

Section I: Identification and JP Status National Nutrition Programme / MDG-F Joint Programme

Semester: 1-11

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	1-11
Programme Duration	
Official Starting Date	2009-09-11

Participating UN Organizations	<ul style="list-style-type: none"> * FAO * UNICEF * WFP * WHO
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Implementing Partners	<ul style="list-style-type: none"> * FAO * FMOH * RHB * WHO * Woreda Health Bureau
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Budget Summary

Total Approved Budget

UNICEF	\$5,711,032.00
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WFP	\$626,592.00
FAO	\$400,180.00
WHO	\$262,080.00
Total	\$6,999,884.00

Total Amount of Transferred To Date

UNICEF	\$4,383,404.00
WFP	\$462,640.00
FAO	\$293,180.00
WHO	\$156,080.00
Total	\$5,295,304.00

Total Budget Committed To Date

UNICEF	\$3,785,186.00
WFP	\$215,712.00
FAO	\$166,627.00
WHO	\$130,288.90
Total	\$4,297,813.90

Total Budget Disbursed To Date

UNICEF	\$3,063,761.17
WFP	\$215,712.00
FAO	\$105,603.65
WHO	\$130,288.90
Total	\$3,515,365.72

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, JICA, CIDA	630000000	20000000	20000000	26000000
Cost Share	UNICEF own Resources and Other resources (Nat Committees, GoJ	39346962	13115656	13115656	13115656
Counterpart	n/a		0	0	0

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	20
Reached Number	0	0	48750	0	185200	185200	2	20
Targeted - Reached	0	0	47250	0	2000	2000	0	0
% difference	0	0	50.78	0	98.93	98.93	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	20
Reached Number	1200000	0	1104000	0	0	0	2	20
Targeted - Reached	0	0	0	0	0	0	0	0
% difference	100.0	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 support the achievements of the outcomes of the Joint Program. In this reporting period, 3,373 severely malnourished cases received effective treatment for SAM between January and April with 79.2% cure, 0.8 % mortality and 5.6 % defaulter rates. Child Health Days (CHDs) were undertaken quarterly for nutritional screening. So far a total of 3,043 children were provided with discharge ration and a total of 2,675 pregnant and lactating women (PLW) were identified through screening and received Therapeutic Supplementary Feeding (TSF) ration.

The JP has 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% (46,800) of children under the age of two participated in GMP session and CC in 60% of the kebeles in the 8 first batch woredas; and this is resulting in observed reduction in trend of underweight. Moreover, 99.4% children under-five were supplemented with Vitamin A and 103% of children 24-59 months were de-wormed twice (bi-annual interventions) in the sixteen woredas.

Preparation for the piloting of production of complementary food at community level has started in four regions in collaboration with the Universities of Mekelle, Haramya, Baher-dar and Hawassa respectively. Necessary equipment for processing of complementary food have been identified for procurement. The site for the processing plant is provided by the beneficiary woredas administration

Progress in outputs

1.1 During the reporting period, after necessary training was provided and supplies were distributed to the 16 target districts, 3,373 severely malnourished cases received effective treatment for severe acute malnutrition between January and April; recording 79.2% cure, 0.8 % mortality and 5.6 % defaulter rates. Ready-to-Use Therapeutic Food (RUTF) and other essential drugs adequate to treat severe acute malnutrition in children were procured and distributed. Since the beginning of implementation cumulative total of 16,791 severely malnourished cases have received effective treatment for severe acute malnutrition. The increased in number of children treated for SAM (versus the overall target) is due to the fact that more OTPs were established, in addition to regular screening and referral of children to the feeding programme. This is relevant for 1.2 below as well.

1.2. Moderately and severely malnourished children and pregnant and lactating women received TSF

Supplementary food procured and distributed to the target woredas. A total of 3,043 children were provided with discharge ration and a total of 2,675 pregnant and lactating women identified through screening and received TSF ration.

1.3. Enhanced health post capacity to provide quality outpatient treatment for severe acute malnutrition

During the reporting period of January – June 2011, the proportion of functional TFP in health centres have increased from 31% to 98%; community management of severe acute malnutrition has been rolled out to 376 health posts (98% of the health posts in the 16 woredas). In addition 142 HWs and 512 HEWs are acquired skills on the treatment of SAM

(against the planned 320 HWs and 30 HEWs) have acquired skills on the treatment of SAM. The apparent discrepancy and overreach is due to the fact that during the planning stage, the number of health posts in the 16 woredas was identified to be 320. However, with continued expansion of the health post structure the number grew to 385. This has resulted in increased number of health extension workers available in the woredas. As a result the training activities have been over-achieved when compared with the target of training 320 HEWs for OTP

Moreover, the overall government (MOH) direction to expand decentralization of management of severe acute malnutrition to health post level has created an enabling environment to go beyond the initial plan

Also, the number of trainees in sections 1.3.3 and 2.1.2 are similar as all Health extension workers and health workers undergo one integrated refresher training package (IRT)

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

After conducting necessary preparation (training of HEWs, VCHWs and supplies distribution), currently 29,552 under-two children 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 conversation session for deliberation and agreement on the way forward. The below graph shows the promising declining trend of underweight (low weight-for-age) among children under two years of age in the CBN supported districts in the four regions

2.2 Under two Children growth improved

Data on trends will be reported on after the finalization of the midline assessment by the end of 2011

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 and integrated them to be part of their routine responsibility by the end of the project period.

Are there difficulties in the implementation?

What are the causes of these difficulties?

Other. Please specify

In the past difficulties have been linked to the belated disbursement of funding to FAO and WHO – due to the design of the project as per request of the Government. This resulted in a serious delay of the implementation of activities to be executed by FAO and WHO. The problem was however solved in late 2010 by allowing the disbursement of the funds to FAO and WHO directly (alongside to UNICEF and WFP). Both FAO and WHO has now have started implementation.

Please see obstacles section below and way forward.

Briefly describe the current difficulties the Joint Programme is facing

Delays in procurement, which were reported in the previous report, have been resolved and the necessary supplies received and distributed to the beneficiary woredas. The remaining amounts of supplies in storage will be distributed upon request by the woredas.

The baseline was completed, however concerns were raised by Government over the lower underweight prevalence rate which was much lower than what was stated in the DHS. Therefore, a decision was taken to adopt for this report 'process indicators' and to report on trends or reduction in prevalence after the midline assessment is completed in the selected woredas. This midline assessment is planned for completion by the end of November 2011.

Briefly describe the current external difficulties that delay implementation

The implementation of the piloting of the production of complementary food is contracted to local university in the four regions (the Universities of Mekelle, Hawassa, Haramya and Bahir Dar). The preparation has taken longer than expected. Implementation has not yet started.

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

Joint field monitoring missions by FAO and UNICEF have been scheduled on a monthly basis for a period of four month. The preparation and community awareness raising for the complementary food pilot was also done jointly with FAO

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.

With regards to the Nutrition and Food Security JP, the Ministry of Health has assigned a focal person to facilitate coordination in close collaboration with UNICEF. Regular meetings are held between MOH and partners to monitor and share progress in the implementation and in the achievements. A total of 6 meetings were held since 2010.

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

Indicators	Baseline	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-F JPs	0	0		

Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	1	Report of the study	From Federal Ministry Health
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	4	Field report	Organizations' achieved

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

Who leads and/or chair the PMC?

The steering committee is led by FMOH. The PMC holds regular meetings chaired by the FMOH focal person.

Number of meetings with PMC chair

Meetings were conducted so far: 6

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: other, specify

The community participates in actions requiring communal action that are decided during the community conversation sessions and also mobilizing children who are eligible for the Nutrition services. For complementary food project the communities will be responsible for programme management supported by the universities

Where is the joint programme management unit seated?

National Government

Current situation

Meetings are held on a regular basis at the FMOH to monitor and share progress in the implementation and in the achievements. A total of 6 meetings were held since 2010. The FMOH has assigned a focal person to facilitate coordination in close collaboration with UNICEF.

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

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 385

Private sector

Academic institutions 4

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?

Capacity building/trainings

Community conversation sessions, which are facilitated to trigger communities to take communal action.

Others

Community conversation sessions, which are facilitated to trigger communities to take communal action.

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

Achieving the outcomes of the Joint Program is contributing to the achievement of the MDGs and in particular to achieving a 1) reduction of under five children mortality rate 2) reduction of infant mortality rate, 3) reduction of the prevalence of underweight and 5) reduction in the proportion of population below minimum level of dietary energy consumption

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
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	
No. Urban	
No. Rural	
No. Girls	
No. boys	

Women

Total	75000
No. Urban	11250
No. Rural	63750
No. Pregnant	

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	68065
No. Urban	10209
No. Rural	57855
No. Girls	28927
No. Boys	28927

Children from 2 to 5

Total	219893
No. Urban	32983
No. Rural	186999
No. Girls	109946
No. Boys	109946

Children older than 5

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

Women

Total	52500
No. Urban	7875
No. Rural	44625
No. pregnant	

Men

Total	
No. Urban	
No. Rural	

1.3 Prevalence of underweight children under-five years of age

National % 38
Targeted Area % 20

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 on underweight children in the target districts is from routine GMP data which is collected on a monthly basis. Data on stunting is not collected on a routine basis via the GMP sessions and therefore is not available for the specific target 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 75000
Urban 11500
Rural 63750
Girls
Pregnant women
Boys

Gender specific approaches

National
Local
Urban
Local
Girls
Pregnant Women
Boys

Interventions targeting population living with HIV

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Promotion of exclusive breastfeeding

National
Local 75000
Urban 11500
Rural 63750
Girls
Pregnant Women
Boys

Therapeutic feeding programmes

National
Local 3373
Urban 114
Rural 3259
Girls
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 1
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 1
Total

b. Joint Programme M&E framework

This template is the same as the one you will find in the JP documents. We have added 3 columns to provide spaces for baselines of the indicators as well as targets. All the values for indicators in this template are cumulative. This means the past values obtained accumulate (add up over time) as the joint programme gets implemented. We are expecting you to include not only the indicators but the value of these indicators. If you do not provide them, please explain the reason and how you are going to obtain this information for the next reporting period.

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 access OTP services in the 16</p>	<p>not available yet</p> <p>not available yet</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 acute malnutrition access OTP services in the</p>	<p>Cumulative 16,791 severely malnourished cases received effective treatment for severe acute malnutrition 3,373</p> <p>Performance indicators including cure ,</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</p> <p>Assumptions: The price of PlumpyNut and TSF price remain the same. If increased it will affect the coverage of the program.</p> <p>There will not be</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
	targeted woredas		16 targeted woredas by 2012	mortality and defaulter rates were all in line with the sphere standards during the last two years				significant turnover of staffs
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	Cumulative 16,791 severely malnourished cases received effective treatment for severe acute malnutrition	CHD reporting format (2009-2012)	Review of quarterly CHD report (2009-2012)	UNICEF/MOH/RH Bs	
	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)	Record Review of the monthly OTP report format (2009-2012)		
Output 1.2 Severely malnourished children and malnourished PLW received TSF	1.2.1 % of children with severe malnutrition in the 16 targeted woredas received TSF by 2012	not available yet	- 80% (14,640) malnourished children out of those screened received discharge TSF by	cumulative 8803 malnourished children out of those screened	Post CHD coverage survey report (2009-2012)	Review of quarterly CHD and post CHD coverage survey reports (2009-2012)	WFP/DMFSS/DPP B	
					Quarterly post	Record review		

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
	1.2.2. % of malnourished PLW out of the total screened who received TSF by 2012	not available yet	2012 - 80% (10,360) of malnourished PLW received TSF by 2012	received food - cumulative 5035 malnourished PLW received TSF	distribution monitoring report (2009-2012) TSF annual outcome evaluation (2010,2011,2012)	quarterly post distribution monitoring report (2009-2012) Review of TSF annual outcome evaluation report (2010,2011,2012) Review of regional TSF database		
Output 1.3 Enhanced Health posts capacity to provide quality out patient 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 <5%) in 16 targeted woredas 1.3.2. Number of health post and community with OTP services capacity established 1.3.3. Number of	not available yet not available yet not	80% (256) OTP services capacity established for 320 health post and community in the targeted woredas by 2012 320 HP and community with OPT services capacity established 320 HEWs and	Services capacity established in 376 HP OTP services established in 376 HPs (117.5%) 512 Health Extension	Monthly OTP reporting format (2009-2012) Endline evaluation report (2012) Monthly OTP reporting format (2009-2012) Annual Joint Program progress reports form RHBs (2009-	Review of Monthly OTP reporting format (2009-2012) Review Endline evaluation report (2012) Annual Joint Program progress reports form RHBs (2009-2010)	UNICEF/MOH/RH Bs	

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
	HEWs and health workers whose capacity to screen and treat acute malnutrition improved Baseline: None Target: 320 HEWs and 30 HWs 1.3.4. Number of VCHW trained community mobilization and screening for malnutrition	available yet not available yet	30 health workers trained on management of acute severe malnutrition by 2012 9,600 VCHW trained on Community mobilization and screening for malnutrition by 2012	workers and 142 Health Workers trained on community based nutrition/ OTP in the remaining 8 woredas 4,900 VCHWs form the second batch 8 woredas are trained on community mobilization and screening for malnutrition and prevention malnutrition	2010)			
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	national 38% , not established for the target Woredas (TBD)	Underweight prevalence reduced by 6% from the baseline	Mothers/ care givers in 60% of kebeles in the 8 first batch woredas received	Baseline survey report (2009) Endline evaluation report (2012)	Review Baseline survey report (2009) Review Endline evaluation report	UNICEF/MOH/RH Bs	Risks are drought , political instability and epidemics Assumptions: There will be commitment of

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
	2.2) Proportion of infants 0-6 months exclusively breast fed in 16 targeted woredas	National, 32%, not established for the target Woredas (TBD)	Increase by 15 % from baseline by 2012	monthly counselling during the GMP session Mothers/ care givers in 60% of kebeles in the 8 first batch woredas received monthly counselling during the GMP session	Baseline survey report (2009) Endline evaluation report (2012)	(2012) Review Baseline survey report (2009) Review Endline evaluation report (2012)		HEWs, VCHWs and Woreda Health office. There will not be significant drop out of VCHW
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 2.1.2. Number of HEWs and VCHWs trained on community based nutrition	0 0	60% of communities in the 16 target woredas conduct Community conversation by 2012 960 HEWs and 9,600 VCHW trained on community based nutrition by 2011	60% of kebeles in 8 first batch woredas are conducting monthly community conversation 142 HWs and 512 HEWs and 4,900 VCHWs are trained on	HMIS/Community based Nutrition quarterly report (2009-2012) CBN training RHBs report (2009-2011) Annual review meeting report (2010-2012)	Review of Quarterly HMIS/CBN report from RHBs (2009-2012) Review of annual review meeting reports and annual CBN training reports from RHBs Time frame: 2009-2011	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
	2.1.3. Perception 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	community based nutrition in remaining 8 woredas 60 % of kebeles in 8 first batch woredas are conducting monthly Community Conversations - CC)	Baseline survey report (2009) Endline evaluation report (2012)	Review Baseline survey report (2009) Review Endline evaluation report (2012)		
Output 2.2. Under two Children growth improved	2.2.1. the proportion of infants 6-9 months introduced to complementary food at 6-7 months 2.2.2. % of under two children participated in GMP	TBD 0	Increase proportion of infants introduced to complementary foods by 10 % from baseline by 2012 80% (124,800) of targeted under two children in the	Mothers/care givers in 60% of the kebeles in the 8 (first batch) woredas are participating in Growth, Monitoring Promotion - GMP session and CC 60% (46,800) children	Baseline survey report (2009) Endline evaluation report (2012) HMIS/Community based Nutrition quarterly report (2009-2012)	Review Baseline survey report (2009) Review Endline evaluation report (2012) Review of Quarterly HMIS/CBN report from RHBs (2009-2012)		

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
	2.2.3. % of children 6-59 months who received vitamin A supplementation every six months	90%	16 target woredas participated in GMP by 2012 95%	under two in 8 first batch woredas participated in GMP session 99.4 % Children under five supplemented with Vitamin A every six month	For 2.2.3. and 2.2.4. Quarterly CHD report (2009-2012) Post CHD coverage survey (2009-2012)	Review of quarterly CHD report (2009-2012) and post CHD coverage report		
	2.2.4. % of children 24-59 months who are Dewormed every six months	80 %	90%	103% of children 24-59 months are De-wormed every six months				
Outcome 3: Improved quality and utilization of locally available complementary	3.1. % of 6-24 months growth faltering children with improved growth after consuming the locally produced foods in the target Kebeles by 2012	0	60%	The study on assessment on practices of CF was completed;3 sites were selected in each of the four regions;	Research project report (2010-2012)	Review the annual Research project reports Quarterly HMIS/CBN report from RHBs 2009-2011	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
	Baseline: 0 Target: 60 %			necessary materials are procured for distribution				
Output 3.1 Quality complementary food produced	3.1.1 Types of complementary foods produced in the targeted four Kebele by 2012 3.1.2. Number of production site established in the eight targeted Kebeles by 2012	0	four types of complementary foods produced by 2012 Eight production site established in the four targeted Kebeles by 2012	8 types of complementary food were developed Two models for implementation of CF were developed and three sites in each four regions were selected for implementation	Research report (2009-2010) Quarterly and Annual progress reports (2010-2012)	Review of the annual Research report , Review Quarterly and Annual progress reports (2010-2012)	UNICEF/MOH/RHBs	
Output 3.2 Build Capacity of community women group to produce local complementary/supplementary foods	3.2.1. Number of women groups producing complementary foods 3.2.2. Number of	0 0	40 Women's group and 20 agricultural extension workers trained by 2011 20 women	120 women were selected for training and implementation of the CF in four pilot woredas;	Quarterly progress report and Annual review meeting and progress report 2009-2012	Review of the annual Research, Quarterly progress report and Annual review meeting and progress report	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
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>142 HWs and 512 HEWs and 4,900 VCHWs are trained on community based nutrition in remaining 8 woredas</p> <p>60% of the communities utilize CBN data in the 8 first batch woredas</p> <p>60% of VCHWs in the kebele of 8 first batch 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	10 federal , regional ENCU staffs trained on CBN and OTP data management	<p>Training Report (2010)</p> <p>Annual Joint Program progress</p>	<p>Review of training report (2010)</p> <p>Review of the annual and</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
	4.2.2. CBN and OTP data reporting system established in 16 Woredas and four RHBs by 2012	0	management by 2010 CBN and OTP data reporting system established in 16 Woredas and four RHBs by 2012	CBN and OTP data system is established in 8 first batch woredas	reports form RHBs (2010)	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	One annual review meeting for NNP-CBN is completed	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	Estimated Total amount Committed	Estimated Total Amount Disbursed
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	602,766	499,915	499,915	100		
Total								602,766	499,915	499,915	100		

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 Y2 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	150,950	150,950	150,950	100
	1.2.2 Provision of TSF ration to malnourished PLW	x	x	x	WFP	DMFSS	MDG	50,650	50,650	50,650	100
	1.2.3 Community mobilization	x	x	x	WFP	DMFSS	CIDA				
	1.2.4 Conduct CHDs	x	x	x	WFP	DMFSS	CIDA				
	Total							201,600	201,600	201,600	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	71,806	71,806	71,806	100%
	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	25,414	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	73,129	49,959	49,959	100%
Total								192,309	121,765	121,765	100%

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 Y2 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	24,615	24,615	24,615	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	274,273	274,273	274,273	100%
	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	31,646	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	21,098	0	0	0%
	Total							351,632	298,888	298,888	100%

*Due to delays in transferring the fund to WHO and FAO in year one, the funding was received and used by UNICEF (in line with the JP). Allocation planned to WHO and FAO were disbursed in Year two and implementation of the activities is now ongoing

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 Y2 the JP
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	17,485	17,485	17,485	100%
	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	244,780	211,151.19	211,151.19	100%
	2.2.3 Conduct Supportive supervision	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	78,695	78,685	78,685	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	8,743	0	0	0%
	Total							349,703	307321.19	307321.19	100%

**Due to delays in transferring the fund to WHO and FAO in year one, the funding was received and used by UNICEF (in line with the JP). Allocation planned to WHO and FAO were disbursed in Year two and implementation of the activities is now ongoing

JP output: 3.1											
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
Improved quality and utilization of locally available complementary***	3.1.1 Develop recipe and food analysis	x	x	x	UNICEF/FAO	MOH	MDG-F	0	0	0	0
	3.1.2 Establish the production equipment in the community and Pilot production of the food	x	x	x	UNICEF/WFP/FAO	MOH	MDG-F	256,812	155,726	98,695	63%
	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							256,812	155,726	98,695	63%

***This component is to be implemented by FAO. Because of delays in fund transfer to FAO in year one, UNICEF conducted the assessment for the complementary food. The rest of the activities will be conducted in 2011 by FAO

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
Build Capacity of community women group to produce local complementary/supplementary foods****	3.2.1 Establish the production equipment 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%

**** Because of the delays in transferring the fund to FAO, all these activities will be conducted by FAO in year 2 &3.

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	4.1.1 Conduct monthly review meeting at kebele and quarterly at Woreda level	x	x	x	UNICEF	MOH	MDG-F	71,808	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							71,808	71,808	71,808	100%

JP output: 4.2											
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
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	3,157.26	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 management	x	x	x	UNICEF	MOH	MDG-F	11,775	6,000	0	0%
	4.2.4 Provide technical support and undertake supportive supervision	x	x	x	UNICEF	MOH	MDG-F	125,073	158,268	64,425	40.7%
	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	0	0	0	0%
Total								155,248	167,425	64,425	38%

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	Estimated Total amount Committed
Effective NNP and Joint Program monitoring and evaluation system established	4.3.1 Conduct baseline survey	x	x	x	UNICEF	MOH	MDG-F	Done in JP Year 1				
	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%	
	4.3.4 Share the result with relevant stakeholders		x		UNICEF	MOH	MDF-F	Included under 4.3.1				
	Total							124,900	141,383.66	42,288.3	34%	