

## **Section I: Identification and JP Status**

### **National Nutrition Programme / MDG-F Joint Programme**

**Semester: 2-11**

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	2-11
Programme Duration	
Official Starting Date	2009-09-11

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

## **Budget Summary**

<b>Total Approved Budget</b>	
UNICEF	\$5,711,032.00

WFP	\$626,592.00
FAO	\$400,180.00
WHO	\$262,080.00
<b>Total</b>	<b>\$6,999,884.00</b>

**Total Amount of Transferred To Date**

UNICEF	\$4,383,404.00
WFP	\$462,240.00
FAO	\$293,180.00
WHO	\$155,080.00
<b>Total</b>	<b>\$5,293,904.00</b>

**Total Budget Committed To Date**

UNICEF	\$3,899,155.87
WFP	\$432,000.00
FAO	\$172,914.00
WHO	\$141,555.00
<b>Total</b>	<b>\$4,645,624.87</b>

**Total Budget Disbursed To Date**

UNICEF	\$3,890,771.26
WFP	\$432,000.00
FAO	\$124,832.00
WHO	\$141,555.00
<b>Total</b>	<b>\$4,589,158.26</b>

**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 for each programme as per following example:

Please use the same format as in the previous section (budget summary) to report figures (example 50,000.11) for fifty thousand US dollars and eleven cents

Type	Donor	Total	For 2010	For 2011	For 2012
Parallel	WB	\$30,000,000.00	\$10,000,000.00	\$10,000,000.00	\$10,000,000.00
Parallel	JICA	\$6,000,000.00	\$0.00	\$0.00	\$6,000,000.00
Parallel	CIDA (five years)	\$50,000,000.00	\$10,000,000.00	\$10,000,000.00	\$10,000,000.00
Cost Share	UNICEF regular resources	\$10,969,212.00	\$3,656,404.00	\$3,656,404.00	\$3,656,404.00
Cost Share	Other resources (National Committees of UNICEF; Government of Japan)	\$28,377,750.00	\$9,459,250.00	\$9,459,250.00	\$9,459,250.00
Counterpart	n/a	\$0.00	\$0.00	\$0.00	\$0.00

#### 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.

#### Beneficiaries

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
Pregnant and Lactating Women	96,000	48,750	Breast Feeding Women	Access to Quality Water Supply
Children under Five Year of Age, Girls	187,200	185,200	Children from 2 to 6 Years/Female	Access to Quality Water Supply
Children under Five Years of Age, Boys	187,200	185,200	Children from 2 to 6 Years/Male	Access to Quality Water Supply

## Section II: JP Progress

### 1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (1000 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

#### Pleases describe three main achievements that the joint programme has had in this reporting period (max 100 words)

4,417 children received treatment for severe acute malnutrition. The performance of the programme remained within international SPHERE standards, with 6,428 pregnant and lactating women (PLW) identified through screening and received Targeted Supplementary Feeding (TSF) rations.

In 60% of the kebeles in the targeted woredas, 46% (46,800) of children under the age of two participated in GMP sessions and CCs, resulting in an observed reduction in the trend of underweight children.

The production of complementary food has started and the food distributed to the children under 2 in four regions, using the rural model.

#### Progress in outcomes

Through the Spanish MDG-Fund, the capacity of the woreda health systems has been strengthened to support the outcomes of the Joint Programme. Between July and September 2011, 4,417 children received treatment for severe acute malnutrition. The performance of the programme remained within national and international SPHERE standards, with a recovery rate of 84.4% and mortality and defaulter rates of 0.3% and 3.5%, respectively. Child Health Days (CHDs) were undertaken quarterly for nutritional screening. Since the beginning of the project, 13,660 children have been provided with discharge rations and 6,428 pregnant and lactating women (PLW) were identified through screening and received Targeted Supplementary Feeding (TSF) rations.

Growth monitoring and promotion (GMP) and community conversation (CC) sessions were undertaken to promote good feeding and caring behaviours and prevent malnutrition. In 60% of the kebeles in the targeted woredas, 46% (57,408) of children under the age of two participated in GMP sessions and CCs, resulting in an observed reduction in the trend of underweight children. Moreover, 99.4% of under-five children received Vitamin A supplementation, and 103% of the targeted children 24-59 months were de-wormed twice (in bi-annual interventions) in the sixteen woredas.

Piloting the production of complementary food at the community level has started in four regions, with the necessary equipment procured. For the four rural model sites, supplies were distributed and the production of CF has started and is being distributed to children 6-24 months. For four semi-urban settings, the small processing units will be installed after the construction of the sites is completed.

#### Progress in outputs

##### 1.1 Under five children with severe acute malnutrition screened and provided quality care

During the reporting period, after necessary training was provided and supplies distributed to the 16 target districts, 4,417 children received effective treatment for severe acute malnutrition between July and September 2011; recording 84.4% cure, 0.3 % mortality and 3.5% defaulter rates. Ready-to-Use Therapeutic Food (RUTF) and essential drugs for treating severe acute malnutrition in children were procured and distributed. Since the beginning of the project, a cumulative total of 27,313 severely malnourished children have received effective treatment for severe acute malnutrition. The number of children treated for SAM over the overall target of 14,640 is due to the establishment of more Outpatient

therapeutic feeding programmes, 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 was procured and distributed to the target woredas, with 13,660 children provided with discharge rations and 6,428 pregnant and lactating women identified through screening received TSF rations, since the beginning of the project.

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

From January to October 2011, the proportion of functional TFP in health centres 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). Overall, 142 HWs and 512 HEWs have acquired skills to treat SAM (against the planned 320 HWs and 30 HEWs). The apparent overreach is due to the continued expansion of the health post structure, the number of which grew to 385 in the 16 woredas, against the 320 identified during the planning stage. This has resulted in an increased number of health extension workers available in the woredas and related training activities. Moreover, the overall Government (MOH) direction to expand the decentralization of management of severe acute malnutrition to the health post level has created an enabling environment to go beyond the initial plan.

The number of trainees in sections 1.3.3 and 2.1.2 is similar to that of all health extension workers and health workers who undertook training.

During the reporting period 19,684 children under five were admitted to the OTP service and 15,999 were cured, at a 83.7 % cure rate.

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

After conducting the necessary preparation (training of HEWs and VCHWs and supplies distribution), currently 57,408 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 sessions for deliberation and agreement on the way forward. Routine monitoring data show a promising declining trend of underweight (low-weight-for-age) 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 analysis of midline assessment

#### 3.1 Quality complementary food produced

Addis Ababa University has completed an assessment on complementary food and has developed eight prototypes of complementary food, all meeting the appropriate nutrient density, ready-to-use and culturally acceptable taste criteria. Two models for implementation of CF were developed and two sites in each of the four regions were selected. In 4 kebeles in rural areas, production of CF has started. For the semi urban model, four sites were identified, processing units procured and will be sent after the construction or rehabilitation of the sites is completed. A total of 253 women have been trained on local production of CF, including 21 HEWs, 8 HWs, 11 agricultural development agents, 15 female teachers, 1 woreda assistant and 20 kebele leaders, who took training similar to that taken by 177 members of women's groups

#### Obstacles and Contingency Measures

The baseline was completed; however, concerns were raised by Government over the underweight prevalence rate, which was much lower than what was stated in the DHS 2005. 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.

### **Measures taken for the sustainability of the joint programme**

The MDG-F is designed as part of the National Nutrition Programme, fully owned and led by the Ministry of Health. The overall implementation of the project in the sixteen woredas is through the existing health system in line with the National Nutrition Programme. The project is investing in the capacity of the health extension workers who are to take over the bulk of the activities addressed in this project and integrate them as part of their routine responsibility by the end of the project period.

### **Are there difficulties in the implementation?**

Administrative / Financial

### **What are the causes of these difficulties?**

#### **Briefly describe the current difficulties the Joint Programme is facing**

In the past difficulties were linked to the belated disbursement of funding to FAO and WHO, due to the design of the project, as per the request of the Government, resulting in a serious delay to the implementation of FAO- and WHO-executed activities. The problem was solved in late 2010 by allowing the disbursement of the funds to FAO and WHO directly (as with UNICEF and WFP). Both FAO and WHO have now started implementation.

CBN currently faces challenges to programme implementation, which were reflected in low participation and reporting rates (see the figures in the Joint Programme M&E Framework). As the challenges include delays in cascading Integrated Refresher Training (IRT), the GoE has decided to introduce a new cadre of workers to intensify community-based service delivery, including nutrition, namely the Health Development Army (HDA). There are on-going discussions within the FMoH on how the new HDA will work with HEWs to support CBN activities. One of the strengths of the current model of CBN is that GMP and CCs are community-based, facilitated by trained VCHWs with support from HEWs. It is not yet clear how these community-based nutrition activities will be supported by the HDA.

#### Poor supervision and monitoring:

Guidelines and checklists at the federal level are missing CBN components. Furthermore, the integration of CBN components is weak from the regional level down to the health post level. Another issue for HEP in conducting regular supportive supervision is the lack of adequate transport.

#### **Briefly describe the current external difficulties that delay implementation**

The implementation of the piloting of the production of complementary food is contracted to local universities in the four regions (the Universities of Mekelle, Hawassa, Haramaya and Bahir Dar). The preparation has taken longer than expected. Implementation has started with the rural model; however, for the semi-urban model, the construction and rehabilitation of the proposed sites needs to finish before the milling machines are installed.

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

With the introduction of the Health Development Army, UNICEF and partners will work with the MOH to ensure that the primary responsibility for CBN implementation will remain with HEWs. However, the HDAs should support the HEWs in conducting monthly GMP, counselling of parents and caretakers, and facilitating community conversation sessions at the village level.

To address transportation difficulties, joint field visits are conducted to CBN implementing woredas. The World Bank and USAID are working together on procuring transportation means for HEWs, such as motorcycles and bicycles.

To improve supervision and monitoring, FAO and UNICEF have scheduled joint field monitoring missions on a monthly basis.

To address delays in the implementation of the complementary food pilot, FAO, jointly with UNICEF and partner universities, is conducting preparation and community awareness raising, as well as monitoring the progress.

## 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 programmes, particularly in terms of coordination between programmes and the harmonization of procedures.

With regards to the Nutrition and Food Security Joint Programme, the Ministry of Health has assigned a focal person to facilitate coordination, in close collaboration with UNICEF. Regular meetings are held between FMoH and partners to monitor and share progress in the implementation and achievements. Eight meetings were held in 2011.

### **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 complementary foods pilot study, jointly commissioned by FMoH, FAO & UNICEF	from FMoH
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	4	Field reports	Joint mission reports

n/a

## 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**

8

**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 upon during the community conversation sessions and also in mobilizing children who are eligible for the Nutrition services. For complementary food projects, 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 achievements. Eight meetings have been 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	5
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  
Others

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

## Section III: Millennium Development Goals

### Millennium Development Goals

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome	Beneficiaries	JP Indicator	Value
Improved management of children with acute malnutrition at the health post and community level	27	80% of under five children with severe acute malnutrition screened and provided quality care by 2012	80.0

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

JP Outcome	Beneficiaries	JP Indicator	Value
Improved caring and feeding behaviours/practices of children and mothers	60	Number of communities in the 16 target woredas conducting community conversation.	

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

JP Outcome	Beneficiaries	JP Indicator	Value
Improved quality and utilization of locally available complementary and supplementary foods		Percentage of 6-24 months growth-faltering children with improved growth after consuming the locally produced foods in the target kebeles by 2012	

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

JP Outcome	Beneficiaries	JP Indicator	Value
Improved nutrition information and monitoring and evaluation of the project		In consultative stage with Regional Health Bureaus in four regions	

### 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 Programme is contributing to the achievement of the MDGs and, in particular, to achieving 1) reduction of under five children mortality rate, 2) reduction of infant mortality rate, 3) reduction of the prevalence of underweight, and 4) reduction in the proportion of population below minimum level of dietary energy consumption.

2010 Ethiopian Demographic and Health Survey (EDHS) figures show a rapid decrease in infant and under-five mortality during the five years prior to the survey, compared to the previous 5 to 9 years. The levels are also considerably lower than those reported in the 2005 EDHS. For example, infant mortality has decreased by 23 per cent, from 77 to 59 deaths per 1,000 births, while under-five mortality has decreased by 28 per cent, from 123 to 88 per 1,000 births. Further investigation of this pattern will be discussed in the Final Report. Recent, preliminary analysis of the 2010 EDHS results conducted by Tulane University indicate that Ethiopia is moving towards achieving reductions in underweight prevalence.

**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 % 28.7  
Targeted Area % 20.0

**Proportion of population below minimum level of dietary energy consumption**

% National  
% Targeted Area

**Stunting prevalence**

% National 44.4  
% Targeted Area

**Anemia prevalence**

% National 44.0  
% Targeted Area

**Comments**

The data for underweight and stunting, and Anemia prevalence are from EDHS 2010 results.

Anaemia levels have decreased by almost 10 percentage points among both women and children in the last five years. In the 2005 EDHS, 54 per cent of children and 27 per cent of women had anaemia, compared to 44 per cent of children and 17 per cent of women in 2011.

The data on underweight children in the target districts is from routine GMP data that 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 75250  
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 75250  
Urban 11500  
Rural 63570  
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  
*With regards to Homestead food production and diversification: the assessment of complementary food is completed and 8 recipes have been developed. The production at the community level is at the final stage of implementation.*

Local

*With regards to Homestead food production and diversification: the assessment of complementary food is completed and 8 recipes have been developed. The production at the*

community level is at the final stage of implementation.

Urban

*With regards to Homestead food production and diversification: the assessment of complementary food is completed and 8 recipes have been developed. The production at the community level is at the final stage of implementation.*

Rural

*With regards to Homestead food production and diversification: the assessment of complementary food is completed and 8 recipes have been developed. The production at the community level is at the final stage of implementation.*

Girls

*With regards to Homestead food production and diversification: the assessment of complementary food is completed and 8 recipes have been developed. The production at the community level is at the final stage of implementation.*

Pregnant Women

*With regards to Homestead food production and diversification: the assessment of complementary food is completed and 8 recipes have been developed. The production at the community level is at the final stage of implementation.*

Boys

*With regards to Homestead food production and diversification: the assessment of complementary food is completed and 8 recipes have been developed. The production at the community level is at the final stage of implementation.*

## 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
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 program me</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>
<b>Outcome 1: Improved management of children with acute malnutrition at the community level</b>	<b>1.1.</b> % of under five children with severe acute malnutrition screened and provided quality care by 2012	30% of 4,575 estimate d SAM children in the baseline quarter (1,390)	80% (14,640) under five children with severe acute malnutrition screened and provided quality care by 2012	27,313 severely malnourished cases received effective treatment for severe acute malnutrition. Performance indicators, including cure, mortality and defaulter rates, were all in line with the	Monthly OTP reporting format (2009- 2012)	Review of Monthly OTP reporting format (2009- 2012)	UNICEF/ MOH/ RHBs	The major risk is drought that will increase the SAM case load  Assumptions: The price of PlumpyNut and TSF price remain the same. If increased it will affect the coverage of the program.  There will not be
	<b>1.2.</b> % of children with acute malnutrition access OTP	30% of 4,575 estimate d SAM	80% (14,640) children with acute malnutrition		Baseline survey report (2009)	Review Baseline survey report (2009)		Review Endline evaluation report (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
	services in the 16 targeted woredas	children in the baseline quarter (1,390)	access OTP services in the 16 targeted woredas by 2012	SPHERE standards during the last two years				significant turnover of staff
<b>Output 1.1 under five children with severe acute malnutrition screened and provided quality care</b>	1.1.1. % of under five children screened for malnutrition every 3 months	30% of 4,575 estimated SAM children in the baseline quarter (1,390)	80% (14,640) under five children with severe acute malnutrition screened and provided quality care by 2012	27,313 severely malnourished cases received effective treatment for severe acute malnutrition	CHD reporting format (2009-2012)	Review of quarterly CHD report (2009-2012)  Record Review of the monthly OTP report format (2009-2012)	UNICEF/MOH/RHBs	
	1.1.2. % of children with SAM access out-patient therapy (OPT) services at the health post and community by 2012	30% of 4,575 estimated SAM children in the baseline quarter (1,390)	80% (14,640) children with SAM access OPT services at the HP and community level by 2012	27,313 children under five accessed OTP services at HP in the target woreda	OTP reporting format (2009-2012)  Baseline survey report ( 2009)	Review of the Baseline report (2009)		
<b>Output 1.2 Severely malnourished children and malnourished PLW received TSF</b>	1.2.1 % of children with severe malnutrition in the 16 targeted woredas received TSF by 2012	Zero	80% (14,640) malnourished children out of those screened received discharge TSF by	13,660 (6,120 in 2011) malnourished children out of those screened received food	Post CHD coverage survey report (2009-2012)  Quarterly post	Review of quarterly CHD and post CHD coverage survey reports (2009-2012)  Record review	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
	1.2.2. % of malnourished PLW out of the total screened who received TSF by 2012	Zero	2012 80% (10,360) of malnourished PLW received TSF by 2012	6,428 (2,880 in 2011) 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		
<b>Output 1.3 Enhanced Health posts capacity to provide quality out patient treatment for severe acute malnutrition</b>	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	135 (42% of 320 health posts)	80% (256) OTP services capacity established for 320 health post and community in the targeted woredas by 2012	Services capacity established in 376 HP	Monthly OTP reporting format (2009-2012)  Endline evaluation report (2012)  Monthly OTP reporting format (2009-2012)	Review of Monthly OTP reporting format (2009-2012)  Review Endline evaluation report (2012)	UNICEF/MOH/RHBs	
	1.3.2. Number of health post and community with OTP services capacity established	135 (42% of 320 health posts)	320 health posts (HP) and community with OPT services capacity established	OTP services established in 376 HPs (117.5% of target)	Annual Joint Program progress reports form RHBs (2009-			

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>1.3.3. Number of HEWs and health workers whose capacity to screen and treat acute malnutrition improved</p> <p>Baseline: None</p> <p>Target: 320 HEWs and 30 HWs</p> <p>1.3.4. Number of VCHW trained community mobilization and screening for malnutrition</p>	<p>135 (42% of 320 health posts)</p> <p>0</p>	<p>320 HEWs and 30 health workers trained on management of acute severe malnutrition by 2012</p> <p>9,600 VCHW trained on Community mobilization and screening for malnutrition by 2012</p>	<p>512 Health Extension Workers and 142 Health Workers trained OTP in the target the woredas</p> <p>9,400 VCHWs in the target woredas are trained on community mobilization and screening for malnutrition and prevention malnutrition</p>	<p>2010)</p>			
<b>Outcome 2: Improved the caring and feeding behaviours/practices of children and mothers and under two children growing normally</b>	2.1. Proportion of underweight in under five years children in the 16 target woredas	25% under-weight prevalence (CBN routine data)	Underweight prevalence reduced by 6% from the baseline	Mothers/ care givers in 60% of kebeles in the target woredas received monthly counselling during the GMP session	<p>Baseline survey report (2009)</p> <p>Endline evaluation report (2012)</p>	<p>Review Baseline survey report (2009)</p> <p>Review Endline evaluation report (2012)</p>	<p>UNICEF/ MOH/ RHBs</p>	<p>Risks are drought , political instability and epidemics</p> <p>Assumptions: There will be commitment of HEWs, VCHWs and Woreda Health offices.</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
	2.2. Proportion of infants 0-6 months exclusively breast fed in 16 targeted woredas	72% children 0-6 months are exclusively breast fed	Increase by 15% from baseline by 2012	82% children 0-6 months are exclusively breast fed	Baseline survey report (2009) Endline evaluation report (2012)	Review Baseline survey report (2009) Review Endline evaluation report (2012)		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 conversations  2.1.2. Number of HEWs and VCHWs trained on community based nutrition  2.1.3. Perception of women and men with	0  0  0	60% of communities in the 16 target woredas conduct monthly community conversations by 2012  960 HEWs and 9,600 VCHW trained on community based nutrition by 2011  Women and men allocate adequate intra-	60% of kebeles in the target woredas are conducting monthly community conversations  142 HWs and 512 HEWs and 9,400 VCHWs are trained on community based nutrition in the target woredas  60% of kebeles in the target woredas are	HMIS/Community based Nutrition quarterly report (2009-2012)  CBN training RHBs report (2009-2011)  Annual review meeting report (2010-2012)  Baseline survey report ( 2009)  Endline evaluation report (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  Review Baseline survey report (2009)  Review Endline evaluation report (2012)	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
	regarding intra-household time allocation for infant and child feeding		household time for infant and child feeding	conducting monthly Community Conversations (CCs)				
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	69%	Increase proportion of infants introduced to complementary foods by 10 % from baseline by 2012	73.1%	Baseline survey report (2009)  Endline evaluation report (2012)	Review Baseline survey report (2009)  Review Endline evaluation report (2012)		
	2.2.2. % of under two children participated in GMP	0	80% (124,800) of targeted under two children in the 16 target woredas participated in GMP by 2012	46% (57,408) children under two in the target woredas participated in GMP session	HMIS/ Community based Nutrition quarterly report (2009-2012)	Review of Quarterly HMIS/CBN report from RHBs (2009-2012)		
	2.2.3. % of children 6-59 months who received vitamin A supplementation every six months	90%	95%	99.4 % Children under five supplemented with Vitamin A every six month through CHD modality	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	80%	90%	103% 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
	24-59 months who are dewormed every six months			children 24-59 months are dewormed every six months through CHD modality				
<b>Outcome 3: Improved quality and utilization of locally available complementary and supplementary foods</b>	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%	In the pilot kebele, 480 children 6-24 months are registered to participate in the piloting of Complementary Food (CF)	Research project report (2010-2012)	Review the annual Research project reports  Quarterly HMIS/CBN report from RHBs 2009-2011	UNICEF/ MOH	

<b>Expected Results (Outcomes &amp; Outputs)</b>	<b>Indicators</b>	<b>Baseline</b>	<b>Overall JP Expected Target</b>	<b>Achievement of Target to Date</b>	<b>Means of Verification</b>	<b>Collection Methods (with indicative time frame &amp; frequency)</b>	<b>Responsibilities</b>	<b>Risks &amp; Assumptions</b>
Output 3.1 Quality complementary food produced	3.1.1 Types of complementary foods produced in the four targeted kebeles by 2012  3.1.2. Number of production sites established in the eight targeted Kebeles by 2012	0  0	Four types of complementary foods produced by 2012  Eight production sites established in the eight targeted Kebeles by 2012	Eight types of complementary food have been developed  Two models for implementation of CF were developed and two sites in each of the four regions were selected. In 4 kebeles in rural areas, production of CF has started, For the semi urban model, four sites were identified, processing units procured and will be sent after the construction or rehabilitation of the sites is completed.	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	0	40 women's groups and 20 agricultural extension workers trained by 2011	A total of 253 women have been trained on local production of CF, including 21 HEWs, 8 HWs, 11 Agriculture Development Agents, 15 female teachers, 1 woreda administrator and 20 kebele leaders, who took training similar to that taken by 177 members of women's groups	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 .	
	3.2.2. Number of women group who start to generate income	0	20 women's group start to generate income by 2012		Baseline survey report (2009)  Endline evaluation report (2012)	Review Baseline survey report (2009)  Review Endline evaluation report (2012)		

<b>Outcome 4:</b> <b>Improved nutrition information and monitoring and evaluation of the project</b>								
Output 4.1. Community capacity data utilization for action improved	4.1.1. Number of HEWs and VCHW trained on community based nutrition information by 2010  4.1.2. % of communities utilizing CBN monthly data by 2011  4.1.3. % of kebeles conduct review meeting		960 HEWs and 9,600 VCHW trained on community based nutrition information by 2011  60% of communities utilizing CBN monthly data by 2012  70% of kebeles conduct review meeting by 2011	142 HWs, 512 HEWs and 4,900 VCHWs are trained on community based nutrition in remaining eight woredas  60% of the communities utilize CBN data in the first grouping of eight woredas  60% of VCHWs in the kebeles of the first grouping of eight woredas conducted review meeting	Annual Joint Program progress reports form RHBs (2009-2010)  HMIS/ Community Based Nutrition quarterly report (2009-2012)	Review of the annual and Quarterly progress reports (2009-2010)  Review of Quarterly HMIS/CBN report from RHBs (2009-2012)	UNICEF/MOH/ RHBs	
Output 4.2. Capacity of implementers on data reporting, analysis, and management improved	4.2.1. Number of federal, WoHo, RHBs and DMFSS staff trained on CBN and OTP data management	0	30 federal, regional and woreda health managers and ENCU staff trained on CBN and OTP data management by 2010	20 federal , regional, and ENCU staff trained on CBN and OTP data management	Training Report (2010)  Annual Joint Programme progress reports from RHBs (2010)	Review of training report (2010)  Review of the annual and quarterly progress reports (2010)		

	4.2.2. CBN and OTP data reporting system established in 16 woredas and four RHBs by 2012	0	CBN and OTP data reporting system established in 16 woredas and four RHBs by 2012	CBN and OTP data system is established in the first grouping of eight woredas				
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 survey 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 evaluations 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 was held in 2011. Regional review meetings for nutrition, including CBN, are conducted annually	Annual review meeting report form RHBs (2009-2012)			



### 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.

JP output: 1.1											
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress			
		Y1	Y2	Y3				Total Amount Planned for Y2 of the JP	Estimated Total Amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery Rate of Budget
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 bureaus 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 bureaus and MDG woredas in the four regions	MDG-F	602,766.00	695,783.83*	696,191.00*	116%
<b>Total</b>								<b>602,766</b>	<b>695,783.83</b>	<b>696,191.00</b>	<b>116%</b>

\*The sum of the funds allocated for activities 1.1.2, 1.3.2 and 1.3.3 was utilized to procure RUTF, including the transport costs, and to support the screening and referral of malnourished children to the OTP for treatment. These are all related activities contributing to the broader activity 1.1.2. The additional funds against activity 1.1.2 are derived from funds that were carried over from Year 1.

JP output: 1.2											
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress			
		Y1	Y2	Y3				Total Amount Planned for Y2 of the JP	Estimated Total Amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery Rate of Budget
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				
<b>Total</b>								<b>201,600</b>	<b>201,600</b>	<b>201,600</b>	<b>100%</b>

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 Y2 of the JP	Estimated Total Amount Committed	
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	69,749	69,749	95%
	<b>Total</b>							<b>192,309</b>	<b>141,555</b>	<b>141,555</b>	<b>136%</b>

\*The funds allocated for activities 1.3.2 and 1.3.3 were utilized against activity 1.1.2; the three activities are related activities. Full explanation at 1.1.2 on page 15.

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 of the JP	Estimated Total Amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery Rate of Budget
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	24,615.00				
	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	274,273.00	338,039.47*	338,039.47*		123%
	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	31,646.00				
	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	21,098.00	14,460.84**	14,460.84**		68%
	<b>Total</b>								<b>351,632</b>	<b>352,500.31</b>	<b>352,500.31</b>	<b>100%</b>

\*The sum of the funds allocated for activity 2.1.1, 2.1.4 and 2.1.5 was used to contract two SSAs to conduct the sensitization meetings, training of HEWs and VCHWs, and to provide technical support to the regions.

\*\* The funds were released to FMOH and regional bureaus to conduct supervision and monitoring of the joint programmes.

**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 of the JP	Estimated Total Amount Committed	Estimated Total Amount Disbursed
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	17,485.00*	0	0	
	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	244,780.00	0	0	
	2.2.3 Conduct Supportive supervision	x	x	x	UNICEF	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	78,695.00	350,218.00*	350,218.00*	
	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 to fund			
	2.2.6 Conduct annual workshop on multi sectoral linkages	x	x	x		FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	8,743.00	7,871.11	7,871.11	90%
	<b>Total</b>							<b>349,703.00</b>	<b>358,089.11</b>	<b>358,089.11</b>	<b>102%</b>

\*All the supplies required for the programme for years 1 and 2 were procured in year 1, using the funds allocated for supply procurement and monitoring and supervision in year 1. Therefore, the sum of the funds allocated for activities 2.2.1, 2.2.2 and 2.2.3 was used to support the related monitoring and supervision and on-job training in year 2.

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 Y2 of 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	107,644	40%
	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				
	<b>Total</b>							<b>256,812</b>	<b>155,726</b>	<b>107,644</b>	<b>40%</b>

**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 Y2 of JP	Estimated Total Amount Committed	Estimated Total Amount Disbursed
Build Capacity of community women groups 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/ FAO	MOH	MDG-F	7,000	7,000	7,000	100%
	3.2.3 Supervision and technical assistance for women group	x	x	x	UNICEF/FAO	MOH	MDG-F	10,188	10,188	10,188	100%
	<b>Total</b>							<b>17,188</b>	<b>17,188</b>	<b>17,188</b>	<b>100%</b>

**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 Y2 of JP	Estimated Total Amount Committed	Estimated Total Amount Disbursed
Capacity of implementers on data reporting, analysis, & management	4.1.1 Conduct monthly review meeting at kebele and quarterly at Woreda level	x	x	x	UNICEF	MOH	MDG-F	71,808.00	134,858.25*	134,858.25*	188%
	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%
	<b>Total</b>							<b>71,808.00</b>	<b>134,858.25</b>	<b>134,858.25</b>	<b>188%</b>

\*The funds allocated for the review meeting was utilized for refresher training HEW and VCHWs; additional monies used were carry over from year 1.

**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 Y2 of 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	17,000.00	16,800.29	16,775.51	99%
	4.2.2 Establish data at the Woreda, and regional level	x	x	x	UNICEF	MOH	MDG-F	1,400.00	0**	0**	
	4.2.3 Train on CBN and OTP data management	x	x	x	UNICEF	MOH	MDG-F	11,775.00	0*	0*	
	4.2.4 Provide technical support and undertake supportive supervision	x	x	x	UNICEF	MOH	MDG-F	125,073.00	136,811.89*	136,811.89*	109%
	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			
	<b>Total</b>							<b>155,248.00</b>	<b>153,612.18</b>	<b>153,587.40</b>	<b>99%</b>

\*The combined funds allocated for activity 4.2.3 and 4.2.4 was utilized to provide technical support and on-job training.

\*\*The funds allocated for activity 4.2.2 were not utilized in 2011; presently, the data is being compiled in an Excel spread sheet, awaiting the completed database to be established in 2012.

JP output: 4.3											
Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Source of Funding	Estimated Implementation Progress			
		Y1	Y2	Y3				Total Amount Planned for Y2 of the JP	Estimated Total Amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery Rate of Budget
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 semi annual 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	24,900.00	27,018.29*	18,251.29*	
	4.3.4 Share the result with relevant stakeholders		x		UNICEF	MOH	MDF-F	Included under 4.3.1			
<b>Total</b>								<b>24,900.00</b>	<b>27,018.29</b>	<b>18,251.29</b>	

\*Funds utilized for supervision and review meeting related to activities such as piloting of complementary food.