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# EVALUATION

Evaluation of the “Building on Community Strengths: Identifying and Addressing the Social and Cultural Aspects of Maternal, Infant and Young Child Nutrition” Project in West Hararghe Zone of Oromiya Region, Ethiopia

**September 2015, Addis Ababa**

This evaluation report was produced at the request of GOAL Ethiopia. It was prepared independently by ADVOCO Health and Development Consultancy Services Plc.

## **ACKNOWLEDGEMENT**

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# **TERMINAL EVALUATION REPORT**

## **FOR THE PROJECT**

## **“BUILDING ON COMMUNITY STRENGTHS: IDENTIFYING AND ADDRESSING THE SOCIAL AND CULTURAL ASPECTS OF MATERNAL, INFANT AND YOUNG CHILD NUTRITION” WEST HARARGHE ZONE OF OROMIYA REGION, ETHIOPIA**

September 2015, Addis Ababa

SC-TOPS-SG-2013-01

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### **DISCLAIMER**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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# ACRONYMS

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ANC	Antenatal Care
CDWs	Community Development Workers
CGs	Care Groups
CMAM	Community based Management of Acute Malnutrition
EDHS	Ethiopian Demographic and Health Survey
ENA	Essential Nutrition Actions
FGD	Focus Group Discussion
FHC	Family Health Care
FO	Field Office
HCs	Health Centers
HEWs	Health Extension Workers
HO	Health Officer
KII	Key Informant Interview
LOP	Life of Project
MHG	Men Health Groups
M&E	Monitoring and Evaluation
MIYCF	Maternal Infant and Young Children Feeding
MIYCN	Maternal Infant and Young Children Nutrition
MoH	Ministry of Health
MSC	Most Significant Change
NNP	National Nutrition Program
OVC	Orphan and Vulnerable Children
PI	Principal Investigator
PLW	Pregnant and Lactating Women
PNC	Prenatal Care
SBCC	Social Behavior Change Communication
SOs	Specific Objectives
TE	Terminal Evaluation
TOPS	Technical and Operational Performance Support
USAID	United States Agency for International Development
WHO	Woreda Health Office

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# 1. EXECUTIVE SUMMARY

## 1.1. EVALUATION PURPOSE AND SCOPE

The ultimate aim of this evaluation was to document impacts/outcomes of the Social Behavioral Change and Communication (SBCC) activities on maternal, infant, and young child feeding (MIYCF) practices among the target communities in West Hararghe zone. GOAL Ethiopia targeted to test the hypothesis through CG and MHG models, document the impacts/outcomes of the project and share to partners at national and international level.

## 1.2. PROJECT BACKGROUND

The project entitled “Building on Community Strengths: Identifying and Addressing the Social and Cultural Aspects of Maternal, Infant and Young Child Feeding (MIYCF)” initially launched for 10 months (July 1, 2014 to April 30, 2015), which later extended up to June 15, 2015 following the no cost extension approval obtained from the donor. The project was financed by the USAID’s Technical and Operational Performance Support (TOPS) Program Small Grants Fund and implemented by GOAL Ethiopia, a sub-grantee of Save the Children Ethiopia, the prime recipient of the grant. The project was implemented in two woredas of West Hararghe (WH) Zone in Oromia Region, namely, Daro-Lebu and Hawi-Gudina. It is aimed to address 2926 direct beneficiaries (2504 pregnant and lactating women organized in to Care Group (CG) and 422 fathers organized in to Male Health Group (MHG) with a total budget of \$99,040.10 (equivalent to 1,980,802 ETB), of which \$4715.04 (4.7%) was a matching fund from GOAL Ethiopia. The overarching purpose of the project was to test a hypothesis that **“men can positively contribute to an improvement in MIYCF; as well as household hygiene and sanitation practices in rural communities”**.

## 1.3. EVALUATION QUESTIONS, DESIGN, METHODS AND LIMITATIONS

In order to answer the evaluation question how can men positively contribute to an improvement in MIYCF; as well as to household hygiene and sanitation practices in rural communities of Daro Lebu and Hawi Gudina Woredas, the evaluation employed participatory qualitative study methods and tools. However, available quantitative information generated by the M&E system of the organization such as progress reports were reviewed and mini-sample size household survey was conducted and used for additional analysis to substantiate the main findings. The participatory qualitative study approach involved key project stakeholders such as government partners, GOAL-Ethiopia staff, community representatives and the target beneficiaries. Individuals as key informants were interviewed and community discussions were conducted with focus groups. Apart from these, physical observation of randomly selected activities was undertaken and case studies were developed. The evaluation team used a mixed sampling strategy to select respondents for focus group discussion and household survey to reduce bias and increase objectivity.

## **I.4. KEY FINDINGS**

- Behavioral change was brought on men to positively contribute for the improvement of maternal dietary intake and diversity, MIYCF, household hygiene and sanitation practices;
- GOAL promoted CG/MHG approach was efficient in the sense that it addressed many people within a short period of time (in the life of the project) and was cost effective;
- The beneficiaries have developed some sense of dependency to the project handouts (water guards, soap and iodized salt) delivered by the project;
- Woreda Health Office Staff did not fully participate at the designing stage of the program;
- The financial budget of the project was fully utilized whereas there were few under achieved physical activities.

## **I.5. KEY RECOMMENDATIONS**

GOAL Ethiopia shall apply efforts to involve relevant woreda government sector office staff beginning from the very design stage of a project to facilitate better implementation and ensure sustainability;

The project proved that CG/MHG approaches promoted by GOAL Ethiopia were addressing considerable number of community members within short period of time. But, the project life was too short to bring about change compared to the longstanding cultural barriers in the area. Therefore, it is recommended that GOAL Ethiopia shall seek funding to continue similar program in a wider scale and for longer duration to maximize impact;

In order to minimize dependency on project handouts, GOAL Ethiopia shall always refrain from free delivery of inputs and resources to beneficiaries. The free delivery of iodized salt, water guards and soap needs strategy to avoid the potential risk of dependency. Some of the recommended strategy could be; 1) inform beneficiaries to use locally available material like ash as an alternative to soap for hand washing; 2) raising the awareness of the beneficiaries so that they will start buying the inputs, and 3) provide the inputs on loan basis by establishing rotating credit scheme, etc.

## 2. EVALUATION PURPOSE & SCOPE

### 2.1. EVALUATION PURPOSE

The purpose of conducting this evaluation was to measure the progress towards achieving the project's specific objectives and activities against the set indicators and to gauge the achievements against the baseline survey findings compiled during the initiation of the project. The ultimate aim was to document impacts/outcomes of the Social Behavioral Change and Communication (SBCC) activities on maternal, infant, and young child feeding (MIYCF) practices among the target communities. This evaluation questioned how men can positively contribute to an improvement in MIYCF; as well as to household hygiene and sanitation practices in rural communities of Daro Lebu and Hawi Gudina Woredas in West Hararghe zone.

The specific objectives of the evaluation were:

- To document the outcomes of Care Group approach on MIYCF promotion and practices;
- To document the outcomes of the joint Care Group and men Health Group approaches on the promotion and practices of MIYCF, and
- To document promising practices and challenges in the promotion of MIYCF in rural communities.

### 2.2. SCOPE OF THE EVALUATION

The scope of the evaluation was to:

- Conduct an operational research to understand how the Care Groups and Men Health Groups are working in the promotion of key health and nutrition messages at community level;
- Evaluate the impact of Men's groups on the performance of the Care groups;
- Review project documents; including proposal, monitoring and evaluation plans, and activity reports, as well as conduct interview of Woreda health offices in the project areas to verify project achievements;
- Document perception, experiences, challenges and lessons of the community volunteers, health care providers, health extension workers and Woreda health office experts as well as other stakeholders in the project area on the use of Men Health Group and Care Group approaches for the promotion of MIYCF;
- Document/synthesize any positive impacts/outcomes of the Care Group and Men Health Groups on the MIYCF practices; finalize the evaluation incorporating feedbacks from GOAL Ethiopia and
- Finalize the evaluation by incorporating feedbacks from GOAL Ethiopia.

## 3. PROJECT BACKGROUND

### 3.1. BRIEF DESCRIPTION OF THE PROJECT

The project entitled “Building on Community Strengths: Identifying and Addressing the Social and Cultural Aspects of Maternal, Infant and Young Child Feeding (MIYCF)” initially launched for 10 months (July 1, 2014 to April 30, 2015), which later extended up to June 15, 2015, following the no cost extension approval obtained from the donor. The project was financed by the USAID’s Technical and Operational Performance Support (TOPS) Program Small Grants Fund and implemented by GOAL Ethiopia, a sub-grantee of Save the Children Ethiopia, the prime recipient of the grant. The project was implemented in two woredas of West Hararghe (WH) Zone in Oromia Region, namely, Daro-Lebu and Hawi-Gudina. It is aimed to address 2926 direct beneficiaries (2504 pregnant and lactating women organized in to Care Group (CG) and 422 fathers organized in to Male Health Group (MHG) with a total budget of \$99,040.10 (equivalent to 1,980,802 ETB.), of which \$4715.04 (4.7%) was matching fund from GOAL Ethiopia.

The overarching purpose of the project is to test a hypothesis that “men can positively contribute to an improvement in MIYCF; as well as household hygiene and sanitation practices in rural communities.” With this overarching goal the project aimed to address three Specific Objectives (SOs). The specific objectives are:

- 1) To add to the global evidence on the added value of working with men in reducing poor maternal and child health and nutrition through gathering evidence on structural, cultural and attitudinal barriers using Designing for Behavior Change (DBC) and operational research;
- 2) To build the capacity of men to address these barriers through specific social and behavioral change (SBC) activities and tools that target the male role at household and community level and
- 3) To build the capacity of food security and nutrition networks nationally and globally through the dissemination of tested approaches and tools developed on how to engage men in women’s and children’s health and nutritional issues. In order to attain each SO and then the overarching purpose, different activities were planned and achieved in the life of the project.

### 3.2. OVERVIEW OF MATERNAL AND CHILD NUTRITION PRACTICE IN ETHIOPIA

In the last decade, the government of Ethiopia has shown improvements in key nutrition indicators though malnutrition is still remains high. According to the revised NNP, 11 million under five years old children have received vitamin A supplementation and de-worming and community based direct nutrition interventions were scaled up to more than 500 woredas and decentralized to more than 10,000 health facilities. Furthermore, salt iodization re-initiated and its legislation and enforcement put in place and nutrition and HIV interventions for PLHIV and OVC scaled up to 400 health facilities.

DHS 2011 also indicated that the prevalence of stunting among under five children in Ethiopia has decreased from 58% in 2000 to 51% in 2005 and to 44% in 2011. However, most of the indicators of chronic malnutrition show that the problems related to children and mothers nutrition are still at an unacceptably high level. For instance, Malnutrition has decreased but remains high, with 44.4% of children stunted, 28.7% of children underweight and 9.7% of children wasted; and 27% of women underweight. In order to curb the situation, various efforts have been exerted by government and different non-governmental organizations. The organizations have been conducting numerous nutrition specific and nutrition sensitive activities. Despite the implementation of these activities, however, the problem persists as evidenced above. Though there could be different reasons for this, socio-cultural variable specifically decision making power over income have significant negative influence on women and children's malnutrition in Ethiopia. In Ethiopia, culture and patriarchal traditions would contribute to higher risk of maternal and child mal-nutrition.

In West Hararghe, for instant, the father is prioritized for food over children and spouses. They eat only when he has his fill. Fathers make most of the household-level decisions and are viewed as the "owners" of family resources. Family members see the father as the source of all new in-formation and value his opinions and ideas. If fathers were not convinced and directly involved, family members were unlikely to bring about desired changes in feeding practices, though the baby's mother is well informed. Despite the evidence that men in Ethiopian society remain the decision makers on women's health seeking behaviors and practices (Prendergast & Kelly, 2012); involving them as key influencers of change is often neglected. This is coupled with poor house-hold hygiene and sanitation practices in rural Ethiopia, which puts children under the age of eighteen months at risk of environmental enteropathy. The later aggravates the prevalence of child malnutrition due to ingestion of human and animal fecal matter.

GOAL Ethiopia has a well-developed experience in implementing Social and Behavior Change Communication (SBCC), capacity building and community health promotion activities targeting women of the reproductive age group and men. The organization has been implementing health program in two Woredas of WH zone, namely, Hawi-Gudina and Daro-Labu through other program since June 2012. The program has been targeting a total of 20 kebeles in those two Woredas and focusing on improving reproductive health, maternal and child health services using various SBC approaches including CG and MHG.

GOAL Ethiopia has been achieving promising improvements in KAPB of the community towards family health interventions in the last two and half years of the programme implementation period (TOPS Project Baseline Survey Report, May 2015). It can be deduced that the organization's previous experience contributes for the successes of this project.

These promising improvements motivated GOAL to further launch similar project using the same approaches, particularly the CG and MHG approaches in twenty (20) additional Kebeles of the afore-mentioned Woredas with a targets to test the hypothesis, document the impacts/outcomes of the project and share to partners at national and international level.

### **3.3. BRIEF ACCOUNT OF CG AND MHG APPROACHES TO PROMOTE MATERNAL AND CHILD NUTRITION**

The CG model is a community-based strategy for improving coverage and behavior change. This approach has been implemented and tested in several countries including Ethiopia and was found to be effective in bringing behavioral change within a given community. Looking at

the theoretical model of the care group, it is a group of 10-15 Community-based Volunteers who regularly meet together with project staff for training and supervision. Care groups create a “multiplier effect” in that one staff promoter trains and supervises as many as eight care groups of 10-15 (a total of 80-120 mothers) volunteers each. Each volunteer is responsible to regularly visiting 10-15 neighbors closest to her, sharing what she has learned and facilitating behavior change at the household level. The MHG approach is similar to the CG approach, and in the approach 10-15 men, who are husbands, fathers and leaders, will come together once a month for discussion on family health topics and then return to their community to discuss with other men at the house-hold and community level on what they discussed in their group related to maternal and child health and nutrition. GOAL Ethiopia adopted the Family Health Card (FHC) to train the CGs and MHGs through its CDWs. FHC is a booklet prepared by Government of Ethiopia with a support from its developmental partner and adopted by GOAL Ethiopia. The FHC was a revised booklet having 21 family and community health themes sub-divided in to 64 key messages. The messages were supported by detail descriptions and pictures to be easily understood by illiterate rural communities without/ minimum support of HEWs. The FHC is translated to Oromifa, the local language of the target beneficiaries.

As it was discussed in the above section, it is important to focus on the enhancement of knowledge, attitude and practice of husbands and men in the target community towards improved nutrition and health of women and under 5 children. Apart from having control over resources, husbands also have better social networks than women as they have leisure time to spend with friends. Thus, reaching and influencing men will have double benefit: on the one hand they will play pivotal role in ensuring optimal nutritional practices at home and they can also use their social networks to convey nutritional messages and knowledge to other influential community members like religious leaders, community leaders, etc. Considering its importance, this pilot project aims to test how the engagement of men will improve maternal nutrition at household level through CG and MHG approaches.

## 4. EVALUATION METHODS & LIMITATIONS

The evaluation has employed participatory qualitative study methods and tools. However, available quantitative information generated by the M&E system of the organization such as progress reports were reviewed and mini-sample size household survey was conducted and used for additional analyses to substantiate the main findings. The participatory qualitative study approach involved key project stakeholders such as government partners, GOAL Ethiopia staff, community representatives and the target beneficiaries. Individuals as key informants were interviewed and community discussions were conducted with focus groups. Apart from these, physical observation of randomly selected activities was undertaken and case studies were developed. The detail about the evaluation methodology discussed as follows:

### 4.1. EVALUATION TEAM COMPOSITION

The evaluation team had 9 members. They were; Principal Investigator (PI), Co-investigator (CI) and Data Collection Supervisor (three persons from ADVOCO), two GOAL Ethiopia field office staff, and four locally hired data collectors. The principal investigator was the architect and leader of the entire evaluation exercise. The representatives from ADVOCO supervised and ensured that the data collection process followed the required protocols and standards set by the PI. GOAL Ethiopia staff played a facilitation role to the evaluation team. To support the field level data collection, four local data collectors were hired and joined the evaluation team.

### 4.2. LIMITATIONS OF THE EVALUATION

The following key limitations, among others, were potentially affected the type, quality and quantity of data available for this evaluation.

**TIME CONSTRAINT:** the field-based data collection and processing was done within 5 days. Although significant data was collected during the exercise, the time constraint had its own negative effect on the volume and representativeness of the data collected. Similarly, the limited time may preclude exhaustive translation and transcription of the original field notes, which may leads to unintentional data omissions.

**COINCIDENCE OF THE EVALUATION WITH MUSLIM FASTING PERIOD:** The quality and volume of data collected from the FGD could also be affected due to the coincidence of the field data collection dates with Muslim fasting days. The inhabitants of the project area including the target beneficiaries were dominantly Muslims. To this effect, the FGD discussants have not actively participated as they wanted to get back to their home quickly. Besides, it was difficult to get them appeared for the discussions.

**LANGUAGE BARRIERS:** The data collectors took field notes both in Amharic and Oromiffa. The consultant translated the notes into English in electronic form. It is important to recognize that translation may have resulted loss of the required information. To minimize the gaps, ongoing data debriefs and frequent data reviews was undertaken at field.

### 4.3. SAMPLING

The evaluation team used a mixed sampling strategy to select respondents for focus group discussion, household survey and key informant interview to reduce bias and increase objectivity. To this end, three stage sampling was exercised to select the focus group discussants. At the first stage, Daro Lebu woreda was purposively selected considering that 14 of the operational kebeles (70% of the total) were located in this woreda. At the second stage, 3kebeles (21% of the total in the woreda) were randomly selected using probability proportional to size random sampling. The team used CG number as a criterion to determine the kebeles. Finally, at the third stage, 2CGs, 2MHGs, 2 mixed Group consists of both CG mothers and MHG fathers and 3 control groups (1 women group who were not organized in to CG, 1 men group who were not organized in to MHG, 1 mixed group who neither organized as CG nor as MHG) were randomly selected for focus group discussion, household survey and key informant interview.

Table 1. Sample Data collection woreda and number of kebeles

Operational Woreda	Goal-TOPS Operational Kebeles (No)	CG Kebeles (No)	MHG Kebeles (No)	Selected Kebeles (No)
Daro-Lebu	14	14	7	3
Hawi-Gudina	6	6	0	0
Total	20	20	7	3

### 4.4. DATA COLLECTION METHODS

Prior to starting actual data collection, the PI was preparing data collection guide with questionnaires and checklists. The PI and the two staff from ADVOCO travelled to the area on July 12, 2015. Orientation was given by the PI to the evaluation team members to ensure quality data. The questionnaire and checklists were pretested before the actual data collection practices to further revise the tools to make sure that important variables had not been left out. Finally, the actual data collection exercise was done using the data collection tools. The detail of each data collection tool succinctly described here under.

**DOCUMENT REVIEW:** The consultant has reviewed different pertinent documents as part of the evaluation exercise. The main documents reviewed were; project proposal, progress reports, baseline survey report, detail implementation plan, monitoring and evaluation plan and report, data tracked through the project monitoring model, TOPS project baseline survey report and others to understand the context of the project and develop the design tools used for field data collection.

**FOCUS GROUP DISCUSSION:** data was elicited from 9 focus group discussions in 3 kebeles (21% of the Kebeles of the surveyed woreda), which involves 97 respondents (51% were female) using structured checklist. The focus group discussion was handled by the locally hired data collectors with close supervision of data collection team leaders and the PI. The focus group discussants were CG mothers, MHG fathers, Mixed MHG and CG mothers and fathers and control groups. The control groups were mothers and fathers who neither CG nor MHG members.

**IN-DEPTH KEY INFORMANT INTERVIEW:** data was also collected from 5 key informants (20% were female), using semi-structured checklist. The respondents were; Primary Health Care Director, Health Extension Workers, Community Leaders, GOAL Health Officer and GOAL Community Development Worker. The key informant interviews were exclusively handled by the PI.

**CASE STUDIES:** eight case studies were developed for purposively selected 8 best performing mothers from 8 different kebeles with the objective of extracting most significant changes recorded due to the project. The case studies were exclusively handled by the PI using the prepared structured checklist.

**HOUSEHOLD SURVEY:** Household survey was conducted as part of the evaluation exercise to triangulate the data obtained via qualitative survey. To this end, structured questionnaire used to collect data from 20 CG mothers who were residing in the randomly selected kebeles.

**Table 2. Summary of Evaluation Data Collection**

Data collection tool	Quantity (Number)	Participants		
		Male	Female	Total
<b>Focus Group Discussion (FGD)</b>				
Care Group (CG)	2	0	22	22
Male Health Group (MHG)	2	20	0	20
Mixed (CG & MHG)	2	12	10	22
Non-CG mothers	1		11	11
NON-MHG fathers	1	10		10
Mixed (Non-CG mothers and Non-MHG fathers)	1	6	6	12
<b>Sub-total</b>	<b>9</b>	<b>48</b>	<b>49</b>	<b>97</b>
<b>Key Informant Interview (KII)</b>				
Primary Health Care Director	1	1		1
Health Extension Worker	1		1	1
Community Leader	1	1		1
Goal Health officer	1	1		1
Goal Community Development Worker	1	1		1
<b>Sub-total</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>5</b>
<b>Case Study (CS)</b>			8	8
<b>Sub-total</b>	<b>8</b>		<b>8</b>	<b>8</b>
<b>Observation</b>	8		8	8
<b>Sub-total</b>	<b>8</b>		<b>8</b>	<b>8</b>
<b>Household Survey</b>	20		20	20
<b>Sub-total</b>	<b>20</b>		<b>20</b>	<b>20</b>
<b>Total</b>	<b>50</b>	<b>52</b>	<b>86</b>	<b>138</b>

## 4.5. DATA QUALITY, PROCESSING AND ANALYSIS

### Data Quality

To ensure data integrity, the evaluation team passed through three data quality processes. The processes are described as follows:

**CLEAR TEAM MEMBER ROLES:** To support continuity in the data collection process, the roles of data collectors were fixed throughout the data collection process, with one person dedicated to take note, while the other person focused exclusively on administering the questionnaire;

**REVIEW AND FEEDBACK OF FIELD NOTES:** the data collection team processed their focus group discussion notes in real-time using a data processing template. The Team Leader was reviewed the notes from each focus group discussion to identify challenges and gaps and subsequently met with each team to discuss and solve problems with a view of improving data quality; and

**COLLECTIVE DEBRIEFS:** to support ongoing learning, identify data collection gaps and initiate data analysis, periodic debriefs/discussions were conducted with the full evaluation team. These debriefs consisted of a description of major findings by each team and was followed by question and answer from the PI to clarify concepts, identify gaps and encourage/support continuous improvements in the data collection process.

### Data Processing and Analysis

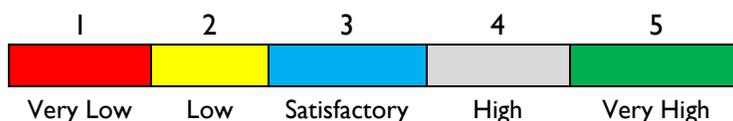
Despite their limitations, the qualitative data collected through focus group discussions and in depth key informant interviews were recorded and transcribed to capture the exact words and phrases of the respondents. The data analysis involved thematically coded, transcribed and translated. Data was analyzed and compiled using the five evaluation criteria, namely, Relevance, Effectiveness, Efficiency, Impact and Sustainability approach. Emerging themes developed and analyzed under each of these evaluation parameters based on the findings from the document review, interviews, discussions and observations.

## 5. FINDINGS, CONCLUSIONS & RECOMMENDATIONS

### 5.1. FINDINGS

The major findings of the evaluation are presented using the five evaluation criteria. The criteria are: 1) Relevance; 2) Effectiveness; 3) Efficiency; 4) Impact; and 5) Sustainability.

Taking together these five criteria, the evaluation report analyze how well the project contributed to the intended ultimate results. A scale of 1-5 is used to quantify the qualitative judgment made using respective elements of the criteria. The colors corresponding to the scales may also imply the rate given to the project.



#### Relevance

**Operational Definition:** *The extent to which the objectives of the development interventions are consistent with the beneficiaries' needs, country needs and policies, global priorities and GOAL Ethiopia's vision.*

As stated in the above section, the project planned to accomplish a set of three objectives to contribute towards the attainment of the overarching purpose of the project. The objectives were:

- To add to the global evidence on the added value of working with men in reducing poor maternal and child health and nutrition by gathering evidence on structural, cultural and attitudinal barriers using Designing for Behavior Change (DBC) and operational research;
- To build the capacity of men to address these barriers through specific social and behavioral change (SBC) activities and tools that target the male role at household and community level;
- To build the capacity of food security and nutrition networks nationally and globally through the dissemination of tested approaches and tools developed on how to engage men in women's and children's health and nutritional issues;
- In order to evaluate the relevance of these objectives five elements were considered for fair representation: 1) appropriateness in terms of key stakeholders participation during project design and fairness of beneficiary selection; 2) the logicalness of the result framework including incorporation of assumptions/risks in the result framework; 3) contribution to organizational, national and global policies/programs; 4) considering local

problems and needs; and 5) Assessment of pre-implementation activities undertaken such as conducting consultation, planning workshop, etc. prior to project implementation.

*A. Appropriateness in terms of key actors' participation during project design and fairness of beneficiary identification:*

The project key actors were government sector representatives, community selected elders and the target beneficiaries. As learned from the reviewed documents, involving these actors was taken as GOAL's sustainability approach. The evaluator also observed that the community and government partners had in-depth knowledge about the project. Nonetheless, the government representatives during key informant interview spoke that the Woreda Health Office was not fully involved at the design stage of the project rather consulted after the project approved. He underlined that the relevant sector offices have to be consulted from the design stage of any project or program in the future.

The consistency and fairness of beneficiary selection was also variable. The project set volunteer mothers selection criteria. The main selection criteria envisaged were; 1) being Pregnant and Lactating Woman, 2) residential status, 3) marital status and involvement in societal roles. According to many of the focus group discussants, the project was fair and consistent in keeping the selection criteria. Nevertheless, some of the focus group discussants witnessed that volunteer mother selection was variable. In some cases the volunteer mothers were selected directly by the kebele leader or Health Extension Workers but in other cases the volunteer mothers were selected by their fellow group members. This indicated that there was minor variability in volunteer mother selection. In general the project under this criterion was rated as satisfactory given the improvement needed to involve the concerned woreda government sector office at design stage and keeping consistency of volunteer mother selection.

*B. The logicalness of the result framework and incorporation of assumptions/risks in the result framework template:*

The monitoring and evaluation plan, which contains, outcome/output, baseline value, indicator and target columns was not logically sequenced and put together with the project goal, objectives, outcomes and outputs, which was indicated in the main project proposal. As the result, the monitoring and evaluation plan did not show how the indicators were fed in to the specific objectives and activities. In other words, the relationship between the output/outcome level results mentioned in the monitoring plan template and the 17 activities mentioned under the 3 Specific Objectives (SOs) in the Detailed Implementation Plan was not clear. This limits the external reader to easily understand the logical flow because it is difficult to know how the lower level result contributes for the next level result. In addition to this, the project lacks assumptions/risks of the project, which had to be part of the result framework. Due to the mentioned reasons, the project was rated below satisfactory at this relevance measurement element.

*C. Contribution to organizational and national policy/program and global priority:*

Currently, the maternal and child malnutrition is a global agenda. The Government of Ethiopia (GoE) has also been aggressively promoting nutrition interventions through the National NNP to curb nutrition related problems of the country. Similarly, GOAL Ethiopia has been implementing integrated humanitarian and development programs mainly to reduce maternal, neo-natal and child morbidities and mortalities. This particular project meant to test the contribution of men’s participation in improving maternal and child nutrition and hygiene and sanitation, which significantly contributes and in agreement with the global priority, government strategy and the organizational policy. In the nut shell, the project’s relevance in its alignment with global priority, policies and strategies was rated as very high.

*D. Considering local problems and needs:*

The project design and implementation was consistent with the local situation and coherent with on-going initiatives. This was justified by nearly all focus group discussants and key informant interviewees who witnessed that the project was consistent with the felt needs and real problems of the community. Both male and female focus group discussants said that similar messages were conveyed before the launch of GOAL-TOPS project through CHAs but we deeply understood the benefit of the messages and starting practice it after the launch of this project as the messages were regularly conveyed and supported by continuous follow up. They witnessed that the project was in agreement with their problem and needs. In general the project was rated as very high in this regard.

*E. Assessment of pre-implementation activities undertaken such as conducting consultation, planning workshop, etc.:*

The evaluation team found that GOAL Ethiopia conducted structural, attitudinal and cultural barrier exercises for MIYCF and household hygiene practices to inform SBC activities. Baseline survey was also conducted by sampling a total of 118 PLWS and Fathers from the targeted Kebeles. Besides, stakeholder consultation rounds were undertaken to further understand the developmental and cultural context from MIYCF and Hygiene & Sanitation perspective. In general, the project was highly relevant regarding meeting the planned pre-implementation activities and rated as very high.

**Table 3. Analysis of relevance of the project**

SN	Elements of relevance	Rating (very low=1,very high=5)	Rationale for the rating
1	Appropriateness in terms of key actors’ participation during project design and fairness of beneficiary identification	3	The project was involving key actors and the beneficiary selection was fair and consistent. However, the key informant interview identified that relevant government sector office was not fully involved during project design. In addition volunteer woman selection showed some degree of variability
2	the logicalness of the result framework	2	The Result framework was not

SN	Elements of relevance	Rating (very low=1,very high=5)	Rationale for the rating
	including incorporation of assumptions, risks and conditions in the result framework template;		prepared in the way that it depicts the logical sequence how lower level results feed in to the next level. In addition it lacks assumption/risk description.
3	contribution to organizational, national and global policies/programs;	5	The project was coherent with global priorities national strategies and organizational goals
4	considering local problems and needs	5	The project is in alignment with the real problems and felt needs of the community
5	Assessment of pre-implementation activities undertaken such as conducting consultation, planning workshop, etc	5	The project completed the desired pre-implementation activities
	<b>Average</b>	<b>4</b>	

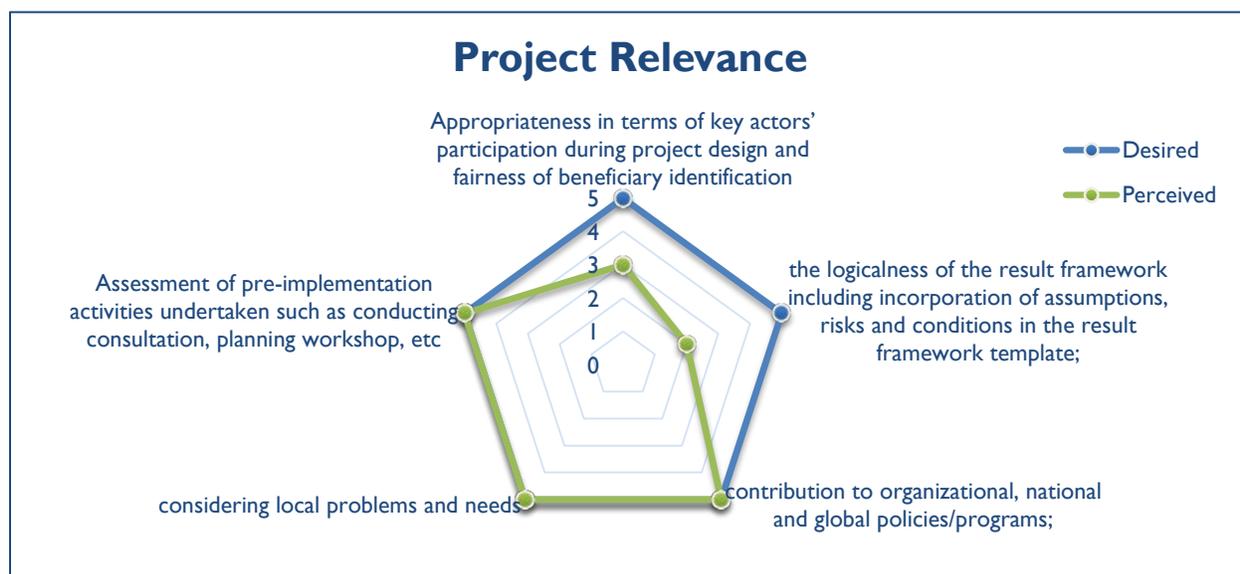


Figure 1. Spider diagram depicting the relevance of the project

## Effectiveness

**Operational Definition:** The extent to which the project's major objectives and corresponding interventions were achieved and documented during the time of the evaluation.

The project has two major components, namely, Support to Maternal and Child Nutrition and Hygiene and Sanitation though the hygiene and sanitation component was under planned. To this end, 3 Specific Objectives and 17 corresponding interventions were planned with the objective of attaining the overarching purpose of the project. The evaluation exercise identified that almost all the activities were accomplished except three, which were planned to be accomplished after the completion of this terminal report. In fact, there were under achieved activities. In order to rate the effectiveness of the project emphasis was given to the outcomes/outputs delivery of the project to the end users by giving due attention to the objectives of the project, outcome/output and interventions carried out.

The following 5 elements were clustering the evaluation checklists under effectiveness. They are; 1) Plan vs actual of the detailed implementation plan; 2) The extent to which the target beneficiaries benefited; 3) Significance of CG and MHG approach; 4) The extent to which the outcome/output targets achieved against the indicators; and 5) The likelihood of the project purpose achieved.

*A. Plan vs actual of the detailed planned activities:*

**i. Interventions under SO1**

Five activities were envisaged under SO1, out of which four of the activities (80%) were achieved during this evaluation period. The accomplished activities include; conducting barrier analysis, conduct SBC tools/materials design meeting and tracking the process of project progress and document. The pending activities were conducting operational research to document impact of social and behavioral change activities among men and the SBC tool development final product, which was still waiting for government comment.

**Table 4. Plan Vs actual of activities under SO1**

SN	Objectives & Activities Description	Unit	Plan	Actual	% achieved
1	Conduct Barrier analysis/formative research	Session	1	1	100
2	Organize SBC tools/materials design meeting with community representatives, health workers and district health office officials to contextualize the designing of SBC tools	Session (#meeting)	1	1	100
3	Develop appropriate SBC tool for maternal nutrition that will be used as an input for revision of the Family Health Card	# Tools	1	1	100
4	Operational Research to document impact of Social and Behavioral Change activities among men	# Research document	1	1	100

SN	Objectives & Activities Description	Unit	Plan	Actual	% achieved
5	Process documentation of project progresses, promising practices and challenges	# progress reports	9	8	89

ii. Interventions under SO2

Under this SO, ten activities were planned, of which four of the activities (40% of the total planned activities) were fully achieved. One activity, establishing and implement Men Health Group approach was 300% achieved. The project performance in this regard was commendable as it is an indication that men's involvement in the project was increased, which would have direct positive effect on the attainment of the overall goal of the project. The overachievement of the MHG group as identified during key informant interview was the increased interest of the community to be organized as MHG and the increased commitment of GOAL Ethiopia staff to aggressively promote the new approach so as to attain the ultimate purpose of the project.

The performance of the rest 5 activities (50% of the total planned), on the other hand, were under performed. The accomplishment level was ranging from 27% to 80%. Most of the under achieved activities were related to government staff trainings. This may happened due to the busy schedule of government staff as the project implementation period coincides with election year. In fact the project had to devise a strategy to mitigate the problem and attained the desired plan.

**Table 5. Plan Vs actual of activities under SO2**

Objectives & Activities Description	Plan	Actual	% Achieved
Organize project launching and familiarization workshop with local government partners	1	1	100
Establish and implement Care Group approach in 20 kebeles	20	20	100
Establish and implement Men Health Group approach in 10 kebles	10	30	300
Organize refresher training for Community Development Workers, Health Officers and SHO on the CG and MHG approaches	15	4	26.7
Train HEWs, Nurses and Health Officers from Health Center and Health Posts on MIYCF and SBC approaches	25	20	80
Provide support to government health facilities (Health Posts and Health Centers) promote CLTSH and essential nutrition action	24	24	100
Form woreda technical working groups and organize quarterly review meeting at district level	3	1	33.3

Organize Graduation Ceremony for CG mothers and recognize best performing ones	1	1	100
Train 20 WoHO and ZHD experts on ENAs, SBC approaches and facilitative supportive supervision for five days	20	12	60
Close out and district level lessons dissemination workshop	1	1	100

iii. Interventions under SO3

It was desired to achieve 2 major activities under this SO. They are:

- Organize national results dissemination workshop to share results of the project and the two operational researches and
- Share project results with global community through publication and presenting at global conferences as well as online publication.
- The activities were planned to be achieved immediately after the completion of this terminal report so they are not included in this analysis. In general the effectiveness of the project in this regard was rated as high.

*B. The extent to which the target beneficiaries benefited:*

The focus group discussions conducted with CG/MHG members and the key informant interview with government partners confirmed that the results and services provided by the project were benefiting the target communities. The nutritional and hygiene and sanitation messages delivered by GOAL’s Community Development Workers (CDW) using Family Health Card (FHC) and the inputs provided to the target beneficiaries were beneficial. The consultant observed how the volunteer mothers were using the inputs and found that they were using them properly as per the delivered messages. The inputs provided to the beneficiaries include; soap, iodized salt and water guards.

Likewise, the focus group discussants in MHG, CG and Mixed Groups have perceived and confidently witnessed that there was huge difference between them and other non-beneficiary community members. Thus, the project was rated as very high in benefiting the target beneficiaries.

*C. Significance of CG and MHG approach:*

The evaluation exercise has indicated that the project was successful in implementing Care Group (CG) and Men Health Group (MHG) approaches. The key informant interviewees contacted during the evaluation exercise exclusively witnessed that the approaches were effective to meet the intended results. The interviewees justified this mentioning that it can potentially be replicated. The annual performance report of GOAL Ethiopia WH Office further

verified that the project was able to address 3000 indirect beneficiaries through a trickle-down effect.

The focus group discussants also witnessed that the approach was successful because nutritional and health and sanitation messages, among others, were delivered through practical message delivery methods and encouraged by the CDW and HEA to practiced it in their home. As the result, the project was rated as very high in meeting this desired plan.

*D. The extent to which the outcome/output level results achieved against the indicators:*

The project envisaged three outcome/output level results to be achieved and 9 corresponding indicators to gauge the achievement of the set results. Out of the 9 indicators, the results of 6 output level indicators were already tracked and compared with the targets whereas the rest three will be done after the completion of this terminal evaluation. The envisaged outcome/output results of the project were: 1) Structural, attitudinal and cultural barriers for MIYCF and household hygiene practices to be identified and documented to inform SBC activities for five years; 2) The role of men in challenging and addressing the structural, cultural and attitudinal barriers of MIYCF practices and household hygiene and sanitation practices will be documented and disseminated; and 3) A change in MYCF practices and household hygiene and sanitation practices among rural communities in the project area over two years period.

The achievements against the outcome/output level results are described below to show the degree of the effectiveness of the project.

**Outcome/Output level result-1:** Structural, attitudinal and cultural barriers for MIYCF and household hygiene practices to be identified and documented to inform SBC activities for five years.

The key indicator set to gauge the performance of this output level result was Structural, cultural and attitudinal barriers and enablers for MIYCF promotion. The target was to conduct barrier analysis on the sampled 20 CG members. The monitoring and evaluation plan of the project stated that the methodology was to conduct qualitative survey/operational research to this end. The consultant in this regard was informed that the barrier analysis was done by GOAL Ethiopia however; the qualitative research covered in this terminal evaluation. The barriers analysis report contributed to inform SBC activities for future programming.

**Outcome/Output level result-2:** The role of men in challenging and addressing the structural, cultural and attitudinal barriers of MIYCF practices and household hygiene and sanitation practices will be documented and disseminated.

The key indicator set under this result was establishing functional CGs and MHGs. To this end, it was targeted to establish 20 CGs and 10 MHG; where as 100% and 300% of the plan was achieved respectively. The over achievement of MHGs ascribed to GOAL-TOPS staff commitment and the interest created due to the mobilization work done. The focus group discussions and key informant interviews revealed that the role of men in addressing the

barriers of MIYCF was huge. Almost all focus group discussants witnessed that men involvement in challenging and addressing the structural, cultural and attitudinal barriers towards MIYCF and hygiene and sanitation practices increased.

According to the discussants, currently men involved in MHG have been consciously giving priority to their pregnant or lactating wives and children to eat the available nutritious food. Likewise the MHG focus groups confirmed that nutritionally they were supporting their wives by facilitating the condition to feed herself and the children at home. The evaluator perceived that the project is on track in achieving the above stated result.

**Outcome/Output level result-3:** A change in MYCF practices and household hygiene and sanitation practices among rural communities in the project area over two years period.

Under this result, seven indicators were set to gauge the progress. They are: 1) Number of HEWs, Nurses and Health Officers from Health Centre and Health Posts trained on MIYCF and SBC approaches; 2) Number of health facilities (health centre and health posts) supported for promotion of ENA and CLTSH; 3) Number of WoHO and Zonal Health Department (ZHD) experts trained on ENAs, SBC approaches and facilitative supportive supervision for five days; 4) Number of staff (Community Development Workers, Health Officers) received refresher training on the CG and MHG approaches; 5) Impact of men on MIYCF practices; 6) Percent of pregnant and lactating mothers practicing appropriate MIYCF practice; and 7) Percent of households practicing appropriate hygiene and sanitation practices. The plan against achievement is tabulated hereunder. As it can be seen in the below table, all activities planned against the indicators were achieved but most of the activities were underachieved.

**Table 6. Plan Vs Actual under outcome/output level 3**

Activities	Target	Actual	%
No. of HEWs, Nurses and Health Officers from Health Centre and Health Posts trained on MIYCF and SBC approaches	25	20	80
No. of health facilities (health center and health posts) supported for promotion of ENA and CLTSH,	20	12	60
No. of WoHO and ZHD experts trained on ENAs, SBC approaches and facilitative supportive supervision for five days	15	4	73
No. of staff (Community Development Workers, Health Officers) received refresher training on the CG and MHG approaches,	24	24	83
Impact of men on MIYCF practices documented	This achieved after this TE report completed		
Percent of pregnant and lactating mothers practicing appropriate MIYCF practices	30% increase from the baseline	30	170
Percent of households practicing appropriate hygiene and sanitation practices.	30% increase from the baseline	50	230

In general the effectiveness of the project in achieving the outcome/output indicators against the target was very good.

*E. The likelihood of the project purpose achieved:*

As it was mentioned in the project background section, the purpose of the project was to test the hypothesis that “Men can positively contribute to an improvement in maternal dietary intake and diversity, MIYCF, household hygiene and sanitation practices”. The evaluation exercise indicated that different preparatory activities were done to ensure that the hypothesis was tested. Primarily the project established 30 MHGs parallel to CGs, which was followed by mobilizing men in the community in general and the spouses of volunteer PLWs in particular. The aim was to engage men to support their spouses and play facilitation role in the community to positively contribute for the improvement of maternal dietary intake and diversity, MIYCF, household hygiene and sanitation practices.

The case studies developed and observation conducted, as part of the evaluation exercise revealed that significant changes were achieved in this regard. This can be taken as a good indicator that the project is on track with regard to the achievement of the purpose. The behavior of men involved in MHG has changed. They started to support their spouses at home specifically in taking care of the PLWs and children regarding nutrition. Unlike in the previous days, the fathers gave priority to their wives and children for “*delicious food*” though the project still needs to aggressively work to replicate the perceived changes. The discussion made with Non-CG and non MHG focus group discussants revealed that they were not showing such changes as the MHG members did. As the result the project was rated as very high in this measurement of effectiveness.

**Table 7. Analysis of effectiveness of the project**

SN	Elements of effectiveness	Rating (very low=1,very High=5)	Rationale for the rating
1	Plan vs actual of the detailed planned activities	4	Almost all of the outcomes achieved but some activities were under achieved compared to the target
2	The extent to which the target beneficiaries benefited	5	All respondents witnessed that the project was beneficial to the target beneficiaries
3	Effectiveness of CG and MHG approach	5	The approach was proved to be effective
4	The extent to which the outcome/output level results achieved against the indicators	4.5	Almost all the outcome/output level results achieved against the indicators. However, there are some under-achieved results.
5	The likelihood of the project purpose achieved	5	The project on track in this regard
	Average	4.5	

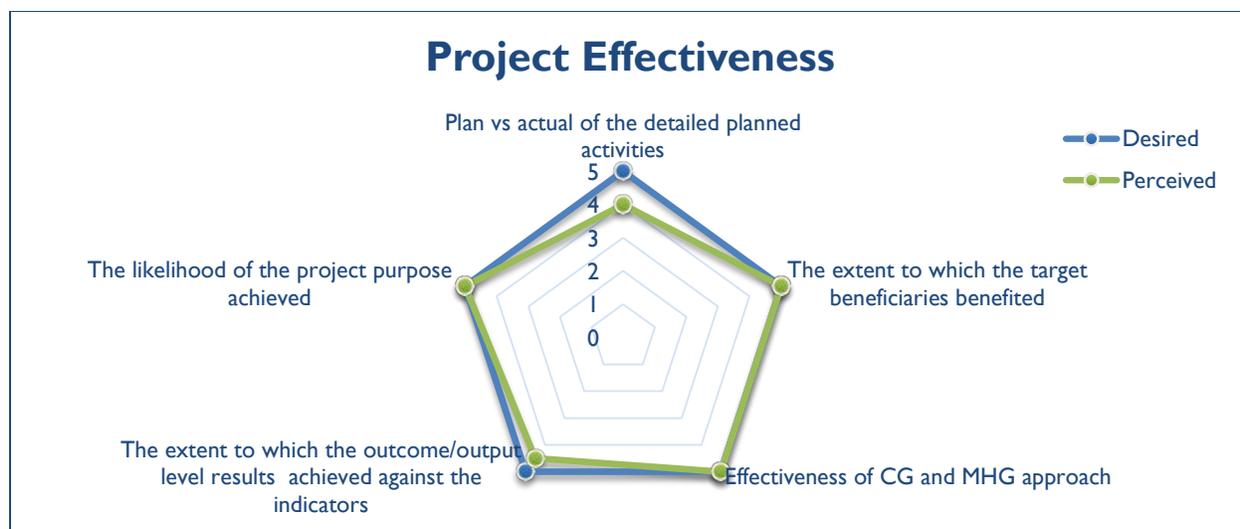


Figure 2. Spider diagram depicting the analysis of Effectiveness of the project

## Efficiency

**Operational Definition:** *The extent to which the project economically converted resources into results.*

The consultant analyzed this evaluation criteria from the perspective of: 1) Timeliness; 2) cost effectiveness; and 3) Budget utilization.

### A. Timeliness

Implementation of the project was planned to be started in July 2024. Nonetheless, implementation delayed for three months due to the delay from local government side. The actual implementation was started in November, 2014 and supposed to be completed in April 2015 but extended up to June 2015. Almost all of the targeted activities were completed in April 2015 except activities associated with the completion of this terminal evaluation report. The SBC tool development however didn't complete waiting for the local government approval. As the result, it was not possible to check the appropriateness of the tool. The project was rated as high in meeting this evaluation criterion.

### B. Cost effectiveness

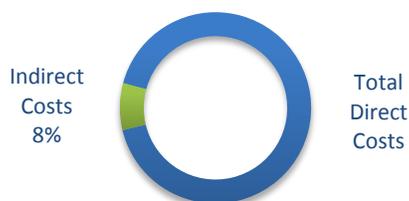
A number of parameters have to be considered to check the cost effectiveness of a project. In this report however cost effectiveness was measured by calculating the cost to beneficiary ratio and the percentage of program cost category compared to the total project budget.

The total project budget was \$ 99040.10, of which 4715.04 (4.7%) is matching from GOAL Ethiopia. Out of this amount, \$53,551.62 (\$23,909.25 from Contractual-STTA, 21,853.92 form program cost and 7,788.45 other direct cost) was consumed for program related purposes, which was nearly 54% of the total project budget. The project has a total of 2926 direct beneficiaries. Taking the amount of budget allocated for program cost category and the direct

beneficiary number; the cost-beneficiary ratio was nearly \$7 to 1 beneficiary. The analysis indicated that the project allocated over 46% budget for non-program activities. The project, however, was efficient in the sense that the dollar amount allocated for each beneficiary was relatively small compared to the results achieved. The former finding proved the cost effectiveness of the approach promoted by GOAL Ethiopia.

**C. Budget utilization**

The total budget allocated for the program was \$ 99040.10 for the period beginning from July, 2104 to April 2015. As it can be seen from the financial report of GOAL Ethiopia, nearly 100% of the budget was consumed in the project period.



**Figure 3. Proportion of Direct and Indirect project costs**

**Table 8. Budget Plan Vs Actual by budget category**

Budget Line Item	Budget Plan	Actual	%
Direct Labor	23,563.05	21,979.60	93
Fringe Benefits/Allowances	13,278.67	13,962.02	105
Travel and Per diem	2,679.18	1,695.99	63
Contractual – STTA	24,181.46	23,909.25	99
Other Direct Costs	7,054.74	7,788.45	110
Program Costs	20,432.08	21,853.92	107
Total Direct Costs	91,189.18	91,189.23	100
Indirect Costs	7,851.77	7,851.77	100
<b>Total</b>	<b>99,040.10</b>	<b>99,041</b>	<b>100</b>

Source: GOAL Ethiopia Budget Report

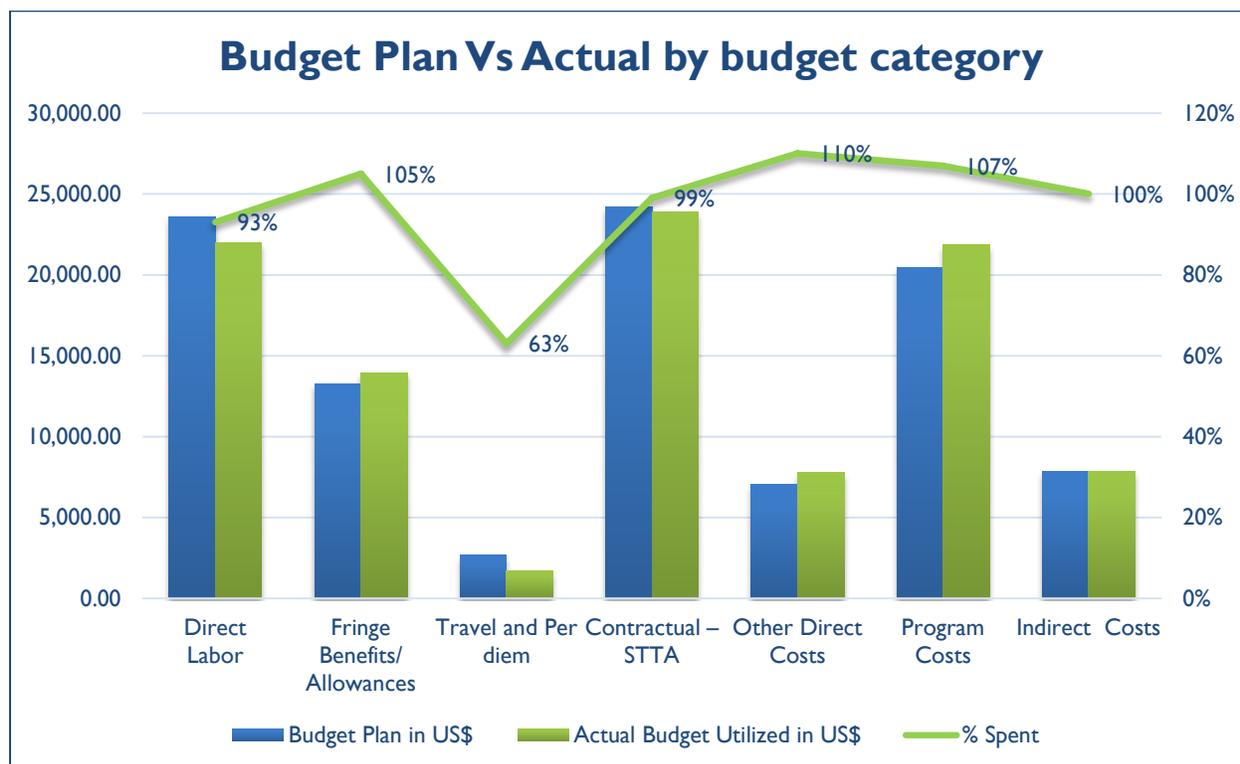


Figure 4. Budget Plan Vs Actual By Budget Category

Table 9. Analysis and rating of efficiency of the project

SN	Elements of Efficiency	Rating (very low=1, very High=5)	Rationale for the rating
1	Timeliness:	4	All activities were completed timely but the SBC tool development process pending waiting the government approval
2	Cost effectiveness	3	The project efficient in the sense that it addresses fairly large amount of beneficiary compared to the total budget allocated whereas the budget allocated solely for program was relatively low compared to the total project budget
3	Budget utilization	5	The allocated budget was fully and

		timely utilized
<b>Average</b>	<b>4</b>	

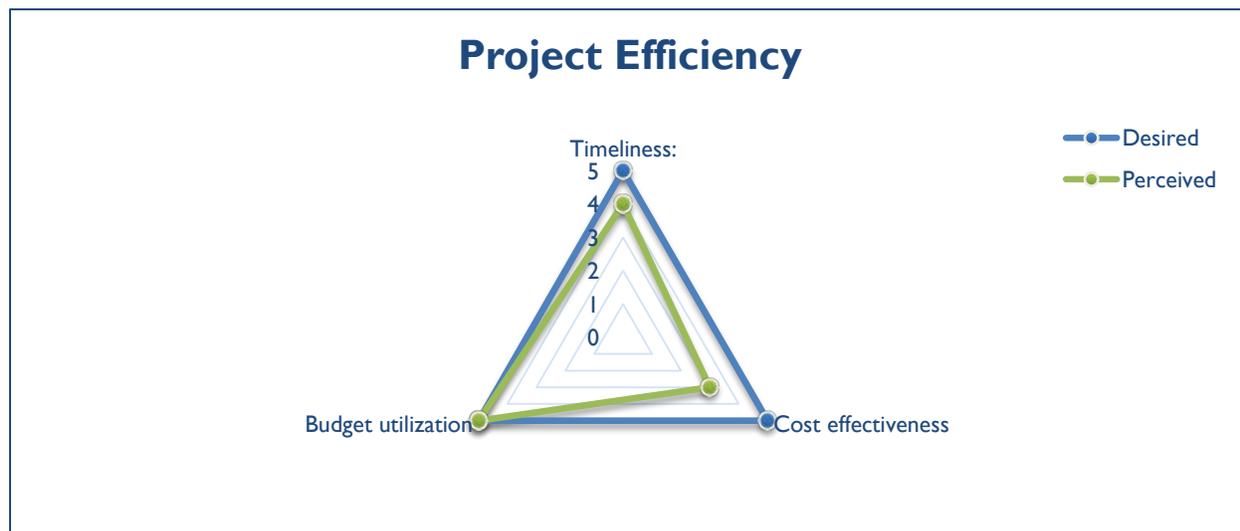


Figure 5. Spider diagram depicting the analysis of Efficiency of the project

## Impact Analysis

**Operational Definition:** *The positive or negative, intended or unintended, direct or indirect changes brought due to the project interventions.*

The implementation of the project had resulted in significant positive outcomes and an unintended effect. With regards to the positive impacts, the behavioral change brought on men to positively contribute for the improvement of maternal dietary intake and diversity, MIYCF, household hygiene and sanitation practices was the most fundamental. Men in the project area were ultimate decision makers in the family and were prioritized for food over children and spouses though the woman was lactating and pregnant. Nevertheless, the men organized in to MHGs and participated in regular nutritional message delivered by the project were significantly changed and able to change the longstanding and socially constructed cultural barrier. Currently, they started to give priority for their spouses and children for food in the family. Besides to this, quite significant positive changes were brought by the MHG and CG member families. The case studies to extract most significant changes have revealed that the following intended changes were brought:

- Mothers started to prepare nutritious complementary food for children using the already available food stuff at home and also feed their children eggs and milk. These practices were not common and eggs were exclusively marketed to raise additional incomes to buy non-food items to the family;
- Husbands started encouraging spouses and children to eat nutritious food. The priority to consume nutritional food shifted from men to women and children in the family;
- The frequency of health related complications hugely reduced among the target beneficiaries;

- The number of mothers who attended ANC and PNC have increased dramatically;
- Latrines were widely constructed at beneficiary backyard and behavioral change observed in hand washing. Quite significant number of mothers and fathers started to wash their hands in alignment with the standards delivered through health messages;
- Family planning utilization increased.

The rather unintended impact of the project observed during the evaluation was that the beneficiaries of the project have developed some sense of dependency to the project handouts.

## Sustainability

Sustainability examines and measures whether the benefits of project related activities are likely to continue after the withdrawal of the project. Major elements considered to evaluate sustainability in this evaluation exercise were; ownership of project achievement, readiness of government to take over the project, institutional capacity and financial sustainability of the project.

### *A. Ownership of project achievements*

Ownership of project achievements by the target community is one of the key indicators to measure sustainability. To this effect, the community was consulted from the initiation of the project. Volunteer mothers/fathers who were targeted by the project and addressed via essential nutrition, health and sanitation messages were appreciating the practical changes happened in their family due to the project. These positive attributes of the project impacting the CG and MHG members to continue practicing the best lessons learned from the project and informally transmit the messages to neighbors and friends. Contrary to this, however, the fairly adequate time required for volunteers to attend regular message delivery sessions by the CDW or CHA and to convey messages to HCGs might be considered as a disincentive to properly and continually participate in the project. The project was rated as high in this regard.

### *B. Government Readiness to take over the project*

Sustainability of the project outcomes hinges heavily on government readiness to take over the project after phase-out. In essence, government has been promoting similar interventions in the area and the project was in alignment with the policies and strategies of the government of Ethiopia. To this end, the project, similar to government, has adopted FHC booklet, which contains essential messages delivered to the target beneficiaries. Similarly, CHAs and other woreda government staff were heavily engaged in project implementation. Contrary to these positive attributes, the commitment and capacity of government staff may not be at the required level to effectively promote the core components of the project. Considering the stated factors, the project sustainability under this element was rated as high.

### *C. Institutional capacity and financial sustainability*

The technical and institutional capacity of the local government at woreda level was fairly adequate to take over the results produced by the project. The government has well developed structure at woreda, cluster and kebele level. At kebele level government assigned CHAs, at cluster level there are Primary Health Center Directors (PHCs) and experts and at woreda level there are qualified health staff. Similarly, the political structure at all levels is strong enough to take over the project. The shortcomings from the government side may be financial sustainability. From community based institutions side, at this level, the CGs and MHGs are not as such strong to takeover and continue the outcomes as a group without external support. Due to the mentioned mixed reasons the project was rated as satisfactory under this factor of sustainability.

**Table 10. Rating the sustainability of the project**

SN	Elements of Sustainability	Rating (very low=1, very High=5)	Rationale for the rating
1	Ownership of project achievements	4	The CG and MHG members seem practically changed so potentially continue owning the changes happened in the family and continue conveying the messages. Despite these, time needed for the tasks may be a disincentive.
2	Government Readiness to take-over the project	4.5	The project is in alignment with government policy and it is believed that government takes over the project. However, there may be commitment gap to implement the project as needed.
3	Institutional capacity and financial sustainability	3.5	The institutional capacity government is strong whereas there may a gap regarding financial capacity. Similarly, the institutional capacity of the community is weak at this level.
	<b>Average</b>	<b>4.</b>	

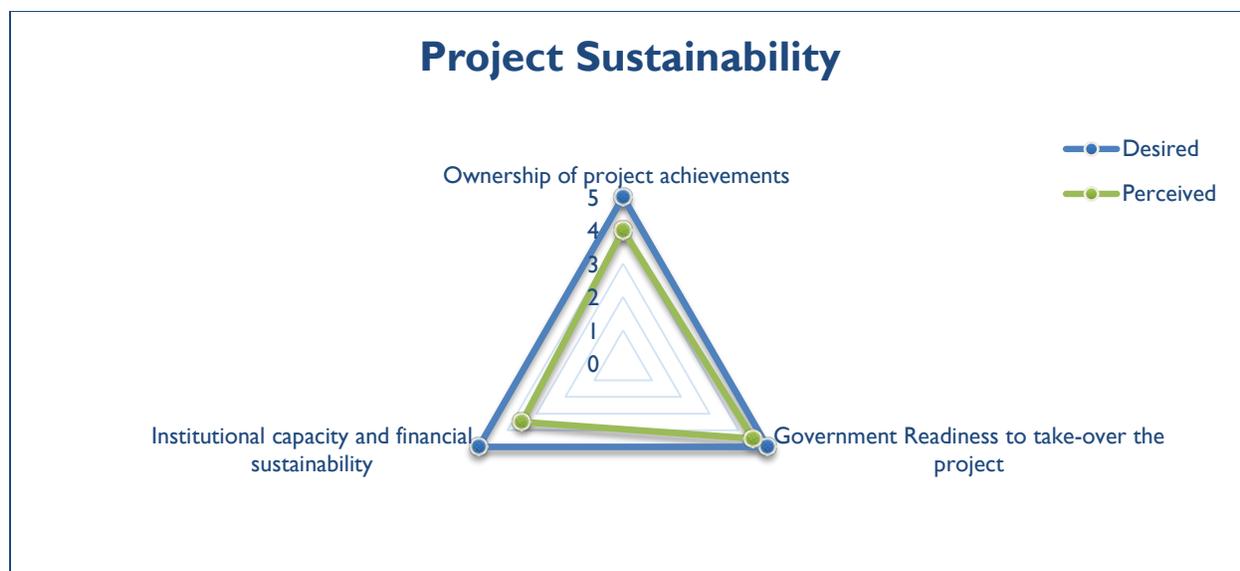


Figure 6. Spider diagram depicting the analysis of Effectiveness of the project

## 5.2. CONCLUSIONS

The project was initiated to test men's positive contribution towards improving Maternal, Infant and Young Child Feeding (MIYCF) and hygiene and sanitation practices. For this, the project implemented the right mix of activities. The project established MHGs and CGs using volunteer mothers and fathers, delivered nutritional, health and sanitation messages to the volunteers on monthly basis, home to home visits conducted by GOAL staff, commissioned SBCC (Social Behavior Change Communication) tool development, graduated volunteer mothers scored the required mark. Besides, the project builds local government capacity through the delivery of tailored training and office furniture. The project's success with regards to achieving the intended outputs of each activity is rather mixed. It has succeeded to be effective in most of the planned activities but falls to fully accomplish some of the activities. Despite its limitations, the project was on track in meeting its overarching goal and recorded commendable successes that could be shared to others, which is coherent with the very intent of the project.

## 5.3. RECOMMENDATIONS

- GOAL Ethiopia shall fully involve relevant woreda government sector office staff beginning from the very design stage of projects to smoothen implementation and ensure sustainability;
- The project proved that CG/MHG approaches promoted by GOAL Ethiopia were addressing considerable number of communities within short period of time. But, the project life was too short compared to the longstanding cultural barriers in the area. Therefore, it is recommended that GOAL Ethiopia shall seek fund to continue similar program in a wider scale and for longer duration to maximize impact;

- In order to minimize the dependency on project handouts, GOAL Ethiopia shall always refrain from free delivery of inputs and resources to beneficiaries. The free delivery of iodized salt, water guards and soap needs sound strategy to avoid the potential risk of dependency;
- It is recommended that the behavioral change promotion initiative of the project shall be complemented by nutrition sensitive interventions. Promoting backyard gardening and delivering training on food preservation enables the family to keep extra products during harvest and consume it for extended period of time.
- GOAL Ethiopia shall seek a mechanism that increases the tie among the CG and MHG members at all levels (including household level care groups level), which potentially increases the attendance of mothers to message delivery sessions and contributes for the continuity of the group to use it as a delivery media of similar messages. To this end, it is recommended to organize the members in to Economic group called Village Saving and Loan Association (VSLA), as long as all members would be volunteers.
- There were underachieved targets in the detailed implementation and monitoring and evaluation plans. It is recommended that GOAL Ethiopia shall either plan realistically from the outset or strive to accomplish the targets close to the plan.
- GOAL Ethiopia shall produce clear and logically sequenced and easily understandable result framework.

## 6. ANNEXES

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Annex 1 Evaluation Statement of Work / ToR	 Statement of Work.doc
Annex 2. TOPS Terminal Evaluation Inception Report	 TOPS Project Terminal Evaluation -I
Annex 3. Evaluation Design Tools	 Evaluation Design Tools.doc
Annex 4. Field Guide	 Field Guide.doc
Annex 5. TOPS Project Proposal	 Attachment 2_ Proposal GOAL Ethiop
Annex 6. TOPS Project Final Report	 GE -Final Report - TOPS Grant - 26 June
Annex 7. Detailed Activity plan Vs Actual and Indicator target Vs actual and baseline value	 TOPS project Terminal Report-Plan
Annex 8. Monitoring and Evaluation Plan	 Attachment 4 - Monitoring and Evalu
Annex 9. Final M&E Report	 Copy of GE - TOPS Project - Final ME Rep
Annex 10. TOPS Project Baseline Survey Report	 TOPS Project Baseline Survey Repc

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