Final Evaluation Report on

Evaluation of the Implementation of the Project "FOKUS Project 10801–Women's Health Association of Ethiopia"

Submitted By

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Table of Contents

Acronym

CPI: Cost Performance Index

CV: Cost Variance

DAC: Development Assistance Committee

ETB: Ethiopian Birr

EVM: Earned Value Management

FGD: Focus Group Discussion

KII: Key Informant Interview

PMBOBK: Project Management Body of Knowledge

SPI: Schedule Performance Index

SV: Schedule Variance

WDA: Women Development Army

WHAE: Women's Health Association of Ethiopia

List of Tables

Executive Summary

Women's Health Association of Ethiopia (WHAE) is a non-profit, non-governmental association. WHAE believes that women, especially mothers are the core of the society. It works with groups of mothers to be drivers of change in their society through knowledge building on healthy lifestyle and leadership and job creation. WHAE has developed and been implementing the project with the general objective to empower women economically and socially to contribute to the wellbeing of the society. The project has four intermediate results – 1) women in the local units have improved health seeking behaviors; 2) local unit women are empowered and capacitated to contribute towards positive health practices of the community; 3) local unit women are economically empowered to better peruse a healthy living; and 4) local unit women are empowered to contribute to the well-being of their respective communities. The project is working in nine towns of Ethiopia, namely Addis Ababa, Assosa, Bahir Dar, Chancho, Dire Dawa, Jimma, Harar, Shone and Tigray. The project is financed by NORAD funds via FOKUS, Partnership for Change assisting the business part of the project, and NKS also directly invests in WHAE. In addition, there have been established sponsors in Norway for every local organization in Ethiopia. Women in local units are expected to graduate based on some criteria.

The main purpose of the evaluation was to undertake learning focused evaluation based on key evaluation questions and DAC criteria - relevance, effectiveness, efficiency, impact and sustainability. The evaluation applied three models, namely the project evaluation and control cycle, earned value management, evaluation matrix and organizational self-assessment tool. Methods were developed to assess activities done at different levels, results of these activities, what went well and not which were the base for recommendation. The consultancy firm in consultation with WHAE/NKS identified four sample project areas called Assosa, Addis Ababa, Mekele and Chancho. The consultant firm employed quantitative and qualitative methods to collect data from primary and secondary sources of information. For the structured interviews, the sample size was 98 women (60% of the total unit members in sampled areas.)

The evaluation team has found that the project design (model) has brought some positive results, and also challenged by some factors that contributed to low achievement against the plan. Some challenges and areas to consider/improve in the remaining period of the project are targeting, level of literacy, direct beneficiaries' social status, number of women in a local unit, and standalone approach.

Overall, the project has achieved 84% and above of its indicators except formulation of innovative approaches that reached 50%.

Effectiveness: The project in relation improved health seeking behaviors has achieved about 90% of its plan as of August 2017. Communities and partners confirmed that hygiene and sanitation have been improved. Local unit women have contributed to the sanitation and reduction of some diseases. It was only 42% of the survey respondents who confirmed their involvement in the business; and about 38% of respondents received salary based on their performance. Low economic performance has been found as a major reason for dropouts. It has been a good initiative to develop business plan prior to investment. The local units' business plans have been developed by a consulting firms; however, the qualities of business plans are questionable.

Efficiency: Efficiency can be seen by comparing the performance of similar interventions. The evaluation team tried comparing the activities/outputs of the local units against the Women Development Army (WDA) – a women group organized by government. The performance of the local unit was more efficient than WDA. The overall financial utilization was 99% indicating efficient use of the resources. All external audit reports confirmed that the financial management has been kept well, and there is no evidence of malpractice. However, there were some sources of inefficiencies like dairy farm in Assosa, wool carpet in Addis Ababa, and delay in financial transfers. Despite the investment made, there was significant drop outs (57% from the first phase). Drop out has been one of the major inefficiency sources as trained women left the local unit without meaningful contribution.

Impact: The project has impacted project direct beneficiaries in terms of the use of contraceptives and prenatal and postnatal services, balance diet improvement, change in health seeking behavior including medical checkups and health insurance, and women's visibility. As part of unintended negative impact, local unit members are not allowed to be a member of any other associations organized by other agencies including government. Family members and neighbors of the local unit members have perceived that local unit members are wasting their time without income.

Sustainability: The capacities of local units were not adequate to keep the momentum; less income led to dissatisfaction and drop outs. Most likely the health benefit will be sustained. The project has graduation criteria which can be equivalent to exit strategy. However, no local unit was ready for graduation until August 2017.

Organizational Capacity: The capacity of WHAE was found better in areas of board of directors, strategic planning and management, leadership and management, program design, accounting and reporting, and human resources; however, the organization was not found strong in areas of partnership,

monitoring and evaluation, financial sustainability, volunteers, 11) Facilities and equipment, Public relations

Conclusion: WHAE has been implementing activities in line with its strategic plan and different policies. The project has been making good progress in the health component compared to the economic component. Out of the total programme expenditure, 72% has been allocated for health. There are evidences of change witnessed by individual local unit members, leaders of the local unit, nurses, steering committee, government and WHAE staffs. The evaluation team also observed the hygiene and the articulation capacity of some women. Cognizant of the current levels of local units' capacity, and if the project implementation will continue as it has been till the end of the project, there will be a risk of sustainability.

Recommendations

The recommendations include the following:

- WHAE to strengthen its organizational capacity mainly in areas of human resources, fund raising/financial sustainability, partnership, monitoring & evaluation, and public relation;
- Revisit the intervention logic/model, more emphasis is needed on the economic component as it is the primary interest of both the local units and government. Revisit targeting and graduation criteria and align it with performance indicators;
- Reduce the number of intervention regions, number of local units, and members under each local unit. Expansion should be based on fund raising and implementation capacity. There should be proper exit strategy for each local unit;
- Diversify funding base to reduce financial risks and gives flexibility where to invest;
- Establish saving and loan schemes within the local unit. It helps them individual members to engage in business they prefer on top of the common business. It also enhances the group cohesion;
- Revise all business plans in each local unit and ensure its validity, allocate adequate budget to each local unit; otherwise there will be increased drop outs and graduation will be at risk;
- Support ''Tenaye'' local unit on Oromiya as they are under provision period. The Chancho hospital expects the members to fulfill minimum requirement as food and drinks being provided to patients as of the procedures and standards set by the ministry of health; and
- Lobby with the government and line offices to prioritize and support local units; and to reduce time spent for project agreement process as WHAE is reaching the most vulnerable ones.

1. Introduction

1.1. Background

Women's Health Association of Ethiopia (WHAE) is a non-profit, non-governmental association. WHAE believes that women, especially mothers are the core of the society. It works with groups of mothers to be drivers of change in their society through knowledge building on healthy lifestyle and leadership and Job creation. Women's economic empowerment is a prerequisite for sustainable development and pro-poor growth. The organization is founded on three pillars: I) establishing and developing a nationwide organization for all women; II) health education; and III) profitable employment. The project is financed by NORAD funds via FOKUS, Partnership for Change assisting the business part of the project, and NKS also directly invests in WHAE. In addition, there have been established sponsors in Norway for every local organization in Ethiopia.

The WHAE model

Organization's emphasis is on a long-term and sustainable aspect rather than reaching many women at once. As a start, local units of 50 -55 women are established. These women are picked out in collaboration with local authorities. A part time coordinator is employed for each region. The coordinators are connected to the local community and supposed to understand the local context, and support local units on how to build and run a local unit, how to carry out democratic elections, how to run things in accordance with cost-effectiveness, introduction to Ethiopian legislation, how to carry out meetings etc. There is principle that states - women do not get paid to attend meetings, participate in campaigns, etc. There is a saving and lottery system to enhance saving culture.

The members themselves know best what their needs are. Therefore, every plan and application to local authorities are compiled in collaboration with the women. The content of the health projects may vary slightly from unit to unit. However, certain areas are common, like mother and child health and cleanliness campaigns. WHAE has also nurses and marketing experts to visit and support local units. Regarding the profitable employment, plans are made in collaboration with the women, and therefore projects can vary from place to place due to local needs and opportunities. Health and business plans should be sanctioned by the local authorities. Local units also depend on local authorities for access to land, water, electricity, etc. WHAE involves mothers in community mobilization to become agents of change in their society and involve them in income generating activities. WHAE believes that the income

from the business enables them to generate income for sustaining their agent-hood and their quality of life.

Women/local units are expected to be graduated based on some criteria including number of years in business, profitability, cohesiveness of members, moral strength and ownership of members, ability to manage equipment and machines, degree of support by the local government, strength in using log books and minutes of the local units, capacity of the women to plan, carry out and evaluate their activities on a participatory and sustained base to improve their health and other activities; degree of responsibility and accountability to their constituency and community; capacity to repay the loan; and strength of mentorship capacity.

Women's Health Association of Ethiopia (WHAE) was established in 2011 to empower Ethiopian women socially and economically. WHAE is now working in nine towns of Ethiopia found in six regional states and two city administrations, namely Addis Ababa, Assosa, Bahir Dar, Chancho, Dire Dawa, Jimma, Harar, Shone and Tigray. The main targets of the program called local units in Ethiopia work with local units in Norway through WHAE's twinning partnerships.

WHAE firmly believes that investing on specific group of women for a longer period would enable them to understand their strength and opportunities and bring women together for a better action. To this effect, the implementation mechanism used is the establishment of local units - one in each region- with a maximum number of 55 members (5 women with disability) with the aim of having a multiplication effect. In the beginning of the program, there was one local unit per region, but gradually increased to two local units per region like in Tigray, Chancho and Gullele. The intention is to have more units for wider coverage and impact

The project has four intermediate results – 1) women in the local units have improved health seeking behaviors; 2) local unit women are empowered and capacitated to contribute towards positive health practices of the community; 3) local unit women are economically empowered to better peruse a healthy living; and 4) local unit women are empowered to contribute to the well-being of their respective communities.

Major program strategies/approaches include 1) conduct monthly coffee ceremony with the help of nurses and other invited professionals to discuss about different pre-determined health and related topics; 2) provision of formal training on health, leadership, life skill, nutrition, communication, mentorship, medical checkups, 'Sinque', entrepreneurship, product development and quality on the specific

businesses; 3) provision of adult learning for local unit members; 4) provision of health insurance for women; 5) provision of community health education program by women (to cascade the learning); 6) conduct cleaning campaigns; 7) provision of vital sign checkup for women and the community for free; 8) support the women in the local units to have a sustainable means of income via market based business plan development; 9) create a system of contribution and saving; 10) encourage the local units to formulate innovative concepts and approaches that serve their community; and 11) provide grant to the local units (cooperatives) to run their businesses.

In addition, there are twinning projects in some regions including 1) home based care; 2) male engagement that aims in engaging men in family planning, reproductive health and parenting; 3) celebrate Mother's Day to appreciate ordinary mothers in the society; 4) participate in the Great Ethiopian Run; and 5) organize side events

All local unit members meet every month over a traditional coffee ceremony and discuss social issues and learn more about health, bond with each other and create a feeling of cohesiveness. These groups of women through the process are expected to carry out community health education and cleaning campaigns. The monthly meeting continues over years and at the end of their second year a business plan is prepared and seed money is granted as a revolving fund. This revolving is paid back to WHAE for establishing more local units. The businesses are run by the women and are expected to graduate at the end of the fifth year of their establishment.

The local units have various economic and health interventions including but not limited to weaving and wool carpet making in Addis Ababa; 'Shiro' and milling business in Mekelle & Shonie; cafeteria and restaurant business in Chancho; wedding dress rental and beauty salon in Shonie; sale of injera and processed food in Harar; dairy cattle in Assosa; liquid Soap in Dire Dawa; toilet and shower service in Bahir Dar, Mekele and Chancho; home based care in Chancho.

NKS had invited consulting firms to submit technical and financial proposals and compete for undertaking the Evaluation of the implementation of the project "FOKUS project 10801–Women's Health Association of Ethiopia (WHAE)". Accordingly, MMA Development Consultancy firm had submitted the proposals based on the ToR provided by the Client. The company, MMA Development Consultancy, was very pleased being notified as the winner of the bid and subsequently signed the contract. Since then, the multidisciplinary consulting team of the firm has conducted successive internal meetings to further conceptualize the project and review the proposed approaches and methodology. Based on the common understanding of the Client and the firm, the consulting team has performed different activities during the

inception phase. The team had met the Executive Director of WHAE, Ms Birikit Terefe, had managed to receive very useful background of the organization and the various activities of the organization in different phases. The Client has shared a large number of relevant documents via dropbox. The team has reviewed secondary sources preliminary literature relevant to the study and revised the approaches and methodology in accordance with the Terms of References.

1.2. Objectives of the Evaluation

The main purpose of the evaluation was to undertake learning focused evaluation based on key evaluation questions and DAC criteria - relevance, effectiveness, efficiency, impact and sustainability. Specifically, the evaluation had the following objectives:

1. Review the program/project design;

2. Assess the project's progress towards achieving the project objectives as defined in long term plan and result Matrixfor2015-2018, and define the main factors influencing the achievement(or non-achievement) of the objectives. Assess efficiency and effectiveness of outputs in relation to the input;

3. Assess the impact of the project on the women members' life and the community in general;

4. Analyse and evaluate the value-added of NKS in the implementation of the project and the organizational strengthening of WHAE;

5. Analyse the sustainability of the project activities and WHAE's organizational structure, and give recommendations on how to ensure the sustainability of the project both for the target group and for the organization;

6. Identify value addition, innovation, advocacy areas and lessons;

7. Recommendation for potential donors or partners for WHAE; and

8. Recommendations for improved monitoring methods, documentation and reporting systems of the project.

1.3. Evaluation Questions

The study responded to the following evaluation questions by employing appropriate evaluation methodologies.

1. Was the program/project design appropriate for the expected results?

2. To what extent were the objectives achieved/are likely to be achieved during the remaining project period?
3. What were the main factors influencing the achievement (or non-achievement) of the objectives?
4. Were the activities and outputs of the project consistent with the overall goals (outcome and development impact)?
5. Was the project creating positive results for the participants and other stakeholders in the communities?
6. Were there any best practices that can be used for "advocacy"?
7. What real difference has the project brought to the members of WHAE and to the broader community?
8. What has been the added-value of NKS to the project and to WHAE as an organization? Were there innovations and lessons to advocate?
9. Were the trainings provided effective?
10. To what extent can the project activities and benefits sustain after the project completion?
11. What were the main challenges/asset towards achieving organizational and project sustainability?
12. Were there any unintended positive or negative consequences of the project?
13. What are potential donors and partners to work with WHAE?

1.4. Scope of the Evaluation

The evaluation covered but not necessarily be limited to:

1. Reviewed project documents – WHAE's strategy paper, organizational policy, project proposal, agreement, baseline, monitoring reports, financial and narrative reports, business plan, training manuals, etc.;
2. Reviewed relevant external documents including government policies;
3. Reviewed organizational capacity of WHAE;
4. Answered the above evaluation questions; understood and drew lessons;
5. Assessed the changes in the impact, outcome and output indicators the project aimed to achieve between the period Jan 2015- Aug, 2017, and propose recommendations for the remaining project life (Sep 2017 – Dec 2018);
6. The evaluation covered four representative sample project areas, namely Addis Ababa, Mekele, Chancho, Assosa; and
7. The evaluation was inclusive of all stakeholders including project beneficiaries (women local unit members) and none direct beneficiaries, women with disability, relevant

government offices at different levels, steering committee, NKS, WHAE staffs and volunteer board members, nurses, etc.;

1.5. Limitation of the Evaluation

Security: Though Harar was identified as representative sample, it was not possible to visit it due to security reason. Based on the discussion with WHEA, Chancho replaced Harar.

Literacy level of respondents: the evaluation covers the time from Jan 2015 to Aug, 2017 which is long period to remember all trainings and different interventions by the respondents due to their low level of education, unable to record, etc. Assessment was made based on their memory and limited records. The evaluation team, to minimize its impact, complemented the report based on WHEA's reports, KII with better educated ones, regional coordinators and steering committees.

2. Methodology

The evaluation applied three models, namely the project evaluation and control cycle, earned value management, evaluation matrix and organizational self-assessment tool. Based on DAC criteria, effectiveness, efficiency, impact, and sustainability of the project has been reviewed. Methods were developed to assess activities done at different levels, results of these activities, what went well and not which were the base for recommendation. Considering both geographical and thematic representation, the consultancy firm in consultation with WHAE/NKS identified four sample project areas which could represent the project. Sample areas were 1) Assosa, Benishangul Gumuz region, 2) Addis Ababa, 3) Mekele, Tigray Regional State, and 4) Chancho in Oromiya Regional State. To carry out this evaluation, the consultant employed quantitative and qualitative methods to collect data from primary and secondary sources of information. Quantitative data were collected using the questionnaire developed in consultation with the WHAE & NKS, pre-tested in Addis Ababa and were analyzed using appropriate statistical packages called SPSS while qualitative data was collected through qualitative tools such as Focus Group Discussions (FGD), Key Informant Interview (KII), field visit (observations) and analyzed systematically. For the structured interviews, the sample size was 98 women (60% of the total unit members in sampled areas. The consultant firm conducted one FGD per local units for direct beneficiaries – about 5-8 participants for each FGD and one FGD in each unit with indirect project beneficiaries. KII included local unit women, volunteer board members, government partners, steering committee members, and staffs of WHAE & NKS. Consultants were observing the confidence, knowledge, skill, empowerment level of respondents while conducting FGD and KII. In addition, some IGA and campaign areas were visited. Data collection, analysis, reporting and quality assurance were done in a professional manner (Annex 1 for details).

3. Data Analysis, Findings and Discussion

3.1. Respondents' Characteristics

Age, family size, phase of establishment, marital status and education level have been presented in the table 1 below. The average age was 40.3 years with standard deviation of 10.3 years. Most were among active working group; however, there were few old women including 70 years old. About 44% of the survey respondents were from local unit groups organized during the first phase whereas the majority 56% were from phase two and new members not organized in cooperative. The plan was to have a survey from phase one members, but there was no enough sample size due to drop outs. The average family size was 4.8 with standard deviation of 2.3 which is a challenge for the poor of the poorest to feed and cover medical & school expenditure. About 62% of the respondent women were married which could be either opportunity or challenge for them. Married ones have opportunity to influence family, but sometimes a challenge with husbands due to priority differences and lack of flexibility. Women without husband have more time to work for themselves and cooperative flexibly. The majority were found to be illiterate.

Table 1: Respondent's Characteristics

Variable	Count	Percentage
Age (n=76)		
• 22 to 30	16	16.3%
• 31 to 35	11	11.2%
• 36 to 40	19	19.3%
• 41 to 45	11	11.2%
• 46 and above	19	19.3%
Level /phases of establishment (n=98)		
• Phase one	43	43.9%
• Two	49	50%
• New	6	6.1%
Family size (n=95)		
• 2	12	12.2%
• 3	15	15.3%

Variable	Count	Percentage
• 4	21	21.4%
• 5	17	17.3%
• 6	15	15.3%
• 7	6	6.1%
• 8	7	7.1%
• 16	2	2%
Marital status (n=98)		
• Married	61	62.2%
• Widow/divorced	37	37.8
Education (n=98)		
• Illiterate	51	52%
• Literate	5	5.1%
• Primary	21	21.4%
• Junior Secondary	18	18.4%
• Secondary	3	3.1%

Source: Computed HHs data, 2017

3.2. Review of the Project Design

The project has been designed based on WHEA's theory of change, drivers of change (mainly mothers), long-term thinking & investment, targeting the most disadvantaged segments of the communities, integration of health, social and economic empowerment, working with government, foundational pillars, and graduation criteria for the intended change at individual, local unit and national level. Each result has its own strategies and indicators.

The evaluation team has found that the design has brought some positive results, and challenged by some factors that contributed to low achievement against the plan. Some challenges and areas to consider/improve in the remaining period of the project have been explained as follows:

Targeted beneficiaries

Project targets/direct beneficiaries are poor of the poorest who have been identified in consultation with local government offices mainly Administration and Women & Children's Affairs. The effort made to

address these community members is appreciated as it can contribute to poverty reduction and social justice. However, it has been challenged by some causes including the difference in sequencing project activities between the project and project targets; level of literacy; and direct beneficiaries' social status.

The difference in sequencing/prioritizing project activities: According to the project design, local unit members are supposed to continue monthly meeting mainly for health-related discussions over years, and at the end of their second year a business plan is prepared and seed money is granted. Hence, project targets start getting income after one year and subject to profitability of the business plan. There are local unit members who have been cooperative members for three years without income (Assosa), and there were also members in other local units who have been in membership for years with minimum income and less than their opportunity cost. In both cases, members have some dissatisfaction, and their reason for not a member of drop outs is hopping for the better future. It is known that the local unit members are identified mainly because of their low/no income not because of their health problem, and their expectation from the project has been mainly income as compared to health (table 2). In addition, there is no income during monthly meeting and training though it takes their time and income. It reduces some members' motivation as nearly all members' livelihood depends on daily labor, petty training, sale of fire wood, etc.

Table 2: Respondents' reasons to become member of the local unit

S.N	Reason	Count	%age
1	To get better income	17	17.3%
2	To improve my life	47	48%
3	Simply I was told to do so	6	6.1%
4	To detach from dependency	14	14.3%
5	Enjoy social life & better income	4	4.1%
6	All of the above	10	10.2%

Source: Computed HHs data, 2017

All members were happy by the health information and service (check-ups and health insurance), they have been receiving which contributed to their hygiene, sanitation and health seeking behavior; however, dropout has reached 52.5% due to economic reason. The drop out reached 73% when the liquidated first phase local unit in Chancho is considered. There are some areas where members sold what they received from the project to cover their daily livelihood needs. Based on the FGD finding, they want to prioritize income followed by health as most of them have perception that they are healthy as long as they are not

sick and go to treatment. In addition, there were health service providers with minimum distance (table 3). Nevertheless, the project identified the intervention areas based on the low level of socio-economic status and high level of vulnerability as compared to their woredas and kebeles.

Table 3: Respondents' perception on quality and access to health services

S.N	Description	Count	%age
1	Do you have access to health service?		
	• Yes	98	100%
	• No	0	0%
2	Distance to health service		
	• Nearby	49	50%
	• 30 minutes' walk	41	41.8%
	• An hour walk	8	8.2%
3	Service quality		
	• Excellent	7	7.1%
	• Very good	46	46.9%
	• Good	22	22.4%
	• Fair	14	14.3%
	• Poor	5	5.1%

Source: Computed HH data, 2017

It is noted that unless income is increased significantly, nutrition and other components of the project might not be achieved fully. The intervention logic states that women's economic empowerment is a prerequisite for sustainable development and pro-poor growth. Economic strength and business profitability are among the major criteria for graduation. In addition, they are expected to pay 30% of their net profit in return for the loan after the 2nd year of business startup. Hence, the business component requires higher attention.

Level of literacy: Majority of the respondents (52%) were illiterate followed by literate and primary school (45%) which has challenged the projects' intervention including low training absorption capacity, unable to write for future reference, low capacity in terms of financial record, low capacity to understand government's processes, communication & reporting to concerned offices, less likely to develop plan following 'Sinque' training, less likely to mobilize better educated ones for outreach and cleaning

campaign, etc. Fortunately, there were few members who could try covering these challenges though they felt it has been burden for them without additional benefit. There were also misunderstanding among members (may be caused by differences in education and understanding) that affected group cohesion.

Direct beneficiaries' social status: In most cases, poor people and women are usually voiceless. The case is serious when targets are poor women (intersectionality). In addition, poor people focus on livelihood to improve their social status as of the hierarchy of needs. Hence, less likely to influence better off people for mobilization, cleaning campaign and outreach. There is a need to develop a mechanism to enhance poor women's role in bringing more women in health and cleaning campaign for increased outreach which is one of the central roles of WHAE.

Women focused and more of standalone approach: Women can be drivers of social change but should not be necessarily through standalone approach, and targeting the poor of the poorest. There was no mechanism in place to guide/support women to influence their counterparts at household and community level. Some of the interventions like family planning require agreement at family level. Similarly, clean environment, sanitation and campaign should be the concern of all communities. Men's engagement and the 'got' education to involve their community have been found a good start the project has made.

Number of women in a local unit: It has been proposed from 50-55 women per local unit. Considering the organizational capacity, availability of fund, low capacity of women members, and high financial requirement of economic empowerment led to low realization of health and economic empowerment.

None- local unit members responded that the local unit is providing health related training to village community. Originally, the local unit received health related trainings, such as HIV/AIDS prevention and control, personal hygiene, environmental health and importance of periodic check for personal health conditions. The training also contains ways to prepare nutritious food for family from the available food materials.

3.3. Assessment of the Project's Progress

Fifty women in each local unit who qualified for the requirements of the WHAE have been chosen and organized into cooperatives. Soon as formally established, the local unit has set its by-laws which is in line with the WHAE operating models. At the initial stage, the local units were focusing on team building and know one another as they are gathered from different kebeles. The primary activities of local units have been receiving health training and applying the knowledge to improve their personal hygiene and

health practices and to influence their neighbors to engage in personal and environmental health improvement activities. They have started cleaning their respective homes and villages. These practices have resulted in improved family and environmental health due to improvement in individual's knowledge &attitude.

After progressing the health-related trainings and practices, local units in Addis Ababa, Chancho and Tigray have started income generating activities as per the procedure of the WHAE. Assosa hasn't started any income generating activities during the evaluation period. Business activities included grinding mill, wool carpet, kiosk, weaving, public shower services, petty trade etc. Though most local unit members left the local units due to its inadequate return on their efforts, few members continued membership due to health benefit and hoping the income improvement.

Coffee ceremony has been carried out as a platform where women from villages come together and discuss about how to keep their environment clean, personal hygiene, food diversification from available resources, importance of saving for future investment and spending on important goods & services.

Trainings and awareness raising sessions have been an ideal forum where women freely discuss their views. That has enhanced women exposure to external environment out of home and they are able to analyze benefits engaging outdoor activities. With this they can convince their husbands and other family members-it is about better influence on household level decisions on income, expenses and engaging livelihood activities.

There was a medical assistance to poor individuals who have critical illness. In this case, the members of the local units provide their idea about the severity of illness and financial capacity gap of the patient. Once the members ensure nomination of an individual is appropriate as per their observation, they conform agreements by their signatures. Before the action, the nurse is expected to verify whether the nomination is appropriate by doing different checks on health status of the selected person.

3.3.1. Activity and output progress

Achievements of the project from January 2015 to August 2017 have been summarized in the table 4. The project has achieved 84% and above of its plan except formulation of innovative approaches that reached 50%. (See Anne 6 for details). To achieve the result one of the project - **women have improved health seeking behaviors**, 841 women attended monthly coffee ceremony, 50 women took leadership training, 454 women trained on reproductive health, 101 women received 'Sinque' training, 62 women got health insurance, and 134 women got adult learning. In order to contribute towards positive health practices of

the community, about 1,114 community members outreached by the women, 60 community members reached by coaching, 235 cleaning campaign conducted, and 2,217 vital sign checkups carried out for women and the community for free. These achievements have contributed to improve the health situation of local units and communities around them.

Table 4: Project achievement per major indicators

Activity	Project target	Result Indicator	Plan till Aug, 17	Achieved till Aug, 17	% till Aug, 17	Achieved vs project plan
IR 1 Women in the local units have improved health seeking behaviors						
Conduct monthly coffee ceremony	1618	# of women attending monthly meeting	1,000	841	84%	55%
Leadership training	60	# of skilled women	51	50	98%	83%
Reproductive health training	1,840	# of trained women	500	454	91%	25%
Provision of 'Sinque' training and follow up for graduating local units	120	# of women trained and finalized their 6 months' life plan	120	101	84%	84%
Provision of health insurance for women	125	# of women supported for their critical health situation	70	62	89%	50%
Provision of adult learning for local unit members	Not indicated	# of adult learning participants	0	134		
IR2. Local unit women are empowered and capacitated to contribute towards positive health practices of the community by providing health outreach services						
Provision of Community health education (outreach)	5,320	# of community members reached by the women	1,070	1,114	104%	21%
Coaching community representative (male engagement)	180	# of community members reached by the leaders	60	60	100%	33%
Conduct cleaning campaign	26	# of the cleaning campaign	17	235	1,382%	904%
Provision of vital signs checkup for women and the community for free	5,346	# of community members accessing the services		2,217		42%

IR 3. Local unit women are economically empowered to better peruse a healthy living						
Produce a business plan	9	# of business plan produced	7	7	100%	78%
Entrepreneurship training	600	# of trained women	200	271	135%	45%
Training on product development, quality	850	# of trained women	400	363	91%	43%
Provision of seed money	9	# of legally started business	9	8	89%	89%
IR 4. Local unit women are empowered to contribute to the wellbeing of their respective communities						
Formulate innovative approaches	9	# project proposals submitted by the local units	2	1	50%	11%

Source: Summarized from WHAE's report

3.3.2. Likelihood of Achieving the Project Target

The project, most likely, will achieve its targets during the remaining project's life; however, some activities including reproductive health, health education (outreach), business plan, profitability, innovation approach and seed money management require special attention. Please see the table 5 below for the remaining targets and focus areas for future achievement.

Table 5: Remaining targets and suggested focus areas

Activity	**Project target**	**Achieved as of Aug, 17**	**Focus areas to consider for the remaining project period (Dec, 18)**
IR 1 Women in the local units have improved health seeking behaviors			
Conduct monthly coffee ceremony/meeting	1,618	55%	Coffee ceremony will continue but number of women in a meeting might be decreasing due to drop out. It needs ensuring that members' expectations are met.
Leadership training	60	83%	Trainees are women from newly established local units. Its achievement will depend on the speed of new local unit formation. It needs close follow up and support to achieve the target fully
Reproductive health training	1,840	25%	The remaining women to be trained are 1380. There are some challenges not to address it which includes but not limited to low number women in each local unit, some women are old, widow, etc.

Activity	Project target	Achieved as of Aug, 17	Focus areas to consider for the remaining project period (Dec, 18)
Provision of 'Sinque' training and follow up for graduating local units	120	84%	The achievement at training level looks good and possible to reach the project target 100%. However, it depends on the number of graduates, ability to develop and apply their 6 months' life plan. There were no graduates till Aug,17
Provision of health insurance for women	125	50%	It depends on the availability of the critical health cases, and will be advantageous spending less as a result of their health education, sanitation and prevention. In addition, the plan is also ambitious – 5 women per local unit are insured, so to reach 125, there should be 25 local units which is not the case. The critical case might consume more than allocated budget (ETB2000), e.g. The project spent ETB 18,000 for treatment.
IR2. Local unit women are empowered and capacitated to contribute towards positive health practices of the community by providing health outreach services			
Provision of Community Health Education (outreach)	5,320	21%	The performance as of Aug, 17 has been low (1,114) and less likely to achieve 100% until Dec, 18 due to drop outs and low level of communities' engagement. In addition, to reach the remaining targets (4,206) via 1 to 5 approach, it needs 841 active local unit members but the current active members are less in number. It needs ensuring that nurses will provide the necessary support in all local units.
Coaching community representative (Male Engagement)	180	33%	The idea was to train 180 community leaders to cascade the programs, and leaders to coach/ reach community members. However, number of trained were small and those trained have not been functioning as intended. It requires revisiting this activity at training and actions after training
Conduct cleaning campaign	26	904	The achievement is more than the project's target which was contributed by Shone local unit. Actually, the target was small for 9 intervention areas in three years. It will be good to increase the number of campaigns in each local unit as it will have positive impact on sanitation
Provision of vital signs checkup for	5,346	42%	Participants of the FGD and survey respondents confirmed that they have been receiving medical checkups from the nurses. It needs to

Activity	Project target	Achieved as of Aug, 17	Focus areas to consider for the remaining project period (Dec, 18)
women and the community for free			encourage women to take checkups in the nearby health center to improve project achievements and continued behavioral change.
IR 3. Local unit women are economically empowered to better peruse a healthy living			
Produce a business plan	9	78%	The remaining business plans are 2 which can be achievable. However, the focus should include its quality and profitability. Some business plans are not being implemented and needs plan revision as needed
Entrepreneurship training	600	45%	The performance level at training is good and possible to reach 100% in the remaining project life. However, there is a need to conduct training impact assessment and monitor how the training has been supporting them to be entrepreneur at individual cooperative levels. During FDG, most trained women couldn't remember the training content and its application
Training on product development, quality	850	43%	It depends on the type of product each local unit identified. It requires tailored training to the local unit. If so, it is possible to reach 100% of the project target
Provision of seed money	9	89%	8 out of 9 local units received seed money. However, businesses profitability and adequacy of income at household level is questionable. They might not start paying 30% of their net profit in return for the loan after the 2nd year of business.
IR 4. Local unit women are empowered to contribute to the wellbeing of their respective communities			
Formulate innovative approaches	9	11%	This indicator is at risk and needs immediate priority so as to achieve it before the project ends

3.3.3. Earned Value Management (EVA)

EV of basic activities has been summarized in the table 6. The cost performance index (0.80) indicates the presence of cost inefficiency. The schedule performance index (0.81) indicated the project is behind the schedule. The cost variance (-472,462) indicated that the project costed more than planned (over budget or inefficiency). Because of cost and schedule inefficiencies, the project requires additional budget and time unless the performance will be enhanced in the remaining project life

Table 6: Earned Value Analysis

% work completed	Planned Value (PV)	Actual Cost (AC)	EV as of Aug, 2017
81%	2,486,639	2,486,640	2,014,178
Cost Variance (CV)	-472,462		
Schedule Variance (SV)	-472,461		
Cost Performance Index (CPI)	0.80		
Schedule Performance Index (SPI)	0.81		
Estimate completion time (ECT) months	59		
Estimate to Complete cost (ETC)			

3.4 Evaluation based on DAC Criteria

3.4.1. Effectiveness

Has WHAE done the right thing well?

Intermediate result 1: Women in the local units have improved health seeking behaviors. The project has achieved about 90% of its plan as of Aug, 2017. Communities and partners confirmed that hygiene and sanitation have been improved. During the establishment of local units, it was difficult to sit together and have meeting due to lack of hygiene; however, through time it has become possible to sit together and conduct meetings/coffee ceremony due to improved hygiene. According to the nurse's information in Addis Ababa, occurrence of some diseases such as fungus on children's head, Acute Watery Diarrhea (AWD), typhoid and typhus have been reduced. The nurse observed the capacity and hygiene differences between members of phase one and two. Phase one members were better than phase two due to early establishment and received lots of interventions comparing against phase two members.

Effectiveness of this result is mainly due to monthly coffee ceremony as a means to discuss on different pre-determined health topics, trainings, nurses' contribution, provision of health and sanitary materials, and medical checkups (BP and sugar level) that informed early disease detection and treatment. Women could not continue checkups by themselves in the nearest health center in the absence of the nurse. Actually, there is no regular checkup culture in the country that reminds to work at national level.

Intermediate result 2: Local unit women are empowered and capacitated to contribute towards positive health practices of the community by providing health outreach services

This result is relatively a higher-level result as the intention is to contribute to the community beyond the local unit members. It has contributed to the sanitation and reduction of some diseases (based on communities' view during FGD in Addis Ababa local units). Indicators under this result have shown good progress; however, its impact at community level has not been significantly visible. Less effectiveness might be due to three reasons - 1) low number of project target (outreach =5,320 people, coaching 180, conduct cleaning campaign =26). These targets can be achieved in one or two local units; 2) outreach and coaching require higher capacity and skill than what the local units have; and 3) vital signs checkup has not included non-local unit members. In Tigray, the regular training provided to village community contributed to improved awareness on personal hygiene and environmental sanitation that led the village communities controlled the incidence of Acute Watery Diarrhea (AWD) in five villages of Keble 03, Aider sub city. In addition, village communities properly use mosquito net, thus no any incidences of malaria declared.

Intermediate result 3: Local unit women are economically empowered to better pursue a healthy living.

Activities to realize this result have been market based business plan development, provision of training on entrepreneurship, assisting the local units to acquire a legal business status and provision of seed money. Criteria for selecting the business include need and context based, manageable by women, capacity of the business to involve all women members, profitability, scalability, and sustainability. The business is expected to start paying 30% of their net profit in return for the loan after the 2nd year of business.

Effectiveness of this result was very low. It was only 42% of the survey respondents who confirmed their involvement in the business; and about 38% of respondents received salary based on their performance. Low economic performance has been found as a major reason for dropouts. Some factors contributing for low effectiveness include ambitiousness of the project, low quality of the business plan, and group business with limited income diversity. The project is ambitious comparing the allocated resources and the economic status of beneficiaries. As presented in the table 7, total budget planned for 7 local units has been ETB 2,002,000 which is ETB 286,000 and ETB 817 per local unit and member on average respectively. It is unlikely to economically empower the poor of the poorest by investing ETB 817 per women.

Table 7: Amount of planned budget for seed money and scale up per local unit

Local unit	Amount of seed money ETB)	Scale up budget
Shone	300,000	
Bahir Dar	200,000	190,000
Dire Dawa	347,000	
Tigray	305,000	
Chancho	200,000	
Harar	200,000	
Asossa	450,000	
Addis Ababa		400,000
Sum	2,002,000	590,000
Average per local unit	286,000	295,000
Average per member (50 women per unit)	817	2,950

Respondent's main sources of income: There are about 11 sources of income of which major ones are presented in the table 8. Livelihood based on daily labour, petty trading, fuel wood selling, etc. are usually performed by the poor segment of the community. The priority of such a group of people is daily income. This group has two challenges in relation to the project- 1) they need big investment to make them better off as they are resource poor people, and 2) they have limited time and interest to participate in non-income activities. These facts have contributed low project effectiveness.

Table 8: Major sources of respondents' income

S.N	Description	Count	%age
1	Nothing	4	6.2%
2	Weaving	4	6.2%
3	Husband weaving	6	9.2%
4	Husband weaving and guarding	4	6.2%
5	Fuel wood collection and selling	5	7.7%
6	Salary, wage/selling labor	22	33.8%
7	Petty trading	15	23.1%

Actual expenditure

The project allocated ETB 258,962 for 8 local units found in Addis Ababa, Bahir Dar, Shone, Mekele, Chancho, Harar, Dire Dawa and Assosa during the period Dec, 2015 to Aug, 2017. It was about ETB 32,370 per local unit. Out of the total expenditure made from 2011-2016 (17,253,819 ETB), it was only about 28% (4,774,790 ETB) used for economic empowerment which has been low to realize its objective (table 9). Moreover, the business in Assosa has not been started, and the wool carpet business in Addis has not been profitable due to lack of market input and product output coupled with low product quality. FGD participants perceived that their carpet quality is low as compared to what is available in the market. They took the carpet wool training by different persons at different times which was one of the reasons for low quality as perceived by women respondents. There have been budget allocation differences across regions and local units. Some received better amount than others which had impact on those units that received low amount of budget.

Table 9: Actual expenditure on health and economic empowerment

Year	Health expenditure		Economic expenditure		Total expenditure
	Amount	%	Amount	%	
2016	3,328,348	76.69	1,011,739	23.31	4,340,087
2015	3,805,333	88.86	477,265	11.14	4,282,598
2014	2,080,572	58.72	1,462,639	41.28	3,543,211
2013	1,485,253	62.44	893,299	37.56	2,378,552
2012	1,014,531	56.36	785,650	43.64	1,800,181
2011	764,992	84.14	144,198	15.86	909,190
Sum	**12,479,029**	**72.33**	**4,774,790**	**27.67**	**17,253,819**

Source: computed from audit reports

2) Group business with limited income diversity: Each local unit is expected to run one group business without alternative income. If a single business fails, the local unit is at risk. Group management by itself has been a challenge due to behavioral differences, lack of leadership skill, members are not contributing equally, and low group cohesion. This result could be better if there were alternative incomes, and

members have access to individual level business like saving and loan services. Table 10 below indicates the income distribution of four sample local units. There was no regular and fixed amount of income/salary for all members as planned rather it has been intermittent depend on different opportunities. Tigray local unit is paying to its members from working capital as the business was not profitable. Payment is also depending on individual's performance - the ones who perform better, receives better. Chancho local unit members received only two times- ETB 200 and ETB 100.

Table 10: Income distribution of sample local units

Place	Income per month	Reason for low income
Assosa	0	Business not started
Addis Ababa	Weaving group (ETB 1500) Wool carpet (550)	Low market, low quality product (wool carpet)
Tigray	500 ETB	Low profitability, unsuitable working space, delay in implementation
Chancho	ETB 200 and ETB 100	It has been given as a bonus to motivate and some women employed among the members.

Business plan: It is a good initiative to develop business plan prior to investment. The local units' business plans were developed by consulting firms; however, the qualities of business plans are questionable. The financial analysis in Tigray hasn't indicated reliable cash flows in a financially standardized manner; income statement is presented but there is no cash flow and balance sheet of the operations. Though grinding mill is proposed as potential business, the local unit didn't make any profit from it. Only the public shower, service which is directly linked with the health component is relatively successful. The dairy business plan in Assosa has inflated product estimation and unrealistic profit. Most costs are not included in the financial Analysis. The wool carpet in Addis Ababa has no business plan.

Intermediate result 4: Local unit women are empowered to contribute to the well-being of their respective communities.

The idea is to encourage local units to formulate innovative concepts and approaches that serve their community. The program highly believes that ideas generated by the local units can have a greater effect on the outcome and the betterment of the community. Local units' ideas are not pre-determined rather

dependent on how well the local units are empowered to be creative and formulate their ideas. The project allocated ETB 420,025 for Mekele local unit to establish and run a community toilet. The effectiveness of this result has been minimal comparing the project target. The project has planned to formulate and implement 9 innovative approaches till the end of the project. And its plan till Aug, 2017 was 2; however, its achievement was 1 (50% of the plan), and its achievement against the project target was 11%. As part of this innovation process, Bahordar had a community toilet & shower, and Chancho had home based care. Innovation and innovation management at this level of the local units might not be easy to handle. It requires more investment in the remaining project life.

3.4.2. Efficiency

Has WHAE got the best results for its inputs? Efficiency was considered in terms of how inputs such as funds, training and human resources, were used to deliver the outputs of the response. Gauging efficiency also applied some exploration of opportunity costs of choices made and benefit analysis of alternatives not pursued by WHAE. What was most pertinent for this evaluation was the analysis that supported the investment decisions in terms of alternative use of funds.

When the activities of the WDA (Women Development Army formed by government) is compared to the implementation of the local units, performance of the later was more efficient and effective and satisfactory to the villagers than WDA. Some of the reasons for the superiority to WDA in the services and practices for the local unit is the nurse provides closes support to the local unit, there is some small budget that allocated by the WHAE as refreshment for the village level participants and facilitating local units during tea and coffee ceremonies/conversations time.

Financial efficiency

WHAE has good organizational experience of utilizing (expenditure/income) the allocated budget (table 11). The overall financial utilization from 2011 to 2016 was 99% which is one of the indicators of efficient use of the resources; however, there have been over and under spent across years which might be due to inadequate planning or lack of cost control. Overspent recorded 129% in 2013, and underspent about 76.9% in 2012.

Table 11: Budget utilization

Year	Total income	Total expenditure	Utilization rate (expenditure/income) in %
2016	6,092,895	5,986,898	98.26
2015	5,731,384	5,814,660	101.45
2014	4,825,461	4,634,899	96.05
2013	2,636,203	3,408,918	129.31
2012	3,360,753	2,586,576	76.96
2011	1,263,791	1,243,127	98.36
Sum	23,910,487	23,675,078	99.02

Source: Compiled from external auditors' report

There has been good financial utilization at project level (table12). There were no significantly unutilized financial resources till Aug, 2017. Less utilization of health insurance might be due to medical check-ups, hygiene and sanitation which might be attributed by the project intervention.

Table 12: Financial performance per project activity

Activity	**Financial plan and utilization till Aug, 2017**		
	Financial plan	Financial utilization	%
Conduct monthly coffee ceremony	232,608	201,397	86.6
Training on leadership, 'sinque', RH, leadership, HE, product development, entrepreneurship	1,000,000	1,096,424	109.6
Provision of health insurance for women	163,000	85,752	52.6
Conduct cleaning campaign	6,000	6,000	100
Scale up business	418,080	418,080	100
Provision of seed money and scale up	259,000	258,962	99.9
Innovative approaches	400,000	420,025	105
Sum	**2,486,639.20**	**2,486,640**	**100**

Sources of project inefficiencies

1) The dairy farm in Assosa: The feasibility study hasn't included the project site/location and detail design. The construction work has not been completed, and damaged by flood (fig 1). The project spent around ETB 120,000. The business plan was not adequate. As a result, communities, steering committee and government have complains. Better return on investment might be achieved, if the budget was allocated for another business that can be managed by communities' capacity.

Photo 1: Assosa dairy farm damaged by flood

2) Wool carpet in Addis Ababa

Produced wool carpets are stored (figure 2) due to lack of market and product's poor quality (as confirmed by cooperative members). The reason for poor quality product, as explained during FGD, was due to intermittent and poor quality training. There was also lack of input (wool) supply at the time of evaluation. As a result, income has decreased, cooperative members are not happy, and proposing to shift the business. If they shift the business, the cost of training, input and their working time will be wastage (inefficiency)

Photo 2: Stored wood carpets in Addis Ababa

In Tigray, there was a delay in cash transfer by WHAE and legal supports from the government MSE bureau that led the local units' business not to be effective timely. As per the opinion of the regional coordinator, if WHAE had a fully functioning structure with full time staff, the local unit would have been succeeded in strives to secure working place and made adequate earnings from their business activities. On the other side, selection of the grinding mill as the major business to the local unit doesn't seem appropriate choice. Some of the reasons for not making adequate return were high expenses of electricity bills, maintenance of the mill and transportation as the grinding mill is located far away from the city. However, due to regular complaint by the local unit on their challenges related to remoteness of the working places, the regional government provided them alternative working place where more customers can be served. The ''Waero'' local unit gradually approached the Mekele university, Ider

hospital and established a business relation and has been providing grinding mill services for teff, shiro and pepper for the last 3 consecutive years. In a monthly basis, the local unit receives services fees of ETB 72 per 100Kg for Teff and ETB 430 per 100Kg of shiro/pepper. Currently, the local unit receives service fee of birr 1,220 per month.

3) Drop outs

The project invested a lot of budget, staff time, partners' time, communities time etc. hoping investing in communities have significant returns in the long term. Despite the investment made, there was significant drop outs (57% from the first phase). Drop out has been one of the major inefficiency sources as trained women left the local unit without meaningful contribution. Moreover, first phase local units in Chancho has been liquidated (table 13 for detail drop out status per local unit).

Table 13:Drop outs per local unit

Place	**Members at the time of start up**	**Existing members**	**Drop out**	**Drop out %**
Assosa – phase 1	50	32	18	36%
Addis Ababa - phase 1	50	10	40	80%
Chancho - phase 2. Phase 1 liquidated	50	27	23	46%
Tigray –phase 1 Waero	50	17	33	66%
Total	**200**	**86**	**114**	**57%**

Source: Computed from record

4) Staffing

Activities at local unit level are diversified, require different skills and close follow up; however, it has been managed by part time regional coordinator and marketing experts at field level. There were no adequate staff at head office to cover the gap and to support communities. Running a local unit without technical support contributed to inefficiency.

5) Training

Survey respondents and FGD participants confirmed the types of trainings they received; however, they were not able to remember and explain the training contents, and what they did after the training. They explained only some contents of the training which they have been practicing. Some training methods might not be practical and supportive for adult learning. As of the project design, provision of 'Sinque' training is provided at year five when local units are ready for graduation (as a means of revising what

they have learnt and how they are going to implement their knowledge). However, this training has been provided for local units which did not fulfil the graduation criteria. It is less likely that this training will be practical and supportive. There was a possibility of shifting some amount of budget invested for training to seed money as communities didn't received perdiem and trainings were conducted in their location. The project invested ETB 1,096,424 for training whereas ETB 258,961 for seed money for 8 local units. WHAE has no system in place to monitor and measure the impact of training despite training component has received much attention and budget.

3.4.3. Impact

What changes (positive or negative, intended or unintended) to beneficiaries' lives has the project contributed to?

1) Positive impact

The project has impacted project direct beneficiaries in terms of the use of contraceptives and prenatal and postnatal services, balance diet improvement, change in health seeking behavior including medical checkups and health insurance, and women's visibility (table 14). Communities perceived and responded women's changes and visibility in areas of being active and high commitment, keen to support others, asset creation and fulfill their homes, awareness and health status/hygiene, regularly attending trainings/meetings, sending children to school

Table 14: Project's intended positive impact

S.N	Variable	Count	Percentage	Remark
1	**Use of contraceptives**			Does not concern is due to age and marital status
	• Yes	41	42%	
	• No	11	11%	
	• Does not concern	46	47%	
2	**Use of prenatal and postnatal services**			
	• Yes	31	32%	
	• No	12	12%	
	• Does not concern	55	56%	

S.N	Variable	Count	Percentage	Remark
3	**Balance diet improvement** • Yes • Sometimes • No	 58 26 14	 59% 27% 14%	Awareness increases followed by better diet but challenged by low income
4	**Support on critical health/insurance** • Yes • No	 12 86	 12% 88%	This is only for critical health care and to cover few
5	**Participate in the routine checkups** • Yes • No	 70 28	 71% 29%	Low number is due to discontinue of the nurses' service in some places
6	**Change in health seeking behavior** • Yes • No	 88 9	 91% 9%	
7	**Enhanced women's visibility** ▪ Yes ▪ No	 68 29	 70% 30%	Health improvement and visibility was higher than economic visibility
	Regular attendance of coffee meeting ▪ Yes ▪ No	 91 7	 93% 7%	They attend regularly for saving, discussion and socialization
	Coffee meeting for behavioral change ▪ Yes ▪ No	 86 5	 95% 5%	It is important as a source of information, training, learn from each other

Source: Computed HHs data, 2017

Case story

Mebrat Girmay is a 37-year-old female household head. Her family size is 4 (2 female). Formerly, Mebrat's household livelihood depended on making and sale of handcrafts '(mintaf)'. She used to make 4 'mintafs' per month and sell each of it with unit selling price ETB 600 where the raw material purchase cost for producing a single product accounted for ETB 400. Without counting her time and labour, her weekly earning was ETB 200 and her cumulative monthly earning was ETB 800. In 2012, Mebrat joined the WAERO local unit which is part of the Women's Health Association Ethiopia (WHAE). Being member

of the WAERO local unit she has been able to get different trainings & services facilitated at Mekele and Addis Ababa by the WHAE & other stakeholders. The services included health extension training, health checkups (cancer-breast, cervical cancer), cleaning campaign, and entrepreneurship (developing business plan, recording of expenses and revenue).

What she gained from the trainings?

By participating in trainings, she gained knowledge that helped to improve her personal and environmental health and she primarily applied it in her daily life activities. Following use of the knowledge for her personnel health, she shared to neighbors on how to keep houses and household equipment clean, environmental sanitation and importance of regular personal medical checkup by health specialists at clinics and health centers. The purpose of sharing all the information and knowledge to women in the neighboring areas has been intended to enhance understanding of the women and to enable them to apply it in their regular life as such information rarely comes to the area that women may or may not get as required.

Is there any visible change at individual and group level?

She said that I stopped feeling afraid of being ill and confidently go for medical treatment/ checkup and significantly reduced the incidences of malaria by 75% for me and my family members. Actively facilitated open discussion about reproductive health and other health issues among 5 members at the 18th day of each month. During the session those 5 village members get access to check their blood pressure and maintain their health condition by balancing physical exercises and nutrition's diversification as to their economic capacity. Bing the project participant, I acquired skills on business development, team work and leading team in a positive manner. Formerly, my earning was ETB 800 by deploying huge effort and now I earn salary birr 500 per month/ while having deposited common revenue mainly from the shower services. Though the latter earning is less than the former earning, there are several potential improvements once the local unit business activities are implemented as to its full capacity. From the earning in common, the local unit purchased mobile shelter made from corrugated iron sheet with ETB 14,000 as shelter for customers of the shower service with intended café service. After spending the ETB 14,000, the local unit has ETB 19,640 that earned from the shower services. Apart from earning income from the business and leading the local unit as chairperson, my thinking changed from daily bread to

confidently thinking about promoting viable business, making decisions on every day activities of the local unit.

Unintended project's positive impact

When a member gives birth, she brings her child to the working place and keep the child safe and follow a child closely without affecting the cooperative work. Conflict at household level has decreased following the increased income. Low income usually leads to conflict at household level. Women have got respect at household and community level due to income and hygiene. Some women and children have continued going to school which was discontinued because of low income. Some cooperatives received support from government that includes land to run business, agricultural input, chicken etc.

In areas where the business plan required higher capital than WHEA's capacity, government provided support, for the Tigray regional government allocated birr 480, 000 & 235,000 for the installation of transformer for the grinding mill on top of the shade where the grinding mill was built. In Assosa, government provided chicken and land for dairy production. In Chancho, the town administration representative has been in the WHA project steering committee who supported the local unit to prepare 'enjera' and cafe services to Chancho hospital.

Unintended project's negative impact

As they have been a member in the local unit for the last couple of years, they are not allowed to be a member of any other associations organized by other agencies including government and safety net program unless they leave the local unit. Family members and neighbors of the local unit members have perceived that local unit members are wasting their time without income. This is mainly due to low income against the expectation, and sometimes the opportunity cost is higher than their actual income. When women leaders spent much time on cooperative' work including completion of government process, their husbands complain, create conflicts and discourage wives from such activity. This has impact on WHAE's reputation. This challenge has led the difficulty to organize new local unit.

Case story. Daniel Gossaye is the husband of one women who is the member of local unit in Addis Ababa. According to him, the advantage of being a member of local unit is to get working & selling place, and income. He also mentioned some challenges - the weaving job is not feasible for pregnant women, community perceived that this is men's job not women etc. He had disagreement with his wife by his wife's decision on taking contraceptive without his consent. He is the father of 2 boys and one girl. He wants to have two girls. He believes that it is God's will to have more children, and each child is born with his/her blessing. The difference in

perception and action between Daniel and his wife led to conflict. Finally, he bet her and damaged her ear seriously. WHAE paid ETB 18,000 for her treatment though the damage is not recoverable. **Tsehay Saba**, community member who is not direct project beneficiary, confirmed that the community where she lives wants to have 4-6 children. The rich can have more than 6 children. Communities are religious and believe that children are gifts and blessings of God.

Photo 3: Daniel Gosaye, husband of local unit member

3.4.4. Sustainability

What WHAE has done to remain the project benefits after the project ends?

During the evaluation, the evaluation team observed that WHAE was busy in project implementation, the capacity of local units was not adequate to keep the momentum, less income led to dissatisfaction and drop outs. Most likely the health benefit will be sustained at least at personal and household level. The economic component of the project requires further investment to ensure sustainability. The project has graduation criteria which can be equivalent to exit strategy. However, no local unit was ready for graduation until Aug, 2017. Fortunately, WHAE believes in long term investment before harvesting intended results. The evaluation team gauged that households will continue to accrue benefits from the project without external support if and only if the economic component is addressed well in the remaining life of the project.

With regard to scaling up, the health activities are promising. The health training and conversation should be scaled up with in a community to address wider women. During the coffee ceremony, the nurse trains the local units and the villagers who are not the current members of the local unit but expected to be the secondary local units which will contribute to the sustainability.

Sinque training and the project design focusing on the importance of first phase local units to support the phase two and continue in the same manner will contribute for sustainability provided that first phase local units are strong enough.

Value for money: It has been seen from auditors' report and existing policies and procedures.

Audit reports: All external audit reports confirmed that the financial management has been kept well, and there is no evidence of malpractice.

Financial policy: WHAE has financial policies and procedures to guide its financial operations and avoid misunderstandings. The aim of the financial policies and procedures is to create a framework within which management of an organization can exercise financial management and control in an efficient and effective way. The manual, specifically, is intended to 1) provide clear policy guidelines with regard to the financial matters and operations of an organization; 2) define responsibility and authority of those parties involve in financial operations; 3) establish accountability for financial administration and control; 4) maintain consistency in financial administration and control; 5) enhance control over the utilization and management of financial resources; and 6) enhance transparency of financial activities. The main contents of the financial manual are bank and cash handling procedures, funds, debtors and creditors, inventory, fixed assets, budget and control, internal controls, advances and loans, internal audit, payroll system, external audit, and procurement. WHAE has also the personnel manual as a guide to establish regulations, policies and procedures, as with the Ethiopian Labor Proclamation. The intent of WHAE's personnel policy for its staff is to ensure that employee – employer relations are governed by the basic principles of rights and obligations with a view to enabling employees and employers.

However, there is a need to improve the timeliness of cash transfer and the establishment of businesses in each local unit.

3.5. Innovation and Good Practices used for "Advocacy"?

There are initiatives which can be developed and used as good practice for advocacy. It includes - the integration of health and economic empowerment in a single project; successful local unit to support another new local units as part of sustainability; diversified steering committee to support local units comprehensively; sinque training after graduation, medical checkups as an early warning to take early actions; community based outreach programme; use of business plan and community consultation for each micro business before financial investment, and tailored training manuals.

The steering committee comprised of the regional coordinator, women affairs office, sub-city political leaders and regional MSE offices. This committee has been influencing the regional officials and with that the local unit is able to get several productive resources as mentioned. Apart from mediating in between the local units and the government offices, the steering committee also oversees whether the project plans are implemented timely and whether committed resources are delivered by the WHAE.

3.6. Review of the Organizational Capacity Assessment

1) **Board of Directors**

The overall average score has been found to be 3.05 indicating that board of directors had been performing well in terms of providing policy direction and oversight for overall programming; providing direction and support to the Executive Director; having clear roles and responsibilities; representing the interest of stakeholders; however; there was low performance in areas of supporting the organization with lobbying, fundraising, and linking with the community and with other organizations. The WHAE head confirmed that board members are professional, well experienced and committed.

2) Strategic planning and management

All respondents agreed that WHAE has good capacity in strategic planning and management mainly around having a clearly articulated vision, mission and strategic goals; and) success of achievements towards the strategic goals; however; there is a need to improve in taking actions to achieve strategic goals.

WHAE has the strategic plan for the year 2014 – 2018 to layout the five-year strategic direction of the organization and to provide guidance to the staff, board members and the constituency at large. The plan contains background history of the organization, summary of SWOT analysis, vision, mission, goal, values, critical issues, objectives and general budget line for the year 2014-2018. It would have been better if context analysis had been done to inform SWOT analysis better. The monitoring and evaluation system not included properly though the organogram has included monitoring and evaluation coordinator

3) Leadership and management

It was found that WHAE has a defined organizational structure with clear lines of authority and responsibility; employees are empowered to manage their own work, set and follow up on goals and deadlines, solve problems and make decisions within their areas of responsibility; there are annual and strategic plans which are comprehensive and specific enough to permit accurate resource allocation; and managers and staff evaluate progress toward achievement of planned goals and deadlines, and adjust the plan as needed; however, there was no adequate resources and allocation to achieve the desired impacts.

4) Partnership

The overall capacity and performance of WHAE in partnership has been found low with an average score of 2.5. Though the organization seeks out strategic partners to advance its goals and expand its influence, its participation and support to NGO networks/coalitions, and plays a role in promoting them as well as the ability to negotiate with various stakeholders to develop an MOU for long-term cooperation has not been significant.

5) Program design

WHAE's program priorities and services were based on actual need as determined by communities, clients, and other stakeholders; and community and staff participate in planning, implementation and evaluation of programs and services. The leaders of the organization witnessed that WHAE has good capacity in program design. Respondents of the self-assessment provided average score of 3.4

6) Monitoring and evaluation

It was found that monitoring and evaluation systems have been designed for all programming; results of impact evaluations are used to make programming decisions; and the organization identified indicators, and collects baseline and impact data with which to monitor project activities. However, there was differences in scoring among respondents on the realities of using impact evaluations to make programming decisions.

7) Accounting and reporting

All respondents have agreed that WHAE's capacity in accounting and reporting is very good with an average score of 3.5 out of 4. Indicators which got the same score were financial accounting, documentation, and reporting systems and procedures were in place, and function fully; there were adequate internal financial controls for all expenditures; internal and external audits were conducted on a regular basis; and accurate, complete and timely financial reports were provided to donors and Charities and Societies Agency.

The table 15below indicates the expenditures made for programme and admin for the years from 2011 to 2016. In all years, the 70/30 ration has been maintained as of government's policy. The expenditure, on average, was about 73% for programme and 27% for admin cost

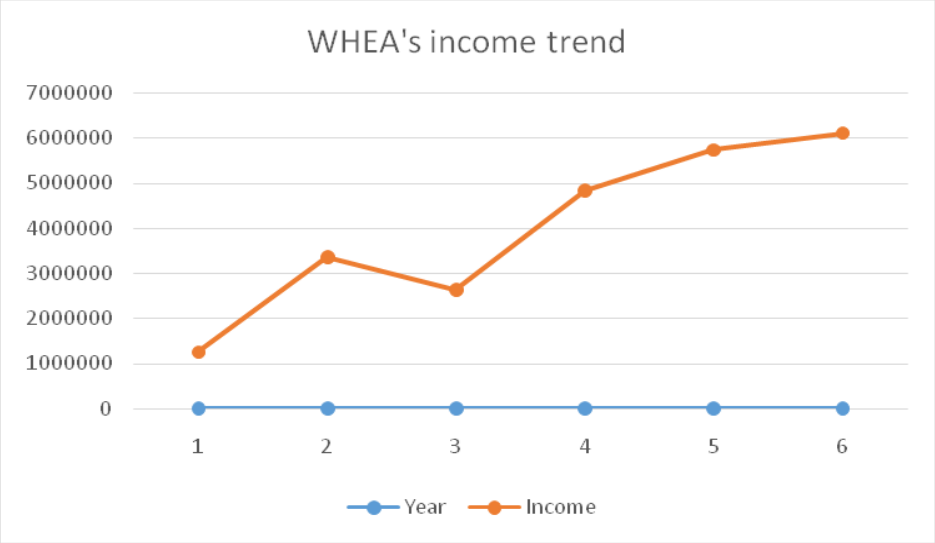
Table 15: Annual expenditure for program and admin

Year	Program cost		Admin cost		Total cost
	Amount	%	Amount	%	
2016	4,340,087	72.49	1,646,811	27.51	5,986,898
2015	4,282,598	73.65	1,532,062	26.35	5,814,660
2014	3,543,212	76.45	1,091,688	23.55	4,634,900
2013	2,378,552	69.77	1,030,366	30.23	3,408,918
2012	1,800,181	69.60	786,395	30.40	2,586,576
2011	909,190	73.14	333,875	26.86	1,243,065
Sum	**17,253,820**	**72.88**	**6,421,197**	**27.12**	**23,675,017**

Source: Compiled from external audit firms

8) Financial sustainability

It has been found that there was no clear, achievable financial sustainability strategy and plan with targets based on reality; effective actions were not being taken to achieve financial sustainability; the organization has limited sources of funding; there was no a comprehensive list of potential donors; staff had limited skills and tools to develop proposals and win donor funding; and WHAE hasn't identified and accesses local resources - the private sector. Respondents provided average score of 2.3 out of 4 that indicates financial sustainability hasn't been addressed adequately. As seen in the figure below, income has been increasing though not adequate.



Reserve and financial risk: Organizations have a tradition to keep some amount of fund called reserve intended to absorb financial shocks. In case of unexpected financial gap, organizations need to keep their staff and running cost for at least three months from the reserve fund. Comparing the fund balance and admin cost requirement of WHAE for each year, there is a room to keep some amount of budget from fund balance as part of the budget reserve (see table16 below for detail.

Table 16: WHEA's annual fund balance and admin cost requirement (ETB)

Year	Fund balance	Admin cost	Ratio balance/admin	Reserve requirement for three months
2016	235,416	5,986,898	3.93%	58,854
2015	129,419	5,814,660	2.23%	32,355
2014	212,695	4,634,900	4.59%	53,174
2013	22,126	3,408,918	0.65%	5,532
2012	794,841	2,586,576	30.73%	19,8710
2011	20,664	1,243,065	1.66%	5,166

Source: Compiled from external audit firms

9) Human resources

There has been a system to identify and meet staff needs for professional development to support the strategic objectives of the organization; formal human resource systems, policies and procedures in place, documented in a manual, and understood by staff; staff were assigned and promoted according to performance; staff received adequate teaching, training, and mentoring; and there was a system to identify and meet staff needs for professional development to support the strategic objectives of the organization. However, salaries are less competitive, the number of staff and their professional skills and experience do not correspond to the work of the organization.

10) Volunteers

Self-assessment respondents provided average score of 2.5 out of 4 while scoring volunteers. It indicates that WHAE'S capacity in volunteers' management was relatively low. The main reasons were 1) the organization made less effective use of volunteers to supplement its capacity; 2) there was no comprehensive database of volunteers and updated regularly; and 3) there were no job descriptions for volunteers.

11) Facilities and equipment

Respondents, on average, agreed that WHAE had no sufficient facilities and equipment to ensure effective program activities, but there was a documented procurement system is in place and was being followed.

12) Public relations

The organization's capacity in public relations has been found low with an average score of 2.1 out of 4. Reasons for low capacity were but not limited to i) WHAE had no relations with the private sector for technical expertise, material and/or human resources; ii) there was limited roster of key stakeholders, including, media, government, business; iii) WHAE and its work were not well-known to the public, policy makers, and the media; There was no well-established media contacts and had clear and regular communication with them; and iv) there was no clear strategy and protocol for working with the media.

Support from NKS

The WHAE launched the project activities at regional level with big ambition of improving health and economic wellbeing of women in the target area. With this the NKS has been providing financial and technical assistance to all the local units. Apart from providing financial and technical assistances through the WHAE and the experts who represent the association here at the project area. NKS facilitates establishment of sisterly relation with the women association in Norway as the same units that had played significant socioeconomic role for the development of the todays Norway. Experts from Norway regularly came and review approaches that the local units have been following to make sure that they are applying the same procedure as has been done by similar local units in Norway.

3.7. Challenges

Challenges contributed to low performance included 1) slow and bureaucratic process to sign agreement with the concerned government offices delayed the formation of new local units; 2) lack of the capacity of some regional staff to organize and assist the women groups created a huge gap in the implementation; 3) the lack of business skills among the women is a challenge and it needed a very close follow up in their business process; 4) low level of literacy affected training absorption and common understanding among members; 5) targeting poor of the poorest made the major emphasis on immediate income than long-term investment and change; 6) few members are old and disabled who could not contribute to the business activity effective as compared to others; 7) lack of reliable and sustainable market for inputs and output like the case of wool carpet in Addis Ababa; and 8) low business flexibility, once cooperatives are registered for one business, it is not so flexible to change into another business like the case of Assosa but relatively better in Bahir Dar as they change their business from mail grain to food, grocery.

4. Conclusion

WHAE has been implementing activities in line with its strategic plan and different policies. The project has been making good progress in the health component compared to the economic component. This has been due to the project's focus on health as demonstrated by implementing many activities supported by budget. Out of the total programme expenditure, about 72% has been allocated for health. There are evidences of change witnessed by individual local unit members, leaders of the local unit, nurses, steering committee, government and WHAE staffs. The evaluation team also observed the hygiene and the articulation capacity of some women. The respondents in Addis Ababa confirmed that due to hygiene, sanitation and cleaning campaign, the occurrences of some diseases like fungus on children's head has been reduced which was also confirmed by the nurse though it needs further research.

The health approach is good because through the gradual step by step process the local unit members know each other than the time of their initial start/contact. As per the project procedure, women are expected to engage in the health trainings and acquire knowledge that help them bring behavioural changes as a result and practices in their lives. Following that, they started cleaning their environment and campaign for cleaning their respective homes and villages. These practices have resulted in improved family and environmental health due to increased individual's knowledge &attitude.

The economic component has been less effective and contributed for dropouts and project inefficiency (many trained women left the local units). The resource allocated (27% of the total expenditure) and intervention logic including the quality of business plan have not been contributing to the business success meaningfully. As a result, only 37.8% of the respondents received salary based on their performance.

Cognizant of the current levels of local units' capacity, and if the project implementation will continue as it has been till the end of the project, there will be a risk of sustainability.

5. Recommendation

Based on the findings of the evaluation, the following recommendations are made:

- Strengthen its organizational capacity mainly in areas of human resources, fund raising/financial sustainability, partnership, monitoring & evaluation, and public relation;
- Revisit the intervention logic/model, more emphasis is needed on the economic component as it is the primary interest of both the local units and government. Revisit targeting and graduation criteria and align it with performance indicators. As of the project indicators, the progress has been encouraging; however, these indicators are not specific to the objectives and graduation criteria. In addition, this model has been pioneered in the 19th century in Norway, applying similar rues and procedure would hinder from taking advantage of current dynamic opportunities/systems;
- Reduce the number of intervention regions, number of local units, and members under each local unit. Expansion should be based on fund raising and implementation capacity. There should be proper exit strategy for each local unit;
- Diversify funding base to reduce financial risks. It also gives flexibility where to invest. Depending on a single source of fund decreases flexibility. Less investment on the economic component has been due to funder's priority on health. Hence, WHAE needs to develop a resource mobilization strategy informed by the strategy paper and a donor scoping study;
- Establish saving and loan schemes within the local unit. It helps them individual members to engage in business they prefer on top of the common business. It also enhances the group cohesion;
- Revise all business plans in each local unit and ensure its validity, allocate adequate budget to each local unit; otherwise there will be increased drop outs and graduation will be at risk;
- Implement all programme and project components as designed. Provision of adult learning for local unit members was part of the design, but not implemented. Try having a consistent information in the program strategy across different sections. There are several inconsistencies, but to mention one as an example, reproductive health training in the deliverables per region indicates 1,298 whereas in the result indicator table indicates 1,840. It might affect proposal quality, budget estimation and impact on fund raising;
- Support ''Tenaye'' local unit on Oromiya as they are under provision period. The Chancho hospital expects the members to fulfil minimum requirement as food and drinks being provided to patients as of the procedures and standards set by the ministry of health. If the local unit doesn't

fulfil that standard, there is no guarantee to sustain the partnership relation with the government; and

- Lobby with the government and line offices to prioritize and support local units; and to reduce time spent for project agreement process as WHAE is reaching the most vulnerable ones;

Recommended donors and partners

The table 17 below summarizes recommended platforms, its purposes, key players and relevance to WHEA

Table 17: Key Players Relevant for Women's Empowerment

Name of platforms	**Purpose of platforms**	**Key players**	**Relevance of platforms to WHEA**
Annual gender forum	The forum involves governmental and non-governmental organisations and donor agencies. It is created to reflect on challenges, achievements and best practices in the sector.	Led by MoWCA	Being involved in this national platform helps to share lessons at national level and to raise its profile
GO/NGO forum	A government-NGO interface platform that meets semi-annually set up in 2012. It helps to align activities of different stakeholders, share experiences on implementation of national programs, plans and policies	Chaired by MoWCA and co chaired by EWLA	As it is a GO/NGO interface meeting, it will be useful to have a presence in the platform and raise the challenges affecting work on gender equality and women's empowerment. It can also share its experience and inform planning and programming in the sector
Donor group on gender equality (DGGE)	The forum is composed of donor agencies supporting the sector with the aim to coordinate and	While the chair rotates among members, the co/chairs are UN Women and Swedish International	Although NGOs are not invited to this platform, WHEA can prepare donor briefings on specific issues it wants to influence decision making of donors and approach

Name of platforms	Purpose of platforms	Key players	Relevance of platforms to WHEA
	harmonize programs among the different agencies.	Development Agency (SIDA)	the Co-chairs for a possible presentation on one of their regular meetings.
Women's parliamentary forum/ women's caucus	Brings all women parliamentarians at the national assembly together to identify common priorities, challenges and integration of gender in various parliament standing committees		WHEA can approach members of the forum or chairs and co/chairs and lobby to present evidence and policy asks at the forum's meeting on specific issues it wants to inform the parliament or influence
Network for abandonment of FGM	Composed of UN agencies and other actors, aims to end FGM by 2017.	Coordinated by Organisation for Development of Women and Children in Ethiopia (ODWaCE)	WHEA can become a member, share its experience and inform national programs and implementation on FGM

5. Annexes

Annex 1: Some MMA Reactions to the WHAE's Comments on the Draft Report

Thanks for the comments and suggestions made on our draft report. We have as much as possible incorporated your comments and suggestions in the improved version of the report. In the meantime, please find blow our reflections on the comments:

Comment1: First of all, we are surprised by the emphasis you place on the business part of WHAE. WHAE is first and foremost a health organization, in which the group businesses are secondary. We would therefore appreciate more focus on the health part in the final evaluation report. For example, could you write more about the behavioral change among the women due to the health training?

Response 1: We understand that WHAE works towards women's healthy lifestyle, leadership and job creation. All respondents stated their appreciation to the health component of the intervention and this has been reflected in the improved version of the report. WAHE is successful and has been able to make significant behavioral change among the local units and the non-member local residents. One of the scopes of the evaluation was to assess the changes happened due to the project and propose the way forward for the sustainable and successful achievements of the objectives of WHAE. The evaluation was midterm and to indicate where to focus before the end of the project. We have used mixed methods for this evaluation and have had face to face interviews with individuals and group discussions with respondents (local units and government offices) – we tried to address the issues related to the project and not only the economic aspect of it. According to the evaluation results, the respondents have critically reflected on the economic component as the weak side of the project though they are happy with the health part, they need sustainable livelihood option for their families to be healthy and active. It was clear that the woreda local governments and women's affairs offices identified and targeted the local unit members based on their low income and limited livelihood option, not because of their health problem. Health problem was not the selection criteria at individual level though at kebele level health indicators were part of the woreda and kebele level selection. In addition, local unit members are informed by the government that WHEA is to support them to improve their health and reduce their income poverty. Local units are registered by the government (small and micro enterprise office) as cooperatives to run business. This is their legal status and one can imagine what is expected from these cooperatives. Hence, local unit's economic expectation from WHEA has been high. Economic aspect is

not the emphasis of the evaluation team only but also the local unit members and stakeholders. In addition, economic component is one of the criteria for graduation. The evaluation team believe that achieving the project's objective comprehensively require attention to the economic component. Then, the project's terminal evaluation will indicate the successes of both health and economic component.

Comment 2: The health part is closely linked to the business part, as the women are trained for leadership and communication with clients as part of the health training. Therefore, we find it so important to keep up with this work.

Response 2: It is true that health and business part are linked and important to continue working on these areas. About 57% members' drop out mainly due to economic reason is alarming indicator. If the economic component will not be improved, there will be a risk of liquidation.

Comment 3: You write that only the public shower service is regarded as successful. However, there are other businesses earning good money in Harar, Mekele and Gullele. Some businesses don't earn money at the moment, but will most probably do so in the near future, for example the making of carpets in Gullele. It takes time to get a new business on track.

Response 3: The evaluation time was till August 2017. All successes and challenges were findings within the evaluation time. After the evaluation, there might be change. Two evidences at the time of evaluation is explained as follows:

- Gullele wool carpet: Products are available in the store due to lack of market, the idea of export has not been successful, there is no business plan, input supply was limited, members' income was minimal that led members to propose to shift the business and find better alternative business areas
- Mekele:As per the responses and review of their financial records, grinding mill are is operating under (-ve) return where the grinding mils are progressively depreciated and the operation didn't cover its initial fixed investment cost. Had the the government hasn't given additional resources, the grinding mills would have been closed/liquidated because of lack of cash on the invested cash out flow.

Comment 4: Regarding the individual loans you are suggesting for the businesses, our fear is that by doing so, the women will spend all the money, without any behavioral change. The latter is of great

importance to WHAE; therefore, we link the health training to the business part and also prefer group businesses in which the women are committed to more sustainable projects.

Response 4: We understand that behavioral change and leadership is important but not enough unless it is translated into action and improve their livelihood. There are many success stories of saving and credit group in Ethiopia. To mention one, acceding to ODI's review of programming by five NGOs Savings and Self Help Groups in Ethiopia (Sep, 2016), in recent years, SG/SHG have been transformed, primarily by INGOS into a core component of the micro-finance world. By bringing together groups of 15-30 people and accommodating very small scale savings and loans, SG/SHG have begun to help the unbanked bank themselves—demonstrating cost-benefit ratios as high as 1:400. This report focuses on SG/SHGs in Ethiopia, where the model has been rapidly taken to scale by the cooperative efforts of five key NGOs, as well as growing organically in some of the communities where these have been set up. There are also several cases which demonstrate the effectiveness of this approach. Local unit members had perception that the time before the start of the business shouldn't have taken that much long period. Some proposed, 6 months is sufficient for training and team building. Thus, with skill training and establishing strong leadership, the target groups can be successful in managing their resources.

Comment 5: We disagree in reducing the number of local units, as you are recommending. Even though some of the businesses don't provide any income yet, the women are empowered by the health training. It might be a good advice not to expand any further, however, reducing the number of local units would set a stop to many successful health projects.

Response 5: Well, this is an independent evaluation and our duty is to make recommendations based on the findings of the evaluation and based on the country context. It is clear though that WHEA can be selective in taking the recommendations forward base on its resource availability. The reason for our recommendation was WHEA's staffing, financial and program management capacity. If WHEA will increase its capacity and able to satisfy local units, it is fine from our side. There was also a suggestion from women themselves and government line departments to reduce number of women in a local unit to make it from 14-27 rather than 50 members. This is mainly due to difficulty to create cohesion among the team and conflicts among the members. This indicates that having more members is making then neither efficient nor effective.

Comment 6: I disagree when you write that the women will drop out if they do not earn any money. Of course, that has happened and will also happen in the future. When visiting the local unit in Chancho yesterday, I was discussing the difficulties the women were facing with the hospital restaurant business.

However, when I asked whether they would continue to be WHAE-members if they keep up not making any money, they all said that the health part was too important to put an end to the membership.

Response 6: Our finding is a representative of other units as well and we have learnt that significant percentage of women are dropping out due to financial reasons. The, local units responded to the questions are not having properly engaged in the business part has been the major reason for the members to decline from 50 to the current number. In addition, the consulting team doesn't have any objection about your decision except professionally providing evidences and recommendation

Comment 7: Furthermore, I disagree when you recommend WHAE to get a mix of poor and less poor members, as assisting the poorest of the poor is one of the pillars WHAE is based on. This is also the case regarding the individual loans that you recommend, as the collective perspective has been an essential part of WHAE from the very beginning. This is something we do not want to change.

Response 7: This is not part of our recommendations.

Comment 8: Finally, we would like to emphasize that WHAE is a very young organization (it was established only six years ago). To us, it seems like you haven't fully taken the time horizon into account in the draft evaluation report. You make some good recommendations in the draft evaluation. However, they require another financial situation than what is the case today. Therefore, I would kindly ask you to give recommendations on how we can increase the funding in order to implement your recommendations.

Response 8: WHAE was established in 2011.The evaluation team used mainly the time horizon of program plan (Jan 15 to Dec,18). The program has been progressing, and will achieve its objectives provided current challenges are addressed. We haven't seen ambitiousness of the program plan. In addition to the recommended donors and partners, WHAE can Establish good networks with the funding agencies; develop a sound and practical development strategy which shows the linkage among the organizational mission, global development context and national development priorities; and put a clear operational strategy and direction in place.

Annex 2: Methodology

2.1. Framework and Approach

2.1.1. The project evaluation and control cycle

The diagram below shows the relationship between baseline information, monitoring, measuring actual performance against baseline and taking corrective measures based on the recommendations. This was relevant to the evaluation since the project period is 2015-2018 and some recommendations on the way forward could allow improving the situation for better performance.

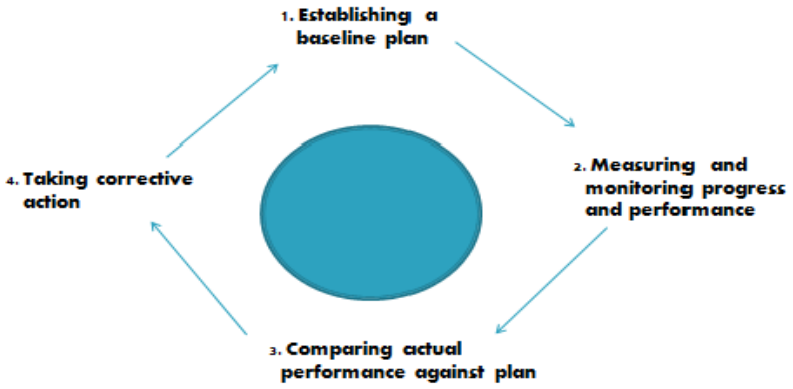


Figure 1: The project evaluation and control cycle

2.1.2. The earned value management

It is a mechanism that can determine how much work has been accomplished for the money spent. It is the process of measuring performance of project work against a plan to identify variances. It can also be useful in predicting future variances and the final costs at completion. It is a system of mathematical formulas that compares work performed against work planned and measures the actual cost of the work performed. Earned Value Management (EVM) shows the relationship among all three of the primary project success criteria: cost, schedule, and performance (see Annex 2 for detail EVM calculation.)

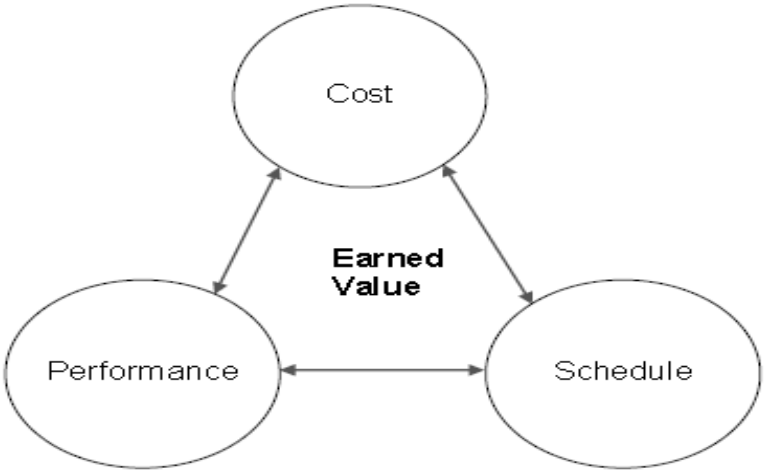


Figure 2: Project Performance Dimension in EVM method.

2.1.3. Organizational capacity assessment

Organizational capacity was assessed based on the organizational self-assessment tool that has six main functional areas – 1) leadership and strategic management, 2) program design, management and quality control, 3) accounting and financial management, 4) financial sustainability, 5) human and material resources, and 6) external relation and communication (Annex 3 for details).

The team also assessed the organizational capacity of Women's Health Association of Ethiopia (WHAE) on a participatory fashion and made recommendations for future improvements. The evaluation team discussed with the country director, programme head, board members, regional coordinators, and admin and finance. Some of the issues addressed while assessing the organizational capacity included the following but not limited to staffing structure (Organogram), availability of staff for the positions, qualification and experience of staff, competitiveness of salary package and benefits with similar organizations, availability of office facilities and transport, and cash management practices.

2.1.4. Evaluation based on DAC criteria

Effectiveness – has WHAE done the right thing well?

Answers to each evaluation question contributed to our assessment of effectiveness. Assessing how the project has affected women, livelihood improvement, health status, etc., was part of each area of inquiry. The evaluation team was able to draw on the information gathered in responding to the key project questions which added depth to the analysis of the effectiveness of the project.

Efficiency – has WHAE got the most (and best) results for its inputs?

Efficiency was considered in terms of how inputs such as funds, training and human resources, were used to deliver the outputs of the response. Gauging efficiency also applied some exploration of opportunity costs of choices made and benefit analysis of alternatives not pursued by WHAE. What was most pertinent for this evaluation was the analysis that supported the investment decisions in terms of alternative use of funds. The evaluation team reviewed the project systems, policies and procedures, and relevant documents as well as interview staff in order to make an informed opinion in regards to lead questions such as:

- To what extent did the finance and logistics systems facilitate timely procurement of inputs and ensure prices were reasonable whilst satisfying appropriate checks and balances (in terms of WHAE systems and policies)?
- Were the right personnel engaged in a timely manner?
- Were the staff supported and facilitated to perform their roles effectively and efficiently?

Impact – what changes (positive or negative, intended or unintended) to beneficiaries' lives has the project contributed to?

Recognising that this was not an impact evaluation rather midterm evaluation, impact was considered in terms of before and after the project so far as the project is ongoing. Analysis of the baseline, internal evaluation, opportunity cost and monitoring data were compared with the results of the household survey and qualitative information gathered.

Sustainability –what WHAE has done to remain the project benefits after the project ends?

To identify evidence of sustainability in the project, the evaluation team assessed the extent to which processes (such as exit strategies) have tried to build in mechanisms that promote durability and longer-term utility. Through FGDs and interviews, the evaluation team gauged how households will continue to accrue benefits from the project activities without external support. Some of the other areas the evaluation team explored included: degree of community ownership of project activities; strength of community institutions; feasibility/profitability of alternative sources of income and community seed money management.

2.1.5. Evaluation Matrix

The table below summarizes the approach followed on how to find relevant information for each objective and research questions.

Table 1: Evaluation matrix

Objectives	**Source of information**	**Method of data collection**	**Focus areas**
To review the effectiveness of the project	Baseline, project action plan, business plans, project reports, beneficiaries, government partners, WHAE/NKS, steering committee, volunteer board members	Indicator and financial performance template (Annex E), FGD, desk review, questionnaire, KII, observation	Achieving objectives, its progress in line with the project result Matrix, EVM, methodology appropriateness, success factors, challenges, what works well and not, to what extent the income has increased and contributed to the health & livelihood condition of members, to what extent the project interventions have increased the skills and knowledge of the beneficiaries
To review the efficiency of the project	"	"	EVM, examine output quality and time of delivery; the level of participation & contributions of target beneficiaries; comparisons will be made against what was planned and achieved; comparison with similar interventions. if available
Impact assessment	Project progress report, baseline, case stories, beneficiaries, government partners, WHAE, steering committee	"	With and without the project; signs of intended and unintended impact, confidence level; changes at household and community level;
Sustainability	Business plan, project reports,	"	Level of community participation&

Objectives	Source of information	Method of data collection	Focus areas
assessment	beneficiaries, government partners, WHAE/NKS, steering committee, volunteer board members		ownership, adequacy of capacity building provided, government support, behavioral change, feasibility of scale up, profitability of IGAs, organizational capacity level
Value addition, innovation, advocacy areas and lessons	Target communities, sector offices, WHAE staffs	Desk review, FGDs, observation, case stories	What is new and value addition of the new activity/result on top of the existing, Lessons to all relevant actors both governmental and non-governmental organizations
Revolving fund management	Communities	FGD	Grant governance and its contribution to social and economic empowerment, re- payment rate, profitability
Training effectiveness	Communities	FGD	Timeliness, applicability and changes made after training
Project management	WHAE and stakeholders	Desk review, interview	Phases and project processes, templates, tools and timeliness; consistency of the project activities and outputs with the overall goals
Review organizational capacity	WHAE, NKS, volunteer board members, steering committee	KII, org. self-assessment tool, desk review	Available capacity and gaps, organizational structure and its fitness to project implementation, strategic and operational areas

2.2. Methods

Methods were developed to assess activities done at different levels, results of these activities, what went well and not which were the base for recommendation.

2.2.1. Geographical distribution

Considering both geographical and thematic representation, the consultancy firm in consultation with WHAE/NKS identified four sample project areas which could represent the project. Sample areas were 1) Assosa, Benishangul Gumuz region, 2) Addis Ababa, 3) Mekele, Tigray Regional State, and 4) Chancho in Oromiya Regional State.

2.2.2. Review of secondary sources

The evaluation team reviewed both project and non-project documents. Project related documents included the establishment of WHAE, program strategy (2016-2018), project & financial proposal, project baseline, agreements/MoU, monitoring report, quarter and annual reports.

The consultant firm also reviewed non-project documents including Growth and Transformation Plan of the government (GTP II), Project management body of knowledge (PMBOK), innovation management, business plan development, and training impact assessment.

2.2.3. Primary data collection

To carry out this evaluation, the consultant employed quantitative and qualitative methods to collect data from primary and secondary sources of information. Quantitative data were collected using the questionnaire developed in consultation with the WHAE & NKS, pre-tested in Addis Ababa and were analyzed using appropriate statistical packages called SPSS while qualitative data was collected through qualitative tools such as Focus Group Discussions (FGD), Key Informant Interview (KII), field visit (observations) and analyzed systematically.

Selection criteria: For the individual interviews, representative women beneficiaries were selected from the units taking into account disability, and those who received seed money for income generating activities. The primary target respondents were women organized during the first phase; however, due to small sample size caused by drop outs, respondents were included from local units organized in phase two. Hence, nearly all active members of the unit were included in the sample.

For the structured interviews, the sample size was 98 women (60% of the total unit members in each sample areas/regions selected). As indicated in table 2 below, the total number of unit members was 164. (See Annex 4 for questionnaire details).

Table 2: Sample size and distribution

No.	Sample areas	Local unit members	Sample size

1	Addis Ababa	28 (phase 1=10)	22
2	Assosa	33	24
3	Chancho	36	25
4	Mekele	67 (phase 1=17)	27
	Totals	**164**	**98**

Because the number of cooperative members were not enough for the planned sample size, additional 55 survey respondents were taken from cooperatives established during phase two.

FGDs and KIIs

There were FGDs in each sampled region and local units. The consultant firm conducted one FGD per local units for direct beneficiaries – about 5-8 participants for each FGD. The project had spillover effectsand benefitsto those who were not direct beneficiaries. However, the evaluation team conducted one FGD in each unit with indirect project beneficiaries who were community members and could provide the necessary information on how they were benefitting from the project, and to reflect on the perceptions of indirect beneficiaries about the project and members of the local unit' . (See Annex 5 for details).

Key Informant Interview (KII): It included interview with local unit women, volunteer board members, government partners, steering committee members, and staffs of WHAE & NKS.

Organizational capacity self-assessment

The organizational capacity assessment of WHAE was carried out based on the organizational self-assessment tool (Annex B) and key informal interviews which were conducted after field visit and internal debriefing within the members of consultancy firm. The debrief cession further informed the organizational assessment approach.

Observation

Consultants were observing the confidence, knowledge, skill, empowerment level of respondents while conducting FGD and KII. In addition, some IGA and campaign areas were visited

2.2.4. Data analysis

Analyzing survey data: The team leader coded the data, hired data entry clerk SPSS, clean and analyze date using SPSS. Team leader gave orientation on data entry process and supervise the data entry process.

Analyzing qualitative data: Recursive abstraction method was used to analyze qualitative data collected through key informant interviews, focus group discussions, and observations. In the course of fieldwork, the evaluation team took notes for individual FGDs and KIIs held with various participants on daily basis. Besides, intuitions and observations of the consultant team helped while analyzing qualitative data and used for triangulation.

2.2.5. Quality assurance

The consultancy firm took measures at different levels to ensure the quality of data. This started at the time of developing data collection tools. Maximum effort was made to ensure that the data collection tools were well developed and enabled the team to capture all relevant data. Consultant drafted the tools and ensured that all relevant staffs from WHAE/NKS provided feedbacks before finalizing them. The questionnaire pretest conducted in Addis helped refining the tools.

While on the field, the consultants ensured that the quality of data was not compromised by performing the following activities.

- ✓ Identified persons with a minimum of diploma and could speak local language and trained them to effectively administer the questionnaires to sample households. Gave orientation to the enumerators to take full responsibility.
- ✓ Ensure that every enumerator had contact details of the consultants to request clarifications at any time.
- ✓ Each consultant had a role to check the completeness and consistency of the filled questionnaire every day and provided feedback the next morning and gave direction as necessary.
- ✓ The consultant team had brief update as needed to discuss on the daily performance and challenges encountered and devise solution.
- ✓ Limited number of questionnaires (8-10) were given to each enumerator on daily basis to avoid rushing which could compromise the quality of data.

Schedule

As indicated below, we are in agreement with the schedule provided in the ToR. The assignment will be conducted during the period of June – December 2017.

Time frame

ACTIVITIES	Time:2017
Negotiation and signing the contract	June 2017
Inception report. (preparation of method and practical implementation between evaluator, NKS and WHAE)	15th to 30th Aug, 2017
Implementation of Evaluation	Mekele 17thto 21stSep, 2017 Chancho 25thto 27th Sep, 2017 Addis Ababa 13thto 17th Sep, 2017
Writing reporting phase	Data entry and analysis 1st to 10th Oct, 2017 Draft report 11th Oct to 9th Nov,17
Review of draft evaluation report by NKS and WHAE	10th of November, 2017
Final deadline for submission of report	1st of December, 22017
Presentation of the output to stakeholders in Ethiopia	December 4 or 5, 2017

Annex 3: Earned Value Management (EVM)

EVM Terminology and Calculation

Planned Value (PV): Comprises of all the relevant costs in the project

Earned Value (EV): The cost of all progress achieved on the project, or part of the project, up to the reporting date, expressed in terms of the costs originally set out in the initial estimate. It represents what has been earned, not simply what has been spent.

Actual Cost (AC): The cumulative expenditures on the project, or part of the project, up to the reporting date.

Cost Variance (CV): It given by (EV − AC)

Schedule Variance (SV): It is given by (EV − PV)

Cost Performance Index (CPI): It is given by (EV/AC)

Schedule Performance Index (SPI): It is given by (EV/PV)

Original Duration (OD): It is panned schedule

Expected time to completion (ETC): It is given by (OD/SPI)

Budgeted cost at completion (BAC): It Represents the total budgeted cost of the project baseline.

Estimated cost at completion (EAC): Represents the sum of the costs incurred to date and the revised estimated costs for the work remaining, given by (BAC/CPI)

Estimated cost to complete (ETC): It is given by EAC - AC, shows the amount of money to be spent to complete the remaining work.

Variance at completion (VAC): It is given by (BAC − EAC) or (BAC − FAC), indicates expected positive or negative deviation at completion.

To Complete Performance Index (TCPI) = (BAC - EV)/(BAC - AC), shows the cost performance index that must be achieved on the remaining work to bring the project back on track.

EV calculation and summary table

Earned Value Analysis					
Abbreviation	**Name**	**Lexicon Definition**	**How Used**	**Equation**	**Interpretation of Result**
PV	Planned Value	The authorized budget assigned to scheduled work.	The value of the work planned to be completed to a point in time, usually the data date, or project completion.		
EV	Earned Value	The measure of work performed expressed in terms of the budget authorized for that work.	The planned value of all the work completed (earned) to a point in time, usually the data date, without reference to actual costs.	EV = sum of the planned value of completed work	
AC	Actual Cost	The realized cost incurred for the work performed on an activity during a specific time period.	The actual cost of all the work completed to a point in time, usually the data date.		
BAC	Budget at Completion	The sum of all budgets established for the work to be performed.	The value of total planned work, the project cost baseline.		
CV	Cost Variance	The amount of budget deficit or surplus at a given point in time, expressed as the difference between the earned value and the actual cost.	The difference between the value of work completed to a point in time, usually the data date, and the actual costs to the same point in time.	CV = EV – AC	Positive = Under planned cost Neutral = On planned cost Negative = Over planned cost
SV	Schedule Variance	The amount by which the project is ahead or behind the planned delivery date, at a given point in time, expressed as the difference between the earned value and the planned value.	The difference between the work completed to a point in time, usually the data date, and the work planned to be completed to the same point in time.	SV = EV – PV	Positive = Ahead of Schedule Neutral = On schedule Negative = Behind Schedule
VAC	Variance at Completion	A projection of the amount of budget deficit or surplus, expressed as the difference between the budget at completion and the estimate at completion.	The estimated difference in cost at the completion of the project.	VAC = BAC – EAC	Positive = Under planned cost Neutral = On planned cost Negative = Over planned cost
CPI	Cost Performance Index	A measure of the cost efficiency of budgeted resources expressed as the ratio of earned value to actual cost.	A CPI of 1.0 means the project is exactly on budget, that the work actually done so far is exactly the same as the cost so far. Other values show the percentage of how much costs are over or under the budgeted amount for work accomplished.	CPI = EV/AC	Greater than 1.0 = Under planned cost Exactly 1.0 = On planned cost Less than 1.0 = Over planned cost
SPI	Schedule Performance Index	A measure of schedule efficiency expressed as the ratio of earned value to planned value.	An SPI of 1.0 means that the project is exactly on schedule, that the work actually done so far is exactly the same as the work planned to be done so far. Other values show the percentage of how much costs are over or under the budgeted amount for work planned.	SPI = EV/PV	Greater than 1.0 = Ahead of schedule Exactly 1.0 = On schedule Less than 1.0 = Behind schedule
EAC	Estimate At Completion	The expected total cost of completing all work expressed as the sum of the actual cost to date and the estimate to complete.	If the CPI is expected to be the same for the remainder of the project, EAC can be calculated using: If future work will be accomplished at the planned rate, use: If the initial plan is no longer valid, use: If both the CPI and SPI influence the remaining work, use:	EAC = BAC/CPI EAC = AC + BAC – EV EAC = AC + Bottom-up ETC EAC = AC + [(BAC – EV)/(CPI x SPI)]	
ETC	Estimate to Complete	The expected cost to finish all the remaining project work.	Assuming work is proceeding on plan, the cost of completing the remaining authorized work can be calculated using: Reestimate the remaining work from the bottom up.	ETC = EAC – AC ETC = Reestimate	
TCPI	To Complete Performance Index	A measure of the cost performance that must be achieved with the remaining resources in order to meet a specified management goal, expressed as the ratio of the cost to finish the outstanding work to the budget available.	The efficiency that must be maintained in order to complete on plan. The efficiency that must be maintained in order to complete the current EAC.	TCPI = (BAC–EV)/(BAC – AC) TCPI = (BAC – EV)/(EAC – AC)	Greater than 1.0 = Harder to complete Exactly 1.0 = Same to complete Less than 1.0 = Easier to complete Greater than 1.0 = Harder to complete Exactly 1.0 = Same to complete Less than 1.0 = Easier to complete

Annex 4: Self-Assessment Tool for Organizational Development

Instruction on scaling: Please assign as follows: Don't know – 0; strongly disagree – 1; Disagree – 2; Agree – 3; strongly agree – 4; Not applicable - NA

Position of the respondent: _____

FUNCTIONAL AREA 1: LEADERSHIP & STRATEGIC MANAGEMENT

1) NON-PROFIT REGISTRATION	**SCORE**	**COMMENTS**
1.1) The organization is a legally registered structure with the government		

2) BOARD OF DIRECTORS (BOD)	**SCORE**	**COMMENTS**
2.1) BOD provides policy direction and oversight for overall programming.		
2.2) BOD provides direction and support to the Executive Director, whom it has hired.		
2.3) Board is composed of committed members who represent the varied interest of stakeholders.		
2.4) Board members support the organization with lobbying, fundraising, and linking with the community and with other organizations.		
2.5) Board member roles and responsibilities are clearly defined and are understood by members.		

3) STRATEGIC PLANNING & MANAGEMENT	**SCORE**	**COMMENTS**
3.1) The organization has a clearly articulated vision, mission and strategic goals which are understood by staffs.		
3.2) Effective action is being taken to achieve strategic goals		
3.3) Success of achievement toward the strategic goals is specified by concrete criterion and well-defined time frames for attaining goals		

4) LEADERSHIP & MANAGEMENT	**SCORE**	**COMMENTS**
4.1) The organization has a defined organizational structure with clear lines of authority and responsibility.		
4.2) Staff are empowered to manage their own work, set and follow up on goals and deadlines, solve problems and make decisions within their areas		

of responsibility.		
4.3) There are annual and strategic plans which are comprehensive and specific enough to permit accurate resource allocation.		
4.4) Adequate resources are obtained and properly allocated.		
4.5) Managers and staff evaluate progress toward achievement of planned goals and deadlines, and adjust the plan as needed**.**		

5) PARTNERSHIP	**SCORE**	**COMMENTS**
5.1) The organization seeks out strategic partners to advance its goals and expand its influence.		
5.2) The organization participates in and supports NGO networks/coalitions, and plays a role in promoting them.		
5.3) The organization is able to negotiate with various stakeholders to develop an MOU for long-term cooperation.		

FUNCTIONAL AREA 2: PROGRAM DESIGN, MANAGEMENT & QUALITY CONTROL

6) PROGRAM DESIGN	**SCORE**	**COMMENTS**
6.1) Program priorities and services are based on actual need as determined by communities, clients, and other stakeholders.		
6.2) Community and staff participate in planning, implementation and evaluation of programs and services.		

7) MONITORING & EVALUATION	**SCORE**	**COMMENTS**
7.1) Monitoring and evaluation systems are designed for all programming.		
7.2) The organization identifies indicators, and collects baseline and impact data with which to monitor project activities.		
7.4) Results of impact evaluations are used to make programming decisions.		

FUNCTIONAL AREA 3: ACCOUNTING & FINANCIAL MANAGEMENT

8) ACCOUNTING AND REPORTING	**SCORE**	**COMMENTS**
8.1) Documented financial accounting and reporting systems and procedures are in place, and function fully.		
8.3) There are adequate internal financial controls for all expenditures.		
8.4) Internal and external audits are conducted on a regular basis.		
8.5) Accurate, complete and timely financial reports are provided to donors.		

FUNCTIONAL AREA 4: FINANCIAL SUSTAINABILITY

9) FINANCIAL SUSTAINABILITY	SCORE	COMMENTS
9.1) There is a clear, achievable financial sustainability strategy and plan with targets based in reality.		
9.2) Effective action is being taken to achieve financial sustainability targets.		
9.3) The organization has several sources of funding (paid services, donors, membership fees, in-kind donations, government partnership, etc.).		
9.4) There is a comprehensive list of potential donor funding sources.		
9.5) Staff has the skills and tools to develop proposals and respond to tenders, and has won donor funding with its proposals.		
9.6) The organization has identified and accesses local resources - the private sector.		

FUNCTIONAL AREA 5: HUMAN & MATERIAL RESOURCES

10) HUMAN RESOURCES	SCORE	COMMENTS
10.1) The number of staff and their professional skills and experience correspond to the work of the organization.		
10.2) Formal HR/personnel systems, including policies and procedures, are in place, documented in a manual, and understood by staff.		
10.3) Salaries are clearly structured and competitive.		
10.4) Staff are assigned and promoted according to performance.		
10.5) Staff receives adequate teaching, training, and mentoring.		
10.6) There is a system to identify and meet staff needs for professional development to support the strategic objectives of the organization.		

11) VOLUNTEERS	SCORE	COMMENTS
11.1) The organization makes effective use of volunteers to supplement its capacity.		
11.2) There is a comprehensive database of volunteers which is updated regularly.		

11.3) There are job descriptions and/or SOWs for volunteers.		

12) FACILITIES & EQUIPMENT	**SCORE**	**COMMENTS**
12.1) Facilities and equipment are sufficient to ensure effective program activities.		
12.2) A documented procurement system is in place and is being followed.		

FUNCTIONAL AREA 6: EXTERNAL RELATIONS/COMMUNICATIONS

13) PUBLIC RELATIONS	**SCORE**	**COMMENTS**
13.1) The organization and its work are well-known to the public, policy makers, and the media.		
13.2) There is a roster of key stakeholders, including, media, government, business, and other CSOs, and the organization communicates with these stakeholders regularly.		
13.3) There is a clear strategy and protocol for working with the media.		
13.4) The organization has established media contacts and has clear and regular communication with them.		
13.5) The organization has relations with the private sector for technical expertise, material and/or human resources.		

Annex 5: Survey Questionnaire

Empowering Women at all levels for better health in Ethiopia project

Individual Household Survey Questionnaire

GENERAL Information

Date: _____ Interviewer name: _____

Phase of Cooperative/cooperative: 1= Phase I; 2= Phase II

Name of Interviewee: _____

Cooperative Name_____

Basic Information:

Marital Status: *1=Single 2=married 3= Divorced 4= separated 5=Widowed*

What is the main source of income and its amount per month (other than cooperative income)?

_____ _____

S.N	Name of family members (Start with Head of HH)	Sex 1=M; 2= F	Age	Education (Code A)
1				
2				
3				

Code A: 1=illiterate, 2= literate, 3= primary, 4=junior secondary 5=secondary 6= college

III. Project related questions

3.1. Number of years the respondent has become member of the cooperative: 1= One year 2= Two years 3= Three years 4= Four years 5= More than 4 years 6= Others, specify_____

3.2. Why you become cooperative member? 1= Enjoy social life 2= To earn money 3= To improve my life 4= Simply I was told to do so 5= To detach from dependency 6= ALL 7= Others, specify_____

3.3. Are there women that have visibly made difference in your local units based on the WHAE's intervention? 1=Yes 2= No

If Yes, How many women 1= very few 2= about five 3= about ten 4= Almost all 6= No one

If Yes, what are these differences/in what component of the intervention?

_____

_____3.4. Do you use contraceptive regularly after the training: 1= Yes 2= No 3= doesn't concern me

3.5. Have you been attending prenatal and post-natal services? 1= Yes 2= No 3= doesn't concern me

3.6. Are you and your family taking balanced diet after WHAE's training? 1=Yes 2= No 3= sometimes

If Yes, explain how you use/apply it?

_____

_____

3.6. Do you get support for critical health situation? 1= Yes 2= No 3= Sometimes.

If Yes, explain how you are getting it?

_____

3.7. Are you aware of normal routine check-ups (e.g. sugar level): 1= Yes 2= No

3.8. Have you taken vital check-ups (e.g. blood pressure? 1= Yes 2= No

3.9. Are you a leader? 1= Yes 2= No

If yes, where are you working as a leader?

_____

If yes, how many community members have you reached as a leader? _____

If you are not a leader, have you been reached by the leaders? 1= Yes 2= No

3.10. Have you improved your health seeking behaviours because of the project? 1= Yes 2= No

If yes, explain how is the improvement:

_____

_____

3.11. Do you have an access to health services? 1=Yes 2= No

If yes, where is it situated? 1= Nearby 2= 30 minutes' walk 3= 1 hour walk 4= others, specify_____

If yes, how do you see the service quality? 1= Excellent 2= very good 3=good 4= fair 5=poor

3.12. Are you involved in income generating activities? 1= Yes 2= No

3.13. How much business capital do you have in ETB at cooperative level? 1= I don't know 2= about 5,000 3= about 10,000 4=about 20,000 5= more than 20,000 6=Others, specify _____

3.14 How much profit/dividend have you got from your business? 1= Not at all 2= I don't know 3=Only salary based on performance 4= Others, specify_____

Cooperative level profitability

Total cost of production	Revenue	Profit

3.15. Are you regular attendant of the coffee ceremony? 1=Yes 2= No

If yes, Is coffee ceremony important for behavioural change? 1= Yes 2= No

If yes, do you have evidence on it?

_____

_____

3.16. Have you taken training on women leadership? 1= Yes 2= No

If yes, what were the contents:

_____

3.17. Have you taken training on reproductive health? 1= Yes 2= No

If yes, what were the training content?

_____

3.18. Have you taken training on 'Sinq' training? 1= Yes 2= No

If yes, what were contents and how are you using it practically?

_____

3.19. Have you taken training on entrepreneurship training 1= Yes 2= No

If yes, what were contents and how are you using it practically?

_____

3.20. Are you a member of health insurance? 1= Yes 2= No

3.21. Do you participate in the community health education/outreach regularly? 1= Yes 2= No
If yes, what are these education/outreach activities?
_____
_____
3.22. How many times have you received coaching? 1= once 2= twice 3=Three times 4= Five times 5= Many times
If received, by whom? _____
If received what are coaching contents?
_____
3.23. Do your cooperative has a business plan? 1= Yes, 2= No 3= I have it but in mind
If yes, what are the business types?
_____
3.24. Which business do you recommend for scale up and also others to engage on? 1= the one that we are engaging on 2= weaving 3= petty trading 4=consumers goods trading 5= 'baltina' products 6= Others, specify _____
3.25. Have you received any credit from any source? 1= Yes 2= No
If yes, how much you received in ETB _____
2.26. Can you tell any challenge in your current cooperatives engagement?_____
_____

Annex 6: FGD and KII Checklist

I. Community level

- Are you happy by the project activities, results and objectives?
- Extent of objectives achieved/are likely to be achieved during the project period till Dec,18
- Has the project created positive results for the participants and other stakeholders in the communities?
- The main factors influencing the achievement (or non-achievement) of the objectives
- Are there any best practices that can be used for scale up and influence?
- Which of the trainings were effective? Why? Any tangible change because of the training?
- What systems are in place to sustain the project benefits at organizational and community level?
- Are there any unintended positive or negative consequences of the project?
- What are some visible differences women have demonstrated because of the project?
- How disabled and elders have been benefiting from the project?
- If you compare the project with similar interventions, what difference have you observed? Which one is better and why?
- What are the communities' contribution to the project?

- How many health issues/challenges solved on the monthly meeting (nurse/facilitator to respond)
- Have you seen improvements on women's decision making capacity after leadership training? Evidence?
- Do communities like attending coffee ceremony regularly?
- How communities apply 'Sinq' training in practice?
- Do communities appreciate health insurance for women? Husbands?
- Do many community members participate in the health outreach program
- Do women practice health check-up?
- Do you think business plan is useful? Evidence?
- Which achievement are good to scale up business?
- What are selection criteria and have all been applied
- What are reasons for drop out?
- What are graduation criteria? Are all relevant and applied?
- What is the status of graduates?
- What is the vision/future plan as an association?
- What is your recommendation to strengthen the association

II WHEA board members

- Has the chosen methodology brought the expected results?
- Extent of objectives achieved/are likely to be achieved during the project period
- The main factors influencing the achievement (or non-achievement) of the objectives
- What has been the efficiency and effectiveness level of the project?
- Has the project created positive results for the participants and other stakeholders in the communities?
- Were there any best practices that can be used for advocacy and scale up?
- What real difference has the project brought to the members of WHAE and to the broader community?
- What has been the added-value of NKS to the project and to WHAE as an organization?
- To what extent has the cooperation with NKS affected the implementation of the project by WHAE?
- Was there financial transfer and reporting as of the agreement made?
- Which of the trainings were effective? Why?

- What systems are in place to sustain the project benefits at organizational and community level?
- Are there any unintended positive or negative consequences of the project?
- What are some visible differences women have demonstrated because of the project?
- How was the coaching (empowering) process carried out for community representatives?
- How was the business plan carried out? Was it effective?
- What was the base to estimate amount of credit given to a woman?
- What was the process followed to encourage the local units to formulate innovative concepts and approaches that serve their community?
- What is your recommendation to strengthen the organization?

III. Government offices/nurses

- Are you familiar with the project starting from the planning?
- What have been government's role in the project
- Are the project's activities and objectives in line with the government plan and priority?
- Extent of objectives achieved/are likely to be achieved during the project period
- Has the project been successful, effective, and efficient? Why
- What are the projects benefits at different levels?
- Are there any best practices that can be used for scale up?
- What has been the added-value of NKS to the project beneficiaries and the country?
- What systems are in place to sustain the project benefits?
- Are there any unintended positive or negative consequences of the project?
- # of health topics discussed on the monthly coffee meeting (nurse/facilitator to respond)
- # of health issues/challenges solved on the monthly meeting (nurse/facilitator to respond)
- Any recommendation to the program and partners for long term development?

Annex 7: Project Progress per Indicator

Activity	Project target	Result Indicator	Quantity planned till Aug, 2017	Quantity achieved till Aug, 2017	Performance till Aug, 17	Performance against project plan
Conduct	1618	#monthly plan	1000	841	84%	55%

monthly coffee ceremony		# of health topics discussed	19	19	100%	
		# of health challenges solved	20		No data	
Leadership training	60	# of skilled women	51	50	98%	83%
		% of women visibly making a difference in their local units	35%	Evaluation under progress		
Reproductive health training	1,840	# of trained women with good understanding on the topics	500	454	91%	25%
		% of women regularly using FP	50%			
		% of pregnant women attending prenatal and post-natal services	25%			
		# of Women feeding themselves and their family balanced die**t**	25%			
Provision of 'Sinq' training and follow up for graduating local units	120	# of women who were trained and finalized their 6 month life plan	120	101	84%	84%
		% of women who followed through with their planned activity	100%			
		# of graduated women		0		
Provision of health insurance for women	125	# of women able to get support for their critical health situation	70	62	89%	50%
Provision of Community health Education (outreach)	5,320	# of community members reached by the women	1070	1045	98%	20%
		% of community members who attended random vital check up	60%	97%		
(Male Engagement)	180	# of community members reached by the leaders	60	60	100	33%
		#of community leaders involved in the community health	60	90		
Conduct cleaning	26	# of the cleaning campaign	17	235	1382%	904

campaign		# of participants with the cleaning campaign	-	4182		
Provision of vital signs checkup for women and the community for free	5346	# of community members accessing the services				
		# of women in local unit's aware of normal routine checkups	1070	1045		
Produce a business plan	9	# of business plan produced	7	7	100%	78%
Scale up business		# of businesses with scale up capacities	1	2		
		# of women benefiting from the business				
Entrepreneurship training	600	# of trained women	200	271	135%	45%
Training on product development, quality	850	# of trained women	400	363	91%	43%
		# of quality product produced				
		% of demand				
Provision of seed money	9	# of legally started business	9	8	89%	89%
		# of women involved in the business	250	245		
		% of profit made				
Encourage the local units to formulate innovative concepts and approaches that serve their community	9	# project proposals submitted by the local units	2	1	50%	11%
		#projects supported by the program	2	2		

Annex 8: Peoples contacted

No.	Name	Location	Organization
1	Birikit Terefe	Addis Ababa	Directress of WHAE
2	Abeba Kasahun	Addis ababa	Programme Head, WHAE
3	Selamawit	Gullele	WHAE regional coordinator
4	Hana Negash	Gullele	Nurse
5	Zehabu endris	Gullele local unit- Enideg begara	Local unit chair women
6	Tigist Woza	"	Accountant
7	Endalech Toski	"	Casher
8	Selamnesh Eyob	"	Member
9	Asnakech Adiyou	Gullele local unit- Entoto Terara	Local unit chair women
10	Alemnesh Addisu	"	Accountant
11	Amarch mala	"	Casher
12	Daniel Gossaye	Gullele (male) non - member	husband of a member
13	Tsehay Saba	Gullele female non member	
14	Abebe	Assosa	WHAE regional coordinator
15	Woinshet Desalegn	Assosa	Executive women's affairs, and secretary of the steering committee
16	Gumataw Getahun (male)	Assosa	Community representative, vice chair of the steering committee
17	Worknesh Fentahun	Assosa	Local unit chiarwomen
18	Abebech Abata	Assosa	Local unit vice chairwomen
19	Asfawwosen	Mekele	WHAE regional coordinator
20	Almaz	Mekele	Health office dep't Head
21		Mekele	Women Affairs office
22	Mebrat Girmay	Mekele	Local unit
23	Zerihun	Chancho	WHAE regional coordinator
24	Getachew Gebru	Chancho	Marketing officer

No.	Name	Location	Organization
25	Ketema Bekele	Chancho	MSE office coordinator
26		Chancho	Chancho hospital coordinator
27	Adanech Fekadu	Chancho	Women's affair office

Annex 9: References

1. Accounts and Auditors' report for the Year Ended December 31, 2011
2. Accounts and Auditors' report for the Year Ended December 31, 2012
3. Accounts and Auditors' report for the Year Ended December 31, 2013
4. Accounts and Auditors' report for the Year Ended December 31, 2014
5. Accounts and Auditors' report for the Year Ended December 31, 2015
6. Accounts and Auditors' report for the Year Ended December 31, 2016
7. Annual Report, Women's Health Association of Ethiopia, January - December 2016
8. Contract Between FOKUS and N.K.S.
9. Mid Term Report, Women's Health Association Ethiopia, January - June 2017
10. Partner visit to Ethiopia, 22 January – 8 February 2014, Evaluation and status Women's Health Association of Ethiopia (WHAE)
11. Programme Baseline Conducted in 2011
12. Signed work plan 2017
13. The establishment of Women's Health Association of Ethiopia (WHAE)
14. WHAE Program Strategy (2016-2018)

Annex 10: Summary Profiles of Consultants

Mohammed Mussa (PhD) is a development economist with over 25 years of experience in research and development and has been working as a consultant, lead consultant and/or coordinator of multi-donor consultancy assignments with the World Bank, UN agencies, European Union, AfDB, bilateral organizations including DfID, Irish Aid, Embassy of France, Royal Netherlands Embassy, CIDA and Sida as well as national and international NGOs. He has demonstrated experience in designing, M&E in the areas of rural development (food security, productive safety net program including food and cash transfers, climate change etc.), emergency programs, financial management, FRA, decentralization and local government capacity building, education and health sector development programs, good governance and accountability.

Mohammed has also worked on fiscal decentralization in different regions of Ethiopia and is well versed with the major poverty reduction sectors including health and agriculture. He has strong PFM background and experience and has conducted assignments on PEFA/PFM, identifying financing options to support the education sector development program (ESDP), municipal financing and tariff, fiduciary risk assessments (FRA) of specific programs such as productive safety net program (PSNP). His experience in PFM/FRA involved in assessment of financial transparency and accountability at different levels of government in Ethiopia and NGOs in different countries. He has the experience in PFM using the PEFA tools and methodology at different levels of government.

Yilma Muluken has MSc in Agricultural Economics, MA in Project Management and has many years of experience in development. He has worked with various NGOs and organizations in Ethiopia and has experiences in all regional states. He will serve as a team leader of the evaluation team, responsible for economic empowerment and project management component of the evaluation, is an Agricultural Economist and Project Manager with adequate professional experience in areas of food security/livelihood programming, monitoring and evaluation, socio-economic analysis, community resilience building, policy analysis, and gender mainstreaming. He is a certified management and agricultural development consultant. Certification is from Ethiopian Management Institute and the Ministry of Agriculture.

Alemitu Golda (MA in development management) has successfully led baseline study for Women for Women project being implemented by CARE and local partner in the six districts of Addis Ababa. She has conducted various evaluations for the food security project implemented in three districts of Sidama Zone by SOS Sahel Ethiopia in partnership with different clients. She has conducted surveys and analysis of gender and women empowerment in development and other related work.