conducted by Ethiopia Office: August, 2018

Country Name	
Federal Democratic Republic	Improving Maternal and Child Nutrition Status in Oromia Region (COBANA)
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	 Project Site: 10 Woredas in the thee target zones of Arsi (Tiyo, Shirka, Dodota and Ziway Dugda), East Shewa (Lume, Bora, Boset and Adami/Tullui) and Bale (Goba and Shinana), in Oromia Region 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. Inputs (to carry out above activities) Japanese Side Ethiopian Side Experts: 16 persons Staff Allocated: 31 persons Land and facilities: Project office in ORHB Equipment: 3 vehicles, 11 motorbikes for field activities and necessary equipment 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 2016¹. 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												
preventive services	lhour of birth (Target	(Project of The in	completion ndicator e	n) xceeded th	chieved (Co e target valu ey in Februa	ue of 60%	ás a resi	alt of the	end-line su	rvey.				
reduce malnutrition	value. more than 6070)	Averag	e of the th	ree zones	Arsi	East S	Shewa	В	ale					
of under-five			70.9%		72.7%	71.4	4%	68	.6%					
children and PLW		(Ex-post Evaluation) • 6 out of the 10 target woredas sustained more than 60% of under 2-year children who were												
in the targeted										were put to	o			
Woredas.		breast milk within one hour of birth.												
		[Data in 2016]												
			Arsi East Shewa								Arsi East Shewa B		ale	
		Tiyo	Shirka	Dodota	Z/Dugda	Lume	Boset	Bora	A/Tullu	Goba	Sinana			

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	Status of t	the Achie	vement: A	chieved(Pa	rtially con	tinued)					
exclusively on breast	(Project c	ompletio	n)								
milk for 6 months	• The in	ndicator e	xceeded th	e target val	ue of 50%	as a resu	ilt of the e	end-line su	ırvey.		
(Target value: more than									•		
50%)			nree zones	Arsi	East S	Shewa	Ba	ale			
	11,010,5	63.4%		65.7%	60.			3%			
	(Ex-post l			03.770	00	370	04.	.570	l .		
				daa anatai		hon 500/	of infonts	واسم والمناوية	. husaat fa	adina fan	6
			target word	cas sustan	ied more i	man 3070	or imants	s with only	breast led	earing for	O
	month										
	[Data in 2				1						7
			Arsi		_		Shewa			ale	4
	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	Status of t	the Achie	vement: A	chieved (Pa	artially con	ntinued)					
complementary foods on					,	,					
a timely basis	` "	•	r exceeded	more than	80% of th	e target v	alue of 65	5% as a res	sult of the	end-line	SIII
(Target value: more than						e target t	uru c 01 02	// 0 db d 10.	or the	cha mic	500
(farget value, more than 65%)				1		'la arria	D.	ale	1		
0370)	Average		nree zones	Arsi	East S						
		60.6%		60.0%	68.	/%0	53.	.0%	J		
	(Ex-post l		*					_	_		
			target wor	das sustain	ned more t	than 65%	of infants	s starting c	omplemen	ntary food	ls
		basis.									
	[Data in 2	2016]									
		A	Arsi			East S	hewa		Bal	le	
	Tiyo S	Shirka	Dodota	Z/Dugda	Lume	Boset	Bora	A/Tullu	Goba	Sinana	
	84% 8	82.0%	40.2%	56.0%	62.0%	76.0%	74.0%	68.0%	61.0%	65.0%	
4. Under-five children	Status of t	the Achie	vement: A	chieved (P	artially co	ntinued)		J.	<u></u>		
who receive foods at least					-	-	ılt of the e	end_line si	irvev		
3 types food groups							iii oi iiic (ilu-illic st	n vey.		
	I D Aculto	of the Er	d lina Cur	zazz in Fahi	110es/2017	: 1					
	I -		nd-line Sur	1		-	D.	ala	1		
(Target value: more than	I -	e of the th	nree zones	Arsi	East S	Shewa		ale			
	Average	e of the th 50.6%	nree zones	1		Shewa		ale 2%			
(Target value: more than	Average (Ex-post l	e of the the 50.6% Evaluatio	nree zones n)	Arsi 48.5%	East S	Shewa 0%	60.	2%			
(Target value: more than	Average (Ex-post l	50.6% Evaluation of the 10	nree zones n) targeted w	Arsi 48.5%	East S	Shewa 0%	60.	2%	ldren rece	iving foo	ds
(Target value: more than	Average (Ex-post l 5 out o least 3	50.6% Evaluation of the 10 stypes fo	nree zones n)	Arsi 48.5%	East S	Shewa 0%	60.	2%	ldren rece	iving foo	ds
(Target value: more than	Average (Ex-post l	50.6% Evaluatio of the 10 3 types fo	n) targeted w od groups.	Arsi 48.5%	East S	Shewa 0% re than 15	60. % of und	2%	ı		ds
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(Target value: more than	Average (Ex-post l 5 out o least 3	50.6% Evaluatio of the 10 3 types fo	n) targeted w od groups.	Arsi 48.5%	East S	Shewa 0% re than 15	60. % of und	2%	ı		ds
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		li .				_		_	1		1		
		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	Status of	the Achie	vement: A	chieved (Par	tially conti	nued)						
	information child (Project Completion)												
	nutrition from HEWs	The indicator exceeded the target value of 80% as a result of the end-line survey.											
	/VCHW/ HDA	[Results	of the End	-line Surve	ey in Februa	ry 2013]				-			
	(Target value: more than				Arsi	East Sho	ewa	Bale	:				
	80%)	Tiverag	87.3%	irce zones	86.0%	88.89		87.1%					
	0070)	(Ev nost	Evaluation	n)	00.070	00.07	0	07.17	0				
					lorodos susta	inad mara	than 200/	of coroci	vara ragaiv	d inform	ntion shild		
			5 out of the 10 targeted Woredas sustained more than 80% of caregivers received information child nutrition from HEWs/VCHW/HDA.										
		[Data in	Data in 2016]							_			
				Arsi				Shewa	A /TD 11		ıle		
		Tiyo	Shirka	Dodota	Z/Dugda	Lume	Boset	Bora	A/Tullu	Goba	Sinana		
		88.0%	100.0%		96.0%	100.0%	76.0%	88.0%	N.A.	47.0%	N.A.		
(Overall Goal)	1. 21% of under-five	` 1		n) Achieve									
Malnutrition	children with				ved the targe			21% in 20					
among under-five	weight-for-age Z-score	Target Zone			2013		014		2015		2016		
children and PLWs	below -2.	Arsi			(n=3709)		n=3834)		6 (n=4041)		% (n=3787)		
are reduced in the		East Shewa		6.0%	6 (n=123)	_	(n=260)		% (n=645)		% (n=660)		
targeted Woredas	Bale NA NA 14% (n=222) 21% (n=4)									% (n=450) ²			
	2. 30% of under-five	. 30% of under-five (Ex-post Evaluation) Not verified.											
	children with	No target zone achieved the target in 2016 and no data is available in the two target zone.											
	height-for-age Z-score		et Zone		2013		014		2015		2016		
	below -2.	Arsi		40%	% (n=51)	35%	(n=39)	32	32% (n=27)		31% (n=115)		
	ociow 2.	East Sh	ewa		N.A.		N.A.		N.A.		N.A.		
		Bale			N.A	1	N.A		N.A.		N.A.		
	3. 3% of under-five	(Ex-post	Evaluation	n) Achieve	ed.								
	children with	` -		*	achieved the	target val	ue of less	than 3% i	n 2016.				
	weight-for-height		et Zone		2013		014		2015		2016		
	Z-score below -2	Arsi		2.09	% (n=26)	1.0%	(n=13)	1.5	5% (n=21)	1.5	2% (n=17)		
	Z-score below -2	East Sh	ewa	2.5%	6 (n=145)	1.7%	(n=103)	3.09	% (n=197)	1.5	5% (n=96)		
		Bale			N.A.	N	J.A.	3%	% (n=47)	3	% (n=57)		
	4. 19% of mothers	(Ex-post	Evaluation	n) Achieve	ed								
	having children	` 1		,	achieved the	target val	ue of 19%	6 in 2016.					
	under-five with		et Zone		2013		014		2015		2016		
	BMI<18.5 ³ .	Arsi			% (n=142)		(n=106)	7.89	% (n=102)	4.8	3% (n=66)		
	DIVII~10.J .	East Sh	ewa	1.79	% (n=24)	3.0%	(n=48)	2.0	% (n=32))% (n=35)		
		Bale			N.A.		J.A.		% (n=103)		5% (n=79)		
	5. 12% of pregnant	(Ex-post	Evaluation	n) Not veri	ified.								
	women with anemia.	• One	arget zone	achieved	the target va	lue of less	than 12%	6 in 2016 a	ınd no data	was avail	able for other		
		two t	arget zone	s									
		Targ	et Zone		2013	2	014		2015		2016		
		Arsi		12.00	% (n=159)	11.0%	(n=167)	9.09	% (n=176)	7.0	% (n=186)		
		East Sh	ewa		N.A.		J.A.		N.A.		N.A.		
		Bale			N.A.	N	J.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

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 kebele⁴ 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 available 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" 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

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