delivery</b>									
4.4.1.3.1 Printing and dissemination of policy, strategic plan and advocacy materials	X	X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	247.1	564.5	247.5
<b>4.4.1.4 Monitoring, Evaluation, Research, Planning, Coordination and Documentation</b>									
4.4.1.4.1 Strengthen national level coordination through institutionalization of taskforce and operationalization of national coordination committees	X	X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	13.3	173.7	13.3
4.4.1.4.2 Support meetings of Food and Nutrition Committees at Federal and State levels	X	X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	5.0	51.0	5.0
4.4.1.4.3 Support conducting national nutrition survey using SMART methods to track progress on nutrition situation	X	X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	2.0	30.7	2.0
4.4.1.4.4 Support scaling up nutrition (SUN) in Nigeria (conven and participate in stakeholders, private sector, donors and civil society forums)	X	X	X	X	X	FMOH, NPHCDA, SMOH, SPHCDA, INGOS	1.3	41.0	1.3
<b>TOTAL for Outcome 4 - Abuja</b>							<b>3,532.8</b>	<b>42,069.5</b>	<b>4,532.7</b>
									<b>28,955.0</b>

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