



FINAL EVALUATION

Ethiopia

Thematic window
Children, Food Security and Nutrition

Programme Title:
National Nutrition Programme/ MDG-F

Prologue

This final evaluation report has been coordinated by the MDG Achievement Fund joint programme in an effort to assess results at the completion point of the programme. As stipulated in the monitoring and evaluation strategy of the Fund, all 130 programmes, in 8 thematic windows, are required to commission and finance an independent final evaluation, in addition to the programme's mid-term evaluation.

Each final evaluation has been commissioned by the UN Resident Coordinator's Office (RCO) in the respective programme country. The MDG-F Secretariat has provided guidance and quality assurance to the country team in the evaluation process, including through the review of the TORs and the evaluation reports. All final evaluations are expected to be conducted in line with the OECD Development Assistant Committee (DAC) Evaluation Network "Quality Standards for Development Evaluation", and the United Nations Evaluation Group (UNEG) "Standards for Evaluation in the UN System".

Final evaluations are summative in nature and seek to measure to what extent the joint programme has fully implemented its activities, delivered outputs and attained outcomes. They also generate substantive evidence-based knowledge on each of the MDG-F thematic windows by identifying best practices and lessons learned to be carried forward to other development interventions and policy-making at local, national, and global levels.

We thank the UN Resident Coordinator and their respective coordination office, as well as the joint programme team for their efforts in undertaking this final evaluation.

MDG-F Secretariat

The analysis and recommendations of this evaluation are those of the evaluator and do not necessarily reflect the views of the Joint Programme or MDG-F Secretariat.

MILLENNIUM DEVELOPMENT GOALS ACHIEVEMENT FUND
(MDG-F)

FINAL EVALUATION OF THE JOINT PROGRAMME
“FOOD SECURITY AND NUTRITION”
IN ETHIOPIA

FINAL REPORT

Presented by: Emile André Damiba
Consultant
August 8, 2013

ACRONYMS

ACM	Acute chronic malnutrition
BCC	Behavior Change Communication
BOFED	Bureau of Finance and Economic Development
CBCC	Children behavior change communication
CBN	Community-based Nutrition
CC	Community Conversation
CHD	Community health days
CF	Complementary Food
C-IMCI	Community Integrated Management of Childhood Illness
CIDA	Canadian International Development Agency
CMAM	Community-Based Management of Acute Malnutrition
CPAP	Country Program Action Plan
EDHS	Ethiopian Demographic and Health Survey
EOS	Enhanced Outreach Strategy
ERG	Evaluation Reference Group
FAO	Food and Agriculture Organization
FDA	Food Distribution Agent
FMOH	Federal Ministry of Health
GMP	Growth Monitoring and Promotion
HEP	Health Extension Program
HEW	Health Extension Worker
HLSC	High-level Steering Committee
HSDP	Health Sector Development Plan
IDA	Iron Deficiency Anemia
IDD	Iodine Deficiency Disorder
IMAM	Integrated management for acute malnutrition
IRT	Integrated Refresher Training
IYCF	Infant and Young Child Feeding
JCCC	Joint Core Coordinating Committee
JP	Joint Programme
MDG	Millennium Development Goals
MDG-F	Millennium Development Goals Achievement Fund
MDTF	Multi Donor Trust Fund
M&E	Monitoring and Evaluation
MOFED	Ministry of Finance and Economic Development
MOH	Ministry of Health
MTE	Mid-Term Evaluation
MUAC	Mid upper arm circumference
NGO	Non-Governmental Organization
NSC	National Steering Committee
NNP	National Nutrition Programme
NNS	National Nutrition Strategy
OECD	Organization for Economic Cooperation and Development
OTP	Out-Patient Treatment Programme
PLW	Pregnant and Lactating Women

PMC	Program Management Committee
PMT	Program Management Team
PSNP	Productive Safety Net Program
RC	Resident Coordinator
RCO	Resident Coordinator's Office
RHB	Regional Health Bureau
RUTF	Ready-To-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SNNPR	Southern Nations Nationalities and Peoples' Region
TOR	Terms of reference
TSF	Targeted Supplementary Feeding
UNDAF	United Nations Assistance Framework
UNDP	United Nations development program
UNICEF	United Nations Children's Fund
UNCT	United Nations Country Team
USD	United States Dollar
VAD	Vitamin A deficiency
VCHW	Volunteer Community Health Worker
WFP	World Food Program
WHO	World Health Organization
WoHO	Woreda Health Office

The Joint Program Identification and basic data

<p>MDTF Atlas Project No: Title: National Nutrition Programme/ MDG-F</p>	<p>Country and Thematic Window Ethiopia Children, Food Security and Nutrition</p> <p>Official starting date: 11 September 2009 Official closing date : December 2012 Extended six (6) months until June 30 2013</p>
<p>Participating UN Organizations UNICEF WFP WHO FAO</p>	<p>Implementing partners FMOH, RHB, Woreda Health Bureau, Addis Ababa University, Mekelle University, Bahardar University, Haramyia University and Hawassa University</p>

Budget Summary	
Total Approved Joint Programme Budget	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 net of the indirect costs retained by headquarters	UNICEF: USD 5,337,530.52 WFP: USD 585,600 FAO: USD 374,000 WHO: USD 244,817.25 Total: USD 6,999,884
Total Budget Committed to date	UNICEF: USD 4,454,089 WFP: USD 552,000 FAO: USD 192,247 WHO: USD 225,001 Total: USD 6,525,931
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 6,525,931

Contents

Executive Summary	7
1. INTRODUCTION	11
1.1. Purpose of the Evaluation.....	11
1.2. Methodology of Evaluation	12
2. DESCRIPTION OF THE DEVELOPMENT INTERVENTION	13
2.1. Context.....	13
2.2. Description of the program.....	15
3. LEVELS OF ANALYSIS	17
3.1. Design	17
3.2. Relevance	17
3.3. Process and Efficiency	19
3.3.1. Program management	19
3.3.2. Inter-UN Agencies Coordination: Delivering as One.....	20
3.3.3. The partnership with National counterpart,	23
3.3.4. Communication and Advocacy	24
3.3.5. Monitoring & Evaluation.....	24
3.3.6. The ownership aspects	25
3.3.7. Financial aspect of the JP.....	27
4. Effectiveness,	28
4.1. The JP achievements towards expected results	28
4.2. Results towards MDG goals	33
5. Sustainability of the program	36
6. Conclusion	38
7. Lessons learned	39
8. Recommendations	40
ANNEXES.....	43
1. JP achievements towards expected results and MDG goals	
2. Contact persons met	
3. Documents consulted	
4. Terms of reference of the mission	

ACKNOWLEDGEMENT

I would like to express my very sincere gratitude to the UNICEF Nutrition and Food Security Section Chief and her close colleagues, in particular the focal persons in charge of the MDG-F Nutrition and Food Security Joint Program. They have given me the opportunity to be part of their efforts to support the joint program and to make the present final evaluation happen.

My special greetings and thanks go to the MOH focal person and those of the UN agencies FAO, WHO, WFP and the RC, because they greatly facilitated my data and information collection and analysis, and provided me with valuable contribution (data, documents and information) indispensable to carry out the evaluation.

Many stakeholders of the program met in the regions visited by the evaluation provided also must needed information and feedback on the program interventions and I thank them for their spontaneous collaboration.

The evaluation would not have been possible without the availability and kind contributions of all the persons whom the evaluation had contact and discussion with.

Executive Summary

Description of the Programme

The Government, in cooperation with partners, has developed the National Nutrition Strategy (NNS) and its program, the National Nutrition Programme (NNP), in 2008 to reduce the burden of malnutrition and its consequences and to contribute to the achievement of MDG 1 and MDG4.

Since 2009, the MDG-F Joint Programme (JP) “Nutrition and Food Security in Ethiopia” was developed to support the efforts of the Government in the existing NNP in 16 woredas. The JP aims especially at ensuring the community management of acute malnutrition, the prevention of malnutrition through Community Based Nutrition (CBN), a local production of complementary/supplementary foods and nutrition information system of the NNP. The JP is implemented by FAO, UNICEF, WFP and WHO under the leadership of the Federal Ministry of Health (FMOH). Its official duration was three years with a total budget of 7 million dollars.

The formulation of the joint programme was done with a full participatory approach of the key stakeholders: the Government (represented by the Ministry of Health), and the four UN agencies.

Findings

The JP is very relevant to national policy and strategy, as it is to the outcomes of the UNDAF. It is also in line with beneficiaries who are highly vulnerable groups.

The management of the program is entrusted in the existing structure of the NNP; there is no stand-alone management structure. The coordination is vested in a Focal Point at the FMOH who works in close collaboration with UNICEF, which is UN lead agency.

The UN agencies are committed to working closely together, as much as possible, toward the principle of “Delivering as one”. They have initiated number of joint activities which resulted in tangible benefits, despite some challenges.

With regard to the national ownership, the JP is fully aligned with the NNP which lies within the custody and mandate of the Government. The country ownership of the JP is real and effective as shown through the programme cycles (design process, implementation of activities, monitoring, etc.) characterized by effective participatory approach that includes local community and structures.

The JP achievements towards expected results

Over the period of its three years of implementation, the Nutrition JP was able to:

- Address the situation of Nutrition and Food security in the 16 selected woredas in Ethiopia, by aligning on the NNP with an innovative complementary food processing in four Regions; household and community food security was enabled through a variety of integrated interventions with the contribution of number of partners.
- Establish innovative, direct and very coordinated joint actions of the four UN agencies on the basis of the principle “delivering as one”. They are now more inclined than before to explore opportunities to work together.
- Provide successful capacity building for direct and indirect beneficiaries.

In particular, the JP can claim contributive factors to:

- reduction of under five child mortality rate,
- reduction of infant mortality rate,
- reduction of the prevalence of underweight,
- reduction in the proportion of population below minimum level of dietary energy consumption

Despite some challenges and difficulties [for example: (i) children and women can only be identified for malnutrition once every three/six months, which is not enough; (ii) the number of community-level workers has increased recently and this is a serious challenge on how to roll out the training; (iii) the units, both models, are far from reaching a critical mass in their functioning and production], the JP has achieved significant results towards expected targets and has proven to be fully supportive of the NNP, as it is contributive to the realization of MDGs goals.

Based on all of the factors, practices, and fundamental principles as experienced during the implementation of the JP, the sustainability of the JP is well established.

Lessons learned:

The multi-sector partnership engagement has been a learning process in which the national counterpart showed high commitment to.

As to the UN agencies, expanding the UN strategy of “Delivering as One” is an important lesson. They have learned the need to examine and analyze the respective advantages of each organization.

Another lesson is the relevance and the effectiveness of the inter-sectoral strategy which consist of integrating/combining sectors like Health, Education and Agriculture, while enabling the communities and other local structures to take control of themselves through awareness and capacity building. The experience of the MDG-F JP has proved that multi-sectorial interventions, done in a coordinated manner, are more efficient in achieving results.

Some of the process and initiatives have been considered as best practices:

- the efficiency of a strong and good combination of curative as well as preventive measures;
- a link between food security and nutrition which help to realize the objectives of the programme and contribute to ensure that the beneficiaries have enough food with sufficient nutriments;
- The pilot project is a major achievement towards preventive nutrition. The initiative is a good practice in a sense that it offers a most needed solution for complementary feeding of children.

RECOMMENDATIONS

To UN agencies involved; it is specifically recommended to

- Identify all the bottle necks in general and come up with proper solutions and approaches to “delivering as one”; and minimizing transaction costs while improving efficiency and effectiveness.
- Address the identified challenges at the headquarters level, particularly on simplification and harmonization of business practices, rules and procedures.
- Specifically, harmonize as much as possible, administrative routines and rules (financial routines, procurement routines and HR policy) and to simplify procedures in particular concerning planning, implementation and reporting when committed to delivering as one the implementation of a joint programme.

- Take necessary measures to ensure very clear respective accountability at each level and delegate authority as needed from the Head quarter.
- Capitalize their experience and lessons learned and take it to a next level for future opportunities. To do that, agencies need to identify the best way to institutionalize a framework of joint dialogue for sustainability.
- Continue their engagement with national counterparts, and even intensify it at the sub-national levels.
- Carry forward the results achieved so far in the next programme cycles with sufficient resource allocation and monitoring supports. (UNDAF may serve as a possible platform).

For the effectiveness in reviewing and discussing the above recommendations, the evaluation suggests that UN agencies involved in the five JP in the country (because of their experience in Delivering as one in Ethiopia), should get together under the coordination of the RCO; they may set a team (Task force? or UNDAF?) to lay down a specific pathway toward an effective Delivering as one in other sectors and programs.

For the evaluation, the termination of the MDG-F joint programmes should not signal the end of the “Delivering as one” endeavor. Such endeavor should continue among the agencies.

National Counterpart: the Government

The experience of the MDG-F has proved how multi-sectoral interventions integrating different sectors (Health, Education and Agriculture, etc.), when applied in a coordinated manner, are more efficient in achieving results. Therefore, the evaluation recommends that the Government (already aware of that), develop a strategy that will promote the establishment of such multi-sectoral synergy cascaded at all levels of the administration: central regional, and local.

Cases of children who relapsed after treatment for severe acute malnutrition were reported. The evaluation recommends a special attention to these cases by (i) identifying them systematically as part of the follow up activities; (ii) assessing the causes; and (iii) taking measures accordingly to limit, as much as possible, their occurrence.

For decisions with significant impact on local services and communities, it is recommended to consult first with them through the bottom-top “approach” to ensure feasibility and effectiveness

Overall, the Government should ensure required resources (human, financial and material) to ensure continuation of the JP interventions at the end of the programme (without interruption). An estimate should be made and resources allocated accordingly. Development Partners are encouraged to support their national counterpart.

To all key Partners

Rolling out complementary food production in other woredas, requires pre-requisite conditions that include learning first by the experience from the pilot trial. That is why the evaluation recommends to:

- Carry out by the end of 2013, an in-depth assessment of the pilot project (involving as much as possible the regional universities);
- Take into consideration the conclusion and recommendations of the study, and design a new full- fledged complementary food processing project accordingly. Undertaking necessary adjustments to the pilot project will certainly contribute to ensure reducing malnutrition prevalence among children in an efficient and sustainable way.

- Mobilize adequate resources for the implementation of the new CF project and expand it widely in the country as possible.

Meanwhile, the following actions are recommended:

- train communities for more awareness about the CF
- carry out more sensitization of the community on the importance of CF to increase demand
- provide women groups operating the CF units with a legal and administrative status in compliance with law and regulation (including license to operate, tax status, etc.);
- train women groups in basic and elementary management, book keeping, and marketing;
- take measures : (i) to ensure safety when operating engines and other equipment; (ii) to guarantee hygiene through the production process and teach the women groups accordingly.
- ensure regular and systematic quality control of the food produced (from the selection of raw grain and crops to the final product);
- identify a form of incentive for the women volunteering in the rural unit model.
- Establish, among the different women groups involved in the CF project, network for exchanges of experience and information, as characteristics vary from one area to another.

1. INTRODUCTION

1.1. Purpose of the Evaluation

In reference to the TOR, the evaluation is meant to:

- Measure to what extent the JP has contributed to solve the needs and problems identified in the design phase;
- Measure the extent to which the joint programme's degree of implementation, efficiency and quality delivered on outputs and outcomes, against what was originally planned or subsequently officially revised;
- Measure the extent to which the joint programme has attained development results to the targeted population, beneficiaries, participants whether individuals, communities, institutions, etc.
- Measure the extent to which the JP contribution to the objectives set in their respective specific thematic windows as well as the overall MDG fund objectives at local and national level. (MDGs, Paris Declaration and Accra Principles and UN reform);
- Identify and document substantive lessons learned, and good practices, the Food security and nutrition joint programme, on MDGs, Paris Declaration, Accra Principles and UN reform with the aim to support the sustainability of the JP or some of its components.

Evaluation criteria

The evaluator specifically focused on, but not limited to, the following key issues:

- *Design*: the evaluator assess whether the JP design is clear, logical and commensurate with the time and resources available. It includes a description of the initial concept and eventual subsequent revisions, and all pertinent information about the design process.
- *Relevance*: it is about the extent to which the activity is suited to those benefiting and extent to which it is fulfilling approved or de facto policies and strategies of the country, (including link to MDGs, UNDAF and national priorities, stakeholder participation, national ownership design process, M&E framework and communications strategy, target beneficiaries needs and expectations).
- *Effectiveness*: it consists of the determination of progress towards achievement of overall objectives of the JP. The evaluator assess to what the extent the joint program is attaining its planned development results compared to what was initially expected, in relation to the indicators, assumptions and risks specified in the results framework of the program. It shows also progression of implementation with an appropriate measure and analysis of the results chain; there will be a focus for example on: the execution ratio, the justification gaps and possible solutions, the testimony of specific groups of target beneficiaries (children, women, etc.), obstacles to obtaining results (internal and external to the program), and the underlying reasons, etc.
- *Efficiency*: the consultant assess how well carried out the program has been, and measure outputs (benefits) in relation to the inputs (resources) made available to the program. The analysis includes an assessment of the functionality of the institutional structure established and the role of the JP's governance structure, coordination mechanisms, administrative procedures, implementation modalities, UN coordination, financial resources management, and all pertinent information; the analysis assess operational and/or technical problems and constraints that influenced the effective implementation of the JP, as well as the responses to the Mid-Term Evaluation.

- Partnership: partnership is a key element in the success of the joint program. Was it carried out jointly and in a very close collaborative approach as stated in the program document, in one hand among UN agencies “delivering as one”, in other hand among the national services involved, and finally inclusively among all participating partners? The evaluation examines the contributions made by the partners in the design, implementation, monitoring, supervision, support and evaluation of interventions. The performance of each partner is assessed in the light of the role and responsibilities for the duration of the program.
- Impact: It may be too soon to evaluate the real impact of the JP, but, as much as possible, the evaluator tries to assess to what extent the JP interventions have made a difference toward addressing the issues for which it was designed (fight malnutrition; promote better nutrition to children and women/mothers, food security, developed capacity of target beneficiaries, etc.). In assessing the impact, there is a focus on identifying the most significant change that resulted from the project. Since it is difficult in most cases to attribute measurable results this specific joint program, the evaluative emphasis is limited to assessing the JP’s contribution to results.
- Ownership: the focus is on the national ownership in the process, the response to demand, need, participatory approach and commitment to impact by participants and the local/national authorities and organizations needed for success (how ownership and relevance were achieved and if not how to achieve in future).
- Sustainability: It is about assessing to what extent the JP document has any provision about an exit strategy and if the decision making bodies and implementing partners have undertaken the necessary measures and course of actions to ensure the sustainability of the effects of the joint program. The consultant searches whether there is availability of financial resources as well as required human resources and institutional capacity for the continuation of the initiative when project funds are used up.
- Key experience and lessons learned. The consultant summarizes key experiences of innovative business models and identifies the best practices and lessons learned throughout the experience of addressing the issues of “Children, Food security, and Nutrition in Ethiopia”.
- Recommendations Based on the findings of the evaluation, the consultant provides suggestions and recommendations accordingly destined to the key stakeholders to improve sustainability and efficiency of the program or be referred to for any other similar program in the future.

1.2. Methodology of Evaluation

To execute this evaluation successfully, the consultant has identified below a number of critical principles, as reference and they are:

- 1) A highly participatory approach throughout the evaluation process. The consultant works in very close collaboration and involvement of all of the stakeholders involved in the program;
- 2) Taking into account in a systematic way: (i) the realities of the socio-economic, political and institutional, (ii) the socio-cultural aspects, (iii) the environment and context of the specific region. This includes lessons learned from similar programs and projects in the country;
- 3) A detailed and in-depth analysis which helps highlight the strengths, weaknesses, opportunities and risks in the operational management of the JP, in terms of relevance, efficiency, effectiveness, sustainability, and lessons learned as well. The consultant takes into consideration any unforeseen event or “Force majeure” that may have had a direct impact (rather negative) on the program performance, along with recommendations consistent with the findings.

Overall, the Evaluator combined multiple approaches, while looking for specific reasons for failure and success, and how to overcome the issues underlined in the TOR:

- An extensive assessment of the program with regard to the requirement of the TOR;
- A comprehensive analysis of information and data collected.

Data collection methods are presented as follow:

Data collection is undertaken by the consultant in accordance with the principles of (i) participatory consultancy, (ii) confidentiality, and (iii) triangulation of information from multiple sources. The following data collection instruments will be used:

Document review: The main objective of the documentary review is to get good firsthand knowledge of all of the issues pertaining to the joint program and its environment. The consultant draws on existing evaluative data available in order to reduce the need to go back over issues that have been recently covered. Some of the documents and data are: background documents including the JP document, official government policy and strategy documents, UN agency program and action plans, and JP periodic progress reports, assessment reports, etc. The contextual literature review covers the entire period of the JP implementation since its inception about 3 years ago

- i. Meetings and interviews. During the country visit of the Evaluator (May 21 to June 16, 2013), all key stakeholders and JP partners including UN participating agencies and the Resident Coordination, Government focal persons of the program at central and local level, and beneficiaries are interviewed either individually or in groups by the evaluator. The field visit and interview of targeted beneficiaries and other stakeholders includes the following methods depending on the circumstances: group discussion, individual interview. Semi-structured interview questions are used, inspired by the questionnaire of the TOR, the Program document as well as the role and responsibilities of the stakeholders interviewed. Translation has been used with interviewees who did not speak English
- ii. Field visits. The evaluator undertook field visits to two regions selected by UNICEF and they are : Southern Nations Nationalities and Peoples' Region (SNNPR) (from May 28 to 31 2013), and Tigray (June 2 to 5, 2013) to see the actual sites of interventions and discuss with stakeholders including local authorities, groups of beneficiaries, resources persons and others focal points in the field.

At the end of the mission in the country, the evaluator, before leaving, prepared and presented his preliminary findings and field observations at a debriefing session (the technical group) that included the FMOH, all UN agencies involved in the JP, and the RC. This provided an opportunity to validate some of the information and obtain further inputs.

2. DESCRIPTION OF THE DEVELOPMENT INTERVENTION

2.1. Context

In reference to documents reviewed, mainly the JP Proposal document and the TOR of this Evaluation, it is established that malnutrition is one of the main public health problems of children and women in Ethiopia. While there have been some improvements in the indicators of malnutrition among children under five, the country has to improve the rate of progress to achieve the target 2 of MDG 1, a reduction of underweight among children under five. Cognizant of the magnitude, causes and consequences of malnutrition and lessons learned from previous efforts to address malnutrition, the

Government has developed policy and strategies to reduce the burden of malnutrition and its consequences in a harmonized and comprehensive manner, and through large scale national efforts so as to contribute to the achievement of MDG 1 and MDG4.

The Health system has a decentralized structure that involves the Federal Ministry of Health (FMOH), the Regional Health Bureaus (RHBs) and the Woreda Health Offices (WoHO). Decision making processes in the development and implementation of the health system are shared between these structures.

The Health sector has a Health Extension Program (HEP) which is an innovative community based health care delivery system working at the primary health care unit level that provides a package basic and essential, preventive, and selected high impact curative health services targeting households. Based on NNP document, even though, the health status of the population is improving; most of the health indicators are not close to the MDG targets. The NNP implementation Manual indicated that infant and under five mortality are 77/1000 and 123/1000 respectively. In fact, malnutrition is one of the main public health problems of children and women in Ethiopia. To summarize, (quoting the Proposal document of the MDG-F Nutrition joint programme), the country faces the four major forms of malnutrition: Acute and Chronic malnutrition, Iron deficiency Anemia (IDA), Vitamin A deficiency (VAD), and Iodine deficiency Disorder (IDD). As mentioned in the same Proposal document, there has been some improvement in the indicators of malnutrition, for example, among children under five in between 2000 and 2010 (about 0.5% percentage points per year between 2000 and 2005). By the end of 2008, the country achieved 94% coverage of children who receive twice-yearly Vitamin A supplementation. Globally, the country has to improve the rate of progress to achieve the target 2 of MDG 1, a reduction of underweight among children under five.

Nutrition, food security, and health security are complementary. Thus, if household food security, nutrition and health actions are independently implemented and uncoordinated, this will not reduce malnutrition. The Government of Ethiopia has taken several measures to prevent, and mitigate the consequences of malnutrition and, as a result, has developed, with the assistance of development partners, a number of projects and programs accordingly. Some of them are (inter alia):

- *Plan for Accelerated and Sustained Development to end Poverty (PASDEP) (2005/2010)*
- *Health Sector Development Programme (HSDP III and more recently HSDP IV)*
- *Health Extension Programme (HEP):* It is an innovative community based health care delivery system
- *The National Nutrition Strategy (NNS) and its programme, the National Nutrition Programme (NNP) 2008-2012/13,* which gives priority to young children under 2 years of age, pregnant and lactating women, and adolescents.

These strategies and programmes aimed at reducing the burden of malnutrition and its consequences in a harmonized and comprehensive manner, and through large scale national efforts so as to contribute to the achievement of MDG 1 and 4. The NNS and NNP form the overall framework for the development and implementation of activities which have been envisaged in this joint programme.

It is in such context that the JP was developed to support the efforts of the Ethiopian Government by filling the existing NNP financial and implementation gaps, especially in the community management of acute malnutrition (OTP), prevention of malnutrition through Community Based Nutrition (CBN), local production of complementary/supplementary foods and nutrition information system of the NNP. It also contributes to facilitate the implementation of different nutrition interventions of the NNP with an integrated approach in the 16 woredas in Oromia, SNNP, Amahara and Tigray regions. The NNP targets the most vulnerable, meaning children under 5 year, particularly those under 2 years, pregnant and

lactating women, and adolescents. It also gives priority to the rural population while recognizing that significant malnutrition exists in low income urban areas. Moreover, a key constraint to be addressed in the NNP is the need for sound institutional arrangements and capacity building which will help to institutionalize, and improve the expansion and sustainability of nutrition programmes, while improving the nutrition information system and multisectoral linkages.

2.2. Description of the programme

In late 2006, UNDP Administrator and the Spanish Secretary of State for International Cooperation signed a programme agreement of 4 years to be implemented through the UN system, for accelerating progress on key MDGs and related development goals in select sectors and countries. The UNDP/Spain MDG Achievement Fund (MDG-F) was launched in the first quarter of 2007. The National Nutrition Strategy and National Nutrition Programme form the overall framework for the development and implementation of activities envisaged in this joint programme.

The MDG Joint Programme is implemented by four participating UN Agencies (FAO, UNICEF, WFP and WHO) and the Federal Ministry of Health (FMOH) as the lead national counterpart for the last three years. The total budget for the project was 7 million dollars. The programme envisaged sustainability of investments through enabling country system monitoring and evaluation (M&E) frameworks and building technical capacities across all levels.

The broad strategies followed in the design and the implementations of the JP are based on:

Capacity building for implementation has been a successful across all JPs. Main activities have been (i) promoting programme decentralization and constituting regional and lower level management synergies, (ii) enabling improved program coverage and quality through mapping and local area planning, (iii) making guidelines and protocols for programs available in the field, (iv) implementing additional advocacy and communication activities and improving on-going advocacy through media and materials (in local languages), (v) support to training and re-training of critical program functionaries, community and household stakeholders, and (vi) strengthening supply in some cases (provision of food, micronutrient supplements, weighing scales, new WHO growth charts).

Pilots (A) 'Integrated packages for women and children'–(B) Improving food security:

Community level integrated packages to address hunger and malnutrition in women and children was implemented in targeted areas of vulnerable communities. The main activities included: (i) Growth Monitoring and Promotion (GMP), (ii) Intense nutrition, health, and hygiene advocacy, (iii) Behavior Change Communication (BCC) to promote Infant and Young Child Feeding (IYCF), (iv) Improving health and immunization services for women and children, (v) Micro-nutrient and food supplementation, and (vi) Expanding treatment and rehabilitation of severely malnourished (SAM and MAM) children (both at community and facility levels). The integrated packages gave equal emphasis to preventive (nutrition and health education), and curative (nutrition rehabilitation centers) strategies.

2.2.1. Specific objectives of the programme

The main objective of the JP is to enhance and scale up implementation of the NNP by filling the existing gaps and giving priority to community-based nutrition (CBN) interventions and contributing to the following four outcomes areas:

- i. Improved management of children with severe acute malnutrition (SAM) at the health post and community level
- ii. Improved caring and feeding behaviors/practices of children and mothers
- iii. Improved quality and utilization of locally available complementary foods
- iv. Improved nutrition information and M&E system

The main components of the joint program are the following:

- i. Rollout and sustainability of Out Patient Treatment (OTP) services for severe acute malnutrition: Expected results: improvement of the screening, awareness and treatment of acute malnutrition in the primary health care facilities and at community level.
- ii. Community Based Nutrition (CBN) interventions: expected results: community capacity is built for assessment, analysis and action to improve child care and feeding behavior and practices, and this is essential to prevent malnutrition. It will also provide integrated and preventive nutrition services as part of HEP; and link with agricultural extension workers and food security interventions.
- iii. Pilot on local production and utilization of complementary food: This innovative component consists in a pilot/operational research on local production and utilization of complementary food using local cereals intended for the prevention of growth faltering/malnutrition at the most critical age. Expected results: improvement of management of malnutrition by families at community level.
- iv. Strengthening the nutrition information system and M&E mechanism: expected results: improvement of the current nutrition information system that will redefine the information needs and mechanisms for data collection, analysis, dissemination and utilization. It also includes the monitoring mechanisms and the baseline, midline, and end line evaluation of the JP.

The joint programme addresses some key cross cutting issues such as: Gender (pregnant and lactating women are direct beneficiaries and the participant of the monthly conversation are women who will be empowered), private sector (building the capacity of national private sector food factory that produce fortified and enriched food for malnourished children).

2.2.2. Target beneficiaries

The JP targets the following most vulnerable groups in the 16 Woredas:

- Children under five years of age (156,000 under-two children and 14,600 under-five) receive effective treatment for Severe Acute Malnutrition (SAM), using Ready-to-Use Therapeutic Food (RUTF) and essential drugs for the treatment of SAM. In addition, moderately and severely malnourished children and 96,500 Pregnant and Lactating Women (PLW) receive Targeted Supplementary Feeding. All under-five children in the selected Woredas receive Vitamin A supplementation and de-worming capsules twice a year.
- 54% of under-two children in the targeted Woredas weighed every month and mothers/caregivers are counseled to improve infant and young child feeding practices.
- Identified households (as stated exactly in the JP document in its section “Target beneficiaries”), coping with acute food insecurity in two Woredas, and 40 Women’s groups.
- In addition, issues that need communal action are brought to the community conversation sessions for deliberation and agreement on the way forward.
- For the health institutions, interventions are mainly focused on capacity building of health workers in curative and preventive nutrition at all levels.

3. LEVELS OF ANALYSIS

3.1. Design

The formulation of the joint programme was done with a full participatory approach. It included a direct involvement of the key stakeholders: the Government (represented by the Ministry of Health), and the four UN agencies. Several dialogue sessions, going back and forth, have enabled key stakeholders to agree on the proposal of the program document, each partner having had the opportunity to give his concept in relation to its mandate and comparative advantage. The Government expressed the need of compliance with its own strategy, especially the National Nutrition Programme which the proposed joint program was supposed to support.

Very early at the start of the programme, there have been difficulties linked to the belated disbursement of funding to FAO and WHO, and this was due to the modality designed by the programme. As a matter of fact, the Government (the MoFed in particular), requested to deal directly with two UN agencies (UNICEF and WFP) instead of four, out of concern of not only cost efficiency of the transactions, but also management efficiency (monitoring and reporting). In fact, the JP document signed in August 2009 foresees WHO and FAO as sub-contracted UN agencies, with funding to be channeled via UNICEF. The latter process would have meant a double charging of overhead costs, which the Government and UN agencies were determined to avoid. Therefore no funds were transferred to WHO and FAO during year one; and implementation of their share of the activities has not started. Thus, the difficulty in identifying a transfer procedure satisfactory to all has caused some delays in the implementation of activities to be executed by FAO and WHO. However, the problem was solved in late 2010 by allowing the disbursement of the funds to FAO and WHO directly (alongside to UNICEF and WFP). Indeed, further to an agreement with the MDG-F Secretariat in June 2010, and with MoFED, an amendment of the JP Document was signed in December 2010. As a result FAO and WHO were formally recognized as Participating Agencies and both could therefore be able to receive the funding directly from the Secretariat, and start implementation of their assigned activities in 2011, with one full year of delay.

Lessons have been learned from this challenge and taken into consideration for the other joint programmes in the country.

The 16 Woredas are covered without any distinction of the national programme (NNP), otherwise the Government could lose its ownership and leadership over those areas. As a result, there is no need for visibility of respective programmes.

The framework of the results as presented in the JP document is very well designed. It mentions situations of reference, it presents logically the cause and effect between activities, outputs, outcomes and the overall objectives, and this facilitates the monitoring and assessment of the achievements throughout the implementation of the programme. Possible risks and assumptions have also been considered accordingly. The indicators are relevant and are clearly defined, which makes monitoring the progress of the programme easier. In addition, the link established in the results framework between the results of the program and the MDGs goals serves as a good reference because the ultimate goal of the joint programme is to contribute to the achievement of the MDGs in 2015.

3.2. Relevance

The relevance of the JP is analyzed in different aspects.

a) Relevance to national policy and strategy

The JP is very relevant in consideration that it complements fully Government strategies and plans as articulated for example in: *The National Nutrition Strategy (NNS)* and its program the National Nutrition Programme (NNP), supported by the JP with a funding of USD 7 million in meeting the existing financial and implementation gaps of the NNP. It is also aligned on the Health Sector Development Plan (HSDP III and IV), the Health Extension Program (HEP), the Food Security Project and a Productive Safety Net Programme (PSNP) under the Ministry of Agriculture.

In addition, the JP is very relevant in terms of addressing Ethiopia's development objectives which are the three of the four major forms of malnutrition (i) Iodine Deficiency Anemia (IDA), (ii) Acute Chronic Malnutrition (ACM), (iii) Iodine Deficiency Disorder (IDD), and Vitamin A Deficiency (VAD). By doing so, the JP contributes to the realization of MDGs:

- the NNP 2008 target of reducing underweight from 38% to 30% by 2013, and the non-income Target 2 of MDG 1, meaning halving malnutrition from 1990 levels (halving underweight in under-five children by 2015);
- ensure that boys and girls complete a full course of primary schooling (MDG 2) by improving the children's educational capacity;
- reduce by two-thirds the mortality rate among children under-five (MDG 4) by reducing 57% of malnutrition-related deaths; and
- reduce by three-quarters the maternal mortality ratio (MDG 5) by empowering women, improving maternal nutrition and reducing maternal deaths associated with malnutrition.

In terms of management structure, the approach adopted makes the JP fully in compliance and conformity with the already existing mechanism in the NNP 2008. Not having stand-alone mechanisms contributes to the relevancy of the JP.

b) Relevance to UN agencies mandates and programmes

The JP is also very relevant to the outcomes of the United Nations Development Assistance Framework (UNDAF 2007 – 2011, current at the time of the JP proposal), especially the two outcomes on: (i) Humanitarian Response, Recovery and Food Security, and (ii) Basic Social Services and Human Resources. Also, the four (4) UN agencies already support the country in implementing the NNP through their country action plans as per their respective mandate. For example: UNICEF, under the Country Program Action Plan (CPAP), plans to support the Government to scale up CBN to 150 Woredas by 2011. Similarly, World Food Program (WFP), the Food and Agriculture Organization (FAO), and World Health Organization (WHO) use to carrying out also their respective country program.

Therefore, in consideration of their respective experiences and comparative advantages in Nutrition and Food Security sector, the support of UN agencies to the country's efforts to scale up the implementation of the NNP under the principle of a collective, coherent and integrated joint UN programme is very relevant.

c) Relevance to the beneficiaries

The JP targets the most needed and highly vulnerable groups in 16 rural drought-prone Woredas such as under two children and under five children with severe acute malnutrition; pregnant and lactating women (PLW) including those malnourished; identified households coping with acute food insecurity.

In addition, the JP strengthens the local and national capacity of those involved in NNP, and participants of the monthly community conversation within the CBN component are women.

Another aspect that makes the JP relevant is that most of the selected 16 Woredas are food unsecured areas.

Overall, chances of better living conditions that they could not afford otherwise, as much as nutrition and food security are concerned, are provided to households at the grassroots community level and this contributes to confirm the relevance of the JP.

3.3. Process and Efficiency

3.3.1. Programme management

In terms of management structure, the JP original document required initially the establishment of a full time program Coordinator assigned from the FMOH, as responsible for daily management of the JP such as developing action plans, monitoring activities and producing reports. The document provided also that UNICEF, as the lead UN agency, would also assign or recruit a project coordinator to coordinate daily implementation. But, at the end, this proposal was dropped in favor of a more efficient structure entrusted in the FMOH. The option is more efficient and sustainable because: (i) the approach adopted makes the JP fully in compliance with the already existing mechanism in the NNP; (ii) there is not “stand-alone management structure” that would have cost more in terms of office/facility, staff cost, administrative and miscellaneous expenses. The management structure has been streamlined and this contributes to more efficiency of the management of the JP.

The High-level Steering Committee (HLSC) is composed of the State Minister of MoFED, and the UN Resident Coordinator (both are co-chairs), and representatives of three stakeholder groups:

- 6 Representatives of the Government: MoFED, Ministry of Foreign Affairs, Ministry of Federal Affairs, Ministry of Agriculture, Ministry of Health, Ministry of Women’s Affairs;
- 6 Representatives of the UN Country Team including 3 Participating UN Organizations in the One UN Fund;
- 3 Representatives of donor partners based on invitation from the co-chairs.

The HLSC provided high-level direction and oversight to the “One UN Programme” and to the implementation of “Delivering as one” in Ethiopia. It assumed effective responsibility for the review of implementation, approval of the periodic progress reports, and identification of critical issues. The HLSC provided strategic guidance and contributed to maximize synergies across UN joint programming efforts. The HLSC convenes every six months. Within the HLSC, the UNCT commitment helped to increase coherence and coordination among UN agencies and the strong support from other donors.

National Steering Committee (NSC): at the national level, the National Steering Committee (NSC) provides guidance, particularly in terms of coordination between programs and the harmonization of procedures. It comprises: (i) the UN Resident Coordinator, (ii) the State Minister of MoFED, and (iii) a representative of the Government of Spain in the Spanish Embassy. The NSC has been meeting as and when necessary to monitor and share progress in the implementation and achievements, and to provide effective oversight and strategic guidance. In particular, the UNRC acted to ensure an optimal coherence among UN agencies in the JPs and helped the dialogue among them as part of the “Delivering as one” principle.

The coordination of the program is vested in a Focal Point in the FMOH 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. Recently, two meetings were held from January to April 2013.

The Programme Management Committee (PMC)

The programme management committee is comprised of the FMOH planning department, UNICEF, FAO, WFP and WHO with UNICEF playing the role of secretary. The existing Joint Core Coordinating Committee (JCCC) of which UNICEF is a member, and which is responsible for joint oversight of health sector programs and operational issues acts as the PMC. The PMC meetings are held on a regular basis at the FMOH to monitor and share progress in implementation and achievements. A total of fifteen PCM meetings were conducted since 2010. The PMC discussions result in significant operational guidance for the program.

Programme Management Team (PMT).

As it has been already mentioned, the initial proposal to establish a full time program Coordinator was finally not established but rather the assignment was incorporated into the existing structure. Therefore, the assignment was carried out by Focal Points at the FMOH, while at the UN agencies side a focal acts for UNICEF which is the lead agency. Such an approach is efficient in terms not only of cost but also for coordination and supervision of the day to day activities and the JP implementation. Actually, the role of the coordinator at UNICEF is rather focused on ensuring the liaison among the UN agencies in the daily implementation of the JP.

Though, the evaluation believes that such setting requires a very good and regular communication and an effective flow of information between UNICEF focal person, and the coordinator at the MOH.

3.3.2. Inter-UN Agencies Coordination: Delivering as One

The partnership as from the perspective of the UN agencies

The UN agencies themselves acknowledged that the partnership among them as initiated in the JP, is innovative because it requires them to work, not only closely together, but jointly as much as possible. Some of the agencies consider that, beyond the Nutrition JP, it is an opportunity to look for even more opportunities and activities to work together. At first, it was difficult because it took some time to adjust and get used to the approach. At the beginning, there were intensive meetings almost once a week. The rhythm did slow down later on; for example, it was told to the evaluation that only two (2) meetings were held since after the MTE (2011).

Each agency involved in the Nutrition JP appointed a focal person and these persons held together a quarterly meeting to examine and discuss technical activities planning (for example support to Community-Based Management of Acute Malnutrition (CMAM) as well as financial aspects.

UN Focal persons of all the MDG-F Joint programs in Ethiopia have agreed to meet on a regular basis in order to reinforce linkages and knowledge sharing between current JP, review implementation status, work on common areas such as Monitoring and Evaluation and Advocacy and Partnerships and strengthen the contribution of JPs to the ONE UN agenda in Ethiopia. These meetings contributed to facilitate dialogue among UN agencies, and promoted closer collaboration.

Examples of actions taken by UN agencies toward "Delivering as one"

In consideration of their achievements, the UN agencies seem to be very committed into taking the opportunity to make the best that they can toward delivering as one.

In the area of strategic assistance: As a result of the assistance provided together by UN agencies throughout the implementation of the JP:

- They helped to establish a strong and direct link between Department of Agriculture and Health Department. A workshop was held accordingly. The department of Agriculture didn't have specific focus on Nutrition but the situation has changed since, thanks to UN joint advocacy.
- NNP used to be component based before (separate and not integrated components and activities), but thanks to the impact of UN joint actions, the NNP is now based on life cycle from food production and preparation and other preventive measures to screening, treatment and monitoring, with specific focus both on women and children and the community at large.
- More importantly, the pilot project of complementary feeding initiative has enforced an effective and coordinated partnership between the four UN agencies, WFP, FAO, WHO and UNICEF to attain results for children. For example, the pilot study has been jointly commissioned by FMOH, FAO and UNICEF and subsequent implementation activities were undertaken in eight kebeles;
- It has also managed to profile the importance of complementary feeding initiatives, and this has and will probably result in increased resource mobilization for this important intervention for children under 2 years. In addition, the pilot project offered an opportunity to share lessons learned and to begin to generate discussion in Ethiopia on how to scale up similar interventions across the country. It is obvious that the sharing mentioned is among UN agencies since this section "3.3.2." is entitled: "*Inter-UN Agencies Coordination: Delivering as One*".

In the area of analytical work: UN agencies have undertaken jointly analytical work such as:

- WHO and UNICEF developed 7 management modules for SAM with the involvement of Save the Children and assisted with provided training of trainers;
- A complementary food pilot study, jointly commissioned by FMOH, FAO and UNICEF was undertaken in eight kebeles in collaboration with local universities;
- Two lessons learned workshop from the pilot study were organized jointly by FAO, UNICEF, Mekelle, Awassa, Haramya, Bharedar University partners;
- UNICEF and FAO have jointly developed a TOR in 2010 for an assessment of complementary foods to enable the development of a nutrient dense, culturally acceptable and ready to use recipe. The two UN agencies and FMOH have jointly awarded the study to Addis Ababa University, and continued to jointly to supervise and decide on the implementation of the recipe developed;

In the area of supervision or implementation: A number of joint supervisions or implementation missions have also been undertaken each year by UN agencies. The evaluation learned that a total of 12 missions have been organized, and based on the testimony of interviewees, these very close and frequent joint actions resulted in a more efficient and harmonized implementation and achievements which couldn't have been done if the agencies had worked separately. Following are a few examples:

- Within the JP, WFP was in charge of moderate malnutrition that just needs complementary food and UNICEF was in charge of severe cases that need special treatment. Before the JP, both categories were given complementary food. But in the framework of the JP, the innovative approach was to give the complementary food to severe cases only when they are upgraded to moderate;
- With regards to piloting the complementary food (CF), joint field monitoring missions have been scheduled by FAO and UNICEF on a monthly basis for a period of four month and carried out. In addition, the preparation and community awareness raising for the complementary food pilot was also done jointly with FAO;

- UNICEF and WHO together provided training of HEWs, VCHW, and health workers and carried out supportive supervision;
- UNICEF/WFP/FAO established jointly the production equipments in the community and pilot production of the food, and trained Women groups in the four kebeles selected for CF;
- A Joint supervision visit 1/year and quarterly meetings held among the agencies and are complemented with ad hoc meetings as needed;
- A trip of the 4 agencies and Government to Guinea Bissau was organized in March 2013 and this was a great opportunity for exchange of experiences and consolidation of partnership and collaboration as stated by interviewees.

With regard to operational practices (financial, procurement, etc.) there were no significant initiatives and activities carried out jointly or in the harmonized way by the UN agencies to report. For example, regarding the fund transfer from agencies to the national counterpart, while some agencies based their disbursement on an annual work plan (through a MoU), others request first pre-financing based on a letter of agreement, and refund the transactions. Again, the reason may be due to the difficulties for the agencies to harmonize their rules and procedures in operational practices.

There are five MDG-F JPs in Ethiopia. Though at the level of the High Level Steering Committee the five JPs met (2/year), it seems that there was no real and active synergy between the programmes at the management level; whereas, such collaboration could have contributed to harmonization of some programmatic or operational activities and possibly resulted in more efficient implementation. It could have been also a good opportunity for the JPs to complement each other through their respective experience from their specific Window.

As shown above, there are tangible benefits of the Delivering as one. For example: i) more focus within the UN system with enhanced coordination and coherence, ii) a greater accountability for development results and iii) the UN agencies increasingly strengthening their communication and advocacy strategy.

But, despite these benefits, some challenges remain that need to be addressed, as requirements and procedures at UN Headquarters level do not always reinforce the pace of implementation of reform at country level.

Issues and challenges of “delivering as one”

The challenge of dealing with different rules and procedures: The respective rules and procedures do not offer flexibility, at least at the country level. HQ requirements can slow down the pace of implementation. This is one of the serious limitation and challenges for UN agencies to deliver as one. So much so that because of the same challenge, it took one full year and negotiation at the start of the program for FAO and WHO to get directly involved and started implementing their part of activities. The only activity which could start at the time was the implementation of the CF assessment, contracted by UNICEF. By delaying the implementation of some significant components of the JP, it has undoubtedly impacted the efficiency and effectiveness of the implementation of the JP in consideration of the initial planning; most of all, knowing the very short duration of 3 years of the programme.

Also, as reported by some interviewees, one of the reasons of the challenge may be related to the difference of status of each agency which imply different rules and procedures; for example, WFP is a Program, FAO and WHO are similar as Organizations. The challenge of modifying or adapting the procedures was harder for some agencies than other. For example in the case of FAO, it will require to consult its top body composed of all members States for an agreement and final decision. This can take

a very long time. It should also be mentioned that the involvement of the Heads of agencies at a certain level of the JP implementation in the country is rather limited knowing that they are the ones to have the prerogative of taking the issue and challenges regarding rules and procedures to the level where it can be addressed through the decision making process within the agency system. The focal persons (programme officers) are powerless to that regard.

The limitation of respective resources (financial and human resources) of some agencies: Some of the interviewees mentioned also other limiting factors such as limited resources and reduced staff of experts (in Nutrition in particular) at some agencies (FAO and WHO for example) make it difficult for those agencies to be represented at each activity or meeting requiring a nutrition specialist. These factors contribute to prevent some agencies to be fully part of some of the joint activities as they wish.

Nevertheless, in conclusion, based on the above analysis of the inter-agencies coordination, the evaluation considers that the programme has definitely and very significantly contributed to enforce an effective partnership between the four (4) agencies: WFP, FAO, WHO and UNICEF. Understanding each other among the 4 agencies was a key element of success in what they have delivered together. The agencies themselves consider that the results of their joint partnership so far are encouraging because it has contributed to improve the relationship among them.

3.3.3. The partnership with National counterpart,

The four UN agencies, beside the JP, have normal, regular and long time established partnership with national counterpart. But within the framework of the JP, they have engaged in a more coordinated partnership with the National counterpart. In fact, their essential mandate is to support the Government as jointly as possible in reference to the principle of the MDGF JP: “delivering as one”; knowing that the Government keeps a strong leadership in the implementation of the JP which is a support to the NNP.

The principles of ownership and leadership of the national counterpart are and should remain the driving forces of the partnership at the country level.

Regular meetings are held between FMOH and partners to monitor and share progress in the implementation and achievements of the JP. To that regard, for example, six (6) meetings were held in 2010 (until June 2011), and nine (9) meetings were held in 2012. The number and the regularity of the meetings are a confirmation of a close collaboration with the Government, and this is a key factor to the efficiency and effectiveness of the JP. It makes it easier to benefit from the respective experiences and comparative advantages of each of the partner and in a coordinated way.

Regarding the financial aspect in operational activities, UN agencies channel the money through the Ministry they work with, the department of Health or the Department of Agriculture in compliance with signed MoU. No particular issue has been reported in that procedure.

Following are a few examples of operational and collaborative activities carried out by UN agencies with national counterparts:

With Government:

- WFP, in close collaboration with Disaster Management and Food Security Sector (DMFSS), ensured provision of TSF ration to malnourished children, conducted CHDs, as well as community mobilization;
- UNICEF together with the FMOH, the Regional Health bureau and the MDG woredas in the four

regions, established and expanded or scaled up OTP services at the health post community-level, distributed OTP supplies, conducted monthly community conversation, and trained of HEW and VCHW on CBN;

- UNICEF/FAO assisted the FMOH in developing recipes and food analysis of complementary food mix;
- In July 2010, at the request of the NSC, MoFED organized a National Review Meeting to enhance coherence on Joint programming and implementation, and recommendations have been made and followed up by MoFED and Resident coordination office (RCO).

With others national stakeholders

Beside the Government, partnership has been also established by UN agencies, during the implementation of the program, with different sectors of society to promote the achievement of the MDG through the Nutrition JP. This is how a very good and dynamic collaboration with local structures (for example: groups of women) and regional universities was established which is conducive of efficiency and at the same time help to promote ownership and ensure sustainability.

3.3.4. Communication and Advocacy

Based on information collected, the evaluation can say that there has been no specific communication and advocacy strategy developed for the joint program, (though 1% of the budget should have been allocated to this component). Though it is indeed well established that communication strategy can help to reach/achieve the following, (just to name a few selected examples, inter alia):

- Advance/improve behaviors on exclusive breastfeeding and complementary feeding;
- Increased awareness on MDG related issues amongst citizens and government structures;
- Increased dialogue among citizens, civil society, local national government in relation to development policy and practice;
- New/adopted policy and legislation that advance MDGs and related goals;
- Establishment and/or liaison with social networks to advance MDGs and related goals;
- Media outreach and advocacy.

The Government is fully aware of the situation of the weak communication strategy, and UN agencies as well. The JP Working Group had held discussion on the advocacy/partnership strategy for all the five JPs in Ethiopia, in harmonization with the overall UN communication group. As a result, communication and advocacy material are currently being developed by UN agencies in consultation with their national counterpart. At the government side, an advocacy and communication strategy has been considered in the new version of the NNP, 2013 that is being revised. Doing so will help to guide and improve the implementation of the communication activities to enhance the program performances and help with resources mobilization.

3.3.5. Monitoring & Evaluation of the programme

The program has designed a monitoring mechanism to make it easy and efficient to keep track of the progress towards expected results. Regarding monitoring and evaluation aspect, the JP is a contribution to the larger, ongoing NNP. The requirement for a separate baseline/midline/endline surveys only for this JP's implementation area (16 woredas, compared to 300 woredas to be covered under NNP) will significantly increase the transaction costs and administrative/logistical burden, hence the data collection for the baseline survey was undertaken as part of the NNP.

The Government has delegated the responsibility of monitoring and supervising the acceleration of HP level activities to staff at the Health center (HC) level. Thus, HC staffs are required to provide supportive supervision to the Health extension workers (HEWs). However, as HC staffs has limited capacity in preventative nutrition interventions implemented by the HEWs, capacity building training materials were developed and training of the HC staff started in the four regions.

There is a very helpful monthly statistics report on severe acute malnutrition (SAM) -therapeutic feeding program (TFP) on a standardized form with very specific and comprehensive data such as the classification by age, the total beginning of the month, new admission, total admission, discharge and transfer out. These data are very useful tools for an effective follow up and eventual corrections of adjustments as needed. HEWs deliver monthly growth promotion and nutrition counseling services at the community and household levels with support from Health Development Army (HAD) which are key to give Health and nutrition messages to the community for its awareness and change of behavior.

To improve supervision and monitoring, some actions have been taken such as:

- HEW supervisors received trainings in the delivery of nutrition services and supervisory skills through the adoption of more advanced and blended training materials and methods;
- The MoH and partners have recently developed training manuals;
- The monitoring checklist was also updated and is currently used by the HEWs supervisors to conduct integrated supportive supervision at all levels. The CBN indicators are integrated with other health and nutrition indicators in the checklist, and this makes it very comprehensive and valuable monitoring tool.

The JP has been subject to an independent mid-term evaluation in 2011, and in addition, the present final independent evaluation.

The Secretariat of the MDG-F plays a significant role in the in M&E of the JP in the country. The secretariat undertook two supervision visits (in 2010 and in 2012) in Ethiopia. Some stakeholders interviewed expected the role of the Secretariat to be rather more about policy guidance than just about process.

3.3.6. The ownership aspects

As per the Paris Declaration, necessary measures should be taken to guarantee that the national counterpart is on the driver seat and that its ownership can prevail.

Globally, based on the information collected by the evaluation, the country ownership of the JP is real and effective. It all started at the design phase given that the JP was developed through a participatory process, and implementation of activities has been undertaken by national institutions at all level (central, regional and local). The participatory implementation process contributes to develop and strengthen national ownership.

Government counterpart involvement

The JP is fully part of the National Nutrition Programme and Health Sector Development Plan, which are owned by the Government. The implementation of the JP uses the strengthened capacity of the established NNP system, instead of creating a parallel one. It depends particularly upon the HEP service delivery under the Federal Ministry of Health (FMOH) that is mandated to host and manage the NNP as the national counterpart lead. It includes also MoFED, Ministry of Agriculture and other regional and local structures.

Government and other national partners are fully involved in the implementation of activities and the delivery of outputs and also in policy decision making. The FMOH at the federal level, the Regional Health Bureaus (RHB) at the regional level, and the District Health Office (WoHo) at the District level are all involved, as well as Woreda administration and Kabele administration. The later are for instance involved in the identification and selection of project beneficiaries and project sites where the interventions are implemented. The Disaster Management and Food Security Sector (DMFSS) is the second government implementing partner related to the provision of targeted supplementary food at the regional level.

Other evidences of the national counterpart ownership are:

- The steering committee is led by FMOH and its regular meetings are chaired by the FMOH focal person.
- 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.
- FMOH planning department has taken the overall lead of coordinating the project with technical inputs from the Nutrition core group for day to day activities.

Hence forth, it is clearly established that the JP is owned and implemented by the national counterpart. As a result of owning the design, the process, and the implementation, the national counterparts own also the results of the program.

The community participation

There are settings which significantly contributed to ensure the participation of local community: (i) the introduction of the Health Development Army (HDA) which is composed of women exclusively. It works in a way that one household (acting as a focal point) connected to a network of five households and who is in charge of promoting key health and nutrition messages and mobilizing the community for services provided at the HPs; (ii) the Agriculture Development Army which is composed of men exclusively, contrary to the HDA. Even though their composition point out to gender specificity (Women in charge of health aspect while Men take care of agriculture), both structures have active collaboration.

The community participates in actions requiring communal actions 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 for example, the communities are responsible for program management, supported by the universities.

To promote the achievement of the MDG at the community level, following actions have been carried out as part of the JP activities:

- at the Community level, a partnership was developed with local citizen groups (women groups), and numerous and frequent community conversation sessions (in general once a month) were carried out and facilitated to trigger communities to take communal actions;
- Also, as part of the promotion the achievement of the MDG, partnership with Universities was established to support the pilot study of local production of complementary food. The implementation also was contracted to regional universities in the four regions (Mekelle, Hawassa, Haramya and Bahir Dar), linking regional universities to their respective communities.

The above mentioned actions promoted ownership of the program implementation and results by these entities involved, as well as they contributed to their motivation. At the same time, it is also a key factor of sustainability (among other factors) at the community level. With regard to efficiency, ownership, and

sustainability, the strategic importance, the high relevancy of involving regional universities should be underlined. In fact, linking them to communities they belong to; involving them in real development projects is tying directly academic/theoretical knowledge to operational/practical development activities, from the “citadel” of knowledge to the grassroots livelihood conditions.

3.3.7. Financial aspect of the JP

The fund disbursement is normally done annually. The MOH would have preferred to have a disbursement of funds for 3 years instead of yearly for more flexibility. The yearly disbursement result in delays up to 3 to 4 months and this is detriment to regularity of activities, as it is said.

Upon inquiry of the evaluation, it has been said that the Government’s contribution is not set nor estimated for the JP (which is understandable since the JP is in support of the NNP). Nevertheless, the interviewee mentioned that the national counterpart of the JP is composed of staff salaries, diverse services, and availability of facilities. Anyway, the guiding and fundamental principle of the Government at federal level is: “*One Plan, one Budget, one Report*” and partners should be aware of it and align on it.

Financial execution

As per the recent financial statement, the situation was as follow as of May 2013 (see table hereafter): The majority of the JP budget (almost to 82%), is allocated to UNICEF and the three other agencies share 18%. The later consider that their allocation is too low and this contributed to limit significantly what they could have accomplished in reference of their capacity.

The entire approved budget was transferred and spent. The balance between budget transferred and budget spent represent the indirect cost (7%) retained at the respective head quarter of the agencies.

The JP has been extended over the initial period of three years, but without financial impact.

Table 1 Budget Summary (in USD)
As of May 2013

Agency	% by Agency	Budget approved <i>(inclusive of indirect costs retained by HQ)</i>	Budget Transferred from MDG-F <i>(net of the indirect costs retained by HQ)</i>	Budget Committed By UN agencies	Budget Disbursed By UN agencies
UNICEF	81,55	5,711,032	5,711,032	5,337,530	5,337,530
WFP	9,00	626,592	626,592	585,600	585,600
FAO	5,71	400,180	400,180	374,000	374,000
WHO	3,74	262,080	262,080	228,801	228,801
Total	100%	6,999,884	6,999,884	6,525,931	6,525,931
%			100%	93,22%	

Financial issues

- the money transfer is delayed during the process from Region to Woreda (because of administrative procedure);
- at local level, decentralized services considered that they are not allocated with enough financial resources from the government. Some say that they receive 25% of their normal budget which impose them to fill the gap.

One of the Goals of the MDG-F is to generate interest and attract funding from other donors. Based on the information provided to the evaluation upon request, complementary financing provided in 2010 for each program and which is significant and encouraging, is the following:

Table 2 Resources mobilized (in US \$)

TYPE	DONOR	TOTAL	FOR 2010	FOR 2011	FOR 2012
Parallel	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	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		0	0	0	0
TOTAL		125,346,962	33,115,656	33,115,656	39,115,656

4. Effectiveness,

4.1. The JP achievements towards expected results

The information and data in this section are drawn from the diverse reports and other documents made available to the evaluation, as well as the contribution of interviewees met by the evaluation.

For more details on outputs and outcomes achieved by the JP over the three plus year's period of implementation, see Annex 1.

The Ethiopian Demographic and Health Survey (EDHS) of 2011 figures show a rapid decrease in infant and under-five mortality during the five years prior to the survey, compared to the previous 5 to 9 years. The levels are also considerably lower than those reported in the 2005 EDHS. For example, infant mortality has decreased by 23%, from 77 to 59 deaths per 1,000 births, while under-five mortality has decreased by 28%, from 123 to 88 per 1,000 births. The interventions of the JP have probably contributed to the improvement.

In addition, the innovative pilot project successfully profiled the importance of complementary feeding initiatives and supported sharing lessons learned and initiating discussions on scaling up similar interventions.

The support initiated and provided by the MDGF JP generated interest from other donors and development partners as initially intended; and this includes the support of the complementary feeding interventions. The MDGF support resulted in increased resource mobilization. For example, through CIDA and Dutch support, the pilot will be scaled up to 60 woredas (as of 2013). This is to say that the JP has had a real catalytic effect.

Narrative results

For comparison between Outcome and expected results of the JP, please refer to the detailed presentation in the Annex 1 *“The JP achievements towards expected targets”*.

Outcome 1 - Improved management of children with acute malnutrition at the community level

Through the JP implementation:

- Community-based management of acute malnutrition was expanded to 418 HPs in the targeted Woredas. The performance of the program remained within national and international SPHERE standards, with a recovery rate of 85.3% and mortality and defaulter rates of 0.3% and 4.3%, respectively;
- Quarterly Child Health Days were undertaken for nutritional screening and since the project started, 17,994 malnourished children were provided with discharge ration until end March 2013 (963 children during this reporting period) and 11,029 malnourished Pregnant and Lactating Women (PLW) were identified through screening and received TSF rations (590 during this reporting).

For these Outcomes to be reached by the program, following Outputs have been achieved:

Output 1.1 Under five children with SAM screened and provided quality care

Since the beginning of the project, a cumulative total of 37,552 severely malnourished children have received effective treatment for SAM. This is way beyond the target of 14,640 children and is due to the establishment of more Outpatient Therapeutic Feeding Program, in addition to regular screening and referral of children to the feeding program. As a result of the treatment, it has been recorded 84.8% cure, 0.4% mortality and 2.9% defaulter rates at the end 2012.

The quantitative performance exceeded the expected results by about 105% more and the qualitative aspects were satisfactory as well.

Output 1.2. Moderately and severely malnourished children and PLW received TSF

In total 17,994 malnourished children out of those screened received food until end of March 2013 (963 for the reporting period). A total of 11,029 malnourished PLW received TSF until March 2013 (590 for the reporting period). These interventions were very instrumental in contributing to quality results. The quantitative performance exceeded the expected results by about 18%.

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

Overall, 142 HWs and 512 HEWs have received training, including SAM management to treat SAM (against the planned 320 HEWs and 30 HWs). The apparent overreach is due to the continued expansion of the HP structure, the number of which grew to 430 in the 16 woredas, against the 320 identified during the planning stage. This has resulted in an increased number of HEWs available in the woredas and related training activities.

Moreover, the overall Government (MoH) direction to expand the decentralization of management of SAM to the HP level has created an enabling environment to go beyond the initial plan, which is considered to be satisfactory.

The quantitative performance exceeded the expected results by about 30%.

Outcome 2 - Improved care and feeding behaviors/practices of children and mothers and under two children growing normally

- On average per year, over the period of the JP, 50% of the children participated in growth monitoring and mothers received counseling on improved care behavior.
- There is reduction of prevalence of underweight in the MDG-F supported woredas from 50% in 2010 to 9% in January 2013.

For these Outcomes to be reached by the program, following Outputs have been achieved:

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

In total, 512 HEWs were trained on the Integrated Refresher Training (IRT) package in the MDG-supported woredas (all woredas in Amhara, Tigray, Oromia, and SNNP). Some 44% of under-two children in the targeted woredas are weighed every month and mothers/caregivers are counseled to improve infant and young child feeding practices (IYCF). In addition, issues that need communal action are brought to the community conversation sessions for deliberation and agreement on the way forward. The capacity built contributed to a better achievement of the target: prevention of malnutrition.

The quantitative performance exceeded the expected results by about 100%.

Output 2.2 Under-two children growth improved

There is significant reduction of underweight among children under two years of age participating in the growth monitoring session in the 16 woredas. The reduction is due to increased nutrition management capacity of the HWs and HEWs.

The reduction is also attributed to the counseling provided by the HEWs to the mothers with children under the age of two years during the monthly growth monitoring sessions as well as improvements in Infant and Young Child Feeding (IYCF) practices.

A preliminary analysis of the results of the 2010 Ethiopian Demographic and Health Survey (EDHS), conducted by Tulane University in 2012 indicates that Ethiopia is moving towards achieving reductions in underweight prevalence.

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

The quantitative performance exceeded the expected results by about 63% for the number of children introduced to CF, and more than 20% for the participation in GMP.

Outcome 3 - Improved quality and utilization of locally available complementary and supplementary foods

The complementary food is produced and distributed as planned. As a result of the availability and accessibility of complementary food to communities, children 6-24 months participating in the program have improved their weight consequently. It contributes to reducing malnutrition prevalence among under-two children. In addition, a reduction of OTP beneficiaries was observed in the project areas.

The complementary food pilot project is a major achievement to move towards preventive nutrition.

The above mentioned outcomes were achieved through the realization of the following Outputs:

Output 3.1 Quality complementary food produced

Three sites/ kebeles in each of the four regions were selected and two models for processing the CF were developed as pilot project in close collaboration with regional universities (Hawassa, Mekelle, Haramaya, and Behir Dar), and with the assistance of UN agencies. The places to establish grain banks and install the milling machines are provided by the communities in the selected kebeles. As a result:

- i) Production of CF has started in eight kebeles in rural areas (Meley and Yewetet in Amhara Region; Dura and Hatsebo in Tigray; Wolenso and Kocher in Oromia; and Dega Keidda and Aze Debeao in SNNPR). Each unit can produce up to 100kg/month. With bartering system, mothers are supposed to bring 2Kg of raw grain and receive 3Kg of processed food. But over time the system was considered as causing deficit, thus there have been some changes to adjust the formula to 1kg CF = 1kg grain to limit loss and ensure chance of sustainability of the project.
- ii) For the semi-urban model, four sites in the four mentioned regions (Woadela, Laelay Maichew, Kedida Gamella and Chinakson) were identified, processing units procured, and mills installed in the four sites/semi urban towns. The mills started operating producing complementary food, which is distributed to children under the age of two as per agreed price. Currently, the women groups are selling the processed CF (packed with 1 kg bag), to the community at minimum cost with close follow up by the kebele administration. The units are running just a few days/month and face challenges to fully access the market better sales and to achieve critical mass for profitability and sustainability. After all it should work as a micro project, a small business. To that regard, the evaluation believes that they will need a lot of adjustments after the pilot phase, in order to be successful and sustainable.

The quality of the product is considered to be good.

Some of the other findings about the pilot project are as follow:

- Essential stakeholders were involved in the implementation of the pilot project; and this is very critical due to the multi-sectoral nature of the project that required involvement of other sectors to insure ownership and sustainability. The partners involved included representatives from woreda and kebele administrations, agriculture sector and women affairs offices and NGOs;

- During the whole implementation period, the main achievement for TSF was the linkage for the treatment of SAM and MAM. OTP discharged children receive discharge rations to protect them from falling back into severe malnutrition;
- The project has some attributes that may contribute to its sustainability, for instance the knowledge and skill based intervention, the community participation and use of locally available crops. But the financial aspect (adequate resources to keep the models running) and the motivation of women group members who work as volunteers may not be sustained. The project is also contributing to the capacity building of HEWs on food processing;
- The involvement of Agriculture sector (with the support of FAO) help to provide training to produce and improve local complementary foods, and agro based opportunities for selected crops, targeting the most vulnerable communities;
- Although the pilot projects present some interesting advantages, further analyses are certainly needed to ascertain the safety of the production, the hygiene requirement (that seems not to be taken into consideration from the evaluation observation), and storage system of the complementary food under various conditions.
- In addition, giving the complementary food for free to those who cannot afford even bartering by bringing grain in exchange for CF may open doors to frustration to other persons and cause adverse effects.

The pilot project is about to be extended in 60 of CIDA-supported woredas in the second half of 2013. A national scale-up plan is projected.

The quantitative performance in terms of number of processing units exceeded the expected results by about 66%.

Output 3.2 Build Capacity of community women group to produce local complementary / supplementary foods

A total of 253 women have been trained on local production of CF. This included 21 HEWs, eight HWs, 11 Agriculture Development Agents, 15 female teachers, one woreda administrator and 20 kebele leaders, as well as 177 members of women's groups. The women groups operating the CF projects acknowledged during the evaluation visit that they have acquired real capacity and are fully skilled to process the units. Though, the evaluation noted through discussion with some of the group members, that they lack knowledge in even very simplified management techniques like book keeping; so much so that they couldn't give an estimate of the financial data of the functioning of the unit. This gap/ weakness should be addressed for example with the assistance of regional universities. The evaluation observed also that the women operating seem not to have been trained/ sensitized about hygiene requirement indispensable to guarantee a secured food.

The quantitative performance achieved largely exceeded the expected results; though the quality can still be improved.

Outcome 4 - Improved nutrition information and monitoring and evaluation of the project

Baseline (2010) and mid-line (2011) assessments were conducted to recommend adjustments to program implementation to achieve maximum impact. The funding was also used to build the capacity of Federal, Regional, Woreda and Health Centre (HC) staff on routine data management and reporting;

therefore, training was provided at all these levels. Currently, a monthly routine data is collected from the HP and analyzed; feedback is given by the Woreda health office for improving implementation as needed.

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

Throughout its interventions, with regard to Gender aspects, the JP took into consideration in a very appropriate way, factors as the place of residence (urban-rural), the household economic status, the employment status of women and decision autonomy on women's income. This is mainly because it is established that the socioeconomic variables affecting the nutritional status of women (mothers) also affect the nutritional status of children. The age and marital status of women were also considered in the interventions of the JP. The JP, by referring to these determinants related to gender aspect, used a multi-faceted approach with women (training/capacity building, sensitization, monthly community conversation, home visit, preventive and curative measures, local language, involvement of traditional leaders, income generating activities, etc.) to contribute to a change of behavior and successfully address malnutrition issues in the country. In addition, all the HEWs are young women, and the VCHW and Food Distribution Agents (FDAs) are mostly women from their respective region.

The implementation time-frame of the programme was short (3 years). Given this time-frame, it can be said that there are some impressive results and achievements. The JP performance is good, though it could have been better if there had not been some challenges, difficulties and constraints that affected its efficiency and effectiveness.

The quantitative performance and qualitative results achieved largely exceeded the expected results.

Over all, the JP objective was to support, enhance the NNP results as part of the national programme. Therefore, it would have been interesting and revealing of any added-value by the JP, to compare the JP performance in the 16 Woredas where it is implemented to the results achieved directly by the NNP in other selected number of Woredas (different from those of the JP) but with similar baselines and characteristics. It will be a good idea if such study or assessment can be carried out for example at the time of conducting an impact evaluation of the NNP as a whole.

4.2. Results towards MDG goals

Since its start three years ago, the Joint Programme has contributed globally to the achievement of the MDG, given that achieving its outcomes, the JP contributed directly to the realization of the MDGs, specifically MDG 4 and MDG 1, though, it is very difficult to estimate the part of the JP in the results obtained and to attribute to it any specific indicators (quantitative) in the overall progress towards MDG targets. But it is clear, given the direct link between JP indicators and those of the MDGs, that the JP can claim contributive factors to the following:

- reduction of under five child mortality rate,
- reduction of infant mortality rate,

- reduction of the prevalence of underweight, and
- reduction in the proportion of population below minimum level of dietary energy consumption.

Table 3 Results achieved toward MDG goals

MDG Goal 4: Reduce under-five mortality			
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate			
Joint Program Outcome 1	Number of beneficiaries reached	JP Indicator	MDG Indicators
Improved management of children with acute malnutrition at the HP and community level	As of May 2013, 37,552 cases have received effective treatment for SAM; Performance indicators, including cure (85.3%), mortality (0.3%) and defaulter (4.3%) rates, were all in line with the SPHERE standards during the last two years	80% (14,640) of under five children with SAM screened and provided quality care by 2012	Under-five mortality rate Infant mortality rate
MDG Goal 1: Eradicate extreme poverty and hunger			
Target 1. C. Halve, between 1990 and 2015, the proportion of people who suffer from hunger			
Joint Program Outcome 2	Number of beneficiaries reached	JP Indicator	MDG Indicators
Improved caring and feeding behaviors/practices of children and mothers and under two children growing normally	87% of children 0-6 months are exclusively breastfed	Increase by 15% from baseline (of 72%) children 0-6 months who are exclusively breast fed in 16 targeted Woredas	Prevalence of underweight children under five years of age Proportion of population below minimum level of dietary energy consumption
Joint Program Outcome 3	Number of beneficiaries reached	JP Indicator	MDG Indicators
Improved quality and utilization of locally available complementary and supplementary foods	Reductions in underweight prevalence from 13.6% in 2010 to 8.4% in 2012 (data from GMP monitoring data)	% of 6-24 month old growth-faltering children with improved growth after consuming the locally produced foods in the target Kebeles by 2012	Prevalence of underweight children under five years of age Proportion of population below minimum level of dietary energy consumption
Joint Program Outcome 4	Number of beneficiaries reached	JP Indicator	MDG Indicators
Improved nutrition information and	Reduction in stunting prevalence from 52% to 44% -	% reduction in stunting	Prevalence of stunting in children under five years

monitoring and evaluation of the project	EDHS 2011 A significant improvement in stunting prevalence (42.9% to 38.5% (4.4 ppts; p=0.11)) was seen between baseline (2009) and midline (2011) CBN surveys		of age
--	--	--	--------

Challenges and difficulties in achieving results

The JP implementation did face some challenges and experienced difficulties; although most of them have been overcome. Some examples are as follow:

Preventive and curative measures:

- Children and women can only be identified for malnutrition once every three/six months, which is not enough (in part because of logistics and transportation constraint). This is more so a concern if health seeking behaviors and health service utilization rates are poor. Also, food is distributed in the best case scenario three weeks after screening and sometimes after up to four months. But, currently this is being changed and a monthly process is being considered.
- On other hand, as stated in progress report, the number of community-level workers has increased recently and this is a serious challenge on how to roll out the training and whether these HDAs will be undertaking GMP. It has delayed the implementation of the trainings in designated areas.
- Screening: the process linking CBN and Health facility is very good, but still the child can relapse. This may mean that :
 - there is a necessity to have a better integration of all the steps of the system approach from preventive measures to screening and to full recovery;
 - the follow up may not be closer and systematic enough;
 - there should be also measures to guarantee that the complementary food is getting to the level where it is needed, whatever are the reasons causing it;

Change in the role and responsibility of HEW and HDA

The Government has changed nationally the modality of health service delivery at community level. As a result, the role of weighing children and conducting community conversations, which was previously done by Volunteer Community Health Workers (VCHWs), has been transferred to the Health extension workers (HEW). Before, each volunteer would cover around 30-50 households. With this transition, the role of undertaking monthly Growth Monitoring and Promotion (GMP) has shifted from community volunteers to HEWs. This change contributed to temporarily increase the workload on the HEWs and thus caused a decrease in the participation of children under the age of two in GMP sessions

In order to address the issue, UNICEF and partners worked very closely with MoH to develop a Health Extension Program (HEP) implementation guide to facilitate the new assignments given to HEWs. In addition, a guidance note on the transfer of GMP responsibilities from the VCHWs to the HEWs has been finalized with the MoH and cascaded to the level of HEWs to support a smooth transition and to give guidance on how to increase GMP coverage through different strategies. These strategies include integrating GMP into other outreach activities such as the Expanded Programme on Immunization (EPI)

and community mobilization through the established HDA. Thus, there has seen an improvement in the number of children participating in growth monitoring sessions, as well as in the quality of data.

In reference to the complementary food (CF) pilot project:

Based on the evaluation observation and interview with groups of women in charge, some difficulties were identified. Some of them are:

- Volunteers' involvement may serve as an incentive and motivation strategy within the community, and as most or all of them are women, they are assumed to (i) have better knowledge in the area of health and nutrition, as well as positive skill towards food processing and production, and (ii) to be more concerned to the mothers and children concerns. However, involving volunteers in the project may have some shortcomings:
 - they are currently required to work devoid of any direct financial motivation /remuneration
 - as volunteers, the accountability and legal liability of the group is an issue because the group is not a formal community groups in reference to regulation. Women groups said to the evaluation that they are sometime pressured for license to operate or for tax payment.
- The units experience some difficulties: (i) for urban model for example: the access to the market, the mode of distribution and the profitability aspect (there is not even book keeping, so it is difficult to estimate the result profit or loss); (ii) as to the rural model, the bartering formula is challenging and is still being adjusted; women groups try to figure out the best way to deal that work for them without compromising the project.
- There are problems with equipment: the women groups said that there is no mechanic at hand in case of breakdown; they have to search for one far away; also there is a problem with availability of original spare parts;
- The units, both models, are far from reaching a critical mass in their functioning and production.
- Also, there is no systematic and regular quality control of the final product as expected especially for a complementary food destined to children.

5. Sustainability of the program

The evaluation has identified a number of characteristics considered as being key factors of the sustainability of the Joint Programme.

- The JP is designed as part of the framework of the National Nutrition Strategy and National Nutrition Programme that is fully owned and led by the Ministry of Health. As already presented, the overall implementation of the joint program in the sixteen woredas is using the existing health system in line with the National Nutrition Program. For the evaluation, this approach is one of the most key factors for sustainability of the joint program.
- The joint programme, towards sustainability, placed critical importance on a comprehensive package of nutrition interventions that include both emergency responses and longer-term preventive measures such as the Community-Based Nutrition (CBN). It also aims to build sustainable mechanisms to deliver those nutrition services through the Health Extension Program (HEP).
- The CBN aims to build community's capacity to improve daily child caring and feeding practices, and mitigate the impact of livelihood shocks that might affect children's nutritional status

acutely and chronically. So, the CBN, in its concept and implementation, is another important key factor to ensuring the sustainability of the interventions.

- The Growth Monitoring and Promotion (GMP) is integrated within the HEP as part of the Community Maternal, Neonatal and Child Health (CMNCH) package to ensure sustainability. Through the new training “Integrated Refresher Training” (IRT), all the HEWs and Health Centre (HC) staff in the target sixteen Woredas are trained to strengthen supportive supervision and on-the-job mentoring, given that they are the one who are going to take over the bulk of the activities addressed in this program, and integrate them to be part of their routine responsibility by the end of the programme.

There are a number of other key ways in which the JP promotes sustainability:

- The JP works 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 (NNP) and structures.
- Local communities (ex.: groups of women) and institutions (ex.: universities) are actively involved in the planning and implementation of some of the components of the program (as described already in this report), which helps to ensure ownership and the relevance of the interventions to the specific context. For example, women groups were established to participate in the design, location, management, processing and distribution of the complementary food. Communities involved contributed the raw material for complementary food and provide the space for the grain bank and for the installing of the milling equipment in the semi urban model.
- Also, the active contribution of national structures such as the Food security Task Force (made of following sectors: Education, Health, Rural Roads, Women Affairs, Water sector), and the Health development Army all well rooted in the communities.
- The principle of “1 to 5” applied in all sectors even in schools: 1 household to supervise 5 others, by cascading and perpetuating guidance, sensitization, is a channel that ensure sustainability;
- Supporting capacity building and a participatory approach lead to quality interventions and visible results. It is well established that when communities and individuals see the positive changes (e.g., healthier mothers and children, etc.) they are more likely to self-support the continuation of activities.
- In addition, involving local communities, as well as individuals in understanding the situation and managing solutions pave very well the way to sustainability. This is to say that community involvement can both stimulate and support individual actions. The programme uses multiple and mutually supporting channels to promote behavior change to ensure sustainability of activities. As described by some Health workers, the behavior change communication happened during household visits, at community dialogue sessions, and at local health posts (for example, food preparation, children feeding, visiting a health center). The activities targeted directly to women/caregivers and children, as well as to other community members (often men) who need to be involved as they play decision-making roles in the household and community;
- Regular monitoring and evaluation of the programme indicators help to keep track of progress towards sustainability;
- On financial aspects (a key sustainability factor), the government is committed to ensuring its contribution as counterpart (providing facilities, required staffs, and other resources and material), universities are also active contributors. So far NGOs are not partners of the programme, but the evaluation believes that NGOs can play a significant role in contributing to the sustainability as local actors.

In fact, the sustainability strategy of the JP, as it has been implemented, helped to ensure the following:

- continuation of some of the services provided through the program, aligned with government strategy and implementing policies;
- establishment of commitments and agreements at institutional level for continuation of the services provided and capacity building of implementing partners;
- scale up of the new approaches and tools introduced by the programme;
- continuation of supporting behavior change communication activities.

Based on all of the above mentioned experiences, factors, practices, and fundamental principles, the sustainability of the JP is well established both in terms of the readiness to taking over at the end of the joint programme, as well as the sustainability of the results achieved. The keys factors and the strategy for sustainability can and should be replicated.

6. Conclusion

The Joint Programme is very relevant in consideration that it complements fully Government strategies and plans as articulated for example in: *The National Nutrition Strategy (NNS)* and its program the National Nutrition Program (NNP).

The set up of its management structure is fully in compliance and conformity with the already existing mechanism in the NNP. Not having stand-alone mechanisms contributes to the relevancy as well as the sustainability of the programme. At the national level, the MDG National Steering Committee (NSC) provides guidance to all the joint programs, particularly in terms of coordination between programs and the harmonization of procedures. *The High-level Steering Committee (HLSC)* provided direction and oversight to the One UN Program and to the implementation of Delivering as one in Ethiopia. The HLSC assumed responsibility in identifying critical issues and providing strategic guidance throughout the implementation. This was instrumental in maximizing synergies across UN joint programming efforts. The involvement of the supervision and management structures resulted in a more efficient and better performance of the JP.

UN agencies, in reference of Paris declaration and the principle of “Delivering as one” have undertaken regular joint initiatives and activities throughout the JP implementation. Despite the challenges the agencies did face (mostly issue with their respective rules and procedures), their joint actions contributed to reinforce linkages and knowledge sharing, and facilitated dialogue among UN agencies while contributing also to the ownership of the national counterpart. Their efforts have contributed to an effective and more coordinated partnership between the four agencies: WFP, FAO, WHO and UNICEF. They are now more inclined than before the JP to explore opportunities to work together.

Government and other national partners have been fully involved in the implementation of activities and the delivery of outputs and also in policy decision making. Hence forth, it was clearly established that the JP was owned and implemented by the national counterpart. There was a close collaboration between FMOH and key partners to monitor and share progress in the implementation and achievements of the JP, and this was a key factor to the efficiency and effectiveness of the JP. As a result of owning the design, the process, and the implementation, the national counterparts own also the results of the programme.

The Joint Programme has achieved significant results towards expected targets and has proven to be fully supportive of the NNP. It contributed globally to the achievement of the MDG, because, achieving its outcomes, the JP contributes directly to the realization of the MDGs 4 and 1. Though, it is very difficult to estimate the part of the JP in the global national progress towards MDGs.

The Nutrition JP was able to establish and address the situation of Nutrition and Food security in the 16 selected woredas in Ethiopia, by aligning on the NNP with an innovative complementary food processing in four Regions, especially involving women. Household and community food security was enabled through a variety of integrated interventions with the contribution of number of partners.

Community integrated packages for women and children comprised both direct (food and micronutrient supplementation) and indirect (advocacy, growth promotion) interventions and covering the continuum of care-improving home-based infant feeding practices to rehabilitation and treatment of the severely malnourished children. *(this is a general Conclusion of the Final Evaluation Report, and all evidences have been already presented and developed in respective sections throughout the Report "Effectiveness" "Achievements toward expected results" in narrative and tables as well and in Annex 1).*

In addition, the innovative pilot project successfully profiled the importance of complementary feeding initiatives and supported sharing lessons learned and initiating discussions on scaling up similar interventions.

Capacity building in general has been successful for direct beneficiaries: women, households, and indirect beneficiaries-community groups, though support is still needed.

The JP did face some challenges and difficulties including: the issue of direct involvement of FAO and WHO at the start of the JP, the lack of specific communication and advocacy strategy, the weak inter-sectoral integration (Education, Agriculture, Health, etc.), and the duration of the programme. But, most of the difficulties have been mitigated accordingly through consultation among key partners.

The JP design and its implementation strategy included key factors for sustainability. In fact, as part of the National Nutrition Program, it is fully owned and led by the ministry of Health. The JP contributed to successfully build community's capacity to improve daily child caring and feeding practices. The sustainability of the JP is well established both in terms of the readiness to taking over at the end of the joint program, as well as the sustainability of the results achieved.

Given the time-frame of the JP implementation (three years), it can be said that there are some impressive results and achievements. The JP performance is good, though it could have been better if there had not been some challenges, difficulties and constraints that affected somehow its efficiency and effectiveness.

6.1. Best practices

Over the period of the JP implementation, some of the process and approaches are considered as being best practices, and they are:

- i. In consideration of the overarching goal of the JP, the efficiency of a strong and good combination of curative as well as preventive measures;
- ii. a forged link between food security and nutrition contribute to the realization of the objectives assigned to the program and to ensure that the target beneficiaries have enough food with sufficient nutrients;

- iii. The pilot project is a major achievement to move towards preventive nutrition. The complementary food production initiative and dissemination of knowledge is considered as a good practice in a sense that it offers a most needed solution to the need of complementary feeding of children (6 to 24 months) while taking into consideration local and available resources. The case study that will be developed will probably help to look at potential for replication and scaling up.

6.2. Lessons learned

A number of lessons learned have been mentioned by stakeholders to the evaluation. Those lessons resulted strictly from the declarations made by the persons interviewed by the Evaluation, when asked “Are there any lessons that you learned from your experience?”

The lessons represent an opportunity for stakeholders to look beyond the joint programme for even more circumstances and activities to apply what they learned.

Lesson 1

The joint programme was designed under the leadership of the Government and in partnerships with UN agencies and other stakeholders, enabling ownership and sustainability. As some interviewees said, while multi-sector partnering may be complex, it has been a learning process in which the national counterpart showed high commitment to; and this is one of their first lessons to be noted. Such lesson is definitely a reference for future program design strategy.

Lesson 2

As to the UN agencies, expanding the UN strategy of “Delivering as One” is an important lesson from the implementation of the JP, most of all, considering that this was their first experience. As they said, this lesson will certainly help them towards needed changes and adjustments in how they used to carrying out jointly actions. They have learned also the need to examine and analyze the respective advantages of each organization; in addition, another lesson is that, instead of assigning the role and activities based on budget allocation, it should be taken into consideration first the needs expressed by each agency based on its mandate, capacity and ongoing program in the country. Joint intervention in the future will certainly benefit from this lesson.

Lesson 3

Also some interviewees mentioned to the evaluation how much they realized the relevance and the effectiveness of the inter-sectoral strategy which consist of integrating/combining sectors like Health, Education and Agriculture, while enabling the communities and other local structures to take control of themselves through awareness and capacity building and development. The experience of the MDG-F has proved that multi-sectoral interventions, when applied in a coordinated manner, are more efficient in achieving results. In fact, the Prime Minister held a meeting on June 24, 2013, to promote and develop the inter-sectoral collaboration strategy among the various sectors of activities with a focus on the Health/Nutrition window. At the government level, this lesson serves as a reference for future policy-making, programming strategy in any other relevant sector.

7. Recommendations

The evaluation has identified some recommendations that will provide keys stakeholders with ideas that can help to address some of the issues and to be applied in similar programs in the future.

To UN agencies

For the evaluation, the termination of the MDG-F joint programme shouldn't mean the end of the "Delivering as one" endeavor. So, in reference to the mandate of UN agencies in assisting the national counterpart, and as they have been resolved so far to delivering as one in the country, and upon analysis of the joint program, the evaluation recommends:

- i. Identify all the bottle necks and come up with proper solutions and approach to "delivering as one"; and minimizing transaction cost while improving efficiency and effectiveness, and harmonizing as much as possible their business practices.
- ii. Address the identified challenges and proposed solutions at the headquarters level, particularly on simplification and harmonization of business practices, rules and procedures. Further institutionalization and reform at HQ level may be necessary.
- iii. Harmonize as much as possible, administrative routines and rules (financial routines, procurement routines and HR policy) and to simplify procedures in particular concerning planning, implementation and reporting when committed to delivering as one the implementation of a joint programme.
- iv. Take necessary measures to ensure very clear respective accountability at each level and delegate authority as needed from the Head quarter.
- v. Capitalize their experience and lessons learned and take it to a next level for future opportunities. For example through continued joint planning and action based on committed national frameworks, backed up with fully funded action plans. To do that, the agencies may need to identify the best way to institutionalize a framework of joint dialogue for accountability and sustainability.
- vi. Continue engagement with national counterparts (government and civil society), and even intensify at the regional and local levels. It will contribute to generating an enabling environment, knowing that the principles of ownership and leadership should remain at all time the fundamental principle UN agencies should refer to.
- vii. Decrease transaction costs for Government and development partners, although this may be a challenge within the UN as it requires intervention at the HQ level for all agencies.
- viii. Carry forward the results achieved so far in their next program cycles with sufficient resource allocation and monitoring supports.

For the effectiveness in reviewing and discussing the above recommendations, the evaluation suggests that UN agencies involved in the five JP in the country (because of their experience in Delivering as one in Ethiopia), should get together under the coordination of the RCO; they may set a team (Task force?) to lay down a specific pathway toward an effective Delivering as one in other sectors and programs. Some of the questions the agencies may need to review include:

- Before signing the JP document, shouldn't there be more in depth analysis and assessment of the feasibility of the initial proposal regarding the way the fund could and should has been channeled to all of the four UN agencies? Most of all knowing that such signed document is legally binding for the parties engaged and would require long procedure to amend?
- How about making it a priority for UN agencies to taking into consideration the ownership of the national counterpart (MoFED) who expressed clearly the Government's choice to dealing with the less possible number of UN agencies (2 instead of 4)? Knowing after all that the Government had a point in willing to have a more efficient operational management (cost and reporting). Isn't the option of the Government closer to the principle of delivering as one?

- Didn't UN agencies miss an opportunity to come up with harmonized procedure of budget management for once and exceptionally, and figure out how to share the over head? Why couldn't the agencies consider that the amount of resource they renounced could be their direct and own financial contribution (core fund) to the realization of the objectives of the JP? It would have probably been a significant step further towards delivering as one.

After all, isn't the "delivering as one" focus around developing one office, one program, one leader and one budgetary framework in each country where it tried? as it has the potential to significantly improve the efficiency and effectiveness of the UN agencies in supporting a country's development programmes?

National counterpart: the Government

The Government as owner and leader of the programme assume fore-front accountability over the performance and sustainability of the program. Therefore, it should refer to and fully use its regal duty for the success of the program. That is why the evaluation, as per the programme analysis, recommends the following:

- The experience of the MDG-F has proved how multi-sectoral interventions integrating different sectors (Health, Education and Agriculture, etc.), when applied in a coordinated manner, are more efficient in achieving results. Therefore, the evaluation recommends that the Government (already aware of that), develop a strategy that will promote the establishment of such multi-sectoral synergy cascaded at all levels of the administration: central regional, and local.
- Cases of children who relapse after treatment are reported. The evaluation recommends a special attention to these cases by (i) identifying them systematically as part of the follow up activities; (ii) assessing the causes; and (iii) taking measures accordingly to limit as much as possible their occurrence.
- For decision with significant impact on local services and communities, it is recommended to consult first with them through the bottom-top "approach" to ensure feasibility and effectiveness.
- Overall, the Government should ensure required resources (human, financial and material) to ensure continuation of the JP interventions at the end of the programme (without interruption). An estimate should be made and resources allocated accordingly. Development Partners are encouraged to support their national counterpart.

To all key Partners of the Joint programme

The innovative pilot CF project is very relevant and of strategic importance toward addressing nutrition issues "Rolling out complementary food production in other woredas", requires learning first by the experience from the pilot trial. That is why the evaluation recommends to:

- Carry out by the end of 2013, an in-depth assessment of the pilot project (involving as much as possible the regional universities); It should be emphasized that, not just the quantity of the food must be considered, but also other aspects such as its nutritious value and accessibility as well as the health status, socio-economic status and level of knowledge of the population.
- Take into consideration the conclusion and recommendations of the study and design a new full- fledged complementation food processing project accordingly; especially for the urban model, there should be a business plan with at a minimum, an objective to cover all the expenses at one point after a few years. Undertaking necessary adjustments will contribute to ensure reducing malnutrition prevalence among children in an efficient and sustainable way.
- Make adequate resources available and accessible on time for the implementation of the new CF project and expand it largely in the country (meaning beyond the area of the JP) as possible;

- iv. Scale up the successful interventions as it played up in the JP (like the CF initiative), is essential for continued progress on achievement of MDG targets

Meanwhile, the following activities should be undertaken:

- i. train communities for more awareness about the CF
- ii. carry out more sensitization of the community in reference to the importance of CF in order to increase demand
- iii. provide women groups operating the CF units with a legal and administrative status in compliance with law and regulation (including license to operate, tax status, etc.);
- iv. train women groups in basic and elementary management, book keeping, and marketing;
- v. take measures to ensure safety when operating engines and other equipment;
- vi. take necessary measures to guarantee hygiene through the production process and teach the women groups accordingly.
- vii. ensure regular and systematic quality control of the food produced (from the selection of raw grain and crops to the final product);
- viii. identify a form of incentive for the women volunteering in the rural unit model.
- ix. Establish among the different women groups involved in the CF project network for exchanges of experience and information, as characteristics vary from one area to another.

ANNEXES

- 1. JP achievements towards expected results and MDG goals**
- 2. Contact persons met**
- 3. Documents consulted**
- 4. Terms of reference of the mission**

ANNEXE 1: RESULTS ACHIEVED BY THE JP TOWARDS EXPECTED TARGETS
(as of May 2013)

Expected Results (Outcomes & Outputs)	Baseline	Overall JP Expected Target	Achievement at end of JP	difference achieved
<u>Outcome 1:</u> Improved management of children with acute malnutrition at the community level	30% of an estimated 4,575 children with SAM in the baseline quarter (1,390) 30% of an estimated 4,575 children with SAM in the baseline quarter (1,390)	80% (14,640) under five children with SAM screened and provided quality care by 2012 80% (14,640) children with acute malnutrition access OTP services in the 16 targeted woredas by 2012	To date, 37,552 cases have received effective treatment for SAM. Performance indicators, including cure (85.3%), mortality (0.3%) and defaulter (4.3%) rates, were all in line with the SPHERE standards during the last two years	
<u>Output 1.1</u> Under five children with severe acute malnutrition screened and provided quality care	30% of an estimated 4,575 children with SAM in the baseline quarter (1,390) 30% of an estimated 4,575 children with SAM in the baseline quarter (1,390)	80% (14,640) under five children with SAM screened and provided quality care by 2012 80% (14,640) children with SAM access OTP services at the HP and community level by 2012	To date, 37,552 cases have received effective treatment for SAM. Performance indicators, including cure (85.3%), mortality (0.3%) and defaulter (4.3%) rates, were all in line with the SPHERE standards during the last two years	+105%
<u>Output 1.2</u> Severely malnourished		80% (14,640) of screened malnourished children received	To date, 17,994 malnourished children out of those screened received food until end of	+ 18%

Expected Results (Outcomes & Outputs)	Baseline	Overall JP Expected Target	Achievement at end of JP	difference achieved
normally	exclusively breastfed			
Output 2.1 Build Community Capacity for Assessment-Analysis-Action Specific to Preventing Child Malnutrition		60% of communities in the 16 target woredas conduct community conversations by 2012 Women and men allocate adequate intra-household time for infant and child feeding 960 HEWs and 9,600 VCHW trained in CBN by 2011	60% of kebeles in the target woredas are conducting monthly community conversations In total, 9,400 VCHWs have been trained in community mobilization since the beginning of the project in the target woredas 142 HWs and 512 HEWs received refresher training, using the newly developed Integrated Refresher Training (IRT) package as part of Community Maternal, Neonatal and Child Health (CMNCH)	0% -2% +100% +63%
Output 2.2. Under two children growth improved	69% 90%	By 2012, a 10% increase from the baseline in the proportion of infants introduced to complementary foods 80% (124,800) of targeted under two children in the 16 target woredas participated in GMP by 2012	73.1% 99.6% of children under five supplemented with Vitamin A every six months through CHD modality 97 % of children 24-59 months are de-wormed every six months through CHD modality	+19,6%

Expected Results (Outcomes & Outputs)	Baseline	Overall JP Expected Target	Achievement at end of JP	difference achieved
Outcome 3: Improved quality and utilization of locally available complementary and supplementary foods		60%	In the pilot 8 kebeles, out of 800 children that are supposed to be included in the project 572 (71%) children 6- 24 months participating in the pilot Complementary Food (CF) project	+11%
Output 3.1 Quality complementary food produced	0	<p>Four types of CF complementary foods produced by 2012</p> <p>12 production sites established in the 12 targeted Kebeles by 2012</p>	<p>Four types of complementary food have been developed. Two models (urban and rural) for implementation of CF were developed and two sites for rural model in each of the four regions were selected. In the eight rural kebeles , production of CF has started with bartering system. Those children 6- 24 months participating in the program have improved their weight consequently Reduction of OTP beneficiaries observed in the project areas.</p> <p>For the semi urban model, four sites were identified, processing units procured and all the mills installed. Mill operation in all woredas (Wadla, Kedida Chinaksen and Laylaimachew woreda) started. As it is with a business model, the organized women group started selling.</p> <p>Two models for implementation of CF were developed and three sites/ kebeles in each of the four regions were selected. In eight kebeles in rural areas, production of CF has started.</p>	+66%

Expected Results (Outcomes & Outputs)	Baseline	Overall JP Expected Target	Achievement at end of JP	difference achieved
<p>Output 4.2. Capacity of implementers on data reporting, analysis, and management improved</p>		<p>30 federal, regional and woreda health managers and Emergency Nutrition Coordination Unit (ENCU) staff trained in CBN and OTP data management by 2010</p> <p>CBN and OTP data reporting system established in 16 woredas and four RHBs by 2012</p>	<p>30 federal, regional, and ENCU staff trained in nutrition information system</p> <p>CBN and OTP data reporting system is established in 16 woredas and monthly data are reported from woredas to the region</p>	<p>0%</p> <p>0%</p>
<p>Output 4.3. Effective NNP and Joint Program monitoring and evaluation system established</p>		<p>One baseline survey conducted in 16 targeted woredas</p> <p>Three annual review meetings conducted by 2012</p>	<p>Baseline survey is completed in the CBN /NNP woredas</p> <p>Three regional review meetings including CBN, are conducted annually – as per government schedule</p> <p>Regional review meetings including CBN, are conducted annually – involved regions conduct the review at their own schedule.</p>	<p>0%</p> <p>0%</p>

ANNEXE 2

List of stakeholders met

Names	Organization	Position
Addis Ababa		
	Government	
Awel Ababulgu	FMOH	Focal person for MDGF program Team leader partnership coordination
	SPAIN	
Marta Romero Diego		Health & Aid effectiveness
	UN Agencies	
	UNICEF	
Joan Matji		Nutrition Division Chief
Wigdam Madani		
Abebe Hailemariam		Nutrition Specialist
Sarah Sahilu		Administrative Assistant
Sylvie		
	RC	
Ines Mazarrasa Steinkuhler		Coordination officer, Special Assistant to the RC
	FAO	
Dr Emeri Asmare		JP Focal person
Senait Zewdie		National health and Nutrition expert
	WFP	
Tayech Yimer		
Kemeria Barserga		
Wondi Fraw Abebe		Field monitor Kochere
	WHO	
Getahun Teka		Nutrition program Officer
SNNPR Southern Nations, Nationalities, and People Region Keddia Gamela, Kochere, Adilo, Daga Kadida		
Astaw Tewgene	Agriculture sector	Early warning coordinator
Fawit Degetu	"	Focal person
Negatva Mekonnen	Local structure	Food distribution agent
Alemata Abera	"	Food distribution agent
Zenabua Girma	Local community	Beneficiary
Tigist Yohannes	"	Beneficiary
Worke Tesema	MOH	Health Extension Worker (HEW)
Adarech Gebre		Women group member
Dawit Yacob	Kabele administration	Manager
Fantaye Fanus	"	Women affairs representative

Names	Organization	Position
Abera Erego	"	Youth and Information officer
Minireteas Samuel	Woreda administration	Coordinator of projects
Kebede Kelbison	"	Nutrition focal person
Alemu Tirore	"	Early warning Expert
TIGRAY REGION Lalay Maichew, Hatsebo kabele, Dura		
Lemlem Tuke	Local structure	Health extension worker (HEW)
Giday Haile	"	Coordinator of diseases prevention
Tsegay Mebraheto	"	Agriculture agent

ANNEXE 3

DOCUMENTS CONSULTED

1. Demographic and Health survey 2011 final report
2. CBN, evaluation report 25 September 2012
3. Monitoring report Children, Food security
4. Nutrition, MTE final report
5. Final, UNICEF report without picture 2010 , Rapid assessment of complementary food
6. HSDP IV, final (Health sector development program
7. MDG-F Monitoring report June 2011 final
8. MDG-F 2011 Report 0238
9. MDG-F Amendment October 2011
10. MDG-F Monitoring report CFSN 120124
11. MDG-F Monitoring report Result framework
12. MDG-F Third Progress report Jan 2011
13. Second monitoring report MDG-F Nutrition 200710
14. Second monitoring report Ethiopia MDG-F July 2010
15. UNDAF Action plan New
16. MDG-F progress report 0238 08 011 13 (word)
17. MDG-F progress report 0238 08 011 13 (PDF)
18. UNICEF ETH Progress Report_MDGF_SC090238 - May 2013
19. Budget June 11
20. Second generation TSF - EOS-TSF working group draft concept note
21. Targeted Supplementary Food Rescues Child from Acute Malnutrition
22. Annex 4 TOR HLSC Final 2010
23. DRAFT HLSC Meeting Minutes 18 Dec.
24. Final Draft Minutes HLSC meeting 22 February 2012
25. Minutes HLSC meeting 28 Apr 2011