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

Semester: 1-12

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	1-12
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

Total Approved Budget

UNICEF	$5,711,032.00

WFP	$626,592.00
FAO	$400,180.00
WHO	$262,080.00
Total	**$6,999,884.00**

Total Amount of Transferred To Date

UNICEF	$5,711,032.00
WFP	$626,592.00
FAO	$400,296.00
WHO	$262,080.00
Total	**$7,000,000.00**

Total Budget Commited To Date

UNICEF	$4,454,089.00
WFP	$552,000.00
FAO	$192,247.00
WHO	$225,001.00
Total	**$5,423,337.00**

Total Budget Disbursed To Date

UNICEF	$4,044,200.52
WFP	$552,000.00
FAO	$192,247.00
WHO	$225,001.00
Total	**$5,013,448.52**

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 resource	$10,969,212.00	$3,656,404.00	$3,656,404.00	$3,656,404.00
Cost Share	Other resources (National Committees to UNICEF; Government of Japan)	$28,377,750.00	$9,459,250.00	$9,459,250.00	$9,459,250.00

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
Women	96,000	48,750	Health Workers/Women	Homestead Food Production and Diversification
Children under Five Year of Age, Girls	187,200	187,200	Children from 2 to 6 Years/Female	Access to High Quality Nutrients
Children under Five Year of Age, Boys	187,200	187,200	Children from 2 to 6 Years/Male	Access to High Quality Nutrients

MDG ACHIEVEMENT FUND

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)
The programme has enforced an effective and coordinated partnership between four UN agencies namely WFP, FAO, WHO and UNICEF to attain results for children.
There are limited complementary feeding initiatives in Ethiopia and the pilot project has managed to profile the importance of complementary feeding initiatives, to share lessons learned and to begin to generate discussion in Ethiopia on how to scale up similar interventions across the country.

The support of the Spanish MDG-F has now managed to generate a lot of interest from other donors and development partners to support UN agencies and other implementing partners on complementary feeding interventions and this will result in increased resource mobilisation for this important intervention for children under 2 years in Ethiopia.

Progress in outcomes
Outcome 1 - Improved management of children with acute malnutrition at the community level: Through the Spanish MDG-Fund, the community based management of acute malnutrition was expanded to 376 health post in the targeted Woredas. Between Januarys to June, 2012 4668 children received treatment for severe acute malnutrition. The performance of the programme remained within national and international SPHERE standards, with a recovery rate of 87.5% and mortality and defaulter rates of 0.2% and 3.9%, respectively. Child Health Days (CHDs) were undertaken quarterly for nutritional screening. Since the beginning of the project, 14,440 children have been provided with discharge rations (480 during this reporting period) and 6,654 (of which 226 during the reporting period) pregnant and lactating women (PLW) were identified through screening and received Targeted Supplementary Feeding (TSF) rations.
Outcome 2 - Improved the caring and feeding behaviours/ practices of children and mothers and under two children growing normally: During the reporting period January to June, 2012, 50% of children participated in growth monitoring and mothers received counselling on improved caring behaviours

Outcome 3 - Improved quality and utilization of locally available complementary and supplementary foods: Two models for implementation of CF were developed and three sites/ kebeles in each of the four regions were selected. In eight kebeles in rural areas (Meley and Yewetet in Amahra; Dura and Hatsebo in Tigray; Wolenso and Kocher in Oromia; Dega Keidda and Aze Debeao in SNNPR), production of CF has started. For the semi urban model, four sites in the four regions (Woadela, Laelay Maichew, Kedida Gamella and Chinakson) were identified and processing units were procured and the mills were installed in the four sites /semi urban towns. The mill has started operating in Wadla, Chinakson, Kedida Gamila and Laylaimachew woreda.

Outcome 4 - Improved nutrition information and monitoring and evaluation of the project: Baseline (2010) and midline (2011) assessments were conducted, to provide recommendations for adjustment to program implementation to achieve maximum impact. The funding was also used to build the capacity of Federal, Region, Woreda and health center staff on routine data management and reporting. Training was provided for federal level, regional as well woreda level. Currently, monthly routine data is collected from the HP and analyzed; feedback is given by the Woreda health office for improving implementation as needed.

Progress in outputs
1.1 Under five children with severe acute malnutrition screened and provided quality care

During the reporting period, 4,668 children received effective treatment for severe acute malnutrition between January to June 2012; recording 87.5% cure, 0.2 % mortality and 3.9% 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 31,981 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
Between January and June 2012, supplementary food was procured and distributed to the target woredas, with 480 children provided with discharge rations and 226 pregnant and lactating women identified through screening received TSF rations,

1.3. Enhanced health post capacity to provide quality outpatient treatment for severe acute malnutrition
From January to June 2012, the TFP services is continued to be provided in the in the health centre in the 16 woredas. 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 received ICCM training including SAM management 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.

2.1. Build community capacity for assessment-analysis-action specific to preventing child malnutrition
During the reporting period 960 HEWs were trained on the integrated refresher training package , currently 50% in the targeted Woredas 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.

2.2 Under-two children growth improved
10% declining in under-weight prevalence among the participating children (low-weight-for-age) was observed in the supported districts.

3.1 Quality complementary food produced
Two models for implementation of CF were developed and three sites/ kebele in each of the four regions were selected. In eight kebeles in rural areas, production of CF has started. For the semi urban model, four sites were identified; processing units procured and the mill installed at all the semi urban kebeles. The Mill operation at Wadla , Laylaimachew, Chinakso and Kedida Gamilla woreda has started.

Measures taken for the sustainability of the joint programme
The programme worked to build the capacity of government workers (e.g. HEWs) and communities (e.g. women development army and women groups) within already existing government programmes (e.g. NNP) and structures. Community capacity was built through monthly community conversation sessions facilitated by the HEWs supported by the Health Development Army (HDA), which helps to ensure their ownership. The Growth Monitoring and Promotion is integrated with in the HEP as part of C-MNCH package to insure sustainability.

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
Recently government has developed an integrated refresher training (IRT) on Community Maternal, neonatal, Child Health (cMNCH) which includes nutrition. In the manual the role of conducting weighing of children and conducting community Conversation which was used to be done by voluntary community health workers was shifted to be implemented by the HEWs. These changes increase the workload of HEWs temporarily till the new community level structure is established in all regions. The new structured called Health Development Army (HDA) established in four agrarian regions (which is composed one HH networked to 5 HHs will be used to mobilized community for the services provided at the HPs. This transition consequently dropped the participation of children under two in GMP sessions

Poor supervision and monitoring:
The Government has given the prime responsibility of monitoring and supervision to accelerate implementation of HPs level activities to the Health centre staffs at the health centre level. Those HC staffs are supposed to provide supportive supervision to the HEWs . The HC staffs have limited capacity on nutrition intervention that are being implemented by the HEW, so to improve their capacity training materials are in process of development.

Briefly describe the current external difficulties that delay implementation
n/a

Explain the actions that are or will be taken to eliminate or mitigate the difficulties
UNICEF and partners are working very closely with MOH to develop HEP implementation guide to facilitate the new assignments given to HEWs. In addition. a guidance note on the shift of the responsibilities on the Growth Monitoring and Promotion from the community health volunteers to the HEWs is also under discussion with the MOH to support a smooth transition; and also to give some guidance on how coverage of the GMP can be increased through different strategies including integrating GMP with other outreach activities such EPI.

To improve supervision and monitoring of 400 HEW supervisors will trained to strengthen their capacity on delivery of nutrition services and supervisory skills through the adoption of more advanced training material and methods. Currently the MOH and partners are working in developing training manuals which will include both online and face to face trainings. The monitoring check list used by the HEWs supervisors are made to include CBN indicators as part of integrated supportive supervision check list at all levels.

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. Four meetings were held from January to June 2012.

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	zero	zero		
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	zero	2	Report of the Lesson learned Workshop	From Partners (FAO and UNICEF)
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	zero	7	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
Meetings conducted so far: 12

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 implementations and achievements. Twelve 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
Although no specific communication strategy has been developed for the joint programme, the Government is currently revising the NNP to include an advocacy and communication strategy to guide and improve the implementation of the communication activities. Since the MDG programme is part of NNP the developed strategy will help

advance/improve the behaviour on exclusive breast feeding and complementary feeding.

What concrete gains are the adovacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?
Increased awareness on MDG related issues amongst citizens and governments
New/adopted policy and legislation that advance MDGs and related goals
Estabilshment and/or liasion with social networks to advance MDGs and related goals
Media outreach and advocacy

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: 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 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. A preliminary analysis of the 2010 EDHS results conducted in 2012by 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

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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. 68,750
No. Urban 10,312
No. Rural 58,438
No. Girls 34,375
No. boys 34,375

Children from 2 to 5
Total No. 222,115
No. Urban 33,317
No. Rural 188,798
No. Girls 111,057
No. Boys 111,057

Children older than 5
Total
No. Urban
No. Rural
No. Girls
No. boys

Women
Total 75,000
No. Urban 11,250
No. Rural 63,750
No. Pregnant

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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 68,065
No. Urban 10,209
No. Rural 57,855
No. Girls 28,927
No. Boys 28,927

Children from 2 to 5
Total 219,893
No. Urban 32,983
No. Rural 186,999
No. Girls 109,946
No. Boys 109,946

Children older than 5
Total
No. Urban
No. Rural
No. Girls
No. Boys

Women
Total 52,500
No. Urban 7,875
No. Rural 44,625
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%

Proportion of population below minimum level of dietary energy consumption
% National
% Targeted Area

Stunting prevalence
% National 44.4%
% Targeted Area

Anemia prevalence
% National
% Targeted Area

Comments
The data for underweight and stunting, and Anemia prevalence are from EDHS 2010 preliminary 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 96,000
Urban
Rural
Girls 187,000
Pregnant Women
Boys 187,000

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 75,250
Urban 11,500
Rural 63,750
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 75,250
Urban 11,500
Rural 63,570
Girls
Pregnant Women
Boys

Therapeutic feeding programmes
National
Local 31,981
Urban
Rural
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
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**
From Results Framework (Table 1)	*From Results Framework (Table 1)*	*Baselines are a measure of the indicator at the start of the joint programme*	*The desired level of improvement to be reached at the end of the joint programme*	*The actual level of performance reached at the end of the reporting period*	*From identified data and information sources*	*How is it to be obtained?*	*Specific responsibilities of participating UN organizations (including in case of shared results)*	*Summary of assumptions and risks for each result*
Outcome 1: Improved management of children with acute malnutrition at the community level	**1.1.** % of under five children with severe acute malnutrition screened and provided quality care by 2012 **1.2**. % of children with acute malnutrition access OTP	30% of 4,575 estimated SAM children in the baseline quarter (1,390) 30% of 4,575 estimated SAM	80% (14,640) under five children with severe acute malnutrition screened and provided quality care by 2012 80% (14,640) children with acute malnutrition	31, 981(4,668 from January to June,2012) Severely malnourished cases received effective treatment for severe acute malnutrition. Performance indicators, including cure, mortality and defaulter rates,	Monthly OTP reporting format (2009-2012) Baseline survey report (2009) Endline evaluation report (2012)	Review of Monthly OTP reporting format (2009-2012) Review Baseline survey report (2009) Review Endline evaluation report (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

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	were all in line with the SPHERE standards during the last two years				significant turnover of staff
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 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) 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 80% (14,640) children with SAM access OPT services at the HP and community level by 2012	Total 31,981 (4,668 during the reporting period January-June, 2012) severely malnourished cases received effective treatment for severe acute malnutrition 4,668 during the reporting period January-June, 2012 children under five accessed OTP services at HP in the target woreda	CHD reporting format (2009-2012) OTP reporting format (2009-2012) Baseline survey report (2009)	Review of quarterly CHD report (2009-2012) Record Review of the monthly OTP report format (2009-2012) Review of the Baseline report (2009)	UNICEF/MOH/ RHBs	
Output 1.2 Severely	1.2.1 % of children with severe	Zero	80% (14,640) malnourished	14,440 (480 in 2012)	Post CHD coverage	Review of quarterly CHD and	WFP/DMFSS/DPPB	

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Overall JP Expected Target	Achievement of Target to Date	Means of Verification	Collection Methods (with indicative time frame & frequency)	Responsibilities	Risks & Assumptions
malnourished children and malnourished PLW received TSF	malnutrition in the 16 targeted woredas received TSF by 2012 1.2.2. % of malnourished PLW out of the total screened who received TSF by 2012	 Zero	children out of those screened received discharge TSF by 2012 80% (10,360) of malnourished PLW received TSF by 2012	malnourished children out of those screened received food 6,654 (226 in 2012) malnourished PLW received TSF	survey report (2009-2012) Quarterly post distribution monitoring report (2009-2012) TSF annual outcome evaluation (2010, 2011, 2012)	post CHD coverage survey reports (2009-2012) Record review 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	135 (42% of 320 health posts) 135 (42% of 320 health	80% (256) OTP services capacity established for 320 health post and community in the targeted woredas by 2012 320 health posts (HP) and community with OPT services	Services capacity established in 376 HP OTP services established in 376 HPs	Monthly OTP reporting format (2009-2012) End-line evaluation report (2012) Monthly OTP reporting format (2009-2012) Annual Joint	Review of Monthly OTP reporting format (2009-2012) Review End-line evaluation report (2012) Annual Joint Program progress	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
	established	posts)	capacity established	(117.5% of target)	Program progress reports form RHBs (2009-2010)	reports form RHBs (2009-2010)		
	1.3.3.Number of HEWs and health workers whose capacity to screen and treat acute malnutrition improved Baseline: None Target: 320 HEWs and 30 HWs	135 (42% of 320 health posts)	320 HEWs and 30 health workers trained on management of acute severe malnutrition by 2012	Refresher training on iCCM to 512 Health Extension Workers and 142 Health Workers on OTP was provided in the target the woredas in 2012				
	1.3.4. Number of VCHW trained community mobilization and screening for malnutrition	0	9,600 VCHW trained on Community mobilization and screening for malnutrition by 2012	VCHWs didn't received refresher training during the reporting period (Jan-June, 2012). However, from the beginning of the project 9,400 VCHWs were trained in the target woredas on				

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
				community mobilization				
Outcome 2: Improved the caring and feeding behaviours/ practices of children and mothers and under two children growing normally	2.1. Proportion of underweight in under five years children in the 16 target woredas 2.2. Proportion of infants 0-6 months exclusively breast fed in 16 targeted woredas	25% under-weight prevalence (CBN routine data) 72% children 0-6 months are exclusively breast fed	Underweight prevalence reduced by 6% from the baseline Increase by 15% from baseline by 2012	As of March 2012 the aggregate trend in underweight prevalence in MDG-F supported woredas, has decreased dramatically overtime. Global underweight prevalence fell from above 50% in 2010, to around 10% in 2012. Severe underweight prevalence has also fallen well below 5% prevalence in late 2011 and has remained there since 82% children 0-6 months are exclusively breastfed	Baseline survey report (2009) Endline evaluation report (2012) Baseline survey report (2009)Midline survey (2011) Endline evaluation report (2012)	Review Baseline survey report (2009) Review Endline evaluation report (2012) Review Baseline survey report (2009) Review Endline evaluation report (2012)	UNICEF/ MOH/ RHBs	Risks are drought , political instability and epidemics Assumptions: There will be commitment of HEWs, VCHWs and Woreda Health offices. There will not be significant drop out of VCHW

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 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	0	60% of communities in the 16 target woredas conduct community conversations by 2012	60% of kebeles in the target woredas are conducting monthly community conversations	HMIS/ Community based Nutrition quarterly report (2009-2012) CBN training RHBs report (2009-2011)	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	
	2.1.2. Number of HEWs and VCHWs trained on community based nutrition	0	960 HEWs and 9,600 VCHW trained on community based nutrition by 2011	142 HWs and 512 HEWs received refresher training using the newly develop integrated refresher training package as part of C-MNCH	Annual review meeting report (2010-2012) Baseline survey report (2009) Endline evaluation report (2012)	Review Baseline survey report (2009) Review Endline evaluation report (2012)		
	2.1.3. Perception of women and men with regarding intra-household time allocation for infant and child feeding	0	Women and men allocate adequate intra-household time for infant and child feeding	60% of kebeles in the target woredas are conducting monthly Community Conversations (CCs)				

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 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) HMIS/ Community based Nutrition quarterly report (2009-2012) For 2.2.3. and 2.2.4. Quarterly CHD report (2009-2012) Post CHD coverage survey (2009-2012)	Review Baseline survey report (2009) Review Endline evaluation report (2012) Review of Quarterly HMIS/CBN report from RHBs (2009-2012) Review of quarterly CHD report (2009-2012) and post CHD coverage report		
	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	50% of children under two has participated in the GMP during the reporting period				
	2.2.3. % of children 6-59 months who received vitamin A supplementation every six months	90%	95%	99.6% children under five supplemented with Vitamin A every six month through CHD modality				
	2.2.4. % of children 24-59 months who are dewormed every six months	80%	90%	97 % of children 24-59 months are de-wormed every six months through CHD modality				

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Overall JP Expected Target	Achievement of Target to Date	Means of Verification	Collection Methods (with indicative time frame & frequency)	Responsibilities	Risks & Assumptions
Outcome 3: Improved quality and utilization of locally available complementary and supplementary foods	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 participating in the pilot Complementary Food (CF) project	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
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 three sites/ kebeles in each of the four regions were selected. In 8 kebeles in rural areas, production of CF has started. For the semi urban model, 4 sites were identified, processing units procured and all the mill installed. Mill operation at Wadla and Laylaimachew woreda started rehabilitation of sites 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 3.2.2. Number of women group who start to generate income	0 0	40 women's groups and 20 agricultural extension workers trained by 2011 20 women's group start to generate income by 2012	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 Baseline survey report (2009) Endline evaluation report (2012)	Review of the annual Research, Quarterly progress report and Annual review meeting and progress report Review Baseline survey report (2009) Review Endline evaluation report (2012)	UNICEF/MOH .	

Outcome 4: Improved nutrition information and monitoring and evaluation of the project								
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 received refresher training as part of Integrated Refresher Training (IRT) 60% of the communities utilized CBN data for action in 16 woredas Review meeting conducted between the HEWs and the newly established health development army leaders	Annual Joint Program progress reports form RHBs (2009-2010) HMIS/ Community Based Nutrition quarterly report (2009-2012)	Review of the annual and Quarterly progress report s (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	20 federal , regional, and ENCU staff trained on nutrition information	Training Report (2010) Annual Joint Programme	Review of training report (2010) Review of the annual and		

			and OTP data management by 2010	system	progress reports from RHBs (2010)	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 reporting system is established in 16 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	Baseline survey is completed in the CBN/ NNP woredas	Baseline evaluation report (2009)	Review of Baseline survey and endline evaluations report Review of the Quarterly progress report and Annual review meeting and progress 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			
	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 on 8-10 Feb 2012. Regional review meetings including CBN, are conducted annually – involved regions conduct the review at their	Annual review meeting report form RHBs (2009-2012)			

				own schedule.				

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**		**NATIONAL/LOCAL**		**Total Amount Planned for Y3 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	459,251	339,042.06	0*	73.8%
	Total							**459,251**	**339,042.06**	**0**	**73.8%**

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 Y3 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	151,600	120,000	120,000	79%
	1.2.2 Provision of TSF ration to malnourished PLW	x	x	x	WFP	DMFSS	MDG	Included in the 1.3.1 activity			
	1.2.3 Community mobilization	x	x	x	WFP	DMFSS	CIDA				
	1.2.4 Conduct CHDs	x	x	x	WFP	DMFSS	CIDA				
	Total							**151,600**	**120,000**	**120,000**	**79%**

***The funds allocated for activities 1.2.1 and 1.2.2 (USD151,600) are budgeted jointly as per attached revised work plan and budget for year three.**

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 Y3 of the JP**	**Estimated Total Amount Committed**	**Estimated Total Amount Disbursed**	**Estimated % Delivery Rate of Budget**
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	100,000	83,446	83,446	83%
	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	Included in the 1.3.1 activity			
	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	Included in the 1.3.1 activity			
	1.3.4 Supportive supervision	x	x	x	UNICEF/WHO	FMOH and Regional Health bureau and MDG woredas in the four regions	MDG-F	Included in the 1.3.1 activity			
	Total							**100,000**	**83,446**	**83,446**	**83%**

****The funds allocated for activities 1.3.1, 1.3.2, 1.3.3 and 1.3.4 (USD 100,000 in total) are budgeted jointly as per attached revised work plan and budget for year three**

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 Y3 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	309,342	197,012.71	55,546.09	28.2%
	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	Included in the 2.1.1 activity	Included in the 2.1.1 activity	Included in the 2.1.1 activity	
	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	Included in the 2.1.1 activity	Included in the 2.1.1 activity	Included in the 2.1.1 activity	
	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	Included in the 2.1.1 activity			
	Total							**309,342**	197,012.71	55,546.09	28.2%

*****The sum of the funds allocated for activity 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, and 2.1.6 (total of USD 309,342) are budgeted jointly as per attached revised work plan and budget for year three**

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 Y3 of the JP**	**Estimated Total Amount Committed**	**Estimated Total Amount Disbursed**	**Estimated % Delivery Rate of Budget**
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	0	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	0	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	120,225	56,866.62	0*	47.3%
	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	Included in the 2.2.3 activity			
	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	Included in the 2.2.3 activity			
	Total							120,225	56,866.62	0*	47.3%

******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, total of USD 120,225 was allocated for activities 2.2.3, 2.2.4, 2.2.5 and 2.2.6, All included together as per the revised work plan and budget for year three**

JP output: 3.1											
Programme Outputs	**Activity**	**YEAR**			**UN AGENCY**	**RESPONSIBLE PARTY**	**Source of Funding**	**Estimated Implementation Progress**			
		Y1	**Y2**	**Y3**		**NATIONAL/LOCAL**		**Total Amount Planned for Y3 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	90,667	10,000	10,000	11%
	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							**90,667**	**10,000**	**10,000**	**11%**

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 Y3 of JP**	**Estimated Total Amount Committed**	**Estimated Total Amount Disbursed**	**Estimated % Delivery Rate of Budget**
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	9,333	9,333	9333	100%
	3.2.3 Supervision and technical assistance for women group	x	x	x	UNICEF/FAO	MOH	MDG-F				
	Total							**9,333**	**9,333**	**9,333**	**100%**

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 Y3 of JP**	**Estimated Total Amount Committed**	**Estimated Total Amount Disbursed**	**Estimated % Delivery Rate of Budget**
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	0	0	0
	4.1.2 Conduct biannual review meeting at kebele and Woreda leve**l**	x	x	x	UNICEF	MOH	MDG-F		0	0	0%
	Total							**71,808.00**	0	0	**0**

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 Y3 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				
	4.2.2 Establish data at the Woreda, and regional level	x	x	x	UNICEF	MOH	MDG-F		0	0	
	4.2.3 Train on CBN and OTP data management	x	x	x	UNICEF	MOH	MDG-F	155,248.00	0	0	
	4.2.4 Provide technical support and undertake supportive supervision	x	x	x	UNICEF	MOH	MDG-F				
	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				
	Total							**155,248.00**	**0**	**0**	**0**

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 Y3 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 and final evaluation	x	x	x	UNICEF	MOH	MDG-F	124,900	24,084.06	2,654.19	19.3%
	4.3.4 Share the result with relevant stakeholdes		x		WFP	MOH	MDF-F	2,000			
	Total							**126,900**	**24,084.06**	**2,654.19**	**18.97%**