END OF PROJECT EVALUTION
FOR ATJK WEHEA II
(INCLUDING LAST YEAR OF ATJK WEHEA I)
ADRA ETHIOPIA

May 2014

Abbreviations and Acronyms

ADRA	Adventist Development and Relief Agency
AIDS	Acquired Immunodeficiency Syndrome
ATJK	Adami Tulu Jido Kombolcha
BoFED	Bureau of Finance and Economic Development
BoQ	Bill of Quantity
CBRHA	Community Based Rural Health Agents
DAs	Development Agents
EoP	End of Project
ETB	Ethiopian Birr
HH	Household
HIV	Human Immuno-Deficiency Virus
HTP	Harmful Traditional Practice
IGD	Inter-Generational Dialogue
IGDG	Inter- Generational Discussion Groups
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
MoE	Ministry of Education
NGO	Non-Governmental Organization
NORAD	Norwegian Agency for Development Cooperation
PM	Programs Manager
PPS	Probability Proportional to Size
PSNP	Productive Safety Net Program
PVC	Poly Vinyl Chloride
SPSS	Statistical Program for Social Sciences
SRS	Simple Random Sample
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendants
ToR	Terms of Reference
ToT	Training of Trainers
RBM	Resource Based Management
VAT	Value Added Tax
VIP	Ventilated Improved Pit
WEHEAs	Water, Education, Health and Environmental Awareness
WUC	Water Users Committee

Project Profile

Project Title:	**ATJK Water, Education, Health and Environmental Awareness phase II Project**
Development Goal:	Women and children's expanded access to education improves both their social and economic contribution to society Project
Objective (Purpose):	Women and children have attained a higher education level and have knowledge on crosscutting issues such as hygiene and sanitation, health care awareness (including HIV/AIDS and STDs) and environmental protection
Implementation Area:	Oromia Regional State, East Shoa Zone Adami Tulu Jido Kombolch Woreda.
Planned Project Start Date:	January 1st 2012
Actual Start Date:	December 2012 (when the project was approved by the Ethiopian government)
Project completion date:	31st December 2013.
Planned project period:	2 years
Actual project period:	13 months
Number of beneficiaries:	Direct: Male 25,650 Female 25,730 Total 51,380 Indirect estimated 2,237 Male and 2,244 Females total 4,481.

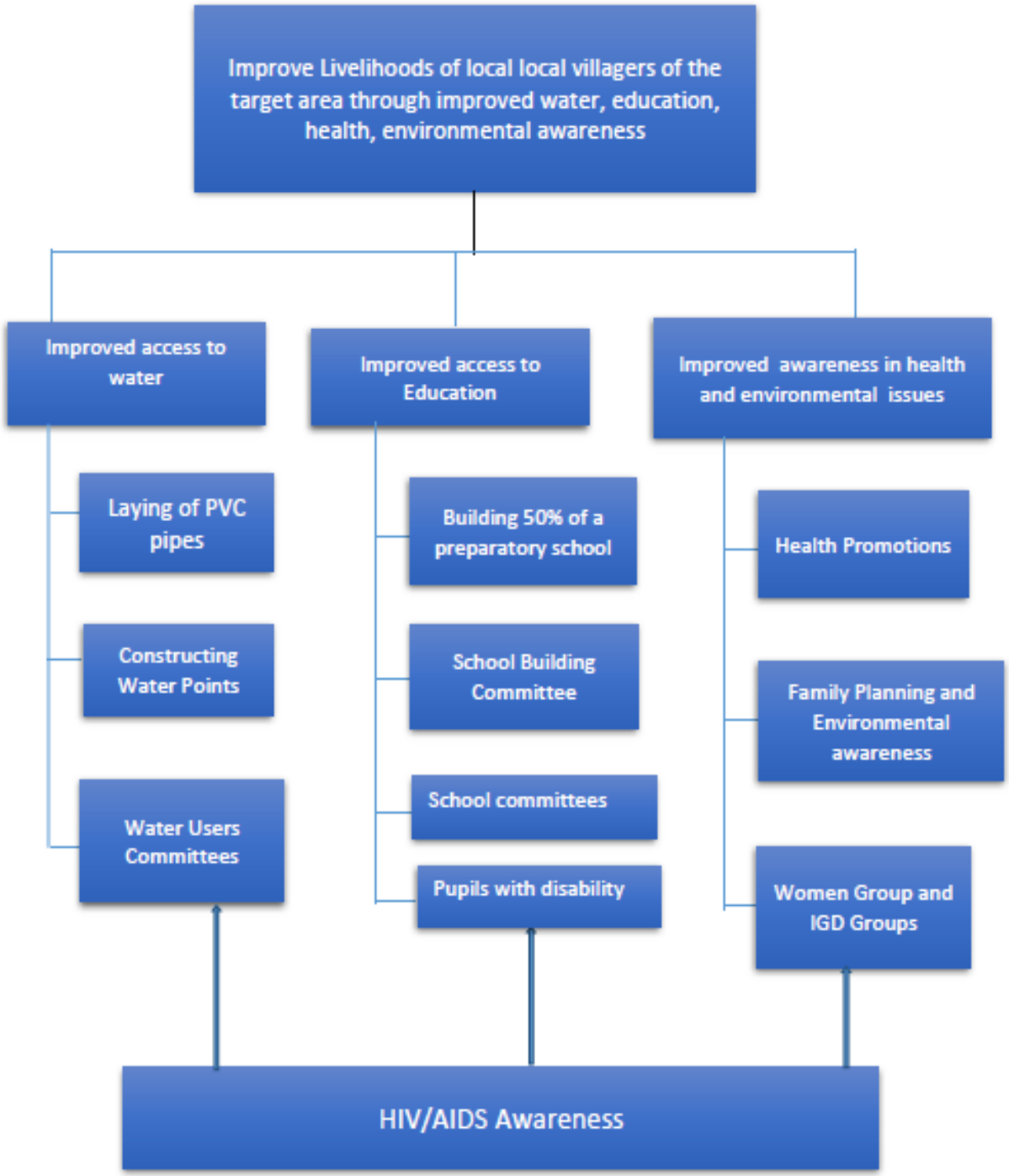
Implementing Agency: Adventist Development and Relief Agency Ethiopia

Donor: ADRA Norway/Norad

Total Budget:	8,006,556.22ETB (100%)
Direct Project Cost:	5,855,342.50 ETB (73.13%)
Administration Cost[1]:	2,151,213.72 ETB (26.87%)

1 All costs not considered direct activity costs by Ethiopian government. They include, office expenses, administrative costs, support staff salaries, equipment and travel

Figure 1 Objective tree of the project



Indicator Tracking Table

Intervention		Details			
		Target	Baseline	EoP	Achievement
Goal: Women and children's expanded access to education improves both their social and economic contribution to society					
Purpose: Women and children's expanded access to education improves both their social and economic contribution to society					
Result 1: By the end of the project 1,098 in ATJK have access to potable water					
1.1	Laying of PVC pipes	4.2 KM	0	4.2 KM	100%
1.2	Establishment of water points	2	0	2	100%
1.3	Construction of a shower stall	1	0	1	100%
1.4	Construction of a water basin	2	0	2	100%
1.5	Establishment of water committee	2	0	0	0% [2]
1.6	Number of people having access to water	1,098	0	0	0% [2]
Result 2: By the end of the project, participation in preparatory education by ATJK Woreda students will be increased.					
2.1	Construction of a primary school	1	0	1	100%
2.2	Classroom Block with 4 classes	1	0	1	100%
2.3	Laboratory	2	0	3	150%
2.4	Library	1	0	1	100%
2.5	Dry Latrines	2	0	2	100%
2.6	Guard House	1	0	1	100%
2.7	Construction of a fence		0	1	>100%
2.8	One building committee	1	0	1	100%
2.9	School Committees	12	0	0	0%[3]
2.10	Disabled students assisted	12	0	52	347%
2.11	Number of students enrolled in a primary school constructed by the project	200	0	222	111%
2.12	Number of students enrolled in a preparatory school constructed by the project	400	0	0	0%[3]
Result 3: Local villagers' have increased knowledge in basic health, hygiene and family planning, and practice methods of improved sanitation, health and hygiene					
3.1	Number of trainings	1	0	1	100%
3.2	Number of participants trained	30	0	232	806%
3.3	Number of villages	12	0	42	359%
3.4	Women's groups are established	13	0	13	100%
3.5	Women's groups meet every two months	78	0	78	100%
3.6	Intergenerational dialogue sessions	26	0	26	100%
Result 4: Villagers have increased environmental awareness and practice methods to mitigate environmental degradation					
4.1	Government official trained	30	0	232	806%

2 : Due to delayed startup of the project, the water system was completed at the time of the evaluation. Access to water and establishment of water committees will take place in the first quarter of 2014.

3 : Due to delayed project, the school will be opened in September 2014 with room for 400 students. The school committees will be established by then. This can be attributed to the fact that the academic calendar for schools in Ethiopia begins in September.

Acknowledgments

The consultant acknowledges the collaboration of a number of people whose support enabled him to successfully undertake this final evaluation of ATJK Education for Women and Children II in Ethiopia. In particular, he is grateful to the people of ATJK who openly shared their views with him. They spared time to discuss their perspectives on the intervention implemented by the ADRA team. The consultant recognizes the support accorded to him at different levels by the ADRA team. At the ADRA Norway office, the support of Birgit Philipsen, Danilo Avileis and Jonathan Telfer is highly appreciated. The consultant would also like to recognize the support of Slessor Ooko in Nairobi, ADRA Somali office. At the Addis Ababa office, the support of Jonathan Beagles and Zerihun Awano is highly appreciated while at the Zweyi office the consultant appreciates the support of Ashenafi Fisseha, Beri Olijera, Rekeku Ashagre, Selamawit Geram, Gutu Ebissa, Meseret Lemecha, Gemeda Hedede and Keder Gode in facilitating the evaluation. Finally, the consultant would like to thank the enumerators for a job well done.

Thank you and God bless you all.

Moses N Mwangi
Consultant

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Executive Summary

The ATJK WEHEA I and II project were implemented in Adami Tulu Jido Kombolcha (ATJK) district, East Showa Zone, Oromiya Region. The region lies approximately 200 kilometres south of Addis Ababa. The project is a part of a wider regional intervention by ADRA Norway, with other countries being South Sudan (Budi Sustainable Education System); Sudan (Education for Women and Children) and Somalia (Education for Women and Children). The climate in the ATJK Woreda is arid and experiences erratic weather patterns with annual rainfall being in the neighbourhood of 600 mm. The topography is characterized by a flat and poorly cultivated land. The erratic rain and the subsistence farming practice have made the area predisposed to chronic food shortage. The main livelihood of people living in this harsh environment is livestock keeping and the farming of maize, haricot beans and sorghum. During a needs assessment for WEHEA I that was carried out in March 2008 in the ATJK region, it was established that there was need to intervene in water, education, health and the environment. Schools needed to be built and equipped, the population lacked basic health care services, the vegetation continued to be destroyed for firewood and, most critically, water shortage took its toll on the health of the people. It was planned that the intervention should take a holistic approach in order to build on the capacity of the villagers. It is on this premise that the WEHEA I and II project was designed using an integrated approach in addressing the areas of water, education, health and environmental awareness.

The project was designed as follows

Goal: To improve the livelihood of local villagers of the target area through improved water, education, health, environmental awareness and protection and to empower women in problem-solving capacity.

Objectives: The project had four objectives, namely

- To have access to potable water for the 1,098 beneficiaries in ATJK Woreda
- To increase participation in Preparatory Education by ATJK Woreda school age students
- To have increased knowledge in basic health, hygiene and family planning, and practice methods of improved sanitation, health and hygiene for the 66,869 local villagers
- To have increased environmental awareness and practice methods to mitigate environmental degradation for the 66,869 local villagers

Highlights of Key Achievements

Water

Under WEHEA I the objective under water and sanitation was to ensure that about 9,831 beneficiaries in ATJK Woreda had access to potable water. This was achieved through the rehabilitation of 2 deep-water wells. In 2010 a submersible pump of 150 heads, 10 KW, discharge 2.5 lit/Sec was installed at Urgo. In addition a water point, a tanker stand and one cattle trough were constructed at the rehabilitated well. The local government connected the pump to the electricity network to supply power to the pump. During the course of implementation, the water well that had been planned to be rehabilitated was established to be unfit for both human and animal consumption. The Woreda Water Resource Office suggested that ADRA lay a water pipe from Arba to Mechefriya (a distance of approximately 4KM). The water pipe was constructed and 2 water committees (one for each water point) were established and trained in the maintenance of the wells

Under WEHEA II, 4.2 km of PVC pipes were laid. The government officials from the water department laid the pipes with the assistance of the villagers. Two water points were constructed; one water point had a water collection stand with four ¾ inch taps, a wash basin with four ¾ inch taps and one shower stall with four shower cubicles. The other water point had all the aforementioned amenities save for the shower stall. At the time of undertaking the evaluation, the committee had not been set up, but it was planned that once the water point was commissioned, the committees would immediately be set up and they

would be trained on among other things the maintenance of the water systems. Other functions of the committee would include selling the water at 1 Birr per one 20-Litre Jerri can. The mandate of selecting the committee will be entrusted to the Kebele leader who will consult the community for selecting the members of the committees.

Education

The WEHEA I objective under education was to ensure that 1,200 students (grades 1-4) had access to basic education in three Kebeles in the ATJK district. This was achieved through the construction of three school buildings and establishing three school building committees. All these activities were completed prior to 2011. Under WEHEA II, the education component had four sub components. These were the construction of a Preparatory School, setting up a building committee, setting up school committees and assisting disabled students. At the time of undertaking the evaluation one classroom block with 4 classes, a library, one pit latrine for girls and one for boys (of 4 cubicles each) and a guard house had been constructed as planned. In addition, three laboratories (Biology, Chemistry and Physics) against a planned 2 laboratories (Chemistry and Physics) had also been constructed, as well as an unplanned fence was in the process of being constructed as the materials were on site. The buildings were of good quality and once they were furnished with a desk and chairs, they will be ready to be occupied. ADRA set up a building committee and they involved the community and the MoE officials in the establishing and setting up a school building committee. The community and the Woreda officials proposed the names of the five BC members and the ADRA office adopted the names. All selected officials were men. The selection criterion for the committee was that: they had to be residents of ATJK, they needed to have a good standing in the community, they had some insight into building, they were of unquestionable integrity and they were ready to volunteer. It had been planned that once the Preparatory School was complete; ADRA would support the formation of a School Committee one for each of the 12 Kebeles adjacent to the preparatory school being constructed. They would assist in the day to day running of the school, and encourage the enrollment of children in the preparatory school. Since the preparatory school had not been completed due to a late project start, and not yet handed over to the community, the school committees, which would have been transformed to the PTA, were not yet established.

A total of 76 PWD was identified and they were divided into two groups; Group 1: Those with ear and eye problems and Group II: Those with extremities i.e. Spinal or limb problems. ADRA sought the assistance of a medical doctor who verified the medical condition of the disabled students. Out of the 76 students, 38 had extremities, but only 14 qualified treatment, as the other 24 had other forms of disabilities that the program could not address; for example, spinal cord injuries/problems whose treatment could not be guaranteed. This reduced the number of PWD to 52 of which 30 were female. For the PWD in group 1, ADRA used Gravete Clinic in Zweyi which supports hearing and sight problems. The clinic provided a doctor to help ADRA in the screening the PWD. A total of 38 students were screened for ear and eye problems. Those with eye problems were provided with eyeglasses that cost on average 800 Birr per pair. A majority of those with ear infections and or advanced cases of ear wax were treated at an average cost of 200 Birr. In group II, the assistance provided varied from one student to another. For example, there was a special case of a 15 year old girl who was sponsored for treatment to a hospital in Addis Ababa to undergo surgery since she could not control her urinary tract. ADRA supported her by paying her hospital bill which amounted to 15,000 Birr and she is now able to go to school. All the 52 PWD who were assisted by ADRA were able to return back to school. In addition the other 24 continued on with their studies, although they were not assisted by ADRA.

Health, Hygiene, Family Planning and Environmental Awareness

It had been planned that 30 government officials were to receive one training session on health, hygiene, family planning and environmental awareness. However, the government changed the strategy of

implementing community health interventions and it was stated that the Health Development Army would be the only agents who would deal with the health of the community. The project was also targeting 13 Kebeles, however, the government stated that it was targeting the whole Woreda and they needed to train the development army agents from the 43 Kebele in the Woreda. ADRA sponsored the training of the health development army to 242 Woreda officials. The training covered integrated management of newborn and childhood illnesses, which addressed all major causes of child death in an integrated fashion. The training equipped the health development army to treat respiratory infections, malaria or diarrhea as well as screening for malnutrition in a single visit. The officials were drawn from Health center heads, Kebele managers, Health extension workers, Women's Leader, Kebele chairmen and officials from Woreda offices.

Women's Groups and Intergeneration Discussion Groups

The role of the women's groups was to complement the work of the local government officials trained in health, hygiene, family planning and environmental awareness. In order to do so the Kebeles were subdivided into zones and each zone provided a woman representative. The selection criterion for members of the women was that they should: be actively involved in the community; be a role model in the community and be willing to volunteer. A total of 13 women's groups were established; one for each targeted Kebele. The women's groups were to meet once every two months and ADRA planned to support them by facilitating the meetings and financing the coffee they partook as they had their meetings. Individual members were to supplement the then extension workers in training on social issues (currently the role is being undertaken by the women Health Development Army). Initially it had been planned that the intervention would start on January 2012, and that they would meet once every two months. This worked out to be 6 meetings per Kebele per year and for the 13 Kebeles a total of 78 meetings would be held. However, due to the delay in approval of the project by the government, the women's groups were established in the first quarter of 2013. In order to achieve the target of 78 meetings, the women's groups met once every month. They discussed social issues including health, education, environment, water and sanitation. Other topics such as diarrhea treatment, disaster preparedness, and economic concerns such being able to take care of their financial needs were also discussed.

Intergeneration Discussion Groups

It had been planned that Intergeneration Discussion Groups (IDG) would be facilitated in every Kebele that was being targeted. Each IGD had 25 members drawn from different age groups with each group contributing five members. The IGDG were to meet twice a year and ADRA's role was to facilitate the meetings and guide the discussion. The Kebele head men invited members of the IGDG. Heads of institutions such as religious leaders and opinion shapers were permanent members of committees, while the other members alternated in attending the IDG where participation was by invitation only. All the heads of institutions are elders, while the Kebele head men ensured that the invited participants belonged to the different age groups and that there was gender balance. Topical issues were discussed and words of wisdom passed on to the younger generation. In a way it was a knowledge management tool for the Kebeles'. As was the case with the women's groups, due to the delay in approving the project, the 26 targeted IDG that were planned to be held in 2012, were not held. After the approval of the project in 2013, the project implementers increased the frequency from twice every year to four times every year. Therefore 78 IDG discussions were held in 2013.

The project intervened in three main areas, namely Water, Education, Health and Hygiene, and Family Planning. The construction of the water system was completed during the last week of 2013 and it was planned that the targeted beneficiaries would access the water and a water users committee would also be established during the first quarter of 2014. The delay could be attributed to some factors beyond the

control of the project (such as the bureaucracy as a result of working with the government). However, in the future better coordination between the government, the community and ADRA can ensure that future projects are completed on time. The education component had an overall achievement of 131%. In the opinion of the consultant it would not be fair to draw conclusions on Environment, Health, Hygiene, and Family Planning since there was a change in strategy. When fully commissioned, the communities targeted will benefit immensely from all the interventions. The challenge here is to ensure sustainability of the gains realized through the project. The foregoing recommendations should guide future interventions designed along similar objectives to ensure maximum impact and sustainability.

Lessons learned

A number of lessons have been learnt which includes:

1. The involvement of the government in the water project was advantageous in several ways; The cost of extending the water pipes was comparatively very low as ADRA only paid per diems as opposed to hiring a water engineer who would also charge for his or her expertise and It ensured sustainability of the project given that if ADRA phased out, the government would continue to provide support services since they were involved right from the beginning.
2. The building of the preparatory school was undertaken as a "Turn Key"[4] project. This enabled the implementing team to negotiate with the contractor and as has been demonstrated in this project, significant gains in savings can be achieved. In the current project the savings amounted to 600,000 Birr. This amount went towards the contribution of building an extra laboratory and fencing the compound. In addition, the existence of a building committee helped to involve the community at an early stage of the project and also laid the foundation for enhancing sustainability of the project.
3. During the implementation of the project, it was established that there as a higher need than expected for assistance to the disabled students to access education. This type of assistance should be integrated into future educational activities.

Recommendations

Regional workshop

The period between 2011 and 2013 had been identified as a period of transition from previous and existing projects toward a true unified regional education program including Somalia, Sudan, South Sudan and Ethiopia. A workshop program partners from the four countries was held in February 2011, that's aimed at facilitating the sharing of lessons learned and best practices that would help to consolidate the move to a regional programmatic approach. As a follow up to the workshop, and given that all the projects have ended, a similar workshop needs to be held. The objectives of the workshop would be: To enhance the existing platform of dialogue for sharing of experiences and lessons learnt, as well as mutual capacity building; and to identify and review current and potential modes of cooperation and synergy creation among offices and projects within the scope of the program.

Water

The water point was connected on the last day of the evaluation. Therefore, the consultant could not determine the water discharge rate and confirm whether the rate was as per the Sphere Standard. However, the consultant established that the pipe that brought the water to the system was 2 inches while the taps at the water collection point were four ¾ inch taps. Therefore, the discharge rate in one water point was equivalent to 3 inches. This meant that for the two water points the discharge of the

4 A Turnkey project is a project that is built and is handed over to the project owners ready to be used. The term implies that the end user just has to turn a key and start using the building.

water was equivalent to a 6 inch pipe taking into consideration that the inflow of water was through a 2 inch pipe, and that the outflow was equivalent to a 6 inch pipe. Consequently, the water flow would be reduced and this will lead to long queues hence the beneficiaries will take more than the recommended 15 minutes. In order to avoid the issue of long queues, and hence achieve the Sphere Standards; it is advisable that in future all water projects have a reservoir tank whose capacity would depend on the number of beneficiaries to be served. The tanks will fill up with water when the water points are not operational. This will have an impact of decoupling the fetching of water by the beneficiaries from the direct inflow of water from the PVC pipes, with an effect that the water flow would improve. The training of the Water Users Committee should include: Rudimentary accounting skills, Governance, Conflict resolution and Group dynamics.

Education

During the EoP it was established that 56% of the pupils who were supposed to transit to preparatory school, got married, while 5% and 2% did not transit to preparatory school because they were performing domestic chores and looking after livestock respectively, while 2% dropped due to peer pressure. This amounts to 65% of the pupils not transiting to preparatory schools for reasons that can be mitigated against. There is the need for advocacy among the parents on the importance of sending their children to preparatory school.

SECTION ONE: INTRODUCTION AND METHODOLOGY

1.0 Introduction

The ATJK WEHEA I and II project were implemented in Adami Tulu Jido Kombolcha (ATJK) district, East Showa Zone, Or Omiya Region. ATJK is one of the 15 Woredas[5] of the East Showa Zone. The region lies approximately 200 kilometres south of Addis Ababa. The project had four components, namely: Water, Education, Health and Environmental Awareness (WEHEA) and is a part of a wider regional intervention by ADRA Norway, with other countries being South Sudan (Budi Sustainable Education System); Sudan (Education for Women and Children) and Somalia (Education for Women and Children).

1.1 The Project Area

The climate in the ATJK Woreda is arid and experiences erratic weather patterns with annual rainfall being in the neighbourhood of 600 mm. The topography is characterized by a flat and poorly cultivated land. The erratic rain and the subsistence farming practice have made the area predisposed to chronic food shortage. The main livelihood of people living in this harsh environment is livestock keeping and the farming of maize, haricot beans and sorghum. During a needs assessment for WEHEA I that was carried out in March 2008 in the ATJK region, it was established that there was need to intervene in water, education, health and the environment. Schools needed to be built and equipped, the population lacked basic health care services, the vegetation continued to be destroyed for firewood and, most critically, water shortage took its toll on the health of the people. It was planned that the intervention should take a holistic approach in order to build on the capacity of the villagers. Lessons learnt from the previous intervention informed the thinking in the WEHEA I and II interventions because it was noted that individuals lacking in basic needs such as food and water would neglect the important issues that deal with education and conserving the environment. If the holistic approach was not adopted, the targeted beneficiaries would have remained trapped in the vicious cycle of poverty and no sustainable progress whatsoever would have taken place. It is on this premise that the WEHEA I and II project was designed using an integrated approach in addressing the areas of water, education, health and environmental awareness. In WEHEA II some three new Kebeles were added to the 10 “old” Kebeles. The justification was that the Kebeles were relatively isolated in terms of transport accessibility (which enhanced vulnerability); the remoteness of the area implied that there was very limited assistance from the government and other NGOs; the population was more spread apart, which implied less spillover effects and information flows, thus requiring a longer intervention to ensure sustainability. In addition the Kebeles where the most chronically food-insecure and are still enrolled in the Productive Safety Net Program (PSNP) [5] (as opposed to the others graduating away from it); they had very limited access to health services (women in need of any reproductive health service had to walk in one day or wait for the infrequent public transport); finally, in regards to the environment, these Kebeles were found to produce the most charcoal for household and market consumption in the ATJK.

1.2 Program Objectives and Components

The project was designed as follows

Goal: To improve the livelihood of local villagers of the target area through improved water, education, health, environmental awareness and protection and to empower women in problem-solving capacity.
Objectives:

The project had four objectives, namely

- To have access to potable water for the 1,098 beneficiaries in ATJK Woreda
- To increase participation in Preparatory Education by ATJK Woreda school age students

5: Woreda are the third-level administrative divisions of Ethiopia. Woredas are composed of a number of wards (kebele), or neighborhood associations, which are the smallest unit of local government in Ethiopia.

- To have increased knowledge in basic health, hygiene and family planning, and practice methods of improved sanitation, health and hygiene for the 66,869 local villagers
- To have increased environmental awareness and practice methods to mitigate environmental degradation for the 66,869 local villagers

1.3 Expected Outputs/Results

The following were the expected outputs.

1. 600 ATJK Woreda students will have access to preparatory education in the district;
2. 51,380 local villagers will have increased knowledge in basic health, hygiene and family planning, and practice methods of improved sanitation, health and hygiene;
3. 51,380 villagers will have increased environmental awareness and practice methods to mitigate environmental degradation;
4. The dropout rate of disabled students in the Woreda will be decreased and will have the necessary support and education materials.
5. Women in villages of ATJK will have enhanced knowledge about relevant issues and enhanced problem-solving capacity through the formation of local women's groups.

1.4 Evaluation Goals

Evaluation's main goals

i. Assess project performance at each level (activities, outputs, outcomes and goal) against the indicators set in the latest version of the log frame, with emphasis on the outcome/objective level
ii. Identify possible unexpected events of significant character (positive and/or negative) outside the project that have contributed to the project's progress or lack of progress
iii. Investigate whether there were unexpected results (positive and/or negative) that were not part of the original project plan
iv. Draw lessons learnt and/or describe relevant experiences that will result in a change of strategies/ methods in future interventions, and verify whether they are common to other local organizations engaged in the same thematic area/ beneficiary population;
v. Mention the evaluations that took place in the run-up to the project or during the project period, and identify the extent to which they resulted in changes/improvements to the project implementation or design
vi. Describe and assess the cooperation between ADRA Norway and the corresponding African offices, especially the former's added value of the project; emphasize sharing of responsibility and work, dialog, meeting arenas and competence building of each respective partner office by ADRA Norway
vii. Assess the plans for future intervention and make recommendations in light of the findings of the current evaluation.

A comprehensive ToR is attached at the end of the report.

1.5 Methodology

A number of methodologies were used to collect, collate and analyze data. This included a desk review of the secondary data from project documents such as the design document, quarterly reports and the final report for ATJK WEHEA phase I. Methodologies for primary data collection included household surveys, Focus Group Discussions (FGD), Key Informant (KI) interviews and Observations. This data collection was undertaken by both the consultants and ADRA Ethiopia recruited enumerators and facilitators.

1.5.1 Recruitment of Enumerators and Facilitators

A criterion for the selection of enumerators and facilitators was developed by the ADRA ATJK WEHEA II Project Manager. Twelve enumerators and two supervisors were recruited for household (HH) data

collection. The selected enumerators were drawn from the local project area and they worked in various organizations within the Woreda. Enumerators had varied levels of education, from secondary education to tertiary college. Two facilitators and four recorders were recruited to form two teams that collected information from FGD participants.

1.5.2 Sample size

The number of households to be interviewed was determined by computing the sample size using the 2 step proportion method. The first step included the use of Simple Random Sample (SRS) to compute: $n = (z^2\ p\ q)\ /d^2$ where n was the sample size z = 1.64 for 95% confidence level, p = 0.5, q= (1 – p) (where p and q were probabilities of success and failure respectively), d = 0.05 for +/- 5% (on an absolute scale) for the degree of precision which by default is 0.05. Substituting the values of the parameter in the above formula; the sample size was computed to be in = (1.642X 0.5X0.5) /0.052 = 268.96. A 10% insurance factor (in case of non-responses) was added to 269 to bring the total to 296 which was rounded up to 300. Because the sample size was divided into clusters (Kebeles) where the population was not heterogeneous, simple random sampling, could not be used. The loss of effectiveness by the use of cluster sampling, instead of simple random sampling, is known as design effecting. In order to enhance the effectiveness of the sample size, a design effect of 1.5 was factored into the formula (300 X 1.5) and the sample size was increased to 450.

1.5.3 Selection of the Households

This survey employed the Probability Proportional to Size (PPS) Cluster Sampling method, where more clusters were selected from larger groups and few clusters from smaller groups. A sample of 450 households was selected within ATJK Woreda (see Table 1.1). Data collection from the households commenced on the 3rd of December 2013, and was conducted for six days ending on the 9th of December 2013 with a break on the Saturday. During the actual data collection, a total of 451 households were interviewed. After the data had been keyed in and cleaned, only 388 HH questionnaires were found to be useful, as 64 questionnaires were incorrectly filled or over 80% incomplete. The time taken to fill each questionnaire ranged from 20 minutes to 60 minutes with an average of 33 minutes, depending on the size and composition of the HH. This sample (with a 95% confidence interval and an error margin of <5%) was considered representative and statistically significant, allowing valid inferences to be made to the beneficiary population of WEHEA II regarding the indicators under investigation.

Table 1. 1 Household Population Distributions per Kebele

No	Kebele	Population	Households	%	Planned sample size	Actual sample size
1	JelaAluto	4,698	940	9%	41	41
2	Naka	1,090	218	2%	10	7
3	Urgo Mechefera	3,632	726	7%	32	30
4	Andola Chabi	2,563	513	5%	22	21
5	Korme Bujure	3,014	603	6%	26	27
6	Arba	5,396	1,079	11%	47	38
7	Dasta Abjata	6,404	1,281	12%	56	48
8	Bulbula- 01	8,130	1,626	16%	71	59
9	Hurufa Lole	3,138	628	6%	28	22
10	Oda Anshura	3,991	798	8%	35	34
11	Abule Gutumuma	2,804	561	5%	25	14
12	Oitu	3,959	792	8%	35	25
13	HaroresaQalbo	2,553	511	5%	22	21
	Total	51,372	10,276	100	450	387

1.5.4 Selection of FGD participants

FGD participants were selected using purposive sampling. The selection criterion was based on the areas of intervention under investigation, Water, Education, Health and Environment. Other areas considered included HIV/AIDS and Inter Generation Discussion group interventions which were identified as cross cutting issues.

1.5.5 Data Collection

Key data collection methods included household field surveys, FGDs and KI interviews. A questionnaire was designed to collect quantitative data from the 451 households. After data cleaning, a total of 64 questionnaires were found to either having contradictory information or some were over 80% incomplete. A further 14 FGDs were held with members of the community to verify EoP information of the interventions, possible challenges that were encountered and sustainability of the projects. FGDs were also used both to reinforce and fill in the gaps identified in the quantitative data. A total of 17 key informant interviews were also conducted with ATJK Woreda officials, opinion shapers and ADRA Ethiopia implementing staff (see Table 1.2)

Table 1. 2 Data Collection Methods Used

#	Data collection method used	Frequency
1	Household data collection	387
2	Focus group discussions	14
3	Key Informant	17
4	Documents reviewed	12

1.5.6 Qualitative Data Analysis

Qualitative data were analysed using data reduction, data display, conclusion drawing and verification. Data reduction involved selecting, focusing, simplifying, abstracting, and transforming the data into themes based on field notes or transcriptions.

1.5.7 Quantitative Data Analysis

Quantitative data that was collected was entered and cleaned in a statistical retrieval data package. The IBM Statistical Program for Social Sciences (SPSS 21) and Excel 2013 were used to aid the analysis of the data. Descriptive and inferential statistics were used.

1.5.8 Data Presentation

After the analysis, data were presented in the form of tables, charts, figures and narratives. Data presentation was guided by the evaluation objectives and as such both qualitative and quantitative data was integrated. The results from qualitative analysis complemented those from quantitative analysis and served to triangulate information provided in the household survey.

1.6 Challenges Encountered During the Data Collection

In the process of collecting data for EoP, a number of challenges were encountered. They included:

i. Some of the files in the office were in Amharic while others were in Oromifa. As for the FGD they were conducted in Oromifa and notes taken in the same language. At times the FGD notes had to be translated to Amharic and then to English. While every effort was made to ensure that the translation was factual, it was inevitable that some meaning and color of some of the statements would be lost in the translation.

ii. The evaluation took place two months after a reshuffle of the government administration officer in Education, Health, Water and Environment. The new officers did not have the institutional memory of the projects intervened in and as such could not provide some insight on the

interventions

iii. The health and environment, government officials have been always in meetings and it was not possible to meet with them in order to obtain their views.

iv. In one Kebele, the FGD team travelled to the site, only to be informed that there was an unplanned meeting called by the government as such they could not conduct the FGD

v. The evaluation period coincided with the end of semester exams as such the teachers and the disabled students were very busy. The consultant did not want to take a lot of their time.

vi. An analysis of the rejected questioners indicated that some 3 out of 13 villages seemed to have a higher share of the rejected questioner and on diverse dates. It appears that it may be one or two persons who may not have understood the tool. It should be noted that the validity of the data was not affected as the sample size was more than 269 and this provided the 95% confidence level that was required.

The impact of the challenges was minimized by the use of multiple triangulation methods and did not affect the quality of the data collected

SECTION TWO: PRESENTATION OF EVALUATION FINDINGS

2.0 Performance of WEHEA I and II

This section covers the general performance, success and challenges and or constraints experienced during WEHEA I last year of the implementation (2011) and WEHEA II (2012 and 2013). The last year of WEHEA I was considered as part of the 2011-2013 NORAD funded programs, and therefore specific achievements of the 2011 to 2013 interventions were compared against the set targets. The section is divided into demographics, water, and education. In addition, training of government officials, forming women's groups and assisting Intergenerational Discussion Groups are discussed. Specific achievements of the interventions are compared against the set targets and any deviations are discussed.

2.1 Demographics

A total of 2,625 people resided in the 387 households where the data was collected. This works out to an average household size of 6.78 people. This compares well with the country average rural household size of between 4.6 and 6.5 with a standard deviation of 2.26. Of these respondents, 50.9% were male, while 48.1% were female and in 1% of the cases, the gender of the respondents was not recorded by the enumerators. Of those whose gender was recorded, 17.8% were heads of the household with 2.4% being female-headed households, while 16.7% of the population was of children below 5 years. A total of 65.2% of the respondents were married, while 7.3% were widowed. Table 2.1 summarizes the proportion of the respondents in the project area.

Table 2. 1 Characteristics of the Households

		Gender		Total
		Male	Female	
1	Head	15.40%	2.40%	17.80%
2	Spouse	0.60%	15.20%	15.80%
3	Child Over 5 Years	25.10%	22.20%	47.40%
4	Child Under 5 Years	8.00%	8.70%	16.70%
6	Relative	0.90%	0.90%	1.80%
7	Missing	0.30%	0.30%	0.50%
	Totals	50.30%	49.70%	100.00%
Marital status				
1	Married	32.70%	32.50%	65.20%
2	Widowed	0.80%	6.50%	7.30%
3	Divorced	0.10%	0.10%	0.30%
4	Separated		0.40%	0.40%
5	Never Married	16.70%	10.20%	26.90%
Total		50.30%	49.70%	100.00%

2.2 Water Component

Water and sanitation have been identified as critical areas for sustainable development in the world of the 21st century. The water component in ADRA Ethiopia's project aimed at increasing access to improved sources of water and is in line with several principles of the ADRA Development Policy, including a focus on the well-being of children and the use of technical interventions to achieve the desired impact. As in all other parts of the world, ADRA Ethiopia aimed at developing clean water systems by digging wells and installing water pipes where water is available yet inaccessible. This segment will discuss the implementation of the water component and will be divided into two subsections; the 2011 implementation of WEHEA I and 2012-2013 WEHEA II project.

6. Obtained from Population and Housing Census Report-Country - 2007, *Central Statistical Agency, 2010-07, English [eng], Ethiopia [eth]* Publisher(s): Central Statistical Agency. Down loaded from the web site http://www.csa.gov.et/index.php/2013-02-20-14-51-51/2013-04-01-11-53-00/census-2007

2.2.1 WEHEA *I (2011)*

The objective under water and sanitation was to ensure that about 9,831 beneficiaries in ATJK Woreda had access to potable water. This was to be achieved through the rehabilitation of 2 deep-water wells. In 2010 a submersible pump of 150 heads, 10 KW, discharge 2.5 Lit/Sec was installed at Urgo. In addition a water point, a tanker stand and one cattle trough were constructed at the rehabilitated well. The local government connected the pump to the electricity network to supply power to the pump. During the course of implementation, the second water well that had been planned to be rehabilitated was established to be unfit for both human and animal consumption. The Woreda Water Resource Office suggested that ADRA lay a water pipe from Arba to Mechefriya (a distance of approximately 4KM). The water pipe was constructed and 2 water committees (one for each water point) were established and trained in the maintenance of the wells. All this was achieved in 2010. The scope of the current evaluation is limited to 2011 and therefore, the achievement of this component is beyond the scope of this evaluation.

2.2.2 WEHEA II

The WEHEA II project had three components under the water intervention.

- Laying of the PVC pipes for 4.2 km
- Construction of two water points
- Setting up water users committees for each water point.

2.2.2.1 Laying of the PVC Pipes

The expansion of the water pipes started at an existing water point in a Kebele known as Rejji that was 4.2 km away from the intended water point. It had been planned that the community contribution would include:

i. The land where the water points were to be constructed,
ii. The land through which the pipes would be laid,
iii. Digging the trenches,
iv. Help in laying the pipes
v. Covering the pipes once laid and
vi. Provide security for the pipes, fittings and the construction materials that would be used at the water points.

The government officials from the Department of Water were to be used as the technical experts. They were tasked with the responsibility of connecting the PVC pipes and provide the expertise in the construction of the water points. As planned the community identified the locations where the water points were to be situated. They also subdivided the 4.2 km among themselves and started digging the trenches. After the trench was dug, ADRA purchased 600 two inch PVC pipes which were laid for the 4.2 km stretch. The government officials laid the pipes with the assistance of the villagers, and the villagers assisted in covering up the pipes.

2.2.2.2 Construction of Water Points

Two water points were to be constructed. As was planned, one water point had a water collection stand with four ¾ inch taps, a wash basin with four ¾ inch taps and one shower stall with four shower cubicles. As planned the other water point had all the aforementioned amenities save for the shower stall. The community would contribute in the following ways:

i. Digging a cesspit next to the shower stall
ii. Provide security for fittings of the water points

At the time of undertaking the evaluation, the water points had been 100% constructed and the project implementers were in the testing phase before the water points could be fully commissioned. The

community also dug the cesspit and provided security for the fittings of the water points. It was agreed that the water points would operate between 6:00 a.m. to 9:00 a.m.in the morning and 4:00 p.m. to 7:00 p.m. in the evening.

2.2.2.3 Water Users Committee

After the construction of the two water point, it was planned that two Water Users Committees (WUC) would be set up, one for each water point. The water committees would be made up of five people;

- Chairman (Male)
- Secretary (Male, because he would be trained on maintenance)
- Cashier (Female) who would collect the money
- Two Water operators who would operate in shifts.

At the time of undertaking the evaluation, the committee had not been set up, but it was planned that once the water point was commissioned, the committees would immediately be set up and they would be trained on among other things the maintenance of the water systems. Other functions of the committee would include selling the water at 1 Birr per one 20-Litre Jerri can. The mandate of selecting the committee will be entrusted to the Kebele leader who will consult the community for selecting the members of the committees. This would ensure that the selected committee members would be acceptable to the community. Their term of office will be limited to two years upon which another committee will be selected. Being a member of the committee has its own privileges such as they get water for free as well as they receive an allowance for managing the water points.

2.2.3 Challenges encountered during the implementation of the Water Component

1. It had been planned that the digging of the trench would take three weeks. However, the targeted village was involved in the Productive Safety Net Program (PSNP) food for work project that was established by the government. This project involved fencing for schools and construction of gabions. The PSNP was implemented by the same beneficiaries and they had to use some of the allocated time of digging the trenches for the activities of PSNP. This translated to the trench being dug for six weeks instead of the three weeks.
2. In addition, the digging of the trenches coincided with the rainy season and flooding occurred in the region. The effect of the flooding was cutting off the area and the project could not be supervised. The onset of the rainy season also meant that the beneficiaries were involved in farming activities and therefore they could not be available for the communal work of digging the water pipe trench.
3. It was difficult to organize over 360 people to dig the trenches as some would want to take advantage of others by avoiding digging their assigned portions. As a result, there were portions that had been dug and others that were incomplete. Some of those dug portions did not meet the required width or depth. The areas that did not meet the required depth or width were reworked upon when the pipes were being laid.
4. The involvement of the government brought about two challenges;
    a. The government was requested to provide a Bill of Quantity (BOQ) and they provided an initial quotation of 33 items at a cost of 38,000 Birr. The PM hired a consultant to verify the BOQ and it was reduced to 18 items at a cost of 7,500 Birr. A lot of time that was spent as the PM negotiated with the government water officials to settle on the 18 items.
    b. The government officers were receiving remuneration on a per diem basis and this offered no incentive to complete the project within the specified duration of time laid out.

2.2.4 Performance indicators

Since the households had not started using ADRA water points it was not possible to assess the impact of

the water points.

2.2.4.1 Achievement of Result 1

The expected result of water intervention was that by the end of the project 1,098 beneficiaries in ATJK Woreda would have access to potable water. Table 2.2 summarizes achievement of the outputs. It can be seen that 4 prerequisite outputs for the achievement of result one were achieved 100%. However, the formation of the water committee was not achieved because of the delay in approving the project, which translated into a delay in completing the project. At the time of undertaking the evaluation, the water system was in the process of being tested before it could be commissioned and a water user committee set up. The consultant is confident that the water committee would be set up once the water project was commissioned and that 1,098 beneficiaries (the population of Nika Kebele) would get water from an ADRA constructed water system.

Table 2. 2 Achievements of Result 1

#	Output	Target	Baseline	EoP	Achieved
1.1	Laying of PVC pipes	4.2 KM	0	4.2 KM	100%
1.2	Establishment of water points	2	0	2	100%
1.3	Construction of a water point	1	0	1	100%
1.4	Construction of a water basin	2	0	2	100%
1.5	Establishment of water committee	2	0	0	0%
1.6	Number of people having access to water	1,098	0	0	0%

Discussion with the community members confirmed that they were eagerly waiting for the project to be commissioned as they stated that the expected benefits of the water project included:

- The availability of water for drinking, cooking and hygienic purpose.
- Enable students to attend classes, as the time required to fetch water for domestic use would be reduced. Previously, the children used to walk over 4 kilometers and queue for water for over 6 hours. Some would return home empty handed, so that they can attend school, while others preferred that they missed school and bring home water for domestic use.
- Reduction in the prevalence of water borne diseases as the water will be handled in a hygienic manner.

Further, the contribution of the community in the form of purchasing the water will ensure that the water system can be repaired hence ensuring sustainability.

2.3 Education

Education has long since been acknowledged as a basic human right, particularly within the context of a number of United Nations conventions, including the Convention on the Rights of the Child. Approached from a human rights perspective, education is seen as a means unto itself and should be inclusive to all people regardless of physical, intellectual, emotional, social, linguistic, or other conditions. ADRA recognizes that education is paramount in helping children realize their potential by opening possibilities and opportunities for them to develop. Education is essential for the well-being of children and their families as it seeks to empower children as agents of change. This section first discusses the education intervention during the WEHEA I (2011) followed by interventions in WEHEA II (2012-2013).

2.3.1 *WEHEA I*

The objective under education was to ensure that 1,200 students (grades 1-4) had access to basic education in three Kebeles in the ATJK district. This was to be achieved through:

1. The construction of three primary school buildings
2. Establishing three school building committees.

The first two primary school were constructed prior to 2011. During the second quarter of 2011, a school building committee for Weyiso Cenchera kebele was established and in the third quarter, construction of

the third primary school was started. By the end of 2011, the primary school was 98% complete. The construction was completed in 2012, and by the end of 2013, the school had a population of 222 against a planned 200, yielding a 111% achievement rate.

2.3.2 WEHEA II

Under WEHEA II the education component had four sub components. These were

1. The Construction of a Preparatory School
2. Setting up a building committee
3. Setting up school committees
4. Assisting disabled students

2.3.2.1 The Construction of a Preparatory School building

According to the Ministry of Education (MoE) standards a preparatory school should consist of the following:

- 2 blocks each with 4 classrooms (total 8 classrooms)
- 4 teacher offices,
- 1 storage room,
- 3 laboratories (Biology, Chemistry, Physics)
- 1 library,
- 3 different types of toilets (staff, female and male student toilets)
- 2 cubicles (one for the receptionist and one for the security guard)

The indicative government budget for constructing a complete preparatory school was 12 million Birr. ADRA's budget was limited to 4.5 million Birr and following some discussion between ADRA, the community and the Woreda administration, it was agreed that ADRA would construct 50% and the community together with the Woreda administration would raise the remainder of funding if ADRA would initiate the project. It was therefore agreed that the project should start and ADRA committed itself to build:

1. 1 block of classrooms with four classes
2. 2 laboratories
3. A library and a security guard office

In addition to raising funds for the remainder of the 50% of the preparatory school budget, the community also contributed:

1. The piece of land where the school was to be constructed.
2. Security for the building material once the construction of the school commenced.

In order to successfully implement the project, ADRA hired a consultant to guide the project manager on the construction of the school. The consultant developed a BOQ, and bids were advertised in the local paper. The bidding processes was supervised by the ADRA head office in Addis Ababa , and the winner of the bid was identified at a cost of 3.355 million Birr which worked out to be 3.86 million Birr once the VAT was factored in. ADRA retained the earlier consultant to supervise the technical details of the construction of the school. His role was to audit the construction of the building twice a week and also to issue a certificate of completion on predetermined phases of the construction. Work commenced after the community handed over the site to ADRA. At the time of undertaking the evaluation one classroom block with 4 classes, a library, one pit latrine for girls and one for boys (of 4 cubicles each) and a guard house had been constructed as planned. In addition, three laboratories (Biology, Chemistry and Physics) against a planned 2 laboratories (Chemistry and Physics) had also been constructed, as well as an unplanned fence was in the process of being constructed as the materials were on site. Additional funding for the fence came from the savings of the initial 4.5 million Birr and a top up from ADRA Norway. The buildings were of good quality and once they were furnished with desks and chairs, they would be ready to be occupied. Table 2.3 indicates that out of the five planned outputs, four were 100% achieved while one output had

a positive deviation of 50% since three laboratories were built instead of the planned two.

Table 2. 3 Construction of a Preparatory school

#	Planned	Achieved	Success Rate
1	One Classroom Block with 4 classes	One Classroom Block with 4 classes	100%
2	2 Laboratory (Chemistry and Physics)	3 Laboratory (Biology, Chemistry and Physics)	150%
3	Library	Library	100%
4	Two Dry Latrines for both genders	Two Dry Latrines for both genders	100%
5	Guard House	Guard House	100%
6		Construction of a fence	Over 100%

2.3.2.2 School Building Committee

As had been planned ADRA set up a building committee and they involved the community and the MoE officials in the establishing and setting up a school building committee. The role of the building committee was to:

- Provide extra supervision during the construction process, especially when the consultant was not able to visit the site
- Provide security for the items being used for construction
- Resolve any disputes that might arise between the constructor and the community.

The selection criterion for the committee was that:

- They had to be residents of ATJK
- They needed to have a good standing in the community
- They had some insight in building
- They were of unquestionable integrity
- They were ready to volunteer

The community and the Woreda officials proposed the names of the five BC members and the ADRA office adopted the names. All selected officials were men and the contractor advised them on their role and also how to undertake rudimentary quality control checks.

The benefits attributed to the establishment of the Building Committee

The following were the benefits attributed to the Building Committee (BC).

- The BC reduced the cost of supervision as ADRA paid the consultant an amount that was pegged on the number of visits. Since the BC reduced the number of visits by the consultant, there were some savings that were attributed to the BC.
- The BC provided an additional "eye" for the project and hence provided feedback and pre-empted any avoidable negative events occurring.
- The contractor was an outsider from the ATJK, and he used the BC to recruit the unskilled labor from the residents of the area. This also ensured that even though the community would benefit from the school that was being constructed, they would also benefit by creating employment for the local community.
- They solved any disputes that arose between the contractor and the local community out of the construction activity
- The BC also provided security to the building contractor

2.3.2.3 School Committee Formed in Adjacent Kebeles

It had been planned that once the Preparatory School was complete; ADRA would support the formation of a School Committee one for each of the 12 Kebeles adjacent to the preparatory school being constructed. They would assist in the day to day running of the school, and encourage the enrollment of children in the preparatory school. Since the preparatory school had not been completed and not yet

handed over to the community, the school committees, which would have been transformed to the PTA, were not yet established. The ADRA project manager stated that they will be established in 2014 during the next phase of the ADRAs education program

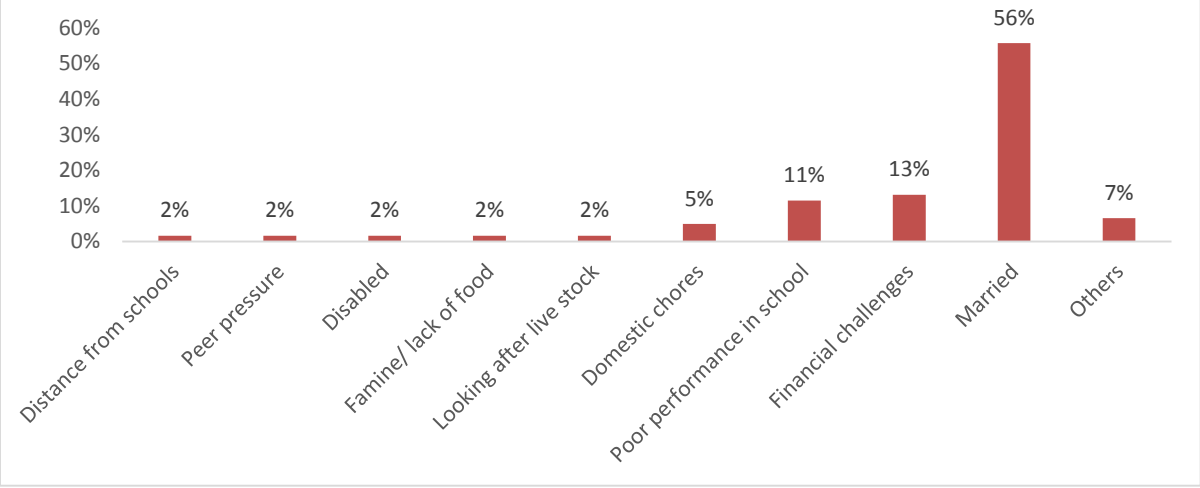
2.3.2.4 Challenges encountered in building the preparatory secondary school

- There was an 11 month delay in approving the project. This pushed back the start time of the school by the same period (this is discussed in detail in section 2.4.2).
- The Preparatory School had not been handed over to the community as the MoE stated that it has not yet been completed, even after ADRA had constructed over 50% of the building as had been planned.
- The BC was not provided any incentives such as air time to call the office in case of any issue that was to be discussed. This meant that they were to use their own resources. As a result of using their own resources two members stepped down and were replaced with other volunteers.

2.3.2.8 Indicators for Children Assessing Preparatory School

During the baseline survey, it was established that only 4% of parents had their children in preparatory schools. The figure had declined to 2% by the end of the intervention period. An analysis of the student who dropped out in grade 10 indicated 56% of the pupils who were supposed to transit to preparatory school, got married, while 13% did not transit because of financial challenges and 2% cited distance from school to be reason for dropping out. Only 11% cited poor academic performance in school as the reason for drooping out. It is expected that the construction of the preparatory school in the Woreda will reduce the proportion of pupils dropping out of school in the area either due to early marriages, performing household chores, looking after livestock or due peer pressure. FGD discussion and KI interviews, also confirmed that distance to the nearest preparatory school and lack of funds for upkeep if the children were to attend the preparatory schools in other Woredas were also the reason for not attending preparatory schools. It is expected that the proposed school will address the challenges of distance and since the student who will enroll in the Preparatory School from the Woreda will be staying in their homes it is assumed, therefore that financial pressure will be reduced.

Graph 2. 1 Reason for not Attending Preparatory School



2.3.3 Disabled Students

It had been planned that the WEHEA II project would assist 15 Pupils with Disability (PWD) in 2012. The students were identified using:

1. The principals of schools were requested to identify the disabled students and forward the names to ADRA.
2. The Kebele leaders were also requested to identify the disabled students in school

3. The Health Development Army
4. The women groups in the community.

Using the above process, a total of 76 PWD were identified and they were divided into two groups;

Group 1: Those with extremities i.e. spinal or limb problems
Group II: Those with ear and eye problems

ADRA sought the assistance of a medical doctor who verified the medical condition of the disabled students. Out of the 76 students, 38 had extremities but only 14 qualified treatment, as the other 24 had other forms of disabilities that the program could not address; for example spinal cord injuries/problems whose treatment could not be guaranteed. This reduced the number of targeted PWD to 52 of which 30 were female. Table 2.4 below summarizes the above information.

Table 2. 4 Number of PWD assisted

#	Attribute	Group I	Group II	Totals
1	Identified	38	38	76
2	Assisted	14	38	52
3	Not assisted	24	0	24

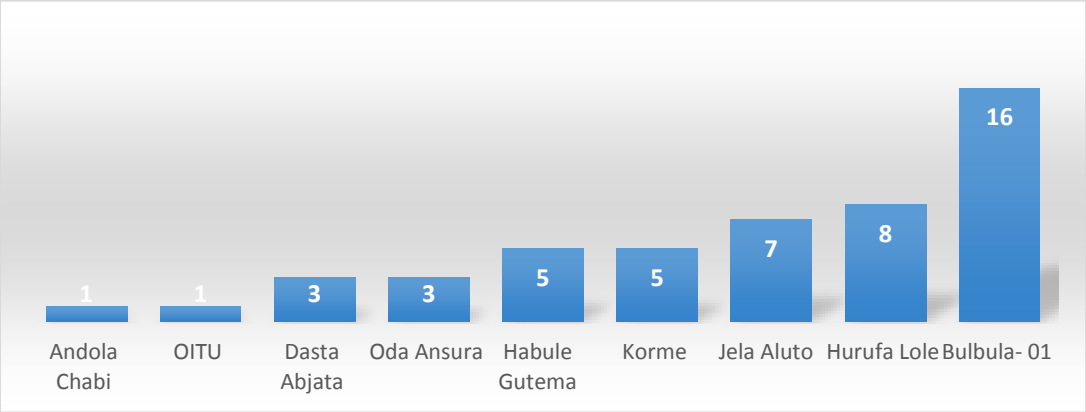
For the PWD in group 1, ADRA used Gravete Clinic in Zweyi which supports hearing and sight problems. The hospital provided a doctor to help ADRA in the screening them. A total of 38 students were screened for ear and eye problems. Those with eye problems were provided with eye glasses that cost on average 800 Birr per pair. A majority of those with ear infections and or advanced cases of ear wax were treated at an average cost of 200 Birr. In group II, the assistance provided varied from one student to another. For example, there was also a special case of a 15 year old girl who was sponsored for treatment to a hospital in Addis Ababa to undergo surgery since she could not control her urinary tract. ADRA supported her by paying her hospital bill which amounted to 15,000 Birr and she is now able to go to school. A summary of some of the PWD in group II is presented in table 2.5 below

Table 2. 5 Summary of the selected cases of extremities

#	Operation	Gender	Grade	Kebele
1	Artificial hand and modification on his leg	Male	2	Korme
2	One leg was very short provide Artificial leg (she can run and walk and is currently fetching water for her family)	Female	1	Korme
3	Operation on the leg; burnt during childhood and legs deformed provided plastic surgery	Male	1	Oitu
4	Deformed conginetory Malformation could not control her urine	Female	6	Desta
5	A polio case and she could not walk on one leg, provided surgery on one leg to correct it and assisted her with two crutches	Female	7	Bulbula

Graph 2.2 summaries the geographical distribution of the PWD and shows that a majority of them (16) were drawn from Bulbula-01, Jela Aluto contributed seven, while Andola Chabi and Oitu kebele Kebele each contributed one PWD.

Graph 2. 2 Distribution of the disabled students



All the 52 PWD students who were provided with the medical assistance were enrolled back to school. Further the PWD were provided with school consumables such as 52 School bags, 550 Exercise books, 150 pens, 100 pencils, 52 erasers, and Sharpener. These figures are summarized in table 2.6

Table 2. 6 School Consumables provided to PWD

#	School Support consumables	Quantity	Distribution
1	School bags	52	1 per person
2	Exercise books	550	12 per person
3	Pens	150	3 per person
4	Pencils	100	2 per person
5	Erasers	52	1 per person
6	Sharpeners	52	1 per person

Case study 1

Name: Abdul Salaam Ali
Age: 17 years
Gender: Male
Grade: 8

Abdul was partially blind, with a vision of less than 2 meters and could not read at all. He used to have a hard time in school as he would not be able to do his assignments. In addition, he would not be able to read or write or travel after 6 o'clock in the evening and everything had to be done before dark. In most of the cases, he used to request his friends to read the notes that they had written in school. At school, some of the teachers couldn't understand his condition, and he felt he was neglected and was ready to drop out of school. The other pupils did not understand and mocked him, because he could not read or write. In the classroom he used to sit at the front so that he could at least see the blackboard. However, some of the teachers insisted that he sits at the back as he was tall and was blocking the other students.

ADRA had communicated to a number of schools stating that they would assist students who had any disability. One of the local leaders linked Abdul to ADRA. In 2012, they assisted him by taking him to the eye clinic at Zweyi where his eyesight was tested and they provided him with eyeglasses that enable him to now read, write and see at any time of day or night.

Previously he used to be at the bottom 10% of the class and his academic performance has improved and he is in the top 5% of the class. Now he comfortably sits at the back and his height no longer blocks the view of the other students. Some of the benefits he now has are that previously most of the pupils would avoid him and didn't want to be his friend. He now makes friends easily. In addition, he had been nicknamed using a derogatory term that literally translated to 'eye problem'. The nickname has now disappeared, he is socially accepted and

Name: Zainabu Mirko
Age: 18yrs
Gender: Female
Grade: 8

She had a leg that was bent and was using a stick to hop around in order to be able to move from one point to another. After ADRA contacted the principals, her name was forwarded to ADRA and they financed her operation at the hospital. She was accompanied by her brother (Bashir Mirko) who stayed with her for the tree days that she was hospitalized until she was discharged. She also attended a weekly follow-up consultation for two months. Previously, she used to struggle to go to school, and she would have to rest for 3 or 4 times on her way to school. She would also face difficulties in walking long distances. She was in a lot of pain and for a distance which a normal person would take 10 minutes, she would take 20-30 minutes, resting 3-4 times and she would normally get late for school. Due to her tiredness and combined with late arrival at school, her academic performance was always poor. She had actually dropped out of school for a whole year but she enrolled again in 2013 after ADRA intervened and aid for her treatment. She no longer experiences the excruciating pain she used to have and she now expects her academic performance to be better. She can now wear shoes on both her feet. Although she has occasional pain, it's comparatively of very low intensity and does not prevent her from doing any work. Previously, she felt that her leg was not useful and she felt neglected by society. She now feels that it is useful and her dream is to work in an office since she is not able to move around and hopes that one day she will become a doctor and help other children with such disabilities.

2.4 Health, Hygiene and Family Planning

The third component of the intervention included Health, Hygiene and Family Planning and it was implemented in both WEHEA I and II. However, the strategy adopted in WEHEA I and II was quite different. The section will start discussing the WEHEA I (2011) intervention followed by WEHEA II intervention.

2.4.1 WEHEA I

The main objective was that 26,829 local villagers would have increased knowledge in basic health, hygiene, family planning, and practice methods of improved sanitation, health and Hygiene. This was to be achieved through ensuring that:

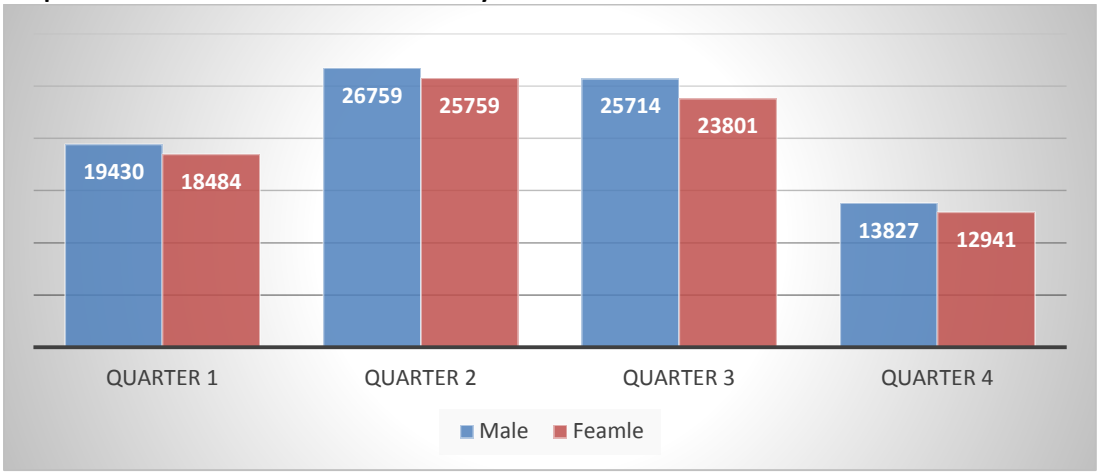
i. 35 Community Based Rural Health Agents (CBRHAs) were trained in health promotion including HIV/AIDS awareness and family planning;
ii. 30 local government staff were trained in health promotion, HIV/AIDS prevention and awareness;
iii. 26,829 local villagers trained in basic health & hygiene issues and family planning;
iv. 100 VIP latrines provided;
v. 17 local Traditional Birth Attendants (TBA) trained including HIV/AIDS awareness.

2.4.1.1 Community Based Rural Health Agents

The 35 Community Based Rural Health Agents (CBRHAs) who had been trained in 2009, provided

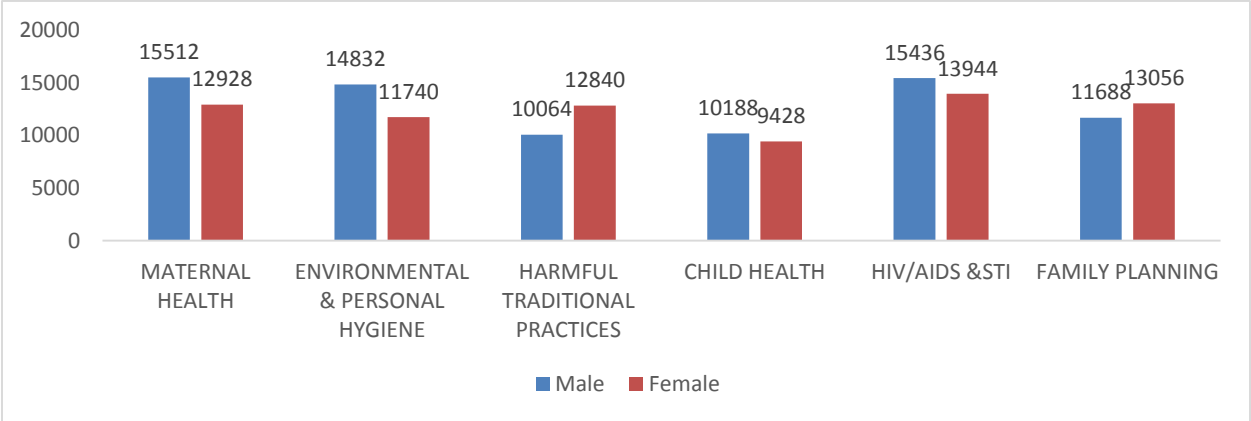
information on family planning, Environmental & personal hygiene, maternal health, child health, HIV/AIDS (including STI) and harmful traditional practices. As a result of training the CBRHAs were able to build the capacity of 166,715 (49% female) beneficiaries in 2011 in the above topics. The most active quarter was the second quarter in 2011 where 52,518 people benefited and 49% of the beneficiaries were women.

Graph 2. 3 Number Beneficiaries reached by Health and Environmental Awareness in 2011



While Graph 2.2 shows the beneficiaries per quarter, graph 2.3 displays the above information but breaks it down into Family Planning, Environmental & Personal Hygiene, Maternal Health, Child Health, HIV/AIDS (including STI) and Harmful Traditional Practices (HTP) disaggregated by gender. Maternal health and HIV & AIDS had the highest number participants (at 28,440 and 29,380 respectively), while child health had the lowest participants at 19,616. Out of the 8 topics, only two, i.e. HTP and Family Planning had more female participants than men. This can be attributed to the fact that HTP that were being discussed included early marriages and FGM. These practices affected women more than men. In addition although the family planning intervention targeted both men and women, there were more female than male participants. However, as is shown in graph 2.4, there were more males in the maternal health and child health trainings. It is assumed that the CBRHAs mobilized more men than women. This is in line with the best practices worldwide where including men in services relevant to maternal and newborn health contributes to improvements in health behaviors and utilization of maternal and newborn health services. In addition it was expected that engaging men could yield benefits relating to the use of family planning and contraceptives in long-term couples, reduction of maternal workload during pregnancy, birth preparedness, increased postnatal care attendance, improved couple communication and provision of emotional support for women during pregnancy.

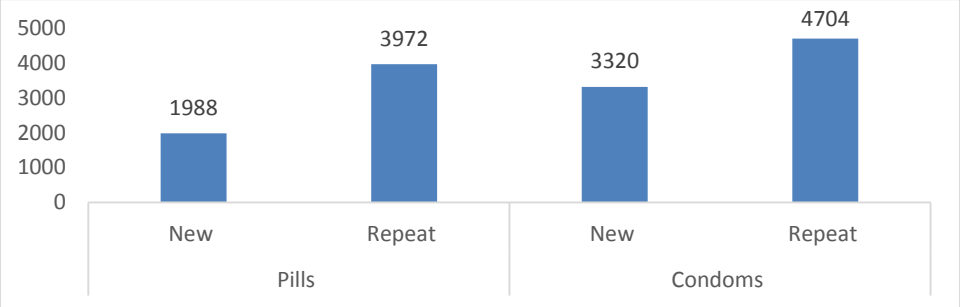
Graph 2. 4 Number and Genders of the Participants



2.4.1.2 Family Planning

The CBRHAs also assisted in the distribution of condoms and pills. They obtained the condoms and the pills from the Woreda headquarters and distributed them in their respective Kebeles. In 2011, they distributed 1.988 and 3,320 pills and condoms to new users respectively. In addition, they distributed a total of 3,972 and 4,704 pills and condoms to repeat users.

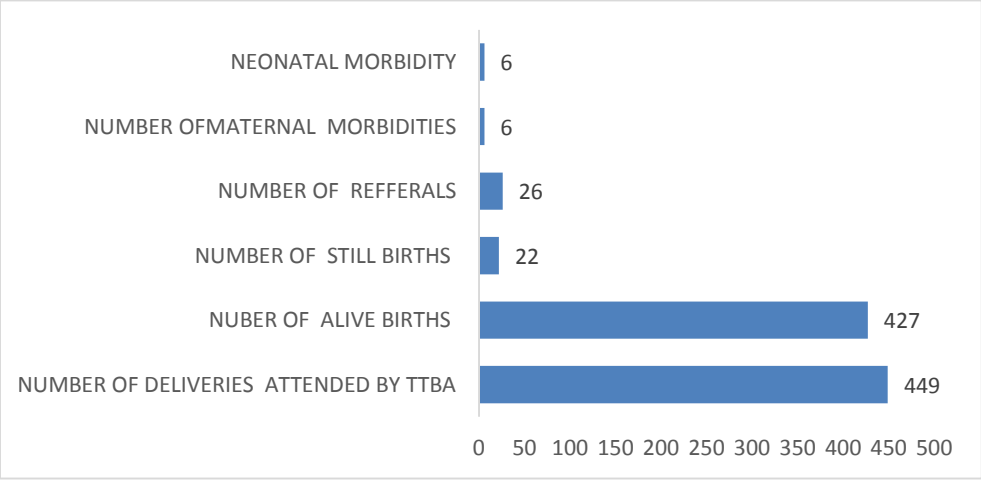
Graph 2. 5 Distribution of Condoms and Pills



2.4.1.3 Trained Traditional Birth Attendants

As in many other African countries, Ethiopia has an acute shortage of skilled health workers for service delivery. The country has taken mitigation measures by training Traditional Birth Attendants (TBAs), who remain vital contributors in ensuring provision of adequate maternal and child health care services in the rural areas. Indeed, the EoP evaluation in the target area established that 38.8% of the target population delivered at home, and this underscores the importance of TBAs in the community. WEHEA I had a component of TBA and in 2011, they assisted in 449 deliveries of which 95% were live births. In addition they referred 26 births (6%), while death within the first 28 days (Neonatal Morbidity) occurred in 6 cases (1%), which compared well for the neonatal mortality rate of 3.7% for the country[7] . The maternal mortality for the same period was 6 (1%) while the Country figure was 2.67% [5]. The still born ratio for 2011 in the target area was 22 (5%) while in Ethiopia the corresponding average figure was 2.6%,[8] given that in rural Ethiopia there is a shortfall of skilled birth attendants and there is a high preference for community solutions to manage ill health and low availability and use of maternal health services, the TBA in the targeted area have made a significant contribution to maternal and child health care and reproductive health of the rural women. Graph 2.5 displays the above information.

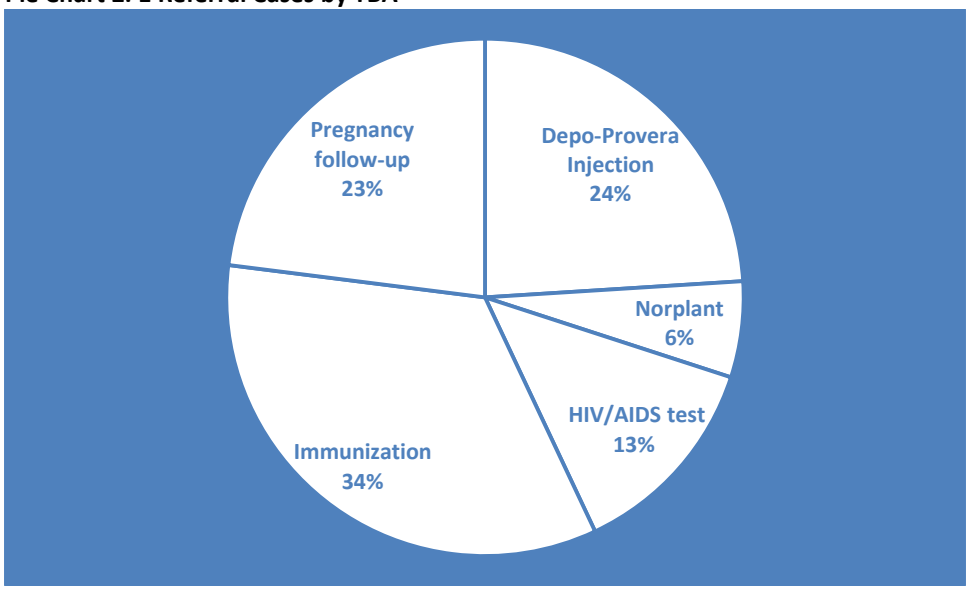
Graph 2. 6 TBA Activities



7 Ethiopia Demographic and Health Survey 2011.
8 www.unfpa.org/sowmy/resources/.../en_**Ethiopia**_SoWMy_Profile.pdf

During the fourth quarter of 2011, and in the course of performing their duties, the TBA referred 1,461 pregnant women to better facilities. The pie chart 2.2 below shows that most frequent referral was immunization at 34%, followed by pregnancy follow up and Depo-Provera Injection at 24%. Graph 2.2 summarizes the above information.

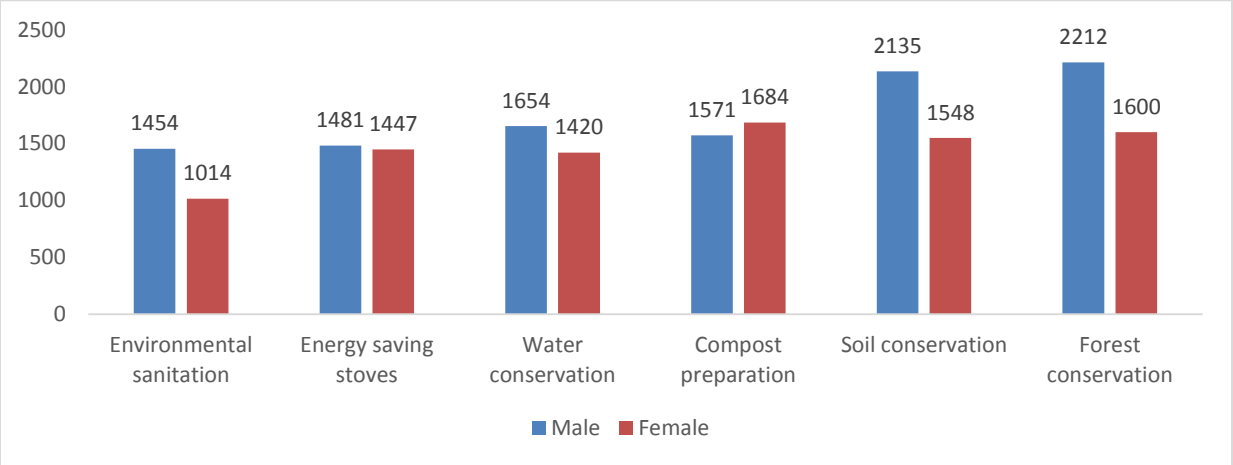
Pie Chart 2. 1 Referral Cases by TBA



2.4.1.4 Environmental Awareness Campaigns

In 2011, the CBRHAS also built the capacity of the community in environment. The topics covered included soil conservation, environmental sanitation, energy saving stoves, forest conservation, water conservation and compost preparation. The mode of delivery included public gathering, and HH visits. Using this approach, a total of 75,516 beneficiaries were reached of which 45.4% were female. Graph 2.6 below summarizes the number of beneficiaries reached (segregated by gender) by the outreach. As can be seen, the number of beneficiaries reached varied from topic to topic. For example forest conservation reached out to 3,812 beneficiaries out of which 42% were female. In compost preparation, 51% of the 3,255 of the beneficiaries were female. This was expected as most of the compost is generated in the homestead.

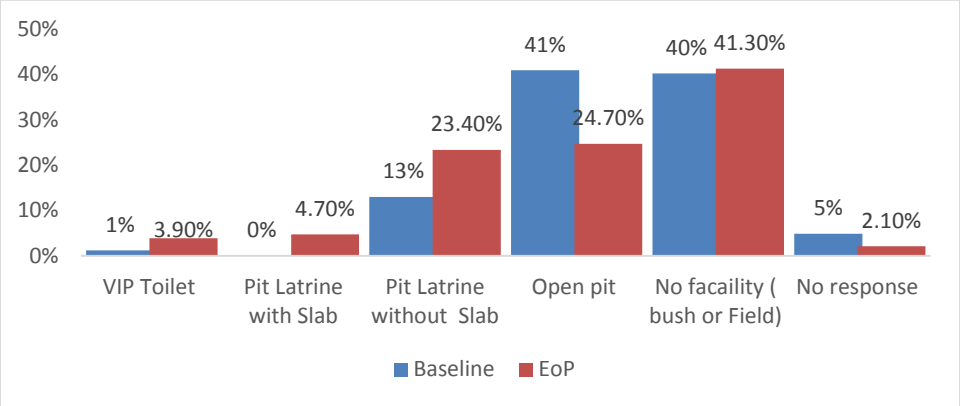
Graph 2. 7 Topics Discussed during Environmental Awareness Campaigns



2.4.1.5 VIP latrines

Safe disposal of human excreta creates the first barrier to excreta-related disease, helping to reduce disease transmission through direct and indirect routes. The provision of appropriate facilities for defecation is therefore very important. It had been planned that 100 VIP toilets would be constructed during the life of the project. A total of 60 toilets had been built within the first two years, and in the 2nd quarter of 2011, the final 40 VIP toilets were constructed. The EoP established that the propagation of the population who use VIP was 3.9% which was an increase from 1% from the baseline studies. All the 100 VIP were used by the beneficiaries. In addition the project manager stated that between 100 to 200 VIP were constructed as a result of the demonstration effect (effects on the behavior of individuals caused by observation of the actions of others and their consequences). At the end of the WEHEA I project it was established that 41% of the target beneficiaries used the bush or the fields in open defecation, this was a slight insignificant increase from the baseline findings of 40% and this could be attributed to a sampling error[9]. During the baseline survey 41% of the respondents stated that they used open pit latrines which reduced to 24.7%, while 23.4% of the respondent used pit latrines up from 13% during baseline survey. From the FGD discussion, the increase in using comparatively better toilet facility could be attributed to WEHEA I intervention.

Graph 2. 8 Use of Toilet Facility in the Households



2.4.1.6 Health Education Session/Training on Personal Hygiene

Health Education (HE) aimed at encouraging the community members on the need of washing hands, among other things. This was deemed to be a critical hygiene intervention aimed at interrupting the transmission of diseases such as diarrhea and respiratory infections. Table 2.7 below shows that a majority of the resident's had attended training forums on personal hygiene. About 87.1% of the residents had been trained, compared to 61.4% at the start of the intervention. As a result of the training, 96.4% and 83.1% of the respondents washed hands before handling food and after using latrine respectively. This was an improvement from 82.1% and 72.4% of the respondents who washed hands before handling food and after using the latrine respectively at the start of the intervention. A further 75.2% washed hands after using latrine compared to 72.4% at the start of the project.

Table 2. 7 Comparison of Final Evaluation with Baseline Values on Health education

#	Variable	Baseline	EoP
1	Attended HE lesson for hygiene	61.4%	87.1%
2	Wash hands before Handling food	82.1%	96.4%
3	Hand washing after using latrine	72.4%	83.1%
4	use of soap for washing hands	72.8%	75.2%

9 A sampling error occurs when an estimate of a population parameter, such as sample proportion, is likely to be different for different samples (of the same size) taken from the population.

2.4.2 WEHEA II

Under WEHEA II the Health, Hygiene and Family Planning component was divided into three sub-components which included:

i. Government staff trained in health promotion, HIV/AIDS prevention and awareness
ii. Local villagers trained in basic health & hygiene issues and family planning
iii. Local government staff trained in environmental awareness and protection

The work of the government staff was to be complimented by women groups in the 13 Kebeles. It had been planned that 30 government staff would be trained in health promotion, HIV/AIDS prevention and awareness; 51,380 local villagers trained in basic health & hygiene issues and family planning and 30 local government staff trained in environmental awareness and protection. However, during the course of implementation of the project and before the project was approved by the Zonal office, there was a change in government strategy from the above three strategies to the concept of Health Development Army.

The primary aim of the new strategy was to improve equitable access to preventive essential health services with a strong focus on sustainable preventive health actions and increased health awareness. The government planned that this was to be achieved through community-led approaches, which they argued was more effective because it fostered locally driven collective action and had the power to leverage social pressure and social solidarity to make long-term decisions about important issues.

The new approach involved methodically constructing a "women-centered" health system that linked leaders at the regional, Zonal, Woreda and Kebeles levels with women's groups in every Kebele across the country. Thus the "Women's Health Development Army" was a community-level intervention at the lowest level of administration, where every five households in a Kebele have one women health development army agent. It was planned that the development army volunteers would be trained by the government health extension workers and the focus would be on initiating local behavior change. It was envisioned that the volunteers would make regular rounds to check on neighbors and encourage practices like latrine building and setting-up separate cooking spaces. They would use an integrated approach where the needs of a woman as the principal care giver are met in a "One Stop shop". E.g. the under-five needs, family planning and environmental concerns' would be addressed simultaneously when the development army volunteer visited a household. The government then advised ADRA to change the design of WEHEA II component of Health, Hygiene and Family Planning. They further requested ADRA to finance the training of the health development army.

2.4.2.1 The Training of Health Development Army

It had been planned that 30 government officials were to receive one training session on Health, Hygiene, Family Planning and Environmental Awareness. However, as mentioned the government changed the strategy of implementing community health interventions. This meant that the development army would be the only agents who would deal with the health of the community. The project was also targeting 13 kebeles, however, the government stated that it was targeting the whole Woreda and hence they needed to train the development army agents from the 43 Kebeles in the Woreda. The 4 day training took place between the 29th October, 2012 and 1st November 2012. A total of seven health center heads, ten officials from Woreda offices and Kebele managers, Health extension workers, women's Leaders, Kebele chairmen and Health development agents were present from each of the 43 Kebeles. As table 2.8 shows, a total of 232 people were trained. Ten trainers were drawn from Woreda Health office and Agricultural office. The budget for the sensitization came from the TBA training and CBRHA vote. The ADRA team supported the training financially and provided logistical support. The ADRA team also took the opportunity to explain the ADRA intervention and also requested them to identify the PWD in the 13 Kebeles that were being targeted.

Table 2. 8 Participants who attended the Training

#	Participants	Number
1	Health center heads	7
2	Kebele managers	43
3	Health extension workers	43
4	Women's Leader	43
5	Kebele chairmen	43
6	Health development agents	43
7	Officials from Woreda offices	10
	Total	232

Technically, therefore no other organization and or community volunteers would provide information on Health, Hygiene and Family Planning to the villagers. For ADRA, the implication was that there was a redesign of the intervention, necessitating a whole new set of indicators that are based on Result Based Management (Activity➔output➔ outcome ➔impact). These new indicators could have then formed a basis for the evaluation. In the absence of reformulated indicators, and given that using the earlier indicators would have been tantamount to evaluating the government performance without seeking their authority, the consultant was of the opinion that the earlier indicators be dropped. Since ADRA only financed the sensitization of the development army concept only three activity indicators could be assessed. These were;

i. Number of trainings held
ii. Number of people trained
iii. Number of Kebeles to be targeted

The training lead to an achievement of 773% on the indicator of training 30 government officials as the government representative insisted that they would have to train all development army officials from each of the 43 Kebeles in the Woreda. Table 2.9 displays the achievement of the targets.

Table 2. 9 The Training of the Development Army

#	Activity	Target	Achieved	Achievement
1	Number of trainings	1	1	100%
2	Number of participants trained	30	232	773%
3	Kebeles Targeted	13	43	330%

2.4.3 Women Group and Intergeneration Discussion Groups

The role of the women group was to complement the work of the local government officials trained in health, hygiene, family planning and environmental awareness. In order to do so the Kebeles were subdivided into zones and each zone provided a woman representative. The selection criterion for the women was that they should be:

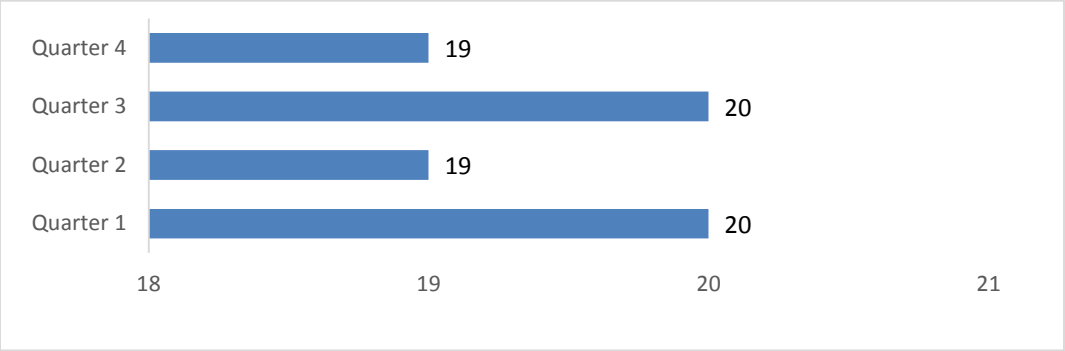
- Actively involved in the community
- Be a role model in the community
- Be willing to volunteer

2.4.3.1 Women's groups are established and Meet on a regular basis.

A total of 13 women's groups were established; one for each targeted Kebele. The women's group met once every two months and ADRA supported them by facilitating the meetings and financing the coffee they partook as they had their meetings. Individual members were to supplement the then extension workers in training on social issues (currently the role is being undertaken by the women Health Development Army). The social issues discussed included health, education, environment, water and sanitation. Other topics such as diarrhea treatment, disaster preparedness, and economics issues such being able to take care of their financial needs were also to be discussed. Initially it had been planned that the intervention would start in January 2012, and that they would meet once every two months. This worked out to be 6 meetings per Kebele per year and for the 13 Kebeles a total of 78 meetings would be

held. However due to the delay in approval of the project, the women's groups were established in the first quarter of 2013. In order to achieve the target of 78 meetings, it was planned that the women's groups would be meeting once every month. Graph 2.8 summarizes the number of meeting held per quarter.

Graph 2. 9 Number of meeting per quarter



During the women's group discussions, some of the women groups requested ADRA to provide seed capital for starting micro-enterprise projects. However, due to budget limitations only five groups were supported with seed capital for making traditional artifacts. By the time of undertaking the evaluation, they had not completed making the artifacts and therefore the effect of the newly introduced activity could not be established. The consultant established that the women's groups were happy with the facilitation of the women's groups. They requested that ADRA should finance merry-go-round groups so that they could initiate self-help groups that would provide seed capital and capital for small micro-enterprises. This would create the appropriate demonstration effect to the rest of the women's groups and cascade down to the rest of the women in the Kebeles.

2.4.3.2 Intergeneration Discussion Groups

It had been planned that Intergeneration Discussion Groups (IDG) would be facilitated in every Kebele that was being targeted. Ideally each IGDG needs to have 25 members drawn from different age groups with each group contributing five members. The age groups were stratified as follows; Below 20 years; Between 21 to 35 years; Between 36 to 45 years ; Between 46 to 60 years and Above 60 years. The IGDG were to meet twice a year and ADRA's role was to facilitate the meetings and guide the discussion. The Kebele head men invited members of the IGDG. In reality heads of institutions such as religious leaders and opinion shapers were permanent members of the committees, while other members alternated in attending the IDG where participation was by invitation only. Topical issues were discussed and words of wisdom passed on to the younger generation. In a way it was a knowledge management tool for the Kebeles. As was the case with the women group, due to the delay in approving the project, the 26 targeted IDG that were to be held in 2012, were not held. After the approval of the project in 2013, the project implementers increased the frequency from twice every year to four times every year. Therefore 78 IDG discussion were held in 2013. In the rural community culture and the religion are mixed up and the IGD forum helped to clarify some issues such as the role of FGM in the cultural vis a vis the religion. IGDs discussed the contemporary issues that were effecting the community and shared generational experiences form old to young and vice versa. For example the IDG forum to advocated for women and girls child education. The project manager was of the opinion that IDG and the women group were the best way to teach the community.

2.5 Unexpected Events of Significant Character

The start of the project implementation was delayed by three factors. In the first case, the government's evaluation of the prior phase of the project was not completed until May 2012. According to the government another related project cannot be initiated in the same Woreda by the same organization

unless the previous one has been evaluated by the government. The second reason and perhaps the most important one was that the project agreement was signed in December 2012. There was a local arrangement with the Woreda education officials (that was independent Norad project proposal) where ADRA would construct 50% of the preparatory school and that the Woreda officials and community would construct the remaining 50% of the school[10]. However, the preparatory school in ATJK was not in the Regional Government's plan and because the project was not able to construct all aspects of the facilities per the government standard, significant time was needed to negotiate the location of the school and the specific roles of each of the stakeholders regarding the completion of the construction. The negotiations took one year and it was finally agreed that ADRA would construct the remaining part of the preparatory school in the next phase of the project implementation. Due to the previously mentioned delays, the Regional Health Bureau was hesitant to sign the proposal due to the lapse in time between submission and final approval. However, their concerns were addressed and the project officially started to be implemented in December 2012.

As discussed in section 2.4.3, the change in strategy by the government led to the introduction of Health Development Army and this changed the strategy of implementation of WEHEA II project by ADRA Ethiopia.

2.6 Quality and Relevance of Design

In order to address the relevance of the project, the following three issues needed to be addressed;

i. The appropriateness of the activities in addressing the original problems and needs of the community.
ii. Project components that were missing or redundant
iii. The appropriateness of the approach used to accomplish the planned activities.

The objective of the intervention was "To improve livelihood of local villagers of the target area in Oromiya region, Ethiopia through improved education, water, health, environmental awareness and protection and to empower women in problem-solving capacity. The objectives were therefore, relevant to the needs of the beneficiaries

2.6.1 The appropriateness of the three component

Water

The residents of Naka Kebele walked an average of 4 kilometers to get water. The young children were sent to collect the water at the expense of either going to school or attending to academic work or being left to grow up as children (i.e. to play and socialize with other children). Due to the limited amount of water that was available to the community, hygiene and sanitary needs were not being fully met, the construction of the water point ensured that the situation was reversed and that less time is taken to fetch water.

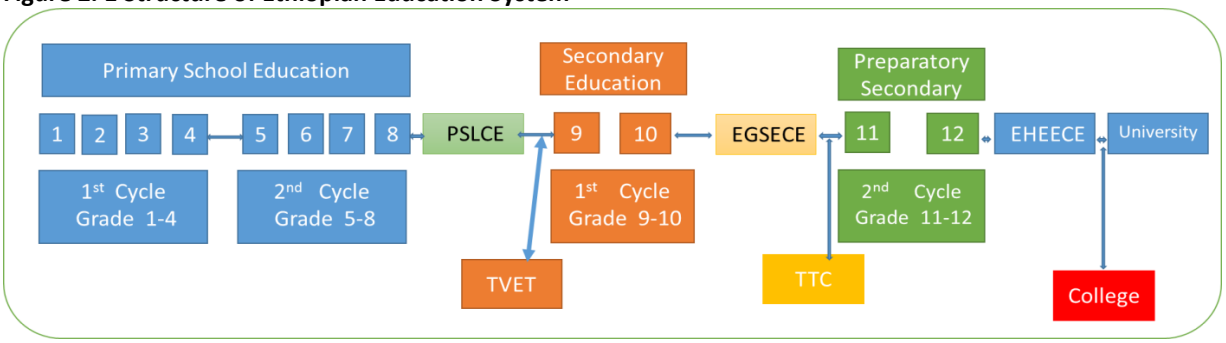
Education

The Ethiopian education system is made up of four distinct and separate subsystems. The first category is the primary education which is broken down into two cycles. The first cycle is composed of grade one to four and the second cycle is made up of grade five to eight. After grade eight the pupils sit for Primary School Leaving Certified Examination (PSLCE). There are four possible routes through the system. There are those who drop out from school (reasons for dropping out of school have been discussed in section 2.3.2.6). The average national dropout rate at this level is 18.6% (with girls having a marginally higher rate of 19%). For those who decide to proceed and depending on how they scored in the PSLCE, they can

10 It should be noted that there was **NO** unfulfilled commitment according to the ADRA Norway agreement with Norad, but rather It was more of a pragmatic solution to the education needs of the Woreda and the budget constraints, where the education officials opted for a half school, and over time they hoped to continue adding to it.

either join secondary school (1st cycle grade 9-10) or attend Technical Vocational Education Training. After two years those who attend secondary schools sit for Ethiopian General Secondary Education Certificate Examination (EGSECE). Once again there are three possible routes. As was the case above, there are some who drop out, while others depending on how they perform can join Teachers Training College (TTC) or if they perform better, they proceed to Preparatory secondary where after 2 years, they sit for Ethiopian Higher Education Entrance Certificate Examination (EHEECE). At the end of each cycle, if a student does not perform well in the exams, they have the option of repeating the preceding class, dropping out, or joining colleges (private and public) and finally proceeding to universities. Figure 2.1 below summarizes the above information.

Figure 2. 1 Structure of Ethiopian Education System



Key:

PSLCE	Primary School Leaving Certified Examination
TVET	Technical and Vocational Education Training
TTC	Teachers Training College
EGSECE	Ethiopian General Secondary Education Certificate Examination
EHEECE	Ethiopian Higher Education Entrance Certificate Examination

With 42 Kebeles, ATJK Woreda has a total of 82 primary schools and 5 secondary schools. Save for the preparatory secondary that is being contracted by ADRA, the Woreda does not have any preparatory schools. It would be a challenge to know exactly the demand for preparatory secondary education in the region. However, taking the Oromiya region transition rate from secondary schools to preparatory schools to be 13% (the national average is 18%), then the expected demand for the ATJK Woreda is between 450 and 570 pupils. When one factors in pupils from other surrounding Woreda, it is estimated that the number of pupils could be 1,000 to 1,200. The construction of the preparatory school has therefore created 600 vacancies for boys and girls to attend preparatory level of education in the region. Parents especially expressed the importance of girls being able to attend a preparatory school close by for reasons of protection.

Health

The needs of a community are interrelated. The health, and environmental needs of the community will influence the academic performance of the school children. If parents are able to space their children, they will be able to provide a good standard of living for the children. On average, children from

households that had most of their needs met performed well in academics. The women's groups and IGDG identified topical issues that hindered the academic achievement of children of school going age. These women's groups also empowered other women in problem-solving capacity.

2.6.2 Missing Components

In the consultant's opinion, there were no components that were redundant. However, the following components were missing;

- A water trough for animals as the children had to drive the animals 8 Kms to a nearby river in order for cows, horses, sheep and goats to get water.
- The PWD and their teachers needed special counseling so that they were able to handle the rejection the children with disability faced. The guidance and counseling helps the children cope with the anger or frustration that they experience with a disability.
- The parents also needed counseling to understand the depressive symptoms that the child with a disability experienced and the toll it took on the child and how to handle
- The project did not also have a component of advocacy and training for inclusive education for the communities and teachers so they can understand and accept disabled students more readily.
- Interventions that would economically empower women groups. Such interventions include having merry-go-rounds that would form investment clubs. The revenue generated from such merry-go-rounds could be used to buy school uniforms and other consumable school items.

2.6.3 Appropriateness of the approaches

Water

The involvement of the government water officials ensured that ADRA would be complementing the activities of the government thereby obtaining full cooperation. The involvement meant that the project would be sustainable as they had been involved from the beginning. In the event that ADRA pulled out, the project would still be left running. However, bureaucracy within the government may affect the completion of the project. This is an issue that will need to be addressed.

Education

By investing in formal education ADRA is basically promoting future equality of employment opportunities in Ethiopia and strengthening economic growth in the Woreda. By building the preparatory secondary school in the region, ADRA has contributed to the increase in cognitive and non-cognitive skills, helped to improve productivity of the future workforce and provide boys and girls with a foundation of further developing their knowledge and skills throughout their lives. Preparatory secondary education will contribute to and compliment better health, and more investments in the education and health of children.

Children with disability often feel rejected due to the fact that they cannot socialize in a physical way (running, jumping, skipping, and hopping) which is customary to most school-aged children. As in other communities, PWD are hidden from society and in most cases, because of the challenges (mostly sight/hearing) they go through the motion of attending school, and graduating without attaining any relevant skills or knowledge. The assistance provided to the PWD would at least ensure that they would be able to increase in cognitive and non-cognitive skills, which would lead to improved productivity providing the PWD with a foundation of further developing their knowledge and skills throughout their lives. The classrooms and laboratories that were built in the Preparatory School were inclusive and this enabled children with and without disabilities to learn together (inclusive education). The extra facilities provided for PWD were ramps that were constructed thus enabling the PWD to access the classroom without many challenges. However, there was need to provide training for head teachers and teachers in order to adopt inclusive education.

2.7. Effectiveness

The section below discusses the extent to which the purpose of the programme was achieved and the major factors that influenced the achievement or non-achievement of each objective component. In addition, any major failures of the programme will be described and an explanation as why they occurred will be given and the unforeseen positive results of assisting PWD will be mentioned.

Result 1: By the end of the project 1,098 beneficiaries in ATJK have access to potable water

It had been planned that 1,098 beneficiaries in Neka village would benefit from the laying of PVC pipes Establishment of water points, construction of a shower stall, construction of a water basin, establishment of water committees. Table 2.10 shows that four indicators were achieved, however and as mentioned elsewhere in the report, though the water points were 100% complete, at the time of undertaking the evaluation they were not commissioned as they were in testing phase. The consultant is of the opinion that when fully commissioned, two water user committees will be set up and the targeted population of Neka and the surrounding Kebele will benefit from the water. Thus the target of 1,098 will be achieved.

Table 2. 10 Achievement of result 1

Intervention		Details			
		Target	Baseline	EoP	Achievement
1.1	Laying of PVC pipes	4.2 KM	0	4.2 KM	100%
1.2	Establishment of water points	2	0	2	100%
1.3	Construction of a shower stall	1	0	1	100%
1.4	Construction of a water basin	2	0	2	100%
1.5	Establishment of water committees	2	0	0	0%
1.6	Number of people having access to water	1,098	0	0	0%

Result 2: By the end of the project, participation in preparatory education by ATJK Woreda students will be increased.

As table 2.11 shows five of the ten expected results were 100% achieved. In addition, 3 of the expected results were overachieved for the second component by between 50% and 200%. However it should be noted that the most critical results were not yet achieved, that is the 12 school committees and the enrollment of 600 students. This was attributed to the fact that the government wanted the school to be 100% complete based on their standards and as it was 50% complete at the time of the evaluation, the students had not enrolled and the school committees had not been formed yet. The buildings are of good standard and once they are equipped with furniture and black boards, they can be occupied. The school opening and formation of school committees is planned for September 2014 when the last classroom block is completed.

Table 2. 11 Achievement of result 2

Intervention		Details			
		Target	Baseline	EoP	Achievement
2.1	Class room Block with 4 classes	1	0	1	100%
2.2	Laboratory	2	0	3	150%
2.3	Library	1	0	1	100%
2.4	Dry Latrines	2	0	2	100%
2.5	Guard House	1	0	1	100%
2.6	Construction of a fence		0	1	>100%
2.7	One building committee	1	0	1	100%
2.8	School Committees	12	0	0	0%
2.9	Disabled students assisted	12	0	52	347%
2.10	Number of students enrolled in a preparatory school constructed by the project	600	0	0	0%

Result 3: Local villagers have increased knowledge in basic health, hygiene and family planning, and practice methods of improved sanitation, health and hygiene

As it was stated in section 2.4.2 the government adopted the strategy where the health development army was the only institution that was mandated to deal with health, hygiene and family planning issues in Ethiopia. The role of ADRA was limited to building the capacity of the government officials and the health development army. The one training that was planned took place, and although it was targeted that 30 people would be trained, a total of 242 participants were trained (806% achievement) and they were drawn from 42 villages against a planned 12 villages (359% achievement). The content of the training differed significantly since it was initially conceptualized that the training would focus on the implementation of the health, hygiene and family planning. However the training focused on the administration and implementation of the health development army. Other components of result three such as the establishment of the women groups, the planned meeting of the women group and the IGD were implemented as planned. Table 2.12 below summarizes the above information.

Table 2. 12 Achievement of Results Three

#	Intervention	Details			
		Target	Baseline	EoP	Achievement
3.1	Number of trainings	1	0	1	100%
3.2	Number of participants trained	30	0	242	806%
3.3	Number of villages	12	0	42	359%
3.4	Women's groups are established	13	0	13	100%
3.5	Women's groups meet every two months	78	0	78	100%
3.6	Intergenerational dialogue sessions	26	0	26	100%

Result 4: Villagers have increased environmental awareness and practice methods to mitigate environmental degradation.

The fourth result was to be achieved through the training of government officials in environmental awareness and practice methods to mitigate environmental degradation. It had been planned that once the government officials were trained they would then train the villagers on issues pertaining to environmental awareness. However, the government indicated that the HDA would be in charge of training the villagers and therefore the government officials were not trained.

2.8 Efficiency in Planning and Implementation

2.8.1 Cost Efficiency of the Activities

2.8.1.1 Water

In the consultant's opinion, the cost of the implementation of the water project was deemed to be economical. This is because the community contributed 45% of the total cost of the component. It should be noted that the contribution of the community was higher than this figure as some aspects such as land where the pipes were laid and the water station, provision of security and the assistance provided to the government officials were not valued.

2.8.1.2 Education

The cost of building the Preparatory School was, in the opinion of the consultant quite cost efficient. The budgeted cost of building the school was 4.5 million Birr. However, since this was a "Turn-Key" project, it cost 3.86 million Birr, compared to the proposed government budget of 12 million Birr for the complete

school. The use of a consultant and the BC ensured that the quality of the building was of high standards hence the project got value for money.

2.8.1.3 Health and Environmental Awareness

The original budget for 24 women group meetings was 48,000 Birr, which translated to a budget of 2,000 Birr per meeting. The PM took cost-cutting measures and saved a considerable amount of money. This amount was used as seed capital to start small-scale businesses for 5 women groups. This shows that there was reasonable use of resources to minimize costs.

2.9 Implementation of efficiency compared to alternatives

2.9.1 Water

There was cost effectiveness in the extension of the water pipes since ADRA did not hire a water engineer who would have been paid for his expertise. Instead, the government officials were paid per diem which lowered the cost comparatively. This involvement meant that the project would be sustainable as they had been involved from the beginning of the project. However, bureaucracy within the government may affect the completion of the project. This is an issue that will need to be addressed since there is need to balance the advantages of getting water earlier for the community and the inevitable delays that would result from the bureaucracy that arises from using government officials. In addition land, labor and security for the materials used for the water installation were all provided by the community.

2.9.2 Education

As stated earlier on the indicative government budget for constructing a complete preparatory school was 12 million Birr. ADRA was able to achieve 50% of the school with a budget of 4.5 million, which would have been 6 million Birr. The cost was relatively lower to the budget proposed by the government. The use of local health facilities to treat the disabled children also ensured that transport costs and the other logistical costs such as accommodation were relatively reduced.

2.9.3 Human Resource Skills, Resources and Systems

2.9.3.1 Project Manager

In the opinion of the consultant, the PM was very qualified and implemented the projects in the right way. It should also be noted that at the time of doing the evaluation, the project had only run for 11 months as it had been approved in December 2012 instead of January 2012. This forced the PM to fit in all the activities from 24 months to 13 months i.e. 50% of the budgeted time. This achievement shows his high competency level.

2.9.3.2 Health Promotion Officer

He had the right academic background that was suitable for his position. However, the consultant is of the opinion that his knowledge in management skills needs to be enhanced.

2.9.3.3 Monitoring and Evaluation Officer

The M& E officer had a nursing background. The consultant was of the opinion that she needs to augment her nursing skills with an appropriate M&E course so as to enhance her skills. Competency is made up of level of education, skill and attitude. Whereas her level of education was appropriate, and had a positive attitude, her skills in M&E needed to be advanced.

2.9.3.4 Cashier

The cashier had an accounting degree. Although the consultant was not primarily concerned with financial auditing of the project, whenever he sought any financial clarification issues, appropriate responses were provided. However, it was noted that the cashier was earning the same amount as the driver. It is important to note that the skills, duties and responsibilities of a driver and project cashier are significantly

different and the risks involved are much higher for the cashier than the driver. The rest of the HR personnel (Janitor and Security Guard) met the required qualifications and carried out their duties diligently.

2.10 Monitoring and Evaluation Plans

The regional project had a well-articulated M and E framework with suitable indicators that were well defined and measurable. The indicators captured both the impact and process indicators. The monitoring plans were well documented and the objective of the M and E activity well-articulated however there was some areas that needed to be improved.

2.10.1 Areas of improvement

1. The Physical Action Plan needed to be populated in the section titled "Two year plan in quarters" and needs to be updated on a regular basis. The Tracker was also not updated in the relevant areas.
2. The reporting format varied from period to period and in some cases, e.g. in the 3rd Quarterly Report of 2011, new activities were introduced, i.e. local advocacy works with women's groups and community members to send their children and (especially girls) to school .
3. The recommendations on the quarterly reports were not based on reported deviations of planned activities and therefore, one could not be able to assess if they would have solved the challenges that led to them.
4. There was the need to show the link between the formation of the women groups and Intergeneration discussion groups and how they contributed to the achievement of the overall objective of the intervention.

2.10. 2. The WEHEA I (2011)

An EoP evaluation was conducted in 2011 and several recommendations were made. This included:

2.10.2.1 Monitoring and Evaluation

A recommendation was made on setting up of a monitoring and evaluation system. A system was set up with well-articulated goal, objectives and outputs. Measurable indicators were formulated achievable targets were set. However, the consultant was of the opinion that the M and E officer must have her capacity improved. This impression was created after discussion with her revealed gaps that need to be addressed if she was to be the M and E officer of any future projects.

2.10.2.2 Health and Hygiene

The consultant had recommended that the community be trained on safe use of water. The recommendation had been adopted in WEHEA II, however due to the change in strategy by the government ADRA could not implement the recommendations.

2.10.2.3 Use of community-owned resource persons

It had been planned that community-owned resource persons would be used to implement the project. These included the Community Based Rural Environmental Agents and Traditional Birth Attendant. However, as stated in the above section, the change of strategy by the government meant the health Development Army was utilized instead.

2.10.2.4 Working with the government line ministries

The recommendation was adopted by the project implementers, for example the laying of water pipes and the supervision of the construction of the water system in Neka village was supervised by the ministry of water officials. In addition, ADRA worked closely with the ministry of education, and in the process formed strong ties which created an environment where sustainability of the project would be

guaranteed.

2.10.2.5 Creating awareness on the importance of higher education

The WEHEA II project planned that 12 committees, each for the 12 Kebeles in the project area, were to, among other things, create awareness on the importance of enrolling children in the preparatory schools. The delay in approval of the project meant that the construction of the school was also delayed and committees could not be formed since the school had not been commissioned.

2.10.2.6 Safe delivery of babies at home and HIV and AIDs

The training of a higher number of TBA could have improved the situation of home based deliveries. However as in many other components of this project the change in strategy meant that the project could not train the TBAs. In addition any component that involved training of the community was taken over by the Health Development Army. This included any component of HIV and AIDs training.

2.10.3 The WEHEA II Baseline Survey

A baseline survey had been conducted at the beginning of the project. Several recommendations had been made based on the several components of the intervention. This section discusses some of the recommendations and whether they were implementation.

Education

As stated earlier on, the project implementation was delayed and this translated to a delay of the construction and handing over of the preparatory school to the community. As such any recommendations made by the consultant on the education component during the baseline survey could not be implemented.

Water and Sanitation, Maternal Health, Family Planning and HIV/AIDS

As mentioned elsewhere in the report, the government adopted a new strategy in delivering the soft component of the above components; specifically the capacity building of the community was to be undertaken by the HDA. As was the case in education, the project could not implement the baseline survey recommendation made for these components.

2.11 Impact of the intervention.

2.11.1 Education Sector

In the education sector, through the construction of a primary school in WEHEA I and a preparatory school in WEHEA II, the project will impact school enrollments, retention and help improve the quality of education. In WEHEA I, a notable increase in numbers was recorded due to availability of classrooms, desks and ablution blocks. With increased enrollment, retention and quality this would contribute to the empowerment of the households and thus improve on their livelihood. When the preparatory school will be commissioned and handed to the community, it is expected that 600 students will be enrolled in the preparatory school. In addition a night school (for continuing adult students) will be opened and this will impact positively in ATJK Woreda. Education is one of the most important investments that ADRA has made to the people of ATJK Woreda and its future. This is because it will give the people of the Woreda critical skills and tools to help them better provide for themselves and their children, in addition education helps fight the spread of HIV/AIDS and other diseases, reduces mother and child mortality and is linked to improved health. Therefore, the impact of investment in education is profound since it results in raising income, improving health, promoting gender equality, mitigating climate change, and reducing poverty. It has been shown that one extra year of schooling increases an individual's earnings by up to 10%. The biggest impact of WEHEA II intervention in education was the assistance provided to PWD. This has profoundly changed their life, hence ensured that they will continue with education and live a normal life. In the words of one PWD, they can now have a life like the normal children. By providing quality education for the children of ATJK Woreda the project has contributed to the medium and long term poverty

eradication and sustainable development of local communities.

2.11.2. Water.

In terms of water, the rehabilitated water wells in one village and the extended water pipe networks in the two villages provided households with clean water. This reduced significantly the distance to water points thus enabling families more time for other productive activities and releasing children from the daunting task of fetching water from long distances (of up to 8 kilometers) and giving them more time. It also meant that less time was used to fetch water and thus children were allowed to attend and remain in school as opposed to being removed from school to fetch water. The availability of clean water is also expected to reduce the number of water borne diseases.

2.11.3 HIV and AIDS

In WEHEA I, the project had an impact on basic health, hygiene and family planning. Through interventions in maternal health, HIV/AIDS and family planning, some of the households were now practicing methods that enabled them to live better lives. This was visible among the respondents. From the focus group discussions held the community members displayed an understanding of key hygiene issues as well as application of the same. With an informed community there is a likelihood of adopting better health practices whose impact on the family would be evident in increased levels of awareness and practices in environmental management also had an impact on the environment. Due to the change in strategy in WEHEA II intervention, the impact on HIV and AIDs intervention was minimal.

2.11.4 Environment

Involvement in management of the environment through tree planting and use of energy saving stoves had an impact on arresting deforestation. The project succeeded in the provision and usage of energy saving stoves. Such provisions were to have a long lasting effect in the families as they used the same on a daily basis. From interviews, the families were able to indicate the extent to which they had reduced their fuel usage and thus demand for the same. This ensured that less wood was used. Some villagers had also resulted in use of alternative sources of fuel which were byproducts of a particular process, for example cow dung/animal waste and straw from farm produce which previously did not have such a use. The villagers indicated that as a result of the energy saving stoves, less time was used to search for cooking fuel. It was expected that the time saved by the adults would be used in farming activity while for the children, it was also expected that the time saved would be used to attend to scholastic work or play like normal children.

2.12 Sustainability

All the components implemented in WEHEA I were sustainable since they were being used in 2013, two years after the projects had been implemented.

2.12.1 The social and political acceptance of the program.

Social acceptance (defined here as societal consensus on the planning, construction, and operation of projects implemented by ADRA) is quite high in ATJK. Discussion with the different stakeholders indicated that the project had generated a lot of goodwill among the beneficiaries and the community because' the project complemented government activities. The involvement of opinion shapers (women's discussion groups, and IDG) in the implementation process has also generated the required goodwill to the social sustainability of the project. Further, it should be noted that the project cannot proceed without the government approving the intervention. Therefore, there was political acceptance during the approval phase of the project.

2.12.2 Benefits of the program likely to continue after donor funding ceased

The continuous consumption of the benefit of the program after the funding has ceased can be assessed

through three main dimensions. These are managerial, technical, and financial sustainability.

Managerial sustainability

For continuous delivery of the benefits to the project beneficiaries and/or other constituencies, the day-to-day operations must be planned, organized, directed, and controlled. This is the management functions of any project. ADRA has ensured that in all the components of the intervention, the community is involved through the creation of a governing body that is composed of the direct beneficiaries. In education, the building committee and the PTA committees (that were to be formed after the school was handed over to the community) are examples of such governing bodies. In the water component the water user committee is in charge of governing the usage of water.

Technical sustainability

In ensuring the project components are technically sustainable, the project used locally available designs and materials. The technology used to implement the different components of the project did not exceed the levels of complexity that match the expertise levels of people involved (users, contractors, implementers etc.). The project manager also used the already available suppliers in the market, supply chains and service chains. Further, he adhered to local rules, regulations and standards, while the technology used was in compliance with the needs of the community. For example, in water, the technology used was affordable (PVC pipes) , easy to maintain and the use of the government officials as the technical implementers ensured that if there was any need to repair the water system, then they can be called upon since they are the ones who implemented the intervention. In building the preparatory school the materials used were locally available, the school was constructed by a contractor locally sourced and the design and standards of the building materials were provided by the government.

Financial Sustainability

Financial sustainability refers to the ability of a project meeting all the financial obligations even after the donors cease to provide funding. The water component had a Water Users Committee (WUC) and some of the duties include the selling of water to the beneficiaries and banking the monies. It is planned that this money will be used to meet the entire financial obligations that are important for the continuous supply of the water. These including paying water levies to the local government and buying the necessary spare parts that are required in order to maintain the operations of the water system. The school will be handed over the Ministry of Education who will provide and pay the teachers, while the PTA will help manage the school, including suggesting the introduction of levies that will assist in financing part of the operations of the school that are not met by the Ministry of education.

Finally, the involvement of relevant government ministries has ensured that the programs will be sustainable in the long run, as part of the ministry mandate in approving implementations is to ensure that they are sustainable.

2.13 Relationship between ADRA Ethiopia and ADRA Norway

In order to describe and assess the cooperation between ADRA Norway and ADRA Ethiopia office, several factors will be taken into consideration. This will include ADRA Norway's added value to the project; (emphasizing sharing of responsibility and work), dialog, meeting arenas and competence building of each respective partner office by ADRA Norway.

2.13.1 ADRA Norway added value to the project.

In the words of a senior ADRA Ethiopia project implementer officer, the role of the support office is a continuum spectrum with two extreme points. These are the laissez-faire support office and the micro-managing support office.

1. The laissez-faire support office assumes that implementing support office has the required capacity to manage the project implementation and they leave the project implementers free to do as they wish. They give them a free hand in decision-making and they provide the finance and leave every aspect of the project implementation to ADRA implementing offices. The point of contact for the implementing office and the country office is the provision of funds and sending reports when they fall due.
2. The micro-managing support office: In this case the support offices assume that the implementing offices do not have any capacity and micro manages every aspect of the project implementation. They do not provide any leeway to the project manager to make decisions on any aspect of the project implementation. They make unilateral decision and impellent them without consulting the implementing office. For example, they may undertake budget cuts without informing the project implementing office.

In the opinion of the senior management and the consultant, ADRA Norway lies in between the two extreme points. They do not assume that the implementing office does not have the capacity, but rather they request them to state any kind of managerial support they may require, or even point out the areas that may require improvement. Once these are agreed upon, they then chart a way forward for the enhancement of the capacity of the implementing office. A case in point is the two workshops that have been held in Ethiopia for the project implementers, and the recent engagement of a consultant in assisting the process of the new regional education project. In addition, ADRA Norway does not undertake budgets cuts but rather supplements the funds to the project when they become available.

2.13.2 Dialog, Meeting Arenas and Competence Building

The channels of communication are open and do not follow a bureaucratic process, but rather the communication between ADRA Norway and ADRA Ethiopia is held on a need to know basis. As such e-mails are copied to the relevant personnel if there is a need for them to know what is happening. This ensures that information flow within the project is optimized. In addition, a minimum of two regional meetings were held in Ethiopia where key issues in regards to the implementation of the regional project were discussed. Further, ADRA Norway has helped to build the capacity of the regional program implementing staff. For example in one of the regional meeting the concept of "Do No Harm", Dividers and Connectors in as far as implementation of the regional project was concerned were discussed with the project implementers from the Ethiopia, South Sudan, Somalia and Sudan.

2.14 Cross-cutting issues

2.14.1 Gender

A gender sensitive program recognizes that women's role is as important as men's in addressing development issues. It acknowledges that, because they have different roles, women and men may have different needs, which must be addressed in order to achieve sustainable development. The section below analyzes the integration of a gender perspective in the ATJK WEHEA II project.

2.14.1.1 A gender analysis

The integration of a gender perspective in the programming process requires a gender analysis related to the sector of intervention in this case education, water and health & family planning. It should start with an appreciation of gender issues in the justification or situational analysis part of the project proposal. In ATJK WEHEA II, the justification part of the project is discussed in page 8 to 10 of the project proposal. In justifying the need for water, education and deforestation, a women's perspective was not stated. Only when the justification is discussed regarding harmful cultural practices, such as FGM and early marriages, is the issue of gender specifically addressed. As women and men have different roles in society in general, they may have different knowledge, different points of view, different interests, different skills, and different needs related to an issue that is the subject of a development intervention. In the consultant

opinion, therefore, a more gender perspective needed to be included in the justification section discussing the need for water, education and deforestation interventions. In addition, when implementing the intervention, the School Building Committees for the preparatory school did not have a woman representative, and it is not evident whether the opinion of women were factored in, when the school was being constructed. In some instances, however, there was evidence of gender sensitivity during the implementation of the project. For example, the timing of Women Group meeting's is an example of gender sensitivity of the project since they were held in the early afternoon when most of the women would be free from performing household chores.

2.14.1.2 Defining the problem to be solved

In the justification part of the project proposal, challenges of water, education, environment, health, hygiene & family planning are discussed. This section could have been improved by showing how the above challenges affect men and women differently. In addition, the proposal needed to highlight how the proposed development interventions could affect women and men differently.

2.14.1.3 Defining the objective and outcomes

The WEHEA II program implemented by ADRA aimed to improve ATJK people's living conditions and wellbeing through sustainable development. For these to happen there must be equitable access to meaningful resources, the reduction of women's drudgery, and the empowerment of women. The goal of the project specifically mentions women; however the specific objective is silent on women's issues. However, even though women are not specifically mentioned in the specific objectives and only the fifth outcome mentions women, it is clear that the objectives and outcomes did contribute to reducing gender inequalities and addressing gender issues.

2.14.1.4 The composition of the implementation and management team

It should be noted that the implementing team was composed of the project manager, health promotion officer, monitoring and evaluation officer and the cashier. Others included the driver, janitor and two security drivers. For the purpose of implementing the project "the front office" staff that comes into contact with the project benefices included two male and one female. This shows that the implementing and management team was gender balanced and reflected ADRA commitment to women issues. This is a key element in reaching out to women in ATJK, and it improved the capacity of the program to interact with them, understand their issues, and involve them to ensure that they benefit from the program interventions.

2.14.1.5 Establishing the baseline

The project undertook a baseline which provided a basis for the monitoring and evaluation of projects. Data collected during the baseline was disaggregated according to gender while a gender analysis was undertaken, for example the baseline data highlighted that women fetch water in 80% of the households.

The above five dimensions imply that though the documentation may not have explicitly stated it and save for a few components of the intervention, the programming and project work involved the application of gender conscious mindsets and working practices. The intervention was undertaken using a gender-sensitive approach.

2.14.2 Conflict sensitivity

The "Do no harm" approach in project implementation reduces the chance of conflict arising from an intervention carried out by ADRA. For example, poor siting of the Naka water system could have resulted in conflicts between neighboring communities. However, it should be noted that the project was being implemented in an area where there was no conflict. As such, "dividers" such as issues or people who create division and problem in the local areas and therefore cause tension were absent. Though they

were not called upon to intervene and resolve any problems, had such problems arisen, the Building Committee, Inter-Generational Discussion groups and to a smaller extent the women's groups would have created connections (connectors) and resolved problems in the local area.

2.14.3 Climate or environmental impact

The WEHEA II program intended to make direct contribution to environmental protection. Environmental protection was part of the title and the goal of the project. Further, the project aimed at improving environmental awareness through training of 30 local government staff who were assigned to work in the community. This would have translated into 66,869 villagers having increased environmental awareness and practice methods to mitigate environmental degradation. Finally the project employed a Health Promotion Officer who was based in the field. He was responsible for the environmental awareness component. It had been planned that he was to work closely with the village executive committees and sub-committees and assist the training consultants in training of the volunteers. His other task was to monitor their work and reports to the Project Manager. However, due to change in strategy by the government (as explained in section 2.4.2) the interventions were not implemented as planned and the government took up the responsibility. Due to the change in the implementation strategy, it would be a challenge to identify the negative or positive environmental impact that can be attributed to these intervention.

2.14.4 Strengthening of civil society:

In order to assess if WEHEA II strengthened the capacity of civil society, there is need to operationalize the term "civil society". The consultant has adopted the World Bank definition[11] of civil society, as such ADRA Ethiopia women discussion groups and the IGDG are part of the civil society. Strengthening the civil society included promoting an enabling environment, involving CSOs in policy dialogue, empowering civil society to conduct participatory monitoring and evaluation of service and project delivery. ADRA organized the meeting and financed the coffee ceremony, thereby providing a conducive environment for community discussion.

However, ADRA created new groups and never trained them on group dynamics. Tuckman's theory of group development argues that nearly all groups pass through the following stages during their development: formation (forming), conflict (storming), structure development (norming), productivity (performing), and dissolution (adjourning). In the forming stage, the group members become oriented toward one another. In the storming stage, conflicts surface in the group as members vie for status and the group sets its goals. These conflicts subside when the group becomes more structured and standards emerge in the norming stage. In the performing stage, the group moves beyond disagreement and organizational matters to concentrate on the work to be done. The group continues to function at this level until it reaches the adjourning stage, when it disbands. The storming stage is a critical point, because if the conflicts are not managed properly, groups may disintegrate, thereby endangering the sustainability of the project component they were implementing. However, ADRA did not strengthen the women group by building their capacity of understanding the different phases that they would undergo, thereby equipping them with the skills of avoiding the pitfalls of the storming stage, where if not handled properly, the groups may disintegrate.

2.15 Coordination with government/other NGOs:

It should be noted that in Ethiopia, before any projects are implemented, the government and the INGO have to sign a project agreement. The agreement states the expected obligation of ADRA government bureau and relevant ministries. This ensures that WEHEA II fitted with the government's priorities and

11http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/CSO/0,,contentMDK:20101499~menuPK:244752~pagePK:220503~piPK:220476~theSitePK:228717,00.html

official plans and goals. ADRA Ethiopia also coordinated with the clinics and hospitals that assisted in validating and treating the disabled children. However, in the education and water intervention, the consultant did not find any evidence of ADRA seeking to cooperate and coordinate efforts with other NGOs active in the same intervention area.

SECTION 3: LESSONS LEARNED AND RECOMMENDATIONS

3.1 Lessons learned

The overall implementation of the WEHEA II project has provided ADRA Ethiopia and Norway with an opportunity to test the project model/design. A number of lessons have been learnt in the two year period that is worth noting for future improvement. These include:

3.1.1 Water

The involvement of the government was advantageous in several ways;

a) The community readily contributed land, labor and provided security to the water installation pipes and facilities
b) The cost of the extending the water pipes was comparatively very low as ADRA only paid per diems as opposed to hiring a water engineer who would also charge for his or her expertise.
c) It ensured sustainability of the project given that if ADRA phased out, the government would continue to provide support services since they were involved right from the beginning.

However the advantage of involving the government needs to be balanced with the speed in which the activity will be completed, since in most cases the involvement of the government will also lead to the inevitable delay in completing the project due to the bureaucratic process of the government.

3.1.2 Education

Lessons were also learned in the education component. These included:

1. The BC (Building Committee) reduced the cost of supervision since ADRA paid the consultant an amount that was pegged on the number of site visits. Since the BC reduced the number of visits by the consultant, the ADRA office reduced costs.
2. The BC provided an additional "eye" for the project and hence provided feedback and pre-empted any avoidable negative events occurring.
3. The contractor was an outsider from the ATJK, and he used the BC to recruit the unskilled labor from the residents of the area. This also ensured that even though the community would benefit from the school that was being constructed, they would also benefit from the creation of employment for the local community.
4. As a "Turn Key" project, it is easy to negotiate with the contractor, as has been demonstrated in this project, ADRA can gain significant savings. In the current project the savings amounted to 600,000 Birr. This amount went towards the contribution of building an extra laboratory and fencing the compound.
5. The existence of a building committee helped to involve the community at an early stage of the project and also laid the foundation for enhancing sustainability of the project.
6. As indicated in section 1.5, one or two enumerators may not have understood the tool. The implication is that in future data collection exercises, there should be closer monitoring of all the data collectors, and if one is identified to have some deficiency, then retraining and closer supervision should be given to that person

3.2 Recommendations

The section below discusses the recommendations of the WEHEA II project.

3.2.1 A Regional workshop

As had been stated before, the period between 2011 and 2013 had been identified as a period of transition from previous and existing projects toward a true unified program. A workshop was held in February 2011, that's aimed at facilitating the sharing of lessons learned and best practices that would help to consolidate

the move to a regional programmatic approach. As a follow up to the workshop, and given that all the three projects have ended, a similar workshop needs to be held. The objectives of the workshop would be:

1. To enhance the existing platform of dialogue for sharing of experiences and lessons learnt, as well as mutual capacity building
2. To identify and review current and potential modes of cooperation and synergy creation among offices and projects within the scope of the program, and
3. To recommend actions that would enhance the achievement of the objectives of the program.

3.2.2 Water

3.2.2.1. Water Discharge

The Sphere Standard for water include: Queuing time at a water source is no more than 15 minutes and it takes no more than three minutes to fill a 20-liter container. The water point was connected on the last day of the evaluation. Therefore, the consultant could not determine the water discharge rate and confirm whether the rate was as per the Sphere Standard. However, the consultant established that the pipe that brought the water to the system was 2 inches while the taps at the water collection point were four ¾ inch taps. Therefore, the discharge rate in one water point was equivalent to 3 inches. So for the two water points the discharge of the water was equivalent to a 6 inch pipe. Taking into consideration that the inflow of water is through a 2 inch pipe, and that the outflow was equivalent to 6 inch pipe, the water flow would be reduced and this will lead to long queues hence the beneficiaries will take more than the recommended 15 minutes.

In order to avoid the issue of long queues, and hence achieve the Sphere Standards; it is advisable that in future all water projects have a reservoir tank whose capacity would depend on the number of beneficiaries to be served. The tanks will fill up with water when the water points are not operational. This will have an impact of decoupling the fetching of water by the beneficiaries from the direct inflow of water from the PVC pipes, with an effect that the water flow would improve.

3.2.2.2. Water Trough

There was a need for constructing a water trough for the animals as they would be taken over 4 km away and the children would be forced to miss school so as to take the animals to find water for drinking. The troughs will have to be located some distance away from the water points, since if they are put close to the water point, they will cause environmental degradation in the area.

3.2.2.3. Training of Water Users Committee

The training of the Water Users Committee should include:

1. Rudimentary accounting skills,
2. Governance,
3. Conflict resolution and
4. Group dynamics.

3.2.2.4 Missing indicators

The consultant is of the opinion that the following indicators could have been included in the log-frame for the project.

<u>Impact level:</u>

i. Reduction of the proportion of children under <36 months with diarrhea in the last 2 weeks (to test for safe handling for water in the HH)
ii. Quantity of water used per person per day

iii. The percentage of households with appropriate hand washing behavior

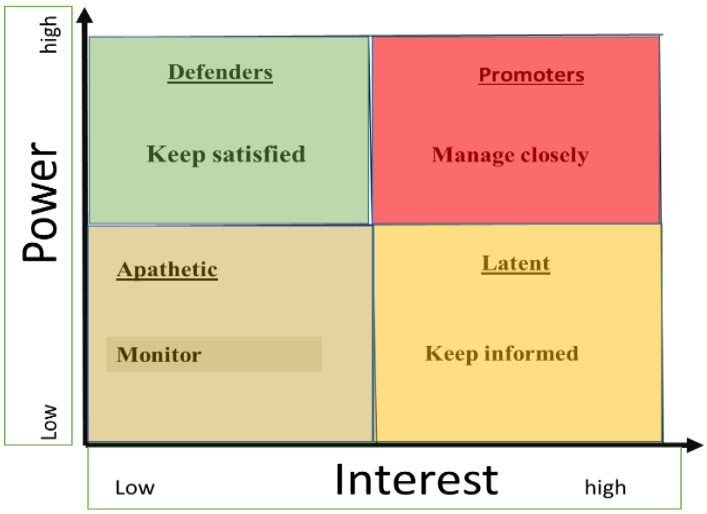
Outcome Indicators

I. Reduction in cases of intestinal diseases (obtained from the health post)

3.2.3 Education

1) In future interventions, the program should target disabled students who do not go to school due to their disability, in order to assist them to be enrolled in the normal classrooms.
2) A one day seminar should be held to sensitize the teachers on how to handle the needs of the disabled students.
3) As can be seen from Graph 2.1, 56 % of the pupils who were supposed to transit to preparatory school got married, 5% and 2% did not transit because they were performing domestic chores and looking after livestock respectively while 2% dropped due to peer pressure. This amount to 65% of the pupils not transiting to preparatory schools for reasons that can be mitigated against. There is the need for advocacy among the parents on the importance of taking their children to preparatory school.
4) The assistance to the disabled students should include a guiding and counseling session for all the disabled students irrespective of whether they will be provided with assistance or not. This should be done with the aim of ensuring that they accept themselves as they are hence improving their self-esteem.
5) Due to the shortage of schools in the area, classrooms in the Woreda are evolving into inclusive learning environments where children with and without disabilities learn side-by-side. Often, general education teachers find themselves unsure of how to address the needs of students with disabilities through the general curriculum. There is the need to build the capacity of schools and the community in dealing with PWD and de-stigmatizing the group.
6) The budget allocated to disability was limited and it is proposed that in the next budget, an element of sensitizing the community through IGDS and Women Discussion Groups be included as they can be used to identify the disabled in the society. In addition the budget should also include training of staff and communities in dealing with PWD and de-stigmatizing this group
7) The delay in getting the approval for the building of the preparatory school could partly be attributed to ADRA not undertaking a proper stakeholder's analysis. Chart 3.1 shows the four types of stakeholders. The Regional education office is in the fourth quadrant since they had the power to stop the project and the interest of ensuring that the school should be built as per the MoE standards. In this regards they were promoters. The appropriate strategy that should have been adopted in order to ensure that they did not put any hindrances in the project and also to ensure that they were converted from gate keepers into champions of the project, was to fully engage and make the greatest efforts to keep them satisfied right from the conceptualization stage of the project to the completion and handing over phase of the project. It is recommended that, the regional MoE officials for the Oromiya region be involved right from the conceptualization phase and they will find it difficult to delay any project that they have been involved in. Failure to do so may lead to a situation where the next phase may be delayed and the preparatory school building may take another two years to complete. This may delay the achievement of the education objective by three years.

Figure 3. 1 Stakeholder framework analysis



8) The composition of the building committee was not gender sensitive as all the five members were male. Since this was a mixed day preparatory school, it would have been appropriate to have the input of a female in the building of the school. It is recommended that in future the building committee should have at least two women.

9) The members of the building committee were meeting the supervision expenses from their own pocket. This meant that they had to use their own resources. This placed them in a situation where the contractors could compromise them. This would have resulted in compromising the quality of the building. It is recommended that ADRA should meet some of the operational cost such as airtime. This way a shield will be created that may provide a buffer to any compromise that the contractor may offer to the BC.

10) Most of the PWD are hidden at home and the parents are embarrassed and cannot bring them out. It is recommended that women groups and IGDs be used to identify the PWD so that they can be enrolled to school and they can be provided with appropriate assistance to ensure they access education.

3.2.4 Health, Family Planning and Environmental Awareness

1. The implied assumption that the government would allow the continued use of volunteers and TBA was a high risk assumption. Since the concept of the development army was mooted in 2012, there was need for ADRA to reexamine the risk and assumption and redesign the intervention so as to incorporate the development army concept.
2. Since ADRA was financing the training of the development money, there was the need to agree with the government on the indicators to be used in evaluating at all levels of the result chain and that the government would have to agree in writing that they would not object to the assessment of the indicators

3.2.4.1 Women Discussion Groups and IGDG

1. There is urgent need to have documented minutes of the women group and IGDG in a manner that they can be preserved. Currently, the details of the meeting are written in a note book. If anything happens to the note book then all the historical records will disappear

2. Action plans and follow up activities need to be formulated and documented in the Women Discussion Groups and IGDG. Currently they are not documented
3. The link between the goal of the project and the women's groups and IGDG needs to be properly formulated and aligned to either education or water.
4. There was a missing link between the Women's Discussion Groups and IGDG sub-component which did not have outcome and impact indicators. In future interventions they need to be formulated and hence show the link between the activities and the goal of the intervention.

3.2.5 Other recommendations

3.2.5.1 Specific Objectives and Expected Results

Specific objective number 3 and 4 of the project proposal quote a figure of 66,869 villagers, while the expected results in the log frame quote a figure of 51,380 villagers. This is a difference of over 15,000 beneficiaries. The figures needed to be harmonized as the results are supposed to lead to the achievement of specific results.

3.2.5.2 The M and E officer

It is strongly recommended that the M& E officer attend an M&E course to equip her with the relevant skills in Resource Based Management (RBM).

3.2.5.3 The Cashier

The remuneration rates of the project cashier in the next project should be revised and s/he ought to earn higher than the driver.

3.2.5.4 M and E Plans

ADRA Norway needs to develop a template for quarterly reports for all their projects so that there is ease in comparison as well as consistency of reporting.

3.2.5.5 Coordination with other NGOs

ADRA works in a geographical zone where there are some other NGO implementing different interventions. Apart from the eye hospital, there was limited collaboration with other NGOs. It is suggested that in future, deliberate attempts be made to coordinate with other NGOs more so the ones that are implementing similar components in the geographical region.

3.3 CONCLUSION.

The project intervened in three main areas, namely Water, Education and Health, Hygiene and Family Planning. In the opinion of the consultant ADRA delivered on the water component but due to some factors beyond the control of the project (such as delays caused by the bureaucracy in working with the government), the water component was not commissioned. As the project manager had stated, the commissioning would take place during the first quarter of 2014. However, in future, better coordination between the government, the community and ADRA can ensure that future projects are completed on time. All the hardware in the education component were completed as planned, in addition some infrastructure (extra laboratory and perimeter wall) were constructed. It is expected that at the beginning of the next academic year (August 2014), students will be enrolled in the preparatory school. The consultant is of the opinion that when the water and education components are fully commissioned, the project will achieve 100% of the two results areas. The challenge here is to ensure sustainability of the gains realized through the project. The foregoing recommendations should guide future interventions designed along similar objectives to ensure maximum impact and sustainability.

Appendix 1: ToR of the EoP

Terms of Reference (ToR) for the Final Evaluation Team

Norad GLO-3768 QZA-10/0939

ADRA Norway 09NOR-DEV001 (Ethiopia) | 10NOR-DEV006 (South Sudan) | 11NOR-DEV002 (Sudan) | 11NOR-DEV003 (Somalia)
Education for Women and Children Regional Programme (EWC)

I. CONTEXT

1.1 Programme Background

The Education for Women and Children Programme is a regional programme encompassing the countries of Sudan, South Sudan, Ethiopia, and Somalia in the Horn of Africa. The programme has focused on non-formal and formal education for women and children adapted to best address the local needs. The programme builds on earlier projects supported by ADRA Norway, some in cooperation with NORAD. The period of 2011-2013 has been a period of transition from previous and existing projects toward a true unified programme.[12] During this period yearly workshops have been held to facilitate the sharing of lessons learned and best practices and have helped to consolidate the move to a programme.

The regional programme was initially composed of four projects (the duration schedules are given in Appendix A):

- Ethiopia: ATJK Water, Education, Health and Environmental Awareness (ATJK WEHEA I & II[13]);
- South Sudan: Budi Sustainable Education System (Budi SES)[14];
- Sudan: Education for Women and Children – Sudan (EWC Sudan);
- Somalia: Education for Women and Children – Somalia (EWC Somalia)[15].

In 2012 the South Sudan project expanded into Kapoeta, which is to be included in the final evaluation. In 2013 ADRA South Sudan began a teacher training project in Maiwut, however this project is not to be included in the final assessment, as it will be peer-reviewed by ADRA Denmark. In 2013 ADRA increased its activity in Somalia, incorporating the regions of Mogadishu, Afgoye and Baidoa with a focus on primary education.

The Horn of Africa can generally be described as an area struggling with poverty, weak governance, marginalized ethnic groups, and chronic food insecurity. These problems are exacerbated by high population growth rates, limited water resources, and environmental degradation. The majority of the regions inhabitants are either subsistence farmers or pastoralists. These difficulties and challenges exemplify the need for development.

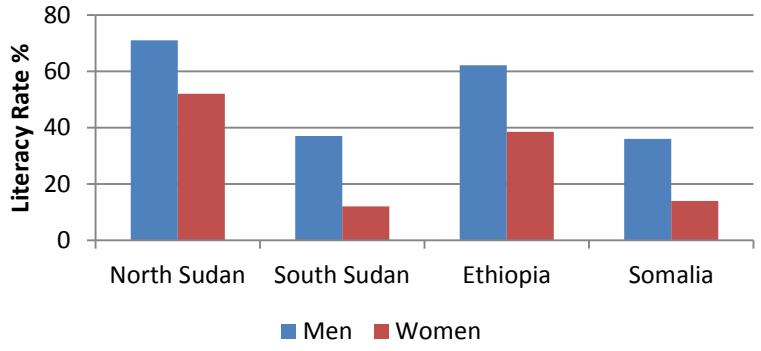
Despite these severe challenges there is now clear research linking higher education levels of women to improved levels of health for women and their families, increased use of family planning and thus

12 ADRA Norway has been able to apply for additional funding in the course of the programme, thus enabling its expansion to further localities in South Sudan and Somalia
13The last year of the first ATJK WEHEA project is deemed as part of the 2011-2013 programme. See Appendix A for more details.
14Including expansions to Kapoeta. See Appendix A
15 Including expansion to Mogadishu, Afgoye and Baidoa Regions. See Appendix A.

decreasing population growth rates, increased immunization rates of children, and improved economic status.[16] The coupling of women and girl's education with women's social and economic empowerment can play a large role in improving lives and attaining the Millennium Development Goals. Therefore, ADRA Norway's strategy to focus on women and children in these sectors is well suited. Thus, the expansion of existing projects and unifying objectives, across the Horn of Africa, is a logical approach for the Education for Women and Children Programme in Sudan, South Sudan, Ethiopia, and Somalia.

The literacy rate of adults above age 15 is a basic indicator of education level. Illiteracy and associated low numeracy skills represent the existence of barriers to women accessing information, education, and employment opportunities. Unfortunately not only are these rates generally low in the region, they are also often unavailable and unreliable. As seen in the table below, women's literacy rates in the Horn of Africa lag behind men's literacy rates by approximately 20% and are below 50% in most of the identified countries.

Adult Illiteracy Rate (Age 15+)



Source: see footnote 6

Achieving the Millennium Development Goal (MDG) of universal basic education is at the heart of ADRA's Horn of Africa Education Programme. Access to higher levels of education is the key to long-term development and it has been shown to increase income, improve hygiene and nutrition practices and contribute to decision making power and slow population growth rates. Sub-Saharan Africa has shown remarkable progress improving from 60% net enrolment rate in 2000 to 77% in 2011 but it continues to lag behind the rest of the world, most of which has rates above 90%.[18] The Horn of Africa has the largest number of children who are not enrolled in school. The table below provides comparative data both in terms of demography and primary education enrolment at programme start.

	Population 2005 (millions)[19]	Population 2010 (millions)[6]	Population Growth Rate (2005-2015)[6]	Primary Education Enrolment (2000-2007)[20]	
				Male	Female
Ethiopia	77.4	85	2.6%	45%	45%
Somalia	8.6	9.4	2.3%	24%	20%
Sudan (North and South)	40.2	43.2	2.2%	56%	52%
Kenya	33.8	40.9	2.6%	79%	79%
Tanzania	36.5	45	2.9%	71%	75%

16 What will it take to achieve the MDGs, International Assessment, UNDP 2010
17 UNFPA, State of the World's Population 2010, CIA World Factbook, MDG Database
18 The Millennium Development Goals Report 2013
192005 World Population Data Sheet
20 State of the world's children 2009, Maternal and Newborn health, UNICEF

Uganda	26.9	33.8	3.3%	83%	82%
Norway	4.6	4.9	0.9%	98%	98%

1.2 Programme Objectives and Components

The timeframe of the project was from January 1st, 2011 to December 31st, 2013 (3 years). The total budget was NOK 29.7 million (6.2 million in 2011, 8.2 million in 2012 and 15.3 million in 2013), provided by Norad (Norwegian Agency for Development Cooperation) and ADRA Norway.

ADRA Norway's Education for Women and Children Programme has reinforced existing projects as well as expanded to new focus areas, each working to improve the development of local communities and beneficiaries' access to basic education.

This programme has focused on children of primary school age and women who are marginalised and lack access to basic education options. Furthermore ADRA prioritizes Internally Displaced Persons (IDP), refugees, and returnees. The selected target group in Sudan has focused on communities largely made up of displaced persons from South Sudan and Darfur who live in communities on the periphery of Khartoum. South Sudan has targeted children's, specifically girls', access to quality education. Somalia has focused on non-formal literacy training for women and out of school children in Puntland and Mudug, as well as primary education in Mogadishu, Afgoye and Baidoa. Finally, in Ethiopia ADRA has targeted the community as a whole, advancing the education status of children (especially girls) and focusing on women as agents of change. The advocacy and awareness-raising component of the programme has included men and the larger community throughout the region.

The overall programme includes five basic components selected to fit the local situation (see programme objective, page 4). Ethiopia and South Sudan has focused their attention on capacity building within schools and the government as well as basic education infrastructure development. In contrast, for Somalia and Sudan, where the governments' efforts to provide basic education remains limited or where there are significant marginalized groups, ADRA has continued to work in literacy and numeracy programmes through the innovative REFLECT Circle methodology[21], as well as increasing primary school access. Through this method, adults acquire literacy and numeracy skills to improve their quality of life and children are empowered with the necessary skills to eventually re-enter the formal education system. The second and third components have complemented the primary education component through advocacy and awareness building, targeting the beneficiaries as well as the men in the communities to inform and sensitize the general population on the benefit of educating women and children. The fourth and fifth components have not only provided insight into the intent of the programme, but have also offered education on a variety of cross cutting issues such as hygiene and sanitation, basic health awareness, including HIV/AIDS and overall environment concerns.

The underlying goal of building capacity and strengthening each government's education system is apparent throughout the programme, which has incorporating appropriate authorities at all levels. In south Sudan the focus has, and continues to be, on primary education, including building schools and training teachers, PTA groups and government officials, all coordinated with local government. In Sudan ADRA has constructed literacy and vocational training centres, and trained teachers. In Somalia, the focus has been to promote uniform teaching materials, provide adult teaching methodologies and policy development to encourage adult female literacy and education for all, as well as facilitating towards a peaceful transition through increased primary school access. In Ethiopia, where the Ministry of Education has a clear, well-outlined strategic plan, ADRA has sought to strengthen the quality and availability of basic education in the form of school infrastructure and teacher training.

21Reflect is a structured participatory learning process which facilitates people's critical analysis of their environment, placing empowerment at the heart of sustainable and equitable development, social change and action. Additional material on the REFLECT methodology can be found at www.reflect-action.org.

The project was designed as follows (please refer to Appendix B for a more detailed log frame):

Goal: Women and children's expanded access to education improves both their social and economic contribution to society.

Objectives:

By the end of the intervention, women and children have attained a higher education level and have knowledge on crosscutting issues such as hygiene and sanitation, health care awareness (including HIV/AIDS and STDs) and environmental protection.

The programme objectives are divided into 5 different components:

1) Women and children have basic literacy and numeracy skills;
2) Provision of basic primary education by local government strengthened in coverage and quality;
3) Families support to enrol their girls for primary education;
4) Local populations have a clear understanding about HIV/AIDS transmission and prevention;
5) Families enjoy better preconditions for learning due to increased quality of life.

Outputs:

Component 1 - Literacy and Numeracy

Output 1.a. Women and children have a place sheltered from sun, wind and rain in which they can attend literacy, numeracy and HIV/AIDS awareness sessions
Output 1.b. Women and children are trained on literacy and numeracy

Component 2 - Strengthening government basic education

Output 2.a. Pupils have access to functional classrooms in permanent buildings of good quality
Output 2.b. Teachers have acquired improved teaching skills through in-service teacher training course
Output 2.c. Tutors who minister in-service teacher training courses reside in good-quality living quarters by the Training Centers.
Output 2.d. Head teachers acquire improved skills in school management
Output 2.e. Civil society groups receive training to ensure an effective functioning of the education system
Output 2.f. Education officers from different government levels acquire skills for an effective education management

Component 3 - Advocacy for Girls Education

Output 3.a. Community leaders are aware of the importance of education – especially for girls – and support local advocacy activities for girl's education
Output 3.b. Advocacy for girl education is conducted at the local level

Component 4 - HIV/AIDS awareness

Output 4.a. Key actors are trained on HIV/AIDS awareness
Output 4.b. Women, children and local community members are taught on HIV/AIDS

Component 5 - Awareness-raising on cross cutting issues – WASH, environment protection, health and skills training

Output 5.a. Population has access to clean potable water
Output 5.b. Local community members are taught on basic health, hygiene, family planning and environmental protection
Output 5.c. Trainees have access to good training and skills development facilities
Output 5.d. Local community members have received skills training

II. EVALUATION GOALS AND ISSUES TO BE STUDIED

2.1 Final Evaluation

2.1.1 Evaluation's main goals:

i. Assess project performance at each level (activities, outputs, outcomes and goal) against the indicators set in the latest version of the log frame, with emphasis on the outcome/objective level;

ii. Identify possible unexpected events of significant character (positive and/or negative) outside the project that have contributed to the project's progress or lack of progress;

iii. Investigate whether there were unexpected results (positive and/or negative) that were not part of the original project plan;

iv. Draw lessons learnt and/or describe relevant experiences that will result in a change of strategies/ methods in future interventions, and verify whether they are common to other local organizations engaged with the same thematic area/ beneficiary population;

v. Mention the evaluations that took place in the run-up to the project or during the project period, and identify the extent to which they resulted in changes/improvements to the project implementation or design;

vi. Describe and assess the cooperation between ADRA Norway and the corresponding African offices, esp. the former's added value to the project; emphasize sharing of responsibility and work, dialog, meeting arenas and competence building of each respective partner office by ADRA Norway;

vii. Assess the plans for future intervention and make recommendations in light of the findings of the current evaluation.

2.1.2 Issues to be covered:

Besides clearly addressing these main objectives, the final evaluation will also include a comprehensive analysis of the programme based on the following five fundamental criteria based on the OECD/DAC evaluation criteria (which may or may not overlap with the objectives laid out above): quality and relevance of design; effectiveness; efficiency of planning and implementation; impact; sustainability. The specific questions to be addressed are provided below. The inferences drawn must be underpinned by sufficient analysis/justification.

Quality and Relevance of Design

2.a) To what extend were the objectives relevant to the needs of the beneficiaries?
2.b) Were there any major gaps (in terms of needs) that were not addressed by the programme?

Effectiveness

2.a) To what extent was the purpose of the programme achieved? Refer to quantitative assessments as far as possible (baseline values and end-line values of the indicators). Include also qualitative

assessments e.g. opinions on the programme's effectiveness based on impressions and interviews with direct and indirect beneficiaries (both male and female), government employees, local leaders, community members etc.

2.b) What were the major factors influencing the achievement or non-achievement of each objective component?

2.c) Describe any major failures of the programme, explaining why they have occurred.

2.d) Describe any unforeseen results (whether positive or negative).

2.e) Identify any exceptional experiences that should be highlighted e.g. case studies, stories, best practice.

Efficiency of Planning and Implementation

3.a) Were activities cost-efficient?

3.b) Was the programme implemented in the most efficient way compared to alternatives?

3.c) Did the programme have the right HR skills, resources and systems in place to achieve the objectives?

3.d) Does the programme have a good set of M&E plans? Was monitoring data collected as planned, stored and used to inform future plans?

3.e) How were working relationships within the teams (including not only the local project teams but also the supporting staff from the main country offices)?

3.f) How were working relationships with stakeholders e.g. government offices, local leaders, community members etc.

Impact

4.a) To what extent has the programme succeeded in improving women's livelihoods and their ability to participate socially and economically in their society?

4.b) Do children enjoy better perspectives for the future due to improved access to/quality of education?

Sustainability

5.a) What is the social and political acceptance of the programme?

5.b) To what extent are the benefits of the programme likely to continue after donor funding ceased?

5.c) What were the major factors which influenced the achievement or non-achievement of sustainability of the programme?

2.1.3 Cross-cutting issues:

- *Gender*: did the programme pursue a gender-sensitive approach?
- *Conflict sensitivity*: did the programme succeed in strengthening the "connectors" and weakening the "dividers" existing among social groups within the local community? Did the programme inadvertently cause any tensions, or did it contribute to further peace and harmony among people in or around the intervention area?
- *Climate or environmental impact*: did the programme make any direct or indirect contribution to environmental protection? If so, how? Were there any negative environmental impacts of the programme?
- *Strengthening of civil society*: did the programme contribute to the strengthening of civil society (in the local community or at a higher level)? If so, how?

- *Coordination with government/other NGOs*: did the programme fit with the government's priorities and official plans and goals? Did ADRA, particularly the project team, seek to cooperate and coordinate efforts with other NGOs active in the same intervention area? Give examples.

2.2 Intended use of results

The most straightforward use of the evaluation results is expected to be in terms of future programme design and implementation, particularly of follow-up programmes in the same geographical and/or thematic area. The evaluation report is likely to be accessed mostly by ADRA; nevertheless it will be made available to all interested parties.

In this sense the report will also be used as a key accountability tool, not the least to the main programme donor, namely Norad, which will post it on its website for free download. Thus the results will potentially achieve a broader public and be useful to other NGOs engaged in similar areas of work.

III. Evaluation Principles

The evaluation will be guided by the following ethical rules/considerations:

- *Openness* – of information given, to the highest possible degree to all involved parties;
- *Publicity/public access* – to the results when there are not special consideration against this;
- *Broad participation* – the interest parties should be involved when relevant/possible;
- *Reliability and independence* – the evaluation should be conducted so that findings and conclusions are correct and trustworthy.

IV. Methodology and Activities

The final evaluation will rely on a quantitative survey and qualitative methods, involving the main local stakeholders. Specifically, the following main activities will be carried out (this list is not necessarily chronological, nor exhaustive, and should be adapted by the evaluation team as needed):

4.1 **Review of programme documentation:** Review existing programme documents (Norad and ADRA programme proposals, log frames, budgets, M&E plans, programme agreements etc.), DIPs and, if necessary, quarterly narrative and financial reports and midterm evaluation reports (on-going projects), final evaluation of preceding projects, MoU with governments, government's policy documents and other documents seen as relevant for understanding the programme and its outcomes;

4.2 **Preparation:** At a preliminary phase, the evaluation team will perform thorough stakeholder identification and develop survey questionnaires. If judged relevant by the evaluator, qualitative evaluation tools for focus group discussions (FGDs) and key informant interviews (KIIs) will also be developed at this point. Examples of stakeholders are: ADRA's staff members, government offices (e.g. ministry of education, local government etc.), local community leaders, members and representatives etc. The evaluation team will also develop a detailed plan for the evaluation, including activity schedule;

4.3 **Qualitative and quantitative survey/ field visits:** Random sampling and implementation of the survey; household interviews; *in situ* visit of the projects for observation of activitiesand outputs (pictures should be taken if necessary); (ii) In-depth interviews with key informants identified by the evaluation team; (iii) Focus-group discussions with key stakeholders or groups. Selected groups may be invited to more in-depth discussions, triggered by using visual/ PRA (participatory

rural appraisal) tools such as Venn diagrams, matrix and ranking. "Most significant change (MSC) stories" constitutes a further qualitative evaluation method that may be used.

4.4 Data analysis and drafting of the final evaluation reports.

V. DELIVERABLES

The following are to be delivered by the evaluation team to the local ADRA office management:

- *Preparation documents:* main documents used to guide the evaluation process and specific activities, specifically survey questionnaires, evaluation plan and activity schedule;
- *Oral/Power Point presentation*: the evaluation team will present to the management and key staff of the local ADRA office the main preliminary findings, conclusions and recommendations;

The following are to be delivered by the evaluation team to ADRA Norway:

- *Final report for organisations with a cooperation agreement (Norad):* A consolidated report for the whole programme using Norad's format[22] (See Appendix C).
- *Four Final evaluation reports (one for each country in the programme):*[23]

  The content of the report should include at minimum:

  - ✓ Executive summary
  - ✓ Summary of project/project activities
  - ✓ Evaluation methodology
  - ✓ Results and findings
  - ✓ Discussion
  - ✓ Conclusions and recommendations

  The appendices should include, besides other pertinent technical or supporting documentation, the following:

  - ✓ ToR for the evaluation;
  - ✓ A list of places visited;
  - ✓ A list of persons interviewed
  - ✓ A list of documents reviewed;
  - ✓ Data collection instruments.
  - ✓ Pictures showing results

VI. CHARACTERISTICS OF THE CONSULTANCY

6.1 ADRA Norway requests the consultant(s) to prepare a tentative timeframe for the completion of the assignment. The consultant(s) are to commence with the assignment as soon as possible.

6.2 ADRA Norway requests that the Consultant(s) prepare a cost analysis for the entire assignment, including travel costs.

6.3 The consultant(s) will be supervised by ADRA Norway. The consultant(s) will work closely with the local ADRA team, having the Programme Director as the primary contact.

6.4 The consultant(s) will work out of their home location, with travel to Ethiopia, Sudan, South Sudan and Somalia.

22To include regional programme logframe containing targets, baseline and endline values for each indicator
23To Included project logframe, containing targets, baseline and endline values for each indicator

6.5 Payments. The consultant(s) will be paid in the following manner: (i) 20% upon signature of the contract; and (ii) 80% upon submission and ADRA Norway's approval of all outputs listed under section 5 above.

6.6 Qualifications and experience. The consultant(s) assigned to the job must have demonstrated knowledge of current evaluation theory and practice and several years of experience in evaluating development projects, preferably those that are related to the field of education and community development. The consultant(s) should have a good understanding of countries located in the horn of Africa.

6.7 The consultant(s) should present a proposal to ADRA Norway briefly outlining (i) a methodology for conducting the work under this consultancy (max 2 pages); (ii) a proposed work plan (max 5 pages); (iii) the names and CVs of the individual consultants to be assigned to the job; (iv) the estimated number of days that each of the consultants will work on the assignment; and (v) an itemized budget and indication of the total cost of the proposed work plan. ADRA Norway will under no circumstances increase the agreed amount of the consultancy once a contract has been drawn up.

VII. DUTIES AND RESPONSIBILITIES

7.1 ADRA Norway

a) Provide all the required information and documents to the consultant(s);
b) Coordinate the process
c) Approve final reports.

7.2 Local ADRA office (Ethiopia, Sudan, South Sudan and Somalia)

a) Provide leadership and coordination throughout the planning and execution of the process and supervise the entire process;
d) Coordinate the entry briefing and provide additional programme documents requested by the consultant(s);
e) Introduce consultant(s) to partners;
f) Chair regular review meetings on the progress of the activates once the process commences at the project level;
g) Mobilize the community and leadership;
h) Inform the community about the final evaluation and prepare them for the various roles they will play;
i) Ensure all relevant authorization for the final evaluation is sought beforehand from the community elders;
j) Mobilize participants taking part in household interviews, FGDs and KII;
k) Arrange meetings with the FGDs participants;
l) Ensure full and timely participation of key stakeholders;
m) Identify, recruit the enumerators, facilitators and note takers for data collection;
n) Agree with the terms of payment before the evaluation process starts;
o) Pay enumerators, facilitators and note takers after the successful completion of the evaluation;
p) Review the report and provide feedback.

7.3 Consultant(s)

a) Get input on purpose and objective from partners;
b) Prepare detailed plan for data collection and analysis to achieve final evaluation objectives;
c) Develop a detailed timeline to facilitate information collection and reporting;
d) Review all relevant secondary sources of data and any relevant information for the final evaluation;
e) Develop all necessary data collection tools and present them for review by ADRA team and stakeholders before use;
f) Develop a final evaluation plan and compute;
g) Train the enumerators , facilitators and note takers on how to collect data;
h) Conduct key informant interviews;
i) Conduct data analysis and write a draft final evaluation report;
j) Present draft report to ADRA team and key stakeholders for review and inputs;
k) Incorporate the feedback into the report and develop a final evaluation report.

VIII. LIST OF CONTACTS

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Appendix II: Photos

Photo 1. 1 the procured PVC pipes

Photo 1. 2 community members helping in the laying of the pipes

Photo 1. 3 The laying of the PVC pipes

Photo 1. 4 Community members assisting in the laying of the pipes

Photo 1. 5 Completed water collection point

Photo 1. 6 The shower stall

Photo 1. 7 inside the shower stall

Photo 1. 12 one of the PWD during surgery

ıoto 1. 11 students provided with eye glasses

Photo 1. 12 The coffee taking ceremony

Photo 1. 13 the women discussion group

hoto 1. 14 Training of the Health Development Army