Internal Ex-Post Evaluation for Technical Cooperation Project

Country Name	**Improving Maternal and Child Nutrition Status in Oromia Region (COBANA)**
Federal Democratic Republic of Ethiopia	

I. Project Outline

Background	In Ethiopia, it was estimated that 57% of the cause of death was malnutrition among under-five children. Malnutrition is also one of the major causes of infectious diseases. The Demographic and Health Survey (DHS) in 2005 estimated that 46% of under-five children were being stunted. Under those situation, the government of Ethiopia had been duly making efforts to reduce acute malnutrition which were effective in short-term but limitedly effective to establish a sustainable mechanism to reduce chronic malnutrition. Therefore, the government of Ethiopia requested the government of Japan a technical cooperation to establish a community-based nutrition (CBN) approach in Oromia Region in order to improve maternal and child nutrition.
Objectives of the Project	Through expanding access to appropriate nutritional services for community members, the project aims at strengthening community level preventive services thereby contributing to reduction of malnutrition among under-five children and Pregnant and Lactating (PLWs) in the targeted woredas. 1. Overall Goal: Malnutrition among under-five children and PLWs are reduced in the targeted woredas. 2. Project Purpose: Community-level preventive services are strengthened to reduce malnutrition of under-five children and PLW in the targeted woredas.
Activities of the Project	1. Project Site: 10 Woredas in the thee target zones of Arsi (Tiyo, Shirka, Dodota and Ziway Dugda), East Shewa (Lume, Bora, Boset and Adami/Tullu) and Bale (Goba and Shinana), in Oromia Region 2. Main Activities: 1) delivery of CBN trainings on community sensitization and nutrition education for the Health Extension Workers (HEWs), the Volunteer Community Health Workers (VCHWs) and the Health Development Army (HDA), 2) promotion of referral and follow-up activities for acutely malnutrition by HEWs and health workers of Health Centers (HCs), 3) establishment of the Outpatient Therapeutic Feeding Program/Therapeutic Feeding Unit, 4) establishment of supervision mechanism at the levels of the Regional Health Bureau (RHB)/ Zonal Health Department (ZHD), and 5) establishment of a collaborative model with agriculture and education, etc. 3. Inputs (to carry out above activities) Japanese Side 1. Experts: 16 persons 2. Trainees Received: 8 persons 3. Equipment: 3 vehicles, 11 motorbikes for field activities and necessary equipment 4. Local cost: Expenses for the project activities Ethiopian Side 1. Staff Allocated: 31 persons 2. Land and facilities: Project office in ORHB 3. Local Cost: personnel cost, utility cost for the project office and operating expenses for the project activities

Project Period	September 2008 – September 2013	Project Cost	(ex-ante) 370 million yen, (actual) 477 million yen
Implementing Agency	Oromia Regional Health Bureau (ORHB)		
Cooperation Agency in Japan	--		

II. Result of the Evaluation

1 Relevance

<Consistency with the Development Policy of Ethiopia at the Time of Ex-Ante Evaluation and Project Completion>

The project was consistent with the Ethiopia's development policies of "The Health Sector Development Plan (HSDP) (2005/06-2009/10 and 2010/11-2014/15)" and "the National Nutrition Program" (2008-2013, extended to 2015) aiming at improving maternal and child nutrition and strengthening the preventive services for reduction of PLW and child malnutrition.

<Consistency with the Development Needs of Ethiopia at the Time of Ex-Ante Evaluation and Project Completion >

The project was consistent with the Ethiopia's development needs of reduction of PLW and child malnutrition, in particular, chronic malnutrition because the malnutrition caused under-five death in the country. There was no change in the needs by the time of project completion.

<Consistency with Japan's ODA Policy at the Time of Ex-Ante Evaluation>

The project was consistent with the Country Assistance Plan for Ethiopia (2008), prioritizing support for the health sector, which covers upgrading measures against infectious diseases and strengthening the primary health care through community health service improvement strategy, as one of the 5 priority areas (Agricultural/rural development, Water, Socioeconomic infrastructure, Education, Health).

<Evaluation Result>

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

<Status of Achievement for the Project Purpose at the time of Project Completion>

The Project Purpose was partially achieved by the project completion. According to the end-line survey conducted in February 2013, 5 out of 7 indicators were achieved. The proportion of under-2 children who were put breast milk within one hour of birth (Indicator 1), the proportion of infants with only breast feeding for 6 months (Indicator 2), the proportion of under-five children receiving food at least 3 types food groups (Indicator 4) and the proportion of caregivers received information child nutrition from HEWs/VCHW/HAD (Indicator 7) were achieved in the three target zones. The proportion of infant starting complementary foods on timely basis (Indicator 3) was mostly

achieved in each of the three target zones. The proportion of PLWs consuming amount of foods more than non-pregnant/ lactating period (Indicator 5) was achieved in Arsi and Bale zones but partially achieved in East Shewa zone. The proportion of pregnant women who receives iron tablets (Indicator 6) was not achieved in the three target zones. According to the terminal evaluation report, it was presumed that iron tablets had not been stably supplied.

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

The project effects have been mostly continued since the project completion. The preventive health service based on the CBN approach introduced by the project has been mostly continued except some woredas. Although there are some missing data on some indicators in some target woredas, most of the target woredas sustained the level of the indicators to monitor the maternal and child nutrition practices based on the CBN approach introduced by the project. In particular, the proportion of infants starting complementary foods on a timely basis and the proportion of PLWs consuming amount of foods more than non-pregnant/ lactating period sustained in all the 10 target woredas at the level of target value in 2016. In addition, the proportions of pregnant women receiving iron tablets have been dramatically improved in the 8 target woreda except 2 woreda without data. It is notable that 4 woredas reached the coverage of 100% for iron tablet supply for pregnant women in 2016. These sustained maternal and child nutrition practices in the target woredas have been attributed to continuous service delivery based on the CBN approach introduced by the project. In addition, concerted efforts by the government of Ethiopia and other donors to promote CBN have contributed to continuation of the project effects.

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

The Overall Goal has been partially achieved at the time of ex-post evaluation. According to the survey results for the ex-post evaluation, three out of the five indicators have been achieved in the target three zones. However, for the two indicators, there was no available data of the two target zones. In terms of the prevalence of underweight for age among under-five children (Indicator 1), all the three target zones achieved the target value of less than 21% in 2016, which is less than the national average of 24% and the regional average in Oromia region of 22.5% by DHS 2016[1]. The reason why it increased in Bale from 2015 to 2016 might have been because of drought occurred in that period. Also, regarding the prevalence of underweight for height among under- children (Indicator 3), all the three target zones achieved the target value of less than 3% which is much lower than the regional average of Oromia of 10.6%. With respect to the prevalence of underweight against height among mothers with under-five children (Indicator 4), all the target zones achieved the target value of less than 19% in 2016. For the prevalence of anemia among pregnant women, Arsi zone achieved the target value of less than 12% in 2016. While the other two target zones have no proper record because of absence of laboratory blood test results, since the government through Pharmaceuticals Fund and Supply Agency (PFSA) provides free iron tablets to health facilities and the community, the proportion of pregnant women with provision of iron tablets improved to approximately 70% in East Shewa and 100% in Bale. Therefore, it can be reasonably presumed that iron tablets given to pregnant women should have improved their anemic condition in these two zones.

The prevalence of stunting for age among under-five children (Indicator 2) was not verified since, the two target zones have no available data to be verified. However, in Arsi zone, the indicator has been in downward trend from 40% in 2013 to 31% in 2016 and the level of indicator in Arsi zone is lower than the national average of 36.5% in 2016. Since the service delivery based on the CBN approach in the target woredas has been continued and the services based on the CBN approach has been extended to other woredas in the target zones after the project completion, these improvements in the nutrition status among children and PLWs in the target zones can be attributed to the project.

<Other Impacts at the time of Ex-post Evaluation>

Some positive impact was confirmed at the time of ex-post evaluation. According to the interviews with the woreda Health Officers and the Health Extension Workers, PLW started to take additional food during their pregnancy and after child birth as per their economic status. No negative impact was confirmed. The project contributed to the positive behavioral change towards nutrition on women in general and PLW in particular.

<Evaluation Result>

In light of the above, the Project Purpose was partially achieved and not fully achieved at the time of the project completion; however, the indicators of the Project Purpose have improved by the time of the ex-post evaluation. The service deliveries based on the CBN approach introduced by the project have been mostly continued in the target woredas and maternal and child nutrition practices have been mostly sustained or improved in the target woredas. Namely the project effects have been mostly sustained since the project completion. The Overall Goal has been partially achieved in despite of the limited availability of data. Therefore, the effectiveness/impact of the project is high.

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results			
(Project Purpose) Community-level preventive services are strengthened to reduce malnutrition of under-five children and PLW in the targeted Woredas.	1. Under 2-year-old children who were put to breast milk within one hour of birth (Target value: more than 60%)	Status of the Achievement: Achieved (Continued) (Project completion) ● The indicator exceeded the target value of 60% as a result of the end-line survey. [Results of the End-line Survey in February 2013]			

Average of the three zones	Arsi	East Shewa	Bale
70.9%	72.7%	71.4%	68.6%

(Ex-post Evaluation)
● 6 out of the 10 target woredas sustained more than 60% of under 2-year children who were put to breast milk within one hour of birth.
[Data in 2016]

Arsi				East Shewa				Bale	
Tiyo	Shirka	Dodota	Z/Dugda	Lume	Boset	Bora	A/Tullu	Goba	Sinana

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[1] In the main rainy season of the Oromia Regional State in 2016, the Multi Agency Food Assessment Report also reveals that poor child feeding practices and poor household food security status are mentioned as the major contributing factors for increased number of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases compared to other zones in the region.

| | | 82.0% | 65.0% | 93.8% | 72.0% | N.A. | 26.0% | 97.0% | 80.0% | 47.0% | N.A. | |

2. Infants who are fed exclusively on breast milk for 6 months (Target value: more than 50%)	Status of the Achievement: Achieved(Partially continued) (Project completion) ● The indicator exceeded the target value of 50% as a result of the end-line survey. [Results of the End-line Survey in February 2013]

Average of the three zones	Arsi	East Shewa	Bale
63.4%	65.7%	60.3%	64.3%

(Ex-post Evaluation)
● 6 out of the 10 target woredas sustained more than 50% of infants with only breast feeding for 6 months.
[Data in 2016]

Arsi				East Shewa				Bale	
Tiyo	Shirka	Dodota	Z/Dugda	Lume	Boset	Bora	A/Tullu	Goba	Sinana
87.0%	80.0%	55.0%	91.0%	N.A.	76.0%	89.0%	N.A.	47.0%	N.A.

3. Infants start complementary foods on a timely basis (Target value: more than 65%)	Status of the Achievement: Achieved (Partially continued) (Project completion) ● The indicator exceeded more than 80% of the target value of 65% as a result of the end-line survey. [Results of the End-line Survey in February 2013]

Average of the three zones	Arsi	East Shewa	Bale
60.6%	60.0%	68.7%	53.0%

(Ex-post Evaluation)
● 6 out of the 10 target woredas sustained more than 65% of infants starting complementary foods on a timely basis.
[Data in 2016]

Arsi				East Shewa				Bale	
Tiyo	Shirka	Dodota	Z/Dugda	Lume	Boset	Bora	A/Tullu	Goba	Sinana
84%	82.0%	40.2%	56.0%	62.0%	76.0%	74.0%	68.0%	61.0%	65.0%

4. Under-five children who receive foods at least 3 types food groups (Target value: more than 15%)	Status of the Achievement: Achieved. (Partially continued) ● The indicator exceeded the target value of 15% as a result of the end-line survey. [Results of the End-line Survey in February 2013]

Average of the three zones	Arsi	East Shewa	Bale
50.6%	48.5%	43.0%	60.2%

(Ex-post Evaluation)
● 5 out of the 10 targeted woredas sustained more than 15% of under-five children receiving foods at least 3 types food groups.
[Data in 2016]

Arsi				East Shewa				Bale	
Tiyo	Shirka	Dodota	Z/Dugda	Lume	Boset	Bora	A/Tullu	Goba	Sinana
17.0%	60.0%	N.A.	56.0%	N.A.	N.A.	40.0%	N.A.	47.0%	N.A.

5. PLWs consuming amount of foods more than non-pregnant/lactating period (Target value: more than 30%)	Status of the Achievement: Partially achieved (Mostly achieved) (Project Completion) ● The indicator for the average of the three zones was 77% of the target value of 30% and for the the 2 target zones exceeded more than 80% of the target value of 30% as a result of the end-line survey. [Results of the End-line Survey in February 2013]

Average of the three zones	Arsi	East Shewa	Bale
23%	24.0%	17.5%	27.5%

(Ex-post Evaluation)
● In 6 out of the 10 targeted Woredas, the proportion of PLWs consuming amount of foods more than non-pregnant/ lactating period exceeded 30%.
[Data in 2016]

Arsi				East Shewa				Bale	
Tiyo	Shirka	Dodota	Z/Dugda	Lume	Boset	Bora	A/Tullu	Goba	Sinana
31.0%	35.0%	19.0%	35.0%	19.0%	21.0%	35.0%	33.0%	47.0%	19.0%

6. Pregnant women receive iron tablets (Target value: more than 60%)	Status of the Achievement: Not achieved (Achieved) (Project Completion) ● The indicator was far below the target value of 60% as a result of the end-line survey. [Results of the End-line Survey in February 2013]

Average of the three zones	Arsi	East Shewa	Bale
29.7%	23.6%	36.1%	29.5%

(Ex-post Evaluation)
● - 7 out of the 10 targeted Woredas improved the proportion of women receiving iron tablets and 4 Woredas reached to 100%.
[Data in 2016]

Arsi	East Shewa	Bale

		Tiyo	Shirka	Dodota	Z/Dugda	Lume	Boset	Bora	A/Tullu	Goba	Sinana
		87.0%	89.0%	N.A.	48.0%	100.0%	80.0%	100.0%	N.A.	100.0%	100.0%

7. Caregivers received information child nutrition from HEWs /VCHW/ HDA (Target value: more than 80%)	Status of the Achievement: Achieved (Partially continued) (Project Completion) ● The indicator exceeded the target value of 80% as a result of the end-line survey. [Results of the End-line Survey in February 2013]	

Average of the three zones	Arsi	East Shewa	Bale
87.3%	86.0%	88.8%	87.1%

(Ex-post Evaluation)
● 5 out of the 10 targeted Woredas sustained more than 80% of caregivers received information child nutrition from HEWs/VCHW/HDA.
[Data in 2016]

Arsi				East Shewa				Bale	
Tiyo	Shirka	Dodota	Z/Dugda	Lume	Boset	Bora	A/Tullu	Goba	Sinana
88.0%	100.0%	N.A.	96.0%	100.0%	76.0%	88.0%	N.A.	47.0%	N.A.

(Overall Goal) Malnutrition among under-five children and PLWs are reduced in the targeted Woredas	1. 21% of under-five children with weight-for-age Z-score below -2.	(Ex-post Evaluation) Achieved ● All the target zones achieved the target value of less than 21% in 2016.

Target Zone	2013	2014	2015	2016
Arsi	6.7% (n=3709)	7.0% (n=3834)	7.7% (n=4041)	14.8% (n=3787)
East Shewa	6.0% (n=123)	3.0% (n=260)	2.5% (n=645)	2.0% (n=660)
Bale	NA	NA	14% (n=222)	21% (n=450)[2]

2. 30% of under-five children with height-for-age Z-score below -2.	(Ex-post Evaluation) Not verified. ● No target zone achieved the target in 2016 and no data is available in the two target zone.

Target Zone	2013	2014	2015	2016
Arsi	40% (n=51)	35% (n=39)	32% (n=27)	31% (n=115)
East Shewa	N.A.	N.A.	N.A.	N.A.
Bale	N.A	N.A	N.A.	N.A.

3. 3% of under-five children with weight-for-height Z-score below -2	(Ex-post Evaluation) Achieved. ● All the three target zones achieved the target value of less than 3% in 2016.

Target Zone	2013	2014	2015	2016
Arsi	2.0% (n=26)	1.0% (n=13)	1.5% (n=21)	1.2% (n=17)
East Shewa	2.5% (n=145)	1.7% (n=103)	3.0% (n=197)	1.5% (n=96)
Bale	N.A.	N.A.	3% (n=47)	3% (n=57)

4. 19% of mothers having children under-five with BMI<18.5[3].	(Ex-post Evaluation) Achieved ● All the three target zones achieved the target value of 19% in 2016.

Target Zone	2013	2014	2015	2016
Arsi	11.0% (n=142)	8.0% (n=106)	7.8% (n=102)	4.8% (n=66)
East Shewa	1.7% (n=24)	3.0% (n=48)	2.0% (n=32)	2.0% (n=35)
Bale	N.A.	N.A.	3.5% (n=103)	1.5% (n=79)

5. 12% of pregnant women with anemia.	(Ex-post Evaluation) Not verified. ● One target zone achieved the target value of less than 12% in 2016 and no data was available for other two target zones

Target Zone	2013	2014	2015	2016
Arsi	12.0% (n=159)	11.0% (n=167)	9.0% (n=176)	7.0% (n=186)
East Shewa	N.A.	N.A.	N.A.	N.A.
Bale	N.A.	N.A.	N.A.	N.A.

Source : Terminal Evaluation report, Key Informant interview with the Woreda Health Officers and the Health Extension Workers and the Multi Agency Food Assessment Report

3 Efficiency

Although the outputs were produced as planned, the project cost and the project period exceeded the plan (ratio against the plan: 129% and 102%, respectively) because the number of VCHWs to be trained was needed to increase because of the policy change of the government. Therefore, the efficiency of the project is fair.

4 Sustainability

<Policy Aspect>

The CBN program remains to be one of the key components of National Nutrition Program of the country. In this regard, the government of Ethiopia together with development partners has developed and endorsed promotion of the CBN approach by the several policy documents, such as the National Nutrition Sensitive Agriculture Strategy (2017) and the National Nutrition Program (2016-2020). In particular, the Health Sector Transformation Plan 2015/16-2019/20 (HSDP V) envisions the Ethiopia's path towards the Universal Health Coverage through Strengthening Primary Health Care. Accordingly, the plan sets targets to increase the proportion of under-five children with regular growth monitoring and women having at least 4 visits of Ante Natal Care (ANC) to 95%.

<Institutional Aspect>

There was no change in organizational structure throughout the federal, regional, zonal and woreda levels after the project completion. At the federal level, the Federal Ministry of Health (FMOH) is responsible for providing strategic direction to realize predetermined

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[3] BMI is an index to measure weight balance against height which is derived from the following formula: weight/(height)[2]. While BMI=22 is considered as "well-balanced", BMI=less than 18.5 can be "underweight" against height.

objective for reducing child and maternal mortality caused by malnutrition. At the regional level, ORHB provides a comprehensive package of preventive, rehabilitative and curative health services. 3 officers have been assigned for the CBN activities under the Health Promotion and Disease Prevention Core Process. At the zonal level, ZHDs are responsible for technical support to improve nutritional status of people in each zone and each ZHD has the Maternal and Child Health Unit (MCH) which is in charge of nutrition program. ZHDs of Arsi and East Shewa zones deploys at least one staff for conducting nutrition related activities, in particular the CBN activities but no focal person for the CBN activities has been assigned at Bale ZHD. According to 4 out of 6 respondents from ZHD, the number of staffs assigned for the activities has been sufficient. The Primary Health Care and MCH Unit of the Woreda Health Offices (WorHOs) is in charge of technical supportive supervision and technical support for implementation of CBN with support from ZHD and RHB. On average, each WorHO deploys 46 staffs for the promotion of the CBN activities. While 6 out of 10 respondents from the target 10 woreda offices replied that the number of staffs for the activities, was sufficient, the rest of them replied insufficient because of high turnover by inadequate motivation and retention mechanism and lack of budget for additional staff deployment. At the onsite level, while HCs provide comprehensive primary health care services and each HC has one nutrition focal personnel in charge of supportive supervision for specific nutrition activities, the Health Posts (HPs) provide preventive promotive health services. According to 14 out of the 21 respondents from 10 HPs and 10 HCs, the 653 staff in toal have been sufficiently deployed for HCs and HPs in the 10 target woredas. As outlined in the CBN strategy, under each WorHO, two HEWs shall be assigned per kebele[4] to promote the CBN related activities. At the time of ex-post evaluation, 461 HEWs have been already deployed in the 10 target woredas with the total number of kebeles covered by the project of 282. In addition, community mobilization activities of CBN have been undertaken by HDA in the target woredas. Although no data was available for 5 out of the 10 target woredas, the total number of HDA in the target woredas increased from 4,878 in 2013 to 5,225 in 2016 and the coverage by HDAs for the activities have been expanded.

<Technical Aspect>

Since the key player of the CBN activities at the onsite level is HEWs, WorHO delivered trainings related to CBN activities, including the Integrated Refresher Training (IRT), for HEWs in 7 out of the 10 target woredas. In the three target woredas (Tiyo, Shirka and Dodota) in Arsi zone and the one target woreda (Sinana) in Bale zone, the coverage of the CBN activities by the trained HEWs has been more than 75% while it has been limited to less than 20% in Adami/Tullu in East Shewa. The level of HEWs' skills and knowledge in the target woredas is sufficient to conduct the CBN activities.

The guidelines and manuals developed by the project have been utilized by ORHB but partillay utilized by the lower level. Among the target zones, ZHDs of Arsi and East Shewa have continuously used all 6 materials developed by the project but ZHD Bale has not. Among the target Woredas, only three Woredas, Shika, Tiyo and Ziway Dugda have utilized 5 out of the 6 materials at the time of ex-post evaluation. "Implementation Manual on Community Based-Multi-Sector Approaches to Nutrition" have not been avaailable for them. At the community level, HCs/HPs in Shirka and Adami/Tullu have utilized 4 out of 6 materials because "Implementation Manual on Commuity Based-Mulit-Sector Approaches to Nutrition" and "Good Practices and Lessons Learned" have not been available for them. Other target woredas have been utilizing the existing guidelines and manuals prepared by NPP which is similar with the manual revised by the project.

<Financial Aspect>

The government budget allocated to MOH for the CBN activities amounts 12,707 million USD in 2017 but it decreased from 51,240 million USD in 2015. Due to the decrease in the government budget, the budget allocated to ORHB has also decreased to 4,320 million USD in 2016 and 2017 from 17,421 million USD in 2015. On the

Budget for the CBN activities (million USD)

	2014	2015	2016	2017
FMOH (Government Budget)	45,460	51,240	12,706	12,707
ORHB	15,456	17,421	4,320	4,320
ZHDs (3 target zones) in total	78,478	80,352	87,645	107,119
Funds from Donors	15,911	17,934	4,447	4,447

other hand, the total budget allocated to ZHDs in the three target zones increased from 78,478 million USD in 2014 to 107,199 million USD in 2017 though the budget specifically allocated to the CBN activities at ZHD level have not been available. As mentioned above, the CBN activities have been financially supported by the donors but the funds from the donors also decreased from 17,934 million USD in 2015 to 4,447 million USD in 2016 and 2017.

The government of Ethiopia has introduced a new fund distribution regulation called "One Health Tool" to compute the allocation share of the regional governments. In this respect, the model considers important factors such as population size, disease and health profiles, clinical practices, service provision and coverage for fund distribution. Accordingly, the Ministry of Finance and Economic Cooperation will disperse the respective shares of all budget lines to their respective Bureau of Finance and Economic Development at regional level. Since the budget has not been specifically allocated to the CBN activities introduced by the project, it is considered that the budget amount has not been sufficient to conduct necessary activities. However, to meet the targets set in "the Growth and Transformation Plan II" (2015/16-2019/20) and fill the gap to some extent, there are non-budgetary supports to the sector. Through the PFSA, the government in collaboration with development partners provides free routine nutrition medications like iron, amoxicillin, zinc, "plumpy'nut"[5] and so on. to health facilities and the community. As nutrition is one of the sixteen components of the Health Extension Packages, refresher training, supportive supervision and follow up activities for CBN are conducted during the quarterly evaluation meetings, annual review meetings and other available opportunities with other Packages.

<Evaluation Result>

In light of the above, no problem was observed from the policy and organizational aspects but some problems have been observed from the technical and financial aspects of the implementing agency. Therefore, the sustainability of the project effects is fair.

5 Summary of the Evaluation

The project achieved the Project Purpose and partially achieved the Overall Goal by the time of ex-post evaluation, as CBN and ANC follow up at the community level have been implemented and considerable achievements have been realized in target areas of the project. Furthermore, continued improvement of health preventive services and behavioral changes observed led to the reduction of malnutrition

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[4] Kebele is the smallest administrative unit in Ethiopia.

[5] It is a peanut-based paste containing high protein and high calories for nutrition improvement of children in developing countries developed by a French food company.

among under-five children and PLW. As for sustainability, although the technical supports for the CBN activities including trainings have varied by the target ZHDs and WorHOs and the budget allocated by the government for the CBN activities have been decreased, the policies focus more on reduction of malnutrition. As for efficiency, the project cost exceeded the plan.

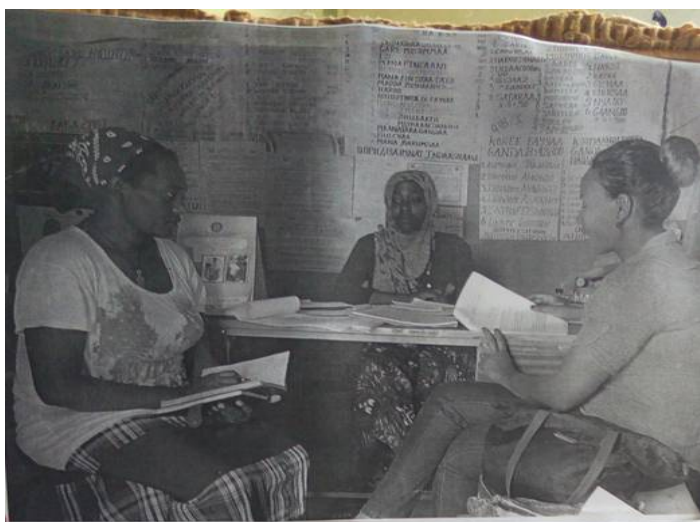Considering all of the above points, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:
- Despite the capacity building training on nutrition coupled with multi-sectoral linkage mechanism established by the project to set up the health promotion system, some HOs and HPs in the target woredas haven't continued to implement the CBN activities after project completion. Therefore, it is desirable from the outset of the planning stage if ORHB can thoroughly plan to maintain and utilize existing multi-sectoral platform and monitoring system in woredas so that it would integrate and mainstream CBN activities with all sectors on a sustainable basis.
- Lack of Nutrition Program staff members and budget specific to promote the CBN activities were identified in the some of target areas at the ex-post evaluation. Additionally, disseminated guidelines and manuals have been partially utilized but not at all level for the promotion of CBN activities. Therefore, ORHB and its counterparts should continue to strengthen preventive services through the assignment of staff and allocation of the required budget specifically to CBN unit/department. Moreover, ORHB should maintain the model/approach formulated by the project to disseminate and continue to utilize the guidelines and manuals in order to fully ensure the implementation of CBN activities.

Lessons Learned for JICA:

For sustainability of the project effects, it would have been more successful if more initiatives for capacity building by JICA and consolidation of achievements would have been given during middle term of the project implementation to further strengthen the partnership mechanism, which facilitate networking among local governments, communities and other stakeholders, including joint monitoring system and integrated extension system in order to ultimately ensure the sustainability and continuation of project effects to the expected level. For example, JICA could have planned to provide the necessary technical support to ORHB by co-formulating an applicable roadmap that aimed to be valid in a long run for the dissemination of the outputs and experiences of the project.

Supportive Supervision from Woreda Health Bureau to Health Post

Home to Home Visit by Health Extension Workers