Annex 1

	Insert Fund specific logo, if applicable

Spanish MDG Achievement Fund

ANNUAL PROGRAMME[1] NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2009

Submitted by: Mr. Ted Chaiban Representative UNICEF (Lead Agency) Contact information	**Country and Thematic Area[2]** Ethiopia Children, Food Security, and Nutrition
Programme No: ***MDTF Office Atlas No:*** **Programme Title:** National Nutrition Programme/MDG-F Joint Program	**Participating Organization(s):** UNICEF WFP
Implementing Partners: Federal Ministry of Health Regional Health Bureaus WHO[3] *FAO[4]*	**Programme Budget (from the Fund):** *For Joint Programme provide breakdown by UN Organization* UN: UNICEF : USD 6,373,292 UN: WFP : USD 626,592

[1] The term "programme" is used for programmes, joint programmes and projects.
[2] E.g., priority area for the peace building Fund; Thematic Window for the Millennium Development Goals Fund (MDG-F); etc.
[3] WHO is indicated as sub-contracted UN agencies in the report (narrative as well as implementation and budgetary tables. However, as stated on page 23 of this report, the fund transfer modality from participating UN agencies to sub-contracted UN agencies, particularly the recovery cost, has not been agreed upon yet).
[4] FAO is indicated as sub-contracted UN agencies in the report (narrative as well as implementation and budgetary tables. However, as stated on page 23 of this report, the fund transfer modality from participating UN agencies to sub-contracted UN agencies, particularly the recovery cost, has not been agreed upon yet).

Programme Duration (in months):

Start date[5]: March 2009
End date: September 2012

- *Original end date*
- *Revised end date, if applicable*
- *Operational Closure Date,[6] if applicable:*

Budget Revisions/Extensions: NA

List budget revisions and extensions, with approval dates, if applicable

[5] The start date is the date of the first transfer of funds from the MDTF Office as Administrative Agent.
[6] All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

NARRATIVE REPORT FORMAT

I. Purpose

Ethiopia's MDG-F JOINT PROGRAM (JP) has been developed as a contribution to the ongoing National Nutrition Programme (NNP), which is a comprehensive programme consisting of the provision of key nutrition services. These services include the Therapeutic Feeding Programme and the preventive nutrition intervention package, as well as institutional capacity building, (which involves building a nutrition information system and human resource development). The overall purpose is to support NNP goals and objectives in alignment with United Nations Development Assistance Framework (UNDAF) outcomes and strategies, and to contribute towards the achievement of the non-income Target 2 of MDG 1 — halving 1990 malnutrition (i.e., underweight prevalence in under-five children) from by 2015.

The Joint Programme has four result areas, which are well aligned with Health Sector Development Programme III (HSDP III), NNP and UNDAF outcomes:

1. Improved management of children with acute malnutrition at the health post and community level. This result is also directly related to outcome area 1 of MDG-F, which includes implementing community based therapeutic feeding programs;
2. Improved caring and feeding behaviors/practices of children and mothers. This will help to achieve the outcome of MDG-F - the scaling up of programmes that improve caring and feeding practices, thereby reducing micronutrient deficiencies and promoting child growth.
3. Improved quality and utilization of locally available complementary and supplementary foods. Addressing promotion of local food security and empowering women, another MDG-F outcome, will contribute to the reduction of underweight and wasting.
4. Improved nutrition information system. Better surveillance will provide reliable and timely data for inputs into project management, planning and policy development.

The JP has four main components for achieving its results:

1. **Rollout and sustainability of Outpatient Therapeutic Programme (OTP) services for severe acute malnutrition** at community level to improve nutritional screening and treatment of acute malnutrition at the primary health care and community level and raise awareness about nutrition related issues;
2. **Community Based Nutrition** (CBN) interventions to build community capacity for assessment, analysis and action to improve child care and feeding practices, provide integrated and preventive nutrition services (as part of the Health Extension Programme) and create and sustain linkages with agricultural extension workers and food security interventions;
3. **Pilot/operational research on local production and utilization of complementary food** to help build the capacity of women to use and process local cereals/foods intended for the prevention of growth faltering/malnutrition at the most critical age;
4. **Strengthening the nutrition information system and monitoring and evaluation mechanisms**.

All Joint Programme components except the pilot on local production and utilization of complementary foods will be implemented in 16 rural, drought-prone districts in four regions: Oromia (5 districts), Amhara (4 districts), SNNPR (5) and Tigray (2). Component 3 will be piloted in four *kebeles* (village clusters) of two of the sixteen districts and later scaled up under CBN. The districts were selected by the regional authorities in consultation with the FMOH and UNICEF/WFP based on four criteria: (i) The district must have two HEWs in all rural kebeles; (ii) PSNP district; (iii) EOS and TSF districts; (iv) Integration with WASH and C-IMCI programmes and v) Commitment to implement CBN at all level.

The Joint Programme targets the following highly vulnerable groups in all 16 districts:

(i) 156,000 children under two and 14,640 children under five with severe acute malnutrition; (ii) 96,500 pregnant and lactating women (PLW) and 10,360 malnourished PLW; (iii) identified households coping with acute food insecurity in two districts and (iv) 40 women's groups.

The Joint Programme will be implemented through NNP system, with the health sector taking the lead: the FMOH at federal level, the regional health bureaus (RHB) at regional level and district health offices (WoHo) at the district (*woreda*) level. Implementation will depend particularly on the service delivered through the Federal Ministry of Health's Health Extension Programme. The Disaster Management and Food Security Sector (DMFSS) will be the second Government implementing partner related to the provision of targeted supplementary food at the regional level. UNICEF, as lead UN agency, will, with WFP, provide technical assistance according its corporate priorities and based on the Joint Programme Results Framework.

Ethiopia's UN County Team has a common joint programme within the UNDAF (2007-2011) to support national priorities in order to achieve all MDGs. This JP is based on the Common Country Assessment, UNDAF and NNP.

II. Resources

Financial Resources

- Provide information on other funding resources available to the project, if applicable.

The total financing requirement for the NNP over the next five years is estimated to be USD 365 million. This excludes the Government's contribution of an estimated USD 96 million, which covers salary and operational costs and pre-service training of health workers, especially of the HEWs involved in the implementation of the NNP. Contributions from development partners, such as the World Bank, the Micronutrient Initiative, the Embassy of Japan and Japan International Cooperation Agency have so far amounted to about USD 230 million.

The MDG-F contribution of USD 7 million for this joint programme will in particular support efforts to manage acute malnutrition at community level (OTP), prevent malnutrition through Community Based Nutrition (CBN), support ocal production of complementary/supplementary foods and develop the nutrition information system of the NNP.

- Provide details on any budget revisions approved by the appropriate decision-making body, if applicable.

None.

- Provide information on good practices and constraints in the mechanics of the financial process, times to get transfers, identification of potential bottlenecks, need for better coordination, etc.

The funds were transferred to the Country Office on November 6th 2009, causing a delay in the implementation of activities. However, UNICEF used other funding sources to kick-start the implementation of activities.

Activities by WHO and FAO have not yet started because the fund transfer from UNICEF/WFP to these two sub-contracted organizations is delayed due to HQ cost recovery discussions.

Human Resources

- National Staff: Provide details on the number and type (operation/programme).

In an effort to avoid the establishment of parallel coordination mechanisms and increased transaction costs, a discussion between the Federal Ministry of Health and partners regarding the alignment of the Project Management Committee with the existing harmonization mechanisms in the Government's health and nutrition sector, such as the existing Joint Coordination Committee for the health sector pool fund, is underway. The recruitment of national coordinator(s) for the JP is awaiting the outcome of this discussion.

- International Staff: Provide details on the number and type (operation/programme)

1 temporary consultant (Outcome 4)

III. Implementation and Monitoring Arrangements

- Summarize the implementation mechanisms primarily utilized and how they are adapted to achieve maximum impact given the operating context.

The JP uses the implementation mechanisms of the National Nutrition Programme, the key implementation structure of which is the Health Extension Programme. OTP and CBN activities are implemented by health extension workers and volunteer community health workers (VCHW) through the Health Extension Programme. It has thus not been necessary for the JP to fund the establishment of additional human resources and institutional set-up.

With respect to Outcome 1, due to late arrival of funds, implementation of the Therapeutic Feeding Programme (TFP) component of the Joint Programme has not yet started in 2010. (In 2009, as the 16 targeted districts were affected by drought, UNICEF used funding from other sources to initiate therapeutic feeding activities.) As an emergency response, training on case management was cascaded down to health extension workers after initial master training at federal level followed by training of trainers at zonal level, in each of the four regions — Oromia, Amhara, SNNP and Tigray. A total of 566 HEWs and 61 HEW supervisors were trained. Close integration with programmes will be ensured once activities are initiated this year.

- Provide details on the procurement procedures utilized and explain variances in standard procedures.

No procurement was made during the reporting period. Ready-to-use therapeutic food (RUTF), therapeutic feeding products (F75, F100 and ReSoMal) and drugs for the management of severe acute malnutrition will be procured in the second quarter of 2010.

- Provide details on the monitoring system(s) that being used and how you identify and incorporate lessons learned into the ongoing project.

The NNP has a built-in reporting system through the Government health reporting system, through Outcome 4. The JP aims to strengthen the existing nutrition information system, as currently data quality and reporting is weak, with some core indicators not reported at zonal, regional or federal level. For instance, for JP Outcome 1, OTP activities will be monitored through follow-up of monthly programme performance indicators prepared by health centres and compiled by district focal persons, joint monitoring supervision visits (Ministry of Health, UN agencies, and NGO partners) and TFP coverage surveys.

- Report on any assessments, evaluation or studies undertaken.

N/A during the reporting period.

IV. Results

- Provide a summary of programme progress in relation to planned outcomes and outputs; explain any variance in achieved versus planned outputs during the reporting period.

TFP. Due to late arrival of funding, TFP activities were not implemented through this contribution in 2009; UNICEF instead used other funding sources to kick-start activities. These funds were used to conduct training that was training on case management was cascaded down to health extension workers after initial master training at federal level followed by training of trainers at zonal level, in each of the four regions — Oromia, Amhara, SNNP and Tigray. Among the 16 MDG-F selected districts, training was conducted in 13 districts for 566 health extension workers on case management of severe acute malnutrition. Therapeutic feeding activities have been initiated at health post level in 12 out of 13 districts. The remaining district will start the operation in early 2010. Ready-to-use therapeutic food (RUTF) and other essential drugs to treat some 10,490 children were provided to the districts. Following the start-up of therapeutic feeding activities, UNICEF provided supportive supervision to ensure quality therapeutic feeding services. The performance of therapeutic feeding programmess in the districts has been within acceptable national and international standards, with 88.5 per cent recovery, 0.3 per cent mortality and 2.4 per cent defaulter rates.

CBN. The CBN programme requires strong sensitization[7] of various Government and civil society stakeholders on issues related to child malnutrition, especially at the community/village level. Sensitization is so far underway in the 8 districts supported by the JP, where about 9,600 volunteer community health workers will be selected. CBN training is designed at three different levels: 1) Master training for regional, zonal and district level experts who will then train HEWs; 2) Training of HEWs who will then train volunteer community health workers; and 3) Training of VCHWs. At the time of finalizing this report, the master training had been completed in all four regions, achieving 100 per cent participation (154 master trainers) from 77 districts. The master trainers will prepare training for 5,000 health extension workers at the district level, followed by the training of 50,000 VCHWs at the kebele level (including about 960 HEWs and 9,600 VCHWs in the 8 JP districts). Printing of 100,000 family health cards and CBN materials has been ordered as part of the supplies for 77 districts. These materials will be distributed to each community as soon as the printing is completed.

Complementary food. Preparatory work started on the complementary food for an initial assessment on current feeding practices and proposed design for local community production.

Nutrition information system. Initial steps have been taken to assess data quality and the information flow. Discussions are underway to design an integrated database for the TFP, CHD and CBN.

[7] Villages/*kebeles* are governed by village councils, comprised of a village administrator, health extension workers, development agents and other community leaders. When the village stakeholders become aware of nutrition issues and the importance of building the capacity of families and the community to protect their children, they discuss these with community members and select one volunteer community health worker (per 50 households) to serve the community by organizing growth monitoring and promotion (GMP) and community conversation sessions and visiting houses for further counseling.

The table below lists progress and achievement against key outputs during the reporting period.

UN organization-specific Annual targets	Activities Proposed	Progress so far
JP Output 1.3: Enhanced Health posts capacity to provide quality out patient treatment for severe acute malnutrition		
Target - 102 HEWs and 30 health workers trained on management of acute severe malnutrition - 4,300 vCHW trained - OTP services capacity established at 102 health post and community	Training of HEWs, vCHW, and health workers	(81%) MDG-F selected districts (total 16) trained. 566 health extension workers trained (81% of the total number of health extension workers in the 13 districts)
	Establishing OTP services at the health post community-level	Therapeutic feeding activities have been initiated at health post level in 12 out of 13 districts. The remaining 1 district will start the operation early 2010.
	Distribute OTP supplies (RUTF and routine drugs)	Ready-to-Use Therapeutic Food (RUTF) and other essential drugs adequate for treatment of over 10,490 children were provided to the districts.
	Supportive supervision	Supportive supervisory visits conducted. The performance of therapeutic feeding programs was acceptable at national and international standard, with 88.5% recovery, 0.3% mortality and 2.4% defaulter rates. (see table below)

Performance of therapeutic feeding program in 12 MDG-F target districts, Jan-Dec. 2009, ENCU TFP database

REGION	Number of districts	Number admitted	% Report completion	Total Discharge	Recovery rate	Mortality rate	Defaulter rate	Other
Amhara	3	*1,619*	*96.5%*	*1,411*	*88.0%*	*0.4%*	*0.6%*	10.9%
Oromia	4	*2,273*	*38.6%*	*1,955*	*83.0%*	*0.3%*	*0.6%*	16.2%
SNNPR	5	*5,720*	*52.5%*	*5,134*	*91.9%*	*0.1%*	*3.0%*	4.9%
Ethiopia	**12**	*9,612*	*54.5%*	*8,500*	*89.2%*	*0.2%*	*2.1%*	8.5%

JP Output 2.1: Build Community Capacity for Assessment-Analysis-Action Specific to Preventing Child Malnutrition		
Target - 60 % of communities conduct Community conversation - 960 HEWs and 9,600 VCHW trained on community based nutrition	Conduct sensitization at district, kebele and gotte (sub kebele) levels	Ongoing in 8 Districts
	Conduct micro-planning (to identify target population and supply needs)	Ongoing in 8 districts
	Conduct monthly community conversation (Triple-A)	To be started as soon as the training is completed in May.

	Conduct training of HEW and VCHW on CBN	Ongoing in 77 districts. 154 Master Trainers were trained; training to be cascaded for 5,000 Health Extension Workers (HEWs) at the district level, followed by the training of 50,000 volunteer Community Health Workers (vCHWs) at the kebele level. This includes the 960 HEWs and 9,600 vCHWs in the 8 JP districts.
	Technical assistance for the regions	On-going
	Program manger for FMOH to manage the joint program	Discussion ongoing with FMOH
JP Output 2.2: Under 2 Children growth improved (See also the outcome indicators 2.1 above		
Target - 60% (93,600) of targeted under 2 children participated in Growth Monitoring and Promotion (GMP) 90 % of children access: - Vitamin A supplementation (6-59 months) every six months); - Deworming (24-59 months) every six months)	Print and distribute CBN Job aids	Printed 100,000 Family Health Cards Ordered 10,000 set of GMP registers
	Procure and distribute Salter Scales, iron tablets and other supplies	Ongoing
	Conduct Supportive supervision	To start in 2010
	Conduct quarterly review	To be conducted when the initial training is completed in the first 8 districts (expected between June and August)
	Organize quarterly Community Health Days (CHD) for the delivery of child survival nutrition	To start in 2010
	Conduct annual workshops on multi sectoral linkages	To start in 2010
JP Output 3.1: Quality complementary food produced		
Target - Four types of complementary foods produced in the targeted four kebeles - Four production sites established in the four targeted kebeles	Develop recipe and food analysis	TOR for an initial assessment of local complementary feeding patterns prepared by the multi-partner working group, consisting of FMoH, EHNRI, UNICEF, FAO, World Bank, Alive & Thrive and JICA.
	Establish the production equipments in the community and Pilot production of the food (including start up supply and operational costs)	Outline of the pilot design drafted, being reviewed by the multi-partner working group, consisting of FMoH, EHNRI, UNICEF, FAO, World Bank, Alive & Thrive and JICA
	Train women groups in the four kebeles	To start in 2010
	Supervision and technical assistance for women group	To start in 2010
JP Output 4.1: Community capacity data utilization for action improved		
Target - 960 HEWs and 9,600 vCHW	Conduct monthly review meeting at kebele and quarterly at District level	To start in 2010

trained on community based nutrition information - 60 % of communities utilizing CBN monthly data - 50 % of Kebeles conduct review meeting	Training of HEWs and vCHWs on data CBN information	Assessment of data quality and information flow in progress.
JP Output 4.2: Capacity of implementers on data reporting, analysis and management improved		
Target - 30 Federal, Regional and District health managers and ENCU staff trained on CBN and OTP data management - CBN and OTP data reporting system established in 16 districts and four RHBs	Develop and establish database for different data sources at Federal level	Discussion underway on the format of the database. A consultant will be contracted to design an integrated nutrition program database.
	Establish database and training at regional level in four regions	
	Train data managers CBN and OTP data management	
	Provide technical and administrative support	
	Train 20 health providers at district level on data collect, management, analysis, interpretation and transfer	

- Explain, if relevant, delays in programme implementation, the nature of the constraints, actions taken to mitigate future delays and lessons learned in the process.

  i) UNICEF used funding from other donors to kick-start the implementation of activities;
  ii) Organization of the high-level Inception Workshop faced scheduling difficulties due to the Government's restructuring processes at all levels and preparation for the next five-year development plan starting in mid 2010. The pre-inception and inception workshops were finally conducted at the end of December 2009.
  iii) Activities by WHO and FAO have not yet started because the fund transfer from UNICEF/WFP to the two sub-contracted organizations has not yet taken place due to cost recovery discussion at HQs level. So far, WHO has decided to internally cover the 7 per cent administrative costs. Discussions with FAO will be finalized in the coming weeks. Nonetheless, the OTP, CBN and Nutrition Information System components have made some significant progress, demonstrating the great possibility of catching up with the original implementation plan.

- List the key partnerships and collaborations, and explain how such relationships impact on the achievement of results.

  UNICEF has partnered with regional health bureaus and non-governmental organizations in the course of the rollout of therapeutic feeding to health post level. NGOs working on therapeutic feeding such as CONCERN, GOAL, MERLIN, Save the Children – U.S.A. and IMC have taken part on the master training and provision of subsequent Trainer-of-Trainers (TOT) to health workers in addition to their active engagement in coordination of emergency nutrition response in the regions. The partnership with NGOs has resulted in betterment of the quality of training provided to the health extension workers.

- Other highlights and cross-cutting issues pertinent to the results being reported on.

None to report.

V. Future Work Plan (if applicable)

- Summarize the projected activities and expenditures for the following reporting period (1 January–31 December 2010), using the lessons learned during the previous reporting period.

UNICEF specific Annual Activities	Budget Amount USD
JP Output 1.1: Under five children with severe acute malnutrition screened and provided quality care	
Community mobilization and Screening for malnutrition	*6,400 (CIDA funding)*
Treat as an outpatient with RUTF and routine drugs and Referral for those with complication	990,259
JP Output 1.3: Enhanced Health posts capacity to provide quality out patient treatment for severe acute malnutrition	
Training of HEWs, vCHW, and health workers	145,385
Establishing OTP services at the health post community-level	32,940
Distribute OTP supplies (RUTF and routine drugs)	23,563
Supportive supervision	86,565
JP Output 2.1: Build Community Capacity for Assessment-Analysis-Action Specific to Preventing Child Malnutrition	
Conduct sensitization at district, kebele and gotte (sub kebele) levels	31,000
Conduct micro-planning (to identify target population and supply needs)	0 (combined with above)
Conduct monthly community conversation (Triple-A)	0 (no cost)
Conduct training of HEW and VCHW on CBN	450,000
Technical assistance for the regions	44,000
Program manger for FMOH to manage the joint program	20,000
JP Output 2.2: Under 2 Children growth improved (See also the outcome indicators 2.1 above)	
Print and distribute CBN Job aids	0
Procure and distribute Salter Scales, iron tablets and other supplies	100,000
Conduct Supportive supervision	32,000
Conduct quarterly review	36,000
Organize quarterly Community Health Days (CHD) for the delivery of child survival nutrition	0 (combined with other CBN activities)
Conduct annual workshops on multi sectoral linkages	1,600
JP Output 3.1: Quality complementary food produced	
Develop recipe and food analysis	155,500
Establish the production equipments in the community and Pilot production of the food (including start up supply and operational costs)	22,000
JP Output 3.2: Built Capacity of community women groups	
Establish the production equipments in the community	186,000
Train Women groups in the four kebeles	14,000
Supervision and technical assistance for women group	15,000
JP Output 4.1: Community capacity data utilization for action improved	

Conduct monthly review meeting at kebele and quarterly at District level	71,808
Training of HEWs and vCHWs on data CBN information	See training in output 2.1 (50,240)
JP Output 4.2: Capacity of implementers on data reporting, analysis and management improved	
Develop and establish database for different data sources at Federal level	17,000
Establish database and training at regional level in four regions	1,400
Train data managers CBN and OTP data management	11,775
Provide technical and administrative support	155,248
Train health providers at district level on data collect, management, analysis, interpretation and transfer	50,240
JP Output 4.3: Effective NNP and JP monitoring and evaluation system established	
Conduct baseline survey	100,000
Conduct semiannual Joint supervision/field visit	Cost included in each output supervision cost
Conduct annual joint review meeting	24,900
Share the result with relevant stakeholders	Included in the baseline survey cost under output 4.3

- Indicate any major adjustments in strategies, targets or key outcomes and outputs planned.

None to report.

VI. Abbreviations and Acronyms

CBN	Community Based Nutrition
CHD	Community Health Days
ENCU	Emergency Nutrition Coordination Unit
FAO	Food and Agriculture Organization
FMOH	Federal Ministry of Health
F75	Formula 75 (dried skimmed milk, 75 calories/100ml)
F100	Formula 100 (dried skimmed milk ,100 calorie/100ml)
GMP	Growth Monitoring and Promotion
HEWs	Health Extension Workers
JICA	Japan International Cooperation Agency
JP	Joint Programme
Kebele	Village (1000 households on average)
NGO	Non-Governmental Organization
NNP	National Nutrition Programme
OTP	Outpatient Therapeutic Programme
ReSoMal	Oral rehydration salt adapted for severely malnourished children
RUTF	Ready-to-Use-Therapeutic-Food
TFP	Therapeutic Feeding Programme
TOT	Trainer of Trainers
VCHW	Volunteer Community Health Workers
UNICEF	United Nations Children Fund
WHO	World Health Organization