

Section I: Identification and JP Status

National Nutrition Programme / MDG-F Joint Programme

Semester: 2-10

Country	Ethiopia
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	
Program title	National Nutrition Programme / MDG-F Joint Programme

Report Number	
Reporting Period	2-10
Programme Duration	
Official Starting Date	2009-09-11

Participating UN Organizations	* UNICEF * WFP
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Implementing Partners	* FAO * FMOH * RHB * WHO * Woreda Health Bureau
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Budget Summary

Total Approved Budget

UNICEF	\$6,373,292.00
WFP	\$626,529.00
Total	\$6,999,821.00

Total Amount of Transferred To Date

UNICEF	\$2,667,733.00
WFP	\$246,528.00
Total	\$2,914,261.00

Total Budget Committed To Date

UNICEF	\$2,190,213.20
WFP	\$230,400.00
Total	\$2,420,613.20

Total Budget Disbursed To Date

UNICEF	\$2,153,515.97
WFP	\$230,400.00
Total	\$2,383,915.97

Donors

As you can understand, one of the Goals of the MDG-F is to generate interest and attract funding from other donors. In order to be able to report on this goal in 2010, we would require you to advise us if there has been any complementary financing provided in 2010 for each programme as per following example:

Amount in thousands of U\$

Type	Donor	Total	For 2010	For 2011	For 2012
Parallel	WB and JICA	36000000	10000000	10000000	16000000
Cost Share	UNICEF own resource Other resources (Natcom, Japan)	28377750	13115656	13115656	13115656
Counterpart	Not available for this report		13115656		

DEFINITIONS

1) PARALLEL FINANCING – refers to financing activities related to or complementary to the programme but whose funds are NOT channeled through Un agencies. Example: JAICA decides to finance 10 additional seminars to disseminate the objectives of the programme in additional communities.

2) COST SHARING – refers to financing that is channeled through one or more of the UN agencies executing a particular programme. Example: The Government of Italy gives

UNESCO the equivalent of US \$ 200,000 to be spent on activities that expand the reach of planned activities and these funds are channeled through UNESCO.

3) COUNTERPART FUNDS - refers to funds provided by one or several government agencies (in kind or in cash) to expand the reach of the programme. These funds may or may not be channeled through a UN agency. Example: The Ministry of Water donates land to build a pilot 'village water treatment plant' The value of the contribution in kind or the amount of local currency contributed (if in cash) must be recalculated in US \$ and the resulting amount(s) is what is reported in the table above.

Direct Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number	0	0	96000	0	187200	187200	2	2
Reached Number	0	0	48750	0	138161	138161	2	2
Targeted - Reached	0	0	47250	0	49039	49039	0	0
% difference	0	0	50.78	0	73.8	73.8	100.0	100.0

Indirect Beneficiaries

	Men	Men from Ethnic Groups	Women	Women from Ethnic Groups	Boys	Girls	National Institutions	Local Institutions
Targeted Number	1200000	0	1104000	0	0	0	2	2
Reached Number	1000000	0	1104000	0	0	0	2	2
Targeted - Reached	200000	0	0	0	0	0	0	0
% difference	83.33	0	100.0	0	0	0	100.0	100.0

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (250 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions

Progress in outcomes

Through the Spanish MDG- Funds, the capacity of the woreda health systems has been strengthened to achieve the outcomes of the Joint program. In this reporting period 3,685 severely malnourished cases received effective treatment for SAM between July and October 2010 with 82.5% cure, 0.4% mortality and 4.9% defaulter rates (target woredas reports for November and December are pending). CHDs were undertaken quarterly for nutritional screening; 5,760 children were identified as malnourished and provided with supplementary feeding.

The JP also contributed to the improvement of caring and feeding behaviours of children and mothers through community based nutrition activities. Growth monitoring and promotion (GMP) and community conversation (CC) sessions were undertaken to promote good feeding and caring behaviours and prevent malnutrition. To this effect, 60% (9,952) children under two and Mothers/caregivers in 51.6% of the kebeles are participating in GMP session and CC in the 8 woredas resulting in reduction in trend of underweight. Moreover, 90% Children under-five were supplemented with Vitamin A and 95% of children 24-59 months were De-wormed twice in six months interval in the sixteen woredas.

Follow up is underway to ensure improved quality and utilization of locally available complementary and supplementary feeding. However, the pilot implementation has not yet started to benefit the women and children in the project areas as explained in respective section below. Materials are developed to enable improved nutrition information system in the sixteen woredas.

Progress in outputs

1.1 After necessary training was provided and supplies were distributed to the 16 districts, 3,685 severely malnourished cases received effective treatment for severe acute malnutrition between July and October 2010 with 82.5% cure, 0.4% mortality and 4.9% defaulter rates. Ready-to-Use Therapeutic Food (RUTF) and other essential drugs adequate to treat severe acute malnutrition in over 10,490 children were procured.

1.2. Moderately and severely malnourished children and pregnant and lactating women received TSF
Supplementary food procured and distributed to the project woredas. 5,760 malnourished children and to 2,360 malnourished PLW out of those screened, received supplementary feeding in the reporting period.

1.3. Enhanced health post capacity to provide quality outpatient treatment for severe acute malnutrition
The proportion of functional TFP in health centres have increased from 31% to 80%; Community management of severe acute malnutrition has been rolled out to 295 health posts (83.61% of the health posts in the 16 woredas).

2.1. Build community capacity for assessment-analysis-action specific to preventing child malnutrition

After conducting necessary preparation (training of HEWs, VCHWs and distributing supplies), currently 29,552 children under two are weighed every month and

mothers/caregivers are counselled to improve infant and young child feeding practices in addition issues that need communal action are brought to the community conversion session for community action.

Funding was released and supplies were distributed for the 8 woredas in the second batch to undertake these activities.

Addis Ababa University has completed the assessment on complementary food, and it has developed 8 prototypes of complementary food, all meeting the appropriate nutrient density, ready to use and culturally acceptable taste. Once the assessment has been reviewed the aim is to pilot this modus operandi in 4 kebeles in 2011.

Baseline survey is conducted as part of NNP, and final report is submitted.

Measures taken for the sustainability of the joint programme

The MDG-F is designed as part of the National Nutrition Program, fully owned and led by the ministry of health. The overall implementation of the project in the sixteen woredas is using the existing health system in line with the National Nutrition Program. The project is investing on the capacity of the health extension workers who are going to take over the bulk of the activities addressed in this project to be part of their routine responsibility at the end of the project period.

Are there difficulties in the implementation?

Joint Programme design

What are the causes of these difficulties?

Briefly describe the current difficulties the Joint Programme is facing

On the request of the Government, the JP Document signed in August 2008 foresaw WHO and FAO as implementing partners and not as UN Participating Agencies. This meant that WHO and FAO would receive their share of the funds via UNICEF. The latter process would have meant a double charging of overhead costs, which the UN agencies were determined to avoid. Therefore no funds were transferred to WHO and FAO during year one; and implementation of their share of the activities has not started.

Briefly describe the current external difficulties that delay implementation

N/A

Explain the actions that are or will be taken to eliminate or mitigate the difficulties

Further to discussion and agreement with the MDG-F Secretariat on occasion of their field visit in June 2010, and further to discussion with MoFED, an Amendment of the Joint Programme Document was signed in December 2010 by all involved stakeholders signatory to the original JP Document in August 2008. As a result FAO and WHO are formally recognize as Participating Agencies and will therefore be able to receive the funding disbursed by the Secretariat directly. WHO and FAO will start implementation of the assigned activities in 2011.

2 Inter-Agency Coordination and Delivering as One

Is the joint programme still in line with the UNDAF?

Yes true
No false

If not, does the joint programme fit the national strategies?

Yes true
No false

What types of coordination mechanisms

At the national level, the MDG National Steering Committee (NSC) provides guidance to all the joint programs, particularly in terms of coordination between programs and harmonization of procedures. The NSC met in April and asked MoFED to organize a National Review Meeting to enhance coherence on Joint programming and implementation, which took place on 1-2 July 2010. Recommendations are being followed up by MoFED and RCO. The Program Management Committee (PMC) provides coordination with the Implementing Agency and the participating UN Agencies. UN Focal points of the MDG-F Joint programs have agreed to meet on a regular basis in order to reinforce linkages and knowledge sharing between current Joint Program, review implementation status, work on common areas such as Monitoring and Evaluation and Advocacy and Partnerships and strengthen the contribution of JPs to the ONE UN agenda in Ethiopia.

Please provide the values for each category of the indicator table below

Indicators	Baseline	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDG-F JPs	0	0		
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	One (complementary foods study, jointly commissioned by FMOH, FAO and UNICEF)	Report of the study	From Federal Ministry Health
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	0		

3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

Are Government and other national implementation partners involved in the implementation of activities and the delivery of outputs?

Not Involved false
Slightly involved false
Fairly involved false
Fully involved true

In what kind of decisions and activities is the government involved?

Policy/decision making

This JP is fully part of the National Nutrition Programme and Health Sector Development Plan, which are owned by the government. The implementation of the JP uses the

strengthened capacity of the established NNP system, instead of creating a parallel one. It depends particularly upon the HEP service delivery under the Federal Ministry of Health (FMOH) that is mandated to host and manage the NNP. The JP will be implemented by the Health Sector as the main national implementing partner, the FMOH at federal level, the Regional Health Bureaus (RHB) at the regional level and the District Health Office (WoHo) at the District level. The Disaster Management and Food Security Sector (DMFSS) is the second government implementing partner related to the provision of targeted supplementary food at the regional level. Hence forth, the JP is owned and implemented by Government.

Management: procurement

This JP is fully part of the National Nutrition Programme and Health Sector Development Plan, which are owned by the government. The implementation of the JP uses the strengthened capacity of the established NNP system, instead of creating a parallel one. It depends particularly upon the HEP service delivery under the Federal Ministry of Health (FMOH) that is mandated to host and manage the NNP. The JP will be implemented by the Health Sector as the main national implementing partner, the FMOH at federal level, the Regional Health Bureaus (RHB) at the regional level and the District Health Office (WoHo) at the District level. The Disaster Management and Food Security Sector (DMFSS) is the second government implementing partner related to the provision of targeted supplementary food at the regional level. Hence forth, the JP is owned and implemented by Government.

Management: service provision

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Who leads and/or chair the PMC?

FMOH planning department has taken the overall lead of coordinating the project with technical inputs from the Nutrition core group for day to day activities. The project management committee is comprised of the FMOH planning department, UNICEF, FAO, WFP and WHO with UNICEF playing the role of secretary.

Number of meetings with PMC chair

Two meetings have been undertaken in the first year of the project. It is agreed to continue the coordination meeting on quarterly basis.

Is civil society involved in the implementation of activities and the delivery of outputs?

Not involved true
Slightly involved false
Fairly involved false
Fully involved false

In what kind of decisions and activities is the civil society involved?

Are the citizens involved in the implementation of activities and the delivery of outputs?

Not involved false
Slightly involved false
Fairly involved false

Fully involved true

In what kind of decisions and activities are the citizens involved?

Management: service provision

Where is the joint programme management unit seated?

UN Agency

UNICEF was requested to support the Ministry of Health focal point for this Joint Programme with issues related to coordination and reporting.

Current situation

This JP is fully part of the National Nutrition Programme and Health Sector Development Plan, which are owned by the government. The implementation of the JP uses the strengthened capacity of the established NNP system, instead of creating a parallel one. It depends particularly upon the HEP service delivery under the Federal Ministry of Health (FMOH) that is mandated to host and manage the NNP. The JP will be implemented by the Health Sector as the main national implementing partner, the FMOH at federal level, the Regional Health Bureaus (RHB) at the regional level and the District Health Office (WoHo) at the District level. The Disaster Management and Food Security Sector (DMFSS) is the second government implementing partner related to the provision of targeted supplementary food at the regional level. Hence forth, the JP is owned and implemented by Government.

4 Communication and Advocacy

Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes?

Yes false

No true

Please provide a brief explanation of the objectives, key elements and target audience of this strategy

The development of the advocacy/communication strategy for the National Nutrition Programme and for the overall health sector is on-going. The JP Working Group has also started the discussion on the advocacy/partnership strategy for all the JPs and MDGs in harmonization with the overall UN communication group. However, over the last reporting period, this discussion has not progressed as anticipated, continuing to leave some gaps in the areas of advocacy and communication.

What concrete gains are the advocacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?

What is the number and type of partnerships that have been established amongst different sectors of society to promote the achievement of the MDGs and related goals?

Faith-based organizations

Social networks/coalitions

Local citizen groups

Private sector

Academic institutions



Media groups and journalist
Other

What outreach activities do the programme implement to ensure that local citizens have adequate access to information on the programme and opportunities to actively participate?

Section III: Millenium Development Goals

Millenium Development Goals

Additional Narrative Comments

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

This JP is part of National Nutrition Program, which is implemented in 170 districts. Through the implementation the nutrition package, the JP will contribute towards the achievement of most of the MDGs in Ethiopia. The complementary food study supported through the JP is unique and both WB and CIDA have shown interest to provide complementary support in geographical areas not covered by the JP. Overall, the NNP is supported by different partners, World bank, JICA, National Committees for UNICEF, CIDA and MI.

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

Section IV: General Thematic Indicators

1 Integrated approaches for reducing child hunger and under-nutrition promoted

1.1 Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention

Children under 2

Total No.	68750
No. Urban	10312.5
No. Rural	58438
No. Girls	34375
No. boys	34375

Children from 2 to 5

Total No.	222115
No. Urban	33317
No. Rural	188798
No. Girls	111057
No. Boys	111057

Children older than 5

Total	n/a
No. Urban	n/a
No. Rural	n/a
No. Girls	n/a
No. boys	n/a

Women

Total	75000
No. Urban	11250
No. Rural	n/a
No. Pregnant	n/a

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

Children under 2

Total	65313
No. Urban	9797
No. Rural	55516
No. Girls	32656
No. Boys	32656

Children from 2 to 5

Total	211009
No. Urban	31651
No. Rural	179358
No. Girls	105504
No. Boys	105504

Children older than 5

Total	
No. Urban	
No. Rural	
No. Girls	
No. Boys	

Women

Total	48750
No. Urban	7313
No. Rural	41438
No. pregnant	

Men

Total	
No. Urban	
No. Rural	

1.3 Prevalence of underweight children under-five years of age

National % 38
Targeted Area %

Proportion of population below minimum level of dietary energy consumption

% National
% Targeted Area

Stunting prevalence

% National 47
% Targeted Area

Anemia prevalence

% National 40
% Targeted Area

Comments

The data for underweight, stunting and anemia is only available at national level. The baseline survey will provide with information specific to the NNP woredas.

1.4 Type of interventions and/or strategies scaled up with the support the joint programme and number of citizens affected

Homestead food production and diversification

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Food fortification

National
Local
Urban
Rural
Girls

Pregnant Women
Boys

School feeding programmes

National
Local
Urban
Rural
Girls
Pregnant women
Boys

Behavioural change communication

National
Local 45000
Urban
Rural 45000
Girls
Pregnant women 2250
Boys

Gender specific approaches

National
Local
Urban
Local
Girls
Pregnant Women
Boys

Interventions targeting population living with HIV

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Promotion of exclusive breastfeeding

National
Local 45000
Urban
Rural 45000
Girls
Pregnant Women 2250
Boys

Therapeutic feeding programmes

National
Local 3685
Urban 125
Rural 3560
Girls 1850
Pregnant Women
Boys

Vaccinations

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Other, specify

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

2 Advocacy and mainstreaming of access to food and child nutrition into relevant policies

2.1 Number of laws, policies and plans related to food security and child nutrition developed or revised with the support of the programme

Policies

National
Local

Laws

National
Local

Plans

National
Local

3 Assessment, monitoring and evaluation

3.1 Number of information systems supported by the joint programme that provide disaggregated data on food security and nutrition

National
Local
Total

b. Joint Programme M&E Framework

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
<i>From Results Framework (Table 1)</i>	<i>From Results Framework (Table 1)</i>	<i>Baselines are a measure of the indicator at the start of the joint programme</i>	<i>The desired level of improvement to be reached at the end of the joint programme</i>	<i>The actual level of performance reached at the end of the reporting period</i>	<i>From identified data and information sources</i>	<i>How is it to be obtained?</i>	<i>Specific responsibilities of participating UN organizations (including in case of shared results)</i>	<i>Summary of assumptions and risks for each result</i>
Outcome 1: Improved management of children with acute malnutrition at the community level	<p>1.1. % of under five children with severe acute malnutrition screened and provided quality care by 2012</p> <p>1.2. % of children with acute malnutrition</p>	<p>not available yet</p> <p>not available</p>	<p>80% (14,640) under five children with severe acute malnutrition screened and provided quality care by 2012</p> <p>80% (14,640) children with</p>	<p>3,685 severely malnourished cases received effective treatment for severe acute malnutrition between July and October 2010 with 82.5% cure, 0.4% mortality and 4.9% defaulter rates.</p>	<p>Monthly OTP reporting format (2009-2012)</p> <p>Baseline survey report (2009)</p> <p>Endline evaluation report (2012)</p>	<p>Review of Monthly OTP reporting format (2009-2012)</p> <p>Review baseline survey report (2009)</p> <p>Review endline evaluation report (2012)</p>	<p>UNICEF/ MOH/ RHBS</p>	<p>The major risk is drought that will increase the SAM case load Assumptions: The price of Plumpy'Nut© and supplementary food remain the same. If increased it will affect the coverage of the program. There will not be significant staff turnover</p>

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	access OTP services in the 16 targeted woredas	e yet	acute malnutrition access OTP services in the 16 targeted woredas by 2012					

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Output 1.1 under five children with severe acute malnutrition screened and provided quality care	1.1.1. % of under five children screened for malnutrition every 3 months	not available yet	80 % (14,640) under five children with severe acute malnutrition screened and provided quality care by 2012	3,685 severely malnourished cases received effective treatment for severe acute malnutrition between July and October 2010 with 82.5% cure, 0.4% mortality and 4.9% defaulter rates.	CHD reporting format (2009-2012)	Review of quarterly CHD report (2009-2012) Record review of the monthly OTP report format (2009-2012) Review of the baseline report (2009)	UNICEF/MOH/R HBs	
	1.1.2. % of children with SAM access OTP services at the health post and community by 2012	not available yet	80 % (14,640) children with SAM access OPT services at the HP and community level by 2012		OTP reporting format (2009-2012) Baseline survey report (2009)			
Output 1.2 Severely malnourished children and	1.2.1 % of children with severe malnutrition in	not available yet	80 % (14,640) malnourished children out of those screened	100% (5,760) malnourished children out of those	Post CHD coverage survey report (2009-2012)	Review of quarterly CHD and post CHD coverage survey	WFP/ DMFSS/ DPPB	

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
malnourished PLW received TSF	<p>the 16 targeted woredas received TSF by 2012</p> <p>1.2.2. % of malnourished PLW out of the total screened who received TSF by 2012</p>	not available yet	<p>received discharge TSF by 2012(plan =5760 for 2010)</p> <p>- 80% (10,360) of malnourished PLW received TSF by 2012 (plan =2360 for 2010)</p>	<p>screened received food at the end of 2010</p> <p>100% (2,360) malnourished PLW received TSF end of 2010</p>	<p>Quarterly post distribution monitoring report (2009-2012)</p> <p>TSF annual outcome evaluation (2010, 2011, 2012)</p>	<p>reports (2009-2012)</p> <p>Record review quarterly post distribution monitoring report (2009-2012)</p> <p>Review of TSF annual outcome evaluation report (2010, 2011, 2012)</p> <p>Review of regional TSF database</p>		
Output 1.3 Enhanced health posts capacity to provide quality outpatient treatment for severe acute malnutrition	1.3.1. % of health posts/ OTP sites providing quality OTP services (Cure rate of > 75%; Default rate of <15%; and mortality rate of	not available yet	80% (256) OTP services capacity established for 320 health post and community in the targeted	Services capacity established in 295 HP (92.2%)	<p>Monthly OTP reporting format (2009-2012)</p> <p>Endline evaluation report (2012)</p>	<p>Review of Monthly OTP reporting format (2009-2012)</p> <p>Review endline evaluation report (2012)</p>	UNICEF/ MOH/ RHBS	

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	<p data-bbox="369 248 579 345"><5%) in 16 targeted woredas</p> <p data-bbox="369 386 579 589">1.3.2. Number of health post and community with OTP services capacity established</p> <p data-bbox="369 638 579 1052">1.3.3. Number of HEWs and health workers whose capacity to screen and treat acute malnutrition improved Baseline: None Target: 320 HEWs and 30 HWs</p> <p data-bbox="369 1101 579 1304">1.3.4. Number of VCHWs trained community mobilization and screening for malnutrition</p>	<p data-bbox="604 386 709 492">not available yet</p> <p data-bbox="604 638 709 743">not available yet</p> <p data-bbox="604 1101 709 1206">not available yet</p>	<p data-bbox="735 248 924 305">woredas by 2012</p> <p data-bbox="735 386 924 589">320 HP and community with OPT services capacity established</p> <p data-bbox="735 638 924 914">320 HEWs and 30 health workers trained on management of acute severe malnutrition by 2012</p> <p data-bbox="735 1101 924 1377">9,600 VCHWs trained on Community mobilization and screening for malnutrition by 2012</p>	<p data-bbox="949 386 1117 443">295 HP (92.2%)</p> <p data-bbox="949 638 1117 914">As reported in the Second progress report in July 2010, 616 HEWs and 74 HWs were trained</p> <p data-bbox="949 1101 1117 1344">As reported in the Second progress report in July 2010, 4,300 VCHWs were trained</p>	<p data-bbox="1146 280 1314 418">Monthly OTP reporting format (2009-2012)</p> <p data-bbox="1146 459 1314 662">Annual Joint Program progress reports form RHBs (2009-2010)</p>	<p data-bbox="1344 280 1533 451">Annual Joint Program progress reports form RHBs (2009-2010)</p>		

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Outcome 2: Improved the caring and feeding behaviours/ practices of children and mothers and under two children growing normally	2.1) Proportion of underweight in under five years children in the 16 target woredas 2.2) Proportion of infants 0-6 months exclusively breast fed in 16	national 38% , not established for the target Woredas (TBD) National , 32% , not established for	Underweight prevalence reduced by 6% from the baseline Increase by 15 % from baseline by 2012	Mothers/ care givers in 51.6% of kebeles in the 8 woredas received monthly counselling during the GMP session Mothers/ care givers in 51.6% of kebeles in the 8 woredas	Baseline survey report (2009) Endline evaluation report (2012) Baseline survey report (2009) Endline	Review Baseline survey report (2009) Review Endline evaluation report (2012) Review Baseline survey report (2009) Review endline evaluation report (2012)	UNICEF/ MOH/ RHBS	Risks are drought, political instability and epidemics Assumptions: There will be commitment of HEWs, VCHWs and woreda Health office. There will not be significant drop out of CHW

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	targeted woredas	the target Woredas (TBD)		received monthly counselling during the GMP session	evaluation report (2012)			
Output 2.1 Build Community Capacity for Assessment-Analysis-Action Specific to Preventing Child Malnutrition	2.1.1. % of communities in the 16 target woredas conducting Community conversation	0	60 % of communities in the 16 target woredas conduct Community conversation by 2012	51.6% of kebeles in 8 woredas are conducting monthly community conversation	HMIS/ Community based Nutrition quarterly report (2009-2012)	Review of Quarterly HMIS/CBN report from RHBs (2009-2012)	UNICEF/ MOH/ RHBs	
	2.1.2. Number of HEWs and VCHWs trained on community based nutrition	0	960 HEWs and 9,600 VCHW trained on community based nutrition by 2011	Budget is transferred to the woredas for the training of 480HEWs and 4,800 VCHWs in 8 woredas (second batch)	CBN training RHBs report (2009-2011) Annual review meeting report (2010-2012)	Review of annual review meeting reports and annual CBN training reports from RHBs Time frame: 2009-2011		
	2.1.3. Perception				Baseline survey report (2009)	Review baseline survey report (2009) Review endline		

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	of women and men with regarding intra-household time allocation for infant and child feeding	TBD	Women and men allocate adequate intra-household time for infant and child feeding	51.6 % of kebeles in 8 woredas are conducting monthly CC	Endline evaluation report (2012)	evaluation report (2012)		
Output 2.2. Under two Children growth improved	<p>2.2.1. the proportion of infants 6-9 months introduced to complementary food at 6-7 months</p> <p>2.2.2. % of under two children participated in GMP</p>	TBD 0	<p>Increase proportion of infants introduced to complementary foods by 10 % from baseline by 2012</p> <p>80% (124,800) of targeted under two children in the 16 target woredas participated in GMP by 2012</p>	<p>Mothers/care givers in 51.6% of the kebeles in the 8 woredas are participating in GMP session and CC</p> <p>60% (9,952) children under two in 8 woredas participated in GMP session</p>	<p>Baseline survey report (2009)</p> <p>Endline evaluation report (2012)</p> <p>HMIS/ Community based Nutrition quarterly report (2009-2012)</p>	<p>Review baseline survey report (2009)</p> <p>Review endline evaluation report (2012)</p> <p>Review of Quarterly HMIS/ CBN report from RHBs (2009-2012)</p>		

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	<p>2.2.3. % of children 6-59 months who received vitamin A supplementation every six months</p> <p>2.2.4. % of children 24-59 months who are De-wormed every six months</p>	<p>90%</p> <p>80 %</p>	<p>95%</p> <p>90%</p>	<p>90% Children under five supplemented with Vitamin A every six month</p> <p>95% of children 24-59 months are De-wormed every six months</p>	<p>For 2.2.3. and 2.2.4. Quarterly CHD report (2009-2012)</p> <p>Post CHD coverage survey (2009-2012)</p>	<p>Review of quarterly CHD report (2009-2012) and post CHD coverage report</p>		
<p>Outcome 3: Improved quality and utilization of locally available complementary</p>	<p>3.1. % of 6-24 months growth faltering children with improved growth after consuming the locally produced foods in the target Kebeles by 2012</p> <p>Baseline: 0 Target: 60 %</p>	0	60%	The study on CF is completed and will be piloted in four kebeles	Research project report (2010-2012)	<p>Review the annual Research project reports</p> <p>Quarterly HMIS/CBN report from RHBs 2009-2011</p>	UNICEF/MOH	

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
evaluation of the project								
Output 4.1. Community capacity data utilization for action improved	<p>4.1.1. Number of HEWs and VCHW trained on community based nutrition information by 2010</p> <p>4.1.2. % of communities utilizing CBN monthly data by 2011</p> <p>4.1.3. % of kebeles conduct review meeting</p>		<p>960 HEWs and 9,600 VCHW trained on community based nutrition information by 2011</p> <p>60 % of communities utilizing CBN monthly data by 2012</p> <p>70 % of kebeles conduct review meeting by 2011</p>	<p>Fund released for training of 480 HEWs and 4,800 VCHWs in the second batch 8 woredas</p> <p>51.6 % of the communities utilize CBN data in the 8 woredas</p> <p>51.6 % of VCHWs in the kebele of 8 woredas conducted review meeting</p>	<p>Annual Joint Program progress reports form RHBs (2009-2010)</p> <p>HMIS/Community based Nutrition quarterly report (2009-2012)</p>	<p>Review of the annual and Quarterly progress report (2009-2010)</p> <p>Review of Quarterly HMIS/CBN report from RHBs (2009-2012)</p>	UNICEF/ MOH/ RHBs	
Output 4.2. Capacity of implementers on data reporting, analysis, and management improved	4.2.1. Number of federal, WoHo and RHBs and DMFSS staffs trained on CBN and OTP data management	0	30 federal, Regional and Woreda health managers and ENCU staffs trained on CBN and OTP data management	10 federal , regional ENCU staffs trained on CBN and OTP data management	Training Report (2010)	Review of training report (2010)		

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	4.2.2. CBN and OTP data reporting system established in 16 Woredas and four RHBs by 2012	0	by 2010 CBN and OTP data reporting system established in 16 Woredas and four RHBs by 2012	Not yet implemented	Annual Joint Program progress reports form RHBs (2010)	Review of the annual and Quarterly progress report (2010)		
Output 4.3. Effective NNP and Joint Program monitoring and evaluation system established	4.3.1. Number of baseline surveys conducted in the four regions in 2009	0	One baseline surveys conducted in 16 targeted woredas in 2009	Base line survey is completed in the CBN /NNP woredas	Baseline evaluation report (2009)	Review of Baseline survey and endline evaluations report		
	4.3.2. Number of endline evaluation Conducted in 2012	0	One endline evaluation Conducted in 2012	Will be conducted at the end of the project	Endline Evaluation report 2012	Review of the Quarterly progress report and Annual review meeting and progress report		
	4.3.3. Number of Annual review meeting conducted by 2012	0	Three Annual review meeting conducted by 2012	Not yet implemented	Annual review meeting report form RHBs (2009-2012)			

c. Joint Programme Results Framework with Financial Information

This table refers to the cumulative financial progress of the joint programme implementation at the end of the semester. The financial figures from the inception of the programme to date accumulated (including all cumulative yearly disbursements). It is meant to be an update of your Results Framework included in your original programme document. You should provide a table for each output.

Definitions on financial categories

- **Total amount planned for the JP:** Complete allocated budget for the entire duration of the JP.
- **Estimated total amount committed:** This category includes all amount committed and disbursed to date.
- **Estimated total amount disbursed:** this category includes only funds disbursed, that have been spent to date.
- **Estimated % delivery rate:** Funds disbursed over funds transferred to date.

JP output: 1.1											
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress			
		Y1	Y2	Y3					NATIONAL/LOCAL		Total amount Planned for the JP ¹
Improved management of children with acute malnutrition at the community level	1.1.1 Community mobilization and Screening for malnutrition	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	CIDA				
	1.1.2 Treat as an outpatient with RUTF and routine drugs and Referral for those with complication	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	688,876	781,670.35	768,178.04	111%
	Total								688,876	781,670.35	768,178.04

¹ The JP document details budgeting at the activity level for Year 1, on which are reporting. Hence, the Total amount planned in the JP column on the table under Section I, c. references to the planned amounts for Year 1.

JP output: 1.2											
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress			
		Y1	Y2	Y3				NATIONAL/LOCAL	Total amount Planned for Y1 for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Severely malnourished children and malnourished PLW received TSF	1.2.1 Provision of TSF ration to malnourished children	x	x	x	WFP	DMFSS	MDG	172,800	172,800	172,800	100%
	1.2.2 Provision of TSF ration to malnourished PLW	x	x	x	WFP	DMFSS	MDG	57,600	57,600	57,600	100%
	1.2.3 Community mobilization	x	x	x	WFP	DMFSS	CIDA				
	1.2.4 Conduct CHDs	x	x	x	WFP	DMFSS	CIDA				
	Total							230,400	230,400	230,400	100%

JP output: 1.3											
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress			
		Y1	Y2	Y3				NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Enhanced Health posts capacity to provide quality out patient treatment for severe acute malnutrition*	1.3.1 Training of HEWs, VCHW, and health workers	x	x	x	UNICEF/WHO	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	96,930	0	0	0%
	1.3.2 Establishing OTP services at the health post community-level	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	21,960	0	0	0%
	1.3.3 Distribute OTP supplies(RUTF and routine drugs)	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	15,709	0	0	0%
	1.3.4 Supportive supervision	x	x	x	UNICEF/WHO	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	57,710	0	0	0%
	Total							192,309	0	0	0%

*This component is to be implemented by WHO. The funds allocated for Year 1 could however not be transferred and the corresponding activities would not get started. The only activity who could start was the implementation of the Complementary Food assessment, which was contracted by UNICEF .

JP output: 2.1											
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress			
		Y1	Y2	Y3				NATIONAL/LOCAL	Total amount Planned for y1 the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Build Community Capacity for Assessment-Analysis-Action Specific to Preventing Child Malnutrition	2.1.1 Conduct sensitization at woreda, kebele and gotte (sub kebele) levels	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	31,538	31,538	31,538	100%
	2.1.2 Conduct micro-planning (to identify target population and supply needs)	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	Included in the 2.1.1 activity	Included in the 2.1.1 activity	Included in the 2.1.1 activity	
	2.1.3 Conduct monthly community conversation (Triple-A)	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	Included in the 2.1.1 activity	Included in the 2.1.1 activity	Included in the 2.1.1 activity	
	2.1.4 Conduct training of HEW and VCHW on CBN	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	378,227**	411,699.20	411,447.39	109%
	2.1.5 Technical assistance for the regions	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	44,000	0	0	0%
	2.1.6 Program manager for FMOH to manage the joint program	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	29,000	0	0	0%
	Total							482,765	443,237.20	442,985.39	91.76%

****As UNICEF received in Year 1 also the portions of funding that were to be implemented by WHO and FAO, which however could not be transferred. Therefore UNICEF has utilised the funds available to advance some of portion of the activities that were to be implemented in Year 2. WHO and FAO will received the Year 1 and Year 2 portion of the funding in 2011.**

JP output: 2.2

Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress			
		Y1	Y2	Y3					NATIONAL/LOCAL	Total amount Planned for Y1 the JP	Estimated Total amount Committed
Under two Children growth improved	2.2.1 Print and distribute CBN Job aids	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	16,000**	137,602.23	137,602.23	860%
	2.2.2 Procure and distribute Salter Scales, iron tablets and other supplies	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	261,426***	383,020.20	369,815.15	141%
	2.2.3 Conduct Supportive supervision	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	63,840	63,840	63,840.00	100%
	2.2.4 Conduct quarterly review	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	0			
	2.2.5 Organize quarterly Community Health Days (CHD) for the delivery of child survival nutrition	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	No need fund			
	Conduct annual workshop on multi sectoral linkages	x	x	x		FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	1,600	1,600	1,600	100%
	Total								342,866	586,062.43	572,857.38

*** As UNICEF received in Year 1 also the portions of funding that were to be implemented by WHO and FAO, which however could not be transferred. Therefore UNICEF has utilised the funds available to advance some of portion of the activities that were to be implemented in Year 2. WHO and FAO will received the Year 1 and Year 2 portion of the funding in 2011.

JP output: 3.1											
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress			
		Y1	Y2	Y3					NATIONAL/LOCAL		Total amount Planned for the JP
Improved quality and utilization of locally available complementary****	3.1.1 Develop recipe and food analysis	x	x	x	UNICEF/FAO	MOH	MDG-F	155,500	64,981.28	64,965.66	42%
	3.1.2 Establish the production equipments in the community and Pilot production of the food	x	x	x	UNICEF/WFP/FAO	MOH	MDG-F	181,333	0	0	0%
	3.1.3 Develop communication materials	x	x	x	UNICEF/FAO	MOH	others				
	3.1.4 Inform and advocate using the communication materials under CBN	x	x	x	UNICEF/FAO	MOH	others				
	Total								336,833	64,981.28	64,965.66

****This component is to be implemented by FAO. The funds allocated for Year 1 could however not be transferred and the corresponding activities would not get started. The only activity who could start was the implementation of the Complementary Food assessment, which was contracted by UNICEF .

JP output: 3.2												
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress				
		Y1	Y2	Y3				NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget
Build Capacity of community women group to produce local complementary/supplementary foods*****	3.2.1 Establish the production equipments in the community	x	x	x	UNICEF/FAO	MOH	MDG-F	See activity 3.1.2 above	0	0	0%	
	3.2.2 Train Women groups in the four kebeles	x	x	x	UNICEF/WFP/FAO	MOH	MDG-F	7,000	0	0	0%	
	3.2.3 Supervision and technical assistance for women group	x	x	x	UNICEF/FAO	MOH	MDG-F	10,188	0	0	0%	
	Total							17,188	0	0	0%	

***** This component is to be implemented by FAO. The funds allocated for Year 1 could however not be transferred and the corresponding activities would not get started.

JP output: 4.1											
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress			
		Y1	Y2	Y3					NATIONAL/LOCAL		Total amount Planned for the JP
Capacity of implementers on data reporting, analysis, and management improved	4.1.1 Conduct monthly review meeting at kebele and quarterly at Woreda level	x	x	x	UNICEF	MOH	MDG-F	122,048	71,808	71,808	100%
	4.1.2 Conduct biannual review meeting at kebele and Woreda level	x	x	x	UNICEF	MOH	MDG-F	See training output 2.1	0	0	0%
	Total							122,048	71,808	71,808	59%

JP output: 4.2											
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress			
		Y1	Y2	Y3				Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget
Community capacity data utilization for action improved	4.2.1 Develop and establish data base for different data source at federal level	x	x	x	UNICEF	MOH	MDG-F	17,000	0	0	0%
	4.2.2 Establish data at the Woreda, and regional level	x	x	x	UNICEF	MOH	MDG-F	1,400	0	0	0%
	4.2.3 Train on CBN and OTP data managment	x	x	x	UNICEF	MOH	MDG-F	11,775	0	0	0%
	4.2.4 Provide technical support and undertake supportive supervision	x	x	x	UNICEF	MOH	MDG-F	130,248	83,478.13	73,745.5	56.6%
	4.2.5 Train 20 health providers at woreda level on data collection, management, analysis interpretation and transfer	x	x	x	UNICEF	MOH	MDG-F	20,000	0	0	0%
	Total							185,423	83,478.13	73,745.5	45%

JP output: 4.3											
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress			
		Y1	Y2	Y3					NATIONAL/LOCAL		Total amount Planned for the JP
Effective NNP and Joint Program monitoring and evaluation system established*****	4.3.1 Conduct baseline survey	x	x	x	UNICEF	MOH	MDG-F	100,000	134,075.76	134,075.76	134%
	4.3.2 Conduct semiannual Joint supervision/field visit	x	x	x	UNICEF	MOH	MDG-F	Cost included in each output			
	4.3.3 Conduct annual review meeting	x	x	x	UNICEF	MOH	MDG-F	24,900	24,900	24,900	100%
	Total							124,900	158,975.76	158,975.76	127%

*****The cost of the baseline survey was budgeted for USD 1000,000 but the cost of the contract resulted to be higher.