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

Semester: 2-12

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	2-12
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	
WFP	
FAO	
WHO	
Total	**$0.00**

Total Budget Commited To Date

UNICEF	$5,337,530.52
WFP	$585,600.00
FAO	$374,000.00
WHO	$228,801.00
Total	**$6,525,931.52**

Total Budget Disbursed To Date

UNICEF	$5,213,661.84
WFP	$583,600.00
FAO	$374,000.00
WHO	$228,801.00
Total	**$6,400,062.84**

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 (5 years)	$50,000,000.00	$10,000,000.00	$10,000,000.00	$10,000,000.00
Cost Share	UNICEF Regular Resources	$10,969,214.00	$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
Boys under five years of age	187,200	185,200	Health Centers	Access to High Quality Nutrients
Girls under five years of age	187,200	185,200	Health Centers	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 enforced an effective partnership between WFP, FAO, WHO and UNICEF.

The pilot successfully profiled the importance of complementary feeding initiatives and supported sharing lessons learned and initiating discussions on scaling up similar interventions.

Support of the MDGF generated interest from other donors and development partners to support complementary feeding interventions, resulting in increased resource mobilization. Through CIDA and Dutch support, the pilot will be scaled up to 60 woredas in 2013. The initial phase of the pilot is currently being implemented in 20 woredas in Amhara, Tigray, Oromia, and the Southern Nations, Nationalities, and People's Region (SNNPR).

Progress in outcomes
Outcome 1 - Improved management of children with acute malnutrition at the community level: Through the Spanish MDG-F, community-based management of acute malnutrition was expanded to 382 HPs in the targeted Woredas. Between July to October 2012, 2,682 children received treatment for SAM. The performance of the programme remained within national and international SPHERE standards, with a recovery rate of 84.8% and mortality and defaulter rates of 0.4% and 2.9%, respectively. Quarterly Child Health Days were undertaken for nutritional screening. Since the project started, 17,031 children were provided with discharge rations (2,013 during this reporting period) and 10,439 Pregnant and Lactating Women (PLW) were identified through screening and received TSF rations (2,718 during the reporting period).

Outcome 2 - Improved care and feeding behaviours/practices of children and mothers and under two children growing normally:
From July to December 2012, 54% of children participated in growth monitoring and mothers received counselling on improved care behaviour.

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. Production of CF has started 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). For the semi urban model, four sites in the four regions (Woadela, Laelay Maichew, Kedida Gamella and Chinakson) were identified, processing units procured and mills installed in the four sites/semi urban towns. The mills 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 mid-line (2011) assessments were conducted to recommend adjustments to programme implementation to achieve maximum impact. The funding was also used to build the capacity of Federal, Regional, Woreda and Health Centre (HC) staff on routine data management and reporting. Training was provided at 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 SAM screened and provided quality care

During the reporting period, 2,682 children received effective treatment for SAM between July and October 2012; recording 84.8% cure, 0.4% mortality and 2.9% defaulter rates. Ready-to-Use Therapeutic Food (RUTF) and essential drugs for treating SAM in children were procured and distributed. Since the beginning of the project, a cumulative total of 34,663 severely malnourished children have received effective treatment for SAM. 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 PLW received TSF

Between July and December 2012, supplementary food was procured and distributed to the target woredas, with 2,013 children provided with discharge rations and 2,718 PLW identified through screening receiving TSF rations.

1.3. Enhanced HP capacity to provide quality outpatient treatment for SAM

From July to December 2012, the TFP services continued to be provided in HCs in the 16 woredas. Community management of SAM has been rolled out to 382 HPs (98% of the HPs in the 16 woredas). Overall, 142 HWs and 512 HEWs have received ICCM training including SAM management to treat SAM (against the planned 320 HEWs and 30 HWs). The apparent overreach is due to the continued expansion of the HP structure, the number of which grew to 394 in the 16 woredas, against the 320 identified during the planning stage. This has resulted in an increased number of HEWs available in the woredas and related training activities. Moreover, the overall Government (MOH) direction to expand the decentralization of management of SAM to the HP 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 (not reflected in table)

In 2012, cascading of the Integrated Refresher Training (IRT) to 26,000 HEWs in all Woredas in Amhara, Tigray, Oromia, and SNNP was completed. 512 HEWs were trained on the IRT package in the MDG-supported Woredas. 54% of under-two children in the targeted Woredas 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

An 8.4% decline 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/ kebeles 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 mills installed at all the semi urban kebeles. The mill operation at Wadla, Laylaimachew, Chinakso and Kedida Gamilla woreda has started producing complementary food, which is distributed to children under two as per agreed price.

Obstacles and Contingency Measures

In the beginning of 2012, a slight drop in the number of children participating in growth monitoring was observed. This was attributed to the changes in government policy to give the responsibilities of weighing and counselling to the HEWs as opposed to the volunteers. The lack of guidance for the transition and the delay in cascading the IRT to the HEWs, has resulted in a decrease in coverage of the participating children. In the current reporting period, the guidance note was sent to all implementing woredas and orientation on the note was cascaded to the HEWs. This has resulted in an increase in the rate of children's participation as well as an improvement in the quality of data.

Measures taken for the sustainability of the joint programme
The programme continued 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 HDA, which helps to ensure their ownership. The GMP is integrated within the HEP as part of the CMNCH package to ensure sustainability. Through the new training IRT (CMNCH) all the HEWs in the target woredas are trained. To strengthen supportive supervision and on-the-job mentoring of the HEWs, Health Centre (HC) staff (HEW supervisors) in those woredas will be trained through CMNCH models focused on Nutrition.

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
The Government has recently developed an Integrated Refresher Training (IRT) on CMNCH, which includes nutrition. In the manual, the role of weighing children and conducting community conversations, which was previously done by VCHWs, has been transferred to the HEWs. This change temporarily increases the workload on HEWs until the new community level structure is established in all regions.

The new structure; Health Development Army (HAD), was established in four agrarian regions and is composed of one household connected to a network of five households that will be used to mobilize the community for services provided at the HPs. With this transition, the role of undertaking monthly GMP has shifted from community volunteers to Health Extension Workers. This transition has caused a decrease in the participation of children under two in GMP sessions in the beginning of 2012. However, the current reporting period has seen an improvement in the number of children participating in growth monitoring sessions, as well as an improvement in the quality of data.

Poor supervision and monitoring: The Government has delegated the responsibility of monitoring and supervising the acceleration of HP level activities to staff at the HC level. HC staff are required to provide supportive supervision to the HEWs . However, as HC staff have limited capacity in nutrition interventions implemented by the HEW, capacity building training materials were developed and training of the HC staff started in Tigray region and will be conducted in the other three regions in early 2013.

Briefly describe the current external difficulties that delay implementation
The institutional arrangement for the delivery of preventative services at community level has changed. At the beginning, the Community Health workers (CHWs) were volunteers undertaking GMP. The project planned for the training of these volunteers to enable them to follow the growth of children under-two years, and promote appropriate feeding and caring practices. In the meantime, the Government has changed the modality of health service delivery at community level. Whereas before, each volunteer would cover around 30-50 households, following the introduction of the HDA, every five households are now networked together, with one of the households acting as a focal point for key health services. As a result the number of community-level workers has increased sharply and it took some time to get clear direction on how to roll out the training and whether these HDAs will be undertaking GMP. This has delayed the implementation of the trainings in the project areas.

Explain the actions that are or will be taken to eliminate or mitigate the difficulties
UNICEF and partners are working very closely with FMOH to develop a HEP implementation guide to facilitate the new assignments given to HEWs. In addition, a guidance note on the transfer of GMP responsibilities from the VCHWs to the HEWs has been finalized with the MOH and cascaded to the level of HEWs to support a smooth transition and to give guidance on how to increase GMP coverage through different strategies. These strategies include integrating GMP into other outreach activities such as the Expanded Programme on Immunization (EPI) and community mobilization through the established HDA.

To improve supervision and monitoring, HEW supervisors will receive further capacity building trainings in the delivery of nutrition services and supervisory skills through the adoption of more advanced and blended training materials and methods. The MOH and partners are currently working on developing training manuals, which will include both online and face-to-face trainings. The monitoring checklist used by the HEW supervisors includes CBN indicators as part of an integrated supportive supervision checklist 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 MOH 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. Five meetings were held from July to December 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	0	0		
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	A complementary foods pilot study, jointly commissioned by FMOH, FAO and UNICEF was undertaken in eight kebeles A lessons learned workshop from the pilot study was organized jointly by FAO, UNICEF, AA, Mekelle,Awassa, Haramya, Bharedar university partners	Report of the lessons earned workshop	From Partners (FAO and UNICEF)
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	9	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. Thirteen meetings were conducted so far.

Number of meetings with PMC chair
Thirteen meetings were conducted so far.

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 implementation and achievements. Thirteen 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 behaviours on exclusive breastfeeding 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
Increased dialogue among citizens, civil society, local national government in erlation to development policy and practice
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 A partnership with women groups and universities was established to support the pilot study of local production of complementary food. Rolling out complementary food production in other woredas after learning from the pilot trial will contribute to reducing malnutrition prevalence among under-two children

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.

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Section III: Millenium Development Goals

Millenium 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 HP and community level Beneficiaries reached: A total of 34,663 severely malnourished children have been treated for SAM, with 84.8% recovery, 0.4% mortality and 2.9% defaulter rates (2,682 during the reporting period from July to October 2012)		80% (14,640) of under five children with SAM screened and provided quality care 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 caring and feeding behaviours/practices of children and mothers and under two children growing normally Beneficiaries reached: 82% of children 0-6 months are exclusively breastfed		Increase by 15% from baseline (of 72%) children 0-6 months who are exclusively breast fed in 16 targeted woredas	

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 Beneficiaries reached: Reductions in underweight prevalence from 13.6% in 2010 to 8.4% in 2012 the data is from GMP monitoring data		% of 6-24 month old growth-faltering children with improved growth after consuming the locally produced foods in the target kebeles by 2012	

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
Improved nutrition information and monitoring and evaluation of the project Beneficiaries reached: Reduction in stunting prevalence from 52% to 44% - EDHS 2011		% reduction in stunting	

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 child 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%, from 77 to 59 deaths per 1,000 births, while under-five mortality has decreased by 28%, from 123 to 88 per 1,000 births. A preliminary analysis of the 2010 EDHS results conducted in 2012 by Tulane University indicates 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 44
% Targeted Area

Comments
The data for underweight and stunting, and anaemia 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% of children and 27% of women had anaemia, compared to 44% of children and 17% 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
With regards to homestead food production and diversification, the assessment of complementary food is completed and eight recipes have been developed. The production of complementary foods at the community level started both through rural and urban models. The rural model focused on establishing women's groups to process the CF. Mothers with children 6-24 months of age take the processed food through provision of 2 kg of unprocessed cereals. The urban model focuses on establishing processing units which will be distributed to mothers with children 6-24 months.

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 One - Supported the Nutrition Strategy I (NNS/ National Nutrition Programme-NNPF)
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 (SAM) screened and provided quality care by 2012 **1.2**. % of children with acute malnutrition access Outpatient Therapeutic	30% of an estimated 4,575 children with SAM in the baseline quarter (1,390) 30% of an estimated 4,575	80% (14,640) under five children with SAM screened and provided quality care by 2012 80% (14,640) children with acute malnutrition access OTP services in the 16 targeted	To date, 34,663 cases have received effective treatment for SAM. The number of cases reached from July to October 2012 is 2,682. Performance indicators, including cure (84.8%), mortality (0.4%) and defaulter (2.9%) rates,	Monthly OTP reporting format (2009-2012) Baseline survey report (2009) End-line evaluation	Review of Monthly OTP reporting format (2009-2012) Review of Baseline survey report (2009) Review of End-line evaluation report (2012)	UNICEF/ MOH/ RHBs	Drought is the major risk as it will increase the SAM caseload. Assumptions: The prices of Plumpy Nut and Targeted Supplementary Feeding (TSF) programme rations remain the same. An increase in the prices will affect the coverage 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
	Programme (OTP) services in the 16 targeted woredas	children with SAM in the baseline quarter (1,390)	woredas by 2012	were all in line with the SPHERE standards during the last two years	report (2012)			the programme. There will not be 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 accessing OTP services at the Health Post (HP) and community by 2012	30% of an estimated 4,575 children with SAM in the baseline quarter (1,390) 30% of an estimated 4,575 children with SAM in the baseline quarter (1,390)	80% (14,640) under five children with SAM screened and provided quality care by 2012 80% (14,640) children with SAM access OTP services at the HP and community level by 2012	A total of 34,663 cases have received effective treatment for SAM. The number of cases reached from July to October 2012 is 2,682. From July to October 2012, 2,682 children under five accessed OTP services at HPs in the target woreda	Community Health Days (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 malnourished children and	1.2.1 % of children with severe malnutrition in	0	80% (14,640) of screened malnourished children	To date, 17,031 malnourished children out of those screened	Post CHD coverage survey report	Review of quarterly CHD and post CHD coverage survey	WFP/DMFSS/DPPB	

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Overall JP Expected Target	Achievement of Target to Date	Means of Verification	Collection Methods (with indicative time frame & frequency)	Responsibilities	Risks & Assumptions
malnourished pregnant and lactating women (PLW) received TSF	the 16 targeted woredas received TSF by 2012 1.2.2. % of malnourished PLW out of the total screened who received TSF by 2012	0	received discharge TSF by 2012 80% (10,360) of malnourished PLW received TSF by 2012	received food. Of these, 2,013 children were reached between July and October 2012. A total of 10,439 malnourished PLW received TSF. 2,718 PLW received TSF between July and October 2012.	(2009-2012) Quarterly post distribution monitoring report (2009-2012) TSF annual outcome evaluation (2010, 2011, 2012)	reports (2009-2012) Record review of 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 outpatient treatment for severe acute malnutrition	1.3.1. % of HP/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 HPs and communities with OTP service capacity	135 (42% of 320 HPs) 135 (42% of 320 HPs)	OTP service capacity established for 80% (256) of 320 HPs and communities in the targeted woredas by 2012 320 HPs and communities with OTP service capacity	Service capacity established in 382 HPs OTP services established in 382 HPs (119% of targeted 320 HPs, and 97% of the total number of HPs (394) in the 16	Monthly OTP reporting format (2009-2012) End-line evaluation report (2012) Monthly OTP reporting format (2009-2012)	Review of Monthly OTP reporting format (2009-2012) Review End-line evaluation report (2012) Annual Joint Programme progress reports	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 1.3.3.Number of Health Extension Workers (HEWs) and Health Workers (HWs) whose capacity to screen and treat acute malnutrition improved Baseline: None Target: 320 HEWs and 30 HWs 1.3.4. Number of Volunteer Community Health Workers (VCHWs) trained in community mobilization and screening for malnutrition	135 (42% of 320 HPs) 0	established 320 HEWs and 30 HWs trained on management of SAM by 2012 9,600 VCHW trained in community mobilization and screening for malnutrition by 2012	woredas) Refresher training in Integrated Community Case Management (iCCM) provided to 512 HEWs, and in OTP to 142 HWs in the target woredas in 2012 No VCHWs received refresher training during the reporting period (July to December 2012). In total, 9,400 VCHWs have been trained in community mobilization since the beginning of the project in the target woredas	Annual Joint Programme progress reports from RHBs (2009-2010)	from RHBs (2009-2010)		
Outcome 2: Improved the caring and feeding	2.1. Proportion of underweight in under-five	25% under-weight	Underweight prevalence reduced by 6%	As of July 2012, the aggregate trend in	Baseline survey report	Review baseline survey report (2009)	UNICEF/ MOH/ RHBs	The risks are: drought , political instability and

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
behaviours/ practices of children and mothers and under two children growing normally	children in the 16 target woredas 2.2. Proportion of infants (0-6 months) exclusively breastfed in 16 targeted woredas	prevalence (CBN routine data) 72% of infants (0-6 months) are exclusively breastfed	from the baseline Increase by 15% from the baseline by 2012	underweight prevalence in MDG-F supported woredas had decreased dramatically overtime. Global underweight prevalence fell from above 50% in 2010, to around 8.4% in 2012. Severe underweight prevalence had also fallen to well below 1.7% in late 2012 82% of infants (0-6 months) are exclusively breastfed	(2009) End-line evaluation report (2012) Baseline survey report (2009) Mid-line survey (2011) End-line evaluation report (2012)	Review end-line evaluation report (2012) Review baseline survey report (2009) Review end-line evaluation report (2012)		epidemics Assumptions: There will be commitment of HEWs, VCHWs and Woreda Health offices There will not be significant drop out of VCHWs
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 0	60% of communities in the 16 target woredas conduct community conversations by 2012 960 HEWs and	60% of kebeles in the target woredas are conducting monthly community conversations 142 HWs and 512 HEWs	Health Management Information System (HMIS)/CBN quarterly report (2009-2012)	Review of Quarterly HMIS/CBN report from RHBs (2009-2012) Review of annual review meeting reports and annual CBN	UNICEF/ MOH/ RHBs	

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Overall JP Expected Target	Achievement of Target to Date	Means of Verification	Collection Methods (with indicative time frame & frequency)	Responsibilities	Risks & Assumptions
	2.1.2. Number of HEWs and VCHWs trained in Community-based Nutrition (CBN) 2.1.3. Perception of women and men with regards to intra-household time allocation for infant and child feeding	0	9,600 VCHW trained in CBN by 2011 Women and men allocate adequate intra-household time for infant and child feeding	received refresher training, using the newly-developed Integrated Refresher Training (IRT) package as part of Community Maternal, Neonatal and Child Health (CMNCH) 60% of kebeles in the target woredas are conducting monthly Community Conversations	CBN training RHBs report (2009-2012) Annual review meeting report (2010-2012) Baseline survey report (2009) End-line evaluation report (2012)	training reports from RHBs Time frame: 2009-2011 Review baseline survey report (2009) Review end-line evaluation report (2012)		
Output 2.2. Under two children growth improved	2.2.1. The proportion of infants 6-9 months introduced to complementary food at 6-7 months 2.2.2. % of under two children	69% 0	By 2012, a 10% increase from the baseline in the proportion of infants introduced to complementary foods 80% (124,800) of targeted under two children in the 16 target	73.1% 54% of children under two have participated in	Baseline survey report (2009) End-line evaluation report (2012) HMIS/CBN quarterly report	Review Baseline survey report (2009) Review end-line evaluation report (2012) Review Quarterly HMIS/CBN report from RHBs (2009-2012)		

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Overall JP Expected Target	Achievement of Target to Date	Means of Verification	Collection Methods (with indicative time frame & frequency)	Responsibilities	Risks & Assumptions
	participated in Growth Monitoring and Promotion (GMP) 2.2.3. % of children 6-59 months who received vitamin A supplementation every six months 2.2.4. % of children 24-59 months who are de-wormed every six months	90% 80%	woredas participated in GMP by 2012 95% 90%	the GMP during the reporting period 99.6% of children under five supplemented with Vitamin A every six months through CHD modality 97 % of children 24-59 months are de-wormed every six months through CHD modality	(2009-2012) For 2.2.3. and 2.2.4. Quarterly CHD report (2009-2012) Post CHD coverage survey (2009-2012)	Review quarterly CHD report (2009-2012) and post CHD coverage report		
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, 572 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 12 production sites established in the 12 targeted Kebeles by 2012	Four 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 eight kebeles in rural areas, production of CF has started. For the semi urban model, four sites were identified, processing units procured and all the mills installed. Mill operation in all woredas (Wadla, Kedida Chinaksen and Laylaimacheww oreda) started	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	

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 3.2 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's groups who start to generate income	0 0	40 women's groups and 20 agricultural extension workers trained by 2011 20 women's groups start to generate income by 2012	A total of 253 women have been trained on local production of CF. This included 21 HEWs, eight HWs, 11 Agriculture Development Agents, 15 female teachers, one woreda administrator and 20 kebele leaders, as well as 177 members of women's groups	Quarterly progress report and annual review meeting and progress report 2009-2012 Baseline survey report (2009) End-line evaluation report (2012)	Review of the annual research, quarterly progress report and annual review meeting and progress report Review baseline survey report (2009) Review end-line evaluation report (2012)	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
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 in CBN 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 CBN information by 2011 60% of communities utilizing CBN monthly data by 2012 70% of kebeles conduct review meeting by 2011	142 HWs and 512 HEWs received refresher training as part of IRT which includes nutrition information 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 (HDA) leaders	Annual Joint Programme progress reports from RHBs (2009-2010) HMIS/CBN 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	

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Overall JP Expected Target	Achievement of Target to Date	Means of Verification	Collection Methods (with indicative time frame & frequency)	Responsibilities	Risks & Assumptions
Output 4.2. Capacity of implementers on data reporting, analysis, and management improved	4.2.1. Number of federal, Woreda Health Office, RHBs and DMFSS staff trained in CBN and OTP data management 4.2.2. CBN and OTP data reporting system established in 16 woredas and four RHBs by 2012	0 0	30 federal, regional and woreda health managers and Emergency Nutrition Coordination Unit (ENCU) staff trained in CBN and OTP data management by 2010 CBN and OTP data reporting system established in 16 woredas and four RHBs by 2012	30 federal, regional, and ENCU staff trained in nutrition information system CBN and OTP data reporting system is established in 16 woredas	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)		
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 4.3.2. Number of end-line evaluations conducted in 2012	0 0	One baseline survey conducted in 16 targeted woredas in 2009 One end-line evaluation conducted in 2012	Baseline survey is completed in the CBN/NNP woredas Will be conducted at the end of the project	Baseline evaluation report (2009) End-line Evaluation report 2012	Review of baseline survey and end-line evaluation report Review of the quarterly progress report and annual review meeting and progress report		

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Overall JP Expected Target	Achievement of Target to Date	Means of Verification	Collection Methods (with indicative time frame & frequency)	Responsibilities	Risks & Assumptions
	4.3.3. Number of annual review meetings conducted by 2012	0	Three annual review meetings conducted by 2012	One annual review meeting for CBN/NNP was held on 8-10 Feb 2012. Regional review meetings including CBN, are conducted annually – involved regions conduct the review at their own schedule.	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**		**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, RHBs 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 complications	x	x	x	UNICEF	FMOH, RHBs and MDG woredas in the four regions	MDG-F	459,251.00	399,968.77	332,366.72	87%
	Total							**459,251.00**	399,968.77	332,366.72	87%

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	151,600	151,600	100%
	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**	151,600	151,600	100%

***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 outpatient treatment for severe acute malnutrition**	1.3.1 Training of HEWs, VCHW, and HWs	x	x	x	UNICEF/WHO	FMOH, RHBs and MDG woredas in the four regions	MDG-F	100,000	100,000	100,000	100%
	1.3.2 Establishing OTP services at the HP and community-level	x	x	x	UNICEF	FMOH, RHBs 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, RHBs 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, RHBs and MDG woredas in the four regions	MDG-F	Included in the 1.3.1 activity			
	Total							**100,000**	100,000	100,000	100%

****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, RHBs and MDG woredas in the four regions	MDG-F	309,342	359,179[1]	359,179	116%
	2.1.2 Conduct micro-planning (to identify target population and supply needs)	x	x	x	UNICEF	FMOH, RHBs 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, RHBs 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, RHBs 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, RHBs 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 Programme manager for FMOH to manage the joint programme	x	x	x	UNICEF	FMOH, RHBs and MDG woredas in the four regions	MDG-F	Included in the 2.1.1 activity			
	Total							**309,342**	359,179	359,179	116%

***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

[1] Additional budget carried over from previous year

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, RHBs 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, RHBs and MDG woredas in the four regions	MDG-F	0	0	0	
	2.2.3 Conduct supportive supervision	x	x	x	UNICEF	FMOH, RHBs and MDG woredas in the four regions	MDG-F	120,225	103,840.19	95,234.59	86%
	2.2.4 Conduct quarterly review	x	x	x	UNICEF	FMOH, RHBs and MDG woredas in the four regions	MDG-F	0			
	2.2.5 Organize quarterly CHD for the delivery of child survival nutrition	x	x	x	UNICEF	FMOH, RHBs 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, RHBs and MDG woredas in the four regions	MDG-F	Included in the 2.2.3 activity			
	Total							**120,225**	103,840.19	95,234.59	86%

******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	90,667	90,667	100%
	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**	90,667	90,667	100%

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	9,333	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	146,693[2]	146,693	204%
	4.1.2 Conduct biannual review meeting at kebele and Woreda level	x	x	x	UNICEF	MOH	MDG-F		0	0	0%
	Total							**71,808.00**	**146,693**	**146,693**	**204%**

[2] Additional budget carried over from previous year

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 database for different data sources 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	155,248.00	155,248.00	100%
	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**	155,248.00	155,248.00	100%

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	156,065[3]	28,993.46	125%
	4.3.4 Share the result with relevant stakeholders		x		WFP	MOH	MDF-F	2,000			
	Total							**126,900**	156,065	28,993.46	123%

[3] Additional budget carried over from previous year