

Ethiopia

Mid-Term Evaluation

**Thematic window: Children, Food security
& Nutrition**

**Programme Title: National Nutrition Programme/MDG-F
Joint Programme**

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Prologue

The current mid-term evaluation report is part of the efforts being implemented by the Millennium Development Goal Secretariat (MDG-F), as part of its monitoring and evaluation strategy, to promote learning and to improve the quality of the 128 joint programs in 8 development thematic windows according to the basic evaluation criteria inherent to evaluation; relevance, efficiency, effectiveness and sustainability.

The aforementioned mid-term evaluations have been carried out amidst the backdrop of an institutional context that is both rich and varied, and where several UN organizations, working hand in hand with governmental agencies and civil society, cooperate in an attempt to achieve priority development objectives at the local, regional, and national levels. Thus the mid-term evaluations have been conducted in line with the principles outlined in the Evaluation network of the Development Assistant Committee (DAC) - as well as those of the United Nations Evaluation Group (UNEG). In this respect, the evaluation process included a reference group comprising the main stakeholders involved in the joint programme, who were active participants in decisions making during all stages of the evaluation; design, implementation, dissemination and improvement phase.

The analysis contained in the mid-term evaluation focuses on the joint program at its mid-term point of implementation- approximately 18 months after it was launched. Bearing in mind the limited time period for implementation of the programs (3 years at most), the mid-term evaluations have been devised to serve as short-term evaluation exercises. This has limited the scope and depth of the evaluation in comparison to a more standard evaluation exercise that would take much longer time and resources to be conducted. Yet it is clearly focusing on the utility and use of the evaluation as a learning tool to improve the joint programs and widely disseminating lessons learnt.

This exercise is both a first opportunity to constitute an independent "snapshot" of progress made and the challenges posed by initiatives of this nature as regards the 3 objectives being pursued by the MDG-F; the change in living conditions for the various populations vis-à-vis the Millennium Development Goals, the improved quality in terms of assistance provided in line with the terms and conditions outlined by the Declaration of Paris as well as progress made regarding the reform of the United Nations system following the "Delivering as One" initiative.

As a direct result of such mid-term evaluation processes, plans aimed at improving each joint program have been drafted and as such, the recommendations contained in the report have now become specific initiatives, seeking to improve upon implementation of all joint programs evaluated, which are closely monitored by the MDG-F Secretariat.

Conscious of the individual and collective efforts deployed to successfully perform this mid-term evaluation, we would like to thank all partners involved and to dedicate this current document to all those who have contributed to the drafting of the same and who have helped it become a reality (members of the reference group, the teams comprising the governmental agencies, the joint program team, consultants, beneficiaries, local authorities, the team from the Secretariat as well as a wide range of institutions and individuals from the public and private sectors). Once again, our heartfelt thanks.

The analysis and recommendations of this evaluation report do not necessarily reflect the views of the MDG-F Secretariat.

ETHIOPIA	National Nutrition Programme / MDG-F Joint Programme (MDGF- 2034)
<i>Children, Food Security and Nutrition</i>	



Total Budget	\$6,999,884
UNICEF	\$5,711,032
WFP	626,592
WHO	262,080
FAO	400,180
Start date	September 2009
Duration	36 months
Lead Agent	UNICEF

MID-TERM EVALUATION

Final Report

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A. EXECUTIVE SUMMARY

Introduction

The MDG-F 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. The JP aims 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 outcome areas:

- 1) Improved management of children with severe acute malnutrition (SAM) at the health post and community level.
- 2) Improved caring and feeding behaviours/practices of children and mothers.
- 3) Improved quality and utilisation of locally available complementary foods.
- 4) Improved nutrition information and M&E system.

The JP supports the Government of Ethiopia's efforts in meeting existing funding and implementation gaps in community management of acute malnutrition, prevention of malnutrition, local production of complementary foods, and strengthening the nutrition information system. It contributes to; (a) the NNP target of reducing underweight from 38% to 30% by 2013, and the non-income Target 2 of MDG 1, i.e. halving malnutrition from 1990 levels (halving underweight in under-five children by 2015); (b) ensuring that boys and girls complete a full course of primary schooling (MDG 2) by improving the children's educational capacity; (c) reduce by two-thirds the mortality rate among children under-five (MDG 4) by reducing 57% of malnutrition-related deaths; and (d) reduce by three-quarters the maternal mortality ratio (MDG 5) by empowering women, improving maternal nutrition and reducing maternal deaths associated with malnutrition.

The objective of this MTE was to assess the effectiveness and efficiency of the JP activities in relation to its stated objectives and results, as well as to generate knowledge and identify good practices and lessons learned. The overall approach was based on the M&E Strategy for the MDG-F, as well as the five commonly accepted evaluation criteria set out by the Development Assistance Committee of the Organisation for Economic Cooperation and Development (OECD), which describe evaluation to include assessment of (i) Relevance, (ii) Effectiveness, (iii) Efficiency, and (iv) Impacts.

This report represents the findings of the independent evaluation conducted by an independent evaluator during the period June to August 2011. The report is presented in 7 chapters. Chapter 1 contains the introduction and background to the JP; Chapter 2 describes the evaluation objectives, scope and methodology; Chapter 3 contains a description of the JP, followed by the evaluation findings in Chapter 4. Chapters 5, 6 and 7 contain the conclusions, lessons learned and recommendations respectively.

Evaluation Findings

The MTE found that the JP is very relevant in terms of addressing Ethiopia's development objectives three of the four major forms of malnutrition – Iodine Deficiency Anemia (IDA), VAD, Acute Chronic Malnutrition (ACM) and Iodine Deficiency Disorder (IDD). The fourth, Vitamin A Deficiency (VAD) is not addressed by the JP specifically, although some UN agencies support this aspect in the context of the country programmes.

With regards to the JP's effectiveness, the MTE noted considerable progress made towards realization of the planned performance targets. Most activities under the four Outcome areas were on track in delivering JP targets for outcomes 1, 2 and 4. Activities under Outcome 3 were affected by the delays in the initial transfer of funds to FAO although the issue has since been resolved. However, commitment and disbursement of funds as a percent of budget was below expected 50% level for FAO, WFP and WHO. The MTE is of the opinion that the option for a no-cost extension should remain available and further reviewed based on delivery rates for the last quarter of 2011.

The MTE also found that the management and coordination mechanisms strengthened national ownership of the processes and results of the programme, but there are challenges in that the system of focal persons that was established does not enable full and undivided attention to attendant JP administrative, management and monitoring responsibilities.

The quality of progress reports were found below satisfactory as they tended to be activity-based due in part to inappropriate and inadequate indicators which lack baselines. It was therefore not possible to make an objective assessment of the JP's progress and contribution to expected results, outputs and outcomes.

Lessons learned

Based on these findings, the MTE identified the following 6 major lessons:

- (1) Lack of adequate preparation, planning and agreement on implementing modalities, roles and management structures for the JP can result in delays in startup and implementing of activities.
- (2) Programme implementation can be affected by a lack of alignment and harmonisation of operational procedures, which further exacerbates delays in implementing activities.
- (3) Sustainability of programme processes and results can be affected by lack of clear exit strategy which precisely defines what the JP intends to leave behind in terms of national capacities, including individual skills, institutional mechanisms and the enabling policy environment for government to replicate and upscale the initiatives beyond the life of the JP.
- (4) In the absence of deliberate planning to establish synergies between different JPs, including implementing in common geographic areas, JP activities cannot be leveraged on the results of other JPs in the country.

- (5) Engagement of the government in design, implementation and management of the JP ensures commitment by government counterparts at all levels and strengthens national ownership and sustainability of the processes and results of the JP; and this can be strengthened if a system for measuring transaction costs as well as harmonizing operational procedures such as use of common FACE forms that reduce the costs of doing business for the government is developed.
- (6) Without relevant and measurable indicators as well as appropriate baseline values that are established upfront, performance cannot be measured objectively and results-based reporting becomes difficult.

Recommendations

The MTE made 9 recommendations, six of which can be implemented within the timeframe of the JP and the other three, after the JP period.

List of recommendations
Short-term recommendations
1. The JP should expand to all JP Woredas the practice of providing discharge rations to SAM children after treatment before their next screening.
2. The JP should review and develop appropriate indicators for Outcome 2 and 4 and Outputs 1.1, 2.2 and 4.3.
3. The JP should undertake a capacity assessment for the nutrition programmes to determine whether or not there is appropriate institutional framework for sustainability of JP processes and results.
4. The JP management should develop a specific exit strategy for the JP.
5. The RCO should develop mechanism for all 5 JPs to collaborate and undertake joint activities where possible in order to strengthen their synergies.
6. The JP should review its financial delivery and progress towards expected results based on revised indicators to determine if no-cost extension may be required.
Long-term recommendations
7. The UNCT should adopt common FACE forms for all UN agencies to ensure alignment and harmonisation of operations.
8. MDG-F secretariat should review the monitoring and reporting templates to align them with existing UN agency formats.
9. The UNCT/RCO should improve reporting standards, including through training staff in Results Based Management (RBM) approaches.

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C. ACRONYMS

AAA	Accra Agenda for Action
BOFED	Bureau of Finance and Economic Development
CBN	Community-based Nutrition
CC	Community Conversation
C-IMCI	Community Integrated Management of Childhood Illness
DMFSS	Disaster Management and Food Security Sector
EOS	Enhanced Outreach Strategy
ERG	Evaluation Reference Group
FAO	Food and Agriculture Organisation
FMOH	Federal Ministry of Health
GMP	Growth Monitoring and Promotion
HEP	Health Extension Programme
HEW(s)	Health Extension Worker(s)
HSDP	Health Sector Development Plan
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorder
INGO(s)	International non-Governmental Organisation(s)
JCCC	Joint Core Coordinating Committee
JP	Joint Programme
MDG(s)	Millennium Development Goal(s)
MDG-F	Millennium Development Goals Achievement Fund
MDTF	Multi Donor Trust Fund
MOFED	Ministry of Finance and Economic Development
MTE	Mid-Term Evaluation
NGO(s)	Non-Governmental Organisation(s)
NSC	National Steering Committee
NNP	National Nutrition Programme
OECD	Organisation for Economic Cooperation and Development
OTP	Out-Patient Treatment Programme
PASDEP	Plan for Accelerated and sustained Development to End Poverty
PLW	Pregnant and Lactating Women
PMC	Programme Management Committee
PMT	Programme Management Team
PSNP	Productive Safety Net Programme
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 Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNRC	United Nations Resident Coordinator
VAD	Vitamin A Deficiency
VCHW(s)	Volunteer Community Health Worker(s)
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WoHo	Woreda Health Office
WHO	World Health Organisation

I. INTRODUCTION

1.1. Background

1. In December 2006, the United Nations Development Programme (UNDP) and the Government of Spain signed a partnership agreement for the amount of €528 million with the aim of contributing to progress on the Millennium Development Goals (MDGs) and other development goals through the United Nations System. In addition, on 24 September 2008 Spain pledged €90 million towards the launch of a thematic window on Children, Food Security and Nutrition. The Millennium Development Goals Achievement Fund (MDG-F) supports countries in their progress towards the MDGs and other development goals by funding innovative programmes that have an impact on the population and potential for duplication.

2. The MDG-F operates through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. The Fund uses a joint programme (JP) mode of intervention and has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs. The thematic window on Children, Food Security and Nutrition supports the development of low-cost nutrition interventions that save lives and promote healthy development by engaging with pregnant and lactating mothers and ensuring that they are healthy and aware of key nutrition issues. The interventions also include advocacy for mainstreaming children's right to food into national policies and plans.

3. With a contribution of US\$ 7 million, the JP supports the Government of Ethiopia's efforts in meeting existing funding and implementation gaps in community management of acute malnutrition, prevention of malnutrition, local production of complementary foods, and strengthening the nutrition information system. The JP complements government strategies and plans as articulated in the National Nutrition Programme (NNP), the Health Sector Development Plan (HSDP III) and United Nations Development Assistance Framework (UNDAF) outcomes. It contributes to; (a) the NNP target of reducing underweight from 38% to 30% by 2013, and the non-income Target 2 of MDG 1, i.e. halving malnutrition from 1990 levels (halving underweight in under-five children by 2015); (b) ensuring that boys and girls complete a full course of primary schooling (MDG 2) by improving the children's educational capacity; (c) reduce by two-thirds the mortality rate among children under-five (MDG 4) by reducing 57% of malnutrition-related deaths; and (d) reduce by three-quarters the maternal mortality ratio (MDG 5) by empowering women, improving maternal nutrition and reducing maternal deaths associated with malnutrition.

4. The JP is aligned with Ethiopia's UNDAF 2007 – 2011, especially the two outcomes on (i) Humanitarian Response, Recovery and Food Security, and (ii) Basic Social Services and Human

Resources. The Food and Agriculture Organisation (FAO), United Nations Children's Fund (UNICEF), World Food Programme (WFP) and World Health Organisation (WHO) already support the country in implementing the NNP through their country action plans, and therefore are well positioned to support the country's effort to scale up the implementation of the NNP through this JP.

1.2. Purpose of the Mid-term Evaluation

5. Among its roles, the MDG-F Secretariat is monitoring and evaluation in line with the instructions contained in the Monitoring and Evaluation Strategy and the Implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund. These documents stipulate that all joint programmes lasting longer than two years will be subject to a mid-term evaluation (MTE).

6. By their very nature, MTEs are highly formative and forward looking, seeking to improve implementation of the JPs during their second phase of implementation. They also seek to generate knowledge, identifying best practices and lessons learned that could be transferred to other programmes. As a result, the conclusions and recommendations generated by this evaluation will be addressed to its main users: the JP Management, the National Steering Committee (NSC) and the Secretariat of the Fund.

1.3. Structure of the Report

7. This report represents the findings of the independent evaluation conducted by an independent evaluator during the period June to August 2011. The report is presented in 7 chapters. Chapter 1 contains the introduction and background to the JP; Chapter 2 describes the evaluation objectives, scope and methodology; Chapter 3 contains a description of the JP, followed by the evaluation findings in Chapter 4. Chapters 5, 6 and 7 contain the conclusions, lessons learned and recommendations respectively.

II. DESCRIPTION OF THE EVALUATION

2.1. Objectives of the MTE

8. The objective of this MTE was to assess the effectiveness and efficiency of the JP activities in relation to its stated objectives and results, as well as to generate knowledge and identify good practices and lessons learned. The specific objectives are to:

- a. To discover the programme's design quality and internal coherence (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the MDGs, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action (AAA).
 - b. To understand how the JP operates and assess the efficiency of its management model in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. The analysis also intended to establish the factors for success and limitations in inter-agency tasks within the One UN framework.
 - c. To identify the programme's degree of effectiveness among its participants, its contribution to the objectives of the Children, Food Security and Nutrition thematic window, and the MDGs at the local and country level.
9. The MTE also sought to generate conclusions and recommendations to improve the implementation of the JP during the remaining period of its implementation.

2.2. Scope of the MTE

10. The unit of analysis or object of study for this MTE was the JP "*Ethiopia: National Nutrition Programme (MDGF 2034)*", understood to be the set of components, outcomes, outputs, activities and inputs that are detailed in the JP document and in associated modifications made during implementation. The evaluation assessed the planned, ongoing, or completed JP interventions to determine its relevance, efficiency, effectiveness, impact and sustainability.
11. The evaluation process generated information to address the evaluation questions identified in the TOR at the outset of this MTE. Particular emphasis was put on the current programme results and the possibility of achieving all the objectives in the given timeframe, taking into consideration the pace of implementation of activities. The Evaluator reviewed the programme monitoring framework that was developed at the design stage, including review of the set of indicators, baseline values and targets established for tracking and monitoring progress.
12. Specifically, the evaluation assessed the following four levels of the programme:

Design level - Relevance

13. The assessment reviewed the relevance of the programme design and the extent to which the objectives of the JP were consistent with the needs and interest of the partners and end-users, the needs of the country, the MDGs and the policies of partners and donors. The evaluation also looked at the ownership of the programme design by considering the extent to

which national partners and counterparts exercised ownership and leadership in the development of interventions and the extent to which the JP objectives reflected the national and sub-national plans and programmes, the identified needs (environmental and human) and the operational context of national policies.

Process level - Efficiency

14. The evaluation reviewed the efficiency of the overall JP management model and the extent to which resources/inputs have been turned into results, the coordination among participating UN agencies and between the UN and the Ethiopian government and civil society, as well as how effectively the programme was monitored. The review also assessed the ownership of the process, including the extent to which the target population and the beneficiaries had taken ownership of the JP process and results; and whether or not counterpart resources had been mobilized.

Results level - Effectiveness

15. The evaluation assessed the effectiveness of the programme in meeting its expected outputs and contribution to outcomes, as well as contribution to the MDGs at the local and national levels. Specific emphasis was on the implementation timeline to assess if expected results would be achieved within the programme timeframe. The sustainability of programme achievements were also assessed to determine the probability that programme results would continue in the long run.

National ownership - Sustainability

16. With regards to national ownership, the evaluation identified lessons learned and best practices that can be transferred to other programmes or countries. The evaluation also reviewed the contribution of the JP to the United Nations reform (“One UN”), and assessed how the principles of aid effectiveness were integrated into the JP. and the contribution of the JP towards the implementation of the MDGs in Ethiopia and more generally towards the public policy framework of Ethiopia.

2.3. Evaluation Methodology

17. The overall approach was based on the M&E Strategy for the MDG-F¹, as well as the five commonly accepted evaluation criteria set out by the Development Assistance Committee of the Organisation for Economic Cooperation and Development (OECD), which describe evaluation to include assessment of:

¹ MDG-F; Monitoring and Evaluation System – Learning to Improve – Making Evaluation Work for Development.

- ✓ Relevance – assessment of whether or not the programme addresses the identified national priorities in keeping with its design;
- ✓ Effectiveness – the extent to which formally agreed upon expected programme results have been achieved or can be expected to be achieved;
- ✓ Efficiency – assessment of the productivity of programme activities, i.e. the degree to which outputs derive from efficient application of resources; and
- ✓ Impacts – identification of the long-term results, including any unintended positive and negative results.

18. Data collection was undertaken in accordance with the principles of (i) participatory consultancy, (ii) confidentiality, and (iii) triangulation of information from multiple sources. The following data collection instruments were used:

- a) **Document review.** Background documents including the JP document, official government policy and strategy documents, UN agency programme and action plans, and JP periodic reports were initially reviewed leading to development of the evaluation plan. The resultant Inception Report was provided to the MDG-F Secretariat and the Evaluation Reference Group (ERG) for comments. The full list of documents reviewed is attached as Annex 1 to this report.
- b) **Meetings and interviews.** A total of 46 key stakeholders and JP partners including Resident Coordinator's Office (RCO), UN agency programme staff, central and local government officials and target beneficiaries were interviewed individually or in groups. The list of individuals consulted is shown in Annex 2 to this report.
- c) **Field visits.** The evaluator undertook visits to two Regions – Amhara and Tigray – to see the actual projects and interventions on the ground and consult with stakeholders in the field. The Regions were selected by the UN agencies based on their accessibility in the rainy season. The agenda for the in-country field mission is attached as Annex 3 to this report.
- d) **Debriefing of preliminary findings.** A meeting of the ERG and other UN agency programme staff was undertaken to debrief them on the preliminary findings and field observations, as well as provide an opportunity to validate information and obtain further inputs.

2.4. Limitations of the MTE

19. The time allocated for the in-country mission was too short and as a result some of the meetings were rushed. In addition, the evaluator was unable to meet with representatives of the Spanish Embassy because their technical staff were out on field missions. At the Woreda level, discussions with stakeholders and partners were conducted in the local language with

translation for the evaluator provided by UN agency staff, thereby raising the possibility for missing essential information and some important nuances.

III. DESCRIPTION OF THE JOINT PROGRAMME

3.1. JP Rationale

20. The Government of Ethiopia (hereafter called the Government) has been implementing a national poverty reduction strategy known as the Plan for Accelerated and Sustained Development to End Poverty (PASDEP). The Health Sector Development Plan (HSDP) is the health chapter of PASDEP. The HSDP IV (2011 – 2015) has six priority areas, including nutrition which was added to the list of five priorities previously in HSDP III (2005 – 2010). The main vehicle for implementing the HSDP is the Health Extension Programme (HEP), which is designed to deliver preventive, promotive and a limited number of high impact curative services at the community level. The core of the HEP is the construction of health posts in all of Ethiopia's 15,000 Kebeles, each manned by two Health Extension Workers (HEW), as well as establishment of Volunteer Community Health Workers (VCHW) to be deployed one each per 50 households. The HEWs are the main vehicle for community action, including community-based nutrition (CBN) under the HEP. A critical success factor for the HEP is therefore training of HEWs; which is one of the core activities of the NNP. In this regard, the JP provides invaluable inputs and capacity development support.

21. Ethiopia has a high prevalence of Acute and Chronic Malnutrition, with almost half of Ethiopian children chronically malnourished and one-in-ten children wasted. 47% of children under-five are stunted, 38% are wasted and 11% are underweight.² Child malnutrition increases with the age of the child, and the peak age is between 6 and 24 months of age. Rural children are more stunted (48%) compared to urban children (30%), underweight (40% for rural children compared to 23% in urban areas) and wasted (11% versus 6% respectively). Regional variations are substantial, for example, stunting levels are above the national average in Amhara and Southern Nation Nationalities and Peoples Region (SNNPR). In the case of women, 27% are chronically malnourished and three-in-ten women aged 25-19 years are under-nourished. Most under-nutrition occurs during pregnancy and the first two years of life. This early damage is irreversible after the child reaches 24 months and thus it is a critical period in the lifecycle approach for interventions.

² Demographic Health Survey (2005)

3.2. Structure of the JP

22. The MDG-F 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. The JP aims 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 outcome areas:

Outcome 1: Improved management of children with severe acute malnutrition (SAM) at the health post and community level.

Outcome 2: Improved caring and feeding behaviours/practices of children and mothers.

Outcome 3: Improved quality and utilisation of locally available complementary foods.

Outcome 4: Improved nutrition information and M&E system.

23. To achieve these objectives, the JP has four main components which are subsets of the NNP:

- ▶ Rollout and sustainability of Out Patient Treatment (OTP) for severe acute malnutrition.
- ▶ CBN interventions – community capacity for assessment, analysis and action.
- ▶ Pilot local production from locally available resources; and utilisation of complementary food.
- ▶ Strengthening the Nutrition Information System and M&E mechanism.

24. With the exception of Component 3, all other components are implemented in 16 Woredas from four regions: Amhara (4 Woredas), Oromia (5 Woredas), SNNPR (5 Woredas), and Tigray (2 Woredas). The Woredas represent the most food insecure in the four regions, which also in turn constitute the different ecological zones in Ethiopia. Component 3 is piloted in four Kebeles from two selected Woredas of the targeted 16 Woredas. The Woredas were selected by the regions in consultation with the FMOH and UN agencies based on the following agreed criteria: (i) Woreda with two HEWs in all its rural Kebeles, (ii) Woreda with Productive Safety Net Programme (PSNP), (iii) Woredas with Enhanced Outreach Strategy (EOS) and targeted supplementary feeding (TSF), (iv) Integration of water, sanitation and hygiene (WASH) and Community Integrated Management of Childhood Illness (C-IMCI), and (v) Woredas with demonstrable commitment to implement CBN. The JP targets the following vulnerable groups in the 16 Woredas:

- ▶ 156,000 under-two children and 14,600 under-five children with SAM,
- ▶ 96,500 pregnant and lactating women (PLW),
- ▶ Identified households coping with acute food insecurity in two Woredas, and
- ▶ 40 Women's groups.

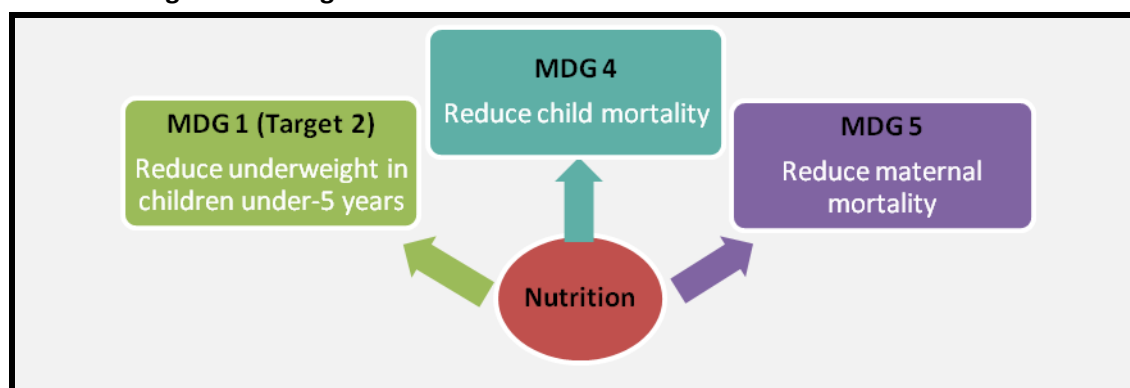
IV. EVALUATION FINDINGS

4.1. Relevance of the JP Design

25. This section presents the findings of the MTS based on content analysis of the JP document against the national priorities and strategies, MDGs and the needs of the target beneficiaries to determine the relevance and internal coherence of the JP design. The evaluation finds that the JP is very relevant in the context of the development objectives of Ethiopia.

26. Ethiopia has the highest rate of malnutrition in Sub-Saharan Africa, and faces the four major forms of malnutrition: Acute and Chronic Malnutrition, Iron Deficiency Anemia (IDA), Vitamin A deficiency (VAD) and Iodine Deficiency Disorder (IDD).³ According to the 2005 DHS, 47% and 11% of children under-five were stunted and wasted respectively. The consequences of malnutrition for children are illness and/or death; and for those who survive, mental impairment and reduced capacity to produce and contribute to the economy and development of the country. Malnutrition also reduces cognitive development and causes slower learning throughout life. It also reduces work productivity because stunted; less educated and mentally impaired adults are less productive. Overall therefore, addressing nutrition is essential for the socio-economic development the country. As illustrated in Figure 1 below, nutrition is a crosscutting issue that contributes to achievement or acceleration of progress towards several MDGs.

Figure 1: Linkage of nutrition to MDGs



Addressing root causes

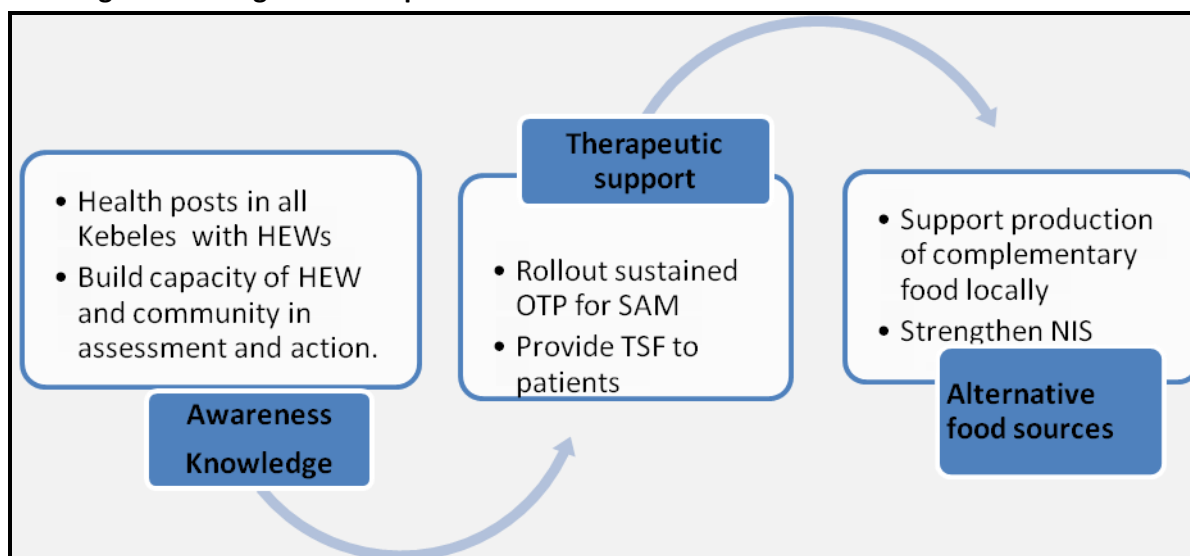
27. The government identified several factors that affect malnutrition in women and children. Among the main causes are poor infant and child feeding practices. Breastfeeding is

³ Government of Ethiopia (2008); Programme Implementation Manual of the NNP 2008 – 2013.

nearly universal in Ethiopia, but a very large proportion of women do not practice appropriate breastfeeding and complementary feeding behaviour for their children. About a third of babies do not receive breastfeeding within one hour of birth and only one-in three children age 4-5 months is exclusively breastfed.⁴ At 6 – 8 months only one-in-two children is consuming solid or semi-solid food. Much of these inappropriate breastfeeding and complementary feeding behaviours are due to lack of knowledge, rather than practical or financial constraints.

28. The design of the JP appropriately addresses the various determinants of malnutrition: awareness and knowledge building, therapeutic support, providing affordable alternative complementary food, and establishing an information system for better management and response to malnutrition. Figure 2 below illustrates the linkages of the JP components in addressing the root causes of malnutrition.

Figure 2: Linkage of JP components to root causes of malnutrition



29. The 2005 DHS indicated that even in households with adequate food, nutritional status is sometimes low because of inadequacies in micronutrients, maternal knowledge about adequate child care, health services and sanitation. Programmes sometimes operate in a manner largely independent of one another, such that targeted Woredas and Kebeles for one programme are chosen without consideration of the coverage of other programmes that would likely affect nutrition and food security. This JP has addressed this challenge through clearly defined selection criteria for participating Woredas, in order to strengthen linkages among various programmes. Targeted Woredas were selected if they had all the following: two HEWs

⁴ Ibid.

in all its rural Kebeles, PSNP, EOS and TSF, (iv) Integration of WASH and C-IMCI; thereby ensuring that nutrition is addressed in a broader context of the health sector plan.

30. As presently designed however, the JP does not include the element of VAD directly, but UNICEF supports the FMOH to deliver Vitamin A supplements throughout the country including in the JP Woredas. However, studies have shown that in Ethiopia, VAD affects 61% of children 6 – 59 months of age, and 32% of childhood deaths are attributable to VAD, as well as being the leading cause of preventable blindness. Integrating this as direct JP activities and outputs would strengthen the results achievement of the programme, and all participating partners (UN agencies, Government and Universities) were aware of the gap and indicated that plans would be developed in future, to integrate this element into the programme.

31. Only Component 3 of the JP design constitutes a pilot study involving the development of an innovative new initiative. The other components basically represent a form of budget support to upscale existing government programmes. However, government progress has not been uniform in all regions and therefore there is still scope for learning lessons and developing good practices that can be replicated in other regions. For example, the practice of providing discharge rations to SAM children after they have received treatment but before the next screening is a good practice that has been developed by the JP and can be replicated.

National ownership

32. The design of the JP was based on the NNP, which translates the strategies of the NNS into programme actions. The NNS was itself developed in a participatory process involving the Regional Health Bureaus and other non-health sector players. The NNS brings together various previously isolated and uncoordinated interventions into one comprehensive sector wide approach with one coordination framework.⁵ Nutrition is recognised in the NNS as being multi-sectoral and the overall responsibility for coordinating the strategy was given to the FMOH. Some of the key sectors involved include the Ministries of Education, Agriculture, Water Resources, Women's Affairs, and Finance and Economic Development. The JP works within this overall framework, thereby ensuring that its processes and outcomes are nationally owned. In addition, the development of specific interventions at local level is undertaken in close consultation and coordination with local authorities at the Regional, Woreda and Kebele levels, as well as in partnership with non-governmental and civil society institutions such as local universities and women's groups.

33. On the whole, the JP approach provides UN agencies and government counterparts with an opportunity for learning and jointly identifying those areas where they have differences, and facilitates the process of dialogue leading to development of strategies for addressing those

⁵ Ethiopia National Nutrition Strategy: *Review of progress and gaps*; Save the Children, May 2009.

differences. The JP also enables UN agencies and different government agencies to focus holistically on a common result.

4.2. Effectiveness of the JP

34. This section presents the findings of the MTE on the effectiveness of the JP, which provides an assessment of the extent to which the planned outputs and outcomes have been achieved or can be expected to be achieved in the future. The analysis also includes an overview of the key results achieved to date and the extent to which activities have been transformed into outputs.

35. Progress towards achievement of expected results was affected by the slow start in implementing activities, particularly those activities that were to be performed by FAO and WHO. As reported in previous JP reports, implementation of activities was delayed due to delays in the transfer of funds, particularly to FAO and WHO, because they had been initially assigned the status of subcontracting agencies in the JP. In the JP design, the government had requested that only UNICEF and WFP should be the participating UN agencies, and as Lead Agency, UNICEF would pass through the funds to FAO and WHO. However, this approach proved to be unworkable, and during the first year no funding was transferred to FAO and WHO via UNICEF, due to bottleneck related to interagency procedures. Part of the challenge was that the approach entailed a double recovery of administrative costs by UNICEF and the subcontracting agency. The issue was eventually resolved when the government allowed both FAO and WHO to be signatories to the JP as participating UN agencies, thereby enabling them to receive funds directly from the headquarters. Consequently those activities implemented by these two agencies lagged behind and were only started towards the end of 2010. Some informants suggested that in order for these problems to be avoided in the future, it may be necessary to have a preparatory phase to address the issues of roles, leadership and operational procedures before the final JP document is signed by all participating agencies and government.

36. Notwithstanding the delays in the startup of the programme, there has been considerable progress made towards expected results, and particularly with implementing planned activities.

4.2.1. Outcome 1: Improved management of children with SAM at the health post and community level.

37. Activities associated with the outputs under this outcome have been started and are on track. UNICEF and WHO have rolled out the training of HEW and Cluster Supervisors. In the health posts that were visited during field visits, the evaluator observed that the two HEWs were on post and were all female in accordance with the policy of the FMOH. Training of Cluster Supervisors and HEWs had been completed in some Woredas, and they were in turn going to provide similar training to the VCHWs. The Woreda administration noted however that training of VCHWs had been delayed because this was the end of the government budget cycle which runs from July to June and they were expecting to commence training once the new budget cycle is in place.



HEWs manning a health center in one of the Kebeles

38. The rollout of OTP treatment was also on track, and mothers were bringing their children to the health posts for screening and treatment. HEWs interviewed reported that they were providing monthly training on appropriate breastfeeding and hygiene to lactating mothers. Screening was also conducted to assess the nutritional status of lactating mothers, and those found to be malnourished were given supplementary food through the WFP interventions. In addition, malnourished children were provided TSF and when they were discharged, WFP provided them with discharge rations in order to ensure that their condition did not deteriorate before the next screening. This represents a good practice which has proven to improve treatment success rate. However, WFP only provides this intervention in 14 of the 16 target Woredas.

Progress towards Outputs

39. To date a total of 3,043 children were provided with discharge ration and a total of 2,675 PLW were identified through screening and received TSF rations. During the period January to April 2011 alone, in the 16 targeted Woredas, treatment for SAM was provided to 3,373 cases with a 79.2% cure rate, 0.8 % mortality and 5.6 % defaulter rate. Ready-to-Use Therapeutic Food (RUTF) and other essential drugs for treatment of SAM in children were

procured and distributed. A cumulative total of 16,791 severely malnourished cases have received effective treatment for SAM. There has been an increase in the number of children treated for SAM (versus the overall target) due to the fact that more OTPs were established, in addition to regular screening and referral of children to the feeding programme.

40. Capacity of health post capacity to provide quality outpatient treatment for SAM has improved. The proportion of functional TFP in health centers has been observed to increase from 31% to 98% since January 2011; community management of SAM has been rolled out to 376 health posts, representing 98% of the health posts in the 16 Woredas. In addition 142 HWs and 512 HEWs were trained on the treatment of SAM (against the planned 320 HWs and 30 HEWs).

41. Table 1 below shows the progress based on the status of indicators for outcome 1.

Table 1: Progress towards Outcome 1 indicators

Outcome 1: Improved management of children with acute malnutrition at the community level			
Indicators	Baseline and Targets	Current Status of Indicators	Comments on progress
1.1. % of under five children with severe acute malnutrition screened and provided quality care by 2012	Baseline: Not yet available Target: 80% (14,640) under five children with severe acute malnutrition screened and provided quality care by 2012	Cumulative, 16,791 cases of children treated for SAM. Performance indicators including cure, mortality and defaulter rates were in line with the sphere standards during the last two years.	Based entirely on the target, it appears performance was beyond expectation. However, more accurate assessment of progress would also require a specific baseline. Also the case load, does not indicate if there are any repeats. Data on Indicator 1.2 is unavailable
1.2. % of children with acute malnutrition access OTP services in the 16 targeted Woredas	Baseline: Not yet available Target: 80% (14,640) children with acute malnutrition access OTP services in the 16 targeted Woredas by 2012		
Output 1.1. Under-five children with severe acute malnutrition screened and provided quality care			
1.1.1. % of under five children screened for malnutrition every 3 months	Baseline: Not available Target: 80 % (14,640) under five children with severe acute malnutrition screened and provided quality care by 2012	Same as above for Outcome indicators	The target is not aligned with the intended result, which is to measure % of children that are screened for every three-month period.
1.1.2. % of children with SAM access OTP services at the health post and	Baseline: Not available Target: 80 % (14,640) children		

community by 2012	with SAM access OPT services at the HP and community level by 2012		
Output 1.2			
Severely malnourished children and malnourished PLW received TSF			
1.2.1 % of children with severe malnutrition in the 16 targeted Woredas received TSF by 2012	Baseline: Not available Target: 80 % (14,640) malnourished children out of those screened received discharge TSF by 2012	Cumulative 8,803 malnourished children out of those screened received food; and 5,035 malnourished PLW received TSF	Based on the target value, there appears to have been considerable progress made. However, there is a need for an additional indicator to measure the recovery rate of those receiving the discharge rations.
1.2.2. % of malnourished PLW out of the total screened who received TSF by 2012	Baseline: Not available Target: 80% (10,360) of malnourished PLW received TSF by 2012		
Output 1.3			
Enhanced Health posts capacity to provide quality out-patient treatment for severe acute malnutrition			
1.3.1. % of health posts/OTP sites providing quality OTP services (Cure Rate of > 75%; Default rate of <15%; and mortality rate of <5%) in 16 targeted Woredas	Baseline: Not available Target: 80% (256) OTP services capacity established for 320 health post and community in the targeted Woredas by 2012	Services capacity established in 376 health posts	Progress in establishing OTP services is good, but the cure rate, default and mortality rates should also be measured.
1.3.2. Number of health post and community with OTP services capacity established	Baseline: Not available Target: 320 HP and community with OPT services capacity established	OTP services established in 376 Health Posts (117.5%)	Progress beyond expectation; but capacity should also be measured qualitatively.
1.3.3. Number of HEWs and health workers whose capacity to screen and treat acute malnutrition improved	Baseline: None Target: 320 HEWs and 30 health workers trained on management of acute severe malnutrition by 2012	512 HEWs and 142 Health Workers trained on Community-based nutrition/ OTP in the remaining 8 Woredas	Progress exceeded target; however, there should be a qualitative indicator to measure capacity
1.3.4. Number of VCHW trained community mobilization and screening for malnutrition	Baseline: Not available Target: 9,600 VCHW trained on Community mobilization and screening for malnutrition by 2012	4,900 VCHWs from the second batch 8 Woredas are trained on community mobilization and screening for malnutrition and prevention of malnutrition	Progress towards the target is on track..

4.2.2. Outcome 2: Improved caring and feeding behaviours/practices of children and mothers.

42. CBN including community capacity for assessment, analysis and action has been strengthened. The evaluator observed in the Kebeles visited that mothers were bringing their children for screening and treatment to the health posts, some of them having to walk for more than two hours to get to the health post. Some of the mothers that were interviewed confirmed that they were now more aware of the need to constantly monitor the weight and height and growth of their children. 29,552 under-two children are weighed every month, while mothers care givers are counseled to improve infant and young child feeding practices. In addition, issues that need communal action are brought to the community conversion session for deliberation and agreement on the way forward.



Mothers bring children for screening at health center

43. The JP has also contributed to the improvement of caring and feeding behaviours of children and mothers through community based nutrition activities. Growth monitoring and promotion (GMP) and community conversation (CC) sessions were undertaken to promote good feeding and caring behaviours and prevent malnutrition. To this effect, 60% (46,800) of children under the age of two participated in GMP session and CC in 60% of the Kebeles in the 8 first batch Woredas; and this is resulting in observed reduction in trend of underweight. Moreover, 99.4% children under-five were supplemented with Vitamin A and 103% of children 24-59 months were de-wormed twice (bi-annual interventions) in the sixteen Woredas.

44. Table 2 below shows the progress based on the status of indicators for Outcome 2.

Table 2: Progress towards Outcome 2 indicators

Outcome 2: Improved the caring and feeding behaviours/ practices of children and mothers and under two children growing normally			
Indicators	Baseline and Targets	Current Status of Indicators	Comments on progress
2.1. Proportion of underweight in under five years children in the 16 target Woredas	Baseline: National 38% , not established for the target Woredas (TBD)	Mothers/care givers in 60% of Kebeles in the 8 first batch Woredas received	This is activity-based reporting, which does not measure the actual progress based

	Target: Underweight prevalence reduced by 6% from the baseline	Monthly counseling during the GMP session	on the indicator and target.
2.2. Proportion of infants 0-6 months exclusively breast fed in 16 targeted Woredas	Baseline: National 32% , not established for the target Woredas (TBD) Target: Increase by 15 % from baseline by 2012		
Output 2.1. Build Community Capacity for Assessment-Analysis-Action Specific to Preventing Child Malnutrition			
2.1.1. % of communities in the 16 target Woredas conducting Community conversation	Baseline: 0 Target: 60 % of communities in the 16 target Woredas conduct Community conversation by 2012	60% of Kebeles in 8 first batch Woredas are conducting monthly community conversation	On track
2.1.2. Number of HEWs and VCHWs trained on community based nutrition	Baseline: 0 Target: 960 HEWs and 9,600 VCHW trained on community based nutrition by 2011	142 HWs; 512 HEWs and 4,900 VCHWs are trained on community Based nutrition in remaining 8 Woredas	On track
2.1.3. Perception of women and men with regarding intra-household time allocation for infant and child feeding	Baseline: Not available Target: Women and men allocate adequate intra-household time for infant and child feeding	60 % of Kebeles in 8 first batch Woredas are conducting monthly Community Conversations	The report is based on activities and does not measure progress based on the indicator/target
Output 2.2 Under two Children growth improved			
2.2.1. The proportion of infants 6-9 months introduced to complementary food at 6-7 months	Baseline: Not available Target: Increase proportion of infants introduced to complementary foods by 10 % from baseline by 2012	Mothers/care givers in 60% of the Kebeles in the 8 (first batch) Woredas are participating in GMP session and CC	The report does not measure progress based on the indicator.
2.2.2. % of under two children participated in GMP	Baseline: 0 Target: 80% (124,800) of targeted under two children in the 16 target Woredas participated in GMP by 2012	60% (46,800) children under two in 8 first batch Woredas Participated in GMP session	On track; however the pace of progress is slow, considering that the achievement of 60% is for 8 Woredas only
2.2.3. % of children 6-59 months who received vitamin A supplementation every six months	Baseline: 90% Target: 95%	99.4 % Children under five supplemented with Vitamin A every six months	On track
2.2.4. % of children 24-59 months who are Dewormed every six months	Baseline: 80% Target: 90%	103% of children 24-59 months are Dewormed every six months	On track

4.2.3. Outcome 3: Improved quality and utilisation of locally available complementary food.

45. As stated earlier, the activities under this outcome started late due to the delays in funds transfer to FAO. However, although some of the intended outputs are still behind schedule, there has been considerable catch-up and progress made in the implementation of activities. Studies by the Addis Ababa University and the Ethiopian Health and Nutrition Research Institute were completed, concluding that the quality of complementary food given to children lacked sufficient nutrients and calories to support the growth of children. The University developed and proposed a blend for each region based on locally available cereals and legumes, and further formulated an appropriate recipe. Following on these studies, local universities in the participating regions were engaged to develop the recipes and launch the production of locally based complementary foods.

46. To date, sample production has been completed and the Women's Groups selected by the Woredas have been trained in the production and packaging of the complementary food. In Amhara Region, the University partners have gone one step further and added fruit and vegetable in the mix during the preparation of the food. In field observations, the evaluator was able to confirm that the Women's Groups have been trained in the production and preparation of the complementary food; and that the children appeared to like the food.



Complementary food in various process stages

47. Training manuals and other communication and promotion materials have been produced in the local language in Amhara region, but have yet to be translated into local language in Tigray Region. Two production models have been developed. The first is a community-based model in which a 10-member volunteer Women's Group is selected per Woreda; who will produce the complementary food. A 'child grain bank will then be established where community members and mothers will bring 2kgs of unprocessed food supplies in exchange for 3kgs of the processed complementary food. On the face of it the model appears to be unsustainable as mothers will be able to exchange and get disproportionately more in processed food for much less raw supplies. However, the partners involved consider this to be necessary as part of the promotion period and to raise awareness and preference for the complementary food.

48. The second model is the 'semi-urban' model, which is designed to cater for communities and mothers not directly engaged in agricultural output. Under this model, a 10-member

Women's Group will be selected to carry on production on an income-generation basis. While this approach offers better potential for sustainability, including through engagement of entrepreneurs, it could also create a risk for the community-based model where volunteer women will be providing a free service. The Woredas will provide the buildings. A building has already been provided to the Women's Group in Amhara Region and is now waiting for electricity connection and further improvements; while in Tigray Region, the Woreda administration is waiting for the new budget cycle to construct the building. The Universities have completed the production system design and identified the required machinery, which is yet to be procured by FAO. A sample design layout for a processing plant is shown at Annex 4.

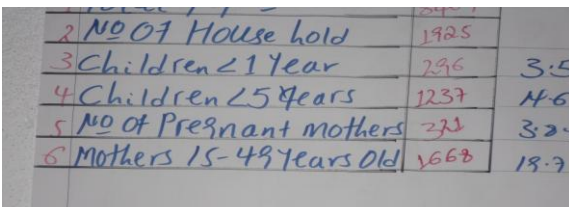
49. Table 3 below shows the progress based on the status of indicators for Outcome 3.

Table 3: Progress towards Outcome 3 indicators

Outcome 3: Improved quality and utilization of locally available complementary foods			
Indicators	Baseline and Targets	Current Status of Indicators	Comments on progress
3.1. % of 6-24 months growth faltering children with improved growth after consuming the locally produced foods in the target Kebeles by 2012	Baseline: 0 Target: 60%	The study on assessment on practices of CF was completed; 3 sites were selected in each of the four regions; necessary materials are procured for distribution	Activity-based. Slow progress. No children have been on sustained CF yet.
Output 3.1. Quality complementary food produced			
3.1.1 Types of complementary foods produced in the targeted four Kebeles by 2012	Baseline: None Target: Four types of complementary foods produced by 2012	8 types of complementary Food developed	Achieved
3.1.2. Number of production sites established in the eight targeted Kebeles by 2012	Baseline: None Target: Eight production site established in the four targeted Kebeles by 2012	Two models developed and three sites in each of four regions were selected	Achieved
Output 3.2 Build Capacity of community women group to produce local complementary/supplementary foods			
3.2.1. Number of women groups producing complementary foods	Baseline: 0 Target: 40 Women's group and 20 agricultural extension workers trained by 2011	120 women were selected for training and implementation of the CF in four pilot Woredas;	Behind schedule – only 12 Women's Groups. No report on agri-workers
3.2.2. Number of women group who start to generate income	Baseline: 0 Target: 20 women group start to generate income by 2012	Community sensitization completed; sites to establish grain banks and milling selected	Activity-based; not related to the indicator/target

4.2.4. Outcome 4: Improved nutrition information and M&E system.

50. The evaluator was unable to independently verify the extent to which activities and their attendant results under this component have been implemented and/or achieved. For example, based on document review, it appears that many of the outcome and output indicators lack baseline values. The evaluator observed however that the health posts have detailed information on display pertaining to number of households, children and location of PLW as well as malnourished children in their Kebeles. In addition, the HEWs maintain detailed report cards with information on SAM children treated and their progress measured by weight and height, including their growth.



Indicator	Value	Ratio
2. NO OF House hold	1925	
3. Children < 1 Year	296	3:5
4. Children < 5 Years	1237	14:6
5. NO of Pregnant mothers	273	3:2
6. Mothers 15-49 years Old	1668	18:7

Data on display at a health center

51. Based on JP reports, Table 4 below shows the results achieved towards outputs and indicators under outcome 4.

Table 4: Progress towards Outcome 4 indicators

Outcome 4: Improved nutrition information and monitoring and evaluation of the project			
Indicators	Baseline and Targets	Current Status of Indicators	Comments on progress
4.1.Indicators	Baseline: Target:	There are no outcome indicators, baselines and targets.	
Output 4.1. Community capacity data utilization for action improved			
4.1.1. Number of HEWs and VCHW trained on community based nutrition information by 2010	Baseline: Not available Target: 960 HEWs and 9,600 VCHW trained on community based nutrition information by 2011	142 HWs, 512 HEWs and 4,900 VCHWs are trained on community based nutrition in remaining 8 Woredas	On track
4.1.2. % of communities utilizing CBN monthly data by 2011	Baseline: Not available Target: 60 % of communities utilizing CBN monthly data by 2012	60% of the communities utilize CBN data in the 8 first batch Woredas	On track
4.1.3. % of Kebeles conduct review meeting	Baseline: Not available Target: 70 % of Kebeles conduct review meeting by 2011	60% of VCHWs in the Kebeles of 8 first batch Woredas conducted review meeting	On track

Output 4.2 Capacity of implementers on data reporting, analysis, and management improved			
4.2.1. Number of federal, WoHo and RHBs and DMFSS staffs trained on CBN and OTP data management	Baseline: 0- Target: 30 federal, Regional and Woreda health managers and ENCU staffs trained on CBN and OTP data management by 2010	10 federal , regional ENCU staffs trained on CBN and OTP data management	On track with slow progress
4.2.2. CBN and OTP data reporting system established in 16 Woredas and four RHBs by 2012	Baseline: 0 Target: CBN and OTP data reporting system established in 16 Woredas and four RHBs by 2012	CBN and OTP data system established in 8 first batch Woredas	Pace of progress is slow
Output 4.3 Effective NNP and Joint Program monitoring and evaluation system established			
4.3.1. Number of baseline surveys conducted in the four regions in 2009	Baseline: 0 Target: One baseline surveys conducted in 16 targeted Woredas in 2009	Base line survey is completed in the CBN/ NNP Woredas	On track
4.3.2. Number of end-line evaluation conducted in 2012	Baseline: 0 Target: One end-line evaluation conducted in 2012	Will be conducted at the end of the project	This is not a good indicator; clearly there would be no need to conduct more than 1
4.3.3. Number of Annual review meeting conducted by 2012	Baseline: 0 Target: Three Annual review meeting conducted by 2012	One annual review meeting for NNP-CBN is completed	On track; but again the usefulness of the indicator is unclear

4.3. JP Implementation, Management and Coordination

4.3.1. Joint Implementation, Country Ownership and Stakeholder Participation

52. The MTE finds the structure of the result framework (outcomes and outputs) to be conducive to joint implementing of activities. However, the review noted that the reporting approach is activity based rather than results-based management (RBM) oriented. For example, as shown in the Table 6 below, some outputs and their associated activities appear to be independent of each other when in actual fact they contribute to a common result:

Table 6a: Related JP activities that are not sufficiently combined

Output 1.1	Improved management of children with acute malnutrition at community level	
Activity 1.1.2	Treat as an outpatient with RUTF and routine drugs and referral for those with complications	UNICEF
Output 1.2	Severely malnourished children and malnourished PLW receive TSF	
Activity 1.2.1	Provision of TSF ration to malnourished children	WFP
Activity 1.2.1	Provision of TSF ration to malnourished PLW	WFP

Clearly all 3 activities above contribute to the same result and could easily be grouped under the same output. Moreover, activities 1.2.1 and 1.2.2 are essentially similar except that they target different groups. There are however, other outputs and activities which are clearly jointly implemented in both design and practice; as for example the following:

Table 6b: Related JP activities that are appropriately combined

Activity 1.3.1	Training of HEWs, VCHWs and health workers	UNICEF, WHO
Activity 3.1.1	Develop recipe and food analysis	FAO, UNICEF,
Activity 3.1.2	Establish the production equipment in the community and pilot the production of complementary food	FAO, UNICEF, WHO
Activity 3.2.2	Train Women's groups on production of complementary food in the four Kebeles	FAO, UNICEF, WHO

53. The MTE also finds that while joint implementation is planned and undertaken in substantive programmatic activities, there is no similar joint implementation that is planned for non-programme activities such as procurement and other operational activities. To be fair, this is a systemic weakness which originates from the differences in operational procedures and rules and regulations provided by respective UN agency headquarters. However, it is a point worth noting with a view to enabling UN agencies at the country level to explore what can be jointly implemented in the realm of operations implementation without deviating from their operations guidelines.

54. The country ownership of the implementation of the JP is good. The programme was developed through a participatory process, and implementation of activities is undertaken by national institutions. At the Woreda level, the Woreda administrations are actively engaged in decision-making with regards to the selection of Woredas where the interventions are implemented, selecting project sites and project beneficiaries. Although there is extensive consultations between UN agencies and the Woredas, there is however no formal mechanism for coordination. This is partly due to the fact that not all UN agencies have field presence in

the Regions. Nonetheless, the bigger agencies such as UNICEF and WFP do have presence at regional level, and they participate in the monthly meetings of the Regional Working Groups chaired by the regional administration. These Regional Working groups include international non-governmental organisations (INGOs), local NGOs and other partners that have a presence in respective regions.

55. The participatory implementation process however contributes to development and strengthens national ownership. The national institutions involved in the implementation of the JP are shown in the table below:

Table 8: List of Implementing Partners

Counterpart institutions	Other partners
MOFED	Addis Ababa University
FMOH (Lead national counterpart)	EHNRI
Ministry of Agriculture	4 x Regional Universities
DMFSS	
BOFED	
Woreda administration	
WoHo - HEW	

4.3.2. Programme management and coordination

56. The JP document provides that the implementation of the JP would follow the same arrangement as the NNP, using the existing government structures rather than establishing parallel ones. However, the MTE notes that at the time the JP was designed, there was a Nutrition Unit in the FMOH, which has since been dissolved following the government restructuring exercise in 2009. As a result, JP coordination is now vested in a Focal Point in the FMOH. Given the priority assigned to the challenge of malnutrition in Ethiopia, the MTE is not convinced that this approach fully develops the requisite capacities needed at individual, institutional and policy levels to ensure sustainability beyond the life of the JP. If this is deemed not to be necessary, then the implication is that the JP has no added value beyond providing budget support for the government.

57. The MTE also notes that the JP does not have a clear exit strategy that outlines what is intended to be left behind when the programme ends in 3 years. For example, as already noted, supervisory capacity of cluster leaders and training of HEWs and CVHWs is inadequate due to variety of factors including budget limitations and logistical constraints. This effectively means that the CBN programme places more emphasis on growth monitoring aspect to the exclusion of growth promotion, which requires that adequate supplies, training, supervision and

information are all in place. An appropriate exit strategy for the JP could therefore be developed around establishing a functional and integrated system for growth monitoring and promotion, including piloting its implementation in selected Woredas or Kebeles. This approach would ensure sustainability of the JP outcomes over the long term.

58. The JP document also provides for a JP coordination mechanism consisting of the following:

- ▶ National Steering Committee (NSC), comprising the UN Resident Coordinator, State Minister of MOFED and a representative of the Government of Spain in the Spanish Embassy. The NSC was constituted in accordance with these provisions and has been meeting as and when necessary to provide oversight and strategic guidance for the five JPs in Ethiopia.
- ▶ Programme Management Committee (PMC). Rather than creating a parallel structure, the JP document provided that the existing Joint Core Coordinating Committee (JCCC) of which UNICEF is a member, and which is responsible for joint oversight of health sector programmes and operational issues would act as the PMC. The evaluator did not obtain sufficient evidence that this JCCC was functional. What appeared to be in existence is a Technical Working Group that is chaired by the FMOH, but has not been meeting regularly. In fact, the TWG only met two times in 2011. In the opinion of the evaluator, this is due to the absence of dedicated project coordinator, to provide periodic agenda and secretarial support for this PMC.
- ▶ Programme Management Team (PMT). The JP document also provides for establishment of a full time programme Coordinator assigned from the FMOH, who would be responsible for daily management of the JP such as developing action plans, monitoring activities and producing reports. The JP document further provides that UNICEF as the lead UN agency would also assign or recruit a project coordinator to coordinate daily implementation. The MTE noted that the two JP Coordinators were not established, and their functions were being carried out by Focal Points appointed both at the FMOH and UNICEF. While this may be viewed positively from a perspective that a dedicated programme Coordinator would eventually leave at the end of the JP thereby affecting sustainability, it is also noteworthy that coordination has generally been less than satisfactory. For example, while the UNICEF Focal Point coordinates planning and implementation, the function of reporting is vested yet in a different UNICEF staff member. While this is working fairly well, experience from other countries indicates that programme management is generally more efficient and effective where there is a dedicated Programme Coordinator who coordinates administration, planning, implementation, monitoring and reporting.

59. The MTE also noted that there is a lack of clarity on the role of the lead agency. Some informants informed that the lead agency did not have a clearly defined role, which should include: (i) collection of JP relevant information, (ii) dissemination of information, and (iii) advocacy on behalf of the JP to implementing partners and other stakeholders.

60. There are five JPs that are currently funded by the MDG-F in Ethiopia. The MTE noted that there was very little synergy and coordination between these JPs. For example, the Gender MDG-F JP “*Leaving no woman behind*” targets some of the Woredas targeted by this JP, but the two JPs do not have a formal mechanism for collaboration and joint programming that would possible reduce costs in some activities. Under the leadership of the RCO, all five JPs meet (rather infrequently) but only to discuss broad operational issues. In the opinion of the evaluator, the JPs provide some distinct opportunities for complementing each other through joint programming across different thematic areas. For example, interventions that promote the use of microfinance as a tool for developing entrepreneurship and localised job creation could be a common platform linking three JPs in Ethiopia as shown in the following figure:

Linking JPs around a common intervention



4.3.3. Communication and advocacy

61. The MDG-F strategy includes development of a communication and advocacy strategy designed to generate broad-based support and engagement of all stakeholders. The MTE noted that the JP document does not have a specific section addressing the JP communication and advocacy plan; and consequently the monitoring and results framework does not have associated outputs for communication and advocacy. The JP monitoring report for the period January to June 2010 noted “*The development of the advocacy/communication strategy for the*

National Nutrition Programme and for the overall health sector is on-going. The JP Working Group has also started the discussion on the advocacy/partnership strategy for all the JPs and MDGs in harmonization with the overall UN communication group. However, over the last reporting period, this discussion has not progressed as anticipated, continuing to leave some gaps in the areas of advocacy and communication”.

62. Given that the JP fosters the multi-sectoral approach developed in the context of the NNS, a communication and advocacy plan is critical, and should target stakeholders across the development spectrum, including at the local level and the development and donor communities. This plan should also be reflected through establishment of an inclusive coordination mechanism. The MTE noted that while development partners were engaged during the development of the NNS strategy, their participation in the implementation and engagement in coordination mechanisms was limited, and none existent at the Woreda and Kebele levels.

4.3.4. Financial management

63. The management of the finances for the JP presents some complexities, as it involves four different financial management systems (one for each UN agency). As per the fund management arrangements, each UN agency is requested to report financial commitments and disbursements on a quarterly basis. In addition each UN Agency Headquarters is requested to provide certified annual financial reports - according to a budget template that is provided by the Multi-Donor Trust Fund Office (MDTF), stating expenditures incurred by the JP during the reporting period prior to April 30 of the following year. A 7% management fee applied on programme expenditures compensates indirect costs for each agency. It is the mechanism to aggregate financial information coming from all these different systems.

64. Fund management arrangements were set to mobilize MDG-F financial resources in an efficient way. This arrangement was based on the “pass-through” fund management option as guided by the UNDG guidance note 9 Defined as the sequence of project activities, which add up to the longest overall duration of a project. This determines the shortest time possible to complete the project and any delay of an activity on the critical path directly impacts the planned project completion date. Once an annual work plan and budget is approved by the by the NSC, an annual Fund Transfer Request is made by the UNRC on behalf of the NSC to the MDTF office. Once the request is cleared by the MDG-F Secretariat, the requested funds are transferred by the MDTF to the respective UN Headquarter Agencies. Each agency is, then, fully responsible for the funds received to implement “their” activities as well as for the execution modality, and method of transfer funds to its partners and counterparts. The evaluator was unable to determine how and whether this approach provides for the reduction of transaction

costs for the government; and furthermore, some of the Specialised Agencies do not have the operational procedures that allow for transfer to implementing partners. Some of the key informants noted that the lack of harmonised procedures on how each agency transacts with government impacts efficiency and increases the costs of doing business. For example, implementing partners engaged and report separately to the 4 UN agencies, and also the funds requisition report is not harmonised. Since the whole rationale for JPs is among other things, to reduce transaction costs, UN agencies should use the same Funding Authorisation and Certificate of Expenditures (FACE) forms.

65. Table 9 below shows the financial delivery as of June 2011.

Table 9: JP Financial delivery as of June 2011.

	FAO (US\$)	UNICEF (US\$)	WFP (US\$)	WHO (US\$)	TOTAL (US\$)
Total approved budget	400,180	5,711,032	626,592	262,080	6,999,884
Total funds transferred	293,180	4,383,404	462,640	156,080	5,295,304
Transfers as % of budget	73.3%	76.7%	73.8%	59.6%	75.6%
Total funds committed	166,627	3,785,186	215,712	130,288	4,297,814
Total disbursements	105,603	3,063,761	215,712	130,288	3,515,365
Commitment rate (% of budget)	41.6%	66.3%	34.4%	49.7%	61.3%
Disbursement rate (% of budget)	26.4%	53.6%	34.4%	49.7%	50.2%

66. Based on the financial data above, the JP has made satisfactory delivery having committed 61% of the budget and disbursed half of the budget. However the aggregate is heavily influenced by UNICEF delivery which has the bulk of the budget; the other UN agencies all lag in terms of their commitment and delivery rates. The UN agencies have reviewed their performance and do not see the need for a 'no-cost extension' of the programme beyond the timeline of the budget. However, programme extension cannot only be based on budget considerations, but also on the completion of activities and achievement of results that UN agencies committed to. In this regard, with 12 months remaining, Component 3 of the programme still lags behind, and it is conceivable that the full roll-out of production of complementary food and the generation of lessons from the pilot may not be completed by then. The option for no-cost extension should therefore remain available and reviewed further after the report of the last quarter of 2011 when more information regarding the JP's financial delivery and progress towards results becomes available.

4.3.5. Performance Monitoring and Reporting

67. The JP is monitored and progress is reported according to the monitoring framework that was identified during the formulation of the programme. Progress reporting is done through narrative joint programme progress reports and financial progress reports that are based on the monitoring framework. The monitoring framework includes 18 indicators (inclusive of outcome and output indicators) of which 9 indicators do not have established baselines. There are no outcome indicators for Outcome 4.

68. The review finds that information contained in the progress reports is not of satisfactory quality, and mainly based on activity reporting. This is partly due to the planning process and the way that information is reported. On one hand, baselines are not collected before the start of programme implementation and sometimes are not established until much later towards the end of the programme. This creates a dilemma in terms of the benchmarks against which to report progress.

69. The MDG-F provides a template for monitoring reports which has to be completed online with a limitation on the number of words. The process is also cumbersome because data has to be entered onto the template even for information that remains constant throughout the life of the project. The template has two parts, of which the first is based on the M&E Framework where cumulative results should be reported as the programme progresses. However, as some interventions are repetitive, it becomes very difficult for the reporting officer who has to compile data from four different agencies to determine whether the data provided is for current reporting period only, or cumulative. The second section contains the reports for activities against the budget. Here again some difficulty is occurs with respect to those activities which were started in a previous budget cycle but not completed. On the other hand, UN agencies also have their own different reporting formats which they also use for reporting on their programmes, including JP activities, which in effect means they have to do double reporting, causing delays and inconsistencies in the information provided. The MTE noted that there may be a need for the MDG-F reporting templates to be reviewed with a view to harmonizing with the formats used by UN agencies, and more particularly harmonise with the formats used by the lead agency for the JP.

70. While the JP does not track or report specifically on the MDGs, some of the JP indicators are closely aligned to the MDG indicators and therefore provide useful inputs for tracking and monitoring progress towards related MDGs. For example, JP Outcome 1 indicators measure the changes in under-five children with SAM. In addition, the JP provides a good basis for localizing and monitoring MDGs at local level. The JP monitoring framework also provides relevant data for tracking and monitoring progress of the NNP. For example, some of the NNP indicators include measuring the prevalence of underweight, stunted and wasted children; and assessing

the number of health facilities with capacity to manage SAM at the health post. This information, as previously noted is collected by HEWs stationed in the Kebeles.

V. CONCLUSIONS

71. The MTE concluded that the JP is very relevant in terms of addressing Ethiopia's development objectives. Ethiopia has the highest rate of malnutrition in Sub-Saharan Africa and faces the four major forms of malnutrition, namely IDA, VAD, ACM and IDD. Three of these are adequately addressed by the JP except for VAD. The process for designing and developing the JP was consultative and involved the participation of relevant government agencies, CSOs and UN agencies. This resulted in the JP being aligned to Ethiopia's national development priorities and plans, and being fully owned by the national counterparts. In addition, the JP provided an opportunity for UN agencies and government counterparts to focus on a single outcome, thereby learning valuable lessons on how they can effectively work together and bridge some of their differences in approaches.

72. With regards to the JP's effectiveness, the MTE notes that, notwithstanding the delays in the startup phase, there has been considerable progress made towards realization of the planned performance targets. An analysis of the implementation of activities under the four Outcome areas revealed that the JP is on track in delivering activities and achieving its targets for outcomes 1, 2 and 4. Activities under Outcome 3 were affected by the delays in the initial transfer of funds to FAO the lead implementing agency for activities under that Outcome. However, the issue of funds transfer has now been resolved, but as indicated in Table 9 above, FAO's commitment and disbursement of funds as a percent of budget is 41.6% and 26.4% respectively. WFP and WHO also have commitment and disbursement rates less than half their budgets – at 34% and 49.75 respectively. The MTE is of the opinion that the option for a no-cost extension should remain available and further reviewed based on delivery rates for the last quarter of 2011.

73. The MTE also concluded that the management and coordination mechanisms were satisfactory in as far as they strengthened national ownership of the processes and results of the programme. There are however two issues of concern; firstly, that the JCCC is not fully functional as provided in the JP document, and in its place, a Technical Working Group chaired by the FMOH was established, but this too is not meeting as frequently as would be necessary to provide adequate coordination for the implementation of activities. Secondly, the PMT was not established as provided by the JP design; instead, focal persons from FMOH and UN agencies were appointed to manage and coordinate implementation. While this has positive

benefits in terms of establishment of parallel structures that are not sustainable beyond the life of the JP, it also poses challenges in that these focal persons do not give full and undivided attention to attendant JP administrative, management and monitoring responsibilities to the JP.

74. The quality of progress reports were also found not to satisfactory in that they tended to be activity-based due in part to inappropriate and inadequate indicators which lack baselines. As a result, it was not easy to make an objective assessment of the JP's progress and contribution to expected results, outputs and outcomes. This is an area that the MTE considers to require further improvement in the remaining half of the JP implementation.

VI. LESSONS LEARNED

75. The MTE noted some key lessons that could inform recommendations and improve implementation in the second half of the JP, as well as inform future programming beyond the life of the present JP.

Lesson # 1:

76. The implementation phase for some of the JP components was delayed due to administrative issues, including pass-through of funds between different UN agencies; eventually getting resolved when all UN agencies were designated participating agencies, thereby enabling them to receive funding directly from the MDTF office. The lesson that is drawn here is that adequate time should be allocated to the preparatory phase of the JP to allow detailed planning and agreement on implementing modalities, roles and management structures for the JP (paragraph 34).

Lesson # 2:

77. While the JP design established joint programming and implementation of substantive programme issues, the operational procedures, and more particularly procurement procedures are not necessarily aligned and harmonised. This tends to affect programme implementation since each agency has to work within its budget and operational rules and regulations. This further exacerbates the delays in implementing activities and does not encourage joint activities such as joint planning and monitoring. The key lesson here is that to be effective, a JP should establish mechanisms for joint activities both in its programme and operational domains (paragraph 52).

Lesson # 3:

78. The sustainability of programme processes and results goes beyond the government's involvement in planning, coordination and monitoring of activities. It also includes the development of adequate capacity, including individual skills, institutional mechanisms and the enabling policy environment for government to replicate and upscale the initiatives beyond the life of the JP. The lesson that is drawn here is that a clear exit strategy is critical to outline the capacities that will be developed and the mechanisms that will be established by the JP to enable government to sustain the JP initiatives. In this regard, a clear analysis of the existing capacity gaps is critical to inform the capacity development strategy that will be pursued by the JP (paragraph 55).

Lesson # 4:

79. There are 5 JPs that are funded by the MDG-F currently under implementation in Ethiopia. Some of these JPs are actually implemented in the same Woredas or Regions. However, there is no deliberate attempt to establish linkages and synergies between the different JPs that would lead to further reduction of costs, particularly in such areas as joint monitoring. In addition, programme activities in one JP can be leveraged on the results of other JPs. For example, the results from capacity development activities under the Gender JP could be used as the platform for selecting project beneficiaries and participants for the Nutrition components on complementary food. The lesson here is that building synergies between JPs can reduce costs and improve results for related JPs; but this requires deliberate planning and design of JPs to target common areas and target groups (paragraph 57).

Lesson # 5:

80. The full engagement of the government in design, implementation and management of the JP ensures commitment by government counterparts at all levels and strengthens national ownership and sustainability of the processes and results of the JP. However, to ensure that this commitment is sustained, there must be visible benefits not only in the contribution to results, but also in the improvement of the way that business is done, and more especially with regards to reducing transaction costs. The lesson that emerges here is on the need to develop a system for measuring transaction costs as well as harmonizing operational procedures such as use of common FACE forms that reduce the costs of doing business for the government. If this is not done, the value added becomes mired in the complex processes of engaging with different UN agencies (paragraph 59-60).

Lesson # 6:

81. Progress reporting was noted to be less than satisfactory and rather than being results-based, was actually more activity-based reporting. The key lessons drawn here is on the need for developing relevant and measurable indicators and establish appropriate baseline values upfront, preferably as one of the initial activities. This will provide the benchmarks against which performance can be measured and will facilitate reporting based on progress and contribution to expected results, outputs and outcomes (paragraphs 64-65).

VII. RECOMMENDATIONS

82. Based on the findings and lessons learned discussed above, the MTE makes the following short term (to be implemented within the timeframe of the JP) and long term (for implementation beyond the timeframe of the JP) recommendations.

RECOMMENDATION	ISSUES TO BE ADDRESSED
Short-term recommendations for implementation within timeframe of the JP	
Recommendation #1: The JP should expand to all JP Woredas the practice of providing discharge rations to SAM children after treatment before their next screening.	<i>This practice has proven to improve treatment success rate for SAM; however, WFP only provides this intervention in 14 of the 16 target Woredas (paragraph 37).</i>
Recommendation #2: The JP should review and develop appropriate indicators for Outcome 2 and 4 and Outputs 1.1, 2.2 and 4.3.	<i>The indicators for these outcomes/outputs are not aligned to the intended results (Tables 1, 2 and 4)</i>
Recommendation #3: The JP should undertake a capacity assessment for the nutrition programmes to determine whether or not there is appropriate institutional framework for sustainability of JP processes and results.	<i>As a priority area the JP should develop national capacities at individual, institutional and policy levels to ensure sustainability beyond the life of the JP (paragraph 55).</i>
Recommendation #4: The JP management should develop a specific exit strategy for the JP.	<i>To ensure sustainability, the JP should have a clear vision of what will be left in place after its lifespan, based on an integrated system for growth monitoring and promotion, including piloting its implementation in selected Woredas or Kebeles.</i>

Recommendation #5: The RCO should develop mechanism for JPs, particularly “Living no woman behind” and “Nutrition” to collaborate and undertake joint activities where possible in order to strengthen their synergies.	<i>JPs do not have a formal mechanism for collaboration and joint programming that would possible reduce costs in some activities. Under the leadership of the RCO, all five JPs meet (rather infrequently) but only to discuss broad operational issues (paragraph 58).</i>
Recommendation #6: The JP should review its financial delivery and progress towards expected results based on revised indicators to determine if no-cost extension may be required.	<i>With 12 months remaining, Component 3 of the programme still lags behind, and it is conceivable that the full roll-out of production of complementary food and the generation of lessons from the pilot may not be completed by then (paragraph 62).</i>
Long-term recommendations for implementation beyond timeframe of the JP	
Recommendation #7: The UNCT should adopt common FACE forms for all UN agencies to ensure alignment and harmonisation of operations.	<i>Implementing partners engaged and report separately to the 4 UN agencies, and also the funds requisition report is not harmonised (paragraph 60).</i>
Recommendation #8: MDG-F secretariat should review the monitoring and reporting templates to align them with existing UN agency formats.	<i>The reporting template has two parts, of which the first is based on the M&E Framework where cumulative results should be reported as the programme progresses. However, as some interventions are repetitive, it becomes very difficult for the reporting officer who has to compile data from four different agencies to determine whether the data provided is for current reporting period only, or cumulative (paragraph 65).</i>
Recommendation #9: The UNCT/RCO should improve reporting standards, including through training staff in Results Based Management (RBM) approaches.	<i>Quality of progress reports were also found not to satisfactory in that they tended to be activity-based due in part to inappropriate and inadequate indicators which lack baselines.</i>

ANNEX 1: DOCUMENTS REVIEWED

1. Mekelle University (2011); *Establishment of Complementary Food processing Unit at Lealay Machew Woreda*, Tigray Region: Phase 1 – Design and Layout
2. MDG-F (2011); NNP Biannual Report 2011
3. UN Ethiopia (2011); MDG-F Brief 2011
4. MDG-F 2034 (2010); Monitoring Report Jan-Jun 2010
5. MDG-F 2034 (2010); Amendment to JP programme Document
6. UNICEF (2010); Rapid Assessment of Community-based production of Complementary Food
7. UNDP (2009); JP Transmit Memo
8. MDG-F 2034 (2009); Monitoring Report Sep 2009 – Jan 2010
9. MDG-F 2034 (2009); Signed JP Programme Document
10. MDG-F 2034 (2008); Mission Report for Ethiopia
11. MDG-F 2034; JP Fact Sheet
12. Government of Ethiopia (2008); Programme Implementation Manual of National Nutrition Programme: July 2008 – June 2013
13. Government of Ethiopia (2008); National Nutrition Strategy

ANNEX 2: INDIVIDUALS CONSULTED

1.	Abebe Hailemariam	Programme Officer, Nutrition	UNICEF
2.	Admasu Santa	Lecturer	Baherdar University
3.	Afewerk Mulugeta	Assistant Professor Nutrition	Merkelle University
4.	Areyawit Yifre	Chief Administrator	Lalia Maichew Woreda
5.	Asmare Tebeje	Area Coordinator, North	WFP, Amhara
6.	Awel Ababulev	MDG-F Focal Point	FMOH
7.	Biremu Degu	Agriculture Extension Worker	Kebela (Wadela Woreda)
8.	Demewez Mozes	Lecturer	Baherdar University
9.	Eleni Asmare	Nutrition and HHFS Manager	FAO
10.	Elsa Gedefu	Health Extension Worker	Lalia Maichew Woreda
11.	Eyebetu Alemnet	Head, Woreda Health	Wadela Woreda
12.	Firehiwot Sefiw	Health Extension Worker	Kebela (Wadela Woreda)
13.	Getahem Teka	Nutrition Officer	WHO
14.	Getahlin Atnafu	Field Monitor	WFP, Amhara
15.	Gullelat Desse	Food Science and Nutrition Programme	Addis University
16.	Habtam Baye	Health Extension Worker	Kebela (Wadela Woreda)
17.	Hadush Beyene	Head, Agriculture & Rural Development	Lalia Maichew Woreda
18.	Hailemariam Tekie	Lecturer, Food Science & Technology	Merkelle University
19.	Hailey Kiros	Lecturer Mechanical Engineering	Merkelle University
20.	Ines Mazarrasa	Special Assistant to RC	UNRCO
21.	Kebba Jaiter	Technical Officer EHA	WHO
22.	Kemeria Barserfa	Targeted Supplementary Feeding Programme Assistant	WFP
23.	Kiros Redai	Health Extension Worker	Lalia Maichew Woreda
24.	Mebricht Tsadkan	Health Extension Worker	Lalia Maichew Woreda
25.	Mehari Gebre	Nutrition Officer	UNICEF
26.	Mekenon Tolahun	Vice Head, Education	Lalia Maichew Woreda
27.	Melkamu Gashu	Nutrition Officer	UNICEF, Amhara
28.	Mesele Hayelom	Head, Mechanical Engineering	Merkelle University
29.	Molea Kasew	Nutrition and Child Health Officer	Wadela Woreda
30.	Mulu Bayray (Dr.)	Assistant Professor	Merkelle University
31.	Negassi Teklehaiwenit	Head, Health	Lalia Maichew Woreda
32.	Roman Tesfay	Director-General; Planning & Finance	FMOH
33.	Roza Geblehawet	Assistant, Women Affairs	Lalia Maichew Woreda
34.	Tadese Diga	Lecturer	Baherdar University

35	Tayech Yimer	Team leader Nutrition	WFP
36	Tazez Zenebe	Head, Women Affairs	Lalia Maichew Woreda
37	T. Daniel	Nutrition Specialist	UNICEF
38	Tesfaye Tereke	Health Extension Worker	Lalia Maichew Woreda
39	Tilahun Bekele	Food Science and Nutrition Programme	Addis University
40	Tsehayu Mengesha	Head, Woreda Administration	Wadela Woreda
41	V. Olivier	Reporting Officer	UNICEF
42	Welter Gimorlme	Maternal & Child Health	Lalia Maichew Woreda
43	Wigdan Madani	Nutrition Specialist (Consultant)	UNICEF
44	Yohannes Dantew (Dr.)	WHO/EHA	WHO
45	Yonas Getahun	Economic Cooperation Expert	MOFED
46	Zafu Tadesse	Health Extension Worker	Lalia Maichew Woreda

ANNEX 3: SCHEDULE FOR IN-COUNTRY MISSION

DATE	PLACE	ACTIVITY
July 18 2011	Evaluator's Arrival in Addis	<ul style="list-style-type: none"> • Meeting with UNICEF JP Focal Point (Lead Agency) • Meeting with ERG • Meeting with Addis Ababa University
July 19 2011	Addis Ababa	<ul style="list-style-type: none"> • Meeting with WFP JP Focal • Meeting with FAO JP Focal Point • Meeting with WHO JP Focal Point • Meeting with RCO
July 20-22 2011	Travel to Tigray Region	<ul style="list-style-type: none"> • Meeting with Merkele University partners • Visit to Kebele (1) • Visit to Kebele (2) • Discussion with Women Group • Meet with Lalia Maichew Woreda Administration
July 23	Travel to Addis	
July 25 -27 2011	Travel to Amhara region	<ul style="list-style-type: none"> • Visit to Kebele health post • Meeting with Wadela Woreda Administration • Meeting with Baherdir University partners • Discussion with Women's group
July 27 2011	Travel to Addis	<ul style="list-style-type: none"> • Meeting with RCO
July 28 2011	Addis Ababa	<ul style="list-style-type: none"> • Meeting with FMOH • Meeting with MOFED • Meeting with UNICEF Reporting Officer • Debrief of preliminary findings to ERG

ANNEX 4: EVALUATION TOR

EVALUATION OF MDG-F JOINT PROGRAMMES

General Context: the MDG-F

In December 2006, the UNDP and the Government of Spain signed a major partnership agreement for the amount of €528 million with the aim of contributing to progress on the MDGs and other development goals through the United Nations System. In addition, on 24 September 2008 Spain pledged €90 million towards the launch of a thematic window on Childhood and Nutrition. The MDGF supports countries in their progress towards the Millennium Development Goals and other development goals by funding innovative programmes that have an impact on the population and potential for duplication.

The MDGF operates through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. The Fund uses a joint programme mode of intervention and has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs.

The following points should be provided by the joint programme team

- Describe the joint programme, programme name and goals; include when it started, what outputs and outcomes are sought, its contribution to the MDGs at the local and national levels, its duration and current stage of implementation.
- Summarize the joint programme's scale of complexity, including its components, targeted participants (direct and indirect), geographical scope (regions) and the socio-economic context in which it operates.
- It is also useful to describe the human and financial resources that the joint programme has at its disposal, the number of programme implementation partners (UN, national and local governments and other stakeholders in programme implementation).
- Changes noted in the programme since implementation began, and how the programme fits in with the priorities of the UNDAF and the National Development Strategies.

2. OVERALL GOAL OF THE EVALUATION

One of the roles of the Secretariat is to monitor and evaluate the MDGF. This role is fulfilled in line with the instructions contained in the Monitoring and Evaluation Strategy and the Implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund. These documents stipulate that all joint programmes lasting longer than two years will be subject to a mid-term evaluation.

Mid-term evaluations are highly formative in nature and seek to **improve implementation of the joint programmes during their second phase of implementation. They also seek and generate knowledge, identifying best practices and lessons learned** that could be transferred to other programmes. As a result, the conclusions and recommendations generated by this evaluation will be addressed to its main users: the Programme Management Committee, the National Steering Committee and the Secretariat of the Fund.

3. SCOPE OF THE EVALUATION AND SPECIFIC GOALS

The mid-term evaluation will use an expedited process to carry out a systematic, fast-paced analysis of the design, process and results or results trends of the **joint programme**, based on the scope and criteria included in these terms of reference. This will enable conclusions and recommendations for the joint programme to be formed within a period of approximately three months.

The unit of analysis or object of study for this interim evaluation is the joint programme, understood to be the set of components, outcomes, outputs, activities and inputs that were detailed in the joint programme document and in associated modifications made during implementation.

This mid-term evaluation has the following **specific objectives**:

1. To discover the programme's **design quality and internal coherence** (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the **Millennium Development Goals**, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action.
2. To understand how the joint programme **operates** and assess the **efficiency of its management model** in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations in inter-agency tasks within the **One UN** framework.
3. To identify the programme's **degree of effectiveness** among its participants, its contribution to the objectives of the **Economic Governance thematic window**, and the Millennium Development Goals at the local and/or country level.

4. EVALUATION QUESTIONS, LEVELS AND CRITERIA

The main users of the evaluation represented in the evaluation reference group (Section 8 of the TOR), and specifically the coordination and implementation unit of the joint programme, are responsible for contributing to this section. Evaluation questions and criteria may be added or modified up to a reasonable limit, bearing in mind the viability and the limitations (resources, time, etc.) of a quick mid-term evaluation exercise.

The evaluation questions define the information that must be generated as a result of the evaluation process. The questions are grouped according to the criteria to be used in assessing and answering them. These criteria are, in turn, grouped according to the three levels of the programme.

Design level:

- **Relevance: The extent to which the objectives of a development intervention are consistent with the needs and interest of the people, the needs of the country, the Millennium Development Goals and the policies of associates and donors.**
- a) Is the identification of the problems, with their respective causes, clear in the joint programme?
- b) Does the Joint Programme take into account the particularities and specific interests of women and men in the areas of intervention?
- c) To what extent has the intervention strategy been adapted to the areas of intervention in which it is being implemented? What actions does the programme envisage, to respond to obstacles that may arise from the political and socio-cultural background?
- d) Are the follow-up indicators relevant and do they meet the quality needed to measure the outputs and outcomes of the joint programme?
- e) To what extent has the MDG-F Secretariat contributed to raising the quality of the design of the joint programmes?
- **Ownership in the design: Effective exercise of leadership by the country's social agents in development interventions**
- a) To what extent do the intervention objectives and strategies of the Joint Programme respond to national and regional plans and programmes, to identified needs, and to the operational context of national politics?
- b) To what extent have the country's national and local authorities and social agents been taken into consideration, participated, or have become involved, at the design stage of the development intervention?

Process level

- **Efficiency: Extent to which resources/inputs (funds, time, etc.) have been turned into results**
- a) To what extent does the joint programme's management model (i.e. instruments; economic, human and technical resources; organizational structure; information flows; decision-making in management) contribute to obtaining the predicted products and results?
- b) To what extent are the participating agencies coordinating with each other, with the government and with civil society? Is there a methodology underpinning the work and internal communications that contributes to the joint implementation?
- c) Are there efficient coordination mechanisms to avoid overloading the counterparts, participating population/actors?
- d) Is the pace of implementing the products of the programme ensuring the completeness of the results of the joint programme? How do the different components of the joint programme interrelate?
- e) Are work methodologies, financial instruments, etc. shared among agencies, institutions and Joint Programmes?
- f) Have more efficient (sensitive) and appropriate measures been adopted to respond to the political and socio-cultural problems identified?
- **Ownership in the process: Effective exercise of leadership by the country's social agents in development interventions**

- g) To what extent have the target population and participants made the programme their own, taking an active role in it? What modes of participation have taken place?
- h) To what extent have public/private national resources and/or counterparts been mobilized to contribute to the programme's objective and produce results and impacts?

Results level

- Effectiveness: Extent to which the objectives of the development intervention have been achieved or are expected to be achieved, bearing in mind their relative importance.

- a) Is the programme making progress towards achieving the stipulated results?
 - a. To what extent and in what ways is the joint programme contributing to the Millennium Development Goals at the local and national levels?
 - b. To what extent is the programme contributing to the goals set by the thematic window, and in what ways?
- b) Is the stipulated timeline of outputs being met? What factors are contributing to progress or delay in the achievement of the outputs and outcomes?
- c) Do the outputs produced meet the required high quality?
- d) Does the programme have follow-up mechanisms (to verify the quality of the products, punctuality of delivery, etc.) to measure progress in the achievement of the envisaged results?
- e) Does the programme have follow-up mechanisms (to verify the quality of the products, punctuality of delivery, etc.) to measure progress in the achievement of the envisaged results?
- f) Is the programme providing coverage to beneficiaries as planned?
- g) In what way has the programme come up with innovative measures for problem-solving?
- h) Have any good practices, success stories, or transferable examples been identified?
- i) In what ways has the joint programme contributed to the issue of fair youth employment?
- j) In what ways has the joint programme contributed to the issue of internal and/or external migration?
- k) What types of differentiated effects are resulting from the joint programme in accordance with the sex, race, ethnic group, rural or urban setting of the beneficiary population, and to what extent?

Sustainability: Probability of the benefits of the intervention continuing in the long term.

- a) Are the necessary premises occurring to ensure the sustainability of the effects of the joint programme?

At local and national level:

- i. Is the programme supported by national and/or local institutions?
- ii. Are these institutions showing technical capacity and leadership commitment to keep working with the programme and to repeat it?
- iii. Have operating capacities been created and/or reinforced in national partners?
- iv. Do the partners have sufficient financial capacity to keep up the benefits produced by the programme?
- v. Is the duration of the programme sufficient to ensure a cycle that will project the sustainability of the interventions?

- b) To what extent are the visions and actions of the partners consistent or divergent with regard to the joint programme?
- c) In what ways can the governance of the joint programme be improved so that it has greater likelihood of achieving future sustainability?

5. METHODOLOGICAL APPROACH

The mid-term evaluations will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TOR, the availability of resources and the priorities of stakeholders. In all cases, consultants are expected to analyse all relevant information sources, such as annual reports, programme documents, internal review reports, programme files, strategic country development documents and any other documents that may provide evidence on which to form opinions. Consultants are also expected to use interviews as a means to collect relevant data for the evaluation.

The methodology and techniques to be used in the evaluation should be described in detail in the desk study report and the final evaluation report, and should contain, at minimum, information on the instruments used for data collection and analysis, whether these be documents, interviews, field visits, questionnaires or participatory techniques.

6. EVALUATION DELIVERABLES

The consultant is responsible for submitting the following deliverables to the Secretariat of the MDGF:

✂ **Inception Report** (to be submitted within fifteen days of the submission of all programme documentation to the consultant)

This report will be 10 to 15 pages in length and will propose the methods, sources and procedures to be used for data collection. It will also include a proposed timeline of activities and submission of deliverables. The desk study report will propose initial lines of inquiry about the joint programme this report will be used as an initial point of agreement and understanding between the consultant and the evaluation managers. The report will follow this outline:

0. Introduction

1. Background to the evaluation: objectives and overall approach

2. Identification of main units and dimensions for analysis and possible areas for research

3. Main substantive and financial achievements of the joint programme

4. Methodology for the compilation and analysis of the information

5. Criteria to define the mission agenda, including “field visits”

✧ **Draft Final Report** (to be submitted within 15 days of completion of the field visit)

The draft final report will contain the same sections as the final report (described in the next paragraph) and will be 20 to 30 pages in length. This report will be shared among the evaluation reference group. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its main findings, conclusions and recommendations. The final report will be shared with evaluation reference group to seek their comments and suggestions. This report will contain the same sections as the final report, described below.

✧ **Final Evaluation Report** (to be submitted within ten days of receipt of the draft final report with comments)

The final report will be 20 to 30 pages in length. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its major findings, conclusions and recommendations. The final report will be sent to the evaluation reference group. This report will contain the following sections at a minimum:

1. Cover Page
2. Introduction
 - Background, goal and methodological approach
 - Purpose of the evaluation
 - Methodology used in the evaluation
 - Constraints and limitations on the study conducted
3. Description of interventions carried out
 - - Initial concept
 - - Detailed description of its development: description of the hypothesis of change in the programme.
4. Levels of Analysis: Evaluation criteria and questions
5. Conclusions and lessons learned (prioritized, structured and clear)
6. Recommendations
7. Annexes

7. ETHICAL PRINCIPLES AND PREMISES OF THE EVALUATION

The mid-term evaluation of the joint programme is to be carried out according to ethical principles and standards established by the United Nations Evaluation Group (UNEG).

- **Anonymity and confidentiality.** The evaluation must respect the rights of individuals who provide information, ensuring their anonymity and confidentiality.
- **Responsibility.** The report must mention any dispute or difference of opinion that may have arisen among the consultants or between the consultant and the heads of the Joint Programme in connection

with the findings and/or recommendations. The team must corroborate all assertions, or disagreement with them noted.

- **Integrity.** The evaluator will be responsible for highlighting issues not specifically mentioned in the TOR, if this is needed to obtain a more complete analysis of the intervention.
- **Independence.** The consultant should ensure his or her independence from the intervention under review, and he or she must not be associated with its management or any element thereof.
- **Incidents.** If problems arise during the fieldwork, or at any other stage of the evaluation, they must be reported immediately to the Secretariat of the MDGF. If this is not done, the existence of such problems may in no case be used to justify the failure to obtain the results stipulated by the Secretariat of the MDGF in these terms of reference.
- **Validation of information.** The consultant will be responsible for ensuring the accuracy of the information collected while preparing the reports and will be ultimately responsible for the information presented in the evaluation report.
- **Intellectual property.** In handling information sources, the consultant shall respect the intellectual property rights of the institutions and communities that are under review.
- **Delivery of reports.** If delivery of the reports is delayed, or in the event that the quality of the reports delivered is clearly lower than what was agreed, the penalties stipulated in these terms of reference will be applicable.

8. ROLES OF ACTORS IN THE EVALUATION

The main actors in the mid-term evaluation process are the MDGF Secretariat, the management team of the joint programme and the Programme Management Committee that could be expanded to accommodate additional relevant stakeholders. This group of institutions and individuals will serve as the evaluation reference group. The role of the evaluation reference group will extend to all phases of the evaluation, including:

- Facilitating the participation of those involved in the evaluation design.
- Identifying information needs, defining objectives and delimiting the scope of the evaluation.
- Providing input on the evaluation planning documents,(Work Plan and Communication, Dissemination and Improvement Plan).
- Providing input and participating in the drafting of the Terms of Reference.
- Facilitating the evaluation team's access to all information and documentation relevant to the intervention, as well as to key actors and informants who should participate in interviews, focus groups or other information-gathering methods.

- Monitoring the quality of the process and the documents and reports that are generated, so as to enrich these with their input and ensure that they address their interests and needs for information about the intervention.
- Disseminating the results of the evaluation, especially among the organizations and entities within their interest group.

The MDGF Secretariat shall promote and manage Joint Programme mid-term evaluation in its role as commissioner of the evaluation, fulfilling the mandate to conduct and finance the joint programme evaluation. As manager of the evaluation, the Secretariat will be responsible for ensuring that the evaluation process is conducted as stipulated, promoting and leading the evaluation design; coordinating and monitoring progress and development in the evaluation study and the quality of the process.

9. TIMELINE FOR THE EVALUATION PROCESS

A. Preparation of the evaluation (approximately 45-60 days before the date the programme reaches a year and a half of implementation). These preparatory activities are not part of the evaluation as they precede the evaluation exercise.

1. An official e-mail from the Secretariat is sent to the RC, coordination officers in the country and joint programme coordinator. This mail will include the official starting date of the evaluation, instructive on mid-term evaluation and generic TOR for the evaluation.
2. During this period the evaluation reference group is established, the TOR are adapted to the context and interest of stakeholders in the country and all relevant documents on the joint programme are sent to the evaluator.

This activity requires a dialogue between the Secretariat and the reference group of the evaluation (the body that comments on and reviews but does not interfere with the independent evaluation process). This dialogue should be aimed at rounding out and modifying some of the questions and dimensions of the study that the generic TOR do not cover, or which are inadequate or irrelevant to the joint programme.

3. The Secretariat's portfolios manager will discuss with the country an initial date for having the field visit.
4. From this point on, the evaluation specialists and the portfolio manager are responsible for managing the execution of the evaluation, with three main functions: to facilitate the work of the consultant, to serve as interlocutor between the parties (consultant, joint programme team in the country, etc.), and to review the deliverables that are produced.

B. Execution phase of the evaluation study (87-92 days total)

Desk study (23 days total)

1. Briefing with the consultant **(1 day)**. A checklist of activities and documents to review will be submitted, and the evaluation process will be explained. Discussion will take place over what the evaluation should entail.
2. Review of documents according to the standard list (see TOR annexes; programme document, financial, monitoring reports etc.).
3. Submission of the inception report including the findings from the document review specifying how the evaluation will be conducted. The inception report is sent and shared with the evaluation reference group for comments and suggestions (within **fifteen days of delivery of all programme documentation to the consultant**).
4. The focal point for the evaluation (joint programme coordinator, resident coordinator office, etc) and the consultant prepare and agenda to conduct the field visit of the evaluation. (Interview with programme participants, stakeholders, focus groups, etc) (Within **seven days of delivery of the desk study report**).

Field visit (10-15 days)

1. The consultant will travel to the country to observe and contrast the preliminary conclusions reached through the study of the document revision. The planned agenda will be carried out. To accomplish this, the Secretariat's portfolio manager may need to facilitate the consultant's visit by means of phone calls and emails, making sure there is a focal person in the country who is his/her natural interlocutor by default.
2. The consultant will be responsible for conducting a debriefing with the key actors he or she has interacted with.

Final Report (54 days total)

1. The consultant will deliver a draft final report, which the Secretariat's programme officer shall be responsible for sharing with the evaluation reference group (**within fifteen days of the completion of the field visit**).
2. The Secretariat will assess the quality of the evaluation reports presented using the criteria stipulated by UNEG and DAC Evaluation Network (**within seven days of delivery of the draft final report**).
3. The evaluation reference group may ask that data or facts that it believes are incorrect be changed, as long as it provides data or evidence that supports its request. The evaluator will have the final say over whether to accept or reject such changes. For the sake of evaluation quality, the Secretariat can and should intervene so that erroneous data, and opinions based on erroneous data or not based on evidence, are changed (**within fifteen days of delivery of the draft final report**).

The evaluation reference group may also comment on the value judgements contained in the evaluation, but these may not affect the evaluator's freedom to express the conclusions

and recommendations he or she deems appropriate, based on the evidence and criteria established.

All comments will be compiled in a matrix that the Secretariat will provide to the evaluation focal points.

4. On the completion of input from the reference group, the evaluator shall address all the comments and decide which input to incorporate to the report and which to omit (**ten days**) and submit to the MDG-F Secretariat a final evaluation report.
5. The Secretariat will review the final copy of the report, and this phase will conclude with the delivery of this report to the evaluation reference group in the country (**within seven days of delivery of the draft final report with comments**).
- C. **Phase of incorporating recommendations and improvement plan (within fifteen days of delivery of the final report):**
 1. The Secretariat's programme officer, as representative of the Secretariat, shall engage in a dialogue with the joint programme managers to establish an improvement plan that includes recommendations from the evaluation.
 2. The Secretariat will publish the evaluation in its website.

10. ANNEXES

a) Document Review

This section must be completed and specified by the other users of the evaluation but mainly by the management team of the joint programme and by the Programme Management Committee. A minimum of documents that must be reviewed before the field trip shall be established; in general terms the Secretariat estimates that these shall include, as a minimum:

MDG-F Context

- MDGF Framework Document
- Summary of the M&E frameworks and common indicators
- General thematic indicators
- M&E strategy
- Communication and Advocacy Strategy
- MDG-F Joint Implementation Guidelines

Specific Joint Programme Documents

- Joint Programme Document: results framework and monitoring and evaluation framework
- Mission reports from the Secretariat
- Quarterly reports
- Mini-monitoring reports
- Biannual monitoring reports
- Annual reports
- Annual work plan
- Financial information (MDTF)

Other in-country documents or information

- Evaluations, assessments or internal reports conducted by the joint programme
- Relevant documents or reports on the Millennium Development Goals at the local and national levels
- Relevant documents or reports on the implementation of the Paris Declaration and the Accra Agenda for Action in the country
- Relevant documents or reports on One UN, Delivering as One

c) File for the Joint Programme Improvement Plan

After the interim evaluation is complete, the phase of incorporating its recommendations shall begin. This file is to be used as the basis for establishing an improvement plan for the joint programme, which will bring together all the recommendations, actions to be carried out by programme management.

Evaluation Recommendation No. 1				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
1.1			Comments	Status
1.2				
1.3				
Evaluation Recommendation No. 2				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
2.1			Comments	Status
2.2				
2.3				
Evaluation Recommendation No. 3				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
3.1			Comments	Status
3.2				
3.3				