Monitoring Report Template

Section I: Identification and Joint Programme Status

A. Joint Programme Identification and basic data

Date of Submission: **Submitted by:** Name: Ms Patrizia DiGiovanni Title: Representative a.i. Organization: UNICEF Contact information: +251 11 518 4000	**Country and Thematic Window** Ethiopia Children, Food Security and Nutrition
MDTF Atlas Project No: **Title:** National Nutrition Programme/ MDG-F	**Report Number: 6** **Reporting Period**: January – June, 2012 **Official starting date:** 11 September 2009
Participating UN Organizations UNICEF WFP WHO FAO	**Implementing partners** [1] FMOH, RHB, Woreda Health Bureau, Addis Ababa University, Mekelle University, Baherdar University, Haramaia University and Hawassa University

The financial information reported should include overhead, M&E and other associated costs.

Budget Summary	
Total Approved Joint Programme Budget[2]	UNICEF: USD 5,711,032 WFP: USD 626,592 FAO: USD 400,180 WHO: USD 262,080 Total: USD 6,999,884
Total Amount of Transferred to date[3]	UNICEF: USD 5,337,530.52 WFP: USD 585,600 FAO: USD 374,000 WHO: USD 244,817.25 Total: USD 6,541,947.77
Total Budget Committed to date	UNICEF: USD 4,454,089 WFP: USD 552,000 FAO: USD 192,247 WHO: USD 225,001 Total: USD 5,423,337

[1] Please list all the partners actually working in the joint's programme implementation, NGOs, Universities, etc

[2] Amounts are inclusive of indirect costs retained by headquarters.

[3] Amounts are programmable amounts, net of the indirect costs retained by headquarters.

Total Budget Disbursed to date	UNICEF: USD 4,044,200.52 WFP: USD 552,000 FAO: USD 192,247 WHO: USD 225,001 Total: USD 5,013,448.52

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

Amount in thousands of U$

TYPE	DONOR	TOTAL	FOR 2010	FOR 2011	FOR 2012
Parallel [1]	WB	30,000,000	10,000,000	10,000,000	10,000,000
	JICA	6,000,000	0	0	6,000,000
	CIDA (five years)	50,000,000	10,000,000	10,000,000	10,000,000
Cost Share[2]	UNICEF Regular Resources resource	10,969,212	3,656,404.95	3,656,404.95	3,656,404.95
	Other resources (National Committees to UNICEF; Government of Japan)	28,377,750	9,459,250.69	9,459,250.69	9,459,250.69
Counterpart[3]		0	0	0	0
TOTAL		**125,346,962**	**33,115,656**	**33,115,656**	**39,115,656**

DEFINITIONS

1) PARALLEL FINANCING – refers to financing activities related to or complementary to the programme but whose funds are NOT channelled 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 channelled 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 channelled 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 channelled 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 (please note that the table and information on the online report are coded in more detail – as required therein).

Direct Beneficiaries: *Pregnant and Lactating Women and Children Under Five years of age*

	Men	Men from Ethnic groups	Women	Women from Ethnic groups	Boys (Under-5 years)	Girls (Under-5 years)	National Institutions	Local Institutions	Total
targeted number	n/a	n/a	96,000	n/a	187,200	187,200	FMOH, DRMFSS	RHBs, Woreda Health Offices	n/a
Number reached	n/a	n/a	48,750	n/a	185,200	185,200	FMOH, DRMFSS	RHBs, Woreda Health Offices	n/a

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 services in the 16 targeted woredas	30% of 4,575 estimated SAM children in the baseline quarter (1,390) 30% of 4,575 estimated SAM children in the baseline quarter	80% (14,640) under five children with severe acute malnutrition screened and provided quality care by 2012 80% (14,640) children with acute malnutrition access OTP services in the 16 targeted woredas by 2012	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, were all in line with the SPHERE standards	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 significant turnover of staff

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Overall JP Expected Target	Achievement of Target to Date	Means of Verification	Collection Methods (with indicative time frame & frequency)	Responsibilities	Risks & Assumptions
		(1,390)		during the last two years				
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 malnourished children and malnourished PLW received TSF	1.2.1 % of children with severe malnutrition in the 16 targeted woredas received TSF by 2012 1.2.2. % of	Zero Zero	80% (14,640) malnourished children out of those screened received discharge TSF by 2012 80% (10,360) of	14,440 (480 in 2012) malnourished children out of those screened received food 6,654 (226 in	Post CHD coverage survey report (2009-2012) Quarterly post distribution monitoring report (2009-2012)	Review of quarterly CHD and post CHD coverage survey reports (2009-2012) Record review quarterly post distribution monitoring report (2009-2012)	WFP/DMFSS/DPPB	

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Overall JP Expected Target	Achievement of Target to Date	Means of Verification	Collection Methods (with indicative time frame & frequency)	Responsibilities	Risks & Assumptions
	malnourished PLW out of the total screened who received TSF by 2012		malnourished PLW received TSF by 2012	2012) malnourished PLW received TSF	TSF annual outcome evaluation (2010, 2011, 2012)	Review of TSF annual outcome evaluation report (2010, 2011, 2012) Review of regional TSF database		
Output 1.3 Enhanced Health posts capacity to provide quality out patient treatment for severe acute malnutrition	1.3.1. % of health posts/OTP sites providing quality OTP services (Cure Rate of > 75%; Default rate of <15%; and mortality rate of <5%) in 16 targeted woredas 1.3.2. Number of health post and community with OTP services capacity established 1.3.3.Number of HEWs and health workers whose capacity to screen and treat acute malnutrition improved Baseline: None	135 (42% of 320 health posts) 135 (42% of 320 health posts) 135 (42% of 320 health posts)	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 capacity established 320 HEWs and 30 health workers trained on management of acute severe malnutrition by 2012	Services capacity established in 376 HP OTP services established in 376 HPs (117.5% of target) Refresher training on iCCM to 512 Health Extension Workers and 142 Health Workers on	Monthly OTP reporting format (2009-2012) End-line evaluation report (2012) Monthly OTP reporting format (2009-2012) Annual Joint Program progress reports form RHBs (2009-2010)	Review of Monthly OTP reporting format (2009-2012) Review End-line evaluation report (2012) Annual Joint Program progress reports form RHBs (2009-2010)	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
	Target: 320 HEWs and 30 HWs 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	OTP was provided in the target the woredas in 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 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	25% under-weight prevalence (CBN routine data) 72% children 0-6	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	Baseline survey report (2009) Endline evaluation report (2012) Baseline survey report (2009)Midline survey (2011)	Review Baseline survey report (2009) Review Endline evaluation report (2012) Review Baseline survey report (2009)	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
	fed in 16 targeted woredas	months are exclusive ly breast fed		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	Endline evaluation report (2012)	Review Endline evaluation report (2012)		
Output 2.1 Build Community Capacity for Assessment-Analysis-Action Specific to Preventing Child Malnutrition	2.1.1. % of communities in the 16 target woredas conducting community conversations 2.1.2. Number of HEWs and VCHWs trained on community based nutrition	0 0	60% of communities in the 16 target woredas conduct community conversations by 2012 960 HEWs and 9,600 VCHW trained on community based nutrition by 2011	60% of kebeles in the target woredas are conducting monthly community conversations 142 HWs and 512 HEWs received refresher training using the newly develop integrated refresher training package as part	HMIS/ Community based Nutrition quarterly report (2009-2012) CBN training RHBs report (2009-2011) Annual review meeting report (2010-2012) Baseline survey report (2009) Endline evaluation	Review of Quarterly HMIS/CBN report from RHBs (2009-2012) Review of annual review meeting reports and annual CBN training reports from RHBs Time frame: 2009-2011 Review Baseline survey report (2009) Review Endline evaluation report	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
				of C-MNCH	report (2012)	(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)				
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				

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Overall JP Expected Target	Achievement of Target to Date	Means of Verification	Collection Methods (with indicative time frame & frequency)	Responsibilities	Risks & Assumptions
	2.2.4. % 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				
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 and OTP data management by 2010	20 federal , regional, and ENCU staff trained on nutrition information system	Training Report (2010) Annual Joint Programme progress reports from RHBs (2010)	Review of training report (2010) Review of the annual and quarterly progress reports (2010)		

	4.2.2. CBN and OTP data reporting system established in 16 woredas and four RHBs by 2012	0	CBN and OTP data reporting system established in 16 woredas and four RHBs by 2012	CBN and OTP data 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 4.3.2. Number of endline evaluations conducted in 2012 4.3.3. Number of Annual review meeting conducted by 2012	0 0 0	One baseline survey conducted in 16 targeted woredas in 2009 One endline evaluation conducted in 2012 Three Annual review meeting conducted by 2012	Baseline survey is completed in the CBN/ NNP woredas Will be conducted at the end of the project 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 own schedule.	Baseline evaluation report (2009) Endline Evaluation report 2012 Annual review meeting report form RHBs (2009-2012)	Review of Baseline survey and endline evaluations report Review of the Quarterly progress report and Annual review meeting and progress report		

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%**

SECTION II: Joint Programme Progress

The second section of the report is intended to shed light on the major advances and difficulties of the Joint Programme. It also aims to collect information on two important objectives that all joint programmes are contributing towards (interagency work, delivering as One and Development effectiveness as described by the Paris Declaration and the Accra Action Agenda).

a. Narrative on progress, obstacles and contingency measures

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

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.

Obstacles and Contingency Measures

During the reporting period a slight drop on the number of children participating in growth monitoring was observed 46 % to 43% . This was attributed to the changes in government policy to give the responsibilities of weighing and counselling to the HEW as opposed to the volunteers. The lack of guidance for the transition and the delay in cascading the Integrated Refresher Training (IRT) to the HEWs, has resulted in a decrease in coverage of the participating children.

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? What are the causes of these difficulties? Please check the most suitable option

b.

- ☐ UN agency Coordination
- ☐ Coordination with Government
- ☐ Coordination within the Government (s)
- ☒ Administrative (Procurement, etc) /Financial (management of funds, availability, budget revision, etc)
- ☐ Management: 1. Activity and output management 2. Governance/Decision making (PMC/NSC) 4. Accountability
- ☐ Joint Programme design

c.

- ☐ External to the Joint Programme (risks and assumptions, elections, natural disaster, social unrest, etc)
- ☐ Other. Please specify:

b. Please, briefly describe (250 words) the current difficulties the Joint Programme is facing. Refer only to progress in relation to the planned in the Joint Program Document. Try to describe facts avoiding interpretations or personal opinions.

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.

c. Please, briefly describe (250 words) the current external difficulties (not caused by the joint programme) that delay implementation. Try to describe facts avoiding interpretations or personal opinions.

Please, briefly explain (250 words) the actions that are or will be taken to eliminate or mitigate the difficulties (internal and external referred B+C) described in the previous **text boxes b and c**. Try to be specific in your answer.

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.

b. Inter-Agency Coordination and Delivering as One

The MDG-F Secretariat asks the office of the Resident Coordinator complete this subsection, briefly commenting on the joint programme, providing its perspective from within the broader country context. The aim is to collect relevant information on how the joint programme is contributing to inter-agency work and Delivering as One.

You will find some multiple choice questions where you can select the most appropriate to the case, text boxes to provide narrative information and 2 indicators on common processes and outputs to measure interagency coordination. These indicators have been already used to measure progress on the One UN pilot countries. Please, refer to the examples in the subsection to complete the information requested.

- Is the Joint Programme still in line with the UNDAF? Please check the relevant answer

  ☒Yes ☐No

- If not, does the Joint Programme fit into the national strategies?

  ☒Yes ☐No

  If not, please explain:

What types of coordination mechanisms and decisions have been taken to ensure joint delivery? Are different joint programmes in the country coordinating among themselves? Please reflect on these questions above and add any other relevant comments and examples if you consider it necessary:

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 described below:

Indicators	Baseline	Current Value	Means of Verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDG-F JPs.	zero	zero		
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs.	zero	A complementary foods pilot study, jointly commissioned by FMOH, FAO and UNICEF was undertaken in 8 kebelles A lesson learned workshop from the pilot study was organized jointly by FAO, UNICEF, AA, Mekelle ,Awassa, Haramya, Bharedar university partners	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

Please provide additional information to substantiate the indicators value (150 words). Try to describe qualitative and quantitative facts avoiding interpretations or personal opinions.

n/a

c. Development Effectiveness: Paris Declaration and Accra Agenda for Action

This subsection seeks to gather relevant information on how the joint programme is fostering the principles for aid effectiveness by having appropriate ownership, alignment, harmonization and mutual accountability in the last 6 months of implementation.

You will find some multiple choice questions where you can select the most appropriate to the case, text boxes to provide narrative information and 2 indicators on ownership ad alignment. These indicators have been used extensively to measure progress on the Paris Declaration. Please, refer to the examples in the subsection to complete the information requested.

Ownership: Partner countries exercise effective leadership over their development policies, and strategies and co-ordinate development actions

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

☐ Not involved
☐ Slightly involved
☐ Fairly involved
☒ Fully involved

In what kind of decisions and activities is the government involved? Please check the relevant answer

☒ Policy/decision making

☐ Management: ☐ budget ☐ procurement ☐ service provision ☐ other, specify

Who leads and/or chair the PMC and how many times have they met?

The steering committee is led by FMOH. The PMC holds regular meetings chaired by the FMOH focal person. Meetings conducted so far: **12**

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

☒ Not involved
☐ Slightly involved
☐ Fairly involved
☐ Fully involved

In what kind of decisions and activities is the civil society involved? Please check the relevant answer

☐ Policy/decision making

☐ Management: ☐ budget ☐ procurement ☐ service provision ☐ other, specify

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

☐ Not involved
☐ Slightly involved
☐ Fairly involved
☒ Fully involved

In what kind of decisions and activities are citizens involved? Please check the relevant answer

☐ Policy/decision making

☒ Management: ☐ budget ☐ procurement ☐ service provision ☒ 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 ☐ Local Government ☐ UN Agency ☐ By itself ☐ other, specify

Based on your previous answers, briefly describe the current situation of the government, civil society, private sector and citizens in relation of ownership, alignment and mutual accountability of the joint programmes, please, provide some examples. Try to describe facts avoiding interpretations or personal opinions.

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.

c. Communication and Advocacy

Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes? Please provide a brief explanation of the objectives, key elements and target audience of this strategy, if relevant, please attach (max. 250 words).

☐ Yes ☒ No

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

X☐ Increased awareness on MDG related issues amongst citizens and governments
X☐ Increased dialogue among citizens, civil society, local national government in relation to development policy and practice
X☐ New/adopted policy and legislation that advance MDGs and related goals
X☐ Establishment and/or liaison with social networks to advance MDGs and related goals
☐ Key moments/events of social mobilization that highlight issues
X☐ Media outreach and advocacy
☐ Others (use box below)

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? Please explain.

☐ Faith-based organizations Number
☐ Social networks/coalitions Number
☒ Local citizen groups Number 385
☐ Private sector Number
☒ Academic institutions 5
☐ Media groups and journalist Number
☐ Others (use box below) Number

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 does the programme implement to ensure that local citizens have adequate access to information on the programme and opportunities to actively participate?

☐ Focus groups discussions
☐ Household surveys
☐ Use of local communication mediums such as radio, theatre groups, newpapers, etc
☐ Open forum meetings
☒ Capacity building/trainings
☒ Others

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

Section III: Millennium Development Goals

a. Millennium Development Goals

The MDG-F main objective is to contribute to progress to the attainment of the Millennium Development Goals worldwide. This subsection aims to capture data and information on the joint programmes contribution to 1 or more Millennium Development Goals and targets.

For this purpose the Secretariat has developed a matrix where you should link your joint programme outcomes to 1 or more Millennium Development Goals and Targets. This matrix should be interpreted from left to right. As a first step you should reflect on the contributions that each of the JP outcomes is making to one or more MDGs. Once this linked is established, it needs to be further developed by connecting each joint programme outcome to one or more MDG targets. As a third step you should estimate the number of beneficiaries the JP is reaching in each of the specifics outcomes. Finally you should select the most suitable indicators from your joint programme's M&E framework as a measure of the Millennium targets selected. Please, refer to the example provided below.

MDG	Joint Programme Outcome 1	MDG Target 4.A	# Beneficiaries reached	MDG Indicators	JP Indicator
Goal 4: Reduce under-five mortality	Improved management of children with acute malnutrition at the health post and community level	Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Total 31,981 severely malnourished children treated for SAM, with 85.1% recovery, 0.5% mortality and 3.8% defaulter rates (4,668 during the reporting period January-June, 2012)	4.1 Under-five mortality rate 4.2 Infant mortality rate	80% (14,640) of under five children with severe acute malnutrition screened and provided quality care by 2012

	Joint Programme Outcome 2	MDG Target 1.C	# Beneficiaries reached	MDG Indicators	JP Indicator
Goal 1: Eradicate extreme poverty and hunger;	Improved caring and feeding behaviours/practices of children and mothers and under two children growing normally	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	82% of children 0-6 months are exclusively breast fed	1.8 Prevalence of underweight children under five years of age 1.9 Proportion of population below minimum level of dietary energy consumption	Increase by 15% from baseline (of 72%) children 0-6 months are exclusively breast fed in 16 targeted woredas
	Joint Programme Outcome 3	**MDG Target 1.C**	**# Beneficiaries reached**	**MDG Indicators**	**JP Indicator**
	Improved quality and utilization of locally available complementary and supplementary foods	Target 1. C. Halve, between 1990 and 2015, the proportion of people who suffer from hunger Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Reductions in underweight prevalence from 13.6 % in 2010 to 12% in 2011 the data is from GMP monitoring data	1.10 Prevalence of underweight children under five years of age 1.11 Proportion of population below minimum level of dietary energy consumption	% of 6-24 months growth-faltering children with improved growth after consuming the locally produced foods in the target kebeles by 2012
	Joint Programme Outcome 4	**MDG Target 4A, 1C**	**# Beneficiaries reached**	**MDG Indicators**	**JP Indicator**
	Improved nutrition information and monitoring and evaluation of the project	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Reduction in stunting prevalence 52 % to 44% EDHS 2011	Prevalence of stunting of children under five years of age	% reduction in stunting

Additional Narrative comments

Please provide any relevant information and contributions of the programme to the 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:

Section 4: 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	No. Urban	No. Rural	No. Girls	No. Boys
☐ Women	Total No. 75,000	No. Urban 11,250	No. Rural 63,750	No. Pregnant	

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

☐ Children under 2	Total No. 68,065	No. Urban 10,209	No. Rural 57,855	No. Girls 28,927	No. Boys 28,927
☐ Children from 2 to 5	Total No. 219,893	No. Urban 32,983	No. Rural 186,999	No. Girls 109,946	No. Boys 109,946
☐ Children older than 5	Total No	No. Urban	No. Rural	No. Girls	No. Boys
☐ Women	Total No. 52,500	No. Urban 7,875	No. Rural 44,625	No. Pregnant	
☐ Men	Total No.	No. Urban	No. Rural		

1.3. Prevalence of underweight children under-five years of age[4]:
National 28.7% Targeted area 20%

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

If available/applicable:

Stunting prevalence:
National 44.4% Targeted area %

Anemia prevalence:
National 44% 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

[4] From MDGs official list of indicators

	via the GMP sessions and therefore is not available for the specific target woredas.

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

☐ Children under 2	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
☐ Children from 2 to 5	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
☐ Children older than 5	Total No	No. Urban	No. Rural	No. Girls	No. Boys
☐ Women	Total No.	No. Urban	No. Rural	No. Pregnant	

1.5. 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 No.	No. Urban	No. Rural	No. Girls	No. Boys
☐ Children from 2 to 5	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
☐ Children older than 5	Total No	No. Urban	No. Rural	No. Girls	No. Boys
☐ Women	Total No.	No. Urban	No. Rural	No. Pregnant	
☐ Men	Total No.	No. Urban	No. Rural		

1.6. Prevalence of underweight children under-five years of age[5]: National % Targeted area % **Proportion of population below minimum level of dietary energy consumption:** National % Targeted area % If available/applicable: **Stunting prevalence:** National % Targeted area % **Anemia prevalence:** National % Targeted area %	Comments: With regards to Homestead food production and diversification: the assessment of complementary food is completed and 8 recipes have been developed. The production of complementary food s at the community level is started both through Rural and Urban models. The rural model focused in establishing women group to process the CF. Mothers with children 6-24 months of age takes 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 on coast bases.

[5] From MDGs official list of indicators

1.7. 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	# Girls187,000 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	# Rural	# 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	No. National 1	No. Local	Supported the Nutrition Strategy I (NNS/ National Nutrition Programme-NNPF)
☐ Laws	No. National	No. Local	
☐ Plans	No. National	No. 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 :

Disaggregated data on nutrition (i.e. underweight and OTP) is coming from the local level. The establishment of systems and routines is supported by the JP.

No. National
No. Local
Total.