5. Revision of PDM

Through the process of Mid-Term Review, the Team recommends to revise PDM ver.1 as stated below.

Comparison Table for PDM updating from PDM 1 to PDM 2

PDM1	PDM2	Main reasons for modification
1. Overall Goal		
(1) Narrative Summary		
Malnutrition among under-5 children and pregnant/lactating women are reduced in Oromia region	Malnutrition among under-5 children and pregnant/lactating women are reduced in the in the targeted woredas.	To harmonize with the area where the COBANA project intend to produce the expected project impact. To consider confiding effects of CBN-woreda-rolling-out efforts by other donors in other woredas in Oromia Region (i.e. WB, UNICEF)
(2) Indicators		
Indicator 1-3: "Z score below -2SD"	The underline to be deleted.	Modify a term appropriately.
Indicator 4: "21% of women with BMI < 18.5%"	"21% of mothers having children under 5 with BMI < 18.5%"	Modify a term appropriately.
Indicator 5: "22% of anemic during pregnancy"	"22% of pregnant women with anemia"	Unify the expression with DHS
(3) Means of Verification		
Baseline/evaluation report	Baseline/ Impact survey report	Modify a term appropriately.
2. Project Purpose		
(1) Indicators		
Indicator 1: "60% of under-5 children....."	"60% of under-2 children...."	To align with the international standard of measuring this indicator.
Indicator 3: "90% of aged under5 children who were given colostrum"	To be deleted.	Duplicated with Indicator 1
Indicator 5: "60 % of under-5 children who receive foods at least 3 types of food groups."	"15 % of under-5 children who receive foods at least 3 types of food groups."	15% of the target was set up by the advisory mission.
Indicator 6: "80% of pregnant women receive ante-natal care"	To be deleted.	The COBANA project promotes ante-natal care for pregnant women but does not make a direct intervention to the ante-natal care.
Indicator 7: "30% of pregnant/lactating women consuming amount of food than non pregnant/lactating period"	"30% of pregnant/lactating women consuming amount of food more than non pregnant/lactating period"	Modify a term appropriately.
Indicator 8: "60% of pregnant women who attend ANC receive iron tablets"	"60% of pregnant women receive iron tablets"	The COBANA project promotes ante-natal care for pregnant women but does not make a direct intervention to the ante-natal care (The supply of iron tablets is

		expected to be improved by World Bank effort in near future)
Indicator 9: "40% of pregnant women receive deworning drug"	To be deleted.	The supply of deworming medicine for pregnant women is not functioning
Indicator 10: "80% of mothers received information child nutrition from HEW."	"80% of mothers received information child nutrition from HEW/VCHW/DA."	The COBANA project makes intervention to VCHWs, and DA (in the future) too, not only HEWs.
(2) Means of Verification		
Baseline/evaluation reports	Baseline/End line survey reports	Modify a term appropriately.
(3) Important Assumptions from the Project Purpose to the Overall Goal		
"Supply of target supplementary food is covered for target areas."	"Supply of target supplementary food is covered for target areas of the TSF programme."	Targeted Supplementary Feeding Program (TSFP) has been implemented only for eligibale woredas (Food insecurity Woredas, not all the woredas).
Outputs 1		
(1) Indicator		
Indicator 1-1 "50% of caregivers attend sensitization workshop at the community more than 4 times per year"	The underline to be deleted.	The attendance frequency of individual caregivers cannot be monitored through HEWs report.
Indicator 1-2: "95% of communities have regular meeting of HEWs"	"95% of VCHW/DA have regular meeting of HEWs"	The meeting between communities (kebeles) and HEWs is generally not practiced, but the COBANA Project needs to promote communications between VCHW/DA and HEWs.
Indicator 1-3: "1 VCHW for CBN is allocated per 50 households"	VCHW for CBN is trained (1 per 50 households).	(The future status of VCHW is not clear currently due to the new government policy on the Health Development Army (HDA).)
Output 2		
(1) Indicator		
Indicator 2-1: "90% of HEWs and VCHWs are trained for CBN"	The underline to be deleted.	Duplicated with output1-3
Indicator 2-4: "45% of pregnant women take iron tablets."	To be deleted.	Duplicated with Project purpose 8.
Indicator 2-5: "Number of public gatherings engaged in nutrition counseling is increased."	To be deleted.	Duplicated with Indicator 4 in Output1.
(2) Means of Verification		
No indication for Output 2-3	"End line survey reports"	Add appropriated means of verification
Output 3		
(1) Indicator		
Indicator 3-1: "25% of severely malnourished children with	"90% of severely malnourished children with	ORHB emphasis the importance of referral system and have strong

complications at HPs are referred to health facilities"	complications at HPs are referred to health facilities"	motivation to improve the performance.
Indicator 3-3: "95% of HEWs receive increased supportive supervision by HCs/WorHOs."	"95% of HEWs receive Technical supportive supervision from HCs/WorHOs."	Modify a term appropriately.
Indicator 3-4: "80% of supervisors at HC are trained on CBN."	Added	Due to the new supervision system, this intervention will be crucial.
(2) Means of Verification		
Indicator 3-4: No means of verification	"Training record (attendance sheet)"	Add an available means of verification
Output 4		
(1) Indicator		
Indicator 4-1: "Regular supportive supervision visits to Woreda health offices and health facilities are held bi-annually by ORHB and quarterly by ZHDs."	Replaced by "90% of C/Ps [7] of Head of HCs, WorHOs, ZHOs, and ORHB participate in the quarterly review meetings."	The visits to WorHOs by ORHB and ZHD are generally not practiced, but the COBANA Project needs to promote participations of all C/Ps in review meetings.
Indicator 4-2: "95% of the HEWs have an established regular supportive supervision by WorHOs and HCs."	"95% of the HCs receive regular supportive supervision by WorHOs."	To adjust to new supportive supervision system.
Indicator 4-3: "90% of HEWs attend the technical training on CBN."	"90% of WorHOs and ZHDs attend the master training on CBN."	To adjust the level of activity (zonal and woreda levels) where the COBANA Project makes an intervention, and its target C/Ps.
(2) Means of Verification		
Indicator 4-1: No means of verification	"Meeting attendance sheet"	Add an available means of verification
Indicator 4-3: No means of verification	"Training record (attendance sheet)"	Add an available means of verification
(3) Important Assumptions		
Most of the HWs strengthened by the project do not resign.	Most of the HEWs trained by the project do not resign.	Modify a term appropriately.
Activities		
1-2.5: "HEWs conduct CBN training or other means of capacity building for VCHWs /DA"	Added	Adjust to new system and increase capacity of VCHWs/DA effectively
1-3,1-4,1-5,1-7,1-8,2-5: "VCHW"	"VCHW and DA (Development Army)"	Adjust to new system
1-9: "RHB/ZHDs develop innovative approaches to link HEW and communities. The COBANA Project's experiences and lessons learned are shared with FMOH and other development	Added	The Project will study effective means to increase HEWs access to community to adjust to new DA system. Eventually, the Project is also aiming to share the lesson learned through the Project and to make a policy recommendation of

[7] Heads and MCH experts (including a CBN focal person)

partners"		CBN implementation to FMOH and other development partners
4-10. "RHB/ZHDs/WorHO develop effective IEC materials."	Replaced by "RHB/ZHDs conducts quarterly review meetings"	The original activity was duplicated with 2-1. New added activitiy is the important activity under output4, but not indicated in the PDM-1.
4-2, 4-3, 4-9	To be deleted	Duplicated expressions with Activities 1 and 2.
5-5: "RHB/ZHD monitor and evaluate the models"	5-5: "RHB/ZHD monitor and evaluate the models through operation research"	To verify the effectiveness of the model on the mother's behavior changes, study them before and after the intervention.

6. Recommendations and Lessons Learned

6-1 Recommendations

In order to achieve the project purpose in the remaining period of COBANA Project and to continue effective service delivery to reduce malnutrition in communities in target areas after the completion of COBANA Project, the followings are recommended:

To COBANA Project (Japanese Experts and ORHB)

(1) It is necessary to increase opportunities of communication between Japanese side and Ethiopian C/Ps for sharing information, making activity plan of the Project and working together. These collaborations are important to make a progress of project activities.

(2) The Project should prioritize the activities which directly contribute to the project purpose and make necessary interventions in timely manner.

(3) The Project should clarify responsible personnel and allocate appropriate inputs for each activities based on the Plan of Operation.

(4) It is now essential to take specific measures to make an effective use of new system, the Development Army system, and to integrate their roles to Project's activities

(5) After Project's completion in 2013, ORHB needs to take a sustainable measure including budgeting to maintain activities in the 10 target woreda .

(6) ORHB regards to ensure the expansion of TFU at all the HCs in 10 target woredas, so that the project can contribute to development of supervision activities of referral system for severely malnourished children with complication.

To WorHO

(1) WorHO should maintain the equipment and materials which were donated by the Project and fully utilize them. In particular, maintenance and fuel cost for motorbikes,

which were donated to HCs for the purpose of enhance supervise activities to HPs, need to be covered by WorHO (as it was agreed upon between ORHB and JICA)

30

Project Design Matrix (PDM) The Project for Improving Maternal and Child Nutrition Status

Implementing Organization: Oromia Regional Health Bureau
Target area: 10 woredas in the 3 zones (Arsi, Bale and East Shewa).
Target group: Under-5 children and pregnant/lactating women

Version -1
Duration : Aug.2008 - Jul.2013
March 4 , 2010

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Overall Goal Malnutrition among under-5 children and pregnant/lactating women are reduced in Oromia region.	1 30% of under-5 children with weight-for-age Z score below -2 SD 2 36% of under-5 children with height-for-age Z score below -2 SD 3 9% of under-5 children with weight-for-height Z score below -2 SD 4 21% of women with BMI<18.5 5 22% of anemic during pregnancy	Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports	
Project Purpose Community-level preventive services are strengthened to reduce malnutrition of under-5 children and pregnant/lactating women in the targeted woredas.	1 60% of under-5 children who were put to the breast within one hour of birth 2 50% of infants who are fed exclusively on breast milk for 6 months 3 90% of aged under-5 children who were given colostrum 4 65% of infants start complementary foods timely 5 60% of under-5 children who receive foods at least 3 types food groups 6 80% of pregnant women receive ante-natal care 7 30% of pregnant /lactating women consuming amount of foods than non pregnant/lactating period 8 60% of pregnant women who attend ANC receive iron tablets 9 40% of pregnant women who attend ANC receive de-worming drugs 10 80% of caregivers received information child nutrition from HEWs	Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports	Large scale epidemics and emergency food shortage do not occur. Supply of Target Supplementary Food is covered for target areas.
Outputs 1 Community participation is enhanced to prevent malnutrition of children and pregnant/lactating women	1 50% of caregivers attend sensitization workshop at the community more than 4 times per year. 2 95% of communities have regular meeting of HEWs. 3 1 VCHW for CBN is allocated per 50 households. 4 Number and variety of outreach sites where community can participate in nutrition activities is increased.	HEWs report HEWs report HEWs report	Most of the HWs strengthened by the project do not resign. De-worming medicines and micronutrients (iron /Vitamin A) are stably supplied to health posts.
2 Measures are strengthened to prevent malnutrition of children and pregnant/lactating women by HEWs	1 90% of HEWs and VCHWs are trained for CBN. 2 50% of under-2 children are weighed monthly. 3 80% of pregnant/lactating women receive nutrition counseling. 4 45% of pregnant women take iron tablets. 5 Number of public gatherings engaged in nutrition counseling is increased.	Training record HEWs/VCHWs report HEWs report HEWs report	
3 Linkages are strengthened between health posts and health facilities.	1 25% of severely malnourished children with complications at HPs are referred to health facilities. 2 85% of HPs exchange information with HCs/WorHOs about the response to referred severely malnourished children. 3 95% of HEWs receive increased supportive supervision by HCs/WorHOs.	Referral record Meeting minutes HEWs report	
4 Capacities at regional, zonal and woreda levels are enhanced to strengthen community-based nutrition service delivery.	1 Regular supportive supervision visits to woreda health offices and health facilities are held bi-annually by ORHB and quarterly by ZHDs. 2 95% of the HEWs have an established regular supportive supervision by WorHOs and HCs. 3 90% of HEWs attend the technical training on CBN.	Interview with RHB/ZHDs Interview with HEWs/WorHOs Interview with HEWs/WorHOs	
5 Effective multi-sectoral coordination models are demonstrated at selected locations within the targeted woredas.	1 Effective sectoral collaboration models is developed and documented. 2 Experiences on the cross-sector models are shared through workshop with FMOH and international organizations. 3 Plans are developed for replication of the successful models.	Model evaluation report Dissemination workshop report Plan	

Activities

1-1. RHB/ZHDs review and revise training program for HEWs on community sensitization based on the baseline survey results (activity 4-1).
1-2. WorHOs conduct the training for HEWs.
1-3. HEWs sensitize communities through workshops and/or routine works.
1-4. HEWs and communities identify problems that hinder activities for maternal and child nutrition.
1-5. Communities decide on the numbers, roles and functions of VCHWs to promote maternal and child nutrition with HEWs in accordance with the national guidelines.
1-6. Communities identify channels for mothers to contact HEWs/VCHWs at outreach sites such as schools and church/mosques.
1-7. Communities/VCHWs review community groups.
1-8. Communities/VCHWs identify and utilize the community groups to enhance community nutrition activities.

2-1. RHB/ZHDs review existing IEC materials including complementary feeding guidelines for child nutrition.
2-2. RHB/ZHDs review nutrition technical training for HEWs.
2-3. RHB/ZHDs utilize technical guidelines and packages for HEWs' outreach activities effectively.
2-4. WorHOs and HCs conduct the nutrition technical training for HEWs.
2-5. HEWs/VCHWs conduct monthly growth monitoring promotion for under-2 children and pregnancy-weight-gain monitoring.
2-6. HEWs conduct the nutrition counseling and education using the IEC material for under-2 children and pregnant/lactating women, based on the mechanisms to support HEWs.
2-7. ORHB conducts TOT for MCH experts in zones/woredas.
2-8. HEWs conduct CBN training for VCHWs.
2-9. RHB/ZHDs review the coverage of OTP/TFU.
2-10. RHB/ZHDs establish OTP/TFU.

3-1. RHB/ZHDs review and revise current guidelines and training program for referral/follow-up of acutely malnourished
3-2. Communities, woredas and HCs develop operation plans for referral/follow-up of acutely malnourished children.
3-3. WorHOs conduct training for HEWs for referral/follow-up of acutely malnourished children.
3-4. HEWs and health workers at HCs promote referral/follow-up of acutely malnourished children between health posts and health facilities.
3-5. RHB/ZHDs develop training program on supportive supervision for HCs.
3-6. RHB/ZHDs develop the protocols and check-lists for supervision.
3-7. ZHDs conduct training for supportive supervision by HCs.
3-8. HCs conduct supportive supervision for health posts in line with the protocol.
3-9. RHB/ZHDs review the coverage of OTP/TFU.
3-10. RHB/ZHDs establish OTP/TFU.
3-11. RHB/ZHDs conduct OTP/TFU in-service training for HWs in HCs.

INPUTS

【Japan side】

Technical Cooperation Team
Long-term experts (2)
- Chief Advisor
- Project Coordinator

Short-term experts

- IEC production
- Monitoring evaluation
- Others

Training expenses
Vehicles

【Oromia side】

Human resources
Project Director
Project Manager
Counterpart personnel

Office, Equipment

Preconditions

Project is accepted by local communities.

Activities (continued) 4-1. RHB/ZHDs/WorHOs/HEWs conduct baseline survey. 4-2. RHB/ZHDs review and revise training program (community sensitization, nutrition technical and referral/follow-up). 4-3. RHB/ZHDs conduct TOT training for WorHOs and HCs. 4-4. RHB/ZHDs review and analyze current monitoring and supervision mechanisms. 4-5. RHB/ZHDs develop protocols and check-lists for supervision by HCs (activity 3-6). 4-6. RHB/ZHDs document the evaluation results and share them with other stakeholders such as FMOH and international organizations through workshops. 4-7. RHB/ZHDs review In-service Refresh Training program with regard to maternal and child nutrition for local adaptation. 4-8. RHB makes plan for regional adaptation of the experience from the project. 4-9. RHB/ZHDs/WorHOs prepare the plan of activities for community conversation based on the results of 4-1. 4-10. RHB/ZHDs/WorHOs develop effective IEC materials. 5-1. RHB/ZHDs identify the collaborating sectors such as agriculture and education. 5-2. RHB/ZHDs, together with the collaborating sectors, find effective coordination models such as kitchen gardens, cooking demonstration of complementary foods using locally available foods, school health education). 5-3. RHB/ZHDs, together with the collaborating sectors, plan model sites and implementation procedures of the models. 5-4. RHB/ZHDs, together with the collaborating sectors, implement the models at selected pilot keberes. 5-5. RHB/ZHDs monitor and evaluate the models.	

Notes for abbreviations : HEW (Health Extension Worker), VCHW (Volunteer Community Health Worker), RHB (Region Health Bureau), ZHD (Zonal Health Department),WorHO (Woreda Health Office), FMOH (Federal Ministry of Health), HRD (Human Resource Development) , TOT (Training of Trainers), TFU (Therapeutic Feeding Unit), OTP (Outpatient Therapeutic Program), HC (Health Center), GMP (Growth Monitoring Program), CBN (Community Based Nutrition), HW (health worker), ANC (antenatal care)

Project Design Matrix (PDM) The Project for Improving Maternal and Child Nutrition Status

Implementing Organization: Oromia Regional Health Bureau
Target area: 10 woredas in the 3 zones (Arsi, Bale and East Shewa).
Target group: Under-5 children and pregnant/lactating women

Version -2
Duration : Aug.2008 - Jul.2013
August 2, 2011

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Overall Goal Malnutrition among under-5 children and pregnant/lactating women are reduced in the targeted woredas.	1 30% of under-5 children with weight-for-age Z score below 2 36% of under-5 children with height-for-age Z score below 3 9% of under-5 children with weight-for-height Z score below 4 21% of mothers having children under 5 with BMI<18.5 5 22% of pregnant women with anemia	Baseline/ Impact survey report Baseline/ Impact survey report Baseline/ Impact survey report Baseline/ Impact survey report Baseline/ Impact survey report	
Project Purpose Community-level preventive services are strengthened to reduce malnutrition of under-5 children and pregnant/lactating women in the targeted woredas.	1 60% of under-2 children who were put to the breast within one hour of birth 2 50% of infants who are fed exclusively on breast milk for 6 months 3 65% of infants start complementary foods timely 4 15% of under-5 children who receive foods at least 3 types food groups 5 30% of pregnant /lactating women consuming amount of foods more than non pregnant/lactating period 6 60% of pregnant women receive iron tablets 7 80% of caregivers received information child nutrition from HEWs/VCHW/DA	Baseline/Endline survey report Baseline/Endline survey report Baseline/Endline survey report Baseline/Endline survey report Baseline/Endline survey report Baseline/Endline survey report Baseline/Endline survey report	Large scale epidemics and emergency food shortage do not occur. Supply of Target Supplementary Food is covered for targeted areas of the TSF programme.
Outputs			Most of the HEWs trained by the project do not resign. De-worming medicines and micronutrients (iron /Vitamin A) are stably supplied to health posts.
1 Community participation is enhanced to prevent malnutrition of children and pregnant/lactating women	1 50% of caregivers attend sensitization workshop at the community 2 95% of VCHW/DA have regular meeting of HEWs 3 *VCHW for CBN is trained (1 per 50 households)* 4 Number and variety of outreach sites where community can participate in nutrition activities is increased.	HEWs report HEWs report HEWs report HEWs report	
2 Measures are strengthened to prevent malnutrition of children and pregnant/lactating women by HEWs	1 90% of HEWs are trained for CBN. 2 50% of under-2 children are weighed monthly. 3 80% of pregnant/lactating women receive nutrition counseling.	Training record HEWs/VCHWs report Endline survey report	
3 Linkages are strengthened between health posts and health facilities.	1 90% of severely malnourished children with complications at HPs are referred to health facilities. 2 85% of HPs exchange information with HCs/WorHOs about the response to referred severely malnourished children. 3 95% of HEWs receive technical supportive supervision from HCs/WorHOs. 4 *80% of supervisors at HC are trained on CBN*	Referral record Meeting minutes HEWs report Training record (attendance	
4 Capacities at regional, zonal and woreda levels are enhanced to strengthen community-based nutrition service delivery.	1 90% of C/Ps of Heads of HCs WorHOs, ZHDs, and ORHB participate in the quarterly review 2 95% of the HCs have an established regular supportive supervision by WorHOs 3 90% of WorHOs and ZHDs attend the master training on CBN.	Meeting attendance sheet Interview with HEWs/WorHOs Training record (attendance	
5 Effective multi-sectoral coordination models are demonstrated at selected locations within the targeted woredas	1 Effective sectoral collaboration models is developed and documented. 2 Experiences on the cross-sector models are shared through workshop with FMOH and international organizations. 3 Plans are developed for replication of the successful models.	Model evaluation report Dissemination workshop report Plan	

Annex 2

Project Design Matrix (PDM) The Project for Improving Maternal and Child Nutrition Status

Implementing Organization : Oromia Regional Health Bureau
Target area: 10 woredas in the 3 zones (Arsi, Bale and East Shewa).
Target group : Under-5 children and pregnant/lactating women

Version -2
Duration : Aug.2008 - Jul.2013
August 2, 2011

Activities

1-1. RHB/ZHDs review and revise ***CBN*** training program for HEWs on community sensitization based on the baseline survey results
1-2. WorHOs conduct the ***CBN*** training for HEWs ***on community sessitization.***
1-2.5 ***HEWs conduct CBN training or other means of capacity building for VCHWs/DAs***
1-3. HEWs ***VCHWs, DA*** sensitize communities through workshops and/or routine works.
1-4. HEWs, ***VCHWs, DA*** and communities identify problems that hinder activities for maternal and child nutrition.
1-5. Communities decide on the numbers, roles and functions of ***VCHWs/DA*** to promote maternal and child nutrition with HEWs in accordance with the national guidelines.
1-6. Communities identify channels for mothers to contact HEWs/VCHWs at outreach sites such as schools and church/mosques.
1-7. Communities/VCHWs ***/ DA*** review community groups.
1-8. Communities/VCHWs/ ***DA*** identify and utilize the community groups to enhance community nutrition activities.
1-9. ***RHB/ZHDs develop innovative approaches to link HEW and comunities. The COBANA Project's experiences and lessons learned are shared with FMOH and other development partners***

2-1. RHB/ZHDs review and ***develop a new*** IEC materials including complementary feeding guidelines for child nutrition.
2-2. RHB/ZHDs review ***CBN*** training for HEWs ***on GMP / nutrition education.***
2-3. RHB/ZHDs utilize IEC material for HEWs' ***CBN*** activities effectively.
2-4. WorHOs and HCs conduct CBN training for HEWs ***on GMP / nutrition education..***
2-5. HEWs/VCHWs***/DA*** conduct monthly growth monitoring promotion for under-2 children and pregnancy-weight-gain monitoring.
2-6. HEWs conduct the nutrition counseling and education ***through GMP, CHD, ANC and other community-based activities*** using the IEC material for under-2 children and pregnant/lactating women.
2-7. ORHB conducts TOT for MCH experts in zones/woredas.
2-8. HEWs conduct CBN training for VCHWs.
2-9. RHB/ZHDs review the coverage of OTP/TFU.
2-10. RHB/ZHDs establish OTP/TFU.

3-1. RHB/ZHDs review and revise current guidelines, training program ***and information systems*** for referral/follow-up of acutely malnourished children.
3-2. Communities, woredas and HCs develop operation plans for referral/follow-up of acutely malnourished children.
3-3. WorHOs conduct training for HEWs for referral/follow-up of acutely malnourished children.
3-4. HEWs and health workers at HCs promote referral/follow-up of acutely malnourished children between health posts and health facilities.
3-5. RHB/ZHDs develop training program on supportive supervision for HCs.
3-6. RHB/ZHDs develop the protocols and check-lists for supervision.
3-7. ZHDs conduct training for supportive supervision by HCs.
3-8. HCs conduct supportive supervision for health posts in line with the protocol.
3-9. RHB/ZHDs review the coverage of OTP/TFU.
3-10. RHB/ZHDs establish OTP/TFU.
3-11. RHB/ZHDs conduct OTP/TFU in-service training for HWs in HCs.

INPUTS

【Japan side】	【Oromia side】
Technical Cooperation Team	Human resources
Long-term experts (2)	Project Director
・Chief Advisor	Project Manager
・Project Coordinator	Counterpart personnel
	Office, Equipment
Short-term experts	
・Mulri-sector linkage	
・IEC production	
・Monitoring evaluation	
・Others	
Training expenses	
Vehicles	

Preconditions

Project is accepted by local communities.

Activities (continued) 4-1. RHB/ZHDs/WorHOs/HEWs conduct baseline survey. 4-2. RHB/ZHDs review and analyze current monitoring and supervision mechanisms. 4-3. RHB/ZHDs develop protocols and check-lists for supervision by HCs (activity 3-6). 4-4. RHB/ZHDs document the evaluation results and share them with other stakeholders such as FMOH and international organizations through workshops. 4-5. RHB/ZHDs review In-service Refresh Training program with regard to maternal and child nutrition for local adaptation. 4-6. RHB makes plan for regional adaptation of the experience from the project. 4-7. RHB/ZHDs/WorHOs develop effective IEC materials. 4-8. ***RHB/ZHDs conducts quarterly review meetings*** 5-1. RHB/ZHDs identify the collaborating sectors such as agriculture and education. 5-2. RHB/ZHDs, together with the collaborating sectors, find effective coordination models such as kitchen gardens, cooking demonstration of complementary foods using locally available foods, school health education). 5-3. RHB/ZHDs, together with the collaborating sectors, plan model sites and implementation procedures of the models. 5-4. RHB/ZHDs, together with the collaborating sectors, implement the models at selected pilot keberes. 5-5. RHB/ZHDs monitor and evaluate the models ***through operation research.***	

Annex III List of Japanese Experts

Name	Position in the Project	Period of Assignment
Ritsuko Aikawa	Chief Advisor / Maternal Child Health	Nov., 2008 - Sept, 2009 Nov., 2009- April , 2010 May 2010 - Aug. 2010 Sept. 2010 - Dec. , 2010
Koichiro Watanabe		May 2011 – Mar 2012
Eiko Kawaide	Project Coordinator /Community Health	Jan. 2009 – Nov. 2010
Masayo Nakamori		Nov. 2010 – Oct. 2012
Ayako Nakazato	IEC Material	Nov. 2009 – Dec. 2009
Shoko Saito	Development of Monitoring and Evaluation	June 2010 – July 2010
Koichiro Watanabe	Multi-Sectoral Collaboration	Aug. 2010 – Sept. 2010
Chieri Yamada	Monitoring	Dec. 2009 – March 2011

Annex IV List of Equipment

Date of Purchase	Equipment	Specification	No.	Price (USD)	Price (USD)	Installation Place
16-Oct-08	Land Cruiser	TOYOTA VDJ200L	2	59,540	119,080	Project Office in ORHB
10-Dec-10	Land Cruiser	TOYOTA HZJ76	1	38,750	38,750	
29-Sep-09	Motor Bike	SUZUKI TS185	11	2450	26,950	11 HC in the target woredas
				Total	184,780	

T, R

Annex V List of Training Activities

Name	Course Title	Training Period
Sr. Tarikua Desta (Nutrition Focal Person, Family Health, MCH Expert, ORHB	Women Leader Training on Health Promotion and Nutrition Improvement"	Nov 13, 2008 – 24 Jan.24, 2009
Mr. Asfaw Beakele (Head, Planning Department, ORHB)	"Technical training for Community Based Nutrition for Maternal and Child Health"	Nov 8 - 18, 2009
Mr. Direba Degefa Head, ZHD, East Shewa		
Mr. Esmail Kassin (Head, Goba WorHO, Bale zone)		
Dr. Gadissa Anbesse (Head, ZHD-Bale Zone)		
Mr. Abera Seifu (Team Leader, Family Health Department, ORHB)		January 9 – 19, 2011
Mr. Alemu Gemechu (D/Head, Arsi ZHD)	"Rural Community development by Livelihood Improvement Approach for Africa"	Jan 18 – 7 March, 2009
Mr. Hussein Mamo (MCH Expert, Shirka WorHOs, Arsi zone)		January 10 – February 22, 2011

T, R

Annex VI List of Counterparts

C/P Name	Title	Position in the Project
Mr. Shallo Daba	Head, ORHB	Project Director
Dr. Zelalem Habtamu	Deputy Head, ORHB	Project Manager
Mr. Abera Seiyfu	Team Leader, Family Health Dept. ORHB	Counterparts of Japanese Experts
Sr. Tarikua Desta	Nutrition Focal Person, ORHB	Id.
Mr. Mulugeta Kebede	Head, Arsi ZHD	Id.
Mr. Alemu Gemechu	Deputy Head, Arsi ZHD	Id.
Sr. Webit Antonio	MCH Expert, Arsi ZHD	Id.
Mr. Deriba Degefa	Head, E/Shewa ZHD	Id.
Ms. Eshetayehu Midekssa	MCH Expert, E/Shewa ZHD	Id.
Dr. Gadisa Anbesse	Head, Bale ZHD	Id.
Mr. Mesfin Asfaw	MCH Expert, Bale ZHD	Id.
Mr. Abona Turke	Head, Dodota WorHO	Id.
Mr. Kasu H/Meskel	Head, Tiyo WorHO	Id.
Mr. Tesfaye Lemma	Head, Shirka WorHO	Id.
Mr. Habtamu Abebe	Head, Z/Dugda WorHO	Id.
Mr. Haleku Kuffa	Head, A/Tullu WorHO	Id.
Mr. Habtamu	Head, Bora WorHO	Id.
Mr. Mebratu Assefa	Head, Boset WorHO	Id.
Mr. Tesfaye Yami	Head, Lume WorHO	Id.
Mr. Tesfaye Hunde	Head, Goba WorHO	Id.
Mr. Worku Dibaba	Head, Shinana WorHO	Id.
Sr. Demekech	MCH Expert, Dodota WorHO	Id.
Mr. Tefera Kitaw	MCH Expert, Tiyo WorHO	Id.
Mr. Husen Mam	MCH Expert, Shirka WorHO	Id.
Sr. Martha Legesse	MCH Expert, Z/Duguda WorHO	Id.
Sr. Alemtsehay Tufa	MCH Expert, A/Tullu WorHO	Id.
Mr. Fayissa Edete	MCH Expert, Bora WorHO	Id.
Mr. Kassahun Merdasa	MCH Expert, Boset WorHO	Id.
Mr. Solomon Melese	MCH Expert, Lume WorHO	Id.
Mr. Esmael Kassim	MCH Expert, Goba WorHO	Id.
Mr. Denku Dadhi	MCH Expert, Shinana WorHO	Id.

Bifoo Bogumaa Fayyaa Oromiyaa
Mana Galmee

40

T.R

Project Design Matrix (PDM）The Project for Improving Maternal and Child Nutrition Status

Implementing Organization: Oromia Regional Health Bureau — **Version -1**

Target area: 10 woredas in the 3 zones (Arsi, Bale and East Shewa). — **Duration : Aug.2008 - Jul.2013**

Target group: Under-5 children and pregnant/lactating women — **March 4 , 2010**

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Overall Goal Malnutrition among under-5 children and pregnant/lactating women are reduced in Oromia region.	1 30% of under-5 children with weight-for-age Z score below -2 SD 2 36% of under-5 children with height-for-age Z score below -2 SD 3 9% of under-5 children with weight-for-height Z score below -2 SD 4 21% of women with BMI<18.5 5 22% of anemic during pregnancy	Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports	
Project Purpose Community-level preventive services are strengthened to reduce malnutrition of under-5 children and pregnant/lactating women in the targeted woredas.	1 60% of under-5 children who were put to the breast within one hour of birth 2 50% of infants who are fed exclusively on breast milk for 6 months 3 90% of aged under-5 children who were given colostrum 4 65% of infants start complementary foods timely 5 60% of under-5 children who receive foods at least 3 types food groups 6 80% of pregnant women receive ante-natal care 7 30% of pregnant /lactating women consuming amount of foods than non pregnant/lactating period 8 60% of pregnant women who attend ANC receive iron tablets 9 40% of pregnant women who attend ANC receive de-worming drugs 10 80% of caregivers received information child nutrition from HEWs	Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports Baseline/evaluation reports	Large scale epidemics and emergency food shortage do not occur. Supply of Target Supplementary Food is covered for target areas.
Outputs 1 Community participation is enhanced to prevent malnutrition of children and pregnant/lactating women	1 50% of caregivers attend sensitization workshop at the community more than 4 times per year. 2 95% of communities have regular meeting of HEWs. 3 1 VCHW for CBN is allocated per 50 households. 4 Number and variety of outreach sites where community can participate in nutrition activities is increased.	HEWs report HEWs report HEWs report	Most of the HWs strengthened by the project do not resign. De-worming medicines and micronutrients (iron /Vitamin A) are stably supplied to health posts.
2 Measures are strengthened to prevent malnutrition of children and pregnant/lactating women by HEWs	1 90% of HEWs and VCHWs are trained for CBN. 2 50% of under-2 children are weighed monthly. 3 80% of pregnant/lactating women receive nutrition counseling. 4 45% of pregnant women take iron tablets. 5 Number of public gatherings engaged in nutrition counseling is increased.	Training record HEWs/VCHWs report HEWs report HEWs report	
3 Linkages are strengthened between health posts and health facilities.	1 25% of severely malnourished children with complications at HPs are referred to health facilities. 2 85% of HPs exchange information with HCs/WorHOs about the response to referred severely malnourished children. 3 95% of HEWs receive increased supportive supervision by HCs/WorHOs.	Referral record Meeting minutes HEWs report	
4 Capacities at regional, zonal and woreda levels are enhanced to strengthen community-based nutrition service delivery.	1 Regular supportive supervision visits to woreda health offices and health facilities are held bi-annually by ORHB and quarterly by ZHDs. 2 95% of the HEWs have an established regular supportive supervision by WorHOs and HCs. 3 90% of HEWs attend the technical training on CBN.	Interview with RHB/ZHDs Interview with HEWs/WorHOs Interview with HEWs/WorHOs	
5 Effective multi-sectoral coordination models are demonstrated at selected locations within the targeted woredas.	1 Effective sectoral collaboration models is developed and documented. 2 Experiences on the cross-sector models are shared through workshop with FMOH and international organizations. 3 Plans are developed for replication of the successful models.	Model evaluation report Dissemination workshop report Plan	

Activities

1-1. RHB/ZHDs review and revise training program for HEWs on community sensitization based on the baseline survey results (activity 4-1) .
1-2. WorHOs conduct the training for HEWs.
1-3. HEWs sensitize communities through workshops and/or routine works.
1-4. HEWs and communities identify problems that hinder activities for maternal and child nutrition.
1-5. Communities decide on the numbers, roles and functions of VCHWs to promote maternal and child nutrition with HEWs in accordance with the national guidelines.
1-6. Communities identify channels for mothers to contact HEWs/VCHWs at outreach sites such as schools and church/mosques.
1-7. Communities/VCHWs review community groups.
1-8. Communities/VCHWs identify and utilize the community groups to enhance community nutrition activities.
2-1. RHB/ZHDs review existing IEC materials including complementary feeding guidelines for child nutrition.
2-2. RHB/ZHDs review nutrition technical training for HEWs.
2-3. RHB/ZHDs utilize technical guidelines and packages for HEWs' outreach activities effectively.
2-4. WorHOs and HCs conduct the nutrition technical training for HEWs.
2-5. HEWs/VCHWs conduct monthly growth monitoring promotion for under-2 children and pregnancy-weight-gain monitoring.
2-6. HEWs conduct the nutrition counseling and education using the IEC material for under-2 children and pregnant/lactating women, based on the mechanisms to support HEWs.
2-7. ORHB conducts TOT for MCH experts in zones/woredas.
2-8. HEWs conduct CBN training for VCHWs.
2-9. RHB/ZHDs review the coverage of OTP/TFU.
2-10. RHB/ZHDs establish OTP/TFU.
3-1. RHB/ZHDs review and revise current guidelines and training program for referral/follow-up of acutely malnourished
3-2. Communities, woredas and HCs develop operation plans for referral/follow-up of acutely malnourished children.
3-3. WorHOs conduct training for HEWs for referral/follow-up of acutely malnourished children.
3-4. HEWs and health workers at HCs promote referral/follow-up of acutely malnourished children between health posts and health facilities.
3-5. RHB/ZHDs develop training program on supportive supervision for HCs.
3-6. RHB/ZHDs develop the protocols and check-lists for supervision.
3-7. ZHDs conduct training for supportive supervision by HCs.
3-8. HCs conduct supportive supervision for health posts in line with the protocol.
3-9. RHB/ZHDs review the coverage of OTP/TFU.
3-10. RHB/ZHDs establish OTP/TFU.
3-11. RHB/ZHDs conduct OTP/TFU in-service training for HWs in HCs.

INPUTS

【Japan side】

Technical Cooperation Team
Long-term experts（2）
・Chief Advisor
・Project Coordinator

Short-term experts

・IEC production
・Monitoring evaluation
・Others

Training expenses

Vehicles

【Oromia side】

Human resources
Project Director
Project Manager
Counterpart personnel

Office, Equipment

Preconditions

Project is accepted by local communities.

Activities (continued) 4-1. RHB/ZHDs/WorHOs/HEWs conduct baseline survey. 4-2. RHB/ZHDs review and revise training program (community sensitization, nutrition technical and referral/follow-up). 4-3. RHB/ZHDs conduct TOT training for WorHOs and HCs. 4-4. RHB/ZHDs review and analyze current monitoring and supervision mechanisms. 4-5. RHB/ZHDs develop protocols and check-lists for supervision by HCs (activity 3-6). 4-6. RHB/ZHDs document the evaluation results and share them with other stakeholders such as FMOH and international organizations through workshops. 4-7. RHB/ZHDs review In-service Refresh Training program with regard to maternal and child nutrition for local adaptation. 4-8. RHB makes plan for regional adaptation of the experience from the project. 4-9. RHB/ZHDs/WorHOs prepare the plan of activities for community conversation based on the results of 4-1. 4-10. RHB/ZHDs/WorHOs develop effective IEC materials. 5-1. RHB/ZHDs identify the collaborating sectors such as agriculture and education. 5-2. RHB/ZHDs, together with the collaborating sectors, find effective coordination models such as kitchen gardens, cooking demonstration of complementary foods using locally available foods, school health education). 5-3. RHB/ZHDs, together with the collaborating sectors, plan model sites and implementation procedures of the models. 5-4. RHB/ZHDs, together with the collaborating sectors, implement the models at selected pilot keberes. 5-5. RHB/ZHDs monitor and evaluate the models.	

Notes for abbreviations : HEW (Health Extension Worker), VCHW (Volunteer Community Health Worker), RHB (Region Health Bureau), ZHD (Zonal Health Department),WorHO (Woreda Health Office), FMOH (Federal Ministry of Health), HRD (Human Resource Development) , TOT (Training of Trainers), TFU (Therapeutic Feeding Unit), OTP (Outpatient Therapeutic Program), HC (Health Center), GMP (Growth Monitoring Program), CBN (Community Based Nutrition), HW (health worker), ANC (antenatal care)

Project Design Matrix (PDM) The Project for Improving Maternal and Child Nutrition Status

Implementing Organization: Oromia Regional Health Bureau — **Version -2**

Target area: 10 woredas in the 3 zones (Arsi, Bale and East Shewa). — **Duration : Aug.2008 - Jul.2013**

Target group: Under-5 children and pregnant/lactating women — **August 2, 2011**

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Overall Goal Malnutrition among under-5 children and pregnant/lactating women are reduced **in the targeted woredas.**	1 30% of under-5 children with weight-for-age Z score below 2 36% of under-5 children with height-for-age Z score below 3 9% of under-5 children with weight-for-height Z score below 4 21% of **mothers having children under 5** with BMI<18.5 5 22% of **pregnant women with anemia**	Baseline/ **Impact survey report** Baseline/ **Impact survey report** Baseline/ **Impact survey report** Baseline/ **Impact survey report** Baseline/ **Impact survey report**	
Project Purpose Community-level preventive services are strengthened to reduce malnutrition of under-5 children and pregnant/lactating women in the targeted woredas.	1 60% of under-**2** children who were put to the breast within one hour of birth 2 50% of infants who are fed exclusively on breast milk for 6 months 3 65% of infants start complementary foods timely 4 **15**% of under-5 children who receive foods at least 3 types food groups 5 30% of pregnant /lactating women consuming amount of foods **more** than non pregnant/lactating 6 60% of pregnant women receive iron tablets 7 80% of caregivers received information child nutrition from HEWs**/VCHW/DA**	Baseline/**Endline survey report** Baseline/**Endline survey report** Baseline/**Endline survey report** Baseline/**Endline survey report** Baseline/**Endline survey report** Baseline/**Endline survey report** Baseline/**Endline survey report**	Large scale epidemics and emergency food shortage do not occur. Supply of Target Supplementary Food is covered for targeted areas of the TSF programme.
Outputs			Most of the **HEWs trained** by the project do not resign. De-worming medicines and micronutrients (iron /Vitamin A) are stably supplied to health posts.
1 Community participation is enhanced to prevent malnutrition of children and pregnant/lactating women	1 50% of caregivers attend sensitization workshop at the community 2 95% of **VCHW/DA** have regular meeting of HEWs 3 ***VCHW for CBN is trained (1 per 50 households)*** 4 Number and variety of outreach sites where community can participate in nutrition activities is	HEWs report HEWs report HEWs report HEWs report	
2 Measures are strengthened to prevent malnutrition of children and pregnant/lactating women by HEWs	1 90% of HEWs are trained for CBN. 2 50% of under-2 children are weighed monthly. 3 80% of pregnant/lactating women receive nutrition counseling.	Training record HEWs/VCHWs report **Endline survey report**	
3 Linkages are strengthened between health posts and health facilities.	1 **90**% of severely malnourished children with complications at HPs are referred to health facilities. 2 85% of HPs exchange information with HCs/WorHOs about the response to referred severely malnourished children. 3 95% of HEWs receive **technical** supportive supervision **from** HCs/WorHOs. 4 ***80% of supervisors at HC are trained on CBN***	Referral record Meeting minutes HEWs report **Training record (attendance**	
4 Capacities at regional, zonal and woreda levels are enhanced to strengthen community-based nutrition	1 **90% of C/Ps of Heads of HCs WorHOs, ZHDs, and ORHB participate in the quarterly review** 2 95% of the **HCs** have an established regular supportive supervision by WorHOs 3 90% of **WorHOs and ZHDs** attend the **master** training on CBN.	**Meeting attendance sheet** Interview with HEWs/WorHOs **Training record (attendance**	
5 Effective multi-sectoral coordination models are demonstrated at selected locations within the targeted woredas	1 Effective sectoral collaboration models is developed and documented. 2 Experiences on the cross-sector models are shared through workshop with FMOH and international organizations. 3 Plans are developed for replication of the successful models.	Model evaluation report Dissemination workshop report Plan	

Project Design Matrix (PDM） The Project for Improving Maternal and Child Nutrition Status

Implementing Organization：Oromia Regional Health Bureau **Version -2**

Target area: 10 woredas in the 3 zones (Arsi, Bale and East Shewa). **Duration : Aug.2008 - Jul.2013**

Target group : Under-5 children and pregnant/lactating women **August 2, 2011**

Activities

1-1. RHB/ZHDs review and revise ***CBN*** training program for HEWs on community sensitization based on the baseline survey results

1-2. WorHOs conduct the ***CBN*** training for HEWs ***on community sessitization.***

1-2.5 ***HEWs conduct CBN training or other means of capacity building for VCHWs/DAs***

1-3. HEWs ***VCHWs, DA*** sensitize communities through workshops and/or routine works.

1-4. HEWs, ***VCHWs, DA*** and communities identify problems that hinder activities for maternal and child nutrition.

1-5. Communities decide on the numbers, roles and functions of ***VCHWs/DA*** to promote maternal and child nutrition with HEWs in accordance with the national guidelines.

1-6. Communities identify channels for mothers to contact HEWs/VCHWs at outreach sites such as schools and church/mosques.

1-7. Communities/VCHWs ***/ DA*** review community groups.

1-8. Communities/VCHWs/ ***DA*** identify and utilize the community groups to enhance community nutrition activities.

1-9. ***RHB/ZHDs develop innovative approaches to link HEW and comunities. The COBANA Project's experiences and lessons learned are shared with FMOH and other development partners***

2-1. RHB/ZHDs review and ***develop a new*** IEC materials including complementary feeding guidelines for child nutrition.

2-2. RHB/ZHDs review ***CBN*** training for HEWs ***on GMP / nutrition education.***

2-3. RHB/ZHDs utilize IEC material for HEWs' ***CBN*** activities effectively.

2-4. WorHOs and HCs conduct CBN training for HEWs ***on GMP / nutrition education..***

2-5. HEWs/VCHWs***/DA*** conduct monthly growth monitoring promotion for under-2 children and pregnancy-weight-gain monitoring.

2-6. HEWs conduct the nutrition counseling and education ***through GMP, CHD, ANC and other community-based activities*** using the IEC material for under-2 children and pregnant/lactating women.

2-7. ORHB conducts TOT for MCH experts in zones/woredas.

2-8. HEWs conduct CBN training for VCHWs.

2-9. RHB/ZHDs review the coverage of OTP/TFU.

2-10. RHB/ZHDs establish OTP/TFU.

3-1. RHB/ZHDs review and revise current guidelines, training program ***and information systems*** for referral/follow-up of acutely malnourished children.

3-2. Communities, woredas and HCs develop operation plans for referral/follow-up of acutely malnourished children.

3-3. WorHOs conduct training for HEWs for referral/follow-up of acutely malnourished children.

3-4. HEWs and health workers at HCs promote referral/follow-up of acutely malnourished children between health posts and health facilities.

3-5. RHB/ZHDs develop training program on supportive supervision for HCs.

3-6. RHB/ZHDs develop the protocols and check-lists for supervision.

3-7. ZHDs conduct training for supportive supervision by HCs.

3-8. HCs conduct supportive supervision for health posts in line with the protocol.

3-9. RHB/ZHDs review the coverage of OTP/TFU.

3-10. RHB/ZHDs establish OTP/TFU.

3-11. RHB/ZHDs conduct OTP/TFU in-service training for HWs in HCs.

INPUTS

【Japan side】	【Oromia side】
Technical Cooperation Team	Human resources
Long-term experts （2）	Project Director
・Chief Advisor	Project Manager
・Project Coordinator	Counterpart personnel
	Office, Equipment
Short-term experts	
・Mulri-sector linkage	
・IEC production	
・Monitoring evaluation	
・Others	
Training expenses	
Vehicles	

Preconditions

Project is accepted by local communities.

Activities (continued) 4-1. RHB/ZHDs/WorHOs/HEWs conduct baseline survey. 4-2. RHB/ZHDs review and analyze current monitoring and supervision mechanisms. 4-3. RHB/ZHDs develop protocols and check-lists for supervision by HCs (activity 3-6). 4-4. RHB/ZHDs document the evaluation results and share them with other stakeholders such as FMOH and international organizations through workshops. 4-5. RHB/ZHDs review In-service Refresh Training program with regard to maternal and child nutrition for local adaptation. 4-6. RHB makes plan for regional adaptation of the experience from the project. 4-7. RHB/ZHDs/WorHOs develop effective IEC materials. 4-8. ***RHB/ZHDs conducts quarterly review meetings*** 5-1. RHB/ZHDs identify the collaborating sectors such as agriculture and education. 5-2. RHB/ZHDs, together with the collaborating sectors, find effective coordination models such as kitchen gardens, cooking demonstration of complementary foods using locally available foods, school health education). 5-3. RHB/ZHDs, together with the collaborating sectors, plan model sites and implementation procedures of the models. 5-4. RHB/ZHDs, together with the collaborating sectors, implement the models at selected pilot keberes. 5-5. RHB/ZHDs monitor and evaluate the models ***through operation research.***	

エチオピア国「母子栄養改善プロジェクト」中間レビュー調査
評価グリッド

評価5項目

評価項目	評価設問		調査結果
	大項目	小項目	
1．妥当性	プロジェクト実施の必要性	「エ」国、オロミア州のニーズに合致しているか	エチオピアにおいては、慢性栄養不良は、離乳食期後も依然として蔓延し、妊産婦の栄養状態と子どもの栄養は密接に関連していることから、妊産婦の行動変容を通じて子どもの栄養改善をめざす本プロジェクトは、ターゲットグループ（妊産婦及び5歳未満児）のニーズに合致している。
		ターゲットグループ（5歳未満児、妊産婦・授乳婦）のニーズに合致しているか	
	政策上の優先度	エチオピア国の開発政策と整合しているか	「第3次国家保健5カ年計画(Health Sector Development Plan Ⅲ)（2005/6～2009/10）」、「第4次国家保健5カ年計画(Health Sector Development Plan: HSDPⅣ)(2010/11-2014/15)」は、母子の栄養改善を保健セクターの開発目標である「乳幼児死亡率の低下」「妊産婦の健康改善」を達成するための重点項目に位置付けている。また「エ」国政府は、国家栄養プログラム（NNP）を当初予定の2013年からミレニアム開発目標（Millennium Development Goals (MDGs)）の目標年である2015年まで延長することを決定。NPPの適切な食事摂取を含む「発育不全減少促進戦略」（Accelerated Stunting Reduction Strategy ）や食物の栄養価強化、コミュニティにおける離乳食の推進等を含む。
		日本の援助政策と整合しているか	対「エ」国別援助計画（2008年6月）は、感染症対策と住民に対する栄養改善指導等が含まれる地域保健活動の検討に言及している。 JICA国別事業展開計画（2011年6月）において、保健分野は重点分野には含まれず「その他の分野」の中で、継続的に支援を行う対象としている。
	手段としての適切性	プロジェクトのアプローチは適切であったか（目標、ターゲットグループ、実施機関の設定等）	事前評価時からプロジェクト開始時は、課題に対する計画（プロジェクト目標・アウトプット）の実施根拠、コミュニティを主体とするCBN活動というアプローチは適切であった。2010年末に連邦保健省より通達されたVCHW制度の廃止とHDA制度の導入に伴い、コミュニティを主体とするCBN活動については従来のアプローチを見直す必要性が生じている。本レビューの現地調査中に、オロミア州保健局より、現行のVCHW制度とHDA制度を共存させ、CBNも含む保健サービスの効率的・効果的な実施への意向が表明された。プロジェクトにはこうした実施機関の意向も汲みつつ、この両者の役割・機能を効果的に活かせるような活動の見直しが求められている。
		日本の技術の比較優位性はあるか	ベトナム、ネパール、スーダン、イエメンなど他国においてJICAの類似プロジェクト（＝コミュニティベースの栄養改善）に従事した専門家、専門員が投入されており、これまでの経験やノウハウが活かされている。
	その他	大きな政策・周辺環境の変化はあったか	上述の通り、HDA制度の導入は本プロジェクトで推進してきたコミュニティにおける栄養改善活動の活動主体者の位置づけにも影響を及ぼしている。
2. 有効性	プロジェクト目標の達成は見込まれるか		
	アウトプット産出状況はどの程度か		
	（因果関係）アウトプットはプロジェクト目標のために十分であったか	5つのアウトプットは、プロジェクト目標（対象地区における5歳未満児と妊産婦、授乳婦の栄養改善を目的としたコミュニティの保健サービス強化）を達成するために必要十分な手段であるか	本プロジェクトは、①栄養改善活動への住民参加の促進、②保健普及員による栄養改善活動の実施促進、③HCとHPの連携強化、④州・県・郡保健局の管理・指導能力の向上、⑤他セクター（農業、教育）との効果的な栄養改善連携モデルの構築を図ることで、プロジェクト目標「対象地区における5歳未満児と妊産婦、授乳婦の栄養改善を目的としたコミュニティの保健サービス強化」の達成が果たせるという形でプロジェクトがデザインされている。 このうち、アウトプット3はおもに急性栄養不良の治療回復に直接関係する側面が大きく、慢性栄養不良の改善をめざすプロジェクト目標との因果関係がやや弱いが、ORHBが本コンポーネントを推進したい意向が強く、引き続き含めている。
	アウトプットからプロジェクト目標に至るまでの外部条件は現在においても正しいか、またその影響はあったか	プロジェクトにより能力強化された保健従事者はどれくらい勤務を継続しているか	具体的な数字は確認できなかった。HEWに関しては、勤務を継続している割合は比較的高いものの、VCHWに関しては制度変更に伴い再研修が実施されていないこと、元々インセンティブがないため活動に関するモチベーションもあまり高くないことなどから活動が停滞しているVCHWが多い（C/Pヒアリング、質問票結果より）。
		駆虫剤、鉄剤、ビタミンAなどは定期的に供給されているか	鉄や駆虫剤はUNICEFによる供与が2年前に終了し、その後HPには供給されていない。また、駆虫剤の供給対象は5歳未満児で、妊産婦・授乳婦はその対象に含まれていない。このため、プロジェクト活動を通じて、妊産婦・授乳婦の意識・知識の向上が図られたとしても、プロ目指標にある妊産婦・授乳婦の鉄・駆虫剤の摂取率の向上には結びつかない（継続的なモニタリングが必要とされる）。

エチオピア国「母子栄養改善プロジェクト」中間レビュー調査
評価グリッド

評価項目	評価設問		調査結果
	大項目	小項目	
		その他、プロジェクト目標達成に影響する外部要因（促進要因・阻害要因）はあるか（あったか）	現時点ではなし。
3. 効率性	アウトプット産出状況はどの程度か		
	タイミング・質・量	活動を実施するために過不足ない量・質の投入がタイミングよく実施されたか	（1）専門家派遣に関して 1）2代目の業務調整の派遣のタイミングは、前任者（業務調整、チーフアドバイザー）との十分な引継期間を確保するには若干遅かった。 2）また、チーフアドバイザーの交代後の派遣タイミングが遅れたこと、業務実施簡易型契約による（長期ではない）専門家と条件が限られていることは、プロジェクト運営に少なからず影響を及ぼしている。 3）アウトプット5のマルチセクター連携の短期専門家派遣期間（1.5MM）は、パイロット活動が開始されてからフォローするまでには十分ではなく、派遣期間が短かった（専門家コメント、C/Pコメント、ヒアリング結果より）。また、短期専門家の業務を「プロジェクトチーム」としてフォローするための体制は必ずしも十分であったとはいえない（＝ローカルコンサルタントを雇用する場合でも、プロジェクトチームとして他のアウトプットやプロジェクト目標との関係も注視しつつ、マネジメントしていく体制が十分ではなかったと思われる）。 （2）供与機材に関して モーターバイクの供与について、各郡のHCに配置したが、現在HCの数が増えている/新たなHCを建設中であるため配置数が不足している。 （供与機材ではないが）体重計の供与が遅れたため、プロジェクト活動の進捗に大きく影響した。また、体重測定に使うweighing pants（吊り下げようのパンツ）の品質がよくなく使いにくい。
	因果関係	それぞれのアウトプットを生み出すのに妥当な活動・投入内容であったか	上述のとおり、アウトプット5に関しては投入の不足によりアウトプットの進捗に遅れがみられている。
		アウトプット産出に影響した外部要因（促進要因・阻害要因）はあったか	VCHW制度の変更及びHDA制度の導入は活動の進捗に影響を及ぼし、引いてはアウトプットの産出（例：住民参加活動等）に影響を及ぼしている。
	他の類似プロジェクトと比較して妥当な目標レベル・投入規模であるか		同じCBN活動を展開しているUNICEFと比較すると投入規模は決して大きくない（UNICEFの場合は、コミュニティ活動実施においてHEW、VCHW, コミュニティの関係者に対する日当、交通費、ミーティング開催費等が活動予算に含まれている）。
4. インパクト	上位目標達成見込み	上位目標達成は見込まれるか	上位目標である乳幼児の栄養不良の割合がプロジェクト前半で大幅に減少したが、アウトプットの達成度が限定的であることから、プロジェクトの実施によるインパクトとしてとらえきれない。プロジェクトにおいては、対象地域における急激な栄養改善をもたらした要因を分析し、これらの要因がプロジェクト活動に関連している場合、プロジェクト終了後も対象地域において州・県保健局、郡保健事務所による各種支援（再研修、TSS）が継続すれば、プロジェクト終了後も上位目標で掲げている効果が持続する見込みは高い。
		（因果関係）プロジェクト実施は上位目標達成のために十分な手段か	十分である。
		上位目標達成に影響する外部要因（促進要因・阻害要因）はあるか	VCHW制度の変更は活動の進捗に影響を及ぼし、引いてはアウトプットの産出=>プロジェクト目標の効果発現にも影響を及ぼすことが想定され、従来の活動方法、実施者等を見直す必要が生じている。
	因果関係	プロジェクト目標から上位目標にいたるまでの外部条件の影響は想定されるか	2つ目の外部条件（補助食料が対象地域で供給される）に関しては、The Productive Safety Net Programme(PSNP)は、プロジェクトの一部地域（2郡）で個別の家庭を対象として行われ、プロジェクトに及ぼす影響は限定的と思われる。、しかしながら、この外部条件が満たされなくても、上位目標の達成に対してさほどの影響がないことから、外部条件から削除することが妥当と考えられる（プロジェクト側より提案されているとおり）。
		想定されていなかったプラスの影響はあるか	現時点では特になし。
		想定されていなかったマイナスの影響はあるか	現時点では特になし。

エチオピア国「母子栄養改善プロジェクト」中間レビュー調査
評価グリッド

評価項目	評価設問		調査結果
	大項目	小項目	
5. 持続性	政策・制度面	母子栄養改善に対する「エ」国政府の政策支援は協力終了後も継続するか	国家栄養プログラム（NNP）は引き続き連邦保健省により継続され、オロミア州もこれに沿った栄養改善活動を実施する見込みである。またCBNは保健促進パッケージ（Health Extension Package）に組み込まれ、今後統合再研修（Integrated Refresher Training：IRT)によって推進される政策レベルでの方針が確定しており、CBN活動への支援は継続される見込みである。
	組織・財政面	本プロジェクトのアウトプット（CBN、TSSなど）が、プロジェクト終了後も継続して活用されるような仕組みはできているか	CBNの中の重要なコンポーネントである住民参加（本プロジェクトのアウトプット1部分）に関しての実施可能性は、人材面（VCHW制度の変更、HCのHPに対するスーパービジョンの役割が強化されるが、CBNの基礎知識がないスタッフも多く、これから研修が必要）を強化する新たなニーズへの対応、仕組みづくりが求められる。
		オロミア州保健局は5歳未満児や妊産婦・授乳婦の栄養失調の減少を目指しCBNを発展させていく組織力（予算、人員、分掌）はあるか	予算、人員ともにドナーに100%依存している。組織力は人員は十分とはいえないが、州内に300以上ある郡をカバーすべく県に委譲することで、州・県と併せて機能していると判断される。
		各県の保健局はCBN、TSSを継続していく組織力（予算、人員、分掌）はあるか	予算、人員共にドナーに100%依存している。組織力は人員は十分とはいえないが、州内に300以上ある郡をカバーすべく県に委譲することで、州・県と併せて機能していると判断される。
		対象郡はCBN、TSSを継続していく組織力(予算、人員、分掌）はあるか	郡の予算、移動手段が十分ではなく、対象郡からは十分なコミットメントは得られていない。
		予算の確保は行われているか。また母子栄養改善にかかる予算が増える可能性はどの程度あるか	NNPが2015年まで延長され、今後も母子栄養に関連した予算は計上される見込みは高い。しかしながら現在実施中のCBN活動に関してはドナーに全面依存している状況であり、プロジェクト終了後に本件の対象郡に予算がどの程度配分されるか、残り期間でプロジェクトと実施機関で十分に議論しておく必要はある。
	技術面	州、県、郡のC/Pの技術・能力は、プロジェクト終了後も自力で活動を継続できる水準に向上したか	現在のTSSは非常に内容が多く、HEWやCPが日常的にこれを行うには負担が大きすぎ、現実には継続できない可能性が高い。今後は、この内容を適正なレベルに単純化し、さらに包括的支援スーパービジョン（Integrated Supportive Supervision：ISS）に統合させることが自立発展性を確保するための課題。 また、プロジェクト活動内容が既存の保健政策に取り入れられるための支援；例えば、IRT, HMIS, ISSなど統合された/される可能性のある活動へのアドボカシー活動及び実施支援も必要と思われる（専門家に対する質問票/ヒアリングより）。
		資機材の維持管理を関係機関（州、県、郡保健局）が独自に行えるか	PCやモーターバイクの維持管理に必要な予算が確保されているとはいいがたい。特にバイクに関しては、郡からの燃料費が支給されない場合、HC職員が燃料代を自己負担しているケースやバイクを使用せずに徒歩や公共交通手段、馬を利用してHPまで移動しているケースも報告されているように、現時点で十分に確保されているとはいいがたい。
	社会・文化・環境面	社会的弱者や環境への配慮不足により、効果の持続を妨げるような要因はあるか	特になし。
	その他	自立発展性を阻害するその他の要因はあるか	VCHW制度の場合でも、HDA制度の場合でも、一般住民が地域の開発活動の実施主体となるには相応の高いコミットメントが必要と思われるところ、これまでのボランティアには、物的・金銭面でのインセンティブがなく無償でコミュニティの栄養改善活動を行うことに対するコミットメントは十分ではなかった（ヒアリング結果より）。 制度が変わっても、一般住民の一定のモチベーション、コミットメントは自立発展性を確保するうえでは重要な要素の1つである。


ジャイカ
JICA