

Ephrata Program in Ephrata Ena Gidim, Ethiopia

End of Project Evaluation Report



Project Period: 2001-2018
Data collected from March 21-April 2 2018

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1. Short description of project and context

Ephrata Area Program was operational in Ephrata Ena Gidim district from 2001 to 2018. It was implemented by World Vision Ethiopia in close cooperation with World Vision Germany, community, children, local government offices and other stakeholders.

Over 10,617,098 million USD were allocated and utilized for the realization the program objectives during the program period. The total gross beneficiaries of the program for the whole phases were reported to be 417,215. Program beneficiaries such as household heads, children, youths, women, children with different difficulties and organized beneficiaries were involved in the evaluation as providers of information and contributors to design of the evaluation sampling strategy, the selection of key informants and participants of FGDs.

The program was redesigned every five years according to World Vision program design framework. The first phase of the program ran from 2001 to 2005, while the second, third & fourth phases were operational from 2006 to 2010, 2012 to 2016 and 2017 to 2018.

Each phase of Ephrata AP had different but related targeted goals during its different phases. During the first phase (2001 to 2005); the program goal was stated to “contribute towards achieving food security at household level in the target area”. The outcomes (intermediate results) included: increased agricultural production and productivity, increased off-farm income, improved health status of the community and improved educational status of the community. In the second phase of the program (2006 to 2010) the goal was “to enhance household livelihood security” while in the third phase of the program (2012 to 2016) the program aimed “to contribute for the sustained wellbeing of children and fulfillments of their rights within families and community. Finally, the program goal was slightly adjusted to the new strategic focus, namely “to contribute for sustained wellbeing of children with in families and communities especially the most vulnerable”.

The major projects that have made up of the program throughout all phases include: Food security, education, WASH, health, nutrition& HIV/AIDs and sponsorship & program management. The LFA model was used in all phases of the program for all projects that have made up of the program.

2. Objectives of the evaluation

This is a final program evaluation covering all phases and projects run from 2001 to 2018 in Ephrata Ena Gidim district. The purpose of the evaluation was to assess the performance of the program strategy and its results using the evaluation criteria that includes: efficiency, relevance, effectiveness, equity, impact and sustainability. The specific objectives of the evaluation includes:

- Determine how well the program was aligned, designed and implemented

- Assess the progress made towards achieving program goals and impacts on vulnerable children, families and community
- Determine whether the resources have been used economically & wisely for the well-being of children, families and community.
- Conduct an assessment of the prospects for sustainability of benefits on the basis of the key issues that includes policy, socio-cultural, financial and technical factors.
- Assess the management and potentials for program ownership, sustainability and any basis to make decision on program redesign or transition.
- Provide specific and practical recommendations and document lessons to be utilized for program redesigning phase

3. Methodology of the evaluation

World Vision Ethiopia gave a day long detail orientation on the inception report and evaluation procedure for the consulting team. The evaluation team had an opportunity to discuss with the technical team on the detail content of the evaluation TOR and overall evaluation frame work. This helped the evaluation team to design appropriate evaluation model and evaluation tools that were accepted and used to assess the effectiveness and impacts of the program in more scientific ways. In alignment with the inception report, a mix of qualitative and quantitative data collection methods were used to collect information from program beneficiaries, community members, stakeholders including local government officials & experts and program field team. The results from various tools and methods were triangulated to improve the analysis of the findings.

Household survey

Evaluation Design

A quasi-experimental design was used for this evaluation where a comparison group was established to better understand and measure the program impacts by comparing people who took part in the program with those who did not (control group). The lack of the initial SPSS baseline data challenged detail impact analysis from baseline for which the evaluation team used control group to do detail impact analysis. The criteria used to select households for the control group were geography, agro-ecology, poverty level/wealth situation and livelihood types. To this end, the households that formed the control group were selected from kebeles that had a similar agro-ecology climate, similar poverty level and livelihood types as those from which the beneficiary households came from.

Sampling strategy

Probability sampling scheme was used to select sampling unit for the house hold survey, FLAT test and Youth health behavior survey (YHBS). In alignment with the approved inception report, household head and members of households participated as respondents of the survey for the appropriate sections of the household survey questionnaire and /or other questionnaires (FLAT & YHBS). The evaluation team received a list of all kebeles in the district, list of villages in each kebele and their respective population from Ephrata Area program. Four hundred (400) households were selected from the 20 villages of kebeles of control group. Similarly, the remaining 400 households were selected from 20 villages of intervention group and took part in the survey. The sample was selected on probability proportional to size (PPS) from all the target villages. Forty villages were selected using clustering method from twenty two Kebeles (both Primary Focus Areas and non-Primary Focus Areas) so as to match with the baseline sample size of villages/ gots/. The systematic sampling method was applied to select the first sampled household in the selected villages.

Youth health behavior survey (YHBS) was administered to youths in the same villages selected for household survey. Ten schools were selected from both control & intervention groups of kebeles where 320 in-school youths whose age ranged from 12-18 took part in the survey. 80 out- of school's youths were selected from the same villages and made to take part in the YBHS. In sum, 400 youths were selected and participated in the YHBS.

Similarly, 230 students from grade five and whose age range from 11- 13 were randomly selected and taken part in the FLAT test. The participants of FLAT were drawn from schools of control and intervention areas. Similarly, 230 students from grade five and whose age range from 11- 13 were randomly selected and taken part in the FLAT test. The participants of FLAT were drawn from schools of control and intervention area.

Focus group discussions

Focus group discussions were conducted with a wide range of participants to collect insights and information and to do detail analysis for understanding of the program efficiency, scale of benefit and changes, relevance and coherence, satisfaction and the intended & unintended impact of the program. In total, 20 FGDs were carried out. Each group consisted of 8-12 people who were selected on purpose and discussed on the questions posed by the consultants.

Focus group discussions were conducted with a wide range of beneficiaries and stakeholders to collect insights and information and to undertake detail analysis for understanding of the program efficiency, scale of benefit and changes, relevance and coherence, satisfaction and the intended & unintended impact .With this purpose, focus group discussions were conducted with men, women, children, disability groups, village level saving groups, irrigation users, water users committees, community care

coalitions and people living with HIV/AIDS. In total, 20 FGDs were carried out with the groups listed above. Each group consisted of 8-12 people and discussed on the questions related to food security, health, education, nutrition, sanitation, hygiene, child development, child protection and gender.

Observations & case studies

Selected infrastructures including their services and successful beneficiary groups were visited and case stories were written for some of them. To this end, a visit was made to health centre and observation of its services for the beneficiaries was carried out by evaluation team. Similarly, open defecation free villages, irrigation practices and water schemes developed by World Vision were visited. Over five case stories analysis were done and some of these cases are embedded into the evaluation report.

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4. Key findings and recommendations

Food Security Project

The household survey indicated that 22.4% of the surveyed households reported that their income has increased over the last five years, with slightly higher proportions in the intervention group (26.2%) as compared to the control group (18.5%) (Tab.2).The difference between the intervention and control group was statistically significant, confirmed by a chi-square test result of P-Value=0.008

Further analysis revealed that 58% of the households whose income increased were beneficiaries of the food security project. However, the magnitude of income changes was mainly low and below 30% in most cases.

Similarly, the household survey indicated that 26.8% of households from intervention area live below poverty line (at 1.25 dollar per day or 1032 ETB per month). Compared to the national level data where the percentage of households below poverty level is 29%. The project has registered some income changes as the proportion of households whose income is below 1032 ETB per month accounts for 22.9%.

The key informant interviews and FGDs indicated that the Ephrata Ena Gidim district had significant degraded areas and food shortage problems especially when World Vision started to operate in the

district in 2001. The household survey results (Tab. 3) show that a good proportion of households started to exercise positive coping mechanisms, whereby saving was primarily taken as a good coping mechanism for stress times. 37.2% of the households in the intervention group reported that they use saving or stored money/crops to cope with shocks/disasters. The baseline conducted by World Vision Ethiopia in 2014 indicated that 22% of beneficiary households (intervention group) exercise good coping mechanisms during shocks and disasters. However, there is also a need to continued work in this area, since negative coping mechanisms such as selling of assets in distress, including livestock, are increasingly practiced in the area. The survey results indicated that 30.1% of beneficiary households and 36.2% of the control households sell their productive assets, including land and livestock during shocks/disasters which have negative impacts on their future coping capacities.

On the other hand, reducing the number and types of meals which is often expected during stress are less practiced both in the intervention and control groups. Similarly, the household survey indicated that 65% of beneficiary households and 67% households from control group reported that they do practice improved farming which increases their resilience capacity and the one of the overall community to shocks.

Differences in the food insecurity status between the intervention and control groups were assessed using a standard measurement, the Household Food Insecurity Access Scale (HFIAS). According to the standard HIFAS measurement definition, food insecurity at the household level occurs at different levels:

The household food insecurity access scale score was computed by summing the 9 HFIAS variables, each item had a response ranging from 0 (No) to 3 (Always).

During the HIFIAS assessment participants were asked 9 questions on food security conditions (1 on anxiety, 3 on quality, and 5 on intake) that provide further insights in the severity/quality of food security (access) and frequency with which each condition occurs. The results are summarized in table 5 and illustrated the differences in the studied food security dimensions between the intervention and control groups. The Pearson chi-square analysis result shows that there are significant differences in all analyzed food insecurity dimensions between the beneficiary and the control group (statistical significance at 95% level of confidence).

Sustainability of food security project

Policy: The food security related interventions of the Ephrata AP are well embedded in governmental policies and cover key priorities of Ethiopia development agenda. World Vision developed irrigation canals and weirs during its stay in the district and these irrigations schemes are now operating well. The current Ethiopian development plan (GTP) emphasizes the expansion of small scale irrigation

schemes and puts lower attention on medium and large scale irrigation systems. Concerted efforts will be made to expand water shade management schemes and to carry out effective water and moisture retaining works. The governmental focus on irrigation for the next years will positively impact the sustainability of the project-related irrigation schemes in the district. The level of support that the irrigation schemes require from the local government and other actors are minimal. Irrigation users reported that farmers are managing the scheme and the water source by implementing soil conservation and plantation activities. There is a canal maintenance need in few areas for Alala irrigation scheme which may require to be financed by the local government and irrigation users in next years.

Institutional capacity: Different food security project interventions were planned and implemented in consultation with the district agriculture & rural development office and community groups. The interventions like irrigation schemes, vet posts and conservation sites were handed over to these government and community based institutions on time. Transforming saving groups into cooperatives have been done by the cooperative office to strengthen their institutional capacity. However, a review of World Vision's saving project model indicated that transforming saving groups into cooperative is not the intent of the promotion of village level saving groups. The project has executed interventions like capacity development and preparation of bylaws for transition committees and other entities that are placed to ensure the sustainability of the project outcomes and benefits after phasing out.

Socio –cultural factor: Most of the food security interventions were designed in tune with the community needs and values with high involvement of local community leaders. Interventions such as irrigation schemes, improved seeds support, construction of vet posts were well accepted by the community and beneficiaries.

Financial factor: Most of the services generated from food security interventions are being accessed with no or minimal payment by the community. Local government assigns experts for facilities like vet posts and extension services that could provide such services for the community. However, some activities like refresher training on improved farming may not be available for the farmers upon phase out of World Vision Ethiopia since the budget allocated by government for such activity is currently very minimal or non-existent. Irrigation users have been supported and linked to markets for their products. Some of the projects beneficiaries who were organized into saving groups, irrigation users association and water users groups have developed bylaws that force them to increase their saving and to address issues related to financial sustainability of the project outcomes.

Technical factor: Under the food security project, World Vision delivered various improved technologies with the necessary trainings (knowledge and skills packages). Beneficiaries and agriculture & rural development office staff, including the subject matter experts and development

agents, were trained in new interventions that involved agricultural and other technology. World Vision trained selected members of irrigation users in masonry work, among other elements, to make them capable to maintain irrigation canal for the community. However, during the evaluation, it was noted that these trained farmers in Ferd Wuha, have not maintained any defect so far even though the irrigation canal was constructed ten years ago. It seems that the training should have been given earlier than the last phase.

For such groups including beneficiaries; World Vision Ethiopia had facilitated experience sharing visit to ensure gain of skills on the new technologies and development approaches.

Therefore, the sustainability of the food security project's outcomes /benefits/ are highly likely to continue after phase out of World Vision since the community and stakeholders have started to manage the overall operational aspects of such the interventions.

Education Project

One of the outstanding interventions of the education project to improve quality education for children was the literacy boost program. The intervention has brought significant change on functional literacy rate at the intervention areas. The reading level considered as „functional“ if a child can read through the FLAT to the story or to the local material and answer at least two fact retrieval questions about the story or local material correctly. To reach the story level, the child must also be able to read a paragraph fluently. The highest level of functional literacy is reading and comprehension of the local material. While this measure is very important and useful, both this and reading and comprehension of the story are classified as functional literacy and reaching either level is the desired outcome for the CWB Target. As it can be seen in the figure below the functional literacy rate for intervention group is 42.8% while it is only 19.9 % for the control group. The chi-square test indicated that the variation between intervention and control is significant with zero P-value.

According to World Vision 's functional literacy risk levels; below 50% reading with comprehension is a critical risk while 50- 70% is high risk. Even though, students from both schools of control and intervention areas fall in the same category of risk level; schools supported by World Vision have greatly improved the reading comprehension compared to the baseline & control school. The result shows that there is still a need to work to achieve a desirable target as set in child wellbeing target. The baseline data that World Vision Ethiopia conducted in 2014 indicated that reading with comprehension was 39.5%. There are students from control schools who cannot read and read only letters while all children from intervention schools attained reading words to the highest level: story and local material. Baseline survey indicated that 1.3% children could? read only letters in 2014 but there are no students who read only letters from intervention schools. This achievement can be

attributed to a significant extent to World Visions interventions such as through the establishment of reading camps, books support and tutorial support.

The household survey tracked children and compared the education attainment of children whose age is 11. To this end, 35% of children aged 11 are in grade four in the intervention kebeles while 33% of children aged 11 are in grade four in control kebeles. The result indicated that there is a difference between intervention and control kebeles in timely enrolling children at age of 7 even though the difference is not significant. This less variation among the two groups may indicate that the contribution of others especially government in mobilizing community and funds to improve access and enrollment throughout the district were existed following GTP and other programs initiated by other actors. Discussions with children and community groups indicated that World Vision education project interventions have contributed to school enrollment as most of the interventions including provision of support for vulnerable children in covering educational expenses and constructions of schools & additional blocks created access for children.

Sustainability of Education project

Policy: Education related interventions have a good policy support from government and are among the priorities of Ethiopia development agenda. World Vision implemented activities that increased access and quality of education during its stay in the district. The construction of schools and literacy boost programs (reading camps) were implemented throughout primary focus areas.

The focus from government on education (access & quality) for the next years will positively impact the sustainability of literacy boost program/reading camps in the district. The level of support that the reading camps require from the local government and community is medium. The centers are being run by volunteers under close supervision of schools in in a given kebele. World Vision Ethiopia has already mobilized the community and established the reading centers. The reading centers are equipped with reading materials supported by the education project.

Institutional capacity: Different Education project interventions were planned and implemented in consultation with education office and community groups. The interventions including constructed schools, additional blocks and reading camps were handed over to local government and community on time. The project has executed interventions like capacity development and preparation of bylaws for transition committee and school parent-teachers associations that are placed to ensure the sustainability of the project outcomes and benefits after phasing out.

Socio –cultural factor: Most of education interventions were designed in tune with the community needs and values with high involvement of local community leaders. Interventions such as schools and additional blocks construction, desk support, educational materials support, tutorial programs and

reading camps to improve literacy level of children were well accepted by the community and beneficiaries. Moreover, World Vision developed a strong relationship with faith based organizations where these organizations worked on transforming hostile relationship in the community to loving & caring relationships especially in conflict resolution and OVCs support.

Financial factor: Most of the services generated from education interventions are being accessed with no or minimal payment by the community. Local government assigns experts for facilities like schools & provide tutorial for underperforming children. However, some activities like refresher training on quality of education for teachers may not be available for schools upon phase out of World Vision since there is no allocated budget for such activity by local government. The community is mobilizing to cover expenses of reading camps for which a dedicated saving account at Kebele level is opened since last year.

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The community drafted bylaws to enforce the contribution to continue financing some of the education project interventions; literacy boost program (reading camps) and OVC educational material support.

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Health Project

World Vision, especially after the second phase of the project, focused on improving the quality of services and utilization for women and children. The proportion of pregnant women who reported that they took iron tablet during the pregnancy was higher, in the intervention areas (84%) compared to control areas (75%). The change is not significant with p-value=0.241. However, compared to the baseline, it is a considerable change in the intervention areas. The baseline conducted by World Vision

in 2014 indicated that only 28% of mother received iron /folate during their previous pregnancy. A higher proportion of pregnant women in the intervention group (83%) reported delivering a baby at the health intervention compared with pregnant women in control areas (74%). However, the difference was not statistically significant at 95% confidence level ($p=0.206$). Compared to the baseline, skilled deliveries have shown great improvement especially in the last phase of the project where institutional delivery /skilled delivery increased from 63 % (baseline) to 83 % (Final evaluation).

Newborn care is of immense importance for the proper development and healthy life of a baby. According to World Vision definition for measuring child well-being, newborn was breast fed early and exclusively, newborn was kept warm (skin-to-skin contact; head covered) and newborn's cord was kept clean and dry are the three essential components of essential newborn care. Key informants at health office and health center indicated that children born at health institutions receive the three essential components of newborn care. The analysis of the data indicated that children aged 0-23 months received all three components of essential newborn care in World Vision intervention area. The essential care for new borne is increased by 27% since 2014. As per the analysis of the data, 83% (end line) of children at age of 0-23 months received the three essential care components. The percentage of children who received the three essential new born care components was 56% in 2014 (baseline).

Immunization is one of the most well-known and effective methods of preventing childhood diseases. According to the WHO guideline "complete or full immunization" coverage is defined as a child has received a BCG vaccination against tuberculosis; three doses of DPT vaccine to prevent diphtheria, pertussis, and tetanus (DPT); at least three doses of polio vaccine; and one dose of measles vaccine. According to the Federal ministry of Health of Ethiopia, immunization coverage is measured by the percentage of children fully immunized at the age of 12-24 months.

Among the children with vaccination history card was seen by data collectors, 58 of them were in the age group 12-23 months, from which 77.6% were fully immunized (75% intervention, 81% control). Compared to baseline; the proportion of children age 12-24 months fully immunized increased from 28 % (baseline) to 75 % (end line). The vaccination coverage of children whose age 12-23 months in Ephrata district is much higher compared with the 39% national vaccination coverage that was reported by Ethiopian demographic survey 2017 .

The impact of nutritional component of World Vision Ephrata health interventions was assessed using anthropometric measurement. The anthropometric data of children age 6-59 months were classified according to the WHO child growth standards weight-for-height Z score (WHZ), Height-for-Age Z-score (HAZ), and Weight-for-Age Z score (WAZ). The difference in percentage of children with a low height for age (stunting), low weight for age (underweight), and low weight for height (wasting) among intervention and control groups were calculated.

The height and weight of a total of 194 children age 6 to 59 months were measured for nutritional assessment. Out of the total, 92 (47.2%) of the children were male, and 87 (44.8%) from the intervention groups, and the mean age (SD) were 31.5 (14.3) months.

The results of the analysis showed that 21.5% of children in the control group were stunted compared with 16.1% in the intervention groups. This is a higher achievement compared to a baseline national data in 2001. Ethiopia had over fifty percent (52%) had stunted children in 2001. The recent Ethiopia DHS data indicates that there is a regional variation on stunting prevalence. Stunting is high of (46%) in Ahmara region; where Ephrata program implemented in Ethiopia. A higher percentage of under five children in the control group (13%) were underweight compared with the children in the intervention group (7%). This is again a great improvement compared to the baseline national data as reported by DHS, 2001. 47% of Ethiopia children were underweight in 2001. In contrast, the survey indicated that a higher percentage of children in intervention kebele were wasted (10.3%) compared with control groups (3.7%). Secondary source indicates that overall, 10 percent of children in Ethiopia are wasted, and 3 percent are severely wasted (below -3 SD).

However, as the chi-square test result indicated that the difference in all the three anthropometric indices between the intervention and control group are not statically significant at $p < 0.05$. Even though the difference is not significant, World Vision Ethiopia nutrition related interventions have contributed to the improvement of nutritional status of young children especially in reducing the stunting rate among under five children due to health & nutrition related education for mothers and expansion of vegetables & fruits production in the district.

When the level of malnutrition is compared among the different age groups, children between the ages of 6 to 12 months are highly affected, 35.5% were underweight, 23.5% were stunted and 17.6 were wasted.

The sex disaggregation of children with stunting, wasting and underweight indicates that male children a more likely to be affected.

The 24 hours Household Dietary Diversity Score (HDDS) was used to assess difference in diet between the intervention and control groups of the World Vision's interventions. The HDDS was categorized in to Lowest dietary diversity (≤ 3 food groups), medium dietary diversity (4 and 5 food groups) and into high dietary diversity (≥ 6 food groups). The results indicate that, 81.2% of study participants in the intervention group have high HDDS compared with 53.2% of HHs in control group. The Pearson Chi-Square test analysis result shows a significant difference, with P value < 0.001 .

. Consistently, the independent t-test analysis of HDDS showed that on average, households from the intervention group reported a higher HDDS (M=7.4, SE= 0.13) than households from control groups (M= 6.2, SE= 0.13), the result is significant at P-value <0.001.

The Sustainability of Health project

Policy: Health related interventions have a good policy support of government and are among the priorities of Ethiopia development agenda. World Vision implemented activities that increased access and utilization of health services during its stay in the district. The construction of health posts and support for health institutions/systems were implemented throughout primary focus areas. These facilities are giving services for thousands of children in the district. The focus from government on health for the next years will positively impact the sustainability of health related interventions in the district. The level of support that health related interventions require more support from the local government and community is minimal as most of the interventions (immunization, awareness creation for mothers, institutional delivery etc.) are already part of local government 's budget.

Institutional capacity: Different health project interventions were planned and implemented in consultation with health office and community groups. The interventions including health posts and additional blocks for health centers were handed over to local government and community on time. Interview made with the project team and key informants indicated that the project has executed interventions like capacity development and preparation of bylaws for transition committee and community based groups; that are placed to ensure the sustainability of the project outcomes and benefits after phase out.

Socio –cultural factor: Most of health interventions were designed in tune with the community needs and values with high involvement of local community leaders. Interventions such as health post construction, pregnant mothers support and promotion of exclusive breast feeding were well accepted by the community and beneficiaries. Moreover, World Vision Ethiopia developed a strong relationship with faith based organizations where these organizations worked on changing wrong perceptions about health services utilization in the community.

Financial factor: Most of the services generated from health interventions are being accessed with reasonable payment by the community. Local government assigns experts for facilities like health institutions to provide both preventive & curative health services for the community. The local government unlike other offices has budget for most of health programs including capacity development for health extension workers.

Therefore, the sustainability of health project's outcomes /benefits are highly likely to continue after phasing out World Vision since the community and stakeholders are started to manage the overall operational aspects of such interventions.

WASH Project

The household survey result showed significant difference observed in access to water between intervention and control kebeles. About 420 (52.2%) of all households get their drinking water from improved source. From intervention kebeles, 254 (63.5%) households accessed water from improved source. This percentage is lower in control kebele where 166 (41.5%) households have access to protected source of drinking water ($P < 0.0001$) indicating that the project has brought a significant change in creating access to improved drinking water. The document review indicated that access to safe water supply was at 14.5 % in 2001 when World Vision started its operation in the district.

The household survey assessed the presence of any kind of latrine through observation. According to the WHO/UNICEF joint monitoring program on WASH, latrines were considered improved if the floor was a cement slab, or if it is ventilated pit latrine. The result showed that from the total 800 participants, 90 households (11.3%) are practicing open defecation. A higher proportion of households in control group 65 (16.3%) reported practicing OD compared with intervention 25 (6.3%), the difference is significant at $P < 0.05$. The baseline data indicates that 98% practiced OD in 2001. The majority of participants 665 (83.2%) used traditional pit latrine, 15 (2%) used shared but non-improved pit latrines. Only 29 (3.6) households used improved latrine, all of them from intervention areas. The proportion of difference in the use of improved latrines between the intervention and control kebele was statistically significant ($P < 0.000$). The document review indicated that latrine utilization was at 1.8% when World Vision Ethiopia started operation in the district in 2001 and hence the current achievement is tremendously high compared to the baseline value.

About 40% of the total respondents reported that they always wash hand with soap. Higher proportion of households in the intervention groups (45%) reported always washing hand with soap compared with the control groups (34%), the difference is statically significant ($P = 0.001$). The difference in knowledge on hand washing practice at critical times including before eating or preparing food, before feeding a child, and after using the toilet was assessed. Respondents that identified 3, only 2 or only 1 of the critical times of hand washing were categorized as having good knowledge, low knowledge and no knowledge on hand washing. The result showed that 48% respondents from intervention group have good knowledge of hand washing compared to 51% of respondents from control group, the difference is not statistically significant.

Although there was no difference of knowledge, the practice showed that a higher proportion of households in the intervention group reported always using soap for hand washing, the difference is statistically significant at $P < 0.05$. However, there was no significant difference in hand washing practice before feeding the child between the intervention and control groups.

A higher proportion of households in the intervention groups, 21 %, reported the presence of diarrhea among under five children in two weeks prior to data collection period compared with control areas, 12%. The two weeks diarrheal incidence among under five children in the intervention kebele has decreased compared to the baseline data, 33%, but it is still higher when it is compared with the data at the national level (12%) that was reported by DHS in 2016.

The Sustainability of WASH Project

Policy: WASH related interventions have a good policy support from government and are among the priorities of Ethiopia development agenda. World Vision Ethiopia implemented activities that increased access to safe water and utilization of sanitation facilities. The development of springs, construction of shallow wells & bore holes was implemented throughout primary focus areas. These schemes are giving services for thousands of community members in the district. The focus from government on WASH for the next years will positively impact the sustainability of WASH interventions in the district. The level of support that water project require from the local government and community is relatively high since the schemes needs maintenance and administrative costs on regular basis.

Institutional capacity: Different WASH project interventions were planned and implemented in consultation with Water & energy office and community groups. The interventions including constructed water schemes, latrines and established water users' committees were handed over to local government and community on time. The project has executed interventions like capacity development and preparation of bylaws for transition committee and other community-based organizations that are placed to ensure the sustainability of the project's outcomes and benefits after phasing out.

Socio-cultural factor: Most of WASH interventions were designed in alignment with the community needs and values with high involvement of local community leaders. Interventions such as spring development, shallow wells construction, and boreholes construction, latrines to improve access to clean water and sanitation facilities are well accepted by the community and beneficiaries.

Financial factor: Most of the services generated from WASH interventions are being accessed with reasonable contribution by the community. Water and energy office in cooperation with health office provides the necessary oversight and technical back up to ensure that the schemes continue giving its

services for the community. These offices monitor water users' committees in the district. The community is mobilizing to cover expenses related to operating water schemes for which a dedicated saving account at Kebele level is opened by water users' committees. The committees drafted bylaws to enforce community contribution to continue financing water schemes in the district. Few water schemes were reported by the community that their operational costs are unbearable.

Discussions with the water -users committees in different kebeles revealed that the saving amount per household vary from kebele to kebele. The amount of money collected per individual also varied from scheme to scheme in the same kebele. It was noted that there is no payment for the amount of water collected by the community members. Moreover, there is no limit for the amount of water to be collected by the house hold. There is only contribution for the collected water not payment for the water. The amount for contribution is decided by the committee and members of the community. It was observed that most of water users committee and their respective kebele residents started the saving money of which the portion is used to cover maintenance and administrative costs of the schemes.

Technical factor: World Vision Ethiopia has been delivering improved technologies with the necessary knowledge and skills packages. Members of water users committee were trained to operate the developed water schemes including maintaince of the scheme. Key informants reported that World Vision facilitated experience sharing visits to ensure gain of soft skills on the tap water supply operation and maintenance for water-users committees. Exception to such efforts was reported by key informant on Meteke sheriff water project.

The water project in Meteke Sherif was planned to be operated by solar energy and handed over to government upon completion. The scheme was failed to operate after a hand over to water and energy office. The project attempted to fix but the spare part could not be found in the country and no one in the district knew as how to fix. The project was innovative and used improved technology to pump out water easily. However, the challenges discussed above forced the district stakeholders of the project to revise the project to the old model, pumping by hands. Therefore, the sustainability of WASH project's outcomes /benefits are highly likely to continue after phasing out since the community and stakeholders are started to manage the overall operational aspects of such the interventions.

Sponsorship Management Project

The sponsorship project focused on the management of activities that enhance sponsorship system and correspondences between the sponsored child and sponsors for the first two phases of the program. However, since 2012, the project has incorporated activities that promoted child development and protection needs by large and far. The project formulated a goal that read as

improved care and participation of children in loving and safe family & community by the end of 2018. This goal was pursued since 2012. The objectives/outcomes that were implemented aiming at contributing to this goal include: families and communities created a caring & protective environment for children, increased community awareness on sponsorship and child protection, increased community engagement in sponsorship and child monitoring, increased children participation on issues affecting their lives and increased communication skills of children.

Discussion held with project team and members of CCC indicated that the sponsorship /child development project was relevant. World Vision Ethiopia registers children and develop community-based projects to address the community's needs. Registered children were selected from poor households and encouraged to go to schools with such support donated by sponsors. The Program profile and budget review indicated that World Vision Ethiopia generated 10,617,098 USD during the life time of the program through sponsorship program which was used to implement integrated projects to ensure the well- being of children and communities in Ephrata Ena Gidm district. The program closure report indicated that over 417,000 people were benefited from the integrated program run by World Vision Ethiopia from 2001 to 2018 in the district. The sponsorship is more than generating fund as it has transformed relationship of sponsors and children creating a platform where the sponsors get attracted to support the child's community and child education. Participants of focus group discussions who had registered children in World Vision Ethiopia reported that the letters from sponsors to their children very often remained at their children's heart. They added that the letters often talk about education and encourage their children to attend education and helped them to aspire more in this direction.

Different child focused activities were implemented since 2011 to impact children, families, communities in a way to contribute to child wellbeing outcomes that World Vision adopted globally. The survey conducted revealed that the major impacts were achieved in the sphere of child and youth development. The families received awareness through different training on child health and access to health services were created through construction of health institutions especially in primary focus area of World Vision Ethiopia. To this end, the household survey indicated that 56.4% children who were sick did get medication in Kebeles where World Vision was operational while only 38% of children who were sick did get medication from control kebeles.

The chi-square test indicated that the variation between intervention and control kebeles in terms of medicating children is significant with P-value of 0.009. This indicated that families have brought significant change to value health and education of child.

On the other hand, the survey result indicated that 81% of families from intervention area reported that they have the capacity to fulfil basic needs for their children while 80% of households from control

area reported that they do have capacity to fulfil basic needs of their children. Even though, similar capacity level is reported from both intervention and control; increased number of families from interventions take initiative to medicate their children timely. Similarly, child participation is high in intervention areas compared to control areas. The household survey indicated that increased number of children from intervention areas reported that they do participate in issues that affect their life. Compared to intervention areas; less number of children in the control group reported that they participate in discussions that affect their life most. 61.6% of youths reported that they participate in different development activities/initiatives of the community. Birth certificate is one of the official documents required to promote child protection and issues related to it. 22.6% reported that they do have while majority of children of the control group, 73.6%, did report that they do not have. The baseline value for this indicator is 19% while the result for control is 22%.

This is one of the areas where, the project did not show improvement compared to baseline and control kebeles. The percentage of youth who reported the highest well-being status has increased from 12.5% (baseline value) to 22.6%. The percentage of youth who reported the highest well-being from control area is 20.6%.

The youth health survey revealed that high number of youths from intervention areas know their rights and responsibilities compared to youths from control areas. The chi-square test indicated that the variation is significant with P-value 0. Participants of FGDs and Key informants reported that World Vision Ethiopia conducted different capacity building trainings and awareness creation sessions on child rights for the children and youths through youth friendly initiatives at schools. The huge investments in child rights programming especially during the first two phases and focus on child-wellbeing outcomes after 2011 have greatly contributed to this higher difference between control and intervention areas. Similarly, there are more numbers of families who often provide support to their children in intervention areas than control areas. 65% of children reported that their family often support on their school work while 45.5% children reported receiving family support on their school work. This high involvement of parents in child education has contributed to improved quality of education of children as discussed in detail under education section in this report.

Similarly, the data analysis on children that have positive value or connection to their family or caregiver indicated that there exists strong connection in operational areas. To this end, the analysis of the result indicated that 73% of children have positive values in operational areas. The result showed that children are valued, cared, loved and respected in the community but it is difficult to gauge the effectiveness of the objective as there was no baseline for the indicator.

Moreover, increased percentage of parents and children reported that their community is a safe place for children. 87.5% children from intervention compared to 85.8% from control reported that their

community is a safe place. Discussions held with women and children FGDs confirmed similar result that harmful practices against children and women were sharply reduced due to concentrated interventions of World Vision Ethiopia and local government offices in the area.

Recommendations

Nafrobi strategy and project management consulting team would like to provide the following recommendations based on the findings & analysis of the evaluation exercise that fall under three areas: policy & strategy, program development & coordination and local decision makers & implementers.

Policy and strategy

- There was no SPSS baseline data for comparison and testing for results. It is extremely important to safely document such data at least for the program life as it facilitates comparison of end line evaluation data with baseline data when impact evaluation model is employed. Therefore, develop documentation and archive policy that ensures the filing of such data with its full package centrally to increase the proper documentation & utilization of the data for the program and beyond.

Program development and coordination

- Focus on strengthening the leadership and organizational capacities of organized beneficiaries especially on conflict management. To this end, consider Alala irrigation users to support them to draft articulated bylaws that may enable them to solve the current problems and tackle similar challenges in future.
- Targets for some objectives and outcomes were missed or not filled in the project indicators tracking table which has posed challenges in gauging the effectiveness of the program at least for those indicators for which targets were not defined and hence this shall be taken as a lesson for future planning. To this end, develop automated system that require target and baseline value during the write-up of annual progress report in a way to compel the program team to establish both data at early phase of the program.
- There is still a need to work on quality of education in the district and hence the literacy boost program shall be linked to a higher government structure including the zone & region so that literacy boost program may be supported by the government budget in addition to community's contribution.
- Put in place monitoring mechanism of the different saving accounts opened for the different projects in a way that the district administration and kebele share responsibilities in managing and overseeing these accounts so as to avoid possible misappropriation of the money

contributed for the sustainability of the projects which may have damaging effect if it happens for future community contributions in the district

Community level decision makers and implementers

- Fix the defects of the Alala spring development scheme and make it functional at its full capacity and strengthen the water users committee. It is commendable for big water projects like this one that the water committee shall be organized at district level due to technical complexity of such schemes.
- Consider as how payment for water could be implemented to make fully sustainable the water project in addition to the current contribution. For example, when water is collected for different events & activities like wedding and construction of houses; payment shall be considered so that income can be generated from the water source and water saving culture could be instilled in the process.
- To make financially sustainable the existing projects; mobilization and saving are being pursued by the community and organized beneficiaries at large. However, the size of the saving is at low status and yet most of them have permanent administrative costs like guards' monthly payment. Therefore, work with the committees to develop a cash flow and expenditure plan so that the committee can proactively work to balance the income and cost of the project.