Community Preparedness for Acute Malnutrition in Amhara (CPAMA), Ethiopia—Phase II

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Final Evaluation Report

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Disclaimer: The project; Community Preparedness for Acute Malnutrition in Amhara (CPAMA), Ethiopia—Phase II was implemented by CWW from March 2019 to December 2020 with the financial and technical support from USAID/OFDA. The overall goal of the project was to contribute to the reduction and prevention of acute malnutrition in children under five years of age in Amhara through disaster risk reduction and systems strengthening.
The implementation of the project ended on December 31, 2020 and the final evaluation was conducted by independent consultant. Hence, opinions expressed in this report are the shared views of the consultants and do not necessarily represent the views of CWW and USAID/OFDA unless specified otherwise. Needless to mention, the consultant is responsible for any errors, omissions, and misstatement of facts in this report.

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Acronyms

CHW:	Community Health Worker
CLTSH	Community Led Total Sanitation and Hygiene
CPAMA:	Community Preparedness for Acute Malnutrition in Amhara
CWW:	Concern Worldwide
DHS:	Demographic and Health Survey
DRR;	Disaster Risk Reduction
EBF:	Exclusive Breast Feeding
F to F:	Fathers to Fathers
FGD:	Focus Group Discussion
GO-NGO:	Government- Non-Government Organization
GTP:	Growth and Transformation Plan
HC:	Health Center
HDDS:	Household Diet Diversity Score
HEW:	Health Extension Worker
HP:	Health Post
IEC:	Information Education Communication
IMAM:	Integrated Management of Acute Malnutrition
ICYF:	Integrated Child and Youth Feeding
KAP:	Knowledge, Attitude and Practice
KII:	Key Informants Interview
M to M:	Mothers to Mothers
M&E:	Monitoring and Evaluation
MAD:	Minimum Acceptable Diet
MDS:	Minimum Diversity Score
MERL:	Monitoring, Evaluation, Reporting and Learning
MHIS:	Health Management Information System
NFI:	Non-Food Items
OECD DAC:	Organization for Economic Cooperation and Development -Development Assistance Committee
PDM	Product Data Management
PHEM:	Public Health Emergency Management
SDG:	Sustainable Development Goal
SPSS:	Statistical Package for Social Science
USD:	United Sates Dollar
WaSH:	Water, Sanitation and Hygiene
WHO:	World Health Organization?
WUA:	Water Users Association

Executive summary

CWW implemented the project called "Community Preparedness for Acute Malnutrition in Amhara (CPAMA), Ethiopia – Phase II from March 11, 2019 to December 31, 2020. The overall goal of the project was to contribute to the reduction and prevention of acute malnutrition in children under five years of age in Amhara through disaster risk reduction and systems strengthening. The project consists of five sectors namely health, nutrition, WaSH, agriculture and food security and risk management policy and practice where each sector has own objective.

The final evaluation was conducted from January -March 2021 with the field work from February 14-25,2021 followed by validation workshops at North Coordination and Addis Ababa Offices. The major input for this final evaluation report is the project end line survey report and hence we strongly recommend readers to refer CPAMA II End Line Survey Report Which has been submitted separately.

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A combination of qualitative and quantitative methods of data collection and analysis namely household survey, document review, FGD, KII, observation and triangulation were employed. Moreover, validation workshops were conducted at North Coordination and Addis Ababa offices and comments from the workshops were incorporated to the report. The evaluation came up with findings and recommendations which are summarized below.

Project relevance

The evaluation determined that the project supports the SDGs namely ensure healthy lives and promote well-being for all at all ages (goal 3), achieve gender equality and empower all women and girls (goal 5), ensure availability and sustainable management of water and sanitation for all (goal 6), end poverty in all its forms everywhere (goal 1) and end hunger, achieve food security and improved nutrition and promote sustainable agriculture(goal2). Moreover, the project addressed key elements supported key elements of the GTPII strategy, Amhara National Regional State Policy of the health, water, sanitation, and disaster risk reduction, CWW, USAID/OFDA mission and strategies. Moreover, communities expressed the relevance of the project to their needs and priorities. Hence, the final evaluation concluded that the project was in line with the global, national, regional, and organizational (implementing and funding agencies) development polices and strategies and relevant for implementation.

Project effectiveness

The finding of the evaluation showed that the project was designed within the context of multi-sectoral development model to reduce child malnutrition and illness. The project was a continuation of CPAMA I and findings from the implementation of phase I were considered as input for the project design. The planning process of the project was participatory as it involved target beneficiaries' and other stakeholders during the need assessment, project design and annual planning. Subsequent consultations were held with the target community and their needs and priorities were considered.

Target Woreda selection was done by local government and CWW based on the food security situation reports (hot spot classification) of the government. According to the Ethiopia hot spot woreda's classification (using six criteria) of January 2019 (https://data.humdata.org/dataset/hotspot-priority-woredas), Delanta and Dessie Zuria were in the list of hotspot Woredas which needed emergency and rehabilitation assistances. Target Kebeles were selected by Woreda DRR committee and CWW. Priority was given to the villages that have major water problems in case of water supply projects, the case load of non-communicable diseases namely pneumonia and diarrhea and nutritional status of children to select health facilities. Kebeles covered by phase I of the project were considered for CLTSH intervention to scale up the practice. Availability of plot land for vegetable was considered

as a criterion for agriculture and food security beneficiary selection. Moreover, wealth ranking done by CWW and community at the onset was used as reference for beneficiary's selection where the poorest of the poor and poor as defined during the wealth ranking were targeted. In nutshell, beneficiary's selection was made by DRR committee with the participation of community as per the set criteria for each intervention like the presence of preplant or locating mothers in the household for nutrition program, existence of plots for vegetables for agriculture and food security, case load of non-communicable diseases at the health facilities, and others as stated under targeting part of this report. Hence, neither inclusion nor exclusion error was noted.

There was an integration of efforts among the project implementing body and government sector offices. Smooth working relationships built by Concern with zone, Woreda and kebele level sector offices, health facilities and community level committees like DRR and water users committee resulted in performance beyond the set milestone in most cases.

The set targets under health sectors have been attained. All targeted health facilities supported, staff trained, child identification, screening and consultations conducted and none of the health facility in the project area was out of stock and the medical commodity supply chain run smoothly as envisaged.

Three-fold of the targeted beneficiaries received behavioral change interventions on improved IYCF, malnourished children supported and the recovery rate for admitted children maintained above the SPHERE standard; 97% and performance of nearby health facilities in the region.

The project constructed the 4 pipeline extensions, 3 rural pipe system, 3 new spring and 1 hand dug well. As a result, a total of 144,598 people 174% of the target was reached through WaSH related intervention. Water User's Associations (WUAs) were established and trained for schemes developed. Water fee collection was introduced, water schemes are fenced, locked, have guards and the observed surroundings are clean. However, it was noted that the construction of water schemes was toward the end of the project life frame and hence the full benefits of improved water was not realized within the period of the project. The time for site identification and design was not appropriate, most of WUA members are male (mostly one female), tool kits handed over to Woreda office not yet distributed to care takers of the schemes, some schemes not yet handed over to community and Woreda and the fee introduced in most case is not sufficient to cover operation and maintenance costs. Delay in construction of water schemes was due to lengthy procurement process from CWW side and approval of schemes design work at Dublin that took time.

Project participants constructed toilets. In some cases, the materials used resulted in durable construction but in most cases the local materials used means the durability is shorter due to the low quality of construction materials.

The project distributed WASH NFIs (soap and jerry-can) to strengthen the water and sanitation interventions. Both the household survey and discussion with the community confirmed community satisfaction with the service in terms of the distribution modality, quality, and quantity.

Under agriculture and food security interventions 11,377 households which was 190% of the target addressed and 80.85 ha which was 168% of the target brought under improved agricultural practices which includes crop pest management and cultural mitigation methods, compost preparation, mulching and animal dung application. Awareness creation developed farmers interest for the program and supply of inputs contributed for the better performances. All (22) communities in risk-prone areas developed mitigation plans which meet minimum standards. Moreover, DRR and contingency plans containing soil and water conservation, mitigation of human livestock disease outbreak and the like activities developed and implemented as part of the DRR activities.

The project adhered to the program participants protection policy and all sampled households (100%) confirmed that they are aware of the complaint and response mechanism. Project beneficiaries expressed their satisfaction with the service. Moreover, the M&E activities were accomplished as envisaged.

Project efficiency

The project utilized 97% of the budget allocated. Of the total fund utilized, 92% and 6% was utilized for direct/sub award cost and sub awardee (Concern Ireland) Indirect Costs, respectively. The rest 2% was for approved/applicable NICRA. The average cost per beneficiary was 7.50 USD with the maximum of 20 USD/beneficiary in agriculture and food security.

Cost saving approaches were implemented which include streamlining the project with the existing CWW organizational set up, integration with other programs like REGRADE, leave no girls behind, Bakalar water supply and KOICA livelihood projects and mainstreaming with the government structure (sector offices). Such an arrangement is welcomed for its cost saving on top of paving ways for project sustainability.

Project impacts

The project brought positive impact measured using the identified indicators as listed below.

- The result showed that 95.4%(n=83) of a child under 6 months breastfed yesterday during the night or day prior to the survey date. According to the 2019 Min Demographic and Health Survey (DHS), 94% did breast feeding and the status is comparable.
- The percentage of child under 6 months who participated exclusive breastfeeding yesterday during the night or day prior of the survey date was 79.3 % which was 77.5% during the base year. According to the 2019 Mini DHS result, 59% of infants under 6 months did exclusively breastfed in Ethiopia. Though the changes are marginal and statistically not significant, the status is higher than the national data.
- The use of plain water in addition to breast feeding (17% of children) contributed to reducing the percentage of exclusive breast feeding among 6-23 months aged children in the target area.
- The proportion of children aged 6-23 months who received food from 4 or more food groups in the last 24 hours prior to the survey date increased from 16.4% to 34.8%. The change is statistically significant.
- Of the sampled 6-23 months aged children 25% met the Minimum Acceptable Diet in contract to 14.2% during the base year. Though it was not possible to get recent data, the 2016 mini-DHS report, showed that the percentage of children who met minimum acceptable diet in Ethiopia was only 7%.
- Of the food items included to menu, vegetable, and fruits accounts for the higher portion. The survey showed that 45% of the sampled children took fruits and vegetables 24 hours prior to survey date. The improvement in supply of vegetable for families as the result of cultivating back yard vegetable noted as major contributing factor for higher proportion of children who consumed vegetable and fruits in the last 24 hours of the survey date.
- A total of 16,868 people accessed improved water sources and the percentage of people with access to potable water source increased from 90.4% during the base year to 96.8% by the end of the project. However, the per capita water consumption was 8.8 liter per day per person which is lower compared to the set standard; 25 liter per day per person and the SPHERE standard, 15 liter per day per person.
- The condition of latrines was observed by enumerators and 75% of the latrines were fully constructed/completed and clean which was 49.1 % during the base year.
- The percentage of respondent who knows 3 out of 5 main critical moments for hand washing increased from 83.5%(baseline) to 86.8% by the end of the project period and the change is statistically significant. Moreover,

66.2% of respondents store water safely which represents a major improvement from 33.6% during the base year but slightly below the set target 70%. Similarly, that 76.5% of households' latrine hole were free of feces which was above the baseline (58.3%) and exceeded the set target (70%).

- According to the PDM-PHA survey result, 97.2% of beneficiaries are satisfied with assistance modality, clarity of information received, and distribution process of nonfood items. Moreover, 91.9% and 98.2% of respondents were satisfied with the quantity and quality of NFI distributed by the project.
- The number of months households faced food shortage in the last 12 months reduced from 2.7 months (base year) to 1.96 months (end line) which was equivalent to the target (2 months). The average months female respondents face food shortage was higher for both Woredas compared with their male counterparts.
- The workability of applying multisectoral approach to improve food security situation of the community was checked. The result showed that the food security situation of the project areas showed improvement from 2015 to the end of 2019 as they moved from hotspot 1 to 3. However, both Woredas are still in the list of hotspot classification through there was improvement. It is noted that the project areas are vulnerable due to several factors including degraded land, occurrence of frost which damages crops, erratic rainfall and other. Hence, though the approach supporting in pushing the Woreda toward better food security situation, the possibility of falling back after some progress is noted.
- The HDDS for the project area was 5.22(Dessie Zuria 4.63 and Delanta 5.96) which showed improvement over the project period as compared to the baseline result, 4.53. The project supplied vegetable seed and tools for 5750 beneficiaries to run vegetable gardens and all gardens are rated as functional.

Sustainability

The evaluation result showed that health, nutrition, food security related interventions can likely serve the target community beyond the project life period and are likely sustainable. Moreover, water projects and associated changes shall be sustainable if at all support from the local government offices continues.

Conclusion and recommendation

The final evaluation concluded that, the project was successful and met its objective. However, there are still persistency of gap in nutrition, water, sanitation and hygiene, and agriculture and food security which needs further intervention. Similarly, the fund utilization of the project was higher/97% and cost per beneficiary as stated in this document was minimal. Considering the changes brought as the result of interventions, the evaluation concluded that the impacts justify the cost.

The implementation of the project came up with lessons that can be an input for future projects and specific conclusion and recommendation as discussed in this report.

1. Introduction

Concern is a non-government, international humanitarian organization which envision a world where no one lives in poverty, in fear of oppression, where all access to a decent standard of living and have opportunities and choice essential to a long, health and creative life.

Concern implemented the project called "*Community Preparedness for Acute Malnutrition in Amhara (CPAMA), Ethiopia – Phase II* from March 11 ,2019 to December 31, 2020. The project was aimed to prevent and reduce recurrent increases in acute malnutrition in the Ethiopian highlands through the implementation of a multi-sectoral approach focusing on the identification of multiple hazards and Disaster Risk Reduction (DRR) in Dessie Zuria and Delanta Woredas of South Wollo zone, Amhara region.

The project consists of five sectors namely health, nutrition, WaSH, agriculture and food security and risk management policy and practice. Each sector has sub sectors accompanied by set of interventions and indicators. The project had been built on the interventions and results that were implemented/achieved during Phase I of the CPAMA project. The first phase was involved in strengthening community risk analysis, healthcare delivery and preventative services and improved water, sanitation, and hygiene.

The project had been ended on December 31,2020 and the final evaluation was conducted from January - March 2021 with the field work from February 14-25,2021 and validation workshop at North Coordination and Addis Ababa Offices and this evaluation report has been produced.

The report contains introduction which gives snapshot about the project, objective of the project, purposes of the final evaluation, methodology employed, limitation of the evaluation, findings which consist of the project relevance, effectiveness, efficiency, impact, sustainability, and lessons learn and conclusion and recommendations. The report also contains additional information as annex for further reading.

The major input for this report came from the project end line survey report. Though maximum efforts have been done to include information's generated through the end line survey, there are still information left with in the end line survey report and there are cases where additional information included to this final evaluation report to align it to the DAC evaluation criteria. In most case details of the information are available in the end line survey report as we left some to avoid redundancy and make this report short and readable. Hence, we strongly recommend readers to refer CPAMA II End Line Survey Report Which has been submitted along with this report.

2. Goal, objective, and results of the project

The overall goal of the project was to contribute to the reduction and prevention of acute malnutrition in children under five years of age in Amhara through disaster risk reduction and systems strengthening. The objectives are:

- To improve the health and nutrition status of children under five years of age and reduce child morbidity and mortality related to communicable diseases (diarrhea, pneumonia, malaria) through a disaster risk reduction and systems strengthening approach at the community and health facility level.
- To contribute to the reduction of mortality and morbidity associated with malnutrition through improving sustainable access to safe water, sanitation, and hygiene.

- To strengthen the agricultural crop diversification practice to improve dietary diversity of households with children under five years, and pregnant and lactating women.

3. Purpose of the final evaluation

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The purpose of the final evaluation was to assess the effectiveness, efficiency, impact, relevance, and sustainability of the project and generate lessons for learning and future programing.

4. Methodology employed.

A combination of qualitative and quantitative methods of data collection and analysis methods were employed to generate information from their sources. The following methods were employed.

4.1. Data collection methods

a) Document review

Documents related to the project and the assignment were reviewed from the outset to have insight about the project. Project proposal, baseline survey report, progress reports, baseline and end line row and summary data, Household Dietary Diversity Score (HDDS) guideline for Measurement of Household Food Access:2006; FANTA II, Ethiopian 2019 Mini Demography and Health Survey (HDS) report, Ethiopian Health Transformation Plan 2015-2020, Design and Construction Manual for Water Supply and Sanitation Facilities in Schools; GTP II and other related documents were reviewed.

Based on the result of the document review, qualitative and secondary data collection tools were developed. Moreover, the proposed methodology under the technical proposal was modified and an inception report which consists revised methodology, data collection tools and a matrix consisting of data sources along with the collection methods was produced and submitted.

b) Focus Group Discussion (FGD)

A total of 10 FGDs was conducted with the project beneficiaries. Groups were formed as per the sectors and thematic areas as follows.

Table 1 FGD participants by sector and Woreda

Sector	Participants	Dessie Zuria	Delanta	Total
Health	Beneficiaries participated in Health intervention	1	1	2
Nutrition	Mothers with children below 5 years old	1	1	2
	Mothers and fathers working as Mother to Mother and Father to Father Support Group	1	1	2
WaSH	Water users and WaSH committee	1	1	2
Agriculture and food security	DRR/food security intervention participants	1	1	2
	Total	5	5	10

The size of the FGD participants range from 8-12 for easy interaction and thematic areas listed under the purpose of the evaluation was discussed. Maximum care was taken to the COVID 19 during the discussion and the setting was as per the recommendation of the ministry of health which includes social distance.

c) **Key informants' interview**

Key informants representing CWW at different level, Delanta and Dessie Zuria sector offices, South Wollo Zone Sector offices and administration, health centers and health post, schools and kebele level staff were interviewed. The checklist developed for KII, was used toa guide the interview.

d) Observation

Personal observation of the facilities constructed by the project which includes health centers and posts, water supply schemes, vegetable garden, sanitation facilities and situation of beneficiaries were observed to have an insight about changes brought as the result of the intervention. Facilities representing the four sectors were observed. The observation checklist was used, as guideline during the visit.

e) Case studies

Case study was conducted to have an insight about the situation/changes and included to this report.

f) Triangulation

Information generated from different sources was triangulated based on the findings for their consistency and validity. The findings from the end line structured survey, progress reports and qualitative data generated from different sources were triangulated. Moreover, the findings from the qualitative and quantitative survey were triangulated for their consistency and validity.

g) Validation workshop

Validation workshop was conducted, and preliminary findings were shared with the project stakeholders notably south Wollo Zone and Dessie Zuria and Delanta Woredas sector offices, CWW North Coordination Office staff and community representatives. Moreover, validation workshop was conducted at CWW head office and concerned staff were participated in the workshop and validated the preliminary findings. Moreover, comments and suggestion from the validation workshops were considered and included to the reports.

h) Other PLA methods

The consultant brought other PLA methods notably trend analysis, ranking, mapping, before and after history telling and others to play while facilitating discussions.

4.2. Data analysis and report writing method.

As stated above, four set of structured surveys; household, exclusive breast feeding, Minimum Diversity Score, CDMI hunger gap indicator was conducted by CWW. The role of the consultant was data analysis, produce narrative end line survey report, augment the structured survey with the qualitative data through filed

work and produce end line and final evaluation reports. In view of this, row and summary data obtained from CWW was exported to SPSS by developing appropriate templates.

Quantitative data were analyzed electrotonically using SPSS and organized as per the indicators. A simple descriptive statistic was used to explain and where required cross tabulation of variables was conducted to understand the relationship of different factors. Regression analysis notably binary logic and compare means were used to check the statistical significancy of the changes brought as the result of the intervention.

Qualitative data was analyzed using content method of data analysis. Information generated from different sources were summarized as per their thematic areas and indicators and analyzed. Moreover, the findings of the qualitative and quantitative data were triangulated for their consistency and validity. Finally, this report has been produced based on the findings of the qualitative and quantitative surveys.

5. Limitation of the final evaluation

The final evaluation was conducted at the project kebeles in Delanta and Dessie Zuria Woredas using the sampling method. Hence, the findings of this evaluation cannot reliably be generalized beyond the study population. Moreover, though we have tried to ensure reliability and validity of responses by project participants and key informants, under or over reporting cannot be entirely ruled out which might bias the result of this evaluation.

During the validation workshop, participants from Delanta Woreda declined that some of the findings from the household survey notably sanitation cannot properly represent their situation and indicated that the problem might arose from error in household survey data collection from the enumerators side. We acknowledged their concerns and cleaned some outlier data but still there might be some errors which can bias the result of this evaluation.

6. Discussion and findings

This section of the report presents the major findings of the evaluation as per the Organization for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) Evaluation Criteria namely relevance, effectiveness, efficiency, impact, and sustainability. Moreover, the adherence of the project to CWW protection and participation policy was also discussed and findings of the final evaluation are as discussed below.

6.1. Relevance

The relevance of the project to the global, national, regional, and organizational policies and priorities and target communities' needs and priorities was assessed. Ensure healthy lives and promote well-being for all at all ages (goal 3), achieve gender equality and empower all women and girls (goal 5), ensure availability and sustainable management of water and sanitation for all (goal 6), end poverty in all its forms everywhere (goal 1) and end hunger, achieve food security and improved nutrition and promote sustainable agriculture(goal2) are amongst the 17 Sustainable Development Goals (SDG) which are under implementation at the globe level. Reducing global maternal mortality ratio, end preventable death of new born and children under five years old, end all forms of discrimination and violence against all women and girls everywhere, achieve universal and equitable access to safe and affordable drinking water for all,

eradicate extreme poverty for all people everywhere, end hunger and ensure access to safe, nutritious and sufficient food all year round and end all forms of malnutrition are among the targets set under the stated SDGs.

The project was implemented during the GTP II (2014/15-2019/20) and the relevance of the project to this national plan was reviewed. As per GTP II, there was an intention to reduce under five mortality rate per 1,000 live births from 64 to 30, reduce infant mortality rate per 1,000 live births from 44 to 20, reduce maternal mortality rate per 100,000 live births from 420 to 199 by the end of GTPII. Similarly, there was an intention to increase potable water coverage from 58% to 83%, access to improved toilet service facility from 28% to 82% and increase major crop production from 270.3 to 406 million ton from the base to the end year.

The development plan of Amhara National Regional State for the ended 5 years was aligned to GTPII and the development priorities stated above holds true for the regional state. Similarly, promotion of investments that save lives, reduce poverty, strengthen democratic governance, and help people emerge from humanitarian crises and progress beyond assistance is part of the mission statement of OFDA. Agriculture and food security, gender equality and woman empowerment, health, water, and sanitation are amongst priority areas for investment by USAID/OFDA.

The goal of Concern Worldwide Ethiopia is ending extreme poverty, whatever it takes. CWW believe that no-one should have to live in fear that they will not have a home to sleep in or enough food to feed their children.

Project beneficiaries anonymously reported that health, nutrition, access to potable water supply and food security are their development priorities. They confirmed their participation in problem identification and the translation of their priorities to the proposal and implementation. The baseline report and project proposal showed that the status of the target community measured using the listed indictors was lower which calls for interventions.

FGD participants at Asgedie Kebele of Dessie Zuria explained the relevance of the project to their setting as follows. " We were consulted on the activities for implementation from the outset. We listed our priority as nutrition, health, water, improving sanitation and agriculyure. Some of us(leaders) participated in the project launch meting and confirmed that our needs and priorities were included to the proposed activities. Hence, we can confirm that the project was to our needs and priorities"

Generally, the objectives and interventions of the project fits to sustainable development goals, national and regional development plan, implementing and funding agencies development and target communities felt needs and priorities. Hence, it is safe to conclude that the project was in line with the global, national, regional, and organizational (implementing and funding agencies) development polices and strategies. Hence, the project was relevant, and its implementation was rational.

6.2. Effectiveness

The effectiveness of the project was assessed in terms of attaining the set milestones, quality of the service and results obtained, success of the implementation strategy, government involvement and value adds from their participation, and expected and unexpected results brought as the result of the project implementation. The findings related to the effectiveness of the project is as discussed below.

6.2.1. Project design/planning and targeting.

Project design/Planning

Reviewed documents show that the determinates of malnutrition are multifaced which require multisectoral approach. Considering this fact, the project was designed within the context of integrated development model to reduce child malnutrition and illness. The multisectoral approach (WaSH, Health, Agriculture and Food Security and DRR as component) was in line with the 2014-2025 Global Multi Sectoral Nutrition Strategy which recommends the implementation of multisector including agriculture, health, livelihood, education, and humanitarian assistance. https://www.fantaproject.org/sites/default/files/Multi-Sectoral-Nutrition-Strategy-2014-2025.pdf)

The result of the project document review and discussion with the community and key informants confirmed that the planning process of the project was participatory as it involved target beneficiaries' and other stakeholders during the need assessment, project design and annual planning.

The project was a continuation of CPAMA I and findings from the implementation of phase I was considered as input for the project design. The project was focused on strengthening community risk analysis, healthcare delivery and preventative services and improved water, sanitation, and hygiene as part of strengthening the efforts made under phase I.

Discussion made with the community and key informants confirmed that subsequent consultations were made with the target community and their needs and priorities were considered. Moreover, project launch workshop was conducted, and the project was validated by the stakeholders (government sector offices and community) from the outset to make sure that their recommendations were translated to project proposal. Moreover, annual plan was developed and shared with all concerned offices and their comments were included. It is also noted that the interest of the funding agency was kept in radar as there was commutation/discussion on the project throughout the project period.

Targeting

The result of the evaluation confirmed that target Woreda selection was informed by their food and nutrition security situation and agreement of concerned offices. According to the Ethiopia hot spot woreda's classification (using six criteria) of January 2019 (https://data.humdata.org/dataset/hotspot-priority-woredas), Delanta and Dessie Zuria were in the list of hotspot Woredas which needs emergency and rehabilitation assistances. According to the report, Delanta was under hotspot area 1 for agriculture and 2 for health, nutrition, water, and sanitation. Similarly, Dessie Zuria was under hot spot 2 classification for water and 3 for other sectors. Interviewed key informants from Zone and Woreda confirmed that the selection of Woredas was done by themselves based on their priorities for intervention.

Mohamed Seid is a team leader for Early Warning in Disaster Risk Management Commission of South Wollo Zone. He confirmed that the selection of the Woredas was done by them as follows. "I know that it was we who select Delanta and Dessie Zuria Woredas for project implementation. Both Woredas were identified as hot spot areas which needs timely intervention. These Woredas were food insecure and under safety net program, degraded, confronting frost problem and nutritional status of children was deteriorated. As the DRR team member and leading agency for such projects, it was we who recommend, both Woredas from the outset."

Demis Refisa, is planning office of Dessie Zuria Woreda Health Office. He explained the project design and planning process as follows. "I participated in the assessment, formulation and monitoring and evaluation of the project. As per the findings of the assessment priority was accorded to the targeted kebeles and the identified interventions namely nutrition, health, water and sanitation and agriculture. As per the project design, training and material supports, regular supervision and review meetings were conducted (accorded acknowledgement) which has greatly contributed to the improvement in service delivery at HC and HP level". He remarked that the relationship of /integration of intervention components and the approach followed (M to M, and F to F) has pleased him and gave his acknowledgement, among others, to the wider acceptance and success of the Project.

Discussion made with the key informants, community and document review also confirmed that target kebeles and beneficiary's selection was participatory and as per the needs and priorities of the community. Priority was given to the villages that have major water problems in case of water supply projects. The case of *Gosh Meda* health center, schools, and villages which are critically in need of potable water can be mentioned as an example. Health facilities were selected based on the case load of non-communicable diseases namely pneumonia and diarrhea and nutritional status of children. Those kebeles under phase I was considered for CLTSH intervention since the intention of CPAMA II was to strengthen efforts commenced under the first phase. Beneficiaries' selection was made by DRR committee as per the set criteria for each intervention. For instance, the availability of plot land for vegetable was considered as a criterion for agriculture and food security interventions. It was noted that CWW did wealth ranking from the outset and target communities have been categorized to the poorest of the poor, poor, medium, and better off. It is confirmed that the list was used as reference for beneficiary's selection by DRR committee. Moreover, the DRR contains elected representative of the committee and the list of selected beneficiaries were posted at the community gathering or where all have access, and everyone has the chance to validate and complain on the selection including the process.

CWW puts complaint reporting and handling mechanism in place at different level (national to project kebeles) to avoid inclusion and exclusion errors. Interviewed beneficiaries and FGD participants confirmed the transparency in beneficiary selection. The result of the PDM survey was in line with this opinion as all reported to know the mechanism and 97.3% not ever placed complaint with CWW. Those who placed the complaint reported that it took less than a week to resolve the complaint. Moreover, the nutritional status of children as per the growth monitoring results were used as criteria. Hence, we confirmed that neither inclusion nor exclusion error was committed on beneficiaries targeting and the target Woredas are food insecure and needs timely intervention.

6.2.2. Implementation arrangement

The project was implemented by CWW with active participation of sector offices and beneficiary communities. It is noted that the organization structure of CWW is stretched from the head offices in Addis to target kebeles. The head office of CWW is staffed with technical expertise in health, nutrition, water and MERL areas. Moreover, the North Area Coordination Office located at Kombolcha is staffed with technical experts including the Coordinator, Program Manager in charge of managing the project, M&E and other staffs. At Woreda level, there were Project Managers (one for each Woreda) and project officers and there were outreach workers per target kebeles. It is noted that the project was streamlined with the ongoing CWW development activities/programs.

The result of discussion with sector offices at different level confirmed the integration of efforts among the implementing and sector offices. The smooth work relationship with zone, Woreda and kebele level sector

offices, health facilities and community level committees like DRR and water users committee was confirmed. Surprisingly, none of the interviewed key informant from sector office and discussion participants complained on the implementation arrangement of the project. All acknowledged CWW for its transparency, involving them on every activities and healthy work relationship.

Validation workshop participants from Delanta expressed the implementation arrangement of the project as follows. "We have been involved in the implementation of the project actively. There was subsequent consultation during planning, implementation, and monitoring. The culture of coordination among different sectors in our Woreda has been cultivated even for other development activities and we consider such coordination among our sector offices as unintended benefit we got from the project. The culture of consultation, collaboration, and sense of ownership for the project has been developed compared to the before situation. We have no complin on the implementation arrangement of the Woreda since we were part of the project implementors and equally responsible for the success and failure of the project.". They finally mentioned staff and management turnover from their side as a problem which had its own impact on the implementation of the project.

6.2.3. Progress toward the stated outputs

The performance of the project in terms of attaining the stated milestone/output was assessed using the output indicators stated in the project document. It is noted that most of the indicators under the health, nutrition, WaSH, agriculture and food security and disaster risk reduction falls under output indicators and this part of the report portrays the project performances using these output level indicators as shown below.

a) Health sector

A set of interventions were categorized under four sub sectors namely health system and clinical support, communicable diseases, community health and pharmaceuticals and other medical commodities support were implemented. The project implemented interventions geared toward strengthening of health delivery and preventive services which include capacity building supports to health facilities operating in both the project woredas. This includes training/ refresher training to health officers at the woreda offices and Health Extension Workers (HEWs) such as HMIS, ICMNCI, Public Health Emergency Management (PHEM) and supply chain management (pharmaceuticals and tracer products) working at the respective kebeles.

Refresher training was given to communities aimed at reducing the spread of communicable disease. In the same way, as part of capacity building/ improve service delivery, the project, among others, has provided sterilizer, waste collection buckets (plastic containers); and other COVID-19 prevention and protective equipment as the details of the performance is summarized below.

Table 2 Physical performance of the project -Health Sector

Objective 1: Health	Baseline Value	Target	Actual	Justification
Sub-sector 1: Health Systems and Clinical Support				
Number of Health Facilities Supported	0	77	77	
Percentage of total weekly surveillance reports submitted on time by health facilities	0%	100%	100%	
Number of outpatient consultations	0	2,327	12,954	Increased community health seeking behavior, collaboration of outreach Workers and HEW.
Number of health care staff trained	Total:	Total: 192	Total: 135	The outbreak of COVID 19 affected the training.
	Male: 0	Male: 120	Male: 93	
	Female: 0	Female: 72	Female: 42	
Sub-sector 2: Communicable Diseases				
Number of communicable disease consultations	9,867	26,417	25,437	Linkage of HEW and outreach workers enabled to reach the targeted number
Sub-sector 3: Community Health				
Number of Community Health Workers (CHW) supported (total within project area and per 10,000 population)	0	128	134	Additional 6 CHW included at the end
Number and percentage of CHWs conducting public health surveillance	126 (100%)	126 (100%)	128(100%)	
Number of children under five years of age who received community-based treatment for common childhood illnesses	0	7,843	16,280	Linkage of HEW and HW and community behavior enabled to reach the targeted number
Sub-sector 4: Pharmaceuticals and other medical commodities				
Number of people trained in medical commodity supply chain management	0	Total: 92	Total: 31	Outbreak of COVID-19
		Male: 60	Male: 22	
		Female: 32	Female: 9	
Number of health facilities out of stock of any medical commodity tracer products, for longer than one week, 7 consecutive days	14	0	0	This was as the result of technical and logistic support from the project.

As shown above, the project experienced a mixed picture in terms of attaining the set targets. Activities related to surveillance which involves identification, screening, and treatment of children for common childhood illness performed above the target. The major reason for such higher performances were the capacity building for health staff and health institutions, the integration of CWW employee, community outreach workers with HEW and the cultivated community health service seeking behavior. Moreover, the selection of entry points like community assembly sites (churches, health post and centers) to educate community on public health at large and supplementing the effort with home-to-home visit were noted as

success factors for the project. Interview and discussion result showed that the commitment of outreach workers and HEWs are acknowledged as other success factor and reaching larger number of children.

Getnet Berehanu is a staff of South Wollo Zone Health Department working at the capacity of Nutritionist. He argues that the project enhanced the capacity of health offices and staff at Delanta and Dessie Zuria which has been translated to better performance. He explained the situation as follow. "The project supported health facilities and personnel in different forms. The training to health workers motivated them and the integration of front-line workers namely CWW employed outreach and health extension workers was so smooth and collaborative. They did good work and their overall performance in terms of quality and outreach was increased significantly". He continued explaining the result by citing example as follow." There are 21 Woredas under South Wollo Zone of which Dessie Zuria is the first Woreda in terms the percentage of children screed. Dessie Zuria identified and screened more that 80% of eligible children while the average data for our zone was 40% in last year. Moreover, the quality of the work which include regularly updating their data base was better as compared to other Woredas". He finally, concluded that the project has share on the better performance of the Woreda and his office recognizes and acknowledge the contribution of the project for the betterment of child health.

The HEWs, in their part explained the practical skill they shared/ built (supported with regular supervision and cluster level review meetings) and the resulting improvement in the areas of child treatment- childcare and in general service delivery. The consequences of regular supervision also explained in terms of improvement in record keeping, use of assessment chart booklet, classification, treatment of childhood illness, and maintaining reporting timelines (weekly surveillance report).

The evaluation result showed that pharmaceuticals and other medical commodities supply, and support was smooth and none of the health facilities were out of stock during the project period. Zone and Woreda Health Offices confirmed that medicine supply particularly essential drugs were better at the Zone and Woredas level due to the health sector financing (revolving fund at each health center) and better supply from the government side. However, it was noted that the supply system can be interrupted due to logistic problem though it not happened in the target Woredas due to logistic support by the project. South Wollo Zone Health Department A/Head explained the pharmaceuticals supply system as follows.

"Medicine supply is better in our zone and health facilities usually not run out of stock due to the malfunctioning of the health office or lack of revolving fund. But there are times when the supply system does not function well due to manmade problem like logistic". He confirmed that " Delanta and Dessie Zuria were not out of stock during the project period while there were cases where some woredas got out of stock like Sayint due to logistic problem". He continued explain the role of the project in filling the gap as follow. "CWW did logistic support in transporting pharmaceutical commodities from Zone to woredas and to health facilities. We acknowledge CWW for their support and maintaining none of the health facility out of stock and beneficiating several community members"

Interviewed HC and HP staff also confirmed that the supply of medical commodity/ medicines was smooth and the length of time/weeks in which their stock was empty of the necessary medicines was nil. They explained that HCs have the mandate to purchase the necessary medicines quarterly using their own financial resources/ revolving budget. Respectively, the visited health facilities did not report a shortage or being an out of stock on their priority drugs.

b) Nutrition

The project implemented a set of interventions related to Infant and Young Child Feeding and management of acute malnutrition with the intent of improving the health and nutrition status of children under five years

of age and reduce child morbidity and mortality rate. It reached 58,036 beneficiaries through nutrition sector which was 319% of the target as the summary of output is depicted below.

Table3 Physical performance- Nutrition Sector

Sub-sector 1: Infant and Young Child Feeding in Emergencies	Baseline	Target	Total	
Number of people receiving behavior changing interventions to improve infant and young child feeding practices	Total: 0	Total 17,891	Total 53,462	Selection of appropriate entry points for awareness creation and integration of efforts among outreach workers and HEW resulted in higher performance.
		Male:8,445	Male: 23,263	
		Female:9,446	Female: 30,199	
Sub-sector 2: Management of Acute Malnutrition				
Number of health care staff trained in the prevention and management of acute malnutrition	Total: 0	Total: 206	Total: 204	
	Male: 0	Male:47	Male:11	
	Female: 0	Female:159	Female: 193	
Number of supported sites managing acute malnutrition	77	77	77	
Number of admitted rates of recovery, default, death, relapse, and average length of stay for people admitted to Management of Acute Malnutrition sites	Recovery: 99.3%	Recovery: >75%	Recovery: 97.2%	
	Default: 0.5%	Default: <15%	Default: 1.1%	
	Death: 0%	Death: <10%	Death: 0.5%	
	Relapse:	Relapse:	Relapse:	
	Length of stay: <60d	Length of stay: <60 days	Length of stay: 72 days	

The performance of the project as shown above was above the set target in case of educating target community on IYCF and as per the plan in case of training health care staff on the prevention and management of acute malnutrition. All public health facilities in the project area; 77 supported and participated in the implementation of the planned interventions. In this regard, the following points have been noted.

- ✓ The nutrition team leaders of both woredas confirmed that the training was provided to health workers on the SAM guideline (revised) that focused on improving case management system, Integrated Management of Acute Malnutrition (IMAM).
- ✓ The IYCF team members at both Woredas confirmed that the training and material support, Mother to Mother (M to M) and Father to Father (F to F) support group and IEC materials were used as an approach to convey / transfer IYCF messages to the wider community. The approaches, as has been explained, has applied home to home visit, group meetings at HPs and selected sites/*Gots*/villages and media composed of solar-powered radios and recorded messaging (USB stick). As per the KIIs and FGDs, the focus areas of the messages/topics mentioned were dieting during pregnancy, breastfeeding, complementary feeding (dietary diversity and meal frequency) and hygiene and sanitary practices promotion.
- ✓ The use solar powered radio is appreciated as it gives chance to hear the message repeatedly and convey the right message.

- ✓ As discussed above, the project applied multisectoral approach and the linkage created with nutrition sensitive agriculture contributed to improved nutritional status of children.
- ✓ The introduction of mothers to mothers and fathers to fathers' support group is appreciated by local government and the beneficiary community. The support groups served as platform for discussion and enhanced husbands' participation in child management affairs.

> *"I am impressed with the approach of the project. We are exercising similar approach using the women health development army for the promotion of health within the target community. The project thought us the other side of the equation- fathers to fathers' health development army approach. The approach can strengthen our women to women development army approach and is one of our home take assignment for further testing and replication."*
>
> *W/ro Astatek Gizaw- South Wollo Zone Women and Children Affair Office*

- ✓ The recovery rate is within the SPHERE standard. Reviewed document/progress report and discussion with health facility staff confirmed that the recovery rate, default, and death rate of children admitted due to acute malnutrition was kept within the international SPHERE cutoff points; above 75% recovery rate. According to the research work of Hanna Demelash, Abel Fekadu and Haile Wolde which was published in February 2017, the recovery rate at Felegwhiwot hospital of Bahirdar was 58%. Similarly, the journal listed that the recovery rate at Woldia hospital and Jimma University Specialized Hospital as 85% and 77.8% respectively. Hence, the recovery rate recorded by the project compared to the nearby areas is encouraging.

- ✓ The length of stay was longer because of the COVID-19 occurrence that hindered health personnel and patient free treating.

c) WaSH

The supply of potable water, sanitation, hygiene promotion and the provision of nonfood items were some of the interventions under the WaSH sector. A total of 144,598 people which was 174% of the plan was reached through WaSH related intervention. The performance of the project in this regard was as summarized below.

Table 4 Physical performance -WaSH

Sub-sector 1: Water Supply	Baseline	Target	Total	Justifications
Number of people directly utilizing improved water services provided with OFDA funding	0	Total: 10,860	Total: 16,868	Late start due to rainy season, COVID 19 outbreak and lengthy procurement process and design approval from CWW side contributed for late start. The sites are populated resulted in higher number of beneficiaries.
		M: 5,539	Male: 8,450	
		F: 5,321	F:8,064	
Percent of water user committees created and/or trained by the WASH program that are active at least three (3) months after training	0%	100%	100%	
Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination	0%	100%	86%	
Percentage of households that collect 25 liters per person per day for drinking, cooking and personal hygiene from and improved water source	10.80%	25%	3.7%	The number of people with access to potable water supply is 97% but when the amount(25 liter per day is considered, the data is 3.7%
Number of primary schools with access to water supply facility	0	9 schools	8	
Number of health facilities with functioning water supply	0	3 health centers	3	
Sub-sector 2: Sanitation				
Number of people directly utilizing improved sanitation services provided with OFDA funding	Total: 0	Total: 73,346	Total: 53,891	COVID 19 contributed for under performance.
	M:0	Male: 35,940	Male:26,148	
	F=0	F: 37,406	F:27,743	
Average number of users per functioning toilet	0	60	50	
Percent of households targeted by latrine construction/promotion program whose latrines are completed and clean	49.1%	70%	82%	Quality of latrines was poor
Sub-sector 3: Hygiene Promotion				
Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double counting)	Total: 37,647	Total: 82,896	Total: 101,648	Hygiene promotion works done by organizing public show, musicians, songs, drama, by celebrating global hand washing days. Key messages were transmitted to the public.
		Male: 40,619	Male: 50,770	
		Female: 42,277	Female: 50,878	
Number of school WASH clubs established and trained	0	9 clubs	22	

Sub-sector 4: WASH Non-Food Items				
Total number of people receiving WASH NFIs assistance through all modalities (without double counting)	0	Total: 1,976	Total: 1,976	Soap and Jeri can distributed
		Male: 1,522	Male:	
		Female: 454	Female:	
Percent of households reporting satisfaction with the contents of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash	0%	70%	97.20%	Beneficiary interviews and a PDM survey
Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash	0%	70%	93.60%	

The project has constructed the 4 pipeline extensions, 3 rural pipe system, 3 new spring and 1 hand dug well. On top of that the project has created potable water access to 3 health centers and 7 primary schools. The team visited water schemes, sanitation facilities and nonfood items distributed at the field level. In this regard, water line extension in Ambaye Kebele of Delata with its 50,000-liter capacity reservoir, springs like that of Kola Mote in Desse Zuria including its distribution points, collection chambers were observed. Moreover, discussion was made with water user committee and beneficiary community. The findings are as discussed below.

Potable water supply

The planned water schemes have been constructed and are serving the target community. The findings related to water supply are as follow.

- The number of beneficiaries reached is higher than the targeted number. It is noted that the sites are populated, and water was distributed for those villages where the line is crossing. Though reaching more number and address benefit sharing issue is fine, it was important to consider the population number during the design as population size is an important variable that affects the quantity of water for supply and life span of the scheme.
- The construction of water scheme was late and done in the second and third quarter of 2020. The lengthy procurement process from CWW side and the rainy season which came after commencement of the project contributed for the delay. Moreover, it was noted that the approval of design of water scheme was done at CWW head quarter/Dublin that took prolonged time and resulted in delay of construction works. Zone Water and Energy Department explained their concern and the availability of skilled personnel who can manage the design works and bill of quantity at their level and shorten the time. They mentioned the possibility of seeking support from Regional Bureau in case higher technical support is required.
- Study and design of the proposed water schemes were conducted from April to September which is mainly rainy season. Under such case the timing, particularly June to September is not the right time to identify schemes and design due to the false water discharge in rainy season that can mislead the result.
- All visited water distribution points have established Water User Committee (WUC) and have 7 members, of which at least one member is a female. Moreover, 2 members of the committee were trained in operation and maintenance of water schemes. The project handed over hand tools to

Woreda Water Office though the trained committee members on operation and maintenance did not yet receive tool kits that is supposed to help them in undertaking simple operation and maintenance.

- All water schemes have established water users' fee ranging from Br 3 to 15. Most of them started fee collection in the last few months though cash is in hands of individuals. The amount of water users fee in some cases is low and might not cover the running cost. Example- Yediha which was found to be less than the system's requirement to cover expenses (guarding and O&M)
- FGD participants responded that the time for water fetching due to travel and queening reduced. On the average they require 10-20 minutes' walk which was more than half an hour before the project. Moreover, they responded that the quantity of water they are collecting increased as compared with the before project situation. However, it was observed that water points are open twice in a day that affected the amount of water collected per day.
- The surrounding of water schemes is clean, schemes are fenced, locked, and the workmanship of the structures noted as very good.

Figure 1 Water Distribution Sites-Closed before operating time

Sanitation and hygiene

The project promoted sanitation and hygiene practice through awareness creation and encourage community to construct latrine. The project met the target as shown below while the following points are noted.

- Project participants constructed toilets using masonry/stone or wood wall, corrugated iron roof and door and wood floor. Though the use of durable materials was observed, most are constructed from local materials and their durability is noted as shorter due to the quality of construction materials.
- Discussion made with the community uncovered that community practice hand washing practices and the outbreak of COVID-19 accelerated the sanitation practices within the community. However, it has been understood that a delay in construction of water schemes, and shortage of water at some community scaled down the practices.

Figure 2 Better quality latrine Constructed.

WASH Non-Food Items

The project distributed WASH NFIs (soap and jerry-can) to strengthen the water and sanitation interventions. Both the household survey and discussion with the community confirmed community satisfaction with the service in terms of the distribution modality, quality, and quantity. Details of this is discussed under the impact part of this report.

d) Agriculture and food Security

As part of agriculture and food security sector, improving agricultural production and/or food security activities and the promotion of improved agricultural practices were implemented. Accordingly, 11,377 households which was 190% of the target addressed and 80.85 ha which was 168% of the target brought under improved agricultural practices. Awareness creation developed farmers interest for the program and supply of inputs like vegetable seed contributed for the better performances.

e) Disaster Risk Reduction

A total of 412 beneficiaries which was 80% of the target reached through DRR activities as detailed activities status shown below.

Table 5 Physical performance – DRR

Objective 5: Risk Management Policy and Practice	Baseline	Target	Total
Sub-sector 1: Policy and Planning			
Number of hazard risk reduction plans, strategies, policies, disaster preparedness, and contingency plans developed and in place	7	63	94
Number of people participating in discussions regarding national risk reduction strategies because of the program	0	Total: 33	Total: 38
		Male:24	Male: 34
		Female: 9	Female: 4
National and local risk assessment, hazards data and vulnerability information is available within targeted areas (Y/N)	No	Yes	Yes
% of communities in risk-prone areas with mitigation plans meeting minimum standards	55%	60%	100%(n=22)
Sub-sector 2: Building Community Awareness/Mobilization			
Number of people participating in trainings	0	Total: 481	Total: 412
		Male: 350	Male: 315
		Female: 131	Female: 97
Percentage of attendees at joint planning meetings who are from the local community	0%	25%	25%

As shown above, activities under this sector were accomplished as per the plan; hazard risk reduction plans, strategies, policies, disaster preparedness, and contingency plans developed and put in place, trainings conducted, and community members participated in planning meeting. All (22) communities in risk-prone areas developed mitigation plans that meets minimum standards. Consequently, activities contained in the plans were implemented which was an additional value for the project. A total of 1490 km of hill sides, 2115 km of farming trace, 25 km of flood diversion cannel were constructed, 50,000 seedlings were planted, and 57,846 livestock vaccinated as the result of developing hazard risk reduction and implementation which was not part of the planned interventions. The deputy kebele Administrator in Ambaye, Memihir Merayaw Ayele (and FGD participants) in Delanta explained the purpose of establishing DRR and its contribution/ benefit as follows.

"We have DRR committee at kebele level consisting of kebele chairperson, representative of agriculture, health, youth, school, Women Affairs and religious leaders. They responded the DRR purpose in such a way that instituting DRR in their kebele has helped them in the initiation of planning (beforehand) and taking the responsibility to communicate early warning information to residents and sectoral offices. He explained that the plan foresees natural hazards expected to prevail, preliminary preparation to be made and deal with the situation (resource mobilization, making responses). The Committee then initiated a structure/ system that mobilizes resources (savings in terms of money as well as agricultural produces) and responds in cases of household's livelihoods disruption. Accordingly, participants as well explained the mini groups organized aimed at mobilizing resources-savings (one group saves Br 20 per month, other group Br 12 per 15 days, etc.). On the other hand, the kebele manager has mentioned the support the kebele has provided (Br 500 per year) to 44 and 24 children/ teenagers (2012 and 2013 EC respectively) who lost their families.

Similarly, the DRR committee Chairperson, Seid Muhiye in Atint Mesberia (Dessie Zuria) explained their role in such a way that "community members identified risk areas, organized community groups and continued to implement conservation activities in areas identified as risk prone". They continued their explanation by saying/ showing "soil and water conservation activities implemented at individual farms and community managed areas that overall reduced soil erosion and thereby the risks associated with it.".

DRR initiated/ supported soil and water practice

6.2.4. Adherence to program participants protection policy

CWW has different protection and participation policies including the code of conduct (March 2018), Complaint and Response Mechanism Guideline, Associated policies to Concern's Code of Conduct and Child protection policy. Interviewed staff confirmed that they know the polices and signed up on their engagement with CWW. Process owners within the coordination office confirmed that their staff has signed and adhered to the participants protection policy.

The result of structured survey on sampled project participants confirmed same result. All sampled households (100%) confirmed that they are aware of the complaint and response mechanism and knows how to use it. Project beneficiaries expressed their satisfaction with the service.

6.2.5. Monitoring and evaluation

Discussion made with the sector offices, health facilities and community confirmed that CWW and partners conducted regular and joint monitoring. Project staff at respective Woreda(officers) monitor the day-to-day activities of the project while the outreach workers made home to home visits and monitor the progress. The north coordination office staff, program manager with the support of other staff monitor the performance of the project.

Sector offices acknowledged for receiving quarter reports on regular base and timely. Moreover, there were review of programs by GO-NGO forms for which CWW is the chair organization. Zone Finance and Economic Development Office also confirmed that the project submit reports on time and CWW is one of the top best performing NGO in their zone. Woreda sector offices also acknowledged the timely monitoring activities of CWW.

6.3. Efficiency

The efficiency of the project in terms of cost effectiveness, the extent to which management of the project or cooperation with the stakeholders contributed toward the efficacy of the project, realistic of the timeline of the project. In this regard, the project utilized 97% of the budget allocated as summarized below.

Table 6 Financial performance of the project in USD

	Line item	Revised budget	Utilized	%
1	Sub-awardee Salaries			
1.1	National Staff			
1.1.1	Woreda Based	317,345	298,624	94%
1.1.2	Coordination Office Staff	84,080	78,251	93%
	SUBTOTAL: Field Staff	401,425	376,875	94%
1.1.3	**Head quarter staff**	66,410	65,606	99%
1.2	International Staff	39,015	36,228	93%
	Total salary	506,850	478,708	94%
2	Sub-awardee Fringe Benefits	210,229	208,714	99%
3	Sub-awardee Travel and Transport	266,934	268,406	101%
4	Sub-awardee Program Supplies	504,243	492,045	98%
5	Sub-awardee Other Direct Costs	187,823	216,615	115%
6	Sub-awardee Beneficiary Training	99,492	109,445	110%
7	Sub-awardee OMB Circular A-133 (or RCA) Audits if not recovered under approved NICRA	2,495	4,132	166%
	TOTAL DIRECT/SUB-AWARDEE COSTS	1,778,065	1,778,065	100%
8	Sub-awardee (Concern Ireland) Indirect Costs - 10% on Total Modified Indirect Costs	123,430	118,635	96%
	TOTAL SUB-AWARDEE COSTS	**1,901,495**	**1,896,700**	**100%**
9	Approved/Applicable NICRA (5.54% on Total Direct Costs)	98,505	38,116	39%
	Total program cost	2,000,000	1,934,816	97%

The utilization of budget as shown above was as per the allocated budget except for minor under performance under salary and cost over running under sub award OMB Circular. Of the total fund utilized, 92% and 6% was utilized for direct/sub award cost and sub awardee (Concern Ireland) Indirect Costs respectively. The rest 2% as approved/Applicable NICRA.

Closely observing the fund utilization, 36% allocated for salary and benefit (25% and 11% for salary and benefits respectively). A quarter of the fund (25%) was utilized for program supplies which includes construction of water supplies, materials, survey, water quality test, gender mainstreaming and the like. Similarly, 6% of the budget was utilized for beneficiaries training. Viewed from the perspective of utilizing the allocated budget in line with the approved budget line item, the performance of the project was appreciable.

Of the utilized fund, 41% was for WaSH followed by health (16%) and Agriculture. The average cost per beneficiary was 7.50 USD with the maximum of 20 USD/beneficiary in agriculture and food security. Cost per beneficiary was lowest for nutrition as summarize below.

Table 7 Fund utilization by sector in USD

	Sector 1: Health	Sector 2: Nutrition	Sector 3: WASH	Sector 4: Agriculture and Food Security	Sector 5: RRMP	Total
Budget	318,868	440,910	808,585	231,957	199,680	2,000,000
Utilized	309,243	412,363	793,784	227,524	191,902	1,934,816
% utilized	97%	94%	98%	98%	96%	97%
% share	16%	21%	41%	12%	10%	100%
# of beneficiaries	43,624	58,036	144,598	11,377	414	258,049
Cost/beneficiary	7.09	7.11	5.49	20.00	463.53	7.50

The cost effectiveness of the implementation arrangement was also assessed in lens of cost effectiveness and the major findings are listed below.

- The project was streamlined with the existing CWW organizational set up which is stretched from the head office to Woreda. It was implemented in coordination with other programs like REGRADE, No Girls Left Behind, Bakalar water supply and KOICA Livelihood projects under the north coordination office. Such arrangement allowed cost saving, sharing experience among projects and logistics. Such integration is also vital for increasing the resolution of the project impacts.
- The project was streamlined with the existing government structure. Government staff like sector staff (health, water, agriculture) were mobilized and they actively engaged in the implementation of the project. The arrangement is acknowledged for its cost saving on top of paving ways for project sustainability.

6.4. impacts

This section of the report presents the changes brought as the result of the project intervention using indicators selected under the five sectors and sub sectors. Some of the indicators stated under the sectors are output level and discussed under the effectiveness of this report and hence this section will focus only on the higher level (outcome/impact) level as discussed below.

6.4.1. Health

The objective of the health sector was to improve health and nutrition status of children under five years of age and reduce child morbidity and mortality related to communicable diseases (diarrhea, pneumonia, malaria) through a disaster risk reduction and systems strengthening approach at the community and health facility level. Indicators listed under this sector are out put level and discussed under the effectiveness part of this report.

6.4.2. Nutrition

The objective of the nutrition sub sector was to improve the health and nutrition status of children under five years of age and reduce child morbidity and mortality related to communicable diseases (diarrhea, pneumonia, malaria) through a disaster risk reduction and systems strengthening approach at community and health facility level. The sector has got two sub sectors namely Infant and Young Child Feeding in Emergencies (IYCF) and Management of Acute Malnutrition and the performance toward the stated outcome indicators are as discussed below.

A) Infant and Young Child Feeding in Emergencies (IYCF) sub sector.

Indicator 1. Proportion of infants 0-5 months of age who are fed exclusively with breast milk.

According to the World Health Organization (WHO), breastfeeding has many health benefits for both the mother and infant. Breast milk contains all the nutrients an infant need in the first six months of life. Breastfeeding protects against diarrhea and common childhood illnesses such as pneumonia and may also have longer-term health benefits for the mother and child, such as reducing the risk of overweight and obesity in childhood and adolescence.

Exclusive breastfeeding is when the infant receives only breast milk; no other liquids or solids are given – not even water – except for oral rehydration solution, or drops/syrups of vitamins, minerals, or medicines. Considering this definition, the result showed that 95.4%(n=83) of a child under 6 months breastfed yesterday during the night or day prior to the survey date. The finding showed that 4.6% not breastfed at all in the last 24 hours of the survey date. According to the 2019 Min Demographic and Health Survey (DHS), 94% did breast feeding while the rest 6% of infants under age 6 months not breastfed at all 24 hours prior to the survey date. Hence, the performance of the project was slightly higher than the national average.

The percentage of child under 6 months who did exclusive breastfed yesterday during the night or day prior of the survey date was 79.3 % which was 77.5% during the base year. According to the 2019 Mini DHS result, 59% of infants under 6 months did exclusively breastfed in Ethiopia and the status of the project area was higher as compared to the national average data.

The performance was below the set target (90%) and the change as compared to the baseline is marginal and statistically not significant. Mothers explained that they run after their family affairs in addition to caring for their children. Consequently, it was unlikely for them to stay with children throughout the day and there are times when their elders or others take care of the children. Under such case, they said that it is unavoidable to give available supplementary feed at least water though they know that a child should fed

exclusively on breast. This was raised as major reason which diminished the proportion of children with exclusive breast feedings. The summary of the finding is as shown below.

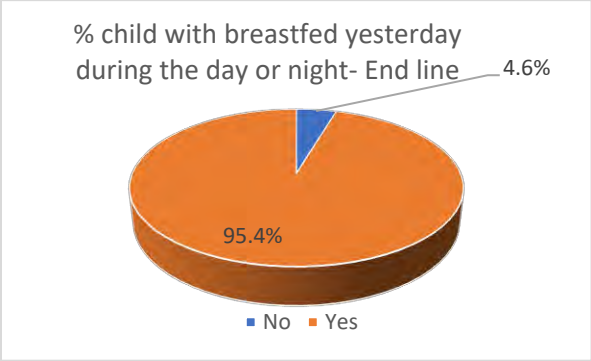

Figure 3 % of children with breast feeding

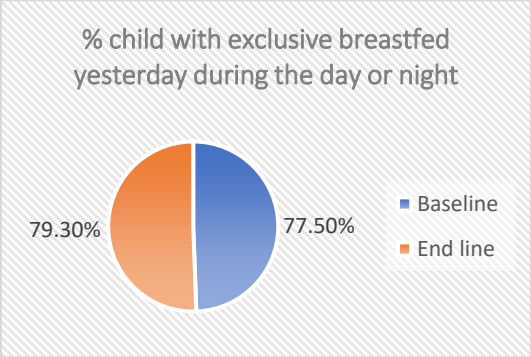

Figure 4 % of children with exclusive breast feeding.

The performances of the woreda by the end of the project was comparable as 79.3% of the children under 6 months did exclusive breast feeding in the last 24 hours of the survey date. In terms of changes from the base line situation, it was relatively better for Delanta than Dessie Zuria. However, as explained above the change from the base line status was marginal as shown below.

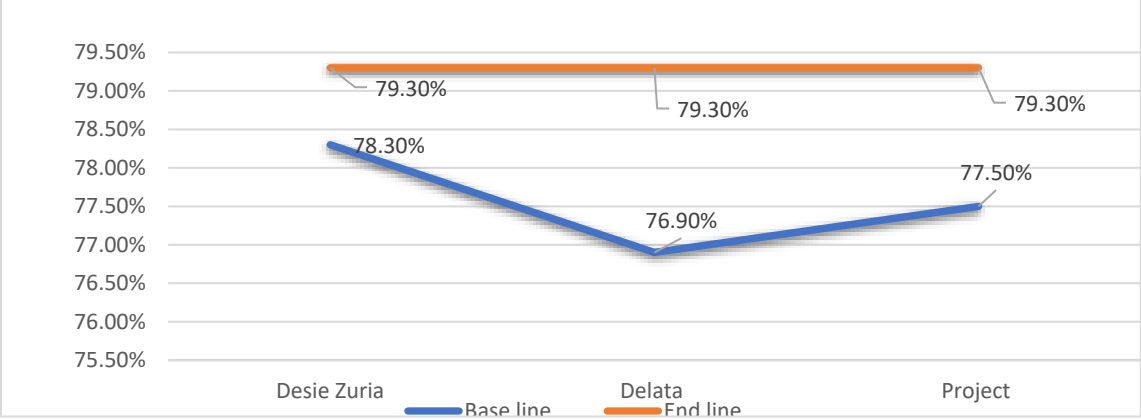

Figure 5 Percentage of children with exclusive breast feeding in the last 24 hours of the survey date.

The practice of exclusive breast-feeding was cross- tabulated with the age of respondents and the result showed that respondents at younger age practice exclusive breast feeding slightly higher than their elders. As stated above, the average age of respondents administered for EBF is 28 and taking this average age as cutoff point, 80.3% of the respondents under the age of 28 practiced exclusive breast feeding while the status for above 28 years old respondents was 73.1%. Similarly,78.2% and 70% of respondents within the age range of 20-30 and 30-40 practiced exclusive breast feeding which shows reduction in breast feeding practice as age increase.

The correlation of family size with exclusive breast-feeding was tested using the average family size of respondents (4.41) as cutoff point. The result showed that exclusive breast-feeding practice reduce with an increase in family size. The proportion of mothers who did exclusive breast-feeding among respondents with less than 4.41 family size was 80.4% while the practice was 74.2% among respondents with above 4.41 family size.

The finding showed that the use of additional feed particularly plain water was common for the reason stated above. Closely observing the feeding practices, *children under 6 months took additional foods to breast milk which lowered the proportion of children who practices exclusive breast feedings*. Plain water was taken by 17.2% of the children under 6 months followed by porridge (4.6%) and milk other than breast milk (3.4%). It is noted that some of the sampled children took more than one food items in addition to breast milk as shown below.

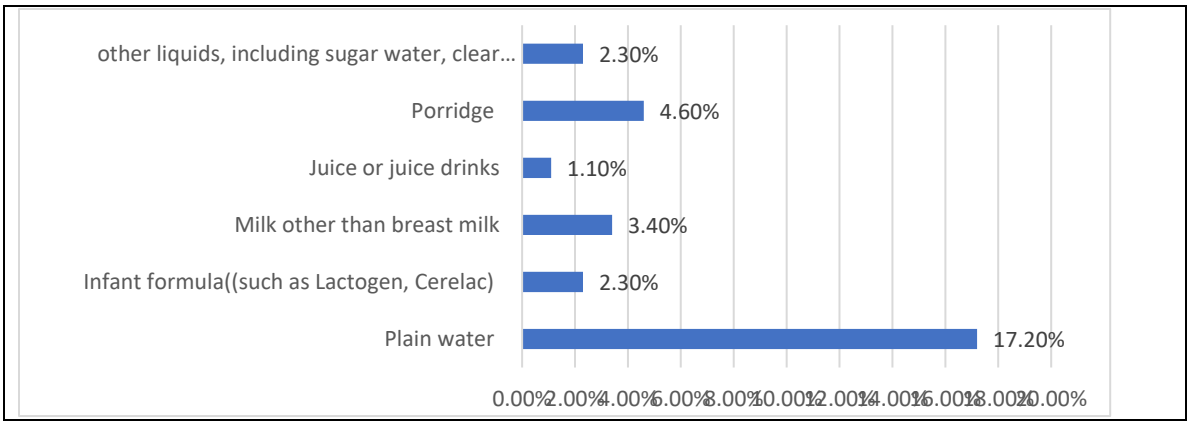

Figure 6. Percentage of children who fed additional food to breast milk in the last day or night.

The result of discussion with mothers' groups is in line with the household survey result. Under all FGD setting, mothers confirmed that all of them fed breast milk to their child. They confirmed that the awareness they got from the project supported them to have in-depth understand about breast feeding not only its importance but also the techniques of exclusive breast feeding.

> *"we know that breast feeding is important for newborn children. Accordingly, we are feeding our children as much as possible. The health extension workers and women health development army are educating us on breast feeding but the project educated us in detail on the breast feeding". Among M-to-M participants W/ro Fetenu Adimas (Tsehay Mewucha) explained the benefit in the following way: "Though we know about breast- feeding earlier, our understanding about the benefits and techniques was limited. Now we start breast-feeding as early as possible after birth and give due consideration for the frequency, positioning, and the like. We are giving supplementary feed after 6 months. Though we understand the need for exclusive breast feeding, there is workload in the household and sometimes we leave children with their elder siblings to take care at our absence. When a child cry in between, they feel that a child is in hunger and give at least water or milk when available".*
>
> *FGD participants in Tsehay Mewucha kebele of Delanta Woreda*

Indicator 2. Proportion of children 6-23 months of age who receive food from 4 or more food groups. (Child Minimum Dietary Diversity)

According to World Health Organization, children older than 6 months are recommended to consumption of at least four food groups among the identified seven food groups. Considering this, the intention of the project, was diversifying dietary among children 6-23 months.

The finding shows that the percentage of children aged 6-23 months who received food from 4 or more food groups increased from *16.4% to 34.8%* by the end of the project and the change is statistically significant.

According to the Health Sector Transformation Plan of Ethiopia, October 2015, only 4.3% of children under 6 months consumed the recommended four food groups.

According to the result of the survey, 25% of sampled children aged 6-23 months met the MAD standard which was 14.2% during the base year. Similarly, the 2016 mini-DHS report, showed that the percentage of children who met minimum acceptable diet in Ethiopia was only 7%. Though there is time difference to some extent, still the performance of the project was remarkable.

W/ro Hawa Mohammed is the resident of Asgede kebelee of Dessie Zuria. She explained the benefit she got from the project as follows. "my knowledge on child feed diversification was limited and I used to focus on major foods mainly cereals. After attending a training/ demonstration which was facilitated by CWW staff and HEW, I started to think out of box and include all available food items in my home to the child food menu. I am growing vegetable and included it to the diet which was not the case before. I am now appreciating that every food item in the house has value and add to the diet. The challenge from my side is that I am poor, and availability of food items at home is limited, which forced me to feed my child limited varieties". She continued explaining the benefit and in between remained cautious thinking of how to sustain the practice without having the project's support of diversification and improving crop production and productivity, vegetable, and livestock for the future.

The finding showed that dietary diversification at Dessie Zuria showed significant improvement while the performance at Delanta showed decline from the effect of frost. Key informants from Delenta explained that diversifying diet is one of the recent developments achieved not only for children but also adults and cited the inclusion of vegetables grown on their garden. Similarly, project final evaluation validation workshop participants explained that the finding from the household survey does not represent the reality on their ground. The summary is as shown below.

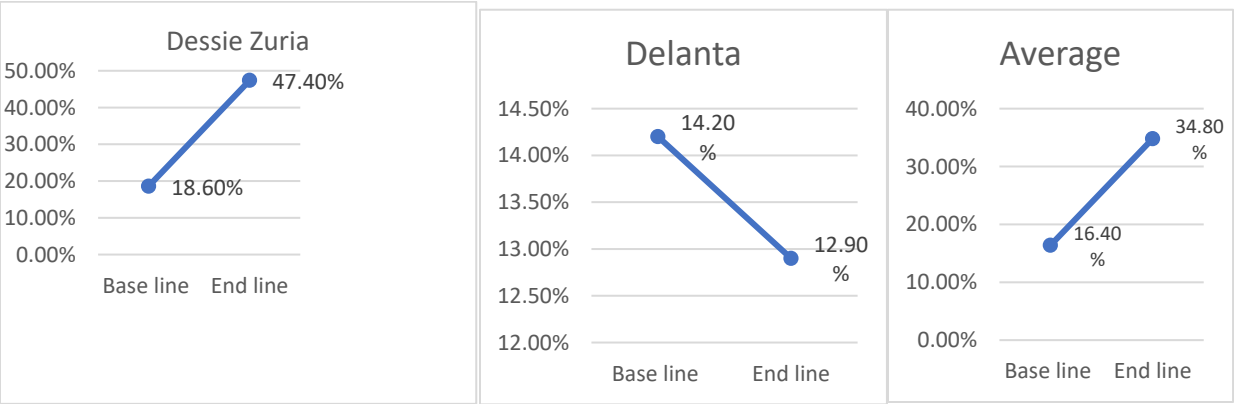

Figure7 Proportion of children 6-23 months of age who receive food from 4 or more food groups

Data on diet diversity was further analyzed to understand the intra food groups consumption patterns. The result showed that most children 6-23 months took grains, roots and tuber as supplementary feeding followed by fruits and vegetables. Compared with the baseline situation, there is increment in proportion of children 6-23 months who fed on fruits and vitamin A rich vegetables.

Discussion made with the beneficiaries uncovered that there is higher proportion of children who consumed vegetable and fruits in the last 24 hours due to the awareness raised on the importance of vegetables and fruits for child health and the improvement in supply of vegetable for families as the result of cultivating back yard vegetable. Th result of survey data shown below confirms this fact.

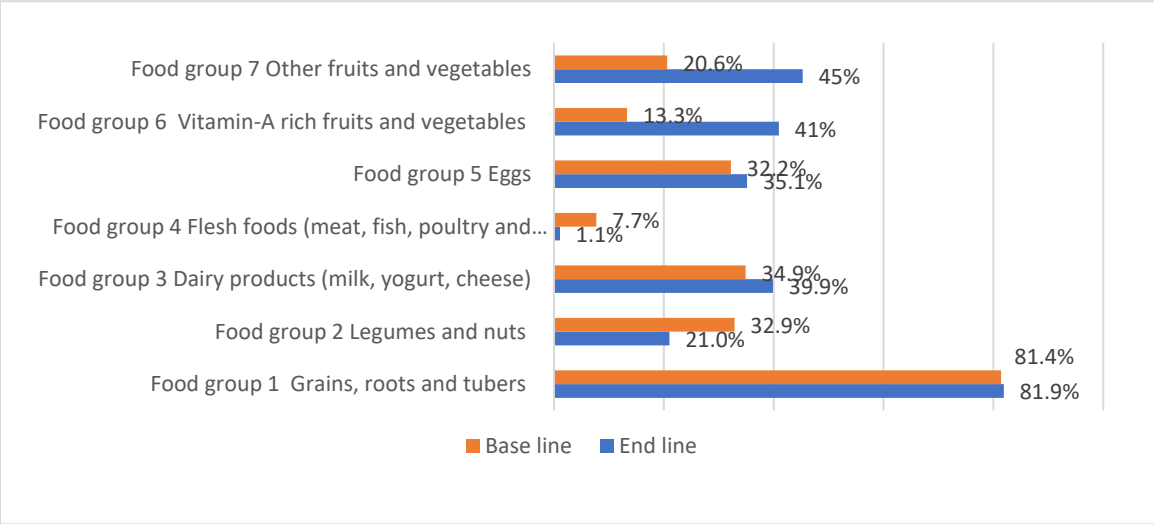

Figure 8 Percentage of children who consumed the food groups by type.

The dietary diversity situation of children within the two target Woredas were compared. The result of the survey shows that the proportion of children 6-23 months consumed the listed food groups is better at Dessie Zuria as compared to Delanta. The proportion of children who had all food groups is higher for Dessie Zuria where the difference is higher for eggs, fruits, and vegetables as shown below.

Table 8 Proportion of children aged 6-23 months by food groups they had and Woreda

Food Groups		Woreda					
		Dessie Zuria		Delanta		Total	
		Number	%	Number	%	Number	%
Food group 1 Grains, roots and tubers	Yes	159	90.9%	67	66.3%	226	81.9%
Food group 2 Legumes and nuts	Yes	39	22.3%	19	18.8%	58	21.0%
Food group 3 Dairy products (milk, yogurt, cheese)	Yes	71	40.6%	39	38.6%	110	39.9%
Food group 4 Flesh foods (meat, fish, poultry and liver/organ meats)	Yes	3	1.7%	0	.0%	3	1.1%
Food group 5 Eggs	Yes	84	48.0%	13	12.9%	97	35.1%
Food group 6 Vitamin-A rich fruits and vegetables	Yes	95	54.3%	18	17.8%	113	40.9%
Food group 7 Other fruits and vegetables	Yes	107	61.1%	18	17.8%	125	45.3%

M to M Club Member without Own Land but Practice Gardening

W/ro Hager, within 20's years of age, married and has 3 children. She withdrew from school from grade 8 due to limited economic capacity of her parents to support her. Then she married at early age to a person chosen by her parents. Hager, having no farmland of her own, in 2018 was selected by DRR Committee to be a beneficiary of IYCF. Consequently, she, being literate, became an active participant of Mothers-to-Mother's support group.

During the first phase she received vegetable seed from CWW and tried on a plot of land rented from her neighbor with the aim of providing basic feed ingredients /diversify child's food. The production she obtained was more than expected and resulted an alternative income without which she could not sustain as a landless. She without any hesitation purchased cabbage seed and planted on a rented plot near her resident (about 150 m^2) the production of which became beyond satisfactory. She said that "I included vegetables to my family food menu which was not common in the past. I understood the importance of vegetable on my child health and feeding practices". She continued explaining that vegetable was available to some extent in the local market, but I could not afford purchasing. Moreover, market days are limited, and the quality of vegetable was not as good as I am harvesting from my farm since it is coming from distant areas. I also sale part and I earned Br 3000, from sale of cabbage produce."

During the discussion, Hagere expressed her acknowledgment to the Project's contribution not only grasping basic knowledge on exclusive breast feeding but also on the management of children greater than six months old. On top of that she also gave credit to the Project for supporting her to realize an alternative income without which it was impossible to lead the present conservative lifestyle. However, she in between of the conversation thought of the challenge she may face/encounter on sustaining the gardening practice because owners looking into the benefit may resort to use their land by their own.

6.4.3. Water Sanitation and Hygiene (WaSh)

Water, sanitation, and hygiene was one of the four sectors implemented by the project with the objective of contributing to the reduction of mortality and morbidity associated with malnutrition through improving sustainable access to safe water, sanitation, and hygiene. The sector consists of four sub sectors namely water supply, sanitation, hygiene promotion and WASH Non-Food Items. A total of 144, 598 people against the planned 82896 was served under this sector. A total of 26 kebeles, three health centers from Dessie Zuria Woreda were targeted under the WASH component.

A set of objectively verifiable indicators under each sub sectors were assigned to gauge the performance of the project. Most of the indicators are output level indicators and discussed under the effectiveness part of this report. However, those higher-level indicators for which their data was captured through KAP survey are discussed under this part as follows.

a) Water supply

Indicator 1. Percentage of households that collect 25 liters per person per day for drinking, cooking, and personal hygiene from and improved water source.

According to the national water supply standard, a person at the rural area is supposed to get 25 liter per day for drinking, cooking, and personal hygiene from improved water sources. In this regard, the project created access to potable water sources through developing water points and extension of pipe system to the community and institutions. The overall performance is as summarized below.

- ✓ Pipeline system and water points were constructed as disused under the effectiveness part of this report. Accordingly, the percentage of people with access to potable water source increased from 90.4% at the base year of the project to 96.8% by the end of the project. A total of 16,868 people got an access to improved water sources and the increment in access to potable water source was statistically significant. The status of the project area in terms of access to potable water source is better compared to Woreda and South Wollo zone. For instance, access to potable water at Delanta Woreda in 2020/21 is 76.74% which is lower than the project kebeles.
- ✓ Pipeline and extension work were the major intervention of the project. Consequently, public tap to yard/plot became the major sources of potable water that accounts for 74.5% followed by piped water in to the dwelling and protected springs. As compared to the base year, there was major shift from depending on springs and wells (both protected and unprotected) to public tap as displayed below.

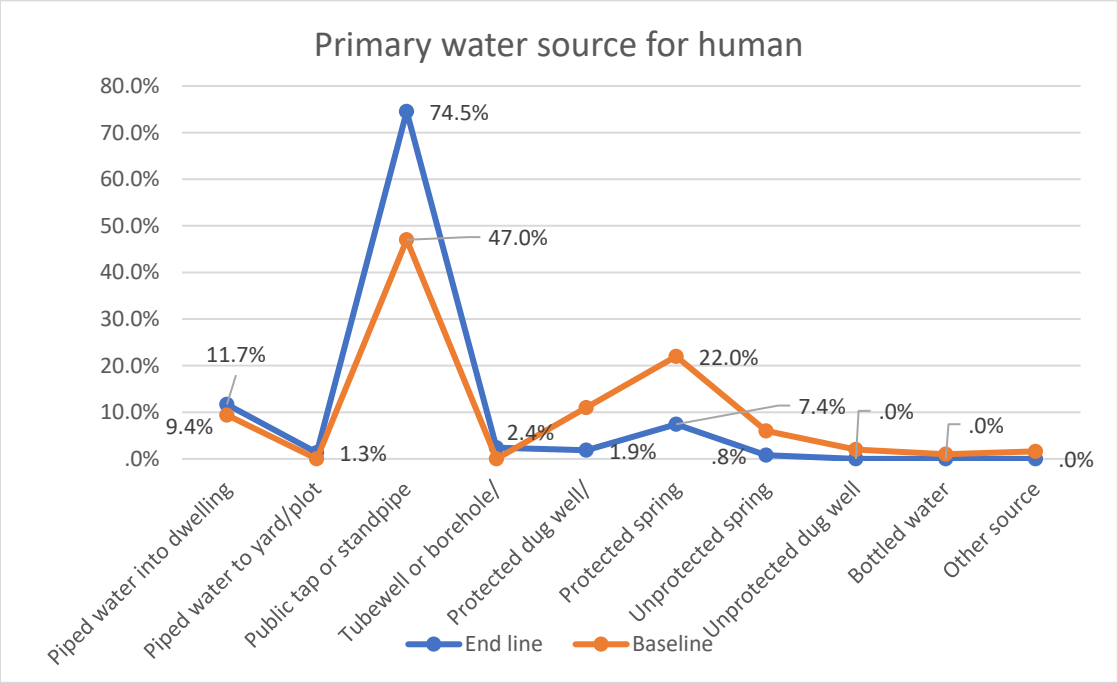

Figure 9 Primary water sources

- ✓ Though an access to potable water sources has been increased, still there are barriers in use of water which include waiting time (38.8%), their busyness to go and collect water (20.9%) and distance to the source (16.3%).
- ✓ The average frequency to collect water per day is 1.72 which is about twice per day mainly in the morning and afternoon. Majority of the households (93%) are using 20-liter collapsible jerrican for collecting water.
- ✓ The finding of the end line survey showed that an average of 41.35 liter per day (38.12 liter and 45.33 liter for Dessie Zuria and Delanta respectively) was collected by a household during the survey date. Considering the average household size of the WASH KAP survey (4.70), the per capita water consumption *was 8.8 liter per day per person* with higher consumption at Delanta(9.9 liter per day per person).
- ✓ The survey uncovered that 3.7% (Dessie Zuria 3.8% and Delanta 3.6%) of households collect an adequate daily amount of water (as per the standard) from an improved reliable water source. The performance is below the set target (25%) and the base line data (10.8%). The following points/opinions have been noted under this case.
    - o The fact that water schemes are open twice in a day limited the volume of water collected and consumed by beneficiaries. Of the respondents 38.8% raised waiting time as barrier on collection and use of water
    - o Discussion made with the community confirmed that there is no complain on the discharge/yield amount from water schemes and their concern was on limited time when water points are open. We also noted the practice of optimal water utilization like regular bathing is limited due to low practice level and weather condition.
    - o The project area is high land with limited demand for drinking water, as explained by discussion participants, contributed for low consumption.
    - o The construction of facilities like washing basin along with the water schemes enabled households to use the water at the distribution points that can limit the amount of water collected.
    - o We triangulated the result of the household survey with the qualitative information obtained through discussion and observation. We confirmed that the schemes are open twice in a day and there was queening for water collection. Moreover, we observed that people mainly use 20-liter jerrycan which is in line with the result of the end line survey.

b) Sanitation

Indicator 1. Percent of households targeted by latrine construction/promotion program whose latrines are completed and clean.

Enumerators observed the condition of latrines and 75% of the latrines were fully constructed/completed and clean. The baseline survey report showed that 49.1 % of latrines were fully constructed and clean. Discussion participants attributed the change to awareness creation works of the project. Field observation made also confirmed that significant number of latrines were completed and clean though the materials for construction for most was local and their durability is the concern area.

c) Hygiene promotion

Indicator 1. Percent of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands.

Discussion made with the project participants and other key informants showed that hand washing practice has been promoted during the project period. The outbreak of COVID-19 was also an opportunity for the promotion of hand washing as there was education through different medias. On the other hand, the result of the household survey showed marginal improvement, and the validation workshop participants explained their reservation on the validity of the household survey in sanitation and hygiene in addition to food diversification. As per the recommendation of workshop participants outlier data for Delanta was cleaned and still the performance is lower though it is above the base value.

Ato Zeleke Assefa, 45, is the resident of Ambaye kebele, Beg Amba Village/got of Delanta Woreda. He explained the sanitation practice as follows. "we have been educated on sanitation and hygiene which includes hand washing, how to store water and keeping our compound clean. As per the education we received from CWW staff and kebele health extension worker, we are washing our hands and water containers, among others. The project also provided us soap and plastic water container. We understood that several people are dying due to the recent outbreak diseases and it is must for my family members to wash our hands to be safe. My neighbors and all people I know wash their hands at least after visiting toilet and before eating"

The result of survey showed that the percentage of respondent who knows 3 out of 5 main critical moments for hand washing increased from 83.5%(baseline) to 86.8% by the end of the project period. The change is statistically significant, marginally as p value is 0.498 where 0.5 is a cutoff point. The proportion of respondents who knows 3 critical times for hand washing increased from 89.6% to 91.3% at Dessie Zuria and 75.9% to 81.2% at Delanta.

The proportion of beneficiaries who practiced hand washing at the 5 critical times showed differs across the board. The percentage of beneficiaries with hand washing practice after defecation and before preparation of food is higher as compared to others. Hand washing after cleaning the defecation of children is the lowest practice as compared to other critical time as shown below.

Figure 10 % of respondents with hand washing practice at critical time

Though it was not part of the project indicator, the household survey captured the environmental sanitation situation of the project participants. The result of the observation result revealed the presence of either human or animal feces within 37.6% of the survey respondents' compounds (22.1% and 56.5% at Dessie Zuri and Delanta respectively). The base line data was 41.7% and there is slight reduction in occurrence of either animal or human feces. The observed feces predominantly belonging to animal (88%) while observed human feces was insignificant; 0.7%. There is difference in the type and intensity of feces observed at Delanta and Dessie Zuria.

Indicator 2 Percent of households targeted by the hygiene promotion program who store their drinking water safely in clean containers.

Water storage safety is the indicator which assesses the proportion of households storing drinking water in a way that protects its quality and prevents contamination. Information for measuring the safety of water container can be generated through self-reporting or observation methods. A total of four questions are used to measure the water storage safety as listed below.

- Are the water containers clean?
- Is there any lid?
- Does the water store in separate jug?
- Do the water containers have narrow necks and/or presence of tap?

The possible answer for the above four questions is *yes or no* and water is stored safely only if at least three answers to the observation-based questions are "YES". Based on these method and computation, data collected by enumerators through observation was computed and the result show that 66.2% of respondents store water safely which was 33.6% during the base year. The performance is above the baseline but slightly below the set target 70%.

The result of the end line survey showed that 23.5% of the respondent's store water for drinking and domestic consumption. Observation made by enumerators confirmed that 79.4% of the respondents' water containers were clean, lids observed on containers within 95.6% of respondents, there is presence of tap or narrow mouth on 73.5% of containers and 67.6% of respondents store water in separate jugs.

The cleanness of containers was compared with the before project situation and the result showed a mixed picture. The percentage of households who store water in separate jug and presence of tap on narrow mouth increased from 23% to 67.6% and 40% to 73.5% which is a positive change. Similarly, presence of lid increased from 73% to 95.6%. On the other hand, the cleanness of containers has been reduced from 84% to 79.4% during the project period. The quality of data from Delanta might be the reason (as challenged by validation workshop participants) for such reduction since 100% of containers at Dessie Zuria reported as clean while that of Delanta was 36.4%. The comparison of the base and end line situation is as shown below.

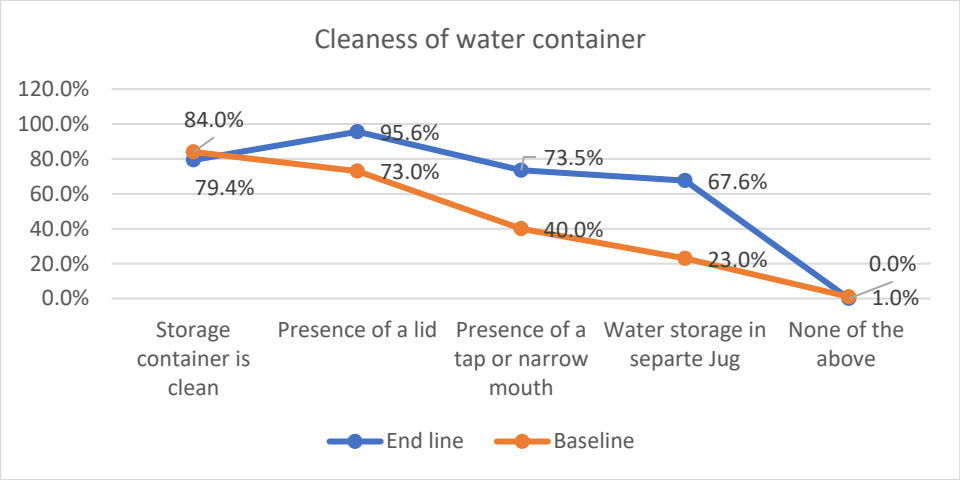

Figure 11 Cleanliness of Container based on Enumerators Observation in percentage

Indicator 3 Percent of households targeted by the hygiene promotion program with no evidence of feces in the living area.

Enumerators observed the presence of fecal matter around the latrine hole and found that 76.5% of households' latrine hole were free of feces which was above the baseline (58.3%) and the set target (70%). Community awareness creation and technical support by the project and government offices contributed for better performance.

d) WaSH NFI

The project distributed nonfood items namely jerrican and soap to strengthen the access to potable water supply and its proper utilization. The beneficiary selection was done in collaboration with kebele Disaster Risk Reduction Committee, and the distribution effected accordingly. Accordingly, beneficiaries were asked about their opinion on their satisfaction on the modality or content, quality, and quantity of the NFI distributed. Moreover, discussion was made with the beneficiaries and key informants notably kebele chairpersons, development agents and Woreda staff to have their view. The finding is presented as per the stated indicators below.

Indicator 1 Percent of households reporting satisfaction with the contents of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash

According to the PDM-PHA survey result, 97.2% of beneficiaries are satisfied with assistance modality, clarity of information received, and distribution process and the performance was above the set target (70%). Interviewed community members expressed their satisfaction with the service specially at the time of COVID 19 occurrences where they badly need sanitary facilities.

Indicator 2. ***Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash***

The result of the PDM-PHA survey conducted showed that 91.9% of the respondents satisfied with the quantity of WaSH NFI namely soap and Jerican distribute by the project. When the level of satisfaction

is unpacked, 77.6% were satisfied very much and the rest 14.3% were mostly satisfied. On the other hand, 0.91% were not satisfied at all, 5.5% not very much satisfied and the reset were neutral.

Closely observing the finding, the dissatisfaction was major on quantity of soap for which 80.7% of the dissatisfied beneficiaries mentioned. Of the dissatisfied beneficiaries, 10% cited jerrycan quantity as their major disaffection area. Community explained that the demand for soap was higher at time of distribution and the occurrence of the discases increased its demand while the Jerrycan serve for longer time and there is no problem once quality material is provided.

Indicator 3. Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash

The result of the survey showed that beneficiaries welcomed the quality of the distributed nonfood items. Of the respondents, 98.2% satisfied with the quality; 94.5% satisfied very much and 3.7% satisfied very much.

Generally, the distribution of NFI is reported as satisfactory in terms of the quality and quantity. Moreover, the selection of beneficiaries was transparent as community stated and further confirmed by the household survey. The introduction of Complaint Reporting and Handling Mechanism reported as a strength of the project since it contributes to fair distribution of items and maintain the proposed quality/quantity of the items.

All household survey participants reported that they were informed about the distribution date and place in advance. Of the respondents, 72%, 54% and 13% witnessed that they were selected for the project since they are the poorest of the poor, household with children under five years old and household with pregnant mother, respectively. During the discussion, participants anonymously mentioned that they were selected by the kebele Disaster Risk Reduction committee and the selection process was transparent.

6.4.4. Agriculture and food security

The objective of this sector was to strengthen the agricultural crop diversification practice with the intent of improving dietary diversity of households with children under five years, and pregnant and lactating women. This sector is related to the nutrition sector of the project as the increased agricultural production or improved food security contributes for the improvement in the nutritional status of families at large and children under five years old in particular. Two sub sectors have been identified under this sector: number of months with sufficient food for families and percentage of households with functional back yard garden.

Sub-sector 1: Improving Agricultural Production/Food Security

Indicator 1. Number of months of household food self-sufficiency because of improved agricultural production programming

The result of the hunger scale related household data showed that the number of months households faced food shortage in the last 12 months reduced from 2.7 months (base year) to 1.96 months (end line) which was equivalent to the target (2 months).

The average months female respondents face food shortage was higher for both Woredas compared with their male counterparts. The project supported the beneficiaries through provision of inputs and trainings with the intent of increasing production and productivity. Moreover, improved agricultural practices were promoted as 80.85 hectare of land against the planned 48 hectares was brought under improved agricultural practices.

Table 9 Number of months households faced food shortage in the last 12 months of survey date

Woreda	Number of months		
	Sex of the respondent		
	Male	Female	Total
	Mean	Mean	Mean
Dessie Zuria	1.90	2.32	2.06
Delanta	1.63	2.21	1.83
Total	1.77	2.27	1.96

It is known that both target Woredas are food insecure and under productive safety net program during the base year and even this time. Analysis was made to what extent the project supported target Woredas to push out of food insecure situation by implementing integrated development activities. Accordingly, the workability of applying holistic approach than single development approach was checked using the government hot spot classification reports. According to the national hot spot Woredas classification, both Woredas showed improvement over the last years as shown below.

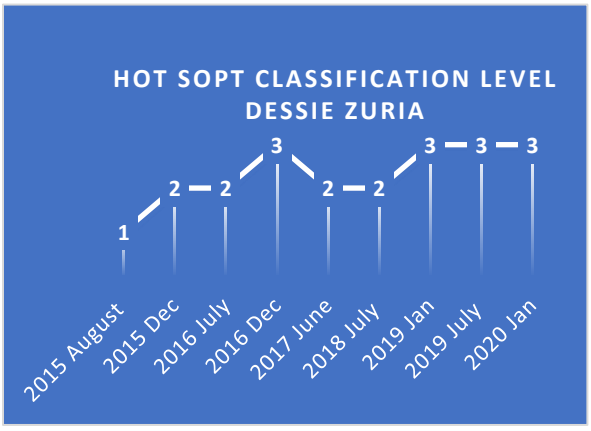

Figure 12 Hotspot classification of Dessie Zuria 2015-2020

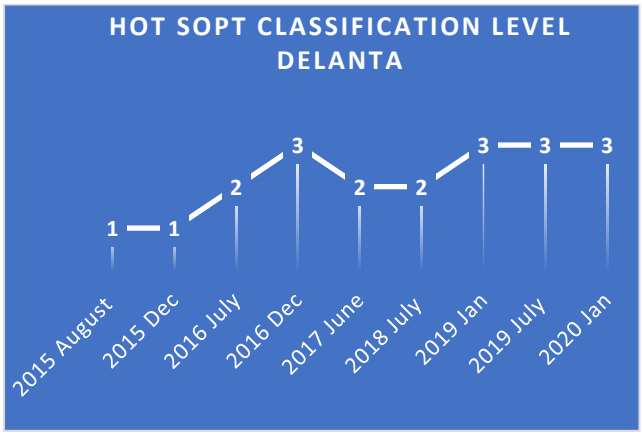

Figure 13 Hotspot classification of Delanta 2015-2020

As shown above, the food security situation of the project areas showed improvement from 2015 to the end of 2019 as they moved from hotspot 1 to 3 by the end of the project period. It is acknowledged that the project has stake for such improvements. However, both Woredas are still in the list of hotspot classification though there is improvement. It is noted that the project areas are vulnerable due to several factors including degraded land, occurrence of frost which damages crops, erratic rainfall and other and hence the possibility of falling back after some progress is noted. This is witnessed by the January 2021 hotspot classification

report as both Woredas fall under level 2 classification despite of their level 3 status as of 2019. In nutshell the finding shows that integrated approach can bring positive changes considering that the level of input injection is sufficient.

The development process by its very nature is not a smooth and uninterrupted process. It involves a series of discontinuous 'jumps. The factors affecting economic growth, though functionally related with each other, are marked by several "discontinuities" and "hump." What is needed is a "big push" to undo the initial inertia of the stagnant economy. It is only then that a smooth journey of the economy towards higher levels of productivity and income can be ensured. Unless big initial momentum is imparted to the economy, it would fail to achieve a self-generating and cumulative growth. A certain minimum of initial speed is essential if at all the race is to be run. A big thrust of a certain minimum size is needed to overcome the various discontinuities and indivisibilities in the economy and offset the diseconomies of scale that may arise once development begins.
P.N. Rosenstein-Rodan; The theory of big push

Indicator 2 Household Diet Diversity Score (HDDS)

Household Dietary Diversity is the number of different food groups consumed by a household over a given reference period notably 24 hours prior to the survey date. A total 12 food groups are used to calculate the HDDS.

The result of end line survey showed that the HDDS for the project area was 5.22(Dessie Zuria 4.63 and Delanta 5.96) which showed improvement over the project period as compared to the baseline result, 4.53. Similarly, the number of food group consumed by household in previous 24 hours of the survey date was 6.27 where the data was 5.55 and 7.15 for Dessie Zuria and Delanta respectively.

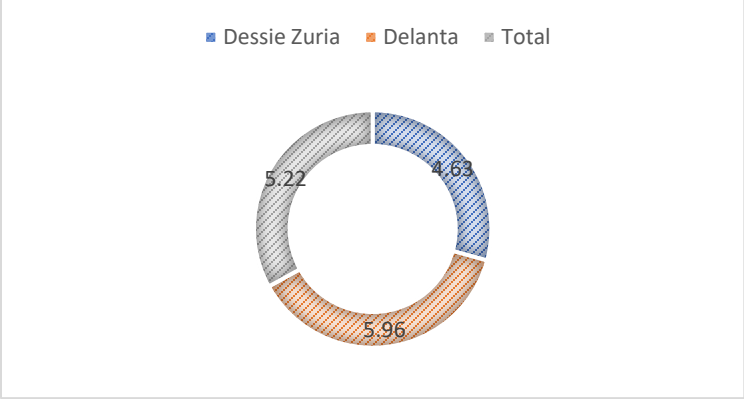

Figure 14 Household Diet Diversity Score by Woreda

Indicator 3 Percentage of households with a (functional) backyard garden

Respondents were asked whether they grow fruits and or vegetables. In case respondents are cultivating crops/vegetables, enumerators observed the type of garden and plants growing and seed and any harvest conducted in the last 10 days of the survey date. Moreover, enumerators collected information on the barrier they are facing and the purpose of produce from their garden. The finding is as discussed below.

- ✓ Of the respondents, 29%(Dessie Zuria 36.5% and Delanta 20%) cultivate a garden to grow vegetables or fruits in their compound or near your home.
- ✓ Garden on the ground is the only type available at all observed back yards. During the baseline data, the ground garden was the most common form (90%), followed by key-hole gardens (5%) and sack/bag gardens (2%) and other (3%).
- ✓ All gardens were planted at time of the survey. During the base year, 82% of the garden were planted which was 100% during the end line survey.
- ✓ Using the set indicator, all gardens are rated as functional. Hence, the percentage of households with a (functional) backyard garden is 100%.
- ✓ In relation to the use of the produce, 94% use for immediate consumption followed by sale and reserve for seed. The use of the produce is comparable with the base year situation as shown below.

6.5. Sustainability

The possibility in the continuity of service and impact after the withdrawal of the project was assessed and the result is as summarized below.

Health interventions are built within the ongoing government structure and activities. It is the role and responsibilities of the health offices to make sure that the health system which included public health, pharmaceutical supply, nutritional related intervention, and prevention of non-communicable diseases run properly. Hence, results brought and services in the area of health and nutrition is likely sustainable.

The project supported the construction of water schemes including extension works, water user's association established, trained and tool kits for operation and maintenance handed over to Woreda Water offices. Moreover, the water fee system put in place and functional though it needs strengthening. Respective Woreda water and energy offices are in place and staffed with experts that can provide technical assistances. Hence, the constructed water schemes and their services are likely sustainable. However, its sustainability heavily depends on the technical support from the government and community continued to live their commitment in managing the schemes. Some of the scheme like the extension works and pipeline system and reservoirs are beyond the capacity of water care takers and need technical support from Woreda staff. Moreover, the water fee put in pace is smaller in some case and cannot cover operation and maintenance cost. The tool kits are at the Woreda office and not yet handed over to the community. Furthermore, some water points not yet handed over to the community. Hence, the sustainability of the water schemes depends on the efforts of the Woreda and community in terms of putting facilities in place and technical support.

Agricultural production related activities notably back yard vegetable production and the improved agricultural practice promotion are likely sustainable as the agriculture offices have staff and structure at different level which can provide technical support. Community tested the importance of vegetable production in the lens of child nutrition and family health at large. They expressed to continue production and even expanding for its food value and additional income earning. However, the supply of required inputs like vegetable seed, affordability of the seeds, availability of water for gardening particularly during the dry season, etc are some of the factors that can affect its sustainability. Hence agriculture office is expected to provide technical support and linkages with the suppliers to ensure sustainability

Disaster Risk Reduction Committee is part of the government structure which will continue and serve the community. Moreover, the development of DRR plan, contingency plan and early warning activities are the jobs of the government and hence their sustainability is likely.

6.6. Lessons learnt.

The implementation of the project generated lessons which can be used as input for future similar projects as listed below.

- The project followed multisectoral a project implementation approach than following on a single intervention. Since factors affecting the nutritional status of children are multifaced, the choice of integrated development approach is appreciable and can be taken as lesson.

- Active participation of stakeholders from the onset is noted as a point of departure for project success and sustainability. The evaluation confirmed that community and sector offices owned the project since they participated from the beginning.

- Project area and beneficiary selection was transparent and based on evidence like national Woredas hot spot classification report, involvement of zone and Woreda sector offices and DRR committee at the community level. The fact that CWW did wealth ranking from the onset, inbuilt compliant handling mechanizes and the validation of the selected beneficiaries by posting their name at community gathering placed re-enforced transparency. Hence, the interplay of using local structures, sector offices, predefined wealth ranking result and inbuilt compliant mechanism can be taken as lesson to ensure transparency and effective targeting.

- The organizational structure of some organization might be disconnected at some point and might not land at Woreda level like the case of Disaster Risk Management Agency which is extended to Zone level. Under such case, the need for checking the connection of structure from region to Woreda and or conduiting where interrupted with the next responsible structure is taken as lesson.

- The project proved the possibility of outreaching more children with limited resources. The integration of efforts particularly at the front line (outreach workers and HEW), refresher training, motivation, proper selection of entry points, home to home visit, and the commitment of staff and cultivating the health seeking behavior of the target community led the project to identify, screen and treat larger number of children which can be taken as lesson.

- The project demonstrated that introduction of nutrition sensitive agriculture as one of a breakthrough in terms of diversifying food menu and inclusion of vitamins which are vital for the health of human being.

- Mothers to mothers and fathers to father's support group contributed for better outreach and serve larger number of community members on top of enhancing the participation of fathers on child affairs. The approach is welcomed by the local government and community which can be tested and replicated to other areas.

- The development of water schemes particularly pipe systems require the use of different variables and realistic demand projection. In this regard, the need for considering all required technical variables particularly population for projection is taken as lesson for the future similar works. Moreover, accounting those people residing at areas where the pipeline shall cross should be considered to ensure benefit sharing and sustainability.

- WaSH projects require the integrated efforts of water and health offices. Unfortunately, capacity building which includes training of water users committee was handled by water office and the capacity building was skewed toward water management and operation and maintenance. However, the integration of water and sanitation through joint efforts of water and health office is noted as gap area which needs be strengthened.

- The role of women in water collection and management is higher under the target community setting. Hence, they can play decisive role if they assume the position of water scheme management committee. It is observed that the water users committee are male dominated where most committee consists of only a female. Increasing the number of female committee member is taken as a lesson for similar projects.

- Water fee determination should consider the income and expenditure analysis so that fee collected can cover operation and maintenance costs. Considering this, determining workable fee rate using simple analysis than setting arbitrary figure is taken as lesson. Moreover, handing over schemes on time and accompanying water management body for sometimes can give time for learning and fixing problems before phasing out.

- Water is an important ingredient of WaSH interventions. However, its construction was pushed to the end of the project period due to different factors as listed in this report. Hence, the need for introducing efficient procurement process and design and its approval at the area coordination office and if not at the national level is taken as lesson.

- Awareness creation can enhance the diversification of food for children aged 6-23 months in particulars and the family at all. The project proved the possibility of dietary diversification with training beneficiaries and promoting nutrition sensitive agriculture (back yard vegetable production). However, it is learnt that the supply side which is food production is the key area in need of attention while implementing similar projects to increase the resolution of impacts and sustainability of the practice. Hence, diversifying intervention in addition to vegetable production is taken as lesson.

- The durability of latrines constructed from local materials noted as lower. Hence, the introduction of sanitation marketing where slabs cabs can be produced and distributed to beneficiaries with reasonable prices is taken as lesson to strengthen the effort.

- The quality of data for monitoring and evaluation is critical to make objective judgments. Hence, the need of due consideration for the quality of data is taken as lesson since it can mislead findings.

7. Conclusion and recommendation

7.1. Conclusion

Data was collected using qualitative and quantitative data collection methods and analyzed. The finding of the final evaluation showed that the practice of exclusive breast feeding promoted, child and household dietary diversified, access to potable water increased, sanitation and personal hygiene promoted, and food gap reduced. Moreover, the food security of the of the target community improved as witnessed by reduced food gap and move from hotspot priority one to three/two. Hence, the general conclusion is that the project was successful and met its objective. However, there are still persistency of gap in nutrition, water, sanitation and hygiene, and agriculture and food security which needs further intervention. Similarly, the fund utilization of the project was higher/97% and cost per beneficiary as stated in this document was minimal. Considering the changes brought as the result of interventions, the impact justifies the cost. Specific conclusion and recommendations are as listed under the recommendation part below.

7.2. Recommendation

Targeting of Woredas and beneficiaries was done with care and noted as transparent. Hence, neither inclusion nor exclusion error was committed.

The choice of multisectoral approach, as stated in the 2014-25 Multi Sectoral Nutrition strategy is a step toward improving the nutritional status of children. The project implemented the approach and the result obtained is encouraging. Hence, the replication of the approach with additional of the following points is recommended.

- The introduction of nutrition sensitive agriculture- back yard vegetable production brought positive change in terms of diversifying the diet. Hence, upscaling and replicating the experience for similar projects is recommended.
- The project area is food insecure, under productive safety net and struggling to get out of the list of hot spot level classified Woreda. Under such case strengthening interventions that can enhance the food supply side of the equation is recommended. Under such case, the need for carefully selection of intervention that can supply nutritious rich foods like poultry is recommended.
- The project promoted macronutrients notably protein, carbohydrate, and fat. Since micronutrients which includes vitamins and minerals are equally important for mothers and child health, their inclusion to the list of future project activities is recommended. But there is a need for detail study on the supply and other related issues before jumping into the intervention.

Development needs the integration of efforts, commitment and use of different strategies and approach. In this regard, the project served 232,607 beneficiaries which was 173% of the target. Capacity building, collaboration, integration, commitment of staff, use of different approach including fathers to fathers and mothers to mothers' support group, clarity of messages (IEC) materials and proper targeting attributed for the success. Hence, the project demonstrated the ability of serving more beneficiaries with limited resource if at there are integration of efforts and commitment of actors.

Mothers to mothers and fathers to father's support group are found instrumental to disseminate information to the wider community. Moreover, the approach paved ways for fathers to take part in their family/child affairs

which must be replicated. Under this case, it is recommended, if CWW take ample time and figure out the mechanics under which the approach operates better, document and disseminate/replicate.

The construction of water schemes/line extension is the positive step to create assess to potable water. However, the following has been recommended to strength the effort for the future.

- Population is one of the most important factors for design of the water systems, so it should be estimated, to know the increasing demand and ensure continuous supply to them. In this regard, considering the possible beneficiaries, actual population data and demand projection is recommended for the future similar projects.
- The number of female water users committee members is lower. Considering the role women can play on the use and management of water scheme, increasing their representation in water users committee is recommended.
- Water fee is instrumental for sustainable use of water schemes. Hence, gradual increment of water fee by the schemes is recommended.
- The integration of water and sanitation to the training and follow up technical service is important to maximize impacts. In this regard, the integration of water and health office on training WSCHCo members was low as the training was mainly done by water office. The integration of efforts from the two offices is recommended for the future.
- Tool kits were not handed over to water users committee at time of the survey. Hence, respective Woreda Water Office are recommended to hand over the tools accordingly.
- Some of the structures constructed- extension works, reservoirs and facilities require technical assistance which might be beyond the capacity of water users committee. Hence, technical back up from Woreda Water and Energy Office is required to sustain the systems.
- The finding shows that the quantity of water consumed is lower (below half of the set standard) and it is noted that several factors contributed for limited water consumption at household level. Hence, continued education and motivating community on optimal use of water should be done.

The durability of latrine is one of the important things for the sustainability of the service. In this regard, the use of durable materials for construction is sought, where sanitation marketing is one of the possible approaches to distribute quality slabs for the target community. Hence, the implementation of sanitation marketing as stated in the government plan can curb the problem.

Studies show that water can be contaminated in between the distribution point and mouth. One of the possible areas of contamination is the use of water container. Hence, strengthening educating the community about this critical path is recommended for the future.

Exclusive breast feeding can be affected by different factors like mother's health and nutritional status, economic status of families, workload on mothers and others. In relation to this, mother explained that staying with a child and feeding throughout the day is difficult as they go for household activities to fulfil the requirements of their families. They leave children with their elders and under such case the possibility of availing supplementary feed at least water and the practice of using a bottle with a nipple, a practice that is discouraged because of the risk of illness to the child noted. Hence, improving the socio-economic condition of the households, nutritional status of mothers, reduce load on mothers and devising a means under which awareness on CYFP to other family members are some of the recommendations for the possible intervention

to promote exclusive breast feedings. However, this might take time and can be considered as long-term solution to the challenge.

The result of the end line showed that 96% of the target population have access to potable water. On the other hand, the survey result showed that only 3.7 % collected the set standard amount (25 liter per day per person) indicating more work on optimal utilization of the water schemes. The fact that water schemes particularly, pipe and extension system were constructed as per the demand projection and set standard, indicates the sub utilization of the constructed schemes. Hence, the finding calls for optimal utilization of the existing systems and construction of additional schemes based on the demand and supply gaps.

Poverty is multifaced and maximum effort is required to push beneficiaries out of the poverty trap. Under this case the economic thought argue for big push which requires intensive intervention and hence, maximizing investment on key poverty reduction interventions can support beneficiaries to break the cycle.

Annex

Annex 1. List of personnel contacted: REDACTED for sensitive nature of contact information

Annex 2 Program performance matrix

	Baseline	Target	Actual	%
Beneficiaries reached	0	134,428	232,607	173%
Objective 1: Health				
# of beneficiaries reached		26,829	43,624	163%
Sub-sector 1: Health Systems and Clinical Support				
Number of Health Facilities Supported	0	77	77	100%
Percentage of total weekly surveillance reports submitted on time by health facilities	0%	100%	100%	100%
Number of outpatient consultations	0	2,327	12,954	557%
Number of health care staff trained	Total:	Total: 192	Total: 135	Total: 70%
	Male: 0	Male: 120	Male: 93	Male: 77%
	Female: 0	Female: 72	Female: 42	Female: 58%
Sub-sector 2: Communicable Diseases				
Number of communicable disease consultations	9,867	26,417	25,437	96%
Sub-sector 3: Community Health				
Number of Community Health Workers (CHW) supported (total within project area and per 10,000 population)	0	128	134	134
Number and percentage of CHWs conducting public health surveillance	126 (100%)	126 (100%)	128(100%)	128(101%)
Number of children under five years of age who received community-based treatment for common childhood illnesses	0	7,843	16,280	208%
Sub-sector 4: Pharmaceuticals and other medical commodities				
Number of people trained in medical commodity supply chain management	0	Total: 92	Total: 31	34
		Male: 60	Male: 22	37
		Female: 32	Female: 9	28
Number of health facilities out of stock of any medical commodity tracer products, for longer than one week, 7 consecutive days	14	0	0	0

Objective 2: Nutrition	Baseline	Target	Actual	%
Number of beneficiaries reached		18,189	58,036	319
Sub-sector 1: Infant and Young Child Feeding in Emergencies				
	77.50%	90%	79.3%	

Proportion of infants 0-5 months of age who are fed exclusively with breast milk	Dessie Zuria = 78.3%		Dessie Zuria = 79.3%	
	Delanta =76.9%		Delanta =79.3%	
Proportion of children 6-23 months of age who receive food from 4 or more food groups	16.40%	25%	34.8%	
	Dessie Zuria = 18.6%		Dessie Zuria = 47.4%	
	Delanta = 14.2%		Delanta =12.9%	
Number of people receiving behavior changing interventions to improve infant and young child feeding practices	Total: 0	Total 17,891	Total 53,462	
		Male:8,445	Male: 23,263	
		Female:9,446	Female: 30,199	
Sub-sector 2: Management of Acute Malnutrition				
Number of health care staff trained in the prevention and management of acute malnutrition	Total: 0	Total: 206	Total: 204	99
	Male: 0	Male:47	Male:11	23
	Female: 0	Female:159	Female: 193	121
Number of supported sites managing acute malnutrition	77	77	77	100
Number of admitted rates of recovery, default, death, relapse, and average length of stay for people admitted to Management of Acute Malnutrition sites	Recovery: 99.3%	Recovery: >75%	Recovery: 97.2%	
	Default: 0.5%	Default: <15%	Default: 1.1%	
	Death: 0%	Death: <10%	Death: 0.5%	
	Relapse:	Relapse:	Relapse:	
	Length of stay: <60d	Length of stay: <60 days	Length of stay: 72 days	

Objective 3: Water, Sanitation, and Hygiene	Baseline	Target	Total	Total
# of people reached	0	82,896	144,598	174
Sub-sector 1: Water Supply				
Number of people directly utilizing improved water services provided with OFDA funding	0	Total: 10,860	Total: 16,868	155
		Male: 5,539	Male: 8,450	153
		Female: 5,321	Female:8,064	152
Percent of water user committees created and/or trained by the WASH program that are active at least three (3) months after training	0%	100%	100%	100%
Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination	0%	100%	86%	86%

Percentage of households that collect 25 liters per person per day for drinking, cooking and personal hygiene from and improved water source	10.80%	25%	3.7%	
Number of primary schools with access to water supply facility	0	9 schools	7	78
Number of health facilities with functioning water supply	0	3 health centers	3	100
Sub-sector 2: Sanitation				
Number of people directly utilizing improved sanitation services provided with OFDA funding	Total: 0	Total: 73,346	Total: 53,891	73
	Male:	Male: 35,940	Male:26,148	73
	Female:	Female: 37,406	Female:27,743	74
Average number of users per functioning toilet	0	60	50	50
Percent of households targeted by latrine construction/promotion program whose latrines are completed and clean	49.10%	70%	75.1%	
Sub-sector 3: Hygiene Promotion				
Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	Total: 37,647	Total: 82,896	Total: 101,648	123
		Male: 40,619	Male: 50,770	125
		Female: 42,277	Female: 50,878	120
Percent of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands	Percentage: 83.6%	Percentage: 90%	86.80%	
Percent of households targeted by the hygiene promotion program who store their drinking water safely in clean containers	Percentage: 33.8%	Percentage: 70%	66.20%	
Percent of households targeted by the hygiene promotion program with no evidence of feces in the living area.	58.30%	70%	75%	
Number of school WASH clubs established and trained	0	9 clubs	22	244
Sub-sector 4: WASH Non-Food Items				
Total number of people receiving WASH NFIs assistance through all modalities (without double-counting)	0	Total: 1,976	Total: 1,976	100
		Male: 1,522	Male:	
		Female: 454	Female:	
Percent of households reporting satisfaction with the contents of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash	0%	70%	97.2	
Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash	0%	70%	91.9	

Objective 4: Agriculture and Food Security	Baseline	Target	Total	%

Number of beneficiaries reached		6,000	5,750	96
Sub-sector 1: Improving Agricultural Production/Food Security				
Number of months of household food self-sufficiency as a result of improved agricultural production programming	2.7 Months	2 months	1.96 month	
Number of people directly benefiting from improving agricultural production and/or food security activities	0	Total: 6,000	Total: 11,377	190
		Male: 3,500	Male: 9,335	267
		Female: 2,500	Female: 2,042	82
Number of hectares under improved agricultural methods	0	48ha	80.85	
Percentage of households with a (functional) backyard garden	83%	89%	100	

Objective 5: Risk Management Policy and Practice	Baseline	Target	Total	Total
Number of beneficiaries reached		514	412	80
Sub-sector 1: Policy and Planning				
Number of hazard risk reduction plans, strategies, policies, disaster preparedness, and contingency plans developed and in place	7 (35%)	63	94	149
Number of people participating in discussions regarding national risk reduction strategies as a result of the program	0	Total: 33	Total: 38	115
		Male:24	Male: 34	142
		Female: 9	Female: 4	44
National and local risk assessment, hazards data and vulnerability information is available within targeted areas (Y/N)	No	Yes	Yes	Yes
% of communities in risk-prone areas with mitigation plans meeting minimum standards	55%	60%	100% (n=22)	
Number of people participating in trainings	0	Total: 481	Total: 412	86
		Male: 350	Male: 315	90
		Female: 131	Female: 97	74
Percentage of attendees at joint planning meetings who are from the local community	0%	25%	25%	25%