

## **ANNEX-I**

### **DESCRIPTION OF THE ACTION**

**CRIS 2014 / 348-501**

**INTEGRATED NUTRITION SERVICES:  
MULTISECTORAL INTERVENTIONS TO  
IMPROVE NUTRITION SECURITY AND**

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## SUMMARY

Ethiopia has experienced repeated environmental and external economic shocks for several years, which have eroded rural livelihoods, exacerbating vulnerability and reducing resilience. Eastern and southern lowlands and pastoral livelihoods have been particularly affected by even more frequent droughts which led to significant loss of livestock, representing pastoralists' most valuable asset.

In this context, development partners have committed themselves through the "**Global Alliance for Drought Resilience and Growth**" initiative to better coordinate, harmonize, and align their programmes and policies to enhance resilience against chronic droughts and promote economic growth in the Horn of Africa region. In line with this, Ethiopia has produced the **Country Programming Paper (CPP)** with focus on arid and semi-arid lands. The Ethiopian CPP aims to improve the livelihoods of agro-pastoral communities and enhance their resilience capacity to withstand external shocks through a holistic development approach, covering water, as well as livelihoods, basic services, conflict resolution and peace building.

The European Commission (EC) Communication on Resilience develops the concept of resilience in two dimensions: i) the inherent strength of an entity – an individual, a household, a community or a larger structure – to better resist stress and shock; and ii) the capacity of this entity to bounce back rapidly from the impact. This concept is articulated in the present project through a geographical concentration approach, through multiple levels of interventions, addressing the causes of vulnerability and enhancing capacities to better manage future uncertainty and change. Measures addressing natural resources and access to water, food security and nutrition and promoting developmental actions for a sustainable agricultural growth in agro-pastoral areas are proposed in a framework aiming to strengthen the linkages between relief, recovery and development. This initiative is also framed into the long-term and structured approach the EC has put in place to assist the affected countries and communities to recover after the 2011 drought in the Horn of Africa and build up their ability to cope with future droughts, and to building more holistic approaches through a combination of humanitarian and development efforts and through greater coherence across sector work.

The Action under this Contribution Agreement of the broader SHARE project will address gaps in implementation of the National Nutrition Programme (NNP) as well as strengthen nutrition outcomes of major health, food security and livelihood government programmes. It will also contribute to the building of the national system for nutrition-focused resilience: promoting a holistic approach to nutrition among stakeholders; developing a common language among sector stakeholders; establishing permanent coordination platforms; strengthening the information system and its link to decision-making; and facilitating joint planning around nutrition issues.

Under the nutrition component, a number of preventative nutrition actions will be implemented across 17 Woredas in Amhara, Oromia and SNNP. This will contribute to the overall reduction in child malnutrition, especially among children under two years of age, by strengthening community level food and nutrition security interventions. Broad activities include capacity building; communication for behavioural and social change; research and knowledge development; technical support; coordination between development partners; and procurement of supplies as necessary. Five main types of activities are foreseen primarily to reduce the prevalence of malnutrition among children under two years of age and women of reproductive age in selected Woredas in pastoralist and agro-pastoralist areas by strengthening efforts at the decentralized level and promoting nutrition and dietary diversification practices. These are: inception and piloting; scaling up and implementation of 'quick wins'; piloting of adapted delivery modalities for nutrition and agriculture interventions; scale up and implementation based on mid-term impact assessments; and review and dissemination. Implementation of the activities will also improve knowledge and capacity of national partners (regional and Woreda level) for coordination, implementation and management of agro-pastoral and pastoral nutrition interventions, and enhance knowledge on holistic and preventive nutrition practices and dietary behaviour in agro-pastoral and pastoral areas available and disseminated.

## 1. OBJECTIVES

**Overall Objective:** Contribute to the enhancement of drought resilience and food and nutrition security of vulnerable populations in Southern and Eastern Ethiopia

**Specific Objective:** To improve nutrition and dietary diversification practices for adolescent girls, pregnant and lactating women, and children under 5, with a focus on the first “1000 days in 17 woredas in Ethiopia

### Expected Results

1. Adolescent girls, pregnant and lactating women, and children under 5 are reached by quality preventative nutrition interventions<sup>1</sup>;
2. Households are made aware of, and have increased access to, nutritious foods and practices<sup>2</sup>;
3. Improved capacity for NNP implementation in project areas<sup>3</sup>;
4. Evidence-based knowledge is available for NNP implementation<sup>4</sup>;
5. Technical support is provided to the EU and Joint programming in Nutrition.<sup>5</sup>

## 2. RATIONALE OF THE ACTION

### 2.1 Problem Analysis: Nutrition Situation in Ethiopia

**Despite impressive economic growth, malnutrition and hunger still persist.** From 2005-2012, Ethiopia sustained double digit economic growth rates. Despite this impressive progress, poverty remains unacceptably high with 80 per cent of rural Ethiopians continuing to live below the poverty line and more than 30 million Ethiopians living below the food poverty line.<sup>6</sup> This is most dramatically evident in children; an estimated 44 per cent of children in Ethiopia are stunted, with regional levels rising to over 52 percent in Amhara Region, 44% in SNNPR and 41% in Oromia.<sup>7</sup> These levels are higher than the average stunting rate for Eastern and Southern Africa region. In addition, children in the poorest quintile have a higher risk of being stunted and wasted and almost half of the children in the poorest quintile are stunted, compared to almost 1 out of 3 in the richest quintile.

**Hunger and malnutrition have a direct cost in lives damaged and economic potential lost.** The recent Cost of Hunger Study estimates that the annual costs associated with child malnutrition alone are equivalent to 16.5% of GDP. With 2 out every 5 children stunted, the long term implications are even greater as this lost generation will be less productive, less able, and less well. In the effort to reach middle income status, Ethiopia is hampered by the fact that 67% of the adult population suffered from stunting as children.<sup>8</sup>

Childhood under-nutrition is a complex issue with many causes including inadequate dietary intake, frequent illnesses, and poor feeding and caring practices. Inappropriate IYCF practices are thought to be an even more important determinant of malnutrition. The period from 6-8 months when children transition from exclusive breastfeeding to complementary feeding is critical. Breastfeeding is nearly universal in Ethiopia, with a reported 98% of children 0-5 years ever breastfed<sup>2</sup>. However, only 49% of children 6-8 months of age had reportedly consumed solid or semi-solid foods the day prior to the 2011 DHS survey, and just 1% had consumed the recommended diversity of complementary foods.

<sup>1</sup>Linkage to NNP Strategic Objective 1 - Results 1.1 and 1.2; Linkage to NNP Strategic Objective 2 - Results 2.1 and 2.2

<sup>2</sup>Linkage to NNP Strategic Objective 4 – Result 4.1, 4.6 and 4.7

<sup>3</sup>Linkage to NNP Strategic Objective 5 – Result 5.1 and 5.5

<sup>4</sup>Linkage to NNP Strategic Objective 5 – Result 5

<sup>5</sup>Linkage to NNP Strategic Objective 5 – Result 5.3

<sup>6</sup> MOFED (2010) Growth and Transformation Plan for Ethiopia

<sup>7</sup> Ethiopia Demographic and Health Survey, 2011.

<sup>8</sup> WFP, ECA, African Union (2013) Cost of Hunger in Ethiopia: Implications for the Growth and Transformation of Ethiopia. Addis Ababa

## 2.2 National Policies

**National Nutrition Programme:** In June 2013, Ethiopia launched the revised NNP for Ethiopia, that seeks to transform the economic and development trajectory of millions of children and their mothers by addressing food and nutrition insecurity in the country. It follows the lifecycle approach with more emphasis on the first 1000 days, accelerated stunting reduction actions and multi-sectoral engagement in nutrition sensitive actions.

**Health Sector Development Programme IV (HSDPIV - 2010 to 2015):** Commits to reach all sections of the population with effective health interventions.<sup>9</sup> HSDP IV's nutritional objectives are outlined in the NNP and the goal is to ensure all Ethiopians benefit from a secure and adequate nutritional status in a sustainable manner.

**Agriculture Sector Policy Investment Framework (PIF - 2010 to 2020):** Provides a strategic framework for sector prioritization and investment planning. The PIF is structured around the three main agro-ecological zones: adequate soil moisture, moisture deficit and pastoral areas. The PIF's development objective are embodied in the concept of '*producing more, selling more, nurturing the environment, eliminating hunger and protecting the vulnerable against shocks*'.

**National Disaster Risk Management Policy:** Ethiopia's institutional framework for disaster risk management (DRM) has undergone numerous changes in mandate, structure, and scope over the past 30 years. The new DRM policy provides the direction for the DRM system envisaged for Ethiopia in the future, and its overall objective is to reduce risks and the impacts of disasters through the establishment of a comprehensive and integrated DRM system within the context of sustainable development. The policy gives more emphasis on the full scope of DRM strategy, i.e. prevention, mitigation, preparedness, response, recovery and rehabilitation.

## 2.3 Linking with Other Initiatives

Currently, there are a number of nutrition programmes that support the NNP. These include the Community Based Nutrition Programme (CBN); the Productive Safety Net Programme (PSNP), National Universal Salt Iodization Programme (National USI programme) jointly supported by MI, UNICEF and GAIN; the Integrated Family Health Programme (IFHP) supported by USAID; the Alive and Thrive programme supported by Bill and Melinda Gates Foundation, and the newly introduced USAID nutrition programme called ENGINE. All these programmes have objectives to combat under-nutrition among children and women in Ethiopia. IYCF is increasingly being integrated into Community Based Management of Acute Malnutrition (CMAM) to strengthen preventive and developmental components of management of acute malnutrition.

The proposed action will contribute to the ECHO-DEVCO resilience building program at cluster level through ensuring the decentralization and mainstreaming of the NNP and, facilitation of the joint analysis, planning and implementations of all nutrition interventions in the cluster. This will build on nutrition outcomes of the other components of SHARE and enhances decentralized joint planning for implementation.

The proposed action will also ensure better integration and harmonization of relief (ECHO) and development (EU) alignment opportunities. This would ensure among other things local ownership and endorsement of common resilience strategies and joint impact measurement.

## 2.4 Linkages with Agriculture and Nutrition

The Federal Ministry of Health (FMOH) is leading on nutrition for government and is responsible for the NNP. The NNP calls for the establishment of the National Nutrition Coordinating Body (NNCB) – chaired by the State Minister of Health - which aims to bring stronger leadership to the nutrition sector and improve coordination as well as sectoral accountability. The NNCB is comprised of the nine sectoral ministries, including the Ministry of Agriculture.

<sup>9</sup> Federal Democratic Republic of Ethiopia, MoH (201): Health Sector Development Programme IV (2010/11 – 2014/15)

Ethiopia has joined the renewed global commitment to end under-nutrition. In line with the accelerated stunting reduction strategy developed for Ethiopia in 2011 calling for increased focus on multi-sectoral and integrated approaches to addressing stunting, a key feature of the current REACH workplan is to focus on coordination and collaboration with other sectors that impact nutrition, beyond health alone. UNICEF and FAO, together with other development partners, are continuing to advocate for the appointment of a REACH facilitator in Agriculture and advocating for supporting the REACH Ethiopia work plan till 2015 aligned with the revised NNP timeframe.

At a high political level in the government, there is commitment to the nutrition agenda, specifically as Ethiopia is now one of the SUN (Scaling Up Nutrition) early risers with effect from 2012. The State Minister of Health has been assigned the Ethiopia SUN focal person. Politically, there is commitment to facilitate cooperation across multiple sectors and to improve linkages between the national and local arenas towards sustained nutrition actions. The NNCB is a coordination mechanism consisting of ministers working on the social sector cluster of ministries and it aims to commit to and coordinate inter-sectoral actions on nutrition. In addition there are 2 main donor and implementing partner coordination mechanisms namely the health, population and nutrition group and also the nutrition development partners which is a sub-group of the Health Population and Nutrition (HPN) donors and implementing agencies body. The Nutrition Development Partners forum works closely with the national nutrition technical committee consisting of technical advisors in the various ministries.

Cornell University, as part of the EC ANSP project, have been engaged as partners in Ethiopia in order to contribute to the NNP implementation for multi-sectoral nutrition work and document the emergent lessons for dissemination. Cornell is bringing a systems lens to the ongoing efforts to operationalize “multi-sectoral nutrition,” facilitate real-time reflection and co-learning with the various in-country partners and identify critical gaps or high leverage actions for operationalizing the multi-sectoral approach.

## **2.5 Linkages with Social Protection and Nutrition**

Given its cross-cutting nature, nutrition can be mainstreamed into the different programmatic areas of PSNP and Household Asset Building Programme (HABP). Mainstreaming nutrition in PSNP and HABP would involve: integrating nutrition in the social development agenda; incorporating nutrition indicators in the programme; focusing on vulnerable households during PSNP targeting process; including nutrition in planning at all levels; promoting nutrition sensitive public works and HABP business plans; incorporating nutrition into existing programming and training tools; provision of nutrition specific training; focused attention during monitoring and supervision on effective mainstreaming of nutrition.

In this project mainstreaming would further be supported by exploring the options to build capacity of both Agricultural Development Agents (DAs) and Health Extension Workers (HEWs) to promote a smooth flow of information about the programme’s objectives, intervention strategies and efficacy, and can support behaviour change interventions, with a focus on the social development agenda and support joint planning and implementation and monitoring of the joint activities.

## **3. DESCRIPTION OF THE ACTION AND ITS EFFECTIVENESS**

### **3.1 Approach**

Empowerment of women is a central element of nutrition programming in Ethiopia. Working in communities, offers opportunities to engage with senior women clan members and women with young children and those engaged in agricultural and livestock production so as to enable increased levels of women engagement and ownership. Mother support groups will be encouraged especially in the context of improving infant and young child nutrition interventions and dietary diversity.

In order to address the nutritional challenges that face Ethiopia, UNICEF and FAO, in support of the NNP, recognise the importance of an integrated approach that combines nutrition, agriculture, household food security, social protection, health and education.

**The core Community-Based Nutrition (CBN) approach, as part of the Health Extension Programme, is established in the project Woredas and is the foundation for actions under this project.** UNICEF has supported the initiation of preventive CBN approach, now an integral part of the revised NNP, to affect improved IYCF practices at scale by making nutrition a priority agenda for families and communities and influencing sustainable behavioural changes in child care practices and health-seeking behaviours (hygiene and sanitation). This approach includes two main interventions led by the health extension workers. The first involves monthly Growth Monitoring and Promotion (GMP) of all children less than two years of age, accompanied by nutrition counselling primarily focused on improved IYCF practices for caregivers. The second component focuses on establishing regular community dialogues which engage community members in assessing the status of children's nutrition, analysing barriers and potential support for improved nutrition and developing consensus and plans of action to improve nutrition in health and other development sectors.

Then there is the delivery of a social behavioural change communication (SBCC) campaign on nutrition during pregnancy, child care, breastfeeding, complementary feeding, diet diversity, and hygiene and sanitation promotion through the training of Health Workers in the Primary Health Care Units in target Woredas on the blended nutrition training materials who will then be capacitated to support and train HEWs. In addition to SBCC, micronutrient supplementation will be supported as an integral component of CBN. Vitamin A supplementation and deworming will be provided for children 6-59 months and 24-59 months, respectively. Deworming will also be supported for adolescent girls in target schools, while iron-folate will be provided for pregnant and lactating women during their ANC visits.

The importance of nutrition-sensitive food and agriculture-based approaches for overcoming malnutrition and improving nutrition in general is fully recognized. Improved nutrition knowledge among rural households to enhance dietary diversity is critical. Women with children whose growth is identified as faltering during the GMP sessions (CBN<sup>10</sup>) and whose households are classified as food insecure will be empowered through referral by the HEWs to the DAs in Agriculture.

Low-cost complementary foods prepared with locally available ingredients through suitable small-scale production technologies in community settings, if provided in the correct quantities and recipes, have been shown to help meet most of the nutritional needs of older infants and young children<sup>1112</sup> with the exception of some critical micronutrients (i.e., iron, zinc, calcium, folate) for which additional strategies are required (e.g., powders containing multiple micronutrients or lipid-based nutritional supplements). Further, community-based production of complementary food through groups, such as women's peer-support groups, can spur the local economy by creating jobs and empowering women to take ownership of the nutrition of their children. Two models for community production of complementary food will be supported by this project: semi-urban and rural models. This entails establishment of community grain banks, provision of seed stock of the raw materials (cereals and pulses) and training of the women's groups on production of the complementary foods.

In addition, FAO will target interventions to build the capacity of women to increase dietary diversity through livestock rearing with a focus on small ruminants, backyard gardening and poultry rearing.

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<sup>10</sup> The core components of CBN, such as growth monitoring and promotion, are established in each of the Woredas under this project.

<sup>11</sup> Ferguson EL, Darmon N, Fahmida U et al., Design of Optimal Food-based complementary feeding recommendations and identification of key "problem nutrients" using goal programming. *J Nutr* 2006; 136:2399-2404

<sup>12</sup> Vossenaar M and Solomons NW. The concept of "critical nutrient density" in complementary feeding: the demands on the "family foods" for the nutrient adequacy of young Guatemalan children with continued breastfeeding. *Am J Clin Nutr* 2012;95:859-66

The revised NNP calls for decentralized multi-sectoral coordination mechanisms and the establishment of reporting and progress tracking mechanisms. It is envisaged that with the funding from the EC SHARE, it will be possible in the three regions of Amhara, Oromia and SNNP to reinforce the establishment and coordination of the multi-sectoral structures on nutrition through the Regional Nutrition Coordination Bodies and Technical Working Groups through capacity building and sensitization.

The Woreda level capacity building activities, including establishing/strengthening Woreda food security task forces and creating a multi-sectoral monitoring system in the selected Woredas, will be enhanced based on past experience and practices for improved dietary intake, improved understanding on dietary diversification, combined with improved hygiene practices to protect against diarrhoea and other diseases. FAO and UNICEF will support the training of HEWs and DAs on nutrition and agricultural linkages.

In addition to the project activities, support will be provided to carry out a national nutrition situation analysis, which will support the development of a joint EU Member States Nutrition Strategy. The situation analysis will look at the causality of malnutrition in Ethiopia, highlighting possible differences based on area, livelihood, etc. It will also seek to identify nutrition intervention coverage as well as gaps. The results of the situation analysis will inform not only the programme design of the SHARE nutrition project, but will also significantly contribute to the NNP re-design process post June 2015.

### 3.2 Targets

It is envisaged that while targeting all staff working in the project Woredas, a total of 80% can realistically be reached with capacity building activities and mobilization. As such, targets are as follows:

- Training on blended nutrition: 80% of total (850 HWs): **680 HWs**
- Training of Trainers on nutrition and agricultural linkages: **40 persons**
- Training on nutrition and agricultural linkages: 80% of total (850 HWs): **680 HWs**; and 80% of total (1275 DAs): **1,020 DAs**
- Mobilization of FSTF: **17 Woredas**
- Mobilization of Health Development Army (HDA) team leaders on nutrition: 39% of total (12,500): **4,849 HDAs**
- Community complementary food production: **10 Kebeles per Woreda**

### 3.3 Final Beneficiaries

#### CBN package (existing IYCF/GMP + VAS, IFA, deworming)

Region	Number of Woredas	Number of population	Number of children 6-59 months	Number of children 23-- 59 months	Number of children under two	PLW	Adolescence in school * 100 adol per Kebele
Amhara	2	300,000	46,800	31,800	21,000	12,000	5,000
Oromia	9	1,350,000	210,600	143,100	94,500	54,000	22,500
SNNPR	6	900,000	140,000	95,400	63,000	36,000	15,000
Total	17	2,550,000	397,800	270,300	178,500	102,000	42,500

#### PCF - UNICEF supported

Region	Number of Woredas	Number Kebele	Number of population	Number of children under five	number of children under two
Amhara	2	20	100,000	15,600	7,000
Oromia	6	60	300,000	46,800	21,000
SNNPR	2	20	100,000	15,600	7,000
Total	10	100	500,000	78,000	35,000



### FAO supported package + Adolescent deworming

Region	Number of Woredas	Number Kebele	Number of population	Number of children under five	Number of children under two	PLW
Amhara	2	20	100,000	15,600	7,000	4,000
Oromia	2	20	100,000	15,600	7,000	4,000
SNNPR	4	40	200,000	31,200	14,000	8,000
Total	8	80	400,000	62,400	28,000	16,000

### 3.4 Geographical Coverage

The overall geographic coverage is the 17Woredas of the EC/ECHO clusters in Amhara, Oromia and SNNPR.

Cluster 1	Amhara Cluster	Amhara	Wag Himra	Sekota
		Amhara	Wag Himra	Ziquala
Cluster 5	Bale Cluster	Oromia	Bale	Dawe Kechen
		Oromia	Bale	Gura Damole
		Oromia	Bale	Rayitu
Cluster 6	Borena Cluster	Oromia	Borena	Dehas
		Oromia	Borena	Dillo
		Oromia	Borena	Moyale
		Oromia	Borena	Miyo
		Oromia	Borena	Dire
		Oromia	Borena	Arero
Cluster 7	Wolayta Cluster	SNNP	Wolayta	Damot Pulassa
		SNNP	Wolayta	Boloso Sore
		SNNP	Wolayta	Dugna Fango
		SNNP	Wolayta	Kindo Koyscha
Cluster 8	South Omo Cluster	SNNP	Wolayta	Dasenech
		SNNP	South Omo	Hammer

### 3.5 Expected Results and Activities

**Result 1.** Adolescent girls, pregnant and lactating women, and children under 5 are reached by quality preventative nutrition interventions

#### *Supplementation*

Conduct quarterly Child Health Days (CHDs) to provide vitamin A supplementation and deworming to children under five as well as to screen children and pregnant and lactating women for malnutrition, and refer those who are malnourished to the Supplementary Feeding Programme (supported by WFP) and CMAM programme (at health post level). In addition, to provide iron folate supplementation to pregnant and lactating mother and ensure compliance. Home fortification with MNPs is an effective way to improve the quality of complementary food and at the same time enhances the effectiveness of inter-personal communication messages especially IYCF, WASH and Early Child Development (ECD). The project will assess feeding practices and the suitability and acceptability of adding powders to the food of the child. Mothers of children 6-24 months will be informed and guided on the use of MNPs. MNPs are currently being piloted in Amhara, SNNPR, Tigray and Oromia. Lessons from these experiences, as well as international experiences, will be applied to this project.

- 1.1: Procure and distribute Deworming tab for Children 23 to 59 months, Adolescent in schools and PLW  
 1.2: Procure and distribute iron folate for PLW during ANC visits  
 1.3: Home fortification using MNP and promotion of iodized salt

Major activities	Target Beneficiaries				Woredas	Kebeles	Responsible
	Children 23-59 months	Children under two	PLWs	Adolescent girls			
Procure and distribute Deworming tab for Children 23 to 59 months, G5 Adolescent in schools and PW)	270,300		102,000	42,500	17Woredas		UNICEF
Procure and distribute iron folate for PLW during ANC visits			102,000		17Woredas		UNICEF
Home fortification using MNP		35,000			10 Woredas	100 Kebeles	UNICEF
Promotion of iodized salt			102,000	42,500	17Woredas		UNICEF

#### *Promotion of health and nutrition practices*

SBCC strategies in the first 1000 days developed as part of the revised NNP, disseminated and implemented in communities through HEP and children 0-23 months attending monthly growth monitoring and promotion sessions (GMP).

To strengthen the supportive supervision of HEP the Health Workers (HW) (HEW supervisors) will be trained on nutrition using the blended training materials (which is an integrated package covering many areas) developed by MOH. Each health centre is supporting and supervising 5 health posts and provide support to strengthen HEWs capacity through on-job training and mentoring to deliver the health and nutrition packages

Agriculture DAs, Health Development Army members (HDA) (community volunteers trained and supervised by the HEW), Women groups, and common interest groups will be trained and supported to promote maternal nutrition and health practices including dietary diversity. Activities include:

- 1.4: Printing and distribution of family health cards and IEC materials  
 1.5: Train 680 HWs on blended training materials for PHCU in target Woredas  
 1.6: Implementation of IYCF through appropriate counselling addressing the barriers to exclusive breastfeeding, through HEWs with support of HDA  
 1.7: Train 480 DAs, 4,700 HDAs, 6 Women groups, 60 common interest groups on good nutrition practices including dietary diversity and promotion to increase uptake of locally produced complementary foods (10 Woredas)

Major activities	Target Beneficiaries				Woredas	Kebeles	Responsible
	Children under five	Children under two	PLWs	Adolescent girls			
Printing and distribution of family health cards and IEC materials			102,000	42,500	17Woredas		UNICEF
Train 680 HWs on blended training materials for PHCU in target Woredas					17Woredas		UNICEF
Implementation of IYCF through appropriate counselling			102,000	42,500	17Woredas		UNICEF
Train 480 DAs, in the project Woredas; 4,700 HDA members; 6 Women groups; and 60 common interest groups on good nutrition practices including dietary diversity					8 Woredas		FAO
					4 Woredas		UNICEF

#### *Improved complementary feeding*

There are two general models for community-based complementary food production: the semi-urban and rural. The semi-urban model will be implemented in the Woredacentre of ten Woredas, and in each Woreda, in 10 Kebeles the rural model will be implemented.

The rural model of this pilot study, which has been implemented in Oromia, SNNPR, Tigray, and Amhara in some areas, is based on bartering, in which mothers of children 6-23 months of age bring 2-3 kg of raw product (grains or legumes) and take home 3 kg of prepared complementary food (3:1 ratio of grain to legume). The programme provides: any additional grains and/or legumes to make up for the difference between the bartered raw materials and final product weights, limited processing supplies (scale, pan for roasting, barrel to store the raw or produced product, etc.), firewood to roast the raw product, money to transport and mill the cleaned product, as well as plastic bags and scales to package the finished product. The community provides an area for the “grain bank” and the processing of the raw materials; government's commitment for this will be obtained. A subset of women who have children under 2 years from the community process the food for the rest of the mothers of children under 2. These women are selected according to different criteria, including: having at least one child aged 6-23 months; motivation; history of active participation in health; and development programmes in the area.

The semi-urban model involves training a set of women to prepare the complementary food in a setting where it is expected that the population is large enough to allow the women to sell the product. The government is committed and community provides area to house the equipment (miller, sieve for cleaning the raw product, mixer to ensure complete mixture of the grain/legume product, sealer for bagged product, scales for ingredients and final product, and electrical access). The programme provides the initial stock of grains and legumes, the equipment just described, as well as training on clean and proper handling and production of food items and use of the equipment. The women’s group provides the work and sells the product. Social marketing will be applied to promote participation and uptake of the food. Activities:

1.8: Conduct rapid assessment on the available food commodities to design the best nutrient quality for complementary food production and existing practices on CF preparation in the project Woredas

1.9: Complementary food preparation and demonstration will be undertaken through urban and rural models in 10 Woredas. An urban model will be used in 10 semi-urban towns (4 implemented by FAO and 6 by UNICEF) within these 10 Woredas, and a rural model will be used in 90 Kebeles also within the 10 Woredas (UNICEF supported).

1.10: In the 10 Woredas, 10 women’s groups in the urban areas and 90 women’s groups in the rural (1 per site), will be identified, organized and trained on local production of CF including processing, preparation and demonstration

1.11: Establish 100 (10 urban and 90 rural) local CF production units in the total 100 CF project sites

1.12: Train the 10 CF producing women groups (1 per urban model) on business management and marketing

1.13: Provide start-up capital (in kind) to women’s groups to establish the complementary food processing units in the 10 CF project Woredas (100 total urban + rural models)

Major activities	Target Beneficiaries				Woredas	Kebeles	Responsible
	Children under five	Children under two	PLWs	Adolescent girls			
Complementary food preparation and demonstration in 10 Woredas through Rural model		35,000			10 Woredas	100 Kebeles	UNICEF+FAO
Identify, organize and train women groups on local production of CF including processing, preparation and demonstration		35,000			6 urban sites		FAO
					4 urban sites + 90 rural sites		UNICEF
Train CF producing women group on business management and marketing					6 urban sites		FAO
					4 urban sites		UNICEF
Train and provide start-up capital (in kind) to 10 women's groups to establish the complementary food processing unit in the project Woredas					6 urban sites		FAO
					4 urban sites + 90 rural sites		UNICEF

**Result 2.** Households are made aware of and have increased access to nutritious foods and practices

Fruit and vegetable gardening activities will be promoted in implementation areas (individual/community garden, school garden, in Farmers Training Centres, health facilities, etc.) in order to alleviate nutrient and micronutrient deficiencies. Moreover, the programme will support target households with seeds, and simple gardening equipment that most households will be able to grow vegetables especially during the rainy season. In areas, where irrigation is available, vegetable production will also be continued during the dry season, and production will serve families as means of diversifying their diet and as an income generating activity.

In order to secure year round vegetable production, the project will introduce Key Hole Gardens in selected sites. In the two Woredas of the South Omo cluster, milk and fish will be entry points for dietary diversity. All these activities will be supported with training and capacity building mechanisms as well as with assessment of the nutrition needs/problems, agricultural/livestock potential of target project Woredas.

- 2.1: Identify and support vulnerable households (female headed households with children) with specific interventions such as Homestead garden and livestock
- 2.2: Procurement and distribution of nutritious seeds and farm tools and livestock/poultry for backyard production
- 2.3: Support jobless youth (organized in cooperatives) in the 8 Woredas on Fishery, poultry production, community gardening and fruit production to create access for nearby households
- 2.4: Development of messages to promote dietary diversity (including milk and fish products) and demand creation appropriate to media, schools and farmer training centres
- 2.5: Conduct social mobilization for dietary diversity and homestead gardens, which will be done through demonstrations at the farmer training centres and schools
- 2.6: Promote and provide quality seed for production of nutritious foods (Fruits, Vegetables and root crops) at Farmers Training Centres (FTC)
- 2.7: Promote Milk based complementary food for children in pastoral areas of project targeted Woredas
- 2.8: Promote and improve access to quality milk by pregnant and lactating mothers
- 2.9: Study Tours (in country and abroad) for MoA and BoA Experts

Major activities	Estimated Target Beneficiaries				Woredas	Kebeles	Responsible
	Children under five	Children under two	PLWs	Adolescent girls			
Identify and support the most poor households (female headed households primarily) with children, whose growth is faltering with specific interventions such as Homestead garden and livestock		21,000			6 Woredas	60	FAO
Procurement and distribution of nutritious seeds and farm tools and livestock/Poultry for backyard production		21,000			6 Woredas	60	FAO
Support jobless youth (organized in cooperatives) in the Woredas on fishery, milk, poultry production, community gardening and fruit production to create access for nearby households		28,000			8 Woredas	80	FAO
Development of messages to promote dietary diversity and demand creation appropriate to media, schools and farmer training centres					6 Woredas	60	FAO
Conduct social mobilization for dietary diversity and homestead gardens, which will be done through demonstrations at the farmer training centres and schools	90,000				6 Woredas	60	FAO
Promote and provide quality seed for production of nutritious foods (Fruits, Vegetables and root crops) at Farmers Training Centres (FTC)		21,000			6 Woredas	60	FAO
Promote Milk based complementary food for children in pastoral areas		7,000			2 Woredas (S. Omo)	20	FAO
Promote and improve access to quality milk by pregnant and lactating mothers		7,000			2 Woredas (S. Omo)	20	FAO

### **Result 3.**Improved capacity for NNP implementation in project areas

The NNP authorizes the creation and capacitation of structures at regional and sub-regional level for the implementation and governance of NNP activities. The structures noted in the NNP document are the Regional Nutrition Coordinating Body (RNCB) and Regional Nutrition Technical Committee (RNTC), in both instances with multi-sectoral representation, and appropriate coordinating structures at Woreda level.

The success of the NNP depends to a very large extent on the capacities of the various structures, sectors and partners at regional level to meet the varied needs of the programme. This includes the RNTC and the Sectoral Working Groups in the regional bureaus, among others. These regional structures are the critical link between the NNP structures at the federal level and the Woredas, Kebeles and communities where NNP interventions are to be implemented. As such, a concerted effort is needed to ensure that the regional structures acquire the necessary capacities and there is some urgency in doing so in the 2014/15 fiscal year. Of particular concern are the following:

1. Acquiring and promoting a solid and shared understanding among actors at the regional level with regard to the nature of nutrition problems and the rationale for multi-sectoral nutrition;
2. Obtaining clarity concerning individual and collective roles and responsibilities at regional and sub-regional levels;
3. Developing the strategic capacity to build and sustain commitment for the NNP on the part of regional leadership and within the various regional bureaus;
4. Acquiring the technical capacity to plan, implement, coordinate and support nutrition-sensitive and nutrition-specific actions within and across the respective sectors at regional and Woreda level and below; and
5. Acquiring the capacity and practice of adaptive management of the NNP, including the tracking of progress at Woreda levels and below, identifying and resolving bottlenecks, and learning adapting based on experience.

The RNTC and the Sectoral Working Groups will need to acquire the skills and capacities for collaborative learning, teamwork and planning, the managerial skills for implementing and supporting the work at sub-regional levels and the strategic capacities for building and sustaining commitment to NNP on the part of regional leadership and within the various bureaus.

- 3.1: Develop nutrition training material for agriculture sector
- 3.2: Train HEWs and DAs on nutrition and agricultural linkages
- 3.3: Mobilize women development army team leaders to support nutrition interventions
- 3.4: Mobilization and training<sup>13</sup> of food security taskforce on nutrition-agriculture linkages in 9 Woredas
- 3.5: Support MOA and BOA (SNNP, Amhara and Oromia) by providing TA to strengthen multi-sectoral coordination
- 3.6: Training of extension workers and farmers in postharvest management, food preparation and processing techniques
- 3.7: Capacity development of Agriculture sector through provision of training at Federal, Regional and Woreda level
- 3.8: Integrated supportive supervision (ISS) and review meetings on NNP implementation

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<sup>13</sup>This activity will build on training and joint planning methods promoted through the FAO ECHO-funded project "Building Capacity for Better Food Security Planning" (OSRO/GLO/303/EU) which is implemented in collaboration with UNICEF and other partners, and has provided training for a multi-disciplinary team for Ethiopia.

Major activities	Woredas	Responsible
Develop nutrition training material for agriculture sector		FAO
Train HEWs and DAs on nutrition and agricultural linkages	17 Woredas	FAO/UNICEF
Mobilize women development army team leaders to support nutrition interventions	17 Woredas	UNICEF
Mobilization and training[1] of food security taskforce on nutrition-agriculture linkages in Woredas	17 Woredas	UNICEF
Support MOA and BOA (SNNP, Amhara and Oromia) by providing TA to strengthen capacity to implement NNP	8 Woredas	FAO
Training of extension workers and farmers in postharvest management, food preparation and processing techniques	8 Woredas	FAO
Capacity development of Agriculture sector through provision of nutrition agriculture linkage training at Federal, Regional and Woreda level	8 Woredas , 3 regions and national level	FAO
Supportive supervision and review meetings	17 Woredas	FAO/UNICEF

#### **Result 4.** Evidence-based knowledge is available for NNP implementation

This comprises a nutrition situation analysis, operational research and the development of a structured monitoring system.

The principal objectives of the situation nutrition analysis are to:

- Generate a better understanding of the different risk factors and causal pathways affecting undernutrition in women and children across contrasting livelihood (and/or agro-ecological) zones in Ethiopia
- Mapping out the nutrition-specific and nutrition-sensitive interventions and policies being undertaken and planned by the GoE, EU+ nutrition group and other stakeholders (such as USAID, UNICEF, WFP, FAO, INGOs); develop sustainable system to keep its updating.
- With reference to the causal analysis and the mapping exercise, identify the gaps in nutrition related interventions and resources in areas of Ethiopia particularly affected by chronic and acute under-nutrition.

The operations research will assess the effect of the implementation of a multi-sectoral approach to nutrition interventions, linking with agriculture. UNICEF will ensure the monitoring of the project and will provide all the necessary information to the EC Delegation in line with its Monitoring & Evaluation guidelines and policy.

#### **Result 5.** Technical support is provided to the EU and Joint programming in Nutrition

Upon request from the EU, UNICEF will support the EU on strategic and technical nutrition issues in line with the purpose of this proposal. This will include review of documents, advice on the development of the strategy, continuous communication with the EU on project updates, review meetings and ad hoc consultations.

## **4. IMPLEMENTATION ARRANGEMENTS**

#### **4.1 Inception phase**

A 4 months inception period will be required at the beginning of the project. This will allow the funds transfer process from EU, through UNICEF HQ, UNICEF Ethiopia and ultimately to the GoE and partners. Second, the inception period will allow time for defining key activities necessary for programme implementation including:

1. Full consultation with Federal and Regional government level technical expertise; sensitization and work-planning with regional and Woreda governments;
2. Recruitment of technical staff;
3. Baseline assessment and sectors capacity assessments preparation and implementation (including methodology development and recruitment of implementing firms);
4. Identification and partnership agreement processing of NGOS and national/international institutions that will support the implementation of some of the planned activities as well as the M&E components;
5. Develop detailed M&E plan spelling out indicators and timelines;
6. Based on the situation analysis, identify the programme research and develop the operations research agenda.

The inception phase will also provide sufficient time to establish a community dialogue (including separate meetings with women). This will be a hallmark of the programme delivery and will enable joint agency and community monitoring and review. This will be necessary to guide the development of BCC materials and programme implementation. It will also, over time, allow for appropriate refinement and improvement of interventions and delivery systems.

#### **4.2 Implementation phase**

It is planned that the Implementation Phase will last for 32 months. During this phase, the activities mentioned previously will be implemented and monitored in line with an agreed upon log-frame and workplan.

#### **4.3 Strategic Partnerships and Coordination with Other Initiatives**

This programme is a major contribution to existing government programmes on nutrition, which is supported by a range of multilateral and bilateral agencies and donors. As such, the objectives, design, implementation status and outcome of the programme will be presented to the relevant national level government and donor coordination committees.

The approach, now being mainstreamed by the Ministry of Health and most Regional Health Bureaus (RHBs) through the Health Extension Programme, is demonstrably cost effective. At the regional level, the programme will be overseen by the RHBs, the Regional Nutrition Coordination Body and RNTC. Similar structures will be established at the district level to oversee the programme's local implementation. At local level, key stakeholders include the HEWs, Agriculture Extension Worker, HDA members, school teachers, WASH committees (WASHCOs), and NGOs.

The target audiences of pregnant and lactating women, adolescent girls, caregivers of young children and community are critically involved with a high degree of participation. They are involved through community committees that implement some aspects of the programme, and as beneficiaries.

The proposed action will contribute to the cluster working groups through ensuring the decentralization and mainstreaming of the NNP and, facilitation of the joint analysis, planning and implementations of all nutrition interventions in the cluster. This will build on nutrition outcomes of the other components of SHARE and ECHO interventions and, enhances decentralized joint planning for implementation.

#### **4.4 UNICEF Organisation to Manage the Programme**

UNICEF has an Addis Ababa central office with a dedicated Nutrition and Food Security Unit comprised of four international staff and 9 national staff, as well as a strong support and operations structure. UNICEF also has regional offices located in Amhara, Oromia and SNNPR, with 2-3 dedicated nutritionists as well as support staff. The regional offices will be responsible for coordination of all activities at the field level. Implementing staff will work closely with the RHB, Woreda extension service and DAs in order that the lessons learned can be mainstreamed. UNICEF has a comparative advantage for working at the regional level, therefore, will pursue the possibility of a Project Cooperation Agreements (PCA) with NGOs for Woreda level delivery.

FAO Ethiopia has regional offices as well, hosted by the Bureau of Agriculture and provides technical support agriculture and food security programmes. The implementation modality of this project will be through signing contractual letters of agreement (LOAs) with regional and Woreda Agriculture office and NGOs with comparative advantage to support livelihood for resilience building for better food security and nutrition outcomes.

#### **4.5 Programme Steering**

Responsibility for day-to-day decision-making and Programme delivery will be delegated to a Programme Team based in UNICEF's Addis Ababa office comprising a small team of UNICEF and FAO. The Programme Team will however be able to draw on additional technical guidance and support from representatives of the two agencies as well as regional colleagues. This group will meet monthly to review progress and matters arising. In order to ensure good communication, high levels of accountability and to share lessons learned including progress and challenges, review meetings will be held a minimum of 2 times a year in each Woreda and involve representatives of the implementing partners together with representatives of the Ministry of Agriculture and Health. Summary minutes of these meetings will be shared with the Regional Oversight and Steering Committees and the Working Group. Additionally, quarterly meetings will be convened at the Deputy Representative level of both FAO and UNICEF to ensure accountability towards programme implementation.

#### **4.6 Monitoring and Evaluation**

UNICEF will ensure the monitoring of the project and will provide all the necessary information to the EC Delegation in line with its Monitoring & Evaluation guidelines and policy. UNICEF Ethiopia country office has an Integrated Monitoring, Evaluation and Research Plan (IMEP) that is updated on bi-annual basis by the M&E section. The IMEP summarizes and monitors the progress of all the major monitoring, evaluation and research activities of the office. A management response is mandatory for any evaluation carried out before it is finalized and endorsed.

#### **Information gathering and analysis methods**

**Field monitoring:** UNICEF staff at the national and field office level conduct regular field visits to monitor programme implementation. There is a computerized system to capture the key findings, progress and challenges. Follow ups and mitigation measures taken are monitored and recorded systematically. The Country Management Team meetings monitor this on monthly basis. Some of the field trips will be jointly conducted with the government, EC mission and implementation partners. In addition, UNICEF and EC together with other concerned partners will periodically undertake field visits to monitor the project activities on the ground.

**Spot check:** UNICEF together with the sector bureaus, BoFED and MoFED conduct spot-checks to track cash and supplies at the end user level, to ensure adequate use of resources.

**Programme reviews:** in collaboration with the sector bureaus, BoFED and MoFED, mid-year and end year reviews are organized. Key policy, strategy and programme implementation issues are reviewed



**Operational research:** The operational research will focus on assessing the institutional effectiveness and efficiency of the implementation of the multi-sectoral approach to nutrition interventions, especially linking with agriculture. The scope of the research topics will be further defined during the inception phase in consultation with the EU. These activities are included under result 4.

**Project annual report:** the implementing partners engaged in the project implementation will provide annual progress reports to UNICEF Ethiopia. These reports will document progress and challenges faced during project implementation. The annual progress reports (financial and narrative) will be established as per the EU- UN joint monitoring guidelines and EU special conditions for international organisation.

**Programme monitoring:** UNICEF will utilize indicators and targets defined in the contribution agreement as well as in the Logical Framework and Annual Work Plans specific to this project in measuring and reporting progress. Through these reports, new issues and risks are monitored periodically and managed by UNICEF in consultation with MoFED and the EU. The CBN programme has also a set of standard monitoring indicators reported by HEWs on a monthly basis detailing participation rate and underweight status of participants in the GMP programme. These indicators will be reported by the implementation partners on a regular basis.

An adequacy evaluation methodology will be developed and conducted, consisting of pre- and post-assessments. The evaluation will 1) assess the current (pre-program) status of knowledge, attitudes and practices (KAP) of appropriate IYCF behaviours, 2) measure change in KAP of IYCF throughout the project lifespan and 3) yield information on implementation of programming to help guide the development and implementation of similar types of programs, e.g. scaling up.

#### **EC Delegation**

Apart from disbursing funding on a timely basis, the EC Delegation to Ethiopia will actively participate in the monitoring and review of project performances. The project governance will involve UNICEF/FAO - GoE dialogue to which the EC will be invited. The EC will also conduct project evaluation and audit using direct centralized management method.

The Commission may carry out Results Oriented Monitoring (ROM) and external evaluation (mid-term, final and/or ex-post evaluations) via independent consultants.

## 5. DURATION AND INDICATIVE WORK PLAN FOR IMPLEMENTING THE ACTION

### 5.1 Work Plan for Year 1 and Following Years

Activities	Year 1 (per month)												Implementing body	Year 2 and Year 3 (per Semester)				
	1	2	3	4	5	6	7	8	9	10	11	12		3	4	5	6	
<b>Result 1. Adolescent girls, pregnant and lactating women, and children under 5 are reached by quality preventative nutrition interventions.</b>																		
1.1 Procure and distribute Deworming tab for Children 23 to 59 months, Adolescent in schools and PW)																		
1.2 Procure and distribute iron folate for PW during ANC visits																		
1.3 Home fortification using MNP and promotion of iodized salt																		
1.4 Printing and distribution of FHC and IEC materials																		
1.5 Implementation of IYCF through appropriate counselling																		
1.6 Train HW on blended training materials for PHCU in target Woredas																		
1.7 Train, DAs, Development Armies, Women groups, common interest groups on good nutrition practices including dietary diversity																		
1.8 Conduct rapid assessment on the available food commodities for complementary food (CF) production and existing practices on CF preparation in the 10 project Woredas																		
1.9 Identify, organize and train women's groups on local production of complementary food (CF), including processing; preparation; and demonstration, in the 10 project Woredas																		
1.10 Train the 10 CF producing women groups in urban project areas (1 per urban model) on business management and marketing																		
1.11 Establish, and provide with start-up capital (in kind) for, local CF production units in the 10 project Woredas																		
<b>Result 2. Households are made aware of and have increased access to nutritious foods and practices</b>																		
2.1 Identify and support the most poor households (female headed households primarily) with children, under-2 with specific interventions such as Homestead garden and livestock																		
2.2 Procurement and distribution of nutritious seeds and farm tools and livestock/Poultry for backyard production																		



Activities	Year 1 (per month)												Implementing body	Year 2 and Year 3 (per Semester)				
	1	2	3	4	5	6	7	8	9	10	11	12		3	4	5	6	
<b>Result 5. Technical support is provided to the EU and Joint programming in Nutrition</b>																		
5.1 Technical support provided to EU and joint programmes in nutrition in timely manner																		

## **6. ASSUMPTIONS AND PRE-CONDITONS**

Strong coordination strengthened and in place to ensure that the multiple sectors will work together to implement, for instance Food and Nutrition Security Task Force. Demand for the service created by the Health Development Armies for both sectors and engagement with the communities.

## **7. FACTORS ENSURING SUSTAINABILITY/CROSS-CUTTING ISSUES**

**Sustainability:** The project goals and activities are aligned with the FMOH NNP initiatives and activities. This will ensure that all support provided through the project will have continuity also after the project ends. The major initiatives supported by the project like training of HWs/DAs, micronutrient supplementation and IYCF promotion are standing and continuing programmes of the health system of the country. In addition, improved awareness and demand from communities for quality nutrition and agricultural related nutrition services will have positive effective on health service and agricultural extension delivery. Hence, all support provided to them will assist in the gradual build-up of capacity that will eventually bring it to expected standards in due course.

**Gender equality:** the project strongly works to assure gender equality principles as it focuses to improve the lives of mothers and children who are critically affected by gender disparity. The project will target women and as much as possible those with children who have experienced growth faltering. This will help to assure that benefit accrued due to implementation of all project activities is equitably shared as far as gender equality is concerned.

## **8. VISIBILITY AND COMMUNICATION**

UNICEF will ensure the communication, knowledge sharing and visibility of the project. UNICEF will proactively inform the general public, (both national and international) about the progress in implementation of the EC supported SHARE Nutrition project from 2014 to 2017. An increased effort will also be made by UNICEF in promoting knowledge sharing in nutrition and multi-sectoral linkages best practices and lessons learnt.

The visibility of the EC contribution to the project will be ensured through the following:

- UNICEF publications such as posters, brochures, agenda books, web stories
- Press releases issued by UNICEF for the recognition of donors' contributions
- Inform project implementing partners with regards to the EC contribution
- Arrange media events for major interventions and milestones

Furthermore UNICEF will take measures to ensure the donors' visibility at the field level as well as at the national and international levels. For the visibility of the EC contribution to the project, UNICEF will be guided by Joint Visibility Guidelines for EC-UN actions in the field as well as EC-UN Action Plan on Visibility. A Communication and Visibility plan will be drafted by the UNICEF External Communications Section and shared for agreement and approval with the EC after the project agreement is finalized. A portion of the project budget is being dedicated for visibility activities.

## **9. RISK ASSESSMENT**

Some of the selected Woredas are part of the hot spot Woredas which is a part of Ethiopia that is subject to more natural and man-made disaster than any other region, and this poses risks to the implementation of the activities highlighted in this proposal. The risks have been categorized as follows:

Childhood malnutrition and diseases – medium to high risk. The Programme will work closely with Health Service Providers including for research and piloting of approaches. It may be possible that in some cases if there is an increased prevalence of a disease or malnutrition or humanitarian crisis of any sort, the health service providers may focus more on curative rather than preventive health and nutrition interventions. It is also possible that therapeutic nutrition services will be in high demand periodically and this may potentially distract the attention of implementation partners away from

the development nutrition security issues that this proposal hopes to address. With support from the current expansion of CMAM and ICCM services to all health posts as part of the integrated community case management (ICCM) for therapeutic services, treatment and surveillance, these risks have a high probability to be quickly brought under control and to continue the project implementation. Therefore, this risk can partly be mitigated but is likely to cause for delay of implementation and for incomplete accomplishment of targets.

Pastoralist and agro pastoralist Health Extension programme – medium to high risk. The programme proposed is based on the assumption that the pastoralist health programme which recruits, trains and supervises health extension workers will be functioning optimally in the targeted districts. It is possible that recruitment and retention of health extension workers will continue to be problematic in the targeted districts and that given vastness of the regions and long distances to be travelled, supervision of the preventative and curative interventions will be sub-optimal. This may end up placing more pressure to deploy additional staff through partnership with NGOs as an alternative strategy to health and nutrition service delivery. This risk can be mitigated to the extent that alternative delivery models can be timely employed.

Reach and quality of services provided – medium to high risk. The services in the project areas extend to all beneficiaries, but the quality of services provided will depend on the exposure of service providers to capacity building activities provided by this project, on the quality of the services they provide and on the attainment of staff throughout the project period. This risk is mitigated by adjusting the expected coverage to 80%.

Multi-sectoral engagement –medium risk. The revision of the NNP is heavily based upon effective mechanisms enabling multi-sectoral engagement. It is possible that other sectors outside health may not be convinced or willing to participate in dialogue and planning with the health sector for this programme, which hampers opportunities for forging closer linkages between Health and Agriculture that are essential for improving nutrition security and that have a direct impact on the implementation of project activities. It is assumed that as a SUN early riser and the sign of the revised NNP across various sectors in Ethiopia backed by high level Government engagement and prioritization of nutrition will continue and will benefit the entire country including the Horn of Africa regions. UNICEF will continue to provide leadership as the chair of the Nutrition Development Partners Forum and Health Partners Network. These mechanisms will reinforce opportunities for inter-sectoral collaboration and partnership amongst the development partners. This mitigation strategy will reduce the risk.

Drought– high risk. The selected districts to be supported in this proposal are highly susceptible to cycles of drought. With funding from the EU there are plans for UNICEF to support and strengthen the drought cycle management model, including applying a ‘nutrition lens’ at all stages and to increase the availability of animal milk during times of drought, thereby reducing levels of child malnutrition. However, this risk will affect the implementation quality and timeliness of achievement of results.

Conflict – low to medium risk incidence. Conflict in pastoral areas occurs at different levels: intra-clan, inter-clan and inter-ethnic levels. Violence within and between clans is commonly resolved by clan elders and therefore seldom disrupts programme implementation. Conflict will be difficult to mitigate, however, these districts were chosen by EU and this was communicated well with government and it will also be discussed with regional governments and sub-committee for their vulnerability, but also for the potential for economic growth and hence expected a high level of political support for engaging in the programme. However, when conflict or violence occurs the risk is high that the external support mechanism for implementation of this project will be halted and delay will be significant and the targets will likely not be met and even reversal can be observed.

Alignment with NNP (post 2015) –Low to medium risk. There also remains some risk for programme actions depending upon the next NNP Revision during 2015, as the current NNP expires. There will need to be flexibility among all partners to adjust accordingly in order to support the Government of Ethiopia. Additionally, some programme components of the NNP are dynamic, such as methodology for delivery of vitamin A supplementation. This has been going through a transition from EOS to CHD to now routine services. The roll-out of the various phases has been staggered and indeterminate. There is also a dynamic nature to the roll-out and expansion of the HDA, and their role in the HEP, as the programme expands.

## ANNEX 1.1: LOGICAL FRAMEWORK (3 YEARS)

	Intervention logic	Objectively verifiable indicators of achievement	Sources & means of verification	Assumptions
<b>Overall objective</b>	Contribute to the enhancement of drought resilience and food and nutrition security of vulnerable populations in Southern and Eastern Ethiopia	Percentage decrease in level of malnutrition among children under 2 years of age by 2016 in the project area	Annual nutrition surveys; Final project evaluation report	
<b>Specific Objective</b>	To improve nutrition and dietary diversification practices for adolescent girls, pregnant and lactating women, and children under 5, with a focus on the first “1000 days in 17 woredas in Ethiopia	Percentage of children 6-23 months old with a <sup>14</sup> minimum acceptable diet. (4% improvement from the baseline)	Baseline/Endline Assessment	Ongoing commitment and partnership of relevant stakeholders to implement and meet the objectives
		Percentage of children 6-23 months old who receive foods from 4 or more food groups.(4% improvement from the baseline)	Baseline/Endline Assessment	
		Percentage of children 6-23 months old who receive solid, semi-solid or soft foods the minimum number of times or more(10% improvement from the baseline)	Baseline/Endline Assessment	
<b>Expected Result 1</b>	<b>(R1) Adolescent girls, pregnant and lactating women, and children under 5 are reached by quality preventative nutrition interventions</b>	Percentage of children 24-59 months old who are dewormed (indicative target 80%)	Administrative data	Supply availability, mobilization of children for services, availability and coverage of services
		Percentage of adolescent girls in target districts who take deworming medication (30%)	Administrative report	
		Percentage of PLW who have received iron folate during ANC. <sup>15</sup> (30%)	Administrative report	
		Percentage of children in target areas consuming at least 15 sachets of MNPs per month (30%)	Administrative report	
		Percentage of health workers trained on blended materials (80%)	Training reports	Low turnover of health staff, and attendance to

<sup>14</sup> The baseline percentage of minimum acceptable diet for the project area would be set based on the method of measurement and analysis included in the WHO document entitled 'Indicators for assessing infant and young child feeding practices –Part III, Country Profiles.'

<sup>15</sup> This indicator is proxied by attendance to ANC. There is method for collection of information on receipt of IFA during ANC. This indicator assumes receipt/consumption of IFA is the PW attended ANC



	Intervention logic	Objectively verifiable indicators of achievement	Sources & means of verification	Assumptions
				trainings
		Percentage of children 0-23 months participating in GMP (50%)	Administrative data	Mobilization of mothers/children for services, availability and coverage of services
		Percentage of children in target areas that received processed CF from child grain bank (60%)	Administrative report	Program participation and acceptance of activities by target population
		Percentage of villages in target areas established grain bank for processing of CF(60%)	Administrative report	
		Percentage of semi urban towns in target areas established CF processing unit through business model (60%)	Administrative report	
<b>Expected Result 2</b>	<b>(R2) Households are made aware of, and have increased access to, nutritious foods and practices</b>	Number of households with vulnerable children to malnutrition producing at least 2 new types of vegetables (Indicative target 18,000HHs)	Project progress report baseline/endline assessment reports	Program participation and acceptance of activities by target population, presence of gardens and fowl
		Number of households with vulnerable children to malnutrition increased their production of milk and eggs(Indicative target 18,000HHs)	Project progress report, baseline and endline assessment reports	
		Number of HHs trained and applied post-harvest loss reduction (80% of eligible HHs)	Project progress report	Program participation and acceptance of activities by target population, agricultural conditions
		Number of months per year in which foods from own production are available in the house(increased from 9 to 12 months for 18,000HHs)	Project progress report baseline and end line assessment reports	Agricultural conditions, household consumption of food produced
		Number of jobless youth groups members improved skills and knowledge on local food production (members of 8 groups)	Project progress report	Program participation and acceptance of activities by target population
		Number of youth groups with increased average income per year from local food production (6 groups)	Project progress report; baseline and endline assessment reports	
		Number of households receiving fruit and vegetable seeds / saplings	Project progress	Supply availability,

	Intervention logic	Objectively verifiable indicators of achievement	Sources & means of verification	Assumptions
		(3600HHs or 20% of targeted HHs)	report	acceptance of activities, agricultural conditions
		Households receive small livestock / poultry and associated training (30% of target HHs)	Project progress report	Supply availability, acceptance of activities
		Number of households receiving training on food processing (14,400HHs or 80% of targeted HHs)	Project progress report	
<b>Expected Result 3</b>	<b>(R3) Improved capacity for NNP implementation in project areas</b>	Number of joint planning sessions carried out by DAs and HEW per year (17 woredas)	Minutes of the meetings, Project progress report	Collaboration between health and agriculture staff, planning, and implementation of joint activities
		Number of Woredas where health and agriculture staff implement joint activities(10 woredas)	Woreda Report	
		Number of joint trainings and workshops(15 woredas)	Training Report	
		Number of nutrition coordination meetings attended by agriculture representative(80%)	Woreda Report	
		Number of HW and DAs trained on agriculture nutrition linkages (680 HWS, 1020 DAs)	Training Report	
<b>Expected Result 4</b>	<b>(R4) Evidence-based knowledge is available for NNP implementation</b>	Operational research findings report available	Reports	Agreed upon research question/topic, availability of qualified research firm
		Baseline/endline evaluation assessment reports available	Reports	Methodology developed, availability of qualified research firm
		National nutrition situation analysis (mapping, gap analysis and causal analysis, synthesis report) available	Reports	Methodology developed, availability of qualified research firm
<b>Expected Result 5</b>	<b>(R5) Technical support is provided to the EU and Joint programming in Nutrition.</b>	Report on technical support	Reports	Recruitment of qualified technical assistance

	<b>Interventions</b>	<b>Means</b>	<b>Sources of verification &amp; costs</b>	<b>Pre-conditions</b>
<b>Activities for Result #1</b>	Procure and distribute Deworming tab for Children 23 to 59 months, Adolescent in schools and PLW	Administrative report		Same as assumptions previously stated.
	Procure and distribute iron folate for PLW during ANC visits	Administrative report		
	Home fortification using MNP and promotion of iodized salt	Administrative report		
	Printing and distribution of family health cards and IEC materials	Administrative report		
	Train 680 HWs on blended training materials for PHCU in target Woredas	Training report		
	Implementation of IYCF through appropriate counselling addressing the barriers to exclusive breastfeeding, through HEWs with support of HDA	Administrative report		
	Train 480 DAs, 4,700 HDAs, 6 Women groups, 60 common interest groups on good nutrition practices including dietary diversity and promotion	Training report		
	Conduct rapid assessment on the available food commodities to design the best nutrient quality for complementary food production and existing practices on CF preparation in the project Woredas	Assessment report		
	Complementary food preparation and demonstration will be undertaken through urban and rural models in 10 Woredas	Administrative report		
	10 women's groups in the urban areas and 90 women's groups in the rural (1 per site), will be identified, organized and trained on local production of CF including processing, preparation and demonstration	Training report		
	Establish 100 (10 urban and 90 rural) local CF production units in the total 100 CF project sites	Administrative report		
	Train the 10 CF producing women groups (1 per urban model) on business management and marketing	Training report		
	Provide start-up capital (in kind) to women's groups to establish the complementary food processing units in the 10 CF project Woredas (100 total urban + rural models)	Administrative report		
<b>Activities for Result</b>	Identify and support vulnerable households (female headed households with children) with specific interventions such as Homestead garden and livestock	Administrative report		

<b>#2</b>				
	Procurement and distribution of nutritious seeds and farm tools and livestock/poultry for backyard production	Administrative report		
	Support jobless youth (organized in cooperatives) in the 8 Woredas on Fishery, poultry production, community gardening and fruit production to create access for nearby households	Administrative report		
	Development of messages to promote dietary diversity (including milk and fish products) and demand creation appropriate to media, schools and farmer training centres	Administrative report		
	Conduct social mobilization for dietary diversity and homestead gardens, which will be done through demonstrations at the farmer training centres and schools	Administrative report		
	Promote and provide quality seed for production of nutritious foods (Fruits, Vegetables and root crops) at Farmers Training Centres (FTC)	Administrative report		
	Promote Milk based complementary food for children in pastoral areas of project targeted Woredas	Administrative report		
	Promote and improve access to quality milk by pregnant and lactating mothers	Administrative report		
	Study Tours (in country and abroad) for MoA and BoA Experts	Trip report		
<b>Activities for Result #3</b>	Develop nutrition training material for agriculture sector	Training materials		
	Train HEWs and DAs on nutrition and agricultural linkages	Training report		
	Mobilize women development army team leaders to support nutrition interventions	Administrative report		
	Mobilization and training <sup>16</sup> of food security taskforce on nutrition-agriculture linkages in 9 Woredas	Training report		
	Support MOA and BOA (SNNP, Amhara and Oromia) by providing TA to strengthen multi-sectoral coordination	TA report		
	Training of extension workers and farmers in postharvest management, food preparation and processing techniques	Training report		
	Capacity development of Agriculture sector through provision of training at Federal, Regional and Woreda level	Training report		
	Integrated supportive supervision (ISS) and review meetings on NNP implementation	Trip report		
<b>Activities</b>	Operational research topic identified and carried out which assess the implementation of multi-sectoral approach to	Research report		

<sup>16</sup>This activity will build on training and joint planning methods promoted through the FAO ECHO-funded project “Building Capacity for Better Food Security Planning” (OSRO/GLO/303/EU) which is implemented in collaboration with UNICEF and other partners, and has provided training for a multi-disciplinary team for Ethiopia.

<b>for Result #4</b>	nutrition interventions, linking with agriculture			
	Evaluation methodology developed and implemented through baseline/endline KAP assessments	Assessment report		
	Nutrition situation analysis developed through mapping analysis, causal analysis, intervention gap analysis and drafting of synthesis report	Nutrition Situation Analysis Synthesis Report		
	Routine monitoring system developed and implemented, inclusive field travel	Monitoring reports		
<b>Activities for Result #5</b>	Nutrition technical support provided to EUD and member states, including, review of documents, advice on the development of the strategy, continuous communication with the EU on project updates, review meetings and ad hoc consultations.	Administrative report		

## ANNEX 1.2: LIST OF ABBREVIATIONS & ACRONYMS

ANSP	Africa Nutrition Security Partnership
BCC	Behaviour Change and Communication
BOA	Bureau of Agriculture
BOFED	Bureau of Finance and Economic Development
CBN	Community Based Nutrition
CF	Complementary Feeding
CMAM	Community Management of Acute Malnutrition
CPP	Country Programming Paper
DA	Development Agent
DHS	Demographic and Health Survey
DRM	Disaster Risk Management
EC	European Commission
FAO	Food and Agriculture Organization
FMOH	Federal Ministry of Health
FTC	Farmers Training Centres
GAIN	Global Alliance for Improved Nutrition
GDP	Gross Domestic Product
GMP	Growth Monitoring and Promotion
HABP	Household Asset Building Programme
HEW	Health Extension Worker
HPN	Health Population and Nutrition
HSDP	Health Sector Development Programme
IEC	Information Education and Communication
IFHP	Integrated Family Health Programme
IMEP	Integrated Monitoring and Evaluation Plan
IYCF	Infant and young child feeding practices
LOA	Letter of Agreement
MI	Micronutrient Initiative
MOA	Ministry of Agriculture
MOFED	Ministry of Finance and Economic Development
NGO	Non-Governmental Organization
NNCB	National Nutrition Coordination Body
NNP	National Nutrition Programme
NNTC	National Nutrition Technical Committee
PCA	Project Cooperation Agreement
PIF	Policy Investment Framework
PSNP	Productive Safety Net Programme
REACH	Renewed Efforts Against Child Hunger
RHB	Regional Health Bureau
SNNPR	Southern Nations and Nationalities Region
SUN	Scaling Up Nutrition
UNICEF	United Nations Children's Fund
USI	Universal Salt Iodization

### Annex 1.3 BUDGET FOR THE ACTION-Summary

Serial No.	Description	All Years Costs (in €)
1	Technical support	865,571.54
2	Contract/PCA	2,369,230.77
3	Capacity Building and Mobilization for Government	1,098,507.69
4	Supply	1,762,869.23
5	M&E and Operational Research	777,230.77
6	General Operating Expenses	523,225.51
7	Coordination of UNJP (Finance Officer L4 at 23.11%)	80,000.00
8	Indirect Operating Costs (7%)	523,364.49
	<b>EU Contribution Total</b>	<b>8,000,000</b>

	Total Direct Cost UNICEF	4,644,299.36
	Total Direct Cost FAO	2,832,336.15

## Annex 1.4 Activities-Summary

R.No	Region	Zone	woredas	Complementary food: Semi urban	Complementary food: Rural	Deworming for Adolescence and PW and iron for PLW	Capacity building for HWs/DAs	FAO (result 2)
1	SNNPR	Wolayta	Boloso Sore	FAO	UNICEF	UNICEF	FAO	x
2		Wolayta	Damot Pulasa	FAO	UNICEF	UNICEF	FAO	x
3		Wolayta	Deguna Fanigo	UNICEF	UNICEF	UNICEF	UNICEF	
4		Wolayta	Kindo Koysa	UNICEF	UNICEF	UNICEF	UNICEF	
5		South Omo	Dasenech			UNICEF	FAO	x
6		South Omo	Hammer			UNICEF	FAO	x
7	Amhara	Wagehimra	Sekota	FAO	UNICEF	UNICEF	FAO	x
8		Wagehimra	Zukala	FAO	UNICEF	UNICEF	FAO	x
9	Oromia	Borena	Dhas			UNICEF	UNICEF	
10		Borena	Dire	FAO	UNICEF	UNICEF	FAO	x
11		Borena	Moyale	UNICEF	UNICEF	UNICEF	UNICEF	
12		Borena	Arero			UNICEF	UNICEF	
13		Borena	Dillo	UNICEF	UNICEF	UNICEF	UNICEF	
14		Borena	Miyo	FAO	UNICEF	UNICEF	FAO	x
15		Bale	Gura Dhamole			UNICEF	UNICEF	
16		Bale	Raytu			UNICEF	UNICEF	
17		Bale	Dawe Ketchen			UNICEF	UNICEF	
				10	10	17	17	8

Implementation share between FAO and UNICEF on CF

	plan	FAO	UNICEF
Urban model	10(semi urban)	6	4
Rural model kebele	90(kebele)	0	90
Total kebele	100	6	94