

Abdiboru Project

Improving Adolescent Reproductive Health and
Nutrition through Structural Solutions
in West Hararghe Zone, Oromia, Ethiopia

Mid-term Assessment Report



BILL & MELINDA
GATES *foundation*

Addis Ababa, Ethiopia

November 2018

Acronyms

ACIPH -Addis Continental Institute of Public Health

CARE – Cooperative for Relief and Assistance Everywhere

CSC – Community Score Card

DIP – Detailed implementation plan

ETB – Ethiopian Birr

FGD – Focus group Discussion

GBV – Gender based violence

HEW – Health Extension Worker

HTP – Harmful traditional practices

IDI – Individual in-depth interview

IGA – Income Generating Activities

IRB – Institutional ethical Review Board

KII – Key Informant interview

M&E – Monitoring and Evaluation

PE – Process Evaluation

RT – Results Tracker

SAA - Social Analysis and Action

SNAP – Social Norms Analysis Plot

SRH - Sexual and Reproductive Health

ToC – Theory of Change

TOT – Training of Trainers

VIG – VSLA Implementation Guide

VSLA – Village Saving and Loan Association

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Executive Summary

The Abdiboru project aims at improving the life's of very young adolescent girls' (10-14 years of age) specifically their sexual and reproductive health and nutrition through structural solution in West Hararghe zone, Oromia, Ethiopia.

The different combination of interventions are implemented by CARE Ethiopia: Arm 1 (the Double-combination arm) combines individual and structural/government level interventions; Arm 2 (the Triple-combination arm) combines interventions at individual, structural/government level, and community levels; and Arm 3 (the delayed intervention arm) serves as a control arm until it receives the better of Arm 1 or Arm 2 intervention in the final year of the project.

This midterm assessment was designed to gather evidence on the progress and lessons learned in the first half of the project life. This assessment pulled data from various sources that are part of the monitoring and evaluation system of the project, including mini-qualitative assessment, baseline qualitative and quantitative studies, sectoral office data, monitoring data, lite qualitative study and the mid-term assessment study.

The findings reflect on the political and climatic situations that potentially influence the implementation of the project as per the design. Accordingly, the political unrest and the resulting security threats and the drought that occurred during the first half of the project life were major events that affected the project implementation, which mainly cause delays in initiating intervention and increased resource requirements.

The Village Saving and Loan Association (VSLA) was successfully implemented to improved agency among adolescent girls in the project area. The VSLA approach had very good buy-in from the groups, community members and all other relevant stakeholders. Overall 99% of the targets are achieved and a total of 26,405 girls were enrolled in the Girls groups, of which 22,746 (98.2%) were active members. Saving was the most attractive component of the VSLA package. The implementation of VSLA among very young adolescents had a number of challenges; and young adolescent girls tended to have repeated disagreements and lacked ability to negotiate harmonious resolutions. In addition, the small number of the project staff, poor geographic access to the project sites, lack of transportation, and security concerns also negatively affected the implementation. Other interventions such as life skills, SRH, and nutrition are not yet fully implemented.

The SAA intervention is implemented only in the arm 2. A total of 446 SAA groups (218 in Chiro & 228 in Doba) involving of 13,004 community members were established. The SAA groups discuss on six prioritized themes; namely early marriage, attitude towards girls' nutrition, attitude towards girls' education, household chores allocation, decision making

capacity of girls, and gender-based violence. The SAA groups played a key role in getting the project accepted by the community. The SAA group respondents considered the Abdiboru project as a 'breakthrough project' for addressing early marriage, household food allocation, girls' education and gender equality. The SAA intervention implementation had faced some challenges including lack of motivation to meet regularly in some SAA groups due to lack of financial incentive and the unexpected staff turnover in government offices due to the political unrest.

The Community Score Card (CSC) intervention is intended to address the structural determinants of SRH, nutrition and general wellbeing of adolescent girls. Since it requires the involvement of the government structure, its actual implementation was even more delayed than VSLA and SAA due to the political instabilities. At midterm, the CSC training was given to 125 development agents and 13 kebeles in each intervention woreda . Each woreda also has established Joint monitoring committees . The community is generally happy about the government's readiness to consider addressing the issues raised during the CSC meetings and are willing to contribute their share. The CSC implementation has also faced challenges similar to the other intervention packages including shortage of transportation for field work, unsuitable topography, security issues, time constraint to develop quality work plan, and financial and human resource constraints.

Overall, despite all seemingly unsurmountable challenges the Abdiboru project has managed to successfully engaged the community and secured a full buy-in for the project interventions. All intervention packages are initiated and If the political environment remains stable the project has a potential to achieve the expected results. However, based on experiences gained so far during the project implementation and considering the security situation revisiting the project design, the content of each interventions, and expected results would be desirable. In addition, the remaining project period would be too short to achieve the desired scale of interventions in all kebeles unless efforts are further intensified to ensure universal and compatible coverage of the interventions as soon as possible; if that is not achievable the desired project effects the end line evaluation may not be adequately powered to detect the resulting smaller effect

1. Background

The Abdiboru project aims to empower young adolescent girls (10-14 years) through applying individual, community and structural/government level interventions that are adapted from an intervention package tested in Amhara region to improve girls' reproductive health, nutrition and education attainment. Abdiboru is a five-year (2016 – 2020) project implemented by CARE Ethiopia in West Hararghe Zone, Oromia regional state of Ethiopia. Addis Continental Institute of Public Health is the research partner. The Abdiboru project is funded by the Bill and Melinda Gates Foundation.¹

The Abdiboru project was developed to test the effect of different combination of individual, community, and structural/government level interventions; namely girls group (individual level), Social Analysis and Action (community level), and Community Score Card (structural level). The Theory of Changes (ToC) of the project portray the effect of combined multi-level interventions on girls' empowerment and gender equality (Annex I). The ToC emphasizes combining interventions that improving accountability and responsiveness of government bodies (structural change); increasing adolescent girls voice and confidence at household level and community; and modifying community behavior to support adolescent girls growth, health and development.²

The effectiveness of the components of the intervention package have been demonstrated previously among older adolescent groups and ever married adolescents, but not among very young adolescent girls, 10-14 years of age. Due to that, the project has an integral comprehensive monitoring and evaluation plan to help capture the learning throughout the project cycle.

The Abdiboru project evaluation design aims to test different combinations of intervention packages in a three-arm comparison study (Table 1). The interventions are categorized as individual, community and structural/government levels; however in each category there are multiple interventions. The three arms of the evaluation study are shown below³.

Arm 1: The combination of **Individual + Structural/government level interventions (Double intervention arm)**- combines Agency (individual level including VSLA,

¹ Abdiboru project proposal, ACIPH January 2016

² Abdiboru project SAA implementation guide, CARE. 2016

³ Abdiboru project implementation guides, CARE. 2016

SRH, nutrition and life skill) and Structure (Government-level CSC) interventions. This combination has been implemented in Mesela woreda.

Arm 2: The combination of **Individual + Structural/government + Community level interventions (Triple Intervention Arm)**– combines Agency (individual level), structural (Government-level), and community-level interventions. This combination has been implemented in Chiro and Doba woredas.

Arm 3: The **delayed intervention arm (control)**– in this arm none of the Abdiboru specific interventions are implemented until the final year of the project, this arm serves as control. In the final year, the better of either Arm 1 or Arm 2, in terms of results and cost-effectiveness will be implemented. This arm is implemented in Boke woreda.

Table 1. The Abdiboru Study Arms.

Intervention arms	Intervention package and components	Target audience	Intervention woreda
Arm 1: Combination of Individual & Structural interventions (Double Combination Arm)	Individual level <ul style="list-style-type: none"> • VSLA • SRH • Nutrition, • Life skill 	Young adolescent girls	Mesela
	Government level (CSC)	Social services providers (Government officials) & Community members including adolescent girls	
Arm 2: Combination of Individual, Structural & community interventions (Triple Combination Arm)	Individual level <ul style="list-style-type: none"> • VSLA • SRH • Nutrition • Life skill 	Young adolescent girls	Chiro and Doba
	Government level (CSC)	Social services providers (Government officials) & Community members including adolescent girls	
	Community level (SAA)	Community members	
Arm 3: Delayed intervention	No Abdiboru intervention	Young adolescent girls	Boke

The Abdiboru project has an extensive monitoring and evaluation plan that combines both qualitative and quantitative methods, while the quantitative measures the effect of the intervention at baseline and end line the qualitative component mainly aims to capture the learning during the implementation of the project (see Figure 1). So far, the mini qualitative assessment, the baseline qualitative study, the baseline quantitative survey, round 1 lite-qualitative assessment, and routine process monitoring have been conducted.

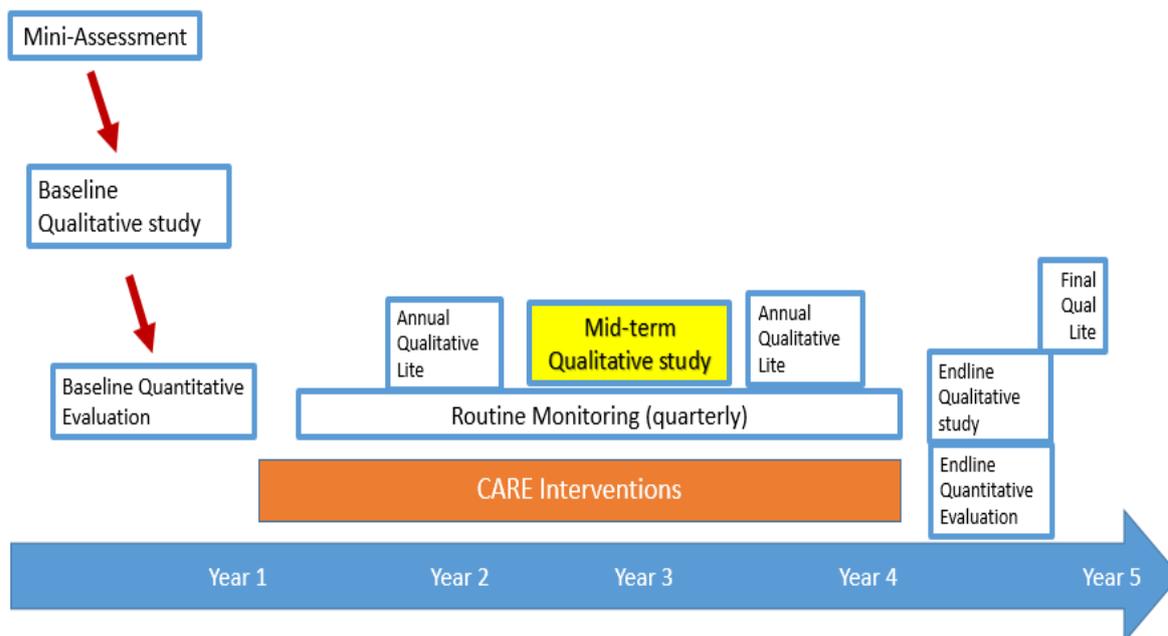


Figure 1. The Abdiboru project monitoring and evaluation design.

This mid-term assessment, which is part of the original evaluation design, aims to compile evidence on the progress and lessons learned in the first half of the project life. The evidence gathered at this point would help to make the necessary adjustments in the design and implementation of the project and the evaluation activities for the remaining period of the project.

2. The objectives of the mid-term assessment

The objectives of the mid-term assessment include:

- 1) assessing the influence of socio-political, climatic and organizational factors on the performance the project;
- 2) assessing the progress made in the intervention packages (VSLA, SRH, Nutrition, Life Skill, SAA, CSC) during the first half of the project life;
- 3) assessing acceptance of Abdiboru interventions by beneficiaries; and the conformity, efficiency, intensity and quality perceptions; and
- 4) documenting lessons learned during the first half of the project life.

3. Mid-term Assessment Data/Evidence Sources

The mid-term assessment draws evidence from various data sources that are part of the monitoring and evaluation system of the project. The data capture methods and sources are listed below and each briefly described. The detailed reports for each of the activities are available in the annexes.

A. Mini-Qualitative Assessment

The mini-qualitative formative assessment was conducted in February 2016. The aim of the assessment was to learn the context of the project implementation area and to identify social norms, decision makers and their reference groups, the extent of agency adolescent girls have on matters of their concern, and the sanctions for deviating from the social norms.

The respondents include adolescent girls and boys aged between 10-19 years and adult women and men in the project implementation woredas; Mesela, Chiro, Anchar⁴ and Boke Woreda. A total of eight focus groups were conducted; two with adolescent girls, two with adolescent boys, two with adult women, and two with adult men. In addition, four KIIs (two women, one adolescent girl and one man) were conducted with individuals who had good understanding of community norms (Annex 2). The mini-qualitative assessment report was made available in February 2016. This assessment conducted in the initial stage of the project helped to understand the context better and identification of reference groups and social norms. The mini-assessment helped in deciding the final study areas; Anchar woreda was replaced by Doba since that woreda had a different ethnic and religious composition than the other woredas.

B. Baseline Qualitative

The baseline study was conducted from March to August 2016. The aim of this assessment was to understand the context of the project implementation area and specifically to identify key social norms affecting adolescent girls' education, marriage and food allocation. The study participants were adolescents (both girls and boys), women and men reference groups to adolescent girls including parents, and key informants were selected based on established criteria. A total of twenty Focus Groups Discussions with Married and Unmarried adolescent girls, adolescent boys,

⁴⁴ Anchar woreda was replaced after the mini-assessment by Doba due to incomparable context from the other woredas selected for the project.

and parents of adolescents were conducted using locally developed vignettes. A total of 32 In-depth interviews with Married and Unmarried adolescent girls, husband of adolescent girls and mothers-in-law were conducted using in-depth interview guides. In addition, 36 key informant interviews were conducted with seven government woreda level officials using semi structured interview guides.

The baseline qualitative study described marriage practices in general and drivers and barriers of early marriage in particular; social norms around adolescent girls' education, reasons for school dropout and the status of girls' agency on their own education; and social norms on household food production and consumption with emphasis on the role of gender. The findings were useful in gaining deeper understanding of the context, social norms and for planning interventions. The report also further identified the various reference groups for the adolescent girls in the project implementation areas, which was useful for both planning interventions and also the baseline quantitative survey. The report was made available in August 2016(Annex 3).

C. Baseline Quantitative

The baseline quantitative data were collected from May to August 2016. The aim of the quantitative baseline survey was to establish benchmarks for key project indicators with emphasis on adolescent girls' education, marriage practices and household food allocation in the project implementation areas. Respondents were adolescent girls (n=3,186); female reference groups which includes mothers, mothers-in-law, sisters and sisters-in-law of the index adolescent girl n (n=3,203), and male reference group, which includes fathers, husbands, brothers, fathers-in-law and brothers-in-law of the index adolescent girl (n=3,196).

The index adolescent girls selected for the baseline survey were identified by conducting a complete house-to-house census (Annex 4). Data were analyzed using STATA version 13 and weighted data were used to produce the necessary information required in the results tracker/evaluation framework. The findings of this survey reflect on adolescents knowledge of contraception, and sexually transmitted infections and their prevention; their perception of their own agency; adolescent girls' school enrollment and reasons for dropout; adolescents girls food consumption norms; and about adolescent girls health seeking behaviors. The report was made available in February 2017.

Further synthesis of the qualitative and quantitative findings was also produced to guide the implementation of the project and serve as reference material in producing educational materials as necessary (Annex 5). Some findings from the baseline survey are integrated in the mid-term assessment findings.

D. Sectoral Office Data

In order to capture achievements in the woredas where the project is implemented sectoral office data have been collected for the year 2008 Eth.C (2015-16 G.C) in March 2017 and for the year 2009 Eth.C (2016-17 G.C) in February 2018. This data source provided evidence on the availability of adolescent responsive multi-sectoral plan and the status of health and education services for adolescents in the Abdiboru implementation woredas. Data were gathered on an annual basis using data abstraction sheets from schools and health posts at the kebele level; and Agriculture, Health, Education, Administration, Women's Association, Women and Children affairs offices at the woreda level. Relevant information were compiled through desk review and interviewing experts at sectoral offices, health posts and schools. Data were analyzed using Microsoft Excel to describe variables with numbers and percentages. The first year Report was generated in July 2017 and the second year in March 2018. Data from sector offices has helped in assessing and documenting the status of services and also in promoting adolescent responsive plans in the selected sector offices.

E. The Abdiboru Project Monitoring Data

The project monitoring data are gathered from CARE's database every quarter. The purpose of the project monitoring data is to track the various activities/interventions of the Abdiboru project including the type, frequency and outputs of activities. The data is primarily recorded and shared on a quarterly basis by the CARE Abdiboru monitoring and evaluation team. The ACIPH team analyzes and produces reports on a quarterly and annual basis to inform the project and guide actions (Annex 6). The findings of the monitoring data are integrated in the midterm report with other findings.

F. The Abdiboru Project Technical Meetings Minutes and Reports

In order to coordinate activities and to maximize the learning opportunities on both sides the ACIPH and CARE Abdiboru project staff members hold quarterly technical meetings. The aim of these meetings was to update on project progress from both sides, to discuss on achievement, challenges and lessons. The Joint quarterly meetings were supplemented with on request meetings by either party. The minutes and reports that documented the joint technical discussions were reviewed during the mid-term assessment and relevant information is integrated in the report.

G. Lite-Qualitative Assessment

The lite-qualitative assessment was conducted in selected kebeles of the three intervention woredas (Chiro, Doba and Mesela) during October-November 2017. The objective of this lite qualitative assessment was to appraise the implementation of the interventions with regard to conformity, acceptability, efficiency, intensity of implementation and quality perception by beneficiaries and stakeholders.

The respondents included CARE project staff, adolescent girls, parents of adolescent girls, religious leaders, health care providers (HEW), Development Agents (DA), government officials and other influential community members who have directly or indirectly been involved in the interventions. A total of 126 respondents participated; 15 key informants from five government sector offices, 41 adult SAA members (21 female and 20 male), 65 VSLA participant girls, and 5 project implementation staffs (Annex 7). The report of the lite-qualitative assessment was made available in December 2017. The tools used during the lite qualitative assessment were incorporated in the mid-term assessment to assess the efficiency, acceptability, conformity to design, intensity and quality perception of the project interventions.

H. The Mid-Term Assessment

The Mid-term assessment was the culmination of the first half of the project life. The field work was conducted from May to August 2018. The selection of study kebeles and participants was purposive and the strategies for selection were similar to the baseline qualitative assessment. The same kebeles where the baseline qualitative assessment was done were included for the midterm qualitative assessment to allow comparability of findings at least with regard to context. Various data collection methods and sources were used to gather relevant data during the mid-term qualitative assessment, which are summarized in Table 2 and briefly described below:

- **Focus Group Discussion (FGD):** FGDs were conducted with adolescent girls (four groups of married and four groups of unmarried adolescent girls, in total 26 married and 32 unmarried girls), non SAA mothers and fathers of adolescent girls (4 groups each, with 33 mothers and 30 fathers), adolescent boys (4 groups with 32 boys), and members of adult Social Analysis and Action (SAA) groups mixed (2 groups with 9 male and 7 female participants). The participants for the various FGDs were recruited in consultation with CARE field staff; the selection criteria included knowledge of the interventions, and ability to express themselves well. In each FGD, 5-12 participants were

invited depending on the availability of eligible target participants. The FGDs were conducted using vignettes and semi-structured discussion guides; some of the elements of these instruments were used during the baseline assessment. Each FGD was conducted by two experts; one serving as moderator and the other as note taker. FGDs were held in private space with minimal disturbance. The number of FGDs conducted in each group is summarized in Table 2. FGDs were conducted in the local language (Afan Oromo) and were audio recorded with participants' consent. Right after each focus group discussion, the moderator and the note taker had a debriefing session to summarize the major findings and augment the field note. The audio records were transcribed verbatim in Afan Oromo, and translated into English for further analysis. Analysis was done using a thematic analysis approach of the major theme's education, marriage and nutrition based on the objectives to be assessed.

- **In-depth interview:** In-depth interviews were conducted with adolescent girls (married and unmarried), husbands of adolescent girls, and mothers-in-law. In addition, marriage intermediaries (brokers) were interviewed. The informants were identified in consultation with CARE/Abdiboru field project staff using the same selection criteria as FGD participants. Interviews were conducted using semi-structured interview guides. Some of the elements of the tools were used during the baseline assessment. Interviews were carried out in private space with minimal disturbance. The number of interviews conducted for the mid-term assessment is summarized in Table 3. Interviews were conducted in the local language (Afan Oromo) and all were audio recorded with participants' consent. The audio records were transcribed verbatim in Afan Oromo and translated into English to prepare for further analysis. Analysis was done using thematic analysis approach.
- **Key informant interview with local government implementing partners:** Key informants were selected based on the relevance of their official role to the project and drawn from the local administration office, women and child affairs office, and education, health, and agriculture sector offices. Interviews were conducted by senior research assistants and Experts using semi-structured interview guides. Interviews were conducted either in Amharic (national language) or Afan Oromo depending on the preference of the key informant. All interviews were audio recorded with the participants' consent. The audio records were transcribed verbatim and translated into English for further analysis. Analysis was done using a thematic analysis approach.

- **Key informant interview with CARE staff:** Key informant interviews were conducted with CARE/Abdiboru staff both at the field and country office levels. Interviews were conducted using semi-structured interview guides focusing on capturing the lessons learned and challenges during the first half of the project life. Each key informant was interviewed separately in Amharic and audio recorded with their consent. The audio records were transcribed verbatim in Amharic and translated into English for further analysis. Analysis was done using a thematic analysis approach.
- **Desk/record review:** Various records, reports, implementation plan, and guidelines were reviewed to gather information on the project implementation and performance (Annex 8).

Table 3. Distribution of the number of participants in the various data collection methods.

Data collection Method	Target group	Chiro and Doba	Mesela	Arm 3 (Boke woreda)	Total
FGDs	SAA (Mixed sex)	2	0	0	22 FGDs
	Non-SAA mothers	2	1	1	
	Non-SAA fathers	2	1	1	
	Adolescent boys	2	1	1	
	Unmarried adolescent girls	2	1	1	
	Married adolescent girls	2	1	1	
In-depth interviews	Mother in-laws	2	1	1	20 IDIs
	Husband of adolescent girls	2	1	1	
	Unmarried adolescent girl	2	1	1	
	Married adolescent girl	2	1	1	
	Brokers	2	1	1	
Key Informant interviews	Women and child affair office/Women association representatives	2	1	1	32 KIIs
	School directors	2	1	1	
	School teachers	2	1	1	
	Health extension workers	2	1	1	
	Development agent	2	1	1	
	Agriculture office	2	1	1	
	Health Office	2	1	1	
Education Office	2	1	1		
Key Informant interviews with implementers	CARE staffs				6

Ethical Considerations:

The monitoring and evaluation protocol of the project was reviewed and approved by the Institutional Ethical Review Boards (IRB) at Addis Continental Institute of Public Health and Oromia Regional Health Bureau. All respondents to the various components of the assessment participated voluntarily after receiving explanation on the purpose of the assessment. For participants below the age of 15 years, consent was obtained from parents/guardians in addition to their assent. Married adolescents gave consent independently regardless of their age. Data gathered from individuals and groups shall be kept confidential, as per the recommendation of the IRB. Any personal identifiers of respondents such as name of their specific residence and office are not disclosed to conform with ethical requirements.

4. Findings of the Mid-term Assessment

The findings of the mid-term assessment are organized in the following section. First, the local context with regard to the socio-political and environmental dynamics since the initiation of the project is presented. Then, technical and operational issues that emerged during the project implementation, and thirdly the progress for each core intervention package is presented. The SNAP analysis conducted during the mid-term assessment is presented in full in Annex 11. For a quick reference to details of all previous monitoring and evaluation works of the project reports are made available as annexes, in a separate file.

The Abdiboru project in west Hararghe zone of Oromia regional state in Ethiopia was officially launched in July 2016 by coordinating the health, education, administration, agriculture and woman and child affairs offices. The project was positively accepted locally with high enthusiasm as CARE, the implementing organization, had long-standing and credible relationships with the local authorities, community members and leaders, and influential community members.

4.1. The local Context - socio-political and environmental dynamics

4.1.1. **The Socio-political dynamics:** Since 2015, the socio-political situation in the project implementation area has been very turbulent. The West Hararghe zone in particular has been one of the areas in the country that witnessed a number of the popular uprisings against the government. Access to the project districts was frequently hindered due to security threats that jeopardized the safety of project staff in the field. Any kind of community level intervention was prone to the risk misinterpretations and at a time making community engagement was an impossible task. Due to the political uprisings the government sector offices and their leadership lost the public confidence and they were often not functional to the expected level. The project baseline survey was conducted in the middle of one of the uprisings with the support of religious leaders in the area and CARE field staff.

The country was under State of Emergency for a total of 14 months during the first half of the project life, which restricted movement in the field and organizing public meetings without getting permission from the designated command post. However, the security situation has been improving since the appointment of the new Prime Minister in April 2018. In addition to the popular uprisings, ethnic conflicts, delayed opening or closure of school, religious restrictions during the Holy Ramadan season, and rumors related to health campaigns such as deworming and immunization have

negatively affected the implementation of the project activities. A summary of events during the project half-life captured by CARE is available in Annex 9.

4.1.2. **The climatic conditions:** The project areas are well known drought-prone districts that have been affected by drought several times during the last two decades; the area is also known for its chronically food insecure status⁵. The area was stricken by drought in 2016-2018 and during this period social events/activities including marriage, school attendance and household food allocation were managed with a sense of scarcity.

Marriage proposals are generally considered undesirable during drought periods but poor families opt to marry young daughters, rather than sending them to school, hoping that they would have a better future for themselves and the family if they are lucky and marry someone in a better livelihood status. Drought also triggers mass migration and school dropout. Water shortage during drought period substantially reduce the cash crop production in the area, mainly Khat⁶ cultivation, and girls dropout of school to help families by fetching water from distance places. The food shortage in the family during drought also exacerbates the underlying chronic food security and negatively alter the household food allocation affecting mostly women and girls that may be eating last and lesser portions.⁷

4.1.3. **The Social Norm Dynamics:** This section describes the state of social norms in the project areas that are relevant to the Abdiboru project:

4.1.3.1. **Marriage:** In Ethiopia age at first marriage should be at least 18 years for both girls and boys⁸. However, according to the Abdiboru baseline survey the median age at first marriage was 15 years and the baseline qualitative respondents indicated the ideal marriage age for girls to be between 12 and 15 years; which suggests that people are continuing to practice the old social norms. The respondents of the midterm qualitative assessment indicated the ideal marriage age for girls is between 15-18 years of age, which indicates there is slight improvement although not yet to the age indicated by law. The mid-term assessment respondents

⁵ <https://careclimatechange.org> > Case Studies

⁶ Khat is a locally grown stimulant leaf that has amphetamine-like effects.

⁷ Similar observations were reported by Braga and Kwauk. Braga A. Kwauk. C.. *Three platforms for girls' education in climate strategies. Brooke Shearer Series. Sep 2017* (<https://www.brookings.edu/wp-content/uploads/2017/09/platforms-for-girls-education-in-climate-strategies.pdf>)

⁸ FDRE Revised Family code: The Revised Family Code Proclamation No. 213/2000
Article 7:1

also mentioned that the age at first marriage for girls is increasing in the last few years.

“Before three years girls mostly marry at 15 years, even some at less age around 13 and 14 years. Currently the ideal age of marriage is 17 and 18 years”. IDI_Unmarried adolescent girl_Mesela (arm 1)

“Currently most people parents marry their daughter at about 19 years due to the fear of accusation by kebele leader. But before Abdi boru project started mostly girls marry at 15 years of age”. FGD_ Non SAA mother_Doba (Arm 2)

The most common types of marriage in the area are ‘*jela demaa*’ where a boy and a girl who are in love with each other elope without notifying parents; ‘*Fedhina*’ where a girl and a boy who fall in love with each other and decide to live together without parental permission but stay in the area; ‘*Cabssa*’ where the boy pursuing marriage asks the girl’s parents’ blessing, and ‘*Asena*’ where usually “older adolescent girl” (a girl who exceeded the local ideal age of marriage) pursues a man she is interested to marry. However, in most scenarios parental permission and reconciliation occur.

Another type of marriage practice that was not identified during the baseline study and reported on midterm-assessment is a situation in which the girl is forced to marry the man who raped her; this could sometimes be a result of a setup where marriage brokers and peers arrange a place where the girl and pursuer chew khat together to facilitate rape. Once this has happened, the girl does not refuse to marry him because of the social sanctions she would face. This is an old norm being revitalized by marriage brokers to trap girls for marriage. It is different from other marriage entrapment strategies where raping is not involved and a serious violation of the girls’ rights. In some regions of Ethiopia, rape is a traditional practice used to take a girl as wife without her consent.

“He (the suitor) would give money to the broker and her peers so that they (the broker and her peers) can deceive her and take her somewhere (to the arranged place)... the guy chews “Khat” with her and will rape her there. Since he raped her, she has no alternative other than going with him” FGD_Unmarried adolescent girl_Chiro

After this, community leaders or elders from the man's village ask the family of the girl to marry the man that raped her. Most families agree and marry off their

daughters because a girl who has lost her virginity would be socially unacceptable for marriage to another man and discriminated by community. However, with social and cultural pressure from families and the community, as well as threats from the offender, the girl will often "agree" to marry the man.⁹

The peer pressure and the influence of “*Delalas*” or marriage brokers (includes adolescent girls’ and their parents’ peers, relatives, neighbors and other community members) play the role for early marriage practices. This indicate the need to do appropriate interventions at the community level, which is the main reason for doing the SAA intervention.

During this midterm assessment, we found that the influence of the marriage broker has been increasing. Although getting *Delalas* that are willing to be interviewed was a major challenge, because they know early marriage is against the law, we managed to conduct recorded and informal interviews. A typical broker mediates 3-4 marriages a year. They are the persuasive people who persistently approach the target young girls until they succumb to their proposal. Once the girl agrees, they simulate the “*jela deema*” marriage practice. The “*Delala*” receives in kind gifts (mostly Khat and related consumption items such as sugar) and/or may collect cash from the marriage suitor.

4.1.3.2. **Education:** At baseline, 81.67% of the girls reported ever attending school. Among these, Only 42.18% were attending school. Girls are not expected to go far in their education, most others (reference groups) indicated primary school level is sufficient for them. Opportunities to pursue education for girls are usually dependent on the economic status of their family.

“Our society can be divided into two. There is one who is economically capable and able to teach his daughter. And there are those who have nothing to send girls to school. This father, if his daughter completes grade 5 and pass to grade 6, he makes her drop out and force her to serve them in collecting wood and fetching water. There are families whose mothers collect wood, fathers who carry heavy loads to sustain their family. So, because of the economic inability, majority of families wants to marry off their daughter rather than teaching them.” FGD_non SAA father_Chiro

The majority of respondents in both arm 1 and 2 reported that the attitude of the community towards girl’s education has improved positively after the launch of

⁹ *Spotlight on: Violence Against Girls in Ethiopia Marriage by Abduction and Rape. Equality Now, May 2002*

Abdiboru project. Additionally, girls and boys are given equal educational opportunities, even in some school the number of girls is more than the number of boys. The school dropout rate for girls been reduced. Girls can assert their autonomy to continue school to a higher level education as long as they are performing well in school and if their family can afford to cover school expenses. According to respondents, the community has also started believing in girls' education and there is more support to the higher level education these days, some said girls' education would help to solve our problem and eradicate poverty.

"Education has many benefits...you can be doctor, teacher, school director as well as Development Agents (DA) and help change people's life... nobody can achieve that without education." FGD_Out of school girls_Chiro

Marriage and school attendance are also interrelated. Girls commonly dropout of school because of marriage and in some cases are allowed to continue school or they get divorce to go back to school, though the latter is less common. Girls appear to have a greater autonomy now, than baseline, to decide on their education, however the prevailing marriage norms negatively influence their chances of staying in school. The Abdiboru project has assisted the girls to stay in school by facilitating saving that can be used to purchase educational materials.

"... Nobody stops girls from school since Abdiboru/CARE project came to our kebele in the last two years, previously a lot of female students used to stop their education due to economic problems. Abdiboru facilitated saving culture among adolescent girls. Some girls bought chicken then sell eggs to overcome financial problems needed for buying education materials." FGD_Non-SAA Mother_Doba

A few respondents reported that even if families are capable of covering school expenses, they are not willing to send their girls to school because they want them to marry, they think education wastes girl's age. Nowadays, girls may go to their teachers or kebele managers in order to force their parents to re-evaluate their decision to drop them from school.

"Some parents deny their daughters education because they are economically poor but some others do so because they want their girls to get married. Girls may bring their teachers and Kebele administration get them back to school." FGD_unmarried adolescent boys_boke

The recent popular uprisings, which occurred after the launch of the Abdiboru project, has also seriously disrupted the local security situations and was one of the major factors for school dropout rate. The male to female ratio in schools for adolescent aged 13-17 years adolescents is approximately 1:0.6. The dropout rate at baseline was 8.87% for the academic year in which the baseline survey was conducted. According to the data obtained from the schools in the intervention kebeles, the dropout rate has not significantly decreased since the start of the project due to the prevailing conditions (Table 4).

Table 4: Total enrollment and dropout in intervention woredas

Sex	Total Enrollment		Total Drop out		Dropout rate in %	
	2008 EC	2009 EC	2008 EC	2009 EC	2008 EC	2009 EC
Male	27926	36224	2216	3031	7.94%	8.37%
Female	20722	25867	1860	2367	8.98%	9.15%
Total	48648	62091	4076	5398	8.38%	8.69%

Data source: Annual Education Sectoral Data

4.1.3.3. **Household Food allocation and consumption:** The baseline qualitative study revealed women/girls eat last and less portion/quality compared to men/boys in the family. Women who eat before their husbands are considered disrespectful. In the baseline quantitative survey, 22.76% of the respondents reported that adult women eat last in the family and 18.65% said adolescent girls eat last in the family. In the mid-term qualitative assessment respondents said eating patterns now depends on convenience; girls/women can eat before men/boys if they are not home at the usual meal time due to work or other reasons such spending time with friends at khat chewing ceremony. Thus, this shows the food consumption pattern is evolving.

The mid-term qualitative study result indicated that the eating pattern of family members in Arm 1 is somewhat different from that of Arm 2 & Arm 3. In Arm 1, women/girls are socially and culturally sanctioned not to eat before husbands and/or their male counter parts. According to the social norms in the study area, father eats first, sons eat next and girls & mother eat at the end. But in Arm 2 and 3, most of family members eat together. If husbands stay outside home or go far for some reasons, they (girls) are not expected to wait for them. They eat their own part and reserve food for their husbands until they come. When all family members are at home usually in a school seasons, priority is given for family members who are

students especially in the morning. In the evening, priority is given to small children because they usually sleep before the rest of family members. Therefore, eating pattern in most of the family members are not constant. It depends on some conditions such as age, health status and priority conditions of the family members.

“Previously if she would prepare and eat the food in the absence of her husband, the neighbor used to say the wife who eats food at the back of her husband. But these days as Abdiboru project has trained us, we would eat together with our husbands. We eat together what he eats” FGD_married adolescent girl_Chiro

Respondents in all Arms also indicated that it is husbands who decide on what to be farmed/produced. Decision on what to be purchased for domestic consumption is usually made by wife/mothers. They have also a decision power on the type of food they serve for their families.

“Everything is decided by the wives because they are economically capable of earning money... Even though women are over burdened by heavy domestic work, there is no any influence on mothers’/wives’ decision making regarding the nutrition of the family.” KII_Boke

The study result in Arm 1 indicates that, food with great portion and quality is served to father and other males in the household. In ARM 2, there is no major difference in quality of food served among family members; previously, men/fathers used to get better quality food. In Arm 3, food with high proportion and quality is given for children much more than to other family members.

In all study arms, food taboos have changed and girls are eating similar food items with their male counterparts due to extensive health education by health extension workers and Abdiboru project intervention. Food preparation is primarily wife’s responsibility and girls assist their mothers in this and other household chores as depicted in all the three arms.

Regarding household decision on buying/selling, wives could easily decide on purchase of small food items such as salt and vegetables. Purchasing or selling bigger items such as harvested crop or cattle this is mainly the husband’s decision. There was no major difference in the type and quality of food served among family

members was reported; men/fathers used to get better quality food but that is less common now a days.

"All family members would eat without any difference... there is no difference, they all (family members) eat the same food" FGD_Non SAA mother_Mesela

4.2. Technical and Operational Issues that emerged during Project Implementation

The qualitative baseline study- This study took more time than originally planned due to adaptation of new data collection method that fit the purpose better. The mini-qualitative assessment identified many diverse reference groups that needed to be included in the baseline qualitative study. In addition, developing appropriate vignettes for each reference group and later analyzing the bulk data generated in the process took much longer time than planned. Due to the additional workload the draft baseline qualitative report that was due 30 June 2016 was delivered on 24 August 2016. Addressing the feedback and editorial work on the draft report continued for some time and the report was finalized on 03 December 2016. The report was necessary for SAA intervention adaptation and Abdiboru started forming SAA groups in June 2017.

The baseline quantitative survey- The quantitative survey was originally designed to include 5,130 individuals. However, in consultation with CARE and Gates Foundation colleagues it was decided to include more reference groups and the final sample size was increased to 10,260 individuals. The survey developed and used twelve different data collection tools to gather relevant data. Considering the complexity of the data management using manual data capture ACIPH had to develop electronic data capture system instead of using paper forms for data collection. Developing and testing the electronic data capture system which was essential to improve data quality and shorten the time requirement for data processing and cleaning also took considerable time. In addition, the survey was conducted in two rounds due to the interruption for security reasons. The survey was interrupted for two weeks due to unrest in the study area. The security issues also reduced the effective data collection time since the survey teams were not able to travel in the study areas early in the morning and late afternoon. Despite all the hurdles the quantitative survey draft report was shared on February 2017 and ACIPH continued doing editorial works until September 2017.

The field operation- the Abdiboru/CARE field activities were also repeatedly affected by the political unrest (as described in detail in section 4.1.1). Many activities were either postponed or delayed several times. Thus, implementing the project activities as per the original timeline was very challenging despite the courageous effort of the project staff to continue operating in the field even when the security situation was not good.

Adolescent responsive multi-sectoral plan: According to the annual sectoral office, the multi-sectoral plan prepared to guide their action on annual basis usually do not specifically include interventions targeting the very young adolescents and nothing specific to very young adolescent girls. Their plans generally target women of reproductive age (15-49 years) and the youth (age 15-24 years). Since the very young adolescent girls were not part of the multi-sectoral plan¹⁰ target populations more efforts were required by Abdiboru staff to actively engage the sectoral offices.

4.3. The implementation of individual level intervention - the VSLA

The VSLA approach has been used to achieve improved agency among adolescent girls in the project area. The girls' groups integrated other interventions such as SRH, Nutrition and life skills¹¹. The VSLA intervention is implemented in both Abdiboru intervention arms (Arm 1 and Arm 2). The steps in implementing this strategy is depicted in Box 1.

Abdiboru established Girls groups in the community and at schools. Although CARE initially expected about 70% of the young adolescents would be out of school, during the implementation 90% of the young adolescents enrolled in the Girls groups were in-school adolescents¹².

Box 1. VSLA Intervention procedures and outputs

- 1) TOT training
- 2) Orienting and organizing adolescent girls into Girls groups
- 3) Choosing Girls group Facilitators
- 4) Training of Facilitators
- 5) Providing cascading training
- 6) Initiating saving and regular meetings
- 7) Achieving maturity and sharing

The establishment of the girls groups was started with extensive mapping and community mobilization activities by conducting large meetings in kebeles and in schools. Abdiboru project trained 42 trainers of trainees and 1,978 adolescent girls to

¹⁰ Adolescent responsive multi sectoral plan is developed by the government sector offices to address the needs of adolescents in the intervention woreda

¹¹ VSLA implementation guideline/manual

¹² CARE results framework and results tracker_ Abdiboru populated framework. ACIPH. February 2016

serve as VSLA facilitators in the process of establishing Girls groups. The training was cascaded down to group level in two-rounds to reach out to both in-school and out of school adolescents. As this was the first experience for CARE to implement VSLA among very young adolescents, the establishment of the groups took more time and efforts than originally anticipated. The Abdiboru project started establishing the girls' groups in October 2016, after the completion of the baseline qualitative (final report was completed on December 2016) and quantitative field work (the final quantitative baseline report was completed in February 2017), and it has taken more than four months to establish most girls' groups.

The number of girls' groups planned to be established in Arm 1 and Arm 2 was 240 and 816, respectively. By August 2018, 238 and 808 girls' groups were established in the respective arms. Of which 236 (99.2%) and 776 (96.0%) groups were established as per the VSLA standard criteria. The overall achievement in establishing the girls' groups was comparable in the two arms; 99.1% of the target in the Arm 1 and 99.0% of the target in the Arm 2. However, there are no out-of-school groups in the Arm 1 since the officials reported all girls were in school (Table 5).

Table 5: The status of Abdiboru Girls groups, West Hararghe, July 2018

Intervention arm	In-School Girls groups			Out of School Girls groups		
	Planned	Formed	Active	Planned	Formed	Active
ARM 1	42	240	238	198	0	0
ARM 2	240	574	574	576	234	234
ARM 3 (Control arm)						

Data source: routine process evaluation report

A total of 26,405 girls were enrolled in the girls' groups and of which 22,746 (98.2%) are still active members. The groups prepare their own bylaws although the extent to which they abide by it varies across the groups. Generally, the VSLA approach had very high buy-in from the groups, community members and all other relevant stakeholders. The saving component was the most attractive element of the VSLA package and girls were often happy to meet regularly. The girls have been very interested in the saving and income generating activities and trainings that helped them build financial capacity to buy school materials and their other basic needs. The girls enjoy becoming financially self-sufficient and to be able to support their families. Girls also liked much the freedom and the space created for them to communicate with their peers and to support each other through the lending scheme.

“The project enables us to buy our school materials by our own ... it also made us change our attitude regarding education. It enabled us understand the importance of learning...It empowered us economically... we managed to cover our basic needs expenses. We cannot ask for more support... Abdiboru helped us to give good value to ourselves.” FGD_Adolescent girl_Mesela

The original CARE VSLA package was modified to adapt to the local customs and context¹³. For instance, interest on loans is not endorsed in Islam, which is the dominant religion in the project areas, and therefore were omitted from the guidelines. Groups were also allowed to share out savings before the standard VSLA maturity timeline, as the majority of the members were students, to allow members to buy school materials for a new school year and as needed. Most girls’ groups however managed to meet weekly as per the standard. The regularity of the group meetings and the maturation time have been also affected by other external factors such as drought and political instability. Some girls’ groups were unable to save regularly in the drought seasons, which led either to total abandonment of saving or suspending it until they overcome the negative effects of the drought.

“Last year some groups had to suspend their saving before the recommended maturity period because of the drought; they were not able to make savings.” KII_CARE staff

The in-school groups hold their weekly meetings in their school compound at the end of a school day. When schools are closed, the groups face difficulty to have their meeting on a regular basis. In-school groups were not also able to meet regularly during school breaks due to distance and bad weather, especially during rainy seasons. The implementation of VSLA among very young adolescents also needed more efforts since the VSLA materials were not used in this target population previously. The Abdiboru intervention package has many components and each of them require time and adaptation for the project target population.

¹³ Abdiboru project VSLA implementation guide, CARE. 2016

“For example in the previous Tesfa project¹⁴, the VSLA and SRH were implemented at the same time since the target groups were relatively older and married than the Abdiboru targets, thus, the level of supervision was less... once a month supervision was adequate. But here the targets are children and routine supervision and monitoring is necessary ...more than what was anticipated at the design stage...the design is not compatible with the age of the project target population and the context...the intervention package is overloaded... if I were to decide, I would say only VSLA and SAA should be tested” KII_CARE staff

During the implementation the project staff observed that the very young adolescent girls tended to have more frequent disagreements and lack adequate skills to handle conflicts and negotiate amicable resolutions. In some instances, disagreements were reported to lead to either interruption of the saving temporarily or premature share out.

“...there is a need to have more follow up and support the groups because unexpected conflicts arise among group members, drop out may occur due to economic challenges, reasons, and there is also family interference in some places.” KII_CARE staff

The girls' groups were not established simultaneously in the two arms of the Abdiboru project; first groups were established in arm 1 and later in arm 2. Even within each arm, all groups were not established at the same time due to logistics and facilitation issues. Thus, the girls groups have variable exposure period to the intervention. The number of girls groups and the total number of young adolescents embraced in the project has not been compatible with the numbers of the project human resource, poor geographic access, lack of transportation, and security concerns affected the performance of Community Facilitators. The project geography considered mainly to benefit the research design by having buffer Woredas between implementation Woredas that caused distance between woreda which meant high transportation demand which also caused inaccessibility for the Community facilitators.

¹⁴ Another CARE project implemented elsewhere using the VSLA and SAA interventions.

“We have challenges in the field...using a single vehicle in such remote area with no good roads increases the down time for maintenance and also cost for spare parts... there were also some unexpected expenses in the implementation... (in my opinion) the project is not adequately financed” KII_CARE staff

The interventions such as life skills, SRH, and nutrition¹⁵ are not yet fully implemented due to fear of overloading the young girls with too much information at once and also due to heavy workload to the project staff despite efforts to fully implement the intervention package by the project. The SRH and Nutrition TOT training was given to 42 HEW in Chiro in June 2016 but put on hold since the training material was found to be not fully compatible for the very young adolescent age group targeted by the project. TOT training for life skills intervention was given to 28 Abdiboru/CARE staff and partners in February 2018. The training was cascaded to 311 (Mesela 61, chiro 112 and Doba 138) teachers in both arms.

“One of the major challenges in the project was inadequate human resource. For example, one Community Facilitator (CF) is responsible for eight kebeles, which means one CF is responsible for 140 Girls’ groups, 72 SAA groups and eight core groups. Mentoring a single Girls’ group by itself is time taking. In addition, the project has only two field office staff/zonal staff who are responsible for three woredas; i.e., 66 kebeles. Compiling and reviewing reports and providing feedback to all these Kebeles is very tiresome and time consuming.” KII_CARE staff

The life skill training was later cascaded by teachers to 4,171 girls’ group members from 20 schools in Arm 1 and 11,149 girls group members from 64 schools in Arm 2. The training process and outputs were not judged satisfactory by the project staff, the girls ability to remember what they have learned in a short consecutive sessions was low, and staff are re-thinking the better ways to improve the delivery of the training.

¹⁵ Abdiboru project proposal, ACIPH January 2016

“The training for the life skills improvement was given in lecture and discussion format...there was also time pressure, it was given even in weekdays ... but as the teachers cannot devote weekends, they covered the entire module all at once. Therefore, the students didn't not get adequate time to internalize the training... As far as I am concerned, the implementation of the Life Skills training on the ground needs reconsideration.” KII_CARE staff

The majority of the girls' groups started saving within one week of establishment and almost all within the first month. Their families provided the necessary support to help them start savings immediately. The challenges to Girls' groups were mainly related to members missing meetings, not being able to pay contributions, and not presenting on time for meetings. In some groups, records on their registration and pass books lacks completeness and consistency. Some of the reasons for complete dropout include economic problems, marriage and change of residence.

The saving component was the most successful element of the girls' group (VSLA) intervention package. After the initial intensive support most of the groups have understood the basic VSLA principles and practices. Later, some of the girls were able to buy goat and chicken with their savings; those girls were very proud of their achievements so far and very enthusiastic about their aspiration to become economically stronger/independent. While some stakeholders say girls with greater economic independence can help avoid early marriage and continue their education, others expressed concern about the possibility of girls dropping out of school as a result of success in their business venture.

The girls' group members also demonstrated improved communication skills, especially the girls in the leadership positions. Being recognized and chosen to lead their group was an important achievement for the girls, the feeling of becoming a worthy member of their society.

“They (Abdiboru staff) give us trainings on saving and income generating activities...they helped us build our capacity to manage saving and business activities... they advise and follow us in our activities..” FGD_Girl Group_Chiro

“We save regularly and take loans from the group to buy chicken. We then sell eggs and save the profit and fulfill our school needs and maintain our enrollment in school.” FGD_Adolescent girl_Chiro

“What I am interested and like about our group is ...the group organization and interaction as well as the respect and love to each other.” FGD_Adolescent girl_Chiro

“The project help us to get comfortable with each other...Group agreement is good. Now all respect each other and love each other”. IDI_Adolescent girl_Doba

4.4. The implementation of group level intervention- the SAA

The Social Analysis and Action (SAA) intervention is implemented only in the arm 2 of the project in Chiro and Doba woredas. The SAA is an intervention to explore social dimensions of health, empowering communities to understand the connection between health and socio-cultural factors and engaging communities to take action to improve their health and wellbeing. It is supposed to challenge norms to encourage positive norms and discourage the negative. The SAA intervention comprises of SAA groups and Core groups. The aim of SAA formation is to create the space for reference groups to challenge the social norms that affect the life of adolescent girls. Core group represents power holders in the community that helps to increase buy in adaptation and scale up of new social norms¹⁶. In addition, it helps young adolescent girls to solve problems they might face. The steps in establishing and maintaining SAA groups are depicted in Box 2.

Box 2. SAA Intervention procedures and outputs

- 1) TOT training , (simulaneously with the baseline study (norm identification),
- 2) Norm Validation
- 3) Community mass orientation
- 4) Formation of SAA groups
- 5) Selection SAA facilitators
- 6) Cascading training /training of facilitators
- 7) Group discussion

The SAA implementation was started later than the VSLA. The delay was due delayed finalization of the baseline qualitative study, which was expected to identify relevant reference groups, and the time needed to complete the preparation for its implementation by the project staff. The initiation time was further delayed to avoid overlap with the holy month of Ramadan, facilitation of such activities is difficult during this period as the majority of the community members strictly observe religious rituals. Consultations with local influential entities during the formation of the

¹⁶ Abdiboru project SAA implementation guide, CARE. 2016

SAA groups also took considerable time; since ensuring the selection of appropriate members with reasonable internal heterogeneity was critical to the success of the intervention.

The establishment of SAA groups was facilitated by the core group in each kebele; totally 50 core groups involving 1,488 members. The core group members could be up to 30 and include kebele leader, kebele manager, WDA (focal person in kebele), DA, HEW, school director, school supervisor, DA supervisor, women league, local police (militia), religious leader (2-3), development zone representatives, village representative, elders, respected/influential people, health post manager, youth league, kebele representative, traditional birth attendant, political representative and harmful traditional practice (HTP) committee. A total of 446 SAA groups (218 in Chiro & 228 in Doba) involving of 13,004 community members were established. The SAA groups were trained to discuss six prioritized themes namely early marriage, attitude towards girls' nutrition, attitude towards girls' education, household chores allocation, decision making capacity of girls, and gender-based violence. Once SAA groups were established after very intensive efforts they required less follow up than the Girls groups. Two SAA facilitators from each group were responsible for facilitating the regular SAA discussion as per the standard.

The SAA groups played a key role in getting the project accepted by the community. At the beginning of the project, there were some concerns and moderate resistance as some people in the community were skeptical about the motives behind targeting very young girls; some considered engaging very young adolescents on SRH matters would undermine their religious and cultural values, and others were concerned whether political motives were behind the project. These concerns were addressed through intensive community engagement process. The training manual was revised in consultation with community and government representatives to address some of those concerns and the girls' costumes in the pictures included in the training materials were revised to make it resemble the local costumes. The messages about empowering young adolescent girls and sharing workloads between men and women were the most popular discussion topics in the SAA groups.

The SAA groups appreciated the project's strategic approach to addressing young girls' issues through engaging community members. They labeled the Abdiboru approach as a 'breakthrough project' for addressing harmful traditional practices such as early marriage, household food allocation, girls' education and gender equality. Those topics had been considered taboo and open discussion on them were not encouraged in the community. According to the SAA respondents, the

program is highly appreciated among SAA members since it is targeting deep rooted problems that everybody is afraid to tackle openly.

“This project focuses on girls (10-14) years of age. Previously most families believe that early marriage is a glory and success to family. But now, after participating in Abdiboru discussion the community has a different attitude... early marriage has decreased tremendously.”
FGD_SAA group member_Doba

Some of the SAA groups have not been meeting regularly due to the low incentive package. Other projects commonly provide transport expenses, per diem and refreshments during meetings. Abdiboru did not provide any such incentive, whereas even other projects implemented by CARE Ethiopia itself do provide such incentives. Some SAA groups initiated saving together in order to motivate members to regularly attend meetings.

“In SAA groups no financial incentive is provided. Some groups have started “Iqub” [traditional community saving scheme] to encourage attendance in their groups... the community is attracted to other projects because of the incentives they provide ... other projects provide revolving funds that are injected into the intervention activity, per diem or refreshments...” KII_CARE staff

Maintaining the quality of the interventions during the political unrest demanded extra efforts and unplanned expenses; which made conditions very stressful for the project staffs who were already operating in a resource constrained environment. The frequent and unexpected staff turnover in government offices was also a great challenge, which created additional workload.

The political unrest also diverted the attention of SAA members' to focus on current events than work on long term changes. That obviously negatively impacted on the effectiveness of the SAA groups because most SAA groups were not able to meet regularly.

“The political unrest and the associated security threats were major and unexpected challenges that affected the implementation of the project negatively since its inception. However, the security situation has been improving since the appointment of the new Prime Minister in the country.” KII_CARE staff

4.5. The implementation of structural level intervention- the Community Score Card (CSC)

The Community Score Card (CSC) intervention is intended to address the structural determinants of SRH, nutrition and general wellbeing of adolescent girls. CSC works to influence the quality, efficiency and accountability of the social services by engaging both service providers and users together. It is a tool that the service provider can use to monitor progress and service quality together with the community. The key phases of CSC are depicted in Box 3.

Since the CSC intervention is implemented in partnership with government structure its actual implementation was even more delayed than the other two interventions due to the political instabilities in the project site.

The preparation of the manual for CSC implementation was completed as per the original timeline and TOT training was conducted in July 2016. CSC training was given to 125 development agents to serve as facilitators during interface meetings. After cascading the training in June 2017, the first interface meeting was conducted in October 2017. At the time of this mid-term assessment, 13 kebeles in each intervention woreda have conducted one interface meeting and established Joint monitoring committees in May-June 2018. Those meetings involved 204 government officials, 1838 community members, 3,420 adolescent girls and 797 service providers.

The Government sectors partners (agriculture, women and child affairs and administration office) expressed appreciation for the project for targeting vulnerable young adolescent girls and promised to support the Abdiboru project activities by mobilizing the community and organizing joint training sessions. The Abdiboru approach to jointly identify problems and seeking solutions together was highly appreciated; although the service providers were initially a bit reserved as they perceived the procedure was meant to evaluate their performance and impose punishment. The health sector partners also provided office space for CARE seconded staff in all intervention woredas. The community is also generally happy about the government's readiness to consider addressing the issues raised during the CSC meetings and are willing to do their part.

Box 3. CSC involves the following:

1. Planning and preparation
2. Conducting issue generation meeting among community
3. Conducting the issue generation meeting among service providers
4. Interface meeting and action planning with both community and service providers
5. Action plan implementation and M&E

“The community was highly engaged in school related issues... school classrooms without desks and absence of separate toilet for girls were big concerns, thus the community was very engaged and willing to contribute... they want changes to come immediately.” KII_Women and Education office

“To actually commence the CSC work we had to wait for three months. Schools were closed. It was too difficult to find and engage girls and teachers in the program. There was a misunderstanding, the teachers thought we came for evaluation.” KII_CSC facilitator DA

There were many challenges during the implementation of CSC. Shortage of transportation for field work, unsuitable topography of kebeles, security issues, the need for more time to develop quality work plan, and financial and human resource constraints were serious challenges in implementing CSC. In addition, the turnover of government staff after receiving training and delays in the initiation of the CSC implementation were bottlenecks. Expectations to get financial incentives for participation in the form of per diem was also raised as a challenge during the interviews and may remain a problem for the project.

“Unlike the other two trainings we conducted, the Community Score Card (CSC) training was most challenging. That is because the sector people thought it was performance evaluation. In addition, most officials at ‘woreda’ and ‘kebele’ levels were removed from their position after we spent a lot of time and resources on them in a series of consecutive trainings and orientations. As a result, we have been forced to train others again to replace them. Going through all these ups and downs, we are now working on the ground after discussing with the new officials.” KII_CARE staff

5. Cost Analysis of the Interventions

The cost analysis is one of the components of the Abdiboru project evaluation and learning package. The main objective of the cost analysis is to determine the level of investment required for scaling up the intervention packages in the future if the research provided sufficient evidence on the effectiveness of the intervention packages and the Theory of Change.

ACIPH hired a costing consultant to prepare guidelines and train people involved in the financial management of the project on how to gather relevant data. Templates for data collection were developed and tested. A series of discussions were carried out between the costing consultant and Abdiboru/CARE Ethiopia staff to clarify the procedures and the expected outcome of the costing exercise.

As per the original design, the cost analysis will be done at the completion of the project. The data necessary for the cost analysis have been captured by CARE Ethiopia finance office. The cost data needs to be captured separately for the three arms of the evaluation arms to allow appropriate cost analysis at the end of the project.

6. Major Lessons Learned

The Abdiboru project was designed to test the effectiveness of combination of interventions at individual, community and government levels to improving the lives of very young adolescents. The project has been implemented in a precarious security conditions due to the political unrest that engulfed the Oromia regional state and later the country as a whole. Under such circumstances, the project has managed to launch and initiate the various components of the project in all woredas with a full buy-in from the community and local leadership (Table 6). Due to the prevailing circumstances the level of efforts required and the demand for additional resources to implement the project was much more than anticipated at the design stage, thus the progress made so far can be considered good.

Table 6. Summary of the status of the study arms

Interventions as per design	Status at mid-term
Arm 1: Individual + Government level intervention arm	
<ul style="list-style-type: none"> • VSLA • SRH • Life skill • Nutrition • CSC 	<ul style="list-style-type: none"> • VSLA implemented per modified guidelines. • SRH have not been fully implemented • Life skill has not been fully implemented • Nutrition has not been implemented • The preparation, issue generation and interface meetings and action plan development for CSC implementation has been done so far
Arm 2: Individual + Government + Community level intervention arm	
<ul style="list-style-type: none"> • VSLA • SRH • Life skill • Nutrition • CSC • SAA 	<ul style="list-style-type: none"> • VSLA implemented per modified guidelines. • SRH have not been fully implemented • Life skill has not been fully implemented • Nutrition interventions has not been implemented • Interface meetings and action plan development for CSC implementation has been done • SAA initiated
Arm 3: Delayed Intervention arm	
<ul style="list-style-type: none"> • No intervention until the final year of the project 	<ul style="list-style-type: none"> • No Abdiboru intervention but other projects¹⁷ that don't specifically address very young adolescents are being implemented in the woreda

¹⁷ CARE is currently implementing projects such as PATH (which has SRH component) and GRO (which has nutrition component) and EU (which has IGA components) operating in the Delayed intervention arm.

The following are some of the major observations related to the context and the implementation of the project that need to be considered in the remaining period of the project:

1) The Project Context

- Abdiboru interventions were interrupted on multiple occasions due to socio-political unrest and security threats since the time of the baseline assessment. The security situation has been improving since the appointment of a new Prime Minister in the country but remains fragile to date.
- The drought in 2016 and 2017 has significantly reduced the engagement of the target population in project interventions and worsened the situation for the target population of young girls in numerous interconnected ways. The intervention related to helping adolescent's gain financial management capacity can be more useful in recovering from such calamities.
- The social norms observed during the baseline assessment related to marriage, education, and food allocation shows some indication of being weakened by the project activities. However, the intensification of marriage brokers activities with an element of commercialization in the last 2-3 years is an emerging theme for further community engagement and action.
- ***Despite all seemingly unsurmountable challenges the Abdiboru project successfully engaged the community and secured a full buy-in for the project interventions. If the political environment remains stable the project has a potential to achieve the expected results.***

2) The Project Design

- The intervention package at the individual level was found to be overburdening of the very young adolescent girls targeted in the project. Although very young adolescents eventually benefit from the project the level of effort needed to prepare the girls for the intervention, their upbringing with low agency due to their young age and the cultural context was not fully anticipated at the design level. The adaptation of key intervention packages to the target age group required more time and expertise than it was possible within the project timeline and resources.
- The integration of a strong research/evaluation component into the project design was very helpful to document in detail the lessons learned during the life of the project. Though the detailed data capture requirements were highly demanding it was a source of inspiration to keep up the desire and

determination to achieve results even in the most difficult implementation conditions.

- ***Based on experiences so far and the changing political landscape revisiting the project design, the content of each interventions, and expected results would be desirable.***

3) The Project Implementation

- The resources secured for the project were not compatible to the scale and intensity of the proposed intervention packages. Intervening on very young adolescents has demanded more time than originally planned from project staff to adapt the training materials for the target population in the project context and to provide intensive support during the implementation.
- Intervention focusing on saving component was easier for adaptation and implementation in the target population compared to other components of the project such as the SRH, nutrition and life skills trainings. The changing political and administration landscape in the country, though the implications are not yet fully clear, may require a more adaptive implementation strategy.
- In operational terms and with resource limitations, initiating interventions all together in all kebeles at the same time was understandably challenging. Efforts need to be strengthened to achieve homogenous and universal coverage of the interventions as per the design to achieve uniform and comparable exposure in terms of intensity and duration in each arm, which is necessary to test the effectiveness of the proposed Theory of Change.
- Without the full implementation of the interventions as per the design, the expected overall impact could be reduced and the end line survey may not be adequately powered to detect smaller effects.
- ***The remaining project period is short and unless efforts are intensified to ensure universal and compatible coverage of the interventions in the two arms as soon as possible the desired effects may not be detectable.***

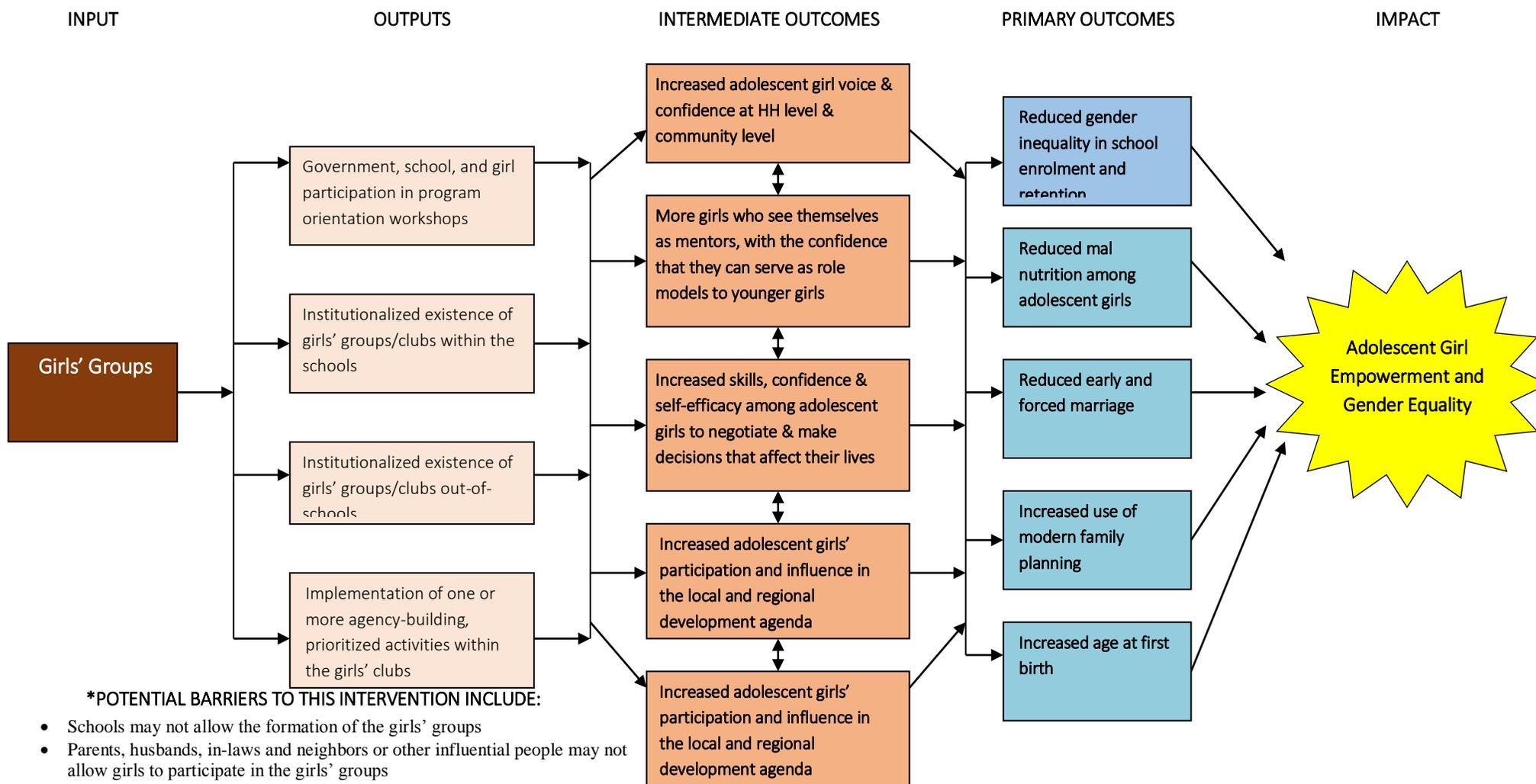
7. Annexes:

- **Annex 1:** Abdiboru CARE Project Theory of Change
- **Annex 2:** Abdiboru Mini assessment Report (to be provided as a separate document)
- **Annex 3:** Abdiboru Baseline qualitative Report (to be provided as a separate document)
- **Annex 4:** Abdiboru Baseline quantitative Report (to be provided as a separate document)
- **Annex 5:** Synthesis of qualitative and quantitative findings (to be provided as a separate document)
- **Annex 6:** Process Evaluation Y3 Q4 report (to be provided as a separate document)
- **Annex 7:** Abdiboru Round one Lite-qualitative Report (to be provided as a separate document)
- **Annex 8:** Desk Review (to be provided as a separate document)
- **Annex 9:** A summary of events during the project half-life captured by CARE/Ethiopia (to be provided as a separate document)
- **Annex 10:** Technical meetings notes(to be provided as a separate document)
- **Annex 11:** The SNAP analysis based on mid-term assessment data (to be provided as a separate document)

Annex 1- Abdiboru/CARE Project Theory of Change

The project is based on the theory that three structural determinants: government - level institutions, community level social norms and values, and individual level agency significantly influence girl empowerment and gender equality; however, it is the combined influence of these three foci that will have the most impact on girl empowerment and gender equality.

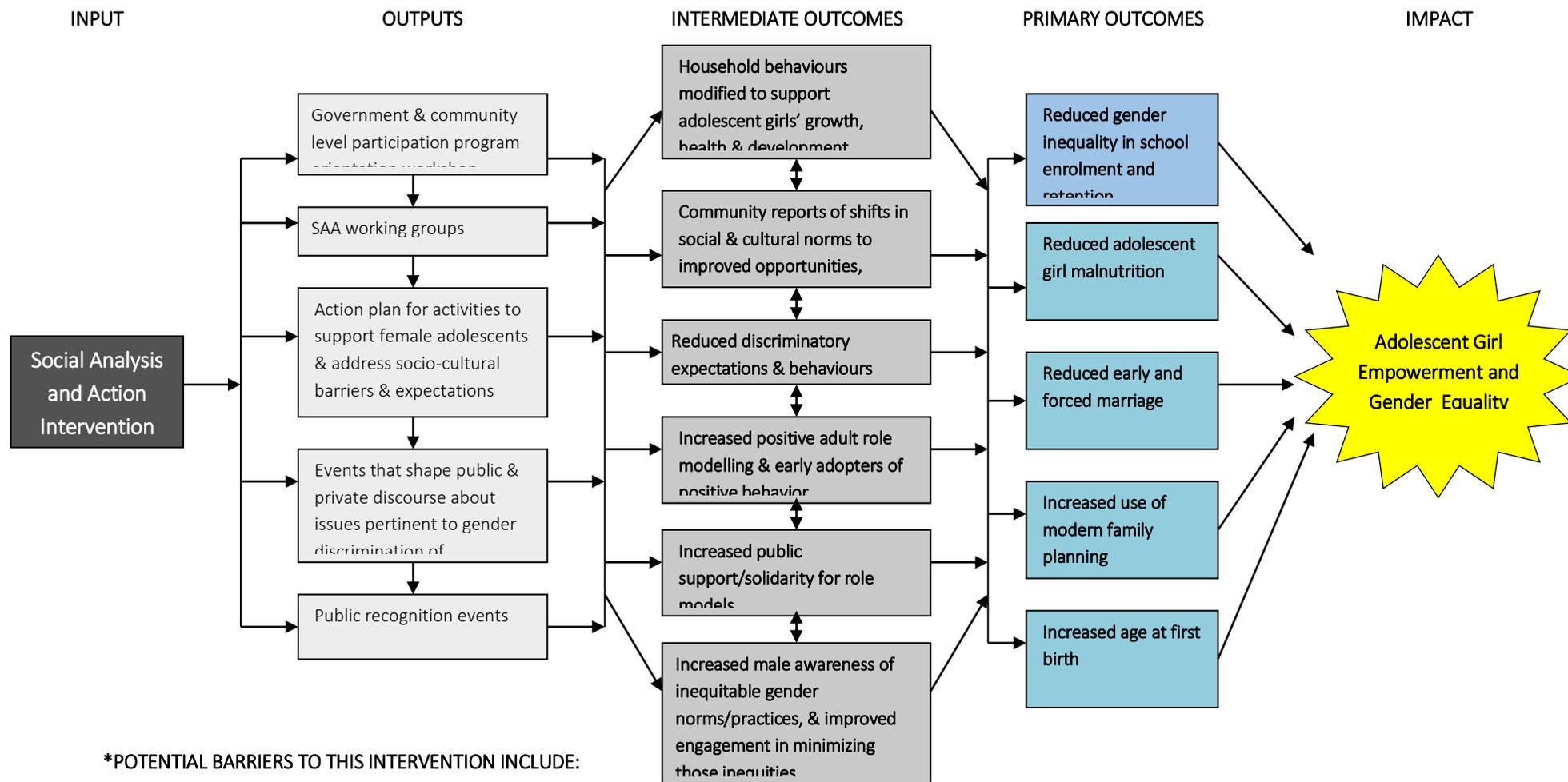
Theory of Change Model for Individual level intervention (Girls' Groups)



***POTENTIAL BARRIERS TO THIS INTERVENTION INCLUDE:**

- Schools may not allow the formation of the girls' groups
- Parents, husbands, in-laws and neighbors or other influential people may not allow girls to participate in the girls' groups
- Girls may experience push-back, resistance, or threats from those around them when behaving differently than is expected for girls in this zone; thereby discouraging them to join or continue in the intervention

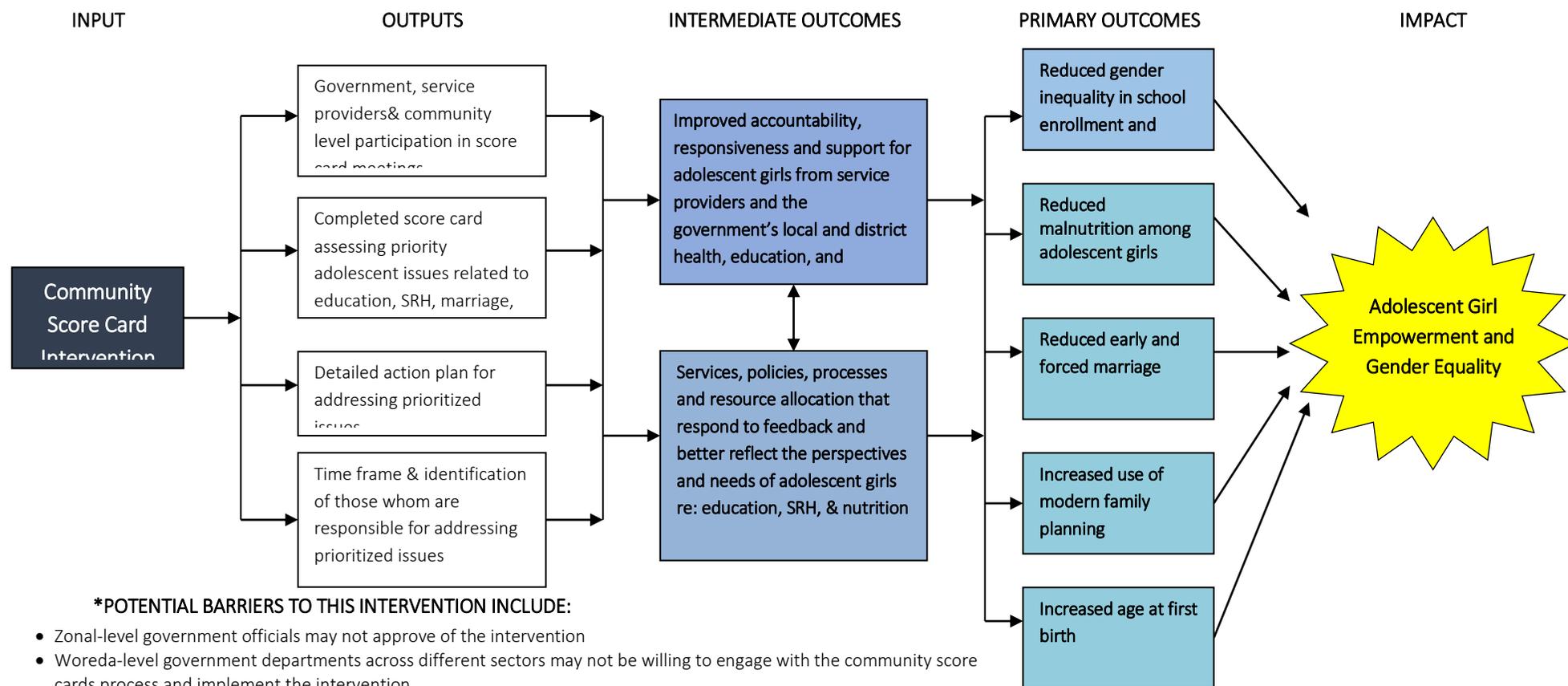
Theory of change Model for community level intervention (Social Analysis and Action)



*POTENTIAL BARRIERS TO THIS INTERVENTION INCLUDE:

- Zonal-level government officials may not approve of the intervention
- Woreda-level government departments across different sectors may not be willing to implement the intervention
- Possible community resistance to change

Theory of Change Model for Government level intervention (Community Score Card)



***POTENTIAL BARRIERS TO THIS INTERVENTION INCLUDE:**

- Zonal-level government officials may not approve of the intervention
- Woreda-level government departments across different sectors may not be willing to engage with the community score cards process and implement the intervention
- Requires continued participation and follow-through from government officials; it might be difficult to hold government officials accountable
- Activities can lead to conflict if not facilitated well.
- Sometimes individuals can be targeted (“finger-pointing”).
- The exercise can raise false expectations, creating a demand that cannot be fulfilled by the government