



THE 6TH COUNTRY PROGRAMME

2007-2011

MONITORING AND EVALUATION FRAMEWORK



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LIST OF ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
APR	Annual Programme Review
ARH	Adolescent Reproductive Health
ARV	Anti-Retroviral
AWP	Annual Work Plan
AYC	African Youth Charter
AYSRH	Adolescent & Youth Sexual & Reproductive Health
BE-OC	Basic Emergency Obstetric Care
BC-C	Behaviour Change Communication
BE	Bureau of Education
BEH	Bureau of Health
BEI	Bureau of Information
BEWA	Bureau of Women's Affairs
BEYS	Bureau of Youth and Sports
BSS	Behaviour Surveillance Survey
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CR	Contraceptive Prevalence Rate
CSA	Central Statistics Agency
CSOs	Civil Society Organisations
CST	Country Support Team
CSW	Commercial Sex Worker
CTA	Chief Technical Adviser
DHS	Demographic and Health Survey
DPPA	Disaster Prevention and Preparedness Agency
EDHS	Ethiopian Demographic and Health Survey
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Neonatal Care
FACE	Funding Authorization and Certificate of Expenditure
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
FP	Family Planning
FPR	Final Programme Review

GBV	Gender Based Violence
HAPCO	HIV/AIDS Prevention and Control Office
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
HoDs	Head of Departments
HRR&FS	Humanitarian Response, Recovery and Food Security
HEP	Health Extension Programme
HTP	Harmful Traditional Practices
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IGA	Income Generating Activities
ILO	International Labour Organisation
IMIS	Integrated Management Information System
IMR	Infant Mortality Rate
IP	Implementing Partner
IPCC	Inter Personal Communication and Counselling
IPD	Integrated Population and Development
LMIS	Logistic Management Information System
LPS	Life Planning Skills
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Rate
MDGs	Millennium Development Goals
MoE	Ministry of Education
MoFED	Ministry of Finance and Economic Development
MLD	Multi-lateral Department with MoFED
PD	Population Department with MoFED
MoH	Ministry of Health
Mol	Ministry of Information
MoJ	Ministry of Justice
MoWA	Ministry of Women Affairs
MoYS	Ministry of Youth and Sports
MoV	Means of Verification
MPS	Making Pregnancy Safer
MTCT	Mother to Child Transmission
MTR	Mid-Term Review
MTSP	Medium Term Strategic Plan

NAP	National Action Plan for Gender
NHC	National Health Communication
NGOs	Non-governmental Organisations
NPO	National Programme Officer
NRHTF	National Reproductive Health Task Force
OVI	Objectively Verifiable Indicators
PAP	Population Action Plan
PASDEP	Plan for Accelerated and Sustained Development to End Poverty
P&D	Population and Development
PDS	Population and Development Strategies
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PoAP	Population Policy Action Plan
POP/FLE	Population and Family Life Education
RBM	Result-Based Management
REB	Regional Education Bureau
RHB	Regional Health Bureau
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RR	Reproductive Right
SPR	Standard Progress Report
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
TWG	Technical Working Group
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WFP	World Food Programme
WHO	World Health Organization
WMS	Welfare Monitoring Survey

1. Introduction

1.1. UNFPA in Ethiopia

UNFPA assistance to Ethiopia started in 1973 and has since then supported five, five-year programme cycles, within the framework of the Government's development priorities and programmes. The early years of interventions were focused on research and building the capacities of research and data gathering institutions while promoting population issues at the policy level. Since then, the scope has been expanded and refocused to include reproductive health, population and development and gender. UNFPA also works closely with civil society, media, and faith-based organizations.

1.2. Monitoring and Evaluation in UNFPA

Monitoring is the process of continuously checking the status of programmes and projects to observe, among other things, if activities are being implemented as scheduled; resources are being utilized efficiently; and short-term targets of programme/project are being achieved according to the work plan. On the other hand evaluation is the process of periodically gathering and analyzing information to, among other things, assist management to compare programme accomplishments with pre-determined results. It also provides vital information on programme impact, relevance, cost-effectiveness, efficiency, validity of design and sustainability.

In fulfilling its mandate in the implementation of the International Conference on Population and Development Programme of Action (ICPD PoA) and the key actions of ICPD+5 as well as the MDGs, UNFPA follows the result-based management approach, which depends on systematic monitoring and evaluation. The Fund monitors and evaluates all its programmes and operations to ensure that financial and human resources are strategically deployed to achieve the greatest impact. With the changing aid environment and emphasis on accountability, performance management and organizational learning, there is renewed emphasis on monitoring and evaluation as a fundamental component of the result based management approach in UNFPA.

1.3. UNFPA 6th Country Programme (2007-2011)

Under the current 6th Country Programme (2007-2011), UNFPA strives to contribute to improved quality of life of the Ethiopian people by: (a) supporting the national Reproductive Health policy and programme; (b) harmonizing population growth with development; and (c) enhancing gender equity, equality, and empowerment of women. The programme is aligned with the Plan for Accelerated and Sustained Development to End Poverty (PASDEP), the United Nations Development Assistance Framework (UNDAF), the Millennium Development Goals (MDGs), the ICPD Programme of Action, the Maputo Declaration on Continental Policy Framework on Sexual and Reproductive Health and Rights and the UNFPA Medium Term Strategic Plan (MTSP).

The Country Programme (CP) addresses all the five UNDAF outcomes, namely: Enhanced Economic Growth; Basic Social Services; HIV/AIDS; Humanitarian Response, Recovery and Food Security (HRR&FS); and Good Governance. However, the programme is focused on Reproductive Health (RH), Population and Development (P&D) and Gender, which directly address the basic social services, humanitarian response and HIV/AIDS outcomes of UNDAF.

The programme will be implemented at the federal and regional levels. At the federal level, the key implementing government partners are: the Ministry of Health (MoH), Ministry of Finance and Economic Development (MoFED), Ministry of Women's Affairs (MoWA), Ministry of Youth and Sports (MoYS), Ministry of Education (MoE), Central Statistics Agency (CSA), and HIV/AIDS Prevention and Control Office (HAPCO). At the regional level, the key implementing government partners are: the Bureau of Health, Bureau of Finance and Economic Development, Bureau of Women's Affairs, Bureau of Youth and Sports, Bureau of Education, and Regional HAPCOs. The Ministry of Health is the lead agency for Reproductive Health, while MoWA is the lead agency for Gender. MoFED is the lead agency for Population and Development, and coordinates the entire Country Programme.

1.4. Rationale for the Programme M&E Framework

One of the weaknesses in the implementation of the UNFPA 5th Country Programme of assistance, as identified in the mid-term evaluation, was the absence of a comprehensive monitoring and evaluation framework to systematically report on programme implementation. Some monitoring activities including annual reviews and intermittent field monitoring visits were carried out but there was no systematic result-based reporting mechanism in place. Work plans produced during the period did not contain a monitoring schedule to assess progress. The only evaluation exercise carried out was the "mid-term evaluation" which was conducted towards the end of the Country Programme in December 2005. In conceptualizing the 6th Country Programme therefore, the need for an institutionalized M&E system was recognized and provided for. One of the first steps towards institutionalizing M&E is the development of a comprehensive Programme Monitoring and Evaluation Framework.

1.5. Objectives of the Programme Monitoring and Evaluation Framework

The overall objective of this Programme Monitoring and Evaluation Framework is to enable the government, UNFPA and other development partners, including the UNCT, to assess the performance of the Country Programme. This will not only provide for improved programme management, but it will also provide the necessary information for the assessment of the Country Programme and related UNDAF outcomes. Specifically, the M&E Framework will:

- Assist UNFPA and Implementing Partners to identify and use common indicators for measuring defined results at various levels;
- Guide systematic and coordinated collection, processing and analysis of data at regional and national levels of programme implementation;
- Facilitate the standardization of M&E methodologies and tools among Implementing Partners for meaningful comparisons over time;
- Provide guidelines on the roles and functions of national, regional and focal points involved in M&E; and
- Provide guidelines on the collaboration between UNFPA and the Implementing Partners at national and regional levels in monitoring and evaluating various components of the Programme.

1.6. Process of Preparing the Framework

To begin the process of developing a result-oriented M&E framework for the 6th Country Programme, UNFPA Country Office requested the UNFPA CST Addis Ababa to provide technical assistance for the preparation of the framework. In a series of meetings between UNFPA Country Office and CST, the following modality for preparing the Framework was agreed upon:

- The framework should be prepared with the involvement of the major stakeholders;
- It should be highly participatory; and
- The capacity of participants should be enhanced to ensure effective participation.

UNFPA, in consultation with the Multi-lateral Department at MoFED organized a two weeks (June 18-30, 2007) workshop in Adama town for the development of this national M&E Framework. Participants were invited from relevant federal and regional institutions (Annex 1). The federal agencies which took part in the workshop were Ministry of Finance and Economic Development (MoFED), Ministry of Health (MoH), Ministry of Women's Affairs (MoWA), Ministry of Youth and Sports, and Central Statistics Agency. Participants from all regional Bureaus of Finance and Economic Development and selected Bureaus of Health, Women Affairs and regional HAPCOs were invited. The UNFPA was represented by National Programme Officers in charge of the RH, Gender, HIV/AIDS and P&D programme components. Invitation was also extended to other UN agencies including UNICEF, UNDP, WFP, ILO, WHO, UNESCO and UNAIDS.

The first three days of the two-week workshop were used to introduce the concept of the logical framework approach with emphasis on monitoring and evaluation, indicators screening and selection as well as result-based management. The second segment of the workshop focused on developing the Monitoring and Evaluation Framework. Participants worked in groups to draft sections of the Framework including the result matrix, monitoring and evaluation matrix, detailed explanation of the monitoring tools, and outline of implementation modalities. Plenary sessions were used to evaluate, edit and adopt drafts from the groups. A smaller group made up of representatives of the thematic areas collated and edited the final draft.

During this process, relevant documents including the 6th Country Programme Document (CPD); CPAP document; the 2005 mid-term review report; the UNDAF document; the FMOH HMIS M&E Indicator document; National Action Plan for Gender Equality; National RH Strategy; PA REP document; Planning, Monitoring and Evaluation tool kit of UNFPA; 5th CP M&E Framework of Uganda; 2005 draft M&E plan of Nigeria; 2006 draft M&E Plan of Nepal ... etc were reviewed. Review of these documents provided participants with background information to decide on the key components, including indicators and modalities for implementing the framework.

1.7. Components of the Programme Monitoring and Evaluation Framework

The main components of the framework are: M&E system consisting of M&E activities; M&E tools data needs and major sources of data; utilization of results and feedback process; M&E committees and resources. The other components are the logical framework, the result chain and M&E matrix.

2. Monitoring and Evaluation System

The M&E system describes the major activities, tools, data needs, institutional framework as well as resources, including capacity requirements, for a result-based M&E of the CP.

2.1. Monitoring Activities

2.1.1. Field Monitoring Visits

Field monitoring visits are used to obtain first-hand qualitative and quantitative information on programme implementation. M&E focal points and thematic focal points in responsible Regional Bureaus (BoFEDs, BoHs, BoE, BoYS, BoWAs and regional HAPCOs), as well as relevant NGOs and CSOs, will undertake monitoring visits to the programme implementation sites at least once in a quarter. UNFPA Country Office programme officers and responsible focal persons from federal IPs (MoFED, MoH, MoWA, and HAPCO) will undertake monitoring visits at least twice a year. In the case of joint programmes, like HIV/AIDS, field monitoring visits should be planned and arranged in consultation with partner UN Agencies and IPs.

Each field monitoring visit should be carefully planned with reference to the annual work plan and reports of previous visits. A checklist of specific issues to be addressed during the visits should be developed to guide the visits.

A Field Monitoring Visit Report (Annex 2), which must be result-based, should be completed for each visit undertaken. The report should be shared with all stakeholders responsible for taking action on the report's recommendations. Programme Officers (on P&D, RH, HIV/AIDS, Gender, and M&E) at UNFPA and the Heads of Departments of responsible IPs are expected to ensure that recommendations are implemented on time.

2.1.2. Progress Reports

Result-based progress reports will be prepared by the focal points at the federal ministries, regional sector bureaus and relevant NGOs and CSOs, collated by BoFEDs and submitted to UNFPA with copy to MLD of MoFED and relevant line ministries at least once in a quarter. Similarly, for joint programmes, progress reports have to be submitted to agencies and donors which are part of the joint programme. The reports which should contain elements of activities, degree of completion in relation to the target, expenditure, constraining and facilitating factors, should be collated and analyzed by the NPO M&E Programme Officer at the Country Office, in collaboration with relevant Programme Officers. Major issues or findings from progress reports should be fed back to the implementers. They should also be reflected in the Standard Progress Reports (SPRs) at the end of the year.

2.1.3. Input Tracking

As part of the quarterly progress report, the focal points will report on fund received, expended and outstanding balances using the Funding Authorization and Certificate of Expenditure (FACE). The Financial and Administration Assistant at the Country Office will process FACE (Annex 3) in ATLAS

and prepare quarterly financial reports to be presented to the UNFPA Country Representative, with copies to the Deputy Representative and the Operations Manager every quarter. MoFED and other Implementing Partners will also receive copies of the financial report.

2.1.4. Joint Annual Programme Review Meetings

The annual review meeting will be organized in the last quarter of each year to assess the extent of programme implementation and progress towards achieving programme outputs. MoFED will organize and conduct the review meeting. Members of the national and regional Technical Committees, representatives of implementing agencies, UNFPA and other UN agencies, as well as relevant NGOs and CSOs will attend the meeting. Pre-review meetings will be held at national levels to prepare for the joint meeting. The outcome of the review meeting will directly influence the planning and preparation of annual work plans for the following year.

2.1.5. UNDAF Annual Review Meetings

The Government and UNFPA will participate in the annual UNDAF's review meetings, to assess UNFPA programme contribution to UNDAF/PASDEP outcomes, especially in relation to the national reproductive health, population and development and gender outcomes. The findings of the meeting will inform UNFPA and UNCT Theme Group work plans for the subsequent year and the adjustment of the UNFPA and UNDAF M&E Calendar (Annex 4) as may be necessary.

2.1.6. Country Office Annual Report (COAR)

The COAR is a result-based report prepared by the UNFPA Country Office during the fourth quarter of every year. It is used to monitor the extent to which programme interventions are making progress towards the achievement of UNFPA strategic plan results. The COAR should draw heavily from the data and information generated from the programme monitoring and evaluation activities, especially the SPRs and the annual review reports.

2.1.7. Final Programme Review (FPR) Meeting

Government and UNFPA will organize a final programme review meeting during the fourth quarter of 2011. The meeting, which will assess the progress of programme implementation for the entire programme period, will also assess the extent to which the programme outputs have been achieved and their contribution to the UNFPA strategic plan outcomes.

2.2. Evaluation

The 6th CP will be evaluated in the last year of the Country Programme cycle (not later than June 2011). The UNFPA M&E NPO will manage the evaluation. The Evaluation Manager will ensure that Implementing Partners and other key stakeholders, including the UNCT, reach consensus on the purpose of the evaluation; main concerns and questions; duration, budget, data sources and collection methods; the type of expertise required to undertake the evaluation; and the level of participation, as well as roles and responsibilities of Implementing Partners.

Specifically the Evaluation Manager will:

- Ensure consensus on evaluation design, evaluator recruitment, as well as roles and responsibilities

of Implementing Partners;

- Draft evaluation terms of reference;
- Select, recruit and brief evaluator(s) in consultation with Implementing Partners;
- Facilitate access to documentation and key informants;
- Ensure logistics and administrative support arrangements;
- Provide continuous feedback during the evaluation process;
- Arrange meetings with key stakeholders to discuss the draft evaluation report;
- Verify the quality, integrity and relevance of the final evaluation report;
- Ensure discussion of the findings and recommendations of the evaluation with all stakeholders and agreement on a follow-up plan of action;
- Evaluate the performance of evaluator(s), including fulfillment of terms of reference; and
- Ensure dissemination of the evaluation report to all stakeholders.

3. Planning, Monitoring and Evaluation Tools

Monitoring tools will be used to track the performance of the Country Programme throughout the period of implementation. Annual monitoring will be facilitated by information collected for the activity and output level indicators, while the information collected at the outcome and goal levels of indicators will be used for evaluation at the end of the programme cycle. The 6th CP planning and M&E tools include annual work plan, logical framework matrix, Programme M&E matrix, and work plan monitoring tool, Programme Standard Progress Report, CPAP Planning and Tracking Tool, and monitoring and evaluation calendar.

3.1. The Logical Framework Matrix

The 6th CP Logical Framework Matrix (Annex 5) outlines logical relationships between levels of results in the vertical column and the Objectively Verifiable Indicators (OVIs), Means of Verification (MoV) and Risks and Assumptions in the horizontal column. It is the basis for monitoring the programme at various levels. The OVIs and MoVs provide a basis for the monitoring plan and inform the collection and analyses of necessary data for assessing progress in programme implementation. A result chain (Annex 6), was developed to give an overview of the vertical linkages between different levels of result and facilitate the development of the logical framework matrix.

3.2. Programme M&E Matrix

The Monitoring and Evaluation Matrix (Annex 7) is based on the 6th CP Logical Framework Matrix. It highlights the data sources, data collection methods, time/frequency of data collection and responsibility of data collection for the OVI at the goal, outcome, output and activity levels. It facilitates data collection for the assessment of progress made towards the achievement of results.

3.3. Annual Work Plan (AWP)

The annual work plan (Annex 8) will be prepared in December of the year preceding the year of

reference. It will be prepared by the IPs with support from the Programme Officers of UNFPA Country Office. The M&E focal points at all levels will be part of the development of the AWP. The work plan sets out sequentially all activities to be undertaken to produce each output. It also states the expected outputs, indicators, time frame as well as responsible party (ies) and planned budget. The annual work plan must be signed by UNFPA and the Implementing Partner before the end of January of the year of reference.

3.4. Work Plan Monitoring Tool

The M&E focal point in the responsible IPs will complete the Work Plan Monitoring Tool (Annex 9). The tool will be completed using the cluster activities in the M&E matrix. These cluster activities will be disaggregated and their indicators will have annual targets. The achievement for each reporting period will be recorded per activity and expenditure. Using the data on the annual targets, the progress made towards the achievement of the programme output should be stated. The report will be submitted to UNFPA with copies to MoFED and line Ministries through their Head of Departments (HoDs). The work plan monitoring tool:-

- Allows Implementing Partners and the UNFPA to regularly review progress made against the annual work plan;
- Tracks expenditures related to the achievement of outputs and provides cost data for the analysis of performance issues such as efficiency and cost-effectiveness; and
- Provides inputs for the preparation of Standard Progress Reports.

3.5. The Standard Progress Report (SPR)

The SPR (Annex 10) provides information on progress towards achieving Country Programme outputs and their contribution to country programme outcomes. Implementing agencies will submit a SPR to UNFPA with copies to relevant line Ministries and MLD of MoFED in the fourth quarter of each year as part of the annual review process. The report should be timely, accurate and analytical, and it should focus on results as well as the processes leading to the achievement of the results. The first SPR of a programme cycle may cover a period shorter or longer than a year, depending on the time of initiation of programme implementation. The final SPR should focus on progress achieved throughout the Country Programme cycle, including lessons learned and best practices. The UNFPA Country Office will transmit the SPR to the CST and UNFPA Headquarters as well as to the co-financing donors, if any, for information and follow-up action as may be required.

3.6. The CPAP Planning and Tracking Tool

The CPAP planning tool (Annex 11) was developed along with the CPAP document. It contains elements of the results, indicators, means of verification, baseline and targets as well as achievements and responsible parties. It is used to assess progress of programme outputs and their contribution to outcomes and the goal during programme implementation. The tool will be reviewed and updated as part of the UNDAF annual review.

3.7. Databases

A database will be established at the Population Department of MoFED as the repository of statistical data in the country. Statistical data from all sectors, including all sectors of UNFPA programme focus, will be collated, analyzed and disseminated at the database during the period of the Country Programme. The database to be created at UNFPA Country Office will serve as a programme database where programme information, including all monitoring and evaluation reports, will be collated, analyzed and disseminated.

4. Data Needs and Sources of Data

The major data needs and sources for the M&E of the 6th CP are:

- Population and Housing Census data;
- Demographic and Health Survey (DHS) data;
- Welfare Monitoring Survey (WMS) data;
- Behavioural Surveillance Survey (BSS) data;
- Health Management Information System (HMIS) data;
- HIV/AIDS Sentinel Surveillance Survey data; and
- Administrative records data

The National Population and housing census, DHS, and WMS will be sourced from CSA. The HMIS data will be sourced from MoH. HIV/AIDS Sentinel Surveillance data and BSS will be sourced from the MoH, while most administrative data are available at the line ministries. Baseline and end-line surveys proposed during the CP will enhance data availability. EthioInfo, a customized adaptation of DevInfo, and Integrated Management Information System (IMIS), when fully developed and functional, will be important sources of data for M&E.

5. Utilization of Results and Feedback Processes

The major stakeholders of the 6th Country Programme M&E are the Implementing Partners at the national, regional and woreda levels. They include MoFED, as well as the Ministries of Health and Women's Affairs. Others stakeholders are the Ministries of Education, Youth and Sports as well as NHAPCO at the national level. The corresponding Institutions at the regional level are: the BoFEDs, and Bureaus of Health, Women's Affairs, Education, Youth and Sports as well as regional HAPCOs. Development Partners involved in the implementation of the UNDAF, especially UNDP, UNICEF and WFP, are also major stakeholders.

All Implementing Partners and UNFPA will generate M&E reports of the Country Programme. Quarterly, annual and other reports generated by the Implementing Partners would be used to advise the government on the status of programme implementation through MLD of MoFED. In the case of joint programmes, including HIV/AIDS a common M&E report will be prepared and submitted by IPs for all partner UN agencies. The reports, as well as the government's and donors' reaction to the reports

will also be sent to UNFPA. UNFPA will respond to all M&E reports with necessary suggestions to facilitate programme implementation. Collated reports will form a major input to the annual UNDAF review. In addition, annual programme and UNDAF reports as well as the final programme review report will be sent to the CST, co-financing donors and Africa Division at UNFPA Headquarters by the UNFPA Country Office.

6. Monitoring and Evaluation Committees

In order to ensure effective technical backstopping and proper coordination of the M&E Plan, technical committees, with specific terms of reference, will be set up at the national and regional levels. The committees will meet at least once in six months to review progress in monitoring and evaluation activities.

6.1. National Monitoring and Evaluation Technical Committee

The National M&E Technical Committee will be a management and technical organ that will enter and sustain the use of the M&E plan.

Membership:

- (i) M&E focal person in MLD of MoFED;
- (ii) M&E focal person in PD of MoFED;
- (iii) M&E focal person at Ministry of Health;
- (iv) M&E focal person at Ministry of Women's Affairs;
- (v) M&E focal person at NHAPCO;
- (vi) M&E focal person at Ministry of Education;
- (vii) M&E focal person at Ministry of Youth and Sports;
- (viii) Representative of the CSA; and
- (ix) M&E NPO at UNFPA

Terms of Reference

The Committee will coordinate M&E activities of the Sixth Country Programme. Specific tasks would include:

- Providing guidance and technical backup to the M&E technical committee in the regions;
- Facilitating utilization of M&E results for improved programme management;
- Facilitating the maintenance of the M&E databases at MoFED and UNFPA Country Office;
- Facilitating the flow of information to all stakeholders;
- Mobilizing resources for M&E activities;
- Coordinating and harmonizing the M&E activities of component programmes;
- Facilitating regular review and promoting the use of the M&E Guideline and work plans;
- Planning, organizing and conducting M&E activities related to programmes; and
- Updating policies and guidelines on M&E.

6.2. Regional Monitoring and Evaluation Committee

The regional M&E committee will be responsible for monitoring the operationalization of the M&E framework at the regional level.

Membership:

- i. M&E focal person at MLD of BoFED;
- ii. M&E focal person at PD of BoFED;
- iii. M&E focal person at Bureau of Health;
- iv. M&E focal person at Bureau of Women Affairs;
- v. M&E focal person at HAPCO;
- vi. M&E focal person at Bureau of Education; and
- vii. M&E focal person at Bureau of Youth and Sports

Terms of Reference

The specific terms of reference of the regional committee are to:

- Work in close collaboration with IP focal points and the national M&E committee to implement the M&E framework by promoting the collection of comparable data for selected indicators;
- Disseminate M&E information to all stakeholders at the regional and woreda levels;
- Assist in organizing training of programme staff in M&E;
- Document definitions, sources and methods of data collection, as well as ensure analysis and reporting by the programme staff at regional and woreda Levels; and
- Network with other stakeholders on M&E issues.

6.3. Monitoring and Evaluation Focal Persons

Qualified and designated persons will be responsible for M&E activities at each of the Implementing Partner agencies at national and regional levels. Responsibilities of such officers will include:

- Assisting programmes to apply the M&E framework for monitoring and evaluation;
- Assisting programme focal persons to realize programme results, especially in the use of output indicators;
- Compiling and disseminating M&E data to relevant offices and departments on a monthly, quarterly and an annual basis depending on the programme and type of information being generated;
- Assisting in maintaining programme database on information relevant to monitoring and management of the programme;
- Participating in developing annual work plan(s) and regularly producing monitoring checklists for the different levels of the programme; and
- Development of monitoring check lists and participation in field visits.

7. Resource Needs

This M&E framework is the first to be developed for any UNFPA assisted programme in Ethiopia. Consequently, the capacity to implement the plan is not readily available. Against this background, and in line with standard practice, at least 10% of programme fund will be allocated for M&E activities during the Country Programme. This fund will be used for building the necessary capacities, which will include the training of M&E focal persons and other programme implementers, establishment of a statistical database at MoFED and a programme database at the UNFPA Country Office. The fund will also be used for major data collection activities including the baseline and end-line surveys, as well as to facilitate scheduled monitoring activities like field monitoring visits, review meetings and the evaluation exercises. The above mentioned fund provision for M&E activities from programmes may not fully cover costs such as baseline or end-line surveys that necessitate a large amount of budget. Therefore, additional resources need to be mobilized to budget gaps.

Annex 1: List of Institutions invited for the M&E Framework Preparation Workshop

Ser No.	Name of Institution	No. of participants	Remark
Federal			
1	Ministry of Finance and Economic Development (MoFED) – Multilateral Dept.	2	Participated
2	MoFED – Population Dept.	1	Participated
3	Ministry of Health (MoH) <ul style="list-style-type: none"> ▪ Planning and Programming Dept. ▪ Family Health Dept. ▪ Health Education and Extension Center 	3	All Participated
4	Ministry of Women's Affairs <ul style="list-style-type: none"> - M&E focal person - Gender Programme officer 	2	Both Participated
5	Ministry of Education	1	Did not Participate
6	Ministry of Youth and Sports	1	Participated
7	Federal HAPCO	1	Did not Participate
8	Central Statistics Agency (CSA)	1	Participated
Regions			
9	Tigray <ul style="list-style-type: none"> - BoFED - BoH 	2	Participated
10	Afar (BoFED)	1	Participated
11	Amhara <ul style="list-style-type: none"> - BoFED, - BoH - Bureau of Women's Affairs - Regional HAPCO 	4	All Participated
12	Oromia <ul style="list-style-type: none"> - BoFED, - BoH and - Bureau of Women's Affairs - Regional HAPCO 	4	All Participated
13	Somali (BoFED)	1	Participated
14	Benishangul-Gumuz (BoFED)	1	Participated
15	SNNP <ul style="list-style-type: none"> - BoFED, - BoH - Bureau of Women's Affairs - Regional HAPCO 	4	Participated
16	Gambela (BoFED)	1	Did not Participate
17	Harari (BoFED)	1	Did not Participate
18	Addis Ababa <ul style="list-style-type: none"> - BoFED - BoH 	2	Participated
19	Dire Dawa (M&E officer from BoFED)	1	Participated
20	UNFPA CO	4	Participated
21	UN ExCom agencies (UNICEF, UNDP, & WFP M&E officers)	3	Did not Participate
22	CST AA	2	Represented
23	Non-ExCom UN Agencies (ILO, WHO, UNESCO, UNAIDS)	4	Did not participate

Annex 2: Field Monitoring Visit Report

Reported by:		Date of report: .../.../...	
Title:		File:	
1. Purpose of Visit (Specify the tasks that had to be accomplished)			
Location	Date of visit	Date of last visit	
<i>Member(s) of Mission from UNFPA</i>			
Name		Title	
Member(s) of Mission from Other Agencies (if any)			
Name		Title/Organization	
1.1 Persons Met			
1.2 Name		1.3 Title/Organization	
<p>Methodologies used (specify data collection methods used during the field visits such as focus group discussions, interviews, observation, document reviews etc. Attach completed checklists, if any.)</p>			
Findings, recommendations and follow-up action			
1.4 Findings	1.5 Recommended Action	1.6 Responsible Party	1.7

Distribution list:

Annex 3: Funding Authorization and Certificate of Expenditure (FACE)

Funding Authorization and Certificate of Expenditures

UN Agency: _____

Date: _____

Country: Ethiopia

Programme Code & Title:

Project Code & Title:

Responsible Officer(s):

Implementing Institution:

Currency: _____

- Type of Request:
- Direct Cash Transfer (DCT)
 - Reimbursement
 - Direct Payment

Activity Description from AWP with Duration
Total

Coding for UNDP, UNFPA and WFP	
Account	Fund

REPORTING			
Authorised Amount <u>MM-MM YYYY</u> A	Actual Project Expenditure B	Expenditures accepted by Agency C	Balance D = A - C
0	0	0	0

REQUESTS / AUTHORIZATIONS		
New Request Period & Amount <u>MM-MM YYYY</u> E	Authorised Amount F	Outstanding Authorised Amount G = D + F
0	0	0

CERTIFICATION

The undersigned authorized officer of the above-mentioned implementing institution hereby certifies that:

- The funding request shown above represents estimated expenditures as per AWP and itemized cost estimates attached.
- The actual expenditures for the period stated herein has been disbursed in accordance with the AWP and request with itemized cost estimates. The detailed accounting documents for these expenditures can be made available for examination, when required, for the period of five years from the date of the provision of funds.

Date Submitted: _____

Name: _____

Title: _____

NOTES: * Shaded areas to be completed by the UN Agency and non-shaded areas to be completed by the counterpart.

FOR AGENCY USE ONLY:

FOR ALL AGENCIES
Approved by:
Name:
Title:
Date:

FOR UNICEF USE ONLY

Account Charges		Liquidation Information	
CAG Ref.	CRQ ref. / Voucher ref.	CAG Ref.	CRQ ref. / JV ref.
CRQ CAG GL:		DCT Amount	0
Training (762010)	0	Less:	
Travel (762020)	0	Liquidation Amount	0
Mtgs. & Confs. (762030)	0		
Sal. & Sup. Costs (761030)	0		
Const. - Proj. Prem. (761040)	0		
Other CAG (761010)	0		
Total	0	Balance	0

FOR UNFPA USE ONLY

FOR UNFPA USE ONLY	
New Funding Release	
Activity 1	
Activity 2	
Total	0

Annex 4: The CPAP Monitoring and Evaluation Calendar

		2007	2008	2009	2010	2011
M&E activities	Surveys/ Studies	- Special baseline survey - Census - Further Analysis of the EDHS 2005	- Research on identified P&D area - Further Analysis of EDHS 2005	- Research on identified P&D area	- DHS 2010 - Research on identified P&D area	- Research on identified P&D area
	Monitoring systems	- CP Monitoring database - MOH HMIS - Population and development database	- CP Monitoring database update - MOH HMIS - Population and development database	- CP Monitoring database update - MOH HMIS - Population and development database	- CP Monitoring database update - MOH HMIS - Population and development database	- CP Monitoring database update - MOH HMIS - Population and development database
	Evaluations				- UNDAF Evaluation (March-May)	- External evaluation of CP, Feb.- May
	Reviews	- Regional Annual Reviews (Nov) - CP Annual Reviews (Nov) - UNDAF Annual Review (Dec) - COAR - Audit	- Regional Annual Reviews (Nov.) - CP Annual Review (Nov) - UNDAF Annual review (Dec) - COAR - Audit	- Regional Annual Reviews (Nov) - CP Annual Review (Nov) - UNDAF Annual review (Dec) - COAR - Audit	- Regional Annual Reviews (Nov) - CP Annual Review (Nov) - UNDAF Annual Review (Dec) - COAR - Audit	- Regional Annual Reviews (Nov) - CP Final Reviews (Nov) - UNDAF Final Review (Dec) - COAR - Audit
	Support activities	- bi-annual Field monitoring visits –regular	- bi-annual Field monitoring visits - regular	- bi-annual Field monitoring visits - regular	- bi-annual Field monitoring visits –regular	- bi-annual Field monitoring visits -regular
Planning references	UNDAF Final Eva milestones					- To be agreed with the UN Agencies and the UNCT
	M&E capacity-building	- Training on M&E - Capacity strengthening based on capacity assessment	- Capacity strengthening based on Capacity assessment	- Training on M&E		
	Use of information	- Modification of approaches - AWP preparations - MDG Report - Preparation of COAR	- Modification of approaches - AWP preparations - MDG Report - Preparation of COAR	- Modify approaches - AWP preparations - MDG Report - Preparation of COAR	- CCA-UNDAF Preparation - CPD Preparation (Nov.-Dec.) - AWP preparation - Preparation of COAR - MDG Report	- CP finalization (Jan.- Mar) - CPAP Dev. (Sept-Dec) - AWP preparation - Preparation of COAR
	Partner activities	- Census operation - Identification of research areas - Coordination of researches - Annual Reports	- Identification of research areas - Coordination of researches - Use of information - Annual Reports	- Identification of research areas - Coordination of researches - Use of information - Annual Reports	- Identification of research areas - Coordination of researches - Use of information - Annual Reports	- Identification of research areas - Coordination of researches - Use of information - Annual reports

**THE LOGFRAME MATRIX
REPRODUCTIVE HEALTH**

AIMS	OVI	MOV	TIMING OF DATA	RESPONSIBLE ENTITY*	ASSUMPTIONS AND RISKS
GOAL: To contribute to improved quality of life by: (a) supporting the national reproductive health policy and programme; (b) harmonizing population growth with development; and (c) enhancing gender equity, equality and the empowerment of women.	IMR	DHS	2010	CSA	Political stability
	HDI	HDI Report	Annually	UNDP	
OUTCOME 1: Improved access to, demand for and the utilization of quality RH services and information for men, women and vulnerable groups including for those in humanitarian crises	CPR	DHS	2010	CSA	Timely donors support Existing stability continued
		Program Progress Report	Annually,	MOH,	
	% of births attended by skilled health personnel	DHS	2010	CSA	Timely donors support
	% of births attended at health facilities				
% of affected population who received minimum initial humanitarian services package kits	Program Progress Report	Annually	DPPA	Natural and man made crises	
% of target population with positive behavior change towards RH services	DHS	2010	CSA	Timely donors support	
OUTCOME 2: Effective prevention and protection mechanisms in place and operationalized to reduce spread of HIV/AIDS	Percentage of persons reporting the use of condom during last sexual intercourse with a non-regular sexual partner	BSS,	2009	NHAPCO, MOH,	
		DHS reports	2010	CSA	
	Increased utilization of HIV/AIDS prevention services	Progress Report	Annually	NHAPCO, MOH	
	Incidence rate of HIV infection decreased.	ANC surveillance survey, DHS report	2009	RHAPCO, RHBs, NHAPCO, MOH,	
% of HIV positive pregnant women who received complete course of ARV prophylaxis	Programme Report and Health and Health Related indicators report	2010 Annually	CSA NHAPCO, MOH RHAPCO, RHBs,		

AIMS	OVIs	MOVs	TIMING OF DATA COLLECTION	RESPONSIBLE ENTITY*	ASSUMPTIONS AND RISKS
<p>OUTPUT 1:</p> <p>Implementation of the road map for maternal mortality reduction supported through increased availability of high-quality and gender-sensitive reproductive health services for women, men and young people, emphasizing for safe motherhood, family planning, adolescent reproductive health services and attention to most vulnerable groups</p>	<p># and types of health facilities providing Basic EmOC services</p> <p># and types of health facilities providing Comprehensive Emergency Obstetrical Care services</p> <p># of health centers providing Basic Emergency Obstetrical Care services</p>	<p>Health Facility Survey</p> <p>Programme Report</p> <p>HMIS reports</p>	<p>2007-08</p> <p>Annually</p>	<p>MOH/ RHBs/ UNFPA,</p> <p>MOH/ RHBs</p>	<p>Timely donors support</p> <p>Current ongoing health system strengthening implementation continues</p>
	<p># and types of health facilities providing SRH youth-friendly services</p> <p># of youth centers providing youth friendly SRH services</p>	<p>Programme Reports</p> <p>Programme Reports</p>	<p>Annually</p> <p>Annually</p>	<p>MOH</p> <p>MOYS</p>	
	<p># of RH minimum initial services package kits distributed in humanitarian situations</p>	<p>Programme Reports</p>	<p>Annually</p>	<p>DPPA</p>	
	<p>ACTIVITIES</p>				
<p>1. Scale up the provision of Obstetric and Neonatal care with special focus on EmONC: scaling-up of the MPS initiative</p>	<p># of service providers trained on Comprehensive EmOC</p> <p># of health facilities with Basic EmOC kits</p> <p># of health facilities with capacity to provide BEmOC</p>	<p>HMIS Reports</p>	<p>Annually</p>	<p>FMOH/ RHBs</p>	<p>1. Timely donor support 2. Existing stability continued</p>
<p>2. Support pre- and in-service training for health care providers and Provide RH equipment, commodities and supplies.</p>	<p># of service providers trained</p> <p># of facilities provided with RH commodities</p>	<p>Training Reports</p> <p>Progress report</p>	<p>Annually</p>	<p>MOH</p>	
<p>3. Support prevention and Management of obstetric Fistula</p>	<p># of Fistula outreach sites supported</p>	<p>Progress Reports</p>	<p>Annually</p>	<p>MOH</p> <p>AA fistula hospital</p>	
<p>4. Reposition Family Planning</p>	<p>Proportion of Service delivery points providing at least 3 method mix of modern contraceptives</p>	<p>Health & Health related Report</p>	<p>Annually</p>	<p>MOH/ RHBs</p>	
<p>5. Provide AYSRH Services</p>	<p># and types of health professionals trained on providing SRH youth-friendly services</p> <p># of youth centers staffs</p>	<p>Progress Reports</p>	<p>Annually</p>	<p>MOH/RHBs</p> <p>MOYS/ DPPA</p>	

AIMS	OVI	MOV	TIMING OF DATA COLLECTION	RESPONSIBLE ENTITY*	ASSUMPTIONS AND RISKS
6. Provide RH minimum initial service package kits in humanitarian situations	# of areas under humanitarian package kits	Programme	Annually	DPPA	
7. Provide support for the national assessment on prevalence of cervical and breast cancers	# and types of assessments conducted	Assessment Survey	2008	MOH	
8. Provide support to the HSEP	Proportion of Health posts supplied and equipped to provide SRH services	Programme Reports	Annually	MOH	
OUTPUT 2: Increased gender- and culturally sensitive behavior change communication interventions to address reproductive health and socio-cultural issues	National BCC formative research reviewed and priorities for intervention identified	Research Report	2008	MOH, National HAPCO, RHBs, and Regional HAPCOs	Donor fatigue
	Proportions of regions implementing Comprehensive community conversation based on the guideline on SRH and HIV prevention	Programme Reports	Annually	MOH	
	Proportion of schools implementing POP/FLE in their training	Revised document	2008	MOE/ REBs	
	# of regions implementing youth programmes inline with the African Youth Charter	Progress Reports	2008	MOYS, RBOYS	
	# of regions implementing the National health Communication (NHC) guideline	Progress Report	Annually	MOH and RHBs	
ACTIVITIES					
1. Undertake formative research to Identify gaps	Formative research on BCC conducted	Research Report	2007	MOH and RHBs,	
2. Integrate POP/FLE and Life Planning Skills (LPS) into teacher training curriculum	POP/FLE and Life Planning Skills (LPS) integrated	Revised document	2008	MOE/ REBs	
3. Scale-up successful community engagement efforts on SRH and HIV prevention	Proportions of regions implementing Comprehensive community conversation based on the guideline on SRH and HIV prevention	Programme Report	Annually	MOH, National HAPCO, RHBs, and Regional HAPCOs	

AIMS	OVIs	MOVs	TIMING OF DATA COLLECTION	RESPONSIBLE ENTITY*	ASSUMPTIONS AND RISKS
4. Train service providers on Inter - Personal Communication and Counseling (IPCC)	# of service providers with skills in interpersonal communication	Training Reports	2007-2008	MOH, and RHBs,	
5. Undertake multi media campaigns to increase family dialogue on SRH and HIV/AIDS prevention issues.	Type and number of media campaigns conducted	Media Reports/ Programme report	Annually	MOH, National HAPCO, RHBs, and Regional HAPCOs	
6. Disseminate and implement the National Health Communication guidelines	Proportion of regions implementing the National health Communication (NHC) guideline	Progress Reports	2007-2010	MOH, HAPCO	
7. Advocate, disseminate and mainstream African Youth Charter (AYC) in youth programmes	# of youth programmes integrating the African Youth Charter	Programme Reports	2007-2009	MOYS, RBOYS	
OUTPUT 3: Strengthened HIV/AIDS prevention initiatives for women, men, young people and venerable groups	Percentage of people aged 15 – 49 years who can correctly identify ways of preventing HIV/AIDS transmission.	BSS,	2009	NHAPCO, MOH,	
	DHS reports	DHS reports	2010	CSA	
	Proportion of persons who can name at least 2 HIV misconceptions (disaggregated by age, sex, region, urban/rural)	BSS,	2009	NHAPCO, MOH,	
	DHS reports	DHS reports	2010	CSA	
	Percentage of people aged 15-49 who know two or more symptoms of STIs.	BSS,	2009	NHAPCO, MOH,	
	DHS reports	DHS reports	2010	CSA	
Percentage of people with access to HIV/AIDS prevention services	Progress Report	Annually	NHAPCO, MOH, RHAPCO, BOH,		
Functional National HIV/AIDS monitoring and evaluation system in place	Progress Reports	Annually	NHAPCO, MOH, RHAPCO, BOH		
ACTIVITIES					
1. Strengthen/ establish partnership and networking	Number of partnership/ networks established or strengthened	Progress Report	Annually	NHAPCO, MOH, RHAPCO, RBOH	
2. Provide support for male and female condom promotion and distribution	Number of condoms (male and female) distributed. Number of condom promotion exercises undertaken	Progress Report	Quarterly & Annually	NHAPCO, MOH	

AIMS	OVI	MOV	TIMING OF DATA COLLECTION	RESPONSIBLE ENTITY*	ASSUMPTIONS AND RISKS
3. Provide condoms, vocational and life skill training and IGA program to sex workers	Number of condoms (male and female) distributed	Progress Report	Annually	NHAPCO, MOH, RHAPCO, RBOH	
	Number of CSW trained and supported in IGA			NHAPCO, RBOH	
4. Increase integration of HIV/AIDS and SRH	Number of health professionals with skills in integrated HIV/AIDS and SRH management	Training Report/ Supervisory Report	Annually	NHAPCO, MOH, RHAPCO, RBOH	
	Number of facilities providing integrated HIV/AIDS and SRH services	Progress Report	Annually	NHAPCO, MOH, RHAPCO, RBOH	
5. Provide positive living and skill training to PLWHA	Number of PLWHA trained in positive living skills Number PLWHA engaged in IGA program	Progress Report	Annually	NHAPCO, MOH, RHAPCO, RBOH	
6. Re-orientate HIV prevention services to better meet the needs of adolescents and young people	Number of facilities providing youth friendly SRH/HIV/AIDS information & services.	Progress Report	Annually	NHAPCO, MOH, RHAPCO, RBOH	
	Number of youth focused IEC/ BCC material produced and distributed	Progress Report	Annually	NHAPCO, MOH, RHAPCO, RBOH	
	Number of persons with skills in youth friendly service delivery	Training Report Supervisory Report	Annually	NHAPCO, MOH, RHAPCO, RBOH	
7. Support the revision and build capacity for the implementation of the National HIV/AIDS Policy and Action Plan	M&E data base system established	Progress Report	Annually	NHAPCO, MOH, RHAPCO, RBOH	
	Number of persons skilled in HIV/AIDS M&E at federal and regional level	Training Report/ Supervisory Report	Annually	NHAPCO, MOH, RHAPCO, RBOH	
	National HIV/AIDS policies and action plan revised	Progress Report	2007-08	NHAPCO, MOH, RHAPCO, RBOH	

AIMS	OVIs	MOVs	TIMING OF DATA COLLECTION	RESPONSIBLE ENTITY*	ASSUMPTIONS AND RISKS
OUTPUT 4 : Strengthened institutional capacity for managing reproductive health programme, with attention to ensuring reproductive health commodity security	Government budgetary allocations for reproductive health commodity (contraceptive) security	Annual Budget report	Annually	MOH/ RHBs MOFED/ BOFEDs	
	RH mainstreamed in a functional logistics management system and health management information system	Progress Reports	Annually	MOH RHBs	
	National RHCS action plan developed and implemented	RHCS Document	Annually	MOH	
	RH logistics system mainstreamed in a functional HCSS	Master plan for Health Commodity Supply System	Annually	MOH	
	RH and HIV prevention monitoring and evaluation plan developed and mainstreamed with national HMS	M&E action plan document, National HMIS	Periodic	MOH	
	# of IPs provided technical support based on the joint capacity building assessment	Progress Reports M&E reports Assessment reports	Periodic	MOFED/ Sector ministries and HAPCO	
ACTIVITIES					
1. Strengthen the existing National RH Task Force (NRHTF) and Technical Working Groups (TWGs)	# of functional national/ regional RH task forces	Progress Reports, Minutes of Meetings	Annually	MOH/ RHBs, HAPCO	
2. Mobilize resources for RHCS	Amount of budget allocated by Government Amount of budget mobilized from donors	Budgets and financial reports	Annually	MOH/ RHBs MOFED/ BOFEDs	
3. Develop a Comprehensive National RHCS Strategic Plan	National RHCS action plan developed	Programme report	2007-08	MOH	
4. Strengthen the procurement, forecasting, LMIS/HMIS capacity for RHCS	Gap analysis conducted	Progress Reports	Annually	MOH RHBs	
5. Support availability of RH commodities (contraceptives and other RH Commodities, RH equipment and supplies)	Need based capacity building implemented Number of facilities with at least 3 method mix of modern contraceptives Number of facilities with adequate RH equipment and supplies	Progress Reports	Annually	MOH	
6. Provide supportive supervision, monitoring and evaluation	Number of institutions supported	Progress Reports	Bi-annually	MOH	
7. Strengthen the human and institutional capacity of IPs (MOH, HAPCO, NGOs)	# of institutions supported	Progress Reports	Annually	MOH	

AIMS	OVI	MOV	TIME OF DATA COLLECTION	RESPONSIBLE PARTIES	RISK AND ASSUMPTIONS
GOAL: To contribute to improved quality of life by: (a) supporting the national reproductive health policy and programme; (b) harmonizing population growth with development; and (c) enhancing gender equity, equality and the empowerment of women.	MMR	DHS	2010	CSA	Political stability
	IMR	IMR			
OUTCOME: Population and Development concerns are taken into account at national, sub-national and sectoral levels in implementing the Plan for Accelerated and Sustained Development to End Poverty	HDI	HDI Report	Annually	UNDP	
	- Number of policies and programmes integrating population concerns	Policies and Programme Documents	Annually	MOFED/ UNFPA	Continuous donor support
	- Strengthened institutional mechanisms to facilitate integration of population variables in development planning	Programme Reports	Annually	MoFED, BoFED	
OUTPUT 1: Increased availability of & access to up to date, disaggregated population data for policy formulation & programme management.	- Integrated population and development database accessible	Programme report	2008	MoFED, BoFED, CSA	
	<ul style="list-style-type: none"> No. & type of disaggregated data produced & used for policy making Integrated pop & dev't database available 	Survey and census reports	Periodically	CSA	
		Functional databases Programme reports	Annually	MoFED, BoFEDs	
ACTIVITIES 1. Collect, analyze and disseminate population, gender, RH, HIV/AIDS and other related data	<ul style="list-style-type: none"> No. & type of survey and census conducted. No. of regions with capacity to collect vital statistics Types of vital statistics data collected No. of regions with capacity to disseminate pop. data 	Survey and census reports	Periodically	CSA	
		Programme report	Annually	MoFED, BoFEDs	
2. Establish functional Integrated Population and Development Database at national level.	<ul style="list-style-type: none"> Established P&D database at federal level No. of BoFEDs with capacity to compile regional pop and development data IPD website 	Functional database	2008		
		Programme report	Annually	MoFED, BoFEDs	
		Functional IPD website	2008		

<p>OUTPUT 2: Strengthened capacity of government and civil society to integrate population issues into development policies and poverty eradication strategies.</p>	<ul style="list-style-type: none"> ▪ P&D coordination mechanism established ▪ Tools & guidelines for integration of pop variables into development available, ▪ No. of personnel with skills in integrated pop & development technique 	<p>Programme report</p> <p>Manuals and guidelines</p> <p>Training reports</p>	<p>2007-08</p> <p>2007-08</p> <p>2007-08</p>	<p>MoFED, BoFEDs</p>	
<p>ACTIVITIES 1. Integrate population and gender issues into development policies and plans at all levels</p>	<ul style="list-style-type: none"> ▪ No. of sectors integrating Pop. & gender issues into their dev't policies & plans. ▪ No. of P&D committees/councils established/strengthened to coordinate pop. activities at all levels . ▪ Pop. Policy Action Plan developed 	<p>Policy and Plan documents</p> <p>Programme report</p> <p>Programme report</p>	<p>Annually</p> <p>2007-08</p> <p>2007-08</p>	<p>MoFED, BoFEDs</p>	
<p>2. Strengthen the capacity of implementing agencies.</p>	<ul style="list-style-type: none"> ▪ No. of statisticians and planners trained in integration of pop factors in dev't planning. ▪ No. of regions implementing PoAP. ▪ PoAP implemented at Federal level. ▪ No. of IPs with required data processing equipment. 	<p>Programme report</p>	<p>Annually</p>	<p>MoFED, BoFEDs</p>	
<p>3. Build partnership for Population Action Plan implementation.</p>	<ul style="list-style-type: none"> ▪ No. of regions with established network for resource mobilization. ▪ No. of regional conferences organized for mobilizing resources ▪ No. of and types of partnerships in pop & dev't ▪ No. of regions advocating Pop. Issues ▪ No. of regions with established pop coordination mechanisms. 	<p>Programme report</p>	<p>Annually</p>	<p>MoFED, BoFEDs</p>	
<p>4. Sensitize key stakeholders on the use of population variable in development planning</p>	<ul style="list-style-type: none"> ▪ No. and types of advocacy activities conducted. ▪ No. and types of stakeholders sensitized. 	<p>Programme report</p>	<p>Annually</p>	<p>MoFED, BoFEDs</p>	

* Responsible party will include NGOs and CSOs that will be involved in the implementation of ongoing programmes and those initiated within the country programme (including joint programmes) period.

GENDER

AIMS	OVI's	MOV's	TIMING OF DATA COLLECTION	RESPONSIBLE ENTITY	RISKS & ASSEPTIONS
GOAL: To contribute to improved quality of life by: (a) supporting the national reproductive health policy and programme; (b) harmonizing population growth with development; and (c) enhancing gender equity, equality and the empowerment of women.	MMR	DHS	2010	CSA	Political stability
	ISMR	DHS	2010	CSA	
	HDI	HDI Report	Annually	UNDP	
OUTCOME: Institutional mechanisms & Socio-Cultural Practices that promote and protect the rights of women and girls are strengthened	Gender based violence rate	Research report	periodically	MOWA	Political will
	Median age at first marriage for girls	DHS	2010	CSA	
	FGM Rate	DHS	2010	CSA	
	Rate of women participation in politics and the formal sectors	Statistical reports, parliamentary report	Annually	CSA, MOWA	
	Institutional framework for Gender mainstreaming in place and strengthened	Progress report	Annually	MOWA	
OUTPUT 1: Strengthened institutional capacity to mainstream gender in selected institutions,	Number of ministries implementing the National Action Plan (NAP) for gender equity and equality	Progress report	Annually	MoWA, Sector ministries	Continued donor support
	Number of tools developed for gender mainstreaming.	Manuals, Protocols, guidelines and revised policy	2007-2010	MoWA, BoWAs	
	Number of institutions using gender mainstreaming tool	Progress report	Annually	MoWA, BoWAs	
	Number of institutions with focal points for Gender mainstreaming	Progress report	Annually	MoWA, BoWAs	
	Gender database in place.	Progress report	Annually	MoWA, BoWAs	
	Number of stakeholders with skills in gender mainstreaming	Training reports Monitoring reports	Annually	MoWA, BoWAs	
	Amount of budget allotted for gender mainstreaming in selected institutions	Progress report	Annually	MoWA, BoWAs	
Number of trained personnel and decision makers on gender mainstreaming	Progress report	Annually	MoWA, BoWAs		
ACTIVITIES					
1. Develop tools and mechanisms for gender mainstreaming in sectoral ministries and other institutions	- Number of standardized Gender mainstreaming Guideline produced, - Number of focal points assigned and amount of budget allocated - Number of Gender mainstreaming awareness creation workshops conducted	Guidelines	2008	MoWA, BoWAs	
		Progress report	Annually		
2. Undertake training on gender analysis, mainstreaming, reproductive rights, GBV and leadership skills.	-Number and types of trainings conducted -Number of program managers trained	Training Reports	Annually	MoWA, BoWAs	

3. Revise health service providers training curricula and develop medico-legal guidelines	- No. of training curricula revised - No. of medico-legal guidelines developed and distributed - Number of awareness creation workshop conducted on the guideline	Curriculums Guidelines	2007-09	MoWA, BoWAs	
4. Undertake research on gender based violence	-No. of researches conducted and distributed	Research report Progress report	2008	MoWA, BoWAs	
5. Support the establishment and development of multidisciplinary networks and coalitions on gender.	No. of multidisciplinary coalitions and networks created and supported	Progress report	Annually	MoWA, BoWAs	
6. Advocate for the creation of accountability mechanism for gender mainstreaming; promotion of girls and women's education; and, on resource mobilization for gender	No. of advocacy workshops conducted No. of study tours undertaken No. of experience sharing workshops organized	Workshop reports Progress report	2009 2010 2010	MoWA, BoWAs	
OUTPUT 2: Enhanced community capacity to protect women's and girls' rights in the areas of gender based violence, reproductive health, family planning and HIV/AIDS,	Number of women and girls empowerment initiatives undertaken	Progress reports	Annually	MoWA, BoWAs	
	Number of community based programs supported	Progress reports	Annually	MoWA, BoWAs	
	Number of media activities undertaken on GBV	Media Survey report	periodic	MoWA, BoWAs	
	Number of Kebeles using community based approach to protect women's' right against GBV	Survey report	periodic	MoWA, BoWAs	
ACTIVITIES					
1. Support media campaign against GBV	- Number of Media scripts produced on GBV - No. of trained media personnel on gender - No. of hours broadcasted on GBV	Media reports Training report	Periodic	MoWA, BoWAs	
2. Review and undertake studies on community based approaches and traditional sanctions that can be used to protect girl's and women's rights	-No. of literature reviews undertaken and studies/surveys conducted	Survey reports	2008	MoWA, BoWAs	
3. Identify partners to support community based initiatives to eradicate HTPs	- Number of partners identified and community based initiatives supported	Progress report	2007	MoWA, BoWAs	
4. Undertake community awareness to show the linkage between gender discrimination RH/FP, HIV/AIDS, Fistula and GBV.	- No. of participatory and interactive community dialogues/conversation conducted - No. of anti- HTP committees formed	Progress report	2008	MoWA, BoWAs	

* Responsible party will include NGOs and CSOs that will be involved in the implementation of ongoing programmes and those initiated within the country programme (including joint programmes) period.

To contribute to improved quality of life of the People of Ethiopia

Goal

Supporting the national reproductive health policy and programme

Harmonizing population growth with development

Ensuring gender equity, equality and the empowerment of women.

REPRODUCTIVE HEALTH

POPULATION AND DEVELOPMENT

GENDER

Outputs

- Improved access to, demand for and utilization of RH information and services for men, women, young people and vulnerable groups at all levels.
- Effective prevention and protection mechanisms in place and operationalized to reduce the spread of HIV/AIDS

Population and Development concerns taken into account at national, sub-national and sectoral levels, in development plans' implementation.

Institutional mechanisms and socio-cultural practices that promote and protect the rights of women and girls strengthened.

Outcome

Increased availability and accessibility of gender-sensitive RH services for women, men, young people and vulnerable groups including those under humanitarian situations at all levels

Increased gender- and culturally sensitive behaviour change communication interventions to address reproductive health and socio-cultural issues

Strengthened institutional capacity for managing reproductive health programmes with attention to ensuring reproductive health commodity security

Strengthened HIV/AIDS prevention initiatives for women, men, young people and vulnerable groups

Increased availability of and access to up-to-date, disaggregated population data for policy and program management

Strengthened capacity of the government and civil society to integrate population issues into development policies and poverty eradication strategies

Strengthened institutional capacity to mainstream gender in selected institutions

Enhanced community capacity to protect women's and girls' rights in the areas of gender-based violence, reproductive health, family planning and HIV/AIDS

Annex 7: Programme M&E Matrix

MONITORING AND EVALUATION MATRIX

Reproductive Health (Goal, Outcomes and Outputs Matrix)

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/FREQUENCY	RESPONSIBILITY
GOAL:				
To contribute to improved quality of life by supporting the national reproductive health policy and programme, harmonizing population growth with development and enhancing gender equity, equality and the empowerment of women.				
1. MMR decreased from X in 2007 to Y in 2011	DHS	Survey	2010	CSA
2. IMR decreased from X in 2007 to Y in 2011	DHS	Survey	2010	CSA
3. Increased HDI from X in 2007 to Y in 2011	HDI Report	Survey	Annually	UNDP
Outcome 1:				
Improved access to, demand for and utilization of quality RH services and information for men, women, and vulnerable groups, including for those in humanitarian crises				
CPR	DHS	Survey	2010	CSA
	Administrative records assessment	Administrative records	Annually	MOH
% of births attended by skilled health personnel	DHS	Survey	2010	CSA
% of births attended at health facilities	Administrative records	Administrative records assessment	Annually	MOH
% of affected population who received minimum initial humanitarian services package kits	Administrative records	Administrative records assessment	Annually	DPPA
% of target population with positive behavior change towards RH services	DHS	Survey	2010	CSA
Outcome 2:				
Effective prevention and protection mechanisms in place and operationalized to reduce spread of HIV/AIDS				
Percentage of people aged 15-49 yrs reporting the use of condom during last sexual intercourse with a non-regular sexual partner	BSS,	Survey	2009	NHAPCO, MOH, CSA
	DHS reports	Survey	2010	
Increased utilization of HIV/AIDS prevention services	Progress Report	Administrative records	Annually	NHAPCO, MOH, RHAPCO, BOH
Incidence rate of HIV infection decreased	ANC surveillance survey	Survey	2009	NHAPCO, MOH
	DHS report	Survey	2010	MOH, CSA

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/FREQUENCY	RESPONSIBILITY
% of HIV positive pregnant women who received complete course of ARV prophylaxis	Progress Report and Health and Health Related indicators report	Administrative records	Annually	NHAPCO, MOH RHAPCO, BOH

OUTPUTS

Output 1:

Implementation of the road map for maternal mortality reduction supported through increased availability of high-quality and gender-sensitive reproductive health services for women, men and young people, emphasizing for safe motherhood, family planning, adolescent reproductive health services and attention to most vulnerable groups

# and types of health facilities providing Basic Emergency Obstetrical Care services	Health Facility Survey	Survey	Periodic	MOH/ RHBs,
# and types of health facilities providing Comprehensive Emergency Obstetrical Care services	Program Progress Reports	Administrative records assessment	Annually	
# of health centres providing Basic Emergency Obstetrical Care services				
# and types of health facilities providing SRH youth-friendly services # of youth centres providing youth friendly SRH services	Program Progress Reports	Administrative records assessment	Annually	MOH MOYS, BoYSs
# of RH minimum initial services packages kits distributed in humanitarian situations	Program Reports	Administrative records assessment	Annually	DPPA

Output 2:

Increased gender- and culturally sensitive behavior change communication interventions to address reproductive health and socio-cultural issues

National BCC formative research reviewed and priorities for intervention identified	Research Report	Survey	Annually	MOH/RHBs
Proportions of regions implementing Comprehensive community conversation based on the guideline on SRH and HIV prevention	Program Progress Reports	Administrative records assessment	Annually	MOH/RHBs
Proportion of schools implementing POP/FLE in their training	Revised document	Administrative records assessment	2008	MOE/REBs
# of regions implementing youth programmes inline with the African Youth Charter	Programme Progress Reports	Administrative records assessment	2008	MoYS/ BoYSs
# of regions implementing the National health Communication (NHC) guideline	Program Progress Report	Administrative records assessment	2008	MOH/RHBs

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/FREQUENCY	RESPONSIBILITY
Output 3: Strengthened HIV/AIDS prevention initiatives for women, men, young people and vulnerable groups				
Percentage of people aged 15-49 years who can correctly identify ways of preventing HIV/AIDS transmission.	BSS, DHS reports	Survey Survey	2009 2010	NHAPCO, MOH, CSA
Proportion of persons who can name at least 2 HIV misconceptions (disaggregated by age, sex, region, urban/rural)	BSS, DHS reports	Survey Survey	2009 2010	NHAPCO, MOH, CSA
Percentage of people aged 15-49 who know two or more symptoms of STIs.	BSS, DHS reports	Survey Survey	2009 2010	NHAPCO, MOH, CSA
Percentage of people with access to HIV/AIDS prevention services	Progress Report	Content Analysis	Annually	NHAPCO, MOH, RHAPCO, BOH
Functional National HIV/AIDS monitoring and evaluation system	Progress Reports	Content Analysis	Annually	NHAPCO, MOH, RHAPCO, BOH
Output 4: Strengthened institutional capacity for managing reproductive health programme, with attention to ensuring reproductive health commodity security				
Government budgetary allocations for reproductive health commodity (contraceptive) security	Annual budget report	Content Analysis	Annually	MOH/ RHBs MOFED/ BOFEDs
RH mainstreamed in a functional logistics management system and health management information system	Program Progress Reports	Content Analysis	2010	MOH/ RHBs
National RHCS action plan developed and implemented	RHCS action plan Document	Content Analysis	2008	MOH/RHBs
RH logistics system mainstreamed in the national LMS	Master plan for Health Commodity Supply System	Content Analysis	2008	MOH
RH and HIV prevention monitoring and evaluation plan developed and mainstreamed with national HMS	M&E action plan document, National HMIS	Content Analysis	2008-2009	MOH
# of IPs provided technical support based on the joint capacity building assessment	Program Progress Reports M&E reports	Content Analysis	Annually	MOFED/ Sector ministries and HAPCO

Reproductive Health (Activities Matrix)

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/FREQUENCY	RESPONSIBILITY
Output 1:				
Implementation of the road map for maternal mortality reduction supported through increased availability of high-quality and gender-sensitive reproductive health services for women, men and young people, emphasizing for safe motherhood, family planning, adolescent reproductive health services and attention to most vulnerable groups				
Activity 1.1:				
Scale up the provision of Obstetric and Neonatal care with special focus on EmONC: scaling-up of the MPS initiative				
# of service providers trained on Comprehensive EmOC	HMIS Reports	Administrative record	Annually	FMOH/ RHBs
# of health facilities with Basic EmOC kits	HMIS Reports	Administrative record	Annually	FMOH/ RHBs
# of health facilities with capacity to provide BEmOC	HMIS Reports	Administrative record	Annually	FMOH/ RHBs
Activity 1.2:				
Support pre-service in-service training for health care providers and Provide RH equipment, commodities and supplies				
# of service providers trained	Training Reports	Content analysis	Annually	FMOH/RHBs
# of facilities provided with RH commodities	Administrative record	Administrative record assessment	Annually	FMOH/RHBs
Activity 1.3:				
Support prevention and Management of obstetric Fistula				
# of Fistula outreach sites supported	Administrative records	Administrative record assessment	Annually	FMOH/RHBs AA fistula hospital
Activity 1.4:				
Reposition Family Planning				
Proportion of Service delivery points providing at least 3 method mix of modern contraceptives	Administrative record Report	Administrative record assessment Content analysis	Annually	MOH/ RHBs
Activity 1.5:				
Provide AYSH services				
# and types of health professionals trained on providing SRH youth-friendly services	Program Progress Reports	Content analysis	Annually	MOH/RHBS MOYS/RBOYS
# of youth centers staff trained on youth friendly SRH services	Program Progress Reports	Content analysis	Annually	MOH/RHBS MOYS/RBOYS
Activity 1.6:				
Provide RH minimum initial service package kits in humanitarian crisis situations				
# of areas under humanitarian crisis provided with RH minimum initial services package kits	Program Progress Reports	Administrative record assessment	Annually	DPPA
Activity 1.7:				
Provide support for the national assessment on prevalence of cervical and breast cancers				
# and types of assessments conducted	Survey report	Research document assessment	2008	MOH/RHBs

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/FREQUENCY	RESPONSIBILITY
Activity 1.8: Provide support to the HSEP				
Proportion of Health posts supplied and equipped to provide SRH services	Program Progress Reports	Administrative record assessment	Annually	MOH/RHBs
Output 2: Increased gender- and culturally sensitive behavior change communication interventions to address reproductive health and socio-cultural issues				
Activity 2.1: Undertake formative research on IEC/BCC				
Formative research on IEC/BCC conducted	Survey Report	Research document assessment	2008	MOH/RHBs
Activity 2.2: Integrate POP/FLE and Life Planning Skills (LPS) into teacher training curriculum				
POP/FLE and Life Planning Skills (LPS) integrated	Revised document	Teachers Training curriculum assessment	2008	MOE/RHBs
Activity 2.3: Scale-up successful community engagement efforts on SRH and HIV prevention				
Proportion of regions implementing Comprehensive community conversation based on the guideline on SRH and HIV prevention	Program Progressive Report	Administrative record assessment	Quarterly	MOH, National HAPCO, RHBs, and Regional HAPCOs
Activity 2.4: Train service providers on Inter Personal Communication and Counseling (IPCC)				
# of service providers with skills in interpersonal communication	Training Reports/ Program progress report	Content Analysis	2007-08	MOH, and RHBs
Activity 2.5: Undertake multi media campaigns to increase family dialogue on SRH and HIV/AIDS prevention issues				
Type and number of media campaigns conducted	Program Progress Reports	Administrative record assessment	Annually	MOH, National HAPCO, RHBs, and Regional HAPCOs
Activity 2.6: Disseminate and implement the National Health Communication guidelines				
Proportion of regions implementing the National health Communication (NHC) guideline	Program Progress Reports	Administrative record assessment	2008-2010	MOH, RHBs
Activity 2.7: Advocate, disseminate and mainstream African Youth Charter (AYC) in youth programmes				
# of youth programmes Integrating the African Youth Charter	Program Progress Reports	Program record assessment	2009	MOYS, RBOYS
Output 3: Strengthened HIV/AIDS prevention initiatives for women, men, young people and venerable groups				

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/FREQUENCY	RESPONSIBILITY
Activity 3.1: Strengthen/ establish partnership and networking				
Number of partnership/networks established or strengthened	Program Progress Report	Administrative records	Annually	NHAPCO RHAPCO
Activity 3.2: Provide support for male and female condom promotion and distribution				
Number of condoms (male and female) distributed	Program Progress Report	Administrative records	Annually	NHAPCO RHAPCO
Activity 3.3: Provide condom, vocational and life skill training and IGA program to sex workers				
Number of condoms (male and female) distributed	Program Progress Report	Administrative records	Annually	NHAPCO RHAPCO
Number of CSWs trained in life skill	Program Progress Report	Administrative records	Annually	NHAPCO RHAPCO
Number of CSWs trained and supported in IGA	Program Progress Report	Administrative records	Annually	NHAPCO RHAPCO
Activity 3.4: Increase integration of HIV/AIDS and SRH				
Number of health professionals with skills in integrated HIV/AIDS and SRH management	Program Progress Report	Administrative records	2008-2009	NHAPCO RHAPCO
Number of facilities providing integrated HIV/AIDS and SRH services	Program Progress Report	Administrative records	Annually	NHAPCO RHAPCO
Activity 3.5: Provide positive living and skill training to PLWHA				
Number of PLWHA trained on positive living skills	Training Report	Content Analysis	2008-2009	NHAPCO RHAPCO
Number PLWHA trained in IGA program	Program Progress Report	Content Analysis	Annually	NHAPCO/ RHAPCO
Activity 3.6: Re-orientate HIV prevention services to better meet the needs of adolescents and young people				
Number of facilities providing youth friendly SRH information & services	Program Progress Report	Content Analysis	Annually	NHAPCO RHAPCO
Number of youth friendly IEC/BCC material produced and distributed	Program Progress Report	Content Analysis	Annually	NHAPCO RHAPCO
Number of persons trained in youth friendly service delivery	Program Progress Report	Content Analysis	Annually	NHAPCO RHAPCO
Activity 3.7: Support the revision and build capacity for the implementation of the National HIV/AIDS Policy and Action Plan				
HIV/AIDS M&E data base system established	Programme report	Administrative records	2008	NHAPCO RHAPCO
Number of persons skilled in HIV/AIDS Programs M&E at federal and regional levels	Training Report/supervisory report	Content Analysis	Annually	NHAPCO RHAPCO
National HIV/AIDS policies and action plan revised	Programme report	Administrative records	2007-08	NHAPCO RHAPCO
Output 4: Strengthened institutional capacity for managing reproductive health programme, with attention to ensuring reproductive health commodity security				
Activity 4.1: Strengthen the existing National RH Task Force (NRHTF) and Technical Working Groups (TWGs)				

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/FREQUENCY	RESPONSIBILITY
# of functional national/ regional RH task forces	Program Progress Reports	Program record assessment	2008-2009	MOH/ RHBs
Activity 4.2: Mobilize resources for RHCS				
Amount of budget allocated by government	Budget and financial report	Budget document assessment	Annually	MOH/RHBs/ MOFED/ BOFEDs
Amount of budget mobilized by donors	Budget and financial report	Budget document assessment	Annually	MoH, MoFED/ Donors
Activity 4.3: Develop a Comprehensive National RHCS Strategic Plan				
National RHCS action plan developed	RHCS Action Plan document	Administrative record assessments	2007-08	MOH
Activity 4.4: Strengthen the procurement, forecasting, LMIS/HMIS capacity for RHCS				
Gap analysis conducted	Program Progress Reports	Administrative record Assessment	Annually	MOH/ RHBs
Need Based capacity building implemented	Program Progress Reports	Administrative record Assessment	Annually	MOH/ RHBs
Activity 4.5: Support availability of RH commodities (contraceptives and other RH Commodities, RH equipment and supplies)				
Number of facilities with at least 3 method mix of modern contraceptives	Administrative Records	Administrative record Assessment	Annually	MOH/ RHBs
Number of facilities with adequate RH equipments and supplies	Administrative Records	Administrative record Assessment	Annually	MOH/ RHBs
Activity 4.6: Provide supportive supervision monitoring and evaluation				
Number of supervisory visits conducted	Program Progress Report	Administrative record Assessment	Bi-annually	MOH/ RHBs
Activity 4.7: Strengthen the human and institutional capacity of IPs (MOH,HAPCO,MOE,MOYS)				
# of institutions supported based on the joint capacity assessment report	Programme Reports Assessment Survey reports	Administrative record Assessment Survey	2007-09	MOFED, Sector ministries and HAPCO
Activity 4.8: Strengthen the National HIV/AIDS prevention planning and M&E system and linking with the national HMIS				
RH and HIV prevention monitoring and evaluation plan developed and mainstreamed with national HMIS	National HMIS	National HMIS document assessment	Annually	MOH/RHBs and HAPCO

Population and Development (Goal, Outcome and Outputs Matrix)

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/FREQUENCY	RESPONSIBILITY
GOAL:				
To contribute to improved quality of life by supporting the national reproductive health policy and Programme, harmonizing population growth with development and enhancing gender equity, equality and the empowerment of women.				
MMR	DHS	Survey	2010	CSA
IMR	DHS	Survey	2010	CSA
HDI	HDI Report	Development report	Annually	UNDP
Outcome:				
Population and Development concerns are taken into account at national, sub-national and Sectoral levels in implementing the Plan for Accelerated and Sustained Development to End Poverty				
Number of policies and programmes integrated on population concerns	Policies and Programme Documents	Administrative record	Annually	MoFED, UNFPA
Strengthened institutional mechanisms to facilitate integration of population variables in development planning.	Programme Progress Reports	Administrative record	Annually	MoFED, BoFED, RoP
Integrated population and development database accessible.	Programme Reports	Administrative record	2008	MoFED; BoFED, CSA
Output 1:				
Increased availability of & access to up to date, disaggregated population data for policy formulation & program management				
No. & type of disaggregated data produced & used for policy making.	Policy documents	Administrative record	Annually	MoFED, BoFEDs
Integrated population database available.	Programme report	Administrative record	Annually	CSA
Output 2:				
Strengthened capacity of government and civil society to integrate population issues into development policies and poverty eradication strategies				
P&D coordination mechanism established.	Program report	Administrative record	2008	MoFED, BoFEDs
Tools & guidelines for integration of pop variables in to development available.	Manuals and guidelines	Administrative record	2008	MoFED, BoFEDs
No. of personnel with skills in integrated pop & development technique.	Training reports	Administrative record	2008	MoFED, BoFEDs

Population and Development (Activities Matix)

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/ FREQUENCY	RESPONSIBILITY
Output 1: Increased availability of & access to up to date, disaggregated population data for policy formulation & program management.				
ACTIVITY 1.1: Collect, analyze and disseminate population, gender, RH, HIV/AIDS and other related data				
▪ No. & type of surveys and censuses conducted	Programme report	Administrative record	Annually	CSA MoFED, BoFEDs
▪ No. of regions with capacity to collect vital statistics	Programme report	Administrative record	Annually	CSA MoFED, BoFEDs
▪ Types of vital statistics data collected	Programme report	Registration methods	Annually	CSA MoFED, BoFEDs
▪ No. of regions with capacity to disseminate pop. data	Programme report	Administrative record	Annually	CSA MoFED, BoFEDs
ACTIVITY 1.2: Establish functional Integrated Population and Development Database at national and regional levels				
▪ Established P&D database at federal	Programme report	Administrative record	2008	MoFED, BoFEDs
▪ No. of BoFEDs with capacity to compile regional pop and development data	Programme report	Administrative record	Annual	MoFED, BoFEDs
▪ IPD website	Programme report	Administrative record	2008	MoFED, BoFEDs
Output 2: Strengthened capacity of government and civil society to integrate population issues into development policies and poverty eradication strategies				
ACTIVITY 2.1: Integrate population and gender issues into development policies and plans at all levels				
▪ No. of sectors integrating pop. & gender issues into their dev't policies & plans.	Policy and Plan documents	Administrative record	2008	MoFED, BoFEDs
▪ No. of P&D committees/councils established/strengthened to coordinate pop activities at all levels.	Programme report	Administrative record	2008	MoFED, BoFEDs
▪ Pop. Policy Action Plan, developed	Programme report	Administrative record	2007	MoFED, BoFEDs

ACTIVITY 2.2:**Strengthen the capacity of implementing agencies.**

▪ No. of statisticians and planners trained in integration of pop factors in Dev't planning	Programme report	Administrative record	Annually	MoFED, BoFEDs
▪ No. of regions implementing PoAP	Programme report	Administrative record	2009	MoFED, BoFEDs
▪ PoAP implemented at Federal level	Programme report	Administrative record	2008	MoFED, BoFEDs
▪ No. of IPs with required data processing equipment	Programme report	Administrative record	2007	MoFED, BoFEDs

ACTIVITY 2.3:**Build partnership for Population Action Plan implementation.**

▪ No. of regions with established network for resource mobilization.	Programme report	Administrative record	2008	MoFED, BoFEDs
▪ No. of regional conference organized for mobilizing resources	Programme report	Administrative record	2009	MoFED, BoFEDs
▪ No. of and types of partnerships in pop & dev't	Programme report	Administrative record	2008	MoFED, BoFEDs
▪ No. of regions advocating pop. issues	Programme report	Administrative record	2008	MoFED, BoFEDs
▪ No. of regions implementing PAP.	Programme report	Administrative record	2009	MoFED, BoFEDs
▪ No. of regions with established pop coordination mechanisms	Programme report	Administrative record	2009	MoFED, BoFEDs

ACTIVITY 2.4:**Sensitize key stakeholders on the use of population variable in development planning**

▪ No. and types of advocacy activities conducted	Programme report	Administrative record	2009	MoFED, BoFEDs
▪ No. and types of stakeholders sensitized	Programme report	Administrative record	2009	MoFED, BoFEDs

MONITORING AND EVALUATION MATRIX

Gender (Goal, Outcome and Outputs Matrix)

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/ FREQUENCY	RESPONSIBILITY
GOAL:				
To contribute to improved quality of life by supporting the national reproductive health policy and programme, harmonizing population growth with development and enhancing gender equity, equality and the empowerment of women.				
MMR	DHS	Survey	2010	CSA
IMR	DHS	Survey	2010	CSA
HDI	HDI	Survey	Annually	UNDP
OUTCOME:				
Institutional mechanisms and socio-cultural practices that promote and protect the rights of women and girls are strengthened				
Gender based violence rate	Research report	Content Analysis	Periodically	MoWA
Median age at first marriage for girls	DHS, Periodic reports	Survey, Content Analysis	Periodic Annually	CSA, MoWA, BoWAs
FGM Rate	DHS	Survey	2010	CSA
4. Rate of women participation in politics and the formal sector	Statistical reports, Parliamentary report	Survey, Content Analysis	Annually	CSA, MoWA, BoWAs
Institutional framework for Gender mainstreaming in place	Progress report	Content Analysis	Annually	MoWA, BoWAs, Ministries
OUTPUT 1:				
Strengthened institutional capacity to mainstream gender in selected institutions				
Number of ministries implementing the National Action Plan (NAP) for gender equity and equality	Progress report	Content Analysis	Annually	MoWA/ BoWAs
Number of tools developed for gender mainstreaming.	Manuals, Protocols guidelines and revised policy	Content Analysis	2007-2010	MoWA/ BoWAs
Number of institutions using gender mainstreaming tool	Progress report	Content Analysis	Annually	MoWA/ BoWAs
Number of institutions with focal points for Gender mainstreaming	Progress report	Content Analysis	Annually	MoWA/ BoWAs
Gender database in place.	Progress report	Content Analysis	Annually	MoWA/ BoWAs
Amount of budget allotted for gender mainstreaming in selected institutions	Budget	Content Analysis	Annually	MoWA/ BoWAs

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/FREQUENCY	RESPONSIBILITY
Number of stakeholders with skills in gender mainstreaming	Training reports Monitoring reports	Content Analysis	Annually	MoWA/ BoWAs
Number of trained personnel and decision makers on gender mainstreaming	Progress report Training report	Content Analysis	Annually	MoWA/ BoWAs
OUTPUT 2: Enhanced community capacity to protect women's and girls' rights in the areas of gender based violence, reproductive health, family planning and HIV/AIDS				
Number of women and girls empowerment initiatives undertaken	Progress reports	Content Analysis	Annually	MoWA/ BoWAs
Number of community based programs supported	Progress reports	Content Analysis	Annually	MoWA/ BoWAs
Number of media activities on GBV undertaken	Media Survey report, DHS	Content Analysis survey	Annually	MoWA/ BoWAs
Number of Kebeles using community based approach to protect women's right against GBV	Survey report, Progress report	Survey Content Analysis	Annually	MoWA/ BoWAs

Gender (Activities Matrix)

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/FREQUENCY	RESPONSIBILITY
Output 1:				
Strengthened institutional capacity to mainstream gender in selected institutions				
Activity 1.1				
Develop tools and mechanisms for gender mainstreaming in sectoral ministries and other institutions				
Number of standardized GM Guidelines produced	Progress report	Routine Monitoring visit	Annually	MoWA, BoWAs
Number of focal points assigned and budget allocated	Progress report	Routine Monitoring visit	Annually	MoWA, BoWAs
Number of gender mainstreaming awareness creation workshops conducted	Progress report	Content Analysis	Annually	MoWA, BoWAs
Activity 2.2:				
Undertake training on gender analysis, mainstreaming, reproductive rights, GBV and leadership skills.				
Number and types of trainings conducted	Training Reports	Content Analysis	2007-2009	MoWA, BoWAs
Number of program managers trained	Training Reports	Content Analysis	2008	MoWA, BoWAs
Activity 2.3:				
Revise health service providers training curricula and develop medico-legal guidelines				
No. of training curricula revised	Progress report	Content Analysis	2007-2009	MoWA, MoH
No. of medico-legal guidelines developed and distributed	Progress report	Content Analysis	2007-2009	MoH, MoW, MoJ
Number of awareness creation workshop conducted on the guidelines	Workshop report	Content Analysis	2009	MoWA, BoW, MoH
Activity 2.4:				
Undertake research on gender based violence				
No. of researches conducted and distributed	Research report Progress report	Content Analysis	2007-2009	MoWA, BoWA
Activity 2.5:				
Support the establishment and development of multidisciplinary networks and coalitions on gender.				
No. of multidisciplinary coalitions and networks created and supported	Progress report	Content Analysis	Annually	MoWA/ BoWAs, MoFED, BoFED, MoH, MoJ
Activity 2.6:				
Advocate for the creation of accountability mechanism for gender mainstreaming; promotion of girls' and women's education and; on resource mobilization for gender				
No. of advocacy workshops conducted	Workshop reports	Content Analysis	2007-2010	MoWA, BoWA
No. of study tours undertaken	Progress report	Content Analysis	2010	MoWA, BoWA
No. of experience sharing workshops organized	Workshop report	Content Analysis	2007-2010	MoWA, BoWA

OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	COLLECTION METHOD	TIME/FREQUENCY	RESPONSIBILITY
Output 2:				
Enhanced community capacity to protect women's and girls' rights in the areas of gender based violence, reproductive health, family planning and HIV/AIDS				
Activity 2.1:				
Support media campaign against GBV				
Number of Media scripts produced on GBV	Media reports	Content Analysis	2007-2010	MoWA, BoWAs, Mol
No. of trained media personnel on gender	Training report	Content Analysis	2007-2011	MoWA, BoWAs, Mol
No. of broadcast hours on GBV	Media reports	Content Analysis	2007-2011	MoWA, BoWAs, Mol, Bols
Activity 2.2:				
Review and undertake studies on community based approaches and traditional sanctions that can be used to protect boys and women's rights				
No. of literature reviews undertaken	Review reports	Content Analysis	2008	MoWA, BoWAs
No. of studies/surveys conducted	Survey reports	survey	2008	MoWA, BoWAs
Activity 2.3:				
Identify partners to support community based initiatives to eradicate HTPs				
Number of partners identified	Progress report	Content Analysis	2007	MoWA, BoWAs
No. of community based initiatives supported	Progress report	Content Analysis	2008-10	MoWA, BoWAs
Activity 2.4:				
Undertake community awareness to show the linkage between gender discrimination RH/FP, HIV/AIDS, Fistula and GBV				
No. of participatory and interactive community dialogues/convocation conducted	Progress report	Content Analysis	2007-2011	MoWA, BoWAs
No. of anti-HTP committees formed	Progress report	Content Analysis	2007-08	MoWA, BoWAs

ANNEX 8: ANNUAL WORK PLAN COVER AND TABLE**Cover Page**

Region: _____

Expected CP Output(s): _____
(Extracted from the RRF)

Implementing partner(s): _____

Other partners (contractees): _____

Brief Summary of Activities (succinct statement on how the proposed activities are **expected to contribute towards the programme output)**

Programme Period: _____
 Programme Component: _____
 Output Title: _____
 Project ID (Atlas Code): _____
 Duration: _____

Estimated annual budget: _____
 Allocated resources: _____

- Government _____
- Regular _____
- Other:
 - Donor _____
 - Donor _____
 - Donor _____

Shortfall (if any) in meeting budget requirement: _____

Agreed by [implementing partner(s)]: _____

Agreed by UNFPA: _____

CP Component: _____

Implementing Partners: _____

Project IDs (use ATLAS code): _____

EXPECTED CP OUTPUT(S) AND INDICATORS, INCLUDING ANNUAL TARGETS	P L A N N E D ACTIVITIES <i>List all the activities, incl. M&E activities, to be undertaken during the year towards stated CP output</i>	TIMEFRAME				RESPONSIBLE PARTY <i>(can be the implementing partner or the contractee. When listing the contractee, also specify the implementing partner)</i>	Source of Funds	Account Description	Amount
		Q1	Q2	Q3	Q4				
Outcome 1									
Output 1.1: INDICATOR 1.1.1 WITH TARGET FOR THE YEAR:	Activity								
	Activity								
	Activity								
INDICATOR 1.1.2 WITH TARGET FOR THE YEAR:	Activity								
Output 1.2: INDICATOR WITH TARGET FOR THE YEAR:	Activity								
	Activity								
	Activity								
Outcome 2									
Output 2.1: INDICATOR WITH TARGET FOR THE YEAR:	Activity								
	Activity								
	Activity								
TOTAL									

Annex 9: Work Plan Monitoring Tool

CP Component: _____

Reporting period: _____

Implementing Partners _____

Project IDs (use ATLAS code): _____

EXPECTED CP OUTPUTS AND INDICATORS INCLUDING ANNUAL TARGETS	PLANNED ACTIVITIES <i>List all the activities including monitoring and evaluation activities to be undertaken during the year towards stated CP outputs</i>	EXPENDITURES <i>List actual expenditures against activities.</i> 1.1	STATUS OF IMPLEMENTATION OF ACTIVITIES			PROGRESS TOWARDS ACHIEVING CP OUTPUTS Using data on annual indicator targets, state progress towards achieving the CP outputs. Where relevant, comment on factors that facilitated and/or constrained achievement of results including: <ul style="list-style-type: none"> Whether risks and assumptions as identified in the CPAP Planning and Tracking Tool materialized or whether new risks emerged Internal factors such as timing, inputs and activities, quality of products and services, coordination and/or other management issues 1.1.1
			Fully Completed	Partially completed	Not Yet Started	
Outcome I:						
Output 1.1:	Activity					
INDICATOR 1.1.1 WITH TARGET FOR THE YEAR:	Activity					
	Activity					
	Activity					
INDICATOR 1.1.2 WITH TARGET FOR THE YEAR:						
Output 1.2:	Activity					
INDICATOR 1.2.1 WITH TARGET FOR THE YEAR:	Activity					
	Activity					
Outcome 2: etc.						

Annex 10: Programme Standard Progress Report¹

Country: _____
 Region: _____
 Reporting Period: _____
 Programme Title: _____
 Project Title: _____
 Project Component Manager: [state name, title and unit] _____
 Implementing partners: _____

I. PURPOSE

1. List expected outputs per the approved Regional Programme Document.
2. Describe how the programme relates to national development and how it aims to support PASDEP in achieving the Millennium Development Goals as pertinent.

II. RESOURCES

Indicate the total approved budget for the component UNFPA regular resources and other sources.

III. RESULTS

Overall

1. Update the indicators in the outputs/programme. Using Annual Work Plan, list the main activities completed under the component during the year and provide an assessment of progress made in achieving outputs and the targets set for the year.
2. Summarize the main constraining and facilitating factors affecting implementation and the achievement of results. In this connection, comment on the adequacy of activities for achieving expected results. Identify lessons learned in addressing constraints and taking advantage of facilitating factors.
3. Summarize knowledge gained from research, monitoring and evaluation activities conducted in the course of the year and assess how this knowledge was used to improve project performance.
4. Describe the impact of collaboration with other programmes, national and international agencies towards the achievement of component results.
5. Assess the extent to which the component contributed or is likely to contribute to PASDEP and the MDGs.

Capacity Development

Please address capacity development strategies below *as pertinent for this particular component*.

1. Describe advocacy and policy dialogue interventions related to issues addressed by this component. Comment on how these interventions improved decision makers' understanding of the issues and led to their support in addressing them.
2. Explain how the component's training activities were used to improve the effectiveness of implementing partner organizations in managing component interventions (each implementing partner should be encouraged to keep a database of all personnel working and trained under the

¹ The final SPR should comment on progress achieved throughout the CP cycle, including an assessment of the component design and strategy and the sustainability of results achieved. The final SPR should also summarize the lessons learned and good practices from the component experience that have potential for wider application. These may pertain to component programme design, management capacity development and sustainability issues. Lessons learned may refer to positive or negative experiences. If the SPR is submitted to a co-financing donor, the name and logo of UNFPA and donor(s) should feature visibly on the front page of the report. When possible, pictures of programme activities can be included in the report.

- component).
3. Comment on the quality and the quantity of technical support provided in the course of the year.
 4. Describe the organizational systems², including programme management and coordination arrangements that were developed by the programme component, and their impact on component performance.

IV. Future Work Plan

1. Based on the analysis in section IV
 - a. Make adjustments to component, strategies and targets as required.
 - b. List priority actions for the following year, including activities to collect information (for example, surveys, reviews, evaluations or operations research) to further inform and improve the effectiveness of interventions.
2. Attach the draft annual work plans for this component for the following year.

V. FINANCIAL IMPLEMENTATION

Attach an output expenditure report by year throughout the programme cycle for the component (core and non-core resources).

Attachments³

1. Output expenditure report
2. Annual workplan for the current year
3. Draft annual workplan for the following year.

² Systems development implies the transfer and adaptation of knowledge necessary for designing work processes that allow organizations to perform and reach their objectives. Systems could include processes and methods for data collection, analysis and use to improve interventions; processes to improve work flows; methods to better manage human resources etc.

³ All attachments are mandatory. However, when the SPR is submitted to a co-financing donor, the CPAP monitoring and evaluation Planning and Tracking Tool should be omitted.

Country: EthiopiaCP Cycle: SixthI. Reproductive Health

RESULTS	Indicator	MoV	Responsible	Baseline	Target	Achievement		
<p>Basic Social Services UNDAF Outcome: By 2011, UN agencies will have significantly improved the availability of decentralized social services, including those for health, nutrition, education, water, sanitation and hygiene, and those who demand and use such services, while giving special focus to the most vulnerable and marginalized groups.</p> <p>HIV/AIDS UNDAF Outcome: By 2011, achieve substantial progress towards reducing the vulnerability to HIV infection, especially of women and girls, and alleviating the impact of the epidemic, with emphasis on underserved and affected population.</p>								
	Indicator	MoV	Res. Party	Baseline	Target	Achievement		
				YR1		YR2		
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 1: Improved access to, demand for and utilization of high-quality health information and services at all levels for men, women, young people and vulnerable groups, including those in emergency and humanitarian situations, focusing on emergency obstetric care, family planning, reproductive health commodity security, STIs, HIV/AIDS and obstetric fistula	<ul style="list-style-type: none"> • CPR (Modern) • % of births attended by skilled health personnel • % of affected population receiving minimum initial services package kits 	DHS DHS Baseline/ reports	CSA CSA MOH/ UNFPA/ DPPA /OCHA	13.9% 6% 10%	60% 32% TBD			
Output 1.1 Implementation of the road map for maternal mortality reduction supported through increased availability of high-quality and gender-sensitive reproductive health services for women, men and young people, emphasizing for safe motherhood, family planning, adolescent reproductive health services and attention to most vulnerable groups	<ul style="list-style-type: none"> • National road map is adopted and signed, implementation plan is developed, and coverage increased • Percent of health facilities (by level) providing SRH youth-friendly services • # of RH minimum initial services package kits distributed in humanitarian situations • Proportion of health facilities (hospitals and health centers) providing Comprehensive Emergency Obstetrical Care 	Reports Baseline survey/ service statistics Report Baseline survey/ service statistics	MOH MOH/ UNFPA MOH/ DPPA/ UNFPA/ MOH/ UNFPA	0 NA NA NA	I TBD TBD TBD			

Output 1.2. Increased gender- and culturally sensitive behaviour change communication interventions to address reproductive health and socio-cultural issues.	<ul style="list-style-type: none"> Number of service delivery points with at least one staff member trained in communication skills 	Baseline survey/	MOH/ UNFPA	NA	TBD			
Output 1.3 Strengthened HIV/AIDS prevention initiatives for women, men, young people and vulnerable groups	<ul style="list-style-type: none"> Functional national HIV/AIDS monitoring and evaluation system Proportion of population aged 15-24 able to name at least two methods to prevent HIV 	Report DHS/ MOH service statistics	HAPCO/ MOH CSA/ HAPCO/ MOH	0 F=41% M= 58%	1 TBD			
Output 1.4 Strengthened institutional capacity for managing reproductive health programmes, with attention to ensuring reproductive health commodity security	<ul style="list-style-type: none"> Functional national logistics management system and health management information system Government budgetary allocations for reproductive health commodity (contraceptive) security 	Report Report / routine statistics	MOH MOH/ MOFED	0 NA	1 TBD			

II. Population and Development

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome: By 2011, at national, regional, organizational and business levels, capacity strengthened and knowledge developed for increased incomes of the poor, through enhanced labour factor productivity and more intensive and widespread use of technology in at least one economic growth corridor (EGC), with potential interventions related to expansion and diversification in agriculture, industry and services.								
CP Outcome 2: Population and development concerns are taken into account at national, sub-national and sectoral levels in implementing the Plan for Accelerated and Sustained Development to End Poverty	<ul style="list-style-type: none"> Integrated population and development database accessible Number of census/ surveys accessible 	Reports	MOFED/ UNFPA	0	2			
		Reports	CSA/ MOFED/ UNFPA		1 census, 1 DHS			
Output 2.1 - Increased availability of and access to up-to-date, disaggregated population data for policy and program management	<ul style="list-style-type: none"> The 2007 Census and 2010 DHS conducted Integrated Population and Development Database available Vital statistics registration compilation system established 	Reports	CSA	0	Census and DHS reports 2			
		Report	MOFED/CSA	0				
		Report	CSA/ MOFED/ Regions/ UNFPA	Two model regions	TBD			
Output 2.2 Strengthened capacity of the government and civil society to integrate population issues into development policies and poverty eradication strategies	<ul style="list-style-type: none"> Coordinating mechanisms established Tools and guidelines for integration of population variables in development available # of personnel trained in integrated population and development techniques Number of research projects completed 	Report	MOFED	0	National and 11 regional population councils			
		Reports	MOFED	0	TBD			
		baseline survey/ Service statistics	MOFED/ UNFPA	0	TBD			
		Reports	MOFED	0	TBD			

