TABLE OF CONTENT

Chapter One: Introduction 1

1.1. Background 1

1.2. Objective of the Evaluation 2

Chapter Two: Evaluation Methodology 4

2.1. Study Design and Area 4

2.2. Kebeles Visited 4

2.3. Data Collection 4

2.4. Document Review 5

2.5. Data Analysis 5

Chapter three: Findings and Discussion 6

3.1. Project set up and design 6

3.2. Area Identification and Beneficiary Targeting 6

3.2.1. Targeting 6

3.3. Timelines of project Activities 8

3.4. Relevance/ Appropriateness of the Intervention 8

3.5. Program Effectiveness 8

3.5.1. Outpatient Therapeutic program (OTP) 8

3.5.2. Stabilization Centre 11

3.5.3. Supplementary Feeding Program 12

3.5.4. Capacity Building 14

3.5.5. Health, Nutrition and Hygiene 15

3.6. Gender 17

3.7. Monitoring and Evaluation 17

3.8. Change/Benefits and Success Cases of the Project 18

3.9. Lessons Learnt and Sustainability 19

3.10. Strength and Major Challenges 19

3.10.1. Strength 19

3.10.2. Major Challenges 20

Chapter Four: Conclusion & Recommendations 21

4.1 Conclusion 21

4.2 Recommendations 22

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
BOFED	Bureau of Finance and Economy
CMAM	Community-Based Management of Acute Malnutrition
CNVs	Community Nutrition Volunteers
CTC	Community-Based Therapeutic Care
DPPB	Disaster Preparedness and Prevention Bureau
DRMFSS	Disaster Risk Management and Food Security Sector
FGD	Focus Group Discussion
FMoH	Federal Ministry of Health
FP	Family Planning
HEW	Health Extension Worker
HIV	Human Immunodeficiency Virus
HRF	Humanitarian Relief Fund
IEC	Information, Education and Communication
NGOs	Non-Governmental Organizations
OCHA	Office For the Coordination of Humanitarian Affairs
OTP	Outpatient Therapeutic Program
MAM	Moderate Acute Malnutrition
M&E	Monitoring and Evaluation
MUAC	Mid-Under Arm Circumference
PA	Peasant Administration
PLWHA	People Living With HIV/AIDS
RUTF	Ready –To- Use Therapeutic Food
SC	Stabilization Center
SFP	Supplementary Feeding Program
SAM	Severe Acute Malnutrition
TSFP	Therapeutic Supplementary Feeding Program
VCT	Volunteer Counseling and Testing
UN	United Nation
UNICEF	United Nation Children Fund

Executive Summary

CARE Ethiopia in partnership with the government implementing partners implemented the UNOCHA funded HRF emergency nutritional support project in seven woredas of East and West Hararghe zone of Oromiya Region from July 2011 to January 2012. The main objective of this emergency nutrition evaluation intervention was to assess the outcome of the project in order to learn lessons and make recommendations.

The evaluation findings indicate that the program has largely met its objectives .Lives were saved. In broad terms, the interventions were carried out successfully, meeting the main objectives as outlined in the project plan. The achievements of the project are also observed in the increased health worker knowledge on the management of SAM and the creation of awareness on health, nutrition and hygiene in the community.

All in all, the project has been a success However; some problems were observed during the implementation of the project. Among these, the delay of vegetable oil due to shortage in the local market and in some kebele low commitment of the HEWs to mobilize the TSFP beneficiaries.

Therefore, based on the results of the evaluation, the following actions are recommended:

- Despite difficulty in procuring vegetable oil due to shortage in local market, the project has generally responded to the emergency situation timely. Most of the inputs including routine drug and Ready –To-Use Therapeutic Food. However, timely delivery of inputs such as TUTF at Zonal level needs further improvement; and make sure that the important food like vegetable oil is purchased and delivered.
- Emergency intervention especially the capacity building component needs to be coordinated and planned in the framework of the relevant government offices' activity plan so as to ensure effective implementation of the planned activities at early stage of the project according to timeline; and at the same time, this will help avoid duplication of resources.
- Although education has been provided to mothers at the time of TSF food distribution, food sharing among household members was found to be a challenge. Therefore, better education needs further consolidation by advising TSF food as a medication to t treat nutritional related to disease.

- **Chapter One: Introduction**

1.3. Background

In response to the malnutrition problem affecting population and saving life, CARE Ethiopia in partnership with the government implementing partners implemented the UNOCHA funded HRF emergency nutritional support project in seven woredas of East and West Hararghe zone of Oromiya Region from July 2011 to January 2012. The targeted woredas were Girwa, Kurfachelle, Bedeno from East Haraghe; Doba, Chiro, Gemachis and Meselle from West Hararghe zone.

The main objective of the project was to rehabilitate and improve the nutritional status of the most at risk groups including children under five, pregnant and lactating women as well as other vulnerable groups of the population such as elderly and PLWHA.

To achieve this objective, the project employed strategy of community mobilization, behaviour change communication (BCC), strengthened community-base therapeutic care (CTC) program; treating moderate malnourished children, pregnant and lactating women and other vulnerable groups in supplementary feeding program (SFP) to prevent those groups from deteriorating into severe malnutrition; and provision of medical treatment to severe malnourished children without complication in outpatient therapeutic care (OTP) and children with complication in stabilization centres (SC). As part of the CTC program, improved access and availability of nutrition service through strengthening OTP and SC sites within the existing heath facilities to follow up the beneficiaries in their respective communities.

1.4. Objective of the Evaluation

Overall purpose

The purpose of this evaluation is to assess the outcome of the ENI project in order to learn lessons and make recommendations. The findings of the study will contribute to institutional learning that will facilitate qualitative improvements in similar future interventions.

Specific Objectives

The scope of this evaluation included the following specific objectives:

(I) To assess humanitarian accountability system in terms of : timelines of responses (How quickly the project has responded ?), the quality of assistance and accountability of our response to target beneficiaries and partners , transparency of the project implementation , coverage of the project response , and other related elements of evaluation).

(II) To draw good practices / lesson learned , and gather success cases /stories of the project.

(III) Ensure the involvement of stakeholder/participation, needs and relevance /appropriateness of the intervention and transparency of project implementation.

(IV) To track the project performance/ achievement against its target plans, and stated objectives.

(V) To test the relevance, effectiveness, efficiency and sustainability/ continuity of the project results.

(VI) To identify strength and limitation of the project and forward professional recommendation for future programming.
(VII) To look at the trends in the nutritional status of children under five years of age and selected communities.
(VIII) To identify the current existing food security and nutritional problems and forward recommendation.

The evaluation employs the standard evaluation criteria of relevance, effectiveness efficiency, impact and sustainability. Its objectives are:

1. Assess the project efficiency and process adopted during the project implementation.
2. Assess the project effectiveness and the extent to which the planned outputs and outcomes have been achieved at the time of evaluation
3. Identify impacts or likely impacts (positive or negative) of the project.
4. Identify lesson learned and formulate recommendations for any similar future intervention.

Chapter Two: Evaluation Methodology

The methodology consisted evaluation assessment procedures, and included a combination of document review, interviews and focus groups. Sites visited were made to emergency nutrition response project that had been implemented in East and West Hararghe zone, Oromiya Region. Stakeholders in the project were interviewed including beneficiaries, representative of implementing partners, both in the zone and the Woreda level government officials (see Annex 2 for list of contacts).

2.1. Study Design and Area

A cross sectional study was conducted in the four targeted woredas (two study woredas from ach zone) of the project (Girwa, Bedeno from East Haraghe; Gemachis and Meselle from West Hararghe zone). The selection was made using certain criteria such as, beneficiary population size, distance, agro ecological zones and in consultation with CARE relevant staff.

2.2. Kebeles Visited

A total sample size of 6 kebeles (three Kebeles from each selected woreda was included in this terminal evaluation. the major criteria considered for the selection of the visited kebeles were beneficiary population size and distance. This was done in consultation with the CARE project staff members.

2.3. Data Collection

Different types of data collection methods were used to collect data on various aspects of the project. The methodologies followed include:

Focus Group Discussion

Focus Group Discussions (FGDs) were held with beneficiaries in the selected kebeles. Three FGDs in each kebele were undertaken with Supplementary Feeding Program (SFP) and Outpatient Treatment Program (OTP) beneficiaries as well as community leader groups. A prepared checklist was used to lead the FGD process.

Key Informant Interviews

Interviews using a checklist, or discussion guides, were conducted with: representatives from the woreda administration office, the woreda health office, DPPB, the woreda food security task force, the zonal health office, health centres and health posts, CARE project staff members.

The information collected through key informant interviews included: project design, relevance, and impact, involvement of the stakeholders, integration, sustainability issues, problems encountered during the implementation of the project as well as the possible solutions sought.

2.4. Document Review

All the necessary documents for the evaluation were reviewed to obtain an overview on the background and basic facts of the project. The documents reviewed included the project proposal and project monitoring data.

2.5. Data Analysis

Data collected was mainly qualitative in nature. Therefore, data collection, analysis and verification were done simultaneously during the data collection period. During fieldwork, field notes were reviewed each day to identify emerging patterns. Also, each interview from FGDs and key informant interviews was analyzed and emerging themes identified. Consequently, data analysis began shortly after data collection commenced and continued during data collection. At the end, analyzed data was categorized into the themes, which had been developed using the evaluation objectives and questions of the evaluation. Most of the data was qualitative and has been presented as such in the evaluation.

Chapter three: Findings and Discussion

3.1. Project set up and design

The project was led and coordinated by the zonal and woreda administration offices in partnership with CARE Ethiopia where CARE provided significant technical and logistic support. Other relevant zonal and woreda government offices provide significant support to consolidate activities that where DPPC has been leading the overall coordination and beneficiary verification and timely request for food, Health offices in conducting social mobilization and in providing supportive supervision and technical support for HEWs, and BOFED in ensuring proper utilization of resource and M&E of the project.

The project was designed after intensive consultation at regional, zonal and woreda level to map out relevant partners including community and other donor agencies. The project paralleled a need assessment scoping survey in the target woredas that provided the project roadmap. The project activities set core components which include: a) Supporting the existing national therapeutic feeding program and establishing a supplementary feeding program particularly in Non-TSF Woredas b) strengthening monitoring and supportive supervision c) Training and capacity building d) Create awareness on promotion of nutrition through strong Behavioral Change Communication (IEC/BCC) intervention and networking and sharing of information at zonal and woreda level through Zonal and woreda Emergency Task Force Forum held in weekly and monthly review meetings .

3.2. Area Identification and Beneficiary Targeting

3.2.1. Targeting

CARE Ethiopia has been working closely with government implementing partners at Zonal and Woreda level that are responsible for identifying the target woredas and kebeles where the emergency nutrition response project is implemented. The selection of all sites has been determined based on the situation assessment done by Multi-Agency *Belg* assessment and the rapid situation assessment by CARE Ethiopia from May 25 – June 2, 2011 as well as based on the GoEHRD assessment report in February 2011.

The selection of the project beneficiaries was also carried out in transparent way following *the Federal Ministry of Health (FMoH) and Disaster Risk Management and Food Security Sector (DRMFSS) emergency nutrition intervention guidelines as well as in line with international benchmarks such as SPHERE standards. It was clear from the discussion with project staff and health workers that beneficiary* targeting and screening was conducted in each target Kebele by HEWs, community volunteers, and other government health workers with technical support from CARE field-based project staff.

During the discussion with the woreda line department representatives, Zonal Health Office and DPPC experts, it was clearly indicted that CARE Ethiopia /UNOCHA- Emergency Nutrition Reponses Project provided responsive logistic and technical support according to the requests and identified needs of all the project woredas and Zonal offices. They further

indicated that this general targeting worked remarkably well. The targeted beneficiaries were selected based on the result of their nutritional status, and the process was widely accepted as being fair and equitable. In process of selection and implementation, consistent with CARE's principle, especial consideration was given to gender aspects in which women were targeted and participated in most of the components.

The project intervention aimed to address the acute and the most urgent needs of the affected population. The implementation shows that the target population is generally vulnerable groups and participation of acutely and severely malnourished population is high.The total target beneficiaries addressed by the project were 25,905 Out of the total, 6,419 SAM benefited from OTP and SC program while the remaining 19,486 were under TSFP.

3.3. Timelines of project Activities

Although there was a delay in the start of the project, the project interventions were timely in addressing the critical food shortage and lack of medical treatment for the needy people in the project area. All key informants and focus group participants from woreda government line departments and kebele visited confirmed that the project implementation helped to save lives, fill food gaps and reduced the possibly deteriorating situation of the vulnerable groups to SAM, and contributed to the improvement of the nutritional status of the beneficiaries. According to woreda officials, the effect of food shortage and treatment during the months between July 2011 and January 2012 would have been worse without the CARE/UNOCHA/HRF- emergency nutrition project intervention. The beneficiaries also expressed the contribution of the emergence nutrition intervention project as "children‘s life would have been in much danger if they had not been supported by project."

3.4. Relevance/ Appropriateness of the Intervention

The project was highly relevant because it was directed to affected population in need of special support, based on need assessment undertaken before the intervention. With regard to nutritional intervention, the project saved many lives and improved the nutritional status of a significant number of severely malnourished children that were most at risk. It was also found that the project implementation strategy and activities were considering the local context. In addition, the rationale for the emergency project has been consistent with the government policies set for addressing the needs created in the aftermath of drought- related crisis.

3.5. Program Effectiveness

3.5.1. Outpatient Therapeutic program (OTP)

The project implemented the Outpatient Therapeutic Programs (OTPs) to provide treatment and rehabilitation for children with severe malnutrition with no additional medical complications. Children admitted in OTP were provided with routine medicines and ready –to-use therapeutic food (RUTF) to eat at home. From discussion made with health workers, it was confirmed that the management of SAM was being carried out effectively according to the

protocol and procedures of OTP. That is , children who were observed by community nutrition volunteers to have a MUAC < 11cm were referred to health post where all MUAC and weight were measured, and appetite test was done by the health extension workers. children with SAM without medical complication were admitted into the OTP if their screening MUAC was less than 11cm, and/or bilateral oedema grade 1 or grade 2 (+/++) and with good appetite. They attend the OTP on weekly basis to have medical check up, receive additional treatments if required, and to be given a supply of RUTF sufficient until their next appointment. This was continued until the children recovered (MUAC > or = to 13cm). This indicates that quality of services with adherence to appropriate medical and feeding regime was provided by implementing partners and CARE project staffs to their respective target community.

In order to ensure services as accessible as possible to the community, to directly admit almost all cases of SAM children into OTP and treat them in an outpatient basis, the Outpatient Therapeutic Program centres are designed using the approach- Community-Based-Management of Acute Malnutrition (CMAM), in which an OTP is implementing through multiple decentralised access points. At present, all existing OTP sites are well integrated within the government health facilities at the worked and kebele levels and is therefore more sustainable though resource support in the form of drugs and the therapeutic milk and transportation may be an issue in the future.

According to the project, the government partner's staff had a significant role in implementing the project. Health extension workers played a leading role in day –to-day implementation at OTP centres. While the role of the CARE project staffs was mainly to logistic and technical support, and had a facilitation role in areas where the project required support at all levels. There were two CMAM nurses and one supervisor deployed to each project woreda to provide technical and supportive supervision. This arrangement resulted in the high sense of ownership by the government offices. It was also found from the discussion made with health extension workers , project staff and woreda key informants , the program was operating effectively; and the joint supportive supervision from the CARE's CAMAM nurses' supervisors with woreda and health centre levels were identified as contributing to HEW performance. In addition, it was found in all OTP and SC sites that the evaluation team visited noted that the use of standard forms and procedures, keeping records of performance data were observed to be an acceptable quality– resulting in up-to- date information such as summary reports and protocols were posted on the wall at OTP and SC sites.

With regarded to the supplies of routine drugs and RUTF, it was reported to be regular and sufficient at the targeted health facilities except at the beginning of the project, there was inadequate and delay in the supply by Zonal Health Office. It was found that CARE had effectively provided the logistic support including the transportation and distribution of all the essential materials to each targeted OTP site.

The effectiveness of the program was also assessed using performance indicators and the program achieved recovery, death and default rates effectively. According to the results of the final project report, in East Hararghe zone the program achieved recover rate of 92.9 %, mortality rate less than 1% and default rate of 3.8%. In West Hararghe zone, the cure rate was

92.8%, death rate around 0.15% and default rate of 3.9% as shown in Table1. This clearly indicates the project met successfully its intended objective.

The nutritional response of children was regularly monitored by health workers and health extension workers. The OTP has been linked closely in a systematic manner to the SC programs to improve referral of severely malnourished children for appropriate nutritional care.. Children can be readmitted to the program if they become acutely malnourished. Once children are discharged from the SC they are transferred and admitted into the therapeutic OTP according to the Ethiopian Emergency Nutrition Intervention Guidelines (ENCU-EWD/DPPC, 2004).

Table1: Performance Indicators Compared to the SPHERE Minimum Standards

			East Hararghe	West Haraghe
S/n	Indicators	Threshold minimum Sphere standard	Project performance	Project performance
1.	Cure rate	>75	92.90%	92.8%
2.	Death Rate	<5	0.08%	0.15%
3.	Defaulter rate	<15	3.8%	3.9%
4.	Average weight gain/child	>5gm/kg/day	6.5gm/kg/day	8gm/kg/day
5.	Average Length of stay	< 6-8 weeks	5 weeks	6-7 weeks

3.5.2. Stabilization Centre

Stabilization Centers (SC) are set up to provide meticulous care services for severe acutely malnourished children with medical complications. The 24 hour intensive services were continued until the children have become well enough (MUAC > or = to 11cm). Using the standard protocol, children with bilateral oedema grade 3 (+++) and no appetite or medical complications, with a MUAC less than 11cm, were screened and admitted to SC in the health centre .Regarding the achievement, in both zones the project achieved successfully its objectives according to the project performance indicators in terms of rate of recovery, mortality and defaulter rate, exceeded the International Sphere Minimum Standard for therapeutic care as shown in Table2.

The reasons for the high cure rate, low death rate and non-existence of defaulter rate were that the malnourished children received nutritional and treatment care early. Similarly, the provision of food by the project for care takers during their stay at the health center was identifies by the project staff, health workers as contributing to make children remain in the

program until they become fully recovered. However before the project, children were forced to be discharged before recovery due to lack of food for care takers.

Table2: Performance Indicators Compared to the SPHERE Minimum Standards

		East Hararghe	West Haraghe
Indicators	Threshold minimum Sphere standard	Project performance	Project performance
Recovery rate	>75	97.5%	89.3%
Death Rate	<10	0%	0.64%
Defaulter rate	<15	0%	0%

Source: CARE/UNOCHA Project Final Evaluation Report, January 2012

3.5.3. Supplementary Feeding Program

The Targeted Supplementary Feeding Program (TSFP) is one of the main project components that targeted children less than 5 years of age, and pregnant and lactating mothers and other vulnerable groups who were screened through government community health day (CHD) screening that is regularly carried out at three months interval. Its objective was to prevent them from deteriorating into severe form of malnutrition. Any malnourished children who fulfilled the admission criteria (MUAC 11-12cm or WFH 70%-80%) were admitted into the program as Moderate Acute Malnutrition (MAM).

The TSFP program also distributed 8.33 kg of Famix and 1kg of vegetable oil per beneficiaries per month according to the national guidelines. In addition, those children who were discharged from SCs and OTPs were provided with SFP ration of two months as per the standard.

Although the project provided the supplementary food for the target beneficiary according to the standard protocol and in a transparent way, there was delay in the distribution due to the shortage of vegetable oil in the local market. Likewise, the distribution was not carried out effectively (mostly it was conducted two times in three month) though the national protocol stipulates that supplementary feeding needs to be provided every month in order followed up the status of beneficiaries; and in this case , there was no close follow up once the children are provided with ration . It was clear from the project staff that there was a delay in the start up of the TSFP due to lack of vegetable oil that resulted in the last distribution round to have taken place towards the end of the project life.

The food sharing problems were getting reduced though it was a challenging at the beginning according the project staff .The main reason was that the negative effect of food sharing was realized by mothers/caretakers through intensive health and nutrition education and counselling. However, the problem of food sharing and selling challenged the SFP program including the plumpynet selling especially in West Hararghe.

During life of the project, the program reached about 19,486 children 6-59 months of age, pregnant and lactating mothers, less than the initial planned beneficiary number. It was learnt

from the discussion made with the project staff that this below the target plan of the project was mainly associated with low commitment of HEWs in the mobilization of the beneficiary community.

Table 3: Effectiveness of Physical Plan and Achievement

Key Activity Planned	Planned	Achieved	%	Remark
Treatment of acute severely malnourished children under five(both children without and with complication treated)	7,630	6419	84	
Management of MAM (supporting children under five, pregnant and lactating mothers)	23,211	19,486	84	
Establish OTP sites	30	74	247	
Strengthen OTP sites	44	221	502	
Strengthen SC sites	12	19	158	
Capacity Building /Training				
Training of HEWs	74	271	366	
Trainings of CNVs		97	69	
Trainings of CARE and government staffs on conducting Emergency Nutrition Assessment Survey	40	34	85	
Providing health and nutrition education for mothers and caretakers	30,842	40,457	131	

Source: CARE/UNOCHA Project Final Evaluation Report, January 2012

3.5.4. Capacity Building

A component of training activities was part of the project. This was needed to effectively achieve the intended objectives and to build the capacity of woreda partners, health centres and health posts through training so as to enable them to provide quality and relevant CTC services to their respective targeted community. Before the realization of the training, a comprehensive training plan for the project was developed by the project in collaboration with its implementing partners following the detailed analysis of training needs. It was noted from the discussion with the heads of the Woreda Health Offices, they felt that one of the important considerations of the project was the partner capacity building; and the training plans were based on their gaps or needs. Likewise, the project did a lot in terms of partners' staff capacity through training .the achievement. During the life of the project, 97 HEWs and 19 professional health workers received training, and PHAST training for 86 HEWs in East Haraghe. In West Haraghe, PHAST training was provided for 90 HEWs and health workers. In addition, basic and refresher training was given for 16 professional health workers.

In addition to training capacity building, the project also provided the required basic items and the transportation support, and this intervention was identified as helping to strengthen the OTP and SC and making availability medicaments and materials for the target beneficiaries. As noted, the project provided many forms of assistance, including food, soap and cooking utensils to care-takers during the admission of their children at SCs, and all routine medicaments used at OTP and SCs. Moreover, CARE transported all logistics such as

plumpynet (which is provided by UNICEF for severely malnourished children admitted at SC and OTP) from Zone to woreda centres, and to OTP/SC sites.

Transportation was also identified at every level as a major problem in the government offices, including vehicle shortages, budget limitations for maintenance and fuel. In project woredas, CARE's stronger relationships with the woreda administration and health offices, coordination and sharing of vehicles was reported to be more supportive of nutrition outreach service, the immunization system and particularly the distribution of kerosene to health posts, which was viewed as a positive contribution by most of the woreda key informants.

The project's strategy to improve health and nutrition services at government health posts and health centres in the target woredas through the establishment or strengthening of Stabilization Centres and Outpatient Therapeutic Program Sites was identified as strengthening the health system and improving access to services. In East Hararghre project zone, 4 OTPs were established during the project period which is 100% of the plan. Moreover, 85 OTPs were strengthened (386%of the plan) and 10 SCs (250% against the plan). The project at West Hararghe zone, also established 70 new OTPs, strengthened 136 existing OTPs and 9 SCs, with implementation rate of 269%, 618% and 112%, respectively.
Key informants at the woreda level noted that during the project intervention, the material support for the health facilities, has improved access which is described as contributing to higher performance services related to nutrition program and project coverage. A related factor is geographic proximity, which as a result of outreach activities provides nutrition services in the community, reducing the need for families to walk long distances.

3.5.5. Health, Nutrition and Hygiene

The health and nutrition education activities were to concentrate on appropriate feeding practice, proper child care, and HIV prevention, and family planning, promotion of environmental and personal hygiene. Project staff and health providers were to act as educators for the community members at OTP, SC sites and public gatherings.

The projected created awareness regarding personal hygiene practice, construction and use of latrines through training and education to community members. During discussion with the informants and FGD participants, it was point out that there is an increase in the construction and utilization latrines. In almost all the study kebeles, the group participants reported that very few number of farmers had pit latrines before. However, the majority of households managed to dig their own latrines as a result of education and advice provided by the health extension workers, woreda health office, and CARE Ethiopia project staff.
The community also benefited a lot from nutrition education provided by the project such as becoming aware about the cause of malnutrition, and practicing of appropriate feeding and proper child care. In a focus group discussion held at FGD with women group , care-giver expressed the following:

"We are able to identify signs of malnutrition and to use modern health facilities to treat our sick child. We also used to believe 'evil eye' was the cause of malnutrition and preferred traditional treatment to our sick child. In addition, we feed only breast milk to our child until the age of six months".

The Family planning service contributes to creating awareness raising education on the benefits of using the contraceptives, the need to limit family size and child spacing for the community in general and the beneficiary household in particular. In this regard, the beneficiaries have appreciated the family planning services availed to them by CMAM nurses and heath extension workers .The family planning service was found to be effective in the sense that the number of women using contraceptive pills and injection was comparatively high and steadily increased during the course of this project. In all study kebeles, the focus group discussions reveal that family planning and modern education have been viewed as benefiting the community members in the long-term as solution to address the problems related to high increasing number of people and its negative consequence on their environment (loss of vegetation, fragmentation of farmland size), and increased community awareness led to the positive changes observed with regard to family planning activities.

The project also created awareness on HIV/AIDS through education and training program for the community members. This component is integrated with the intervention as synergy between the project elements.

3.6. Gender

Based on consultation, with CARE's implementing partners , gender issues were given due considerations, Women were the main actors in promotion of environmental and personal hygiene, child health, child feeding and care ,family planning and HIV/AIDS activities at each project kebele. Therefore, there is effective achievement of planned adherence to CARE's project principle in this regard

3.7. Monitoring and Evaluation

In relation to monitoring and evaluation, key components were arranged at the project design which includes:

The monitoring and evaluation package of activities outlined in the project document was effectively implemented. There is a broad consensus that the monitoring mechanism was well designed and implemented. The visits were regular and the feedback reasonably sufficient to ensure the project progress be executed as planned. The visits supported the teams in implementing and reflecting on project activities adequately and timely.

At the same time, regular supervision of the activities implemented by CARE CMAM nurses' supervisors was undertaken in collaboration with the government health workers as well as with Wereda level line offices. During these joint monitoring visits program aspects addressed are: a) progress against targets, b) taking timely corrective measures in the process of project implementation, c) appropriateness of the program design and development of strategies, d) assessment of impacts and measures for sustaining these.

In addition, an initial project sensitization workshop was organized for all relevant government sector partners and project staff of both zones, that was highly appreciated by the implementing partner staff. A side benefit of these workshops is that they provided guidance and constituted capacity building in M& M for the partner staff.

As designed, the reporting mechanism was through and regular in time. Improved supervision and supportive supervision from woreda and health centre levels together jointly with CAMAM nurses' supervisors were identified by HEWs (in addition to woreda and health centre staff) as contributing to HEW performance. The HEWs cited supervisor's participation in and follow-up of immunization sessions as contributing to improved immunization performance.

3.8. Change/Benefits and Success Cases of the Project

- Increased child care-givers' knowledge and practices of appropriate hand-washing behaviour after hygiene education
- The project strengthened the implementation capacity of the of partner organizations notably the SC and OTP centres.
- Improved health and nutritional status of children (significant decline in incidence of child sickness particularly from diarrhea) due to regularity of health and nutrition education to community members , follow-up of child growth (CNVs participate in screening of children with HEWs during community health day) and appropriate child feeding practice (initiation of breast feeding immediately after birth, exclusive breast feeding up to six months of age, start feeding a child with other foods in addition to breast milk beginning from the age of six months), cleaning properly their environment, keeping their personal hygiene- washing hands before preparing and serving foods, etc.
- The continual health, FP and HIV/AIDS education increased the number of mothers seeking pre-natal care, VCT and family planning services, and nutrition education has also increased mothers' knowledge about child care and appropriate feeding as a result mothers feed their children better nutritious/balanced diet than before intervention

In addition, the following general positive effects occurred as a result of the program:

- Increased VCT coverage
- Decrease waterborne disease
- Decrease child malnutrition

Furthermore, the contributions of the project at woreda level include as follows:

- Integrating of health packages such as nutrition, sanitation, HIV/AIDS as part of the project activities during the project field supervision
- Distribution of other health supplies
- Integration of training
- Integration of review meetings

3.9. Lessons Learnt and Sustainability

CARE Ethiopia promoted learning for itself and its stakeholders during the project period by monitoring success and failures /weakness cases of project s of reproductive health, child health and HIV/AIDS prevention. Therefore, there is effective achievement of planned adherence to CARE's project principle in this regard. The project has also explored the potential of inter-sectoral complementarily, e.g., between education and health promotion especially with regard to nutrition and reproductive health.

Training and capacity building outcomes are certainly the most achievements of the project.

The intervention has been integrated within the government health facilities and is therefore more sustainable although resource support in the form of drugs, the therapeutic milk and transportation facility to distribute the required materials to outreach services may be an issue in the future.

3.10. Strength and Major Challenges

3.10.1. Strength

- The project design followed participator approach to a large extent. The project components reflect the needs of the project community members, at local needs and are relevant for the attainment of the project objectives. Involvement of partners at all levels resulted in credibility in the implementation process.
- Establishment of the transparent relations between CARE Ethiopia and its implementing partners and targeted communities is an asset.
- Involvement of relevant government line offices in all cycle of project management is a guarantee for project sustainability.
- The project components are integrated with good synergy. Capacity building component in all the project components at community level is a strong aspect of the program.
- Regular supportive supervision of the implementation process of the project with the aim of addressing any weakness is an imperative strategy of CARE Ethiopia**.**

3.10.2. Major Challenges

- Delay in procuring vegetable oil due to shortage in the local market and this in turn caused delay in the distribution of supplementary food for the moderate acute malnourished cases
- Delay in release of project document to partners and thus timely preparation of release of project document should be encouraged
- Delay in the realization of the building capacity activities in line with the timeframe which was mainly the result of work overburden on the part of the health extension workers and health workers with their duties and by other different government activities.
- Lack and insufficient supply of transport facilities to conduct distribution of the required logistics and materials for outreach services. This was further exacerbated due to ragged geographical landscape of the project area and escalation in the price of rental vehicle.
- Lack of a well organized beneficiary mobilization mechanism for Targeted Supplementary Feeding Program which is mainly the result of low commitment and absence from their work places or not to consider it as their duty on the part of the health extension workers.
- Difficulty in accessing to some villages during rainy season (this problem was resolved in West Hararghe by using donkeys to transport the required materials for outreach services)

Chapter Four: Conclusion & Recommendations

4.1. Conclusion

The CARE/UNOCHA/HRF- emergency nutrition interventions was in genera highly relevant and met the real needs of the community in the target Woredas in response to an emergency situation in which communities in these areas were in a severe malnutrition state as a result of food and medical shortages, due to successive rainfall failures. Lives were saved and health and nutritional status of children have improved.

In broad terms, the interventions were carried out successfully, meeting the main objectives as outlined in the project plan. The achievements of the project are also observed in the increased health worker knowledge on the management of SAM and the creation of awareness on health, nutrition and hygiene in the community.

All in all, the project has been a success However; some problems were observed during the implementation of the project. Among these, the delay of vegetable oil due to shortage in the local market and in some kebele low commitment of the HEWs to mobilize the TSFP beneficiaries.

4.2. Recommendations

Therefore, based on the results of the evaluation, the following actions are recommended:

- Despite difficulty in procuring vegetable oil due to shortage in local market, the project has generally responded to the emergency situation timely. Most of the inputs including routine drug and Ready –To-Use Therapeutic Food. However, timely delivery of inputs such as TUTF at Zonal level needs further improvement; and make sure that the important food like vegetable oil is purchased and delivered.
- Emergency intervention especially the capacity building component needs to be coordinated and planned in the framework of the relevant government offices' activity plan so as to ensure effective implementation of the planned activities at early stage of

the project according to timeline; and at the same time, this will help avoid duplication of resources.

- Although education has been provided to mothers at the time of TSF food distribution, food sharing among household members was found to be a challenge. Therefore, better education needs further consolidation by advising TSF food as a medication to treat nutritional related to disease.