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The U.S. Government's Global Hunger & Food Security Initiative

GROWTH THROUGH NUTRITION ACTIVITY MIDTERM PERFORMANCE EVALUATION

September 10, 2021



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September 10, 2021

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ABSTRACT

This midterm evaluation, conducted by ME&A from October 2020 to April 2021, used a mixed-methods approach to examine the United States Agency for International Development (USAID)/Ethiopia Growth through Nutrition (GTN) Activity's achievements, difficulties, and recommendations. The evaluation included document review, key informant interviews, focus group discussions, transect walks, an online survey, and a computer-assisted telephone interview survey.

GTN, led by Save the Children, is USAID/Ethiopia's flagship multisectoral nutrition and water, sanitation, and hygiene (WASH) activity, focused on system strengthening of health, nutrition, agriculture (including livestock and crops), and WASH (including hardware and software), all aimed toward reducing childhood stunting. GTN works with multiple levels of each system—national, regional, zonal, *woreda*, *kebele*, preservice training institutions, and the private sector for WASH. The activity's targeted regions are Amhara; Oromia; Sidama; Southern Nations, Nationalities, and People's Region (SNNPR); and Tigray.

GTN produced important contributions to system strengthening of all technical areas. Awareness of nutrition-sensitive agriculture, consumption of a diverse diet by women of reproductive age and young children and use of improved sanitation products were generated at all levels, including most vulnerable households (MVHHs). GTN tested implementation strategies, such as enhanced community conversations and women's village savings and loan associations and provided evidence of best practices for scale.

However, benefits did not systematically reach all targeted MVHHs, leaving many of these households unable to consistently provide women of reproductive age and young children with a diversified diet and reduce fecal-oral transmission.

ACRONYMS

Acronym	Description
AEW	Agricultural Extension Worker
AMIYCN	Adolescent, Maternal, Infant, and Young Child Nutrition
BINLM	Blended, Integrated Nutrition Learning Module
CATI	Computer-Assisted Telephone Interview
CCA	Community Change Agent
DA	Development Agent
DCOP	Deputy Chief of Party
ECC	Enhanced Community Conversation
ENGINE	Empowering New Generation to Improve Nutrition and Economic Opportunities
EQ	Evaluation Question
ET	Evaluation Team
FGD	Focus Group Discussion
GOE	Government of Ethiopia
GTN	Growth through Nutrition
HEW	Health Extension Worker
IP	Implementing Partner
KII	Key Informant Interview
LOL	Land O'Lakes
LNGO	Local Nongovernmental Organization
MOA	Ministry of Agriculture
MVHH	Most Vulnerable Household
MUH	Integrated Multi-Use Water Supply
NNP	National Nutrition Program
NSA	Nutrition-Sensitive Agriculture
ORS	Oral Rehydration Solution
OWNP	One WASH National Program
PHH	Postharvest Handling
PSI	Population Services International
PSNP	Productive Safety Net Program
QI	Quality Improvement
SBCC	Social and Behavioral Change Communication
SNNPR	Southern Nations, Nationalities, and Peoples Region
TIPS	Trials of Improved Practices
TMG	The Manoff Group
ToT	Training-of-Trainers
VSLA	Village Savings and Loan Association
TVET	Technical And Vocational Education and Training
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WASHCO	Water, Sanitation, and Hygiene Committee
WV	World Vision

EXECUTIVE SUMMARY

INTRODUCTION

This midterm performance evaluation, conducted between October 2020 and April 2021 by ME&A, Inc. (ME&A), examines the United States Agency for International Development (USAID)/Ethiopia Growth through Nutrition (GTN) Activity's (September 2016–August 2022) achievements, implementation, management, operation, beneficiary and stakeholder perceptions, and accomplishment or likelihood of accomplishment of expected results. It also provides recommendations on how a follow-on activity or similar activities can better achieve objectives and goals.

ACTIVITY BACKGROUND

GTN, USAID/Ethiopia's flagship multisectoral nutrition and water, sanitation, and hygiene (WASH) activity, focuses on system strengthening of health; nutrition; agriculture (including livestock and crops); WASH (including hardware and software); and education, especially for preservice education. The activity works with multiple levels of each system—national, regional, zonal, *woreda*, and *kebele*—and coordinates with institutions that provide preservice training for professionals in these areas and with the private sector for WASH inputs. GTN is implemented in five regions: Amhara; Oromia; Sidama; Southern Nations, Nationalities, and People's Region (SNNPR); and Tigray. However, because of security reasons, GTN stopped activities in Tigray on November 4, 2020.

GTN is managed by Save the Children, as the prime, in conjunction with Jhpiego, Tufts University, Land O'Lakes (LOL) International Development, Population Services International (PSI), World Vision (WV), The Manoff Group (TMG), and five local nongovernmental organizations (LNGOs). These LNGOs include the Ethiopian Orthodox Tewahedo Church Development Association in Amhara, Fayyaa Integrated Development Organization in Oromia, Mums for Mums in Tigray, Common Vision for Development Association in SNNPR, and Ethiopian Muslims Relief and Development Association in Oromia.

EVALUATION DESIGN AND LIMITATIONS

The evaluation team (ET) adopted a mixed-methods approach consisting of document review, key informant interviews (KIs), focus group discussions (FGDs), transect walks, an online survey, and a computer-assisted telephone interview (CATI) survey. The evaluation questions (EQs) are listed in the following section on findings and conclusions.

Qualitative data collection used purposive sampling to select respondents from the *kebele*, *woreda*, zonal, regional, and national levels, in addition to activity implementers and USAID staff. Because of COVID-19-related restrictions, the team lead could not travel to Ethiopia; however, the team lead conducted remote interviews and used remote communication to manage the local team. The four-member evaluation team (ET) in Ethiopia consisted of experts in nutrition, WASH, agribusiness, and monitoring and evaluation. A total of 262 people were interviewed through both in-person and remote mechanisms. The CATI survey included 1,002 randomly selected respondents who received GTN training. The online survey asked stakeholders about their experiences with and perceptions of activity implementation and outcomes.

FINDINGS AND CONCLUSIONS

EQ 1: To what extent have GTN's nutrition-sensitive agriculture (NSA) interventions—crop diversification training, demonstration plots, and model farmer approach—sustainably increased the year-round availability of vegetables, fruits, and animal-sourced foods in GTN *woredas*?

Findings

Increased awareness of NSA and its integration into the agriculture sector has been one of GTN's most important results. All KII/FGD respondents, except WASH specialists,¹ talked about NSA promotion and acceptance as a major contribution. Respondents agreed that the agriculture sector had previously focused on cash crop productivity but that the sector now demonstrates growing concern about NSA, especially the production of fruits, vegetables, and livestock for home consumption. Details are described in the main section of this document under findings for awareness of NSA.

GTN's approach to availability involved a pathway of improved production, which GTN addressed by providing most vulnerable households (MVHHs) with agricultural and livestock inputs, and a second pathway of income generation or livelihood, by which families sell surplus products to purchase nutritious food they cannot produce themselves.

Conclusions

GTN helped generate awareness of NSA at multiple system levels and across system actors in its target regions, *woredas*, and *kebeles*, including, most importantly, most MVHHs. For some MVHHs, availability has grown through intercropping with cash crops, home gardens, and market purchases of nutritious foods. This outcome has been supported by the establishment of women's village savings and loan associations (VSLAs).

GTN provided agricultural inputs to selected MVHHs to enable them to continue to produce vegetables, fruits, and animal products. Evidence of this intervention strategy's effectiveness, however, is mixed. Although some MVHHs continue to benefit from these initial input distributions in terms of increased production and nutritious food availability, others do not. Quality inputs were not available after activity distribution, animals died as a result of predation or lack of access to veterinary services, and lack of access to irrigated water (notwithstanding the activity's complementary integrated multi-use water supply [MUH] interventions) limited the year-round availability of nutritious fruits and vegetables.

EQ 2: To what extent have GTN's interventions sustainably increased the year-round access of vegetables, fruits, and animal-sourced foods in GTN *woredas*?

Findings

GTN's approach to access is to consider the household's ability to purchase nutritious foods from local markets. This requires households to have income to make purchases. GTN livelihood activities and support for establishing VSLAs increased MVHHs' ability to purchase nutritious foods from local markets.

Another important contribution came from enhanced community conversations (ECCs) that included a session devoted to family budgeting. This session involved games, role playing, and discussions about inclusive family decision making. This activity, combined with a new awareness of the importance of consuming a diverse diet, contributed to families purchasing nutritious foods (if they had the means).

GTN also considered gender equality, including it at the design stage, during implementation, and as part of activity monitoring and evaluation. When families value gender equality, they pay more attention to obtaining nutritious food for family consumption both because women play a greater role in household decision making and because of greater recognition of the role nutrition plays in children's health and women's reproductive health.

Conclusions

Evidence indicates that GTN increased nutritious food access through four channels:

¹ WASH specialists did not provide information on NSA because their roles in GTN do not include NSA.

- ⌘ Enhanced MVHH livelihoods through home food or animal production or other income-generating activities that facilitated the purchase of nutritious plant and animal-sourced foods from local markets
- ⌘ Establishment of women's VSLAs, the proceeds of which supported livelihood diversification and the purchase of nutritious plant and animal-sourced foods from local markets
- ⌘ Promotion of family budgeting through ECC sessions
- ⌘ Joint decision making between mothers and fathers through ECC sessions and, more generally, GTN's integration of gender programming and messaging across its interventions

EQ 3: To what extent have GTN's interventions sustainably increased year-round consumption (use) of vegetables, fruits, and animal-sourced foods among women of reproductive age (15–49 years) and children under two years of age in GTN woredas?

Findings

Increasing awareness of the importance of consuming a diverse diet, especially for pregnant and lactating women and young children, was a major GTN accomplishment. Social and behavioral change communication (SBCC) efforts, including the ECCs, focused on promoting awareness of the importance of eating diverse and nutritious foods. Key informants uniformly claimed increased awareness of the importance of consuming a diverse diet; MVHH mothers and fathers claimed that this awareness had contributed to changes in their consumption patterns toward a more diversified diet. However, this finding must be put into perspective against the EQ1 findings on availability, which revealed deficiencies.

Conclusions

GTN both increased MVHH awareness of the benefits and methods of consuming a more diverse diet, particularly for children and women of reproductive age, and induced behavior change among many of these MVHHs toward improved food consumption practices. But although increased knowledge of this topic was nearly universal among MVHHs, their ability to adopt the corresponding behavioral changes remained constrained by limited availability of and access to nutritious foods.

EQ 4: To what extent has GTN health sector support increased health center and post capacity to sustainably provide quality nutrition services?

Findings

GTN works with primary health care units to build their capacity in quality improvement (QI). They train staff in two QI models: model for improvement (MFI) and Kaizen 5s. MFI helps health centers and posts identify issues, implement changes, and track progress in the effective delivery of nutrition services. Kaizen 5s helps them organize the workplace, including cleaning.

Conclusions

The ET found that health centers participating in GTN QI interventions can apply QI tools. MFI was used to set priorities, propose solutions, test ideas, and effect positive change, while health workers can apply MFI and use data for community-level decision-making to improve delivery of nutrition services. Kaizen 5s was also well implemented at the health centers. Sustainable provision of quality nutrition services is tempered, however, by three challenges threatening their long-term sustainability: high staff turnover in health centers and posts, unavailability of basic anthropometric kits, and poor structural and operational capacity at satellite health posts.

EQ 5: To what degree were the WASH interventions implemented by GTN targeted for reducing fecal-oral transmission for children in this context, to what extent were the interventions implemented, and to what extent were the promoted behaviors taken up by households?

Findings

Activities to reduce fecal-oral transmission have focused on the following: building or rehabilitating water schemes, building capacity of WASH committees (WASHCOs) to manage the schemes, working with the private sector to increase supply of hygiene and sanitation inputs, SBCC to change WASH behaviors, and working with preservice institutions. An important element was the introduction of SaTo pans to improve pit latrines. GTN focused on broad aspects of WASH that can assist in reducing fecal-oral transmission, such as improving access to clean water for hand washing through improved water schemes and awareness of the importance of using improved pit latrines. However, the activity design did not include follow-up with MVHHs to ensure they could adopt behaviors to reduce fecal-oral transmission.

Conclusions

Despite GTN's high-quality system-strengthening activities, reduction of fecal-oral transmission is limited. Use of improved pit latrines is uneven. Improved sanitation products are expensive for many MVHHs to purchase, and these families live far from where WASH businesses are located. MVHHs are aware of the importance of washing hands at critical times and the need to separate animals and humans. In practice, some families have been able to separate animals from humans but others have not, thus contributing to continued fecal-oral transmission. Project staff commented that it is difficult for families to separate animals such as cattle from human living quarters because they are afraid of theft. It is easier for them to separate chickens from human living quarters. They also commented that it is a process to get families to have separate living quarters for humans and animals, but that it is slowly occurring.

Construction or rehabilitation of water schemes has been successful and WASHCOs have been well trained to run them. Unfortunately, there has been little coordination between work with water schemes and WASH activities of PSI.

EQ 6: To what extent has GTN government coordination strengthened efforts to increase inclusive and transparent policymaking processes at the national, regional, and *woreda* levels in support of the National Nutrition Program (NNP) and the One WASH National Program (OWNP)?

Findings

The activity was designed to align and work with both the NNP and the OWNP. National-level respondents spoke positively about GTN's work with the NNP, claiming that GTN has influenced the national nutrition policy, both technically and financially, especially in the identification of strategic challenges and proposing interventions.

Working with the OWNP was more complex. GTN's work was consistent with the OWNP; however, national-level coordination had mixed success. By contrast, the situation at the *woreda* level is positive. GTN activities align well with both the NNP and the OWNP. They appreciate capacity development and GTN's support for multisectoral coordination between agriculture and health.

Conclusions

All GTN activities align well with both the NNP and the OWNP. GTN was more successful in influencing coordination and implementation of the NNP at the national level than the OWNP. Although GTN activities are consistent with and considered part of the OWNP, GTN's role at the federal level has been limited. At the regional and *woreda* levels, however, GTN has played an important role in supporting the coordination and implementation of both initiatives. This multisectoral coordination between agriculture

and health has resulted in joint plans, aligned implementation strategies, and regular review/reflection forums. Both NNP and OWNP committees conduct periodic joint monitoring and supervision visits.

RECOMMENDATIONS

GTN was designed to test various implementation strategies and pass on learning about what was successful. In the stage that follows GTN, it will be important to bring GTN's various aspects together, taking a whole-*woreda* approach for implementation and measurement so that communities and MVHHs receive greater and more consistent benefits.

The following recommendations—a combination of respondent comments and ET observations—should not be considered directives; just as GTN implementation has involved consultation among many stakeholders, so should determinations about how to address the recommendations.

- ⌘ Continue to document and disseminate best practices from the activity.
- ⌘ Continue the strong collaborative and integrated work with the Government of Ethiopia.
- ⌘ Make better use of water schemes to plant community gardens. GTN has already planned to do this in the remaining life of the activity, but it merits prioritization.
- ⌘ Explore ways that MVHHs can receive technical assistance to build irrigation systems for home gardens.
- ⌘ Explore ways to connect WASH businesses to MVHHs and enable MVHHs to purchase their products.
- ⌘ Investigate the implications of the change of national water focus from single village schemes to multivillage schemes and what will happen to the single village schemes already built and the WASHCOs that manage them.
- ⌘ Work with fathers who expressed interest in receiving the same ECC training as their wives and figure out a practical way for more of them to participate. ECC was designed to work with fathers also; this should be emphasized over the remaining life of the activity and in future activities.
- ⌘ Organize mechanisms for MVHHs to access veterinary services.
- ⌘ Explore options for further dissemination of postharvest technologies.
- ⌘ Discuss how ECC activities can continue given overburdened development agent, agricultural extension worker, and health extension worker schedules. It may be challenging for these individuals to complete ECC sessions.
- ⌘ Continue activities to disseminate awareness of NSA and the importance of consuming a diverse diet beyond targeted *kebeles* and MVHHs.
- ⌘ Discuss ways that *woreda*-level offices can bring best practices from this activity into a whole-*woreda* approach. This approach involves taking a geographical view of analyzing who is benefiting and who is left out. *Woreda*-level officials should be able to understand which *kebeles* have access to GTN's basic elements and which are not benefiting. This will allow them to strategize on how to help areas that are not benefiting.
 - GTN has already set the stage for this through system-strengthening work, especially at the national level. This discussion can include many of the recommendations listed here. *Woreda* offices would benefit from having systems for measuring availability and consumption of nutritious foods, nutrition status of children under two years of age, and access to improved sanitation.
 - *Woreda* offices should consider whole-village approaches, such as community-led total sanitation as routine practice.
 - *Kebele* leaders should be able to track which MVHHs are benefiting and which are not.

- One suggestion is to use rapid approaches to conducting household surveys² to track access to basic elements of GTN. For example, Lot Quality Assurance (LQAS) sampling would be an appropriate methodology to help determine elements such as the following:
 - In which *kebeles* are MVHH mothers' savings groups functioning
 - In which *kebeles* do MVHHs have home gardens or access to a community garden
 - Whether *kebeles* have access to improved pit latrine products and whether systems are in place for MVHHs to purchase and install them
- ≠ Continue to measure community-level changes to make sure that gains are maintained.
- ≠ Explore the extent to which primary health care units suffer from the following challenges: high staff turnover in health centers and posts, unavailability of basic anthropometric kits, and poor structural and operational capacity at satellite health posts. Explore ways that the QI process can be used to address these challenges. These QI discussions should be expanded to include *woreda*-level officials as solutions may require resources beyond those of health centers and posts.
- ≠ Hold discussions with stakeholders in SNNPR to clarify misunderstandings in expectations of support from the project against what has been possible to provide. Perhaps this situation will be resolved through activities in the remaining year of the project.

² R. Davis, J. Luna, A. Rodriguez-Lainz, E. Sarriot, *The Rapid Household Survey Handbook: How to Obtain Reliable Data on Health at the Local Level* (ICF Macro: Calverton, MD, and Public Health Institute: Oakland, CA, 2009).

I.0 EVALUATION OVERVIEW

This midterm performance evaluation of the United States Agency for International Development (USAID)/Ethiopia Growth through Nutrition (GTN) Activity was conducted by ME&A, Inc. (ME&A) for USAID/Ethiopia and the USAID Bureau for Resilience and Food Security.

I.1 EVALUATION PURPOSE AND AUDIENCE

The midterm performance evaluation examines GTN achievements, implementation, management, operation, beneficiary and stakeholder perceptions, and accomplishment or likelihood of accomplishment of expected results before activity end. It also provides recommendations on how a follow-on activity or similar activities can better achieve objectives and goals.

The primary audience for this evaluation comprises USAID/Ethiopia and the GTN implementer, Save the Children, who may use the evaluation findings and recommendations to strengthen programming for the remainder of this activity and inform programming for similar future activities.

I.2 EVALUATION QUESTIONS

The evaluation sought to answer the following six evaluation questions (EQs):

1. To what extent have GTN's nutrition-sensitive agriculture (NSA) interventions—crop diversification trainings, demonstration plots, and model farmer approach—sustainably increased the year-round availability of vegetables, fruits, and animal-sourced foods in GTN *woredas*?
2. To what extent have GTN's interventions sustainably increased year-round access to vegetables, fruits, and animal-sourced foods in GTN *woredas*?
3. To what extent have GTN's interventions sustainably increased year-round consumption (use) of vegetables, fruits, and animal-sourced foods among women of reproductive age (15–49 years) and children under two years of age in GTN *woredas*?
4. To what extent has GTN health sector support increased health center and post capacity to sustainably provide quality nutrition services?
5. To what degree were the water, sanitation, and hygiene (WASH) interventions implemented by GTN targeted for reducing fecal-oral transmission for children in this context, to what extent were the interventions implemented, and to what extent were the promoted behaviors taken up by households?
6. To what extent has GTN government coordination strengthened efforts to increase inclusive and transparent policymaking processes at the national, regional, and *woreda* levels in support of the National Nutrition Program (NNP) and the One WASH National Program (OWNP)?

2.0 ACTIVITY BACKGROUND

2.1 ACTIVITY DESCRIPTION

GTN, USAID/Ethiopia's flagship multisectoral nutrition and WASH activity, was designed and awarded in the context of Ethiopia's remarkable progress in reducing stunting and undernutrition. However, Ethiopia's malnutrition rate remains high and contributes significantly to child mortality.

Activity implementation contributes to both the Government of Ethiopia's (GOE's) second NNP and USAID's Country Development Cooperation Strategy 2011–2016 and its objective to improve the nutritional status of women and young children in target areas. GTN was developed to support the GOE's efforts to improve nutrition systems and services.

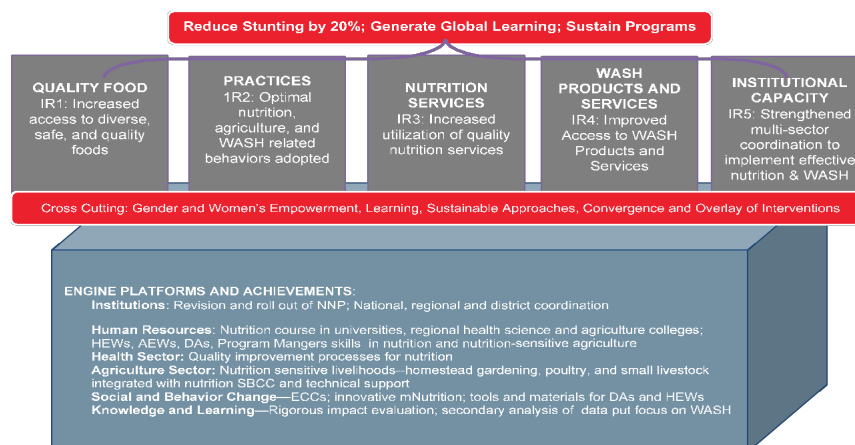
GTN's primary objective is to prevent undernutrition during the first 1,000 days, from the start of pregnancy until a child's second birthday (see Figure 1 for the GTN results framework). It proposes to accomplish its overarching aim of improving the nutritional status of women and young children through the following development hypothesis:

If sustained access to diverse, safe, and quality food is achieved **and** optimal nutrition; water, sanitation, and hygiene (WASH); and agricultural behaviors are adopted **and** quality nutrition services are utilized **and** access to WASH products and services is improved **and** multisectoral coordination and GOE's capacity to implement effective nutrition and WASH programs is strengthened, **then** the nutritional status of women and young children will be improved.

GTN's activities are designed to produce the following results:

- ⌘ Improved household dietary diversity through increased access to diverse, safe, and nutritious foods all year. A more diverse diet is associated with increased caloric, protein, and micronutrient adequacy and higher percentage of protein from animal-sourced food.
- ⌘ WASH and agricultural practices through an innovative social and behavioral change communication (SBCC) strategy that sustainably brings about positive behavioral change. Optimal nutrition and WASH behavior create demand for nutrition, agricultural services, and commodities and ultimately increase use of services.
- ⌘ Utilization of quality nutrition services by providing technical assistance to the GOE at national, regional, *woreda*, and local levels to improve the quality of nutrition service providers at health facilities and in communities.
- ⌘ Improved access to WASH products and services. Complementing increased demand generated by SBCC, activities will improve access to WASH products and services needed to achieve desired hygiene behavior changes. The activity will work with the GOE to increase water access by developing and/or rehabilitating water points reaching 200,000 people in up to 30 *woredas* and stimulating the private sector to increase the supply of quality, affordable WASH products through 40 supported WASH businesses.
- ⌘ Strengthened multisectoral coordination and capacity. In addition to building on past investments (under the USAID-funded Empowering New Generation to Improve Nutrition and Economic Opportunities [ENGINE] Activity) to build capacity to carry out the NNP, GTN broadens the scope to include building the GOE's capacity to implement the OWNPN.

Figure 1: GTN Results Framework



2.2 TARGET AREAS AND GROUPS

GTN was designed to reach approximately 14 million people in Ethiopia through established government structures and by casting a wide technical and programmatic net to address the key determinants of malnutrition. GTN builds on ENGINE's investment in 100 *woredas* (83 food-secure and 17 food-insecure *woredas*) in Amhara; Oromia; Southern Nations, Nationalities, and People's Region (SNNPR); and Tigray, selected in consultation with the GOE to identify the best candidates for ongoing support (Table 1). The selection criteria for target *woredas* included prevalence of stunting, wasting, and underweight status; potential for high impact; cost-effectiveness; and geographic alignment with other USAID-funded programs. Currently GTN is working in 120 *woredas* in five regions because of splits in *woredas* and the creation of one new region, Sidama, which split from SNNPR.

Table 1: GTN Regions and Woredas

Regions	Number of GTN Woredas
Amhara	29
Oromia	36
SNNPR ³	26
Tigray	9
Total	100

2.3 APPROACH AND IMPLEMENTATION

GTN was designed to strengthen local ownership of service delivery through institution strengthening with interventions at federal, regional, and *woreda* level. Save the Children manages activity implementation with the subprime implementing partners (IPs) Jhpiego, Tufts University, Land O'Lakes (LOL) International Development, Population Services International (PSI), World Vision (WV), and The Manoff Group⁴ (TMG), as well as five local nongovernmental organizations (LNGOs). These LNGOs include the Ethiopian Orthodox Tewahedo Church Development Association in Amhara, Fayyaa Integrated Development Organization in Oromia, Mums for Mums in Tigray, Common Vision for Development Association in SNNPR, and Ethiopian Muslims Relief and Development Association in Oromia. Because of security reasons, GTN stopped activities in Tigray on November 4, 2020.

For this project, Jhpiego focuses on workforce development for nutrition. LOL is in charge of supportive NSA/livestock. Tufts University leads the learning agenda, including research on nutrition and WASH, implementation of strategic evaluations, and knowledge management and dissemination. PSI works with the private sector to promote WASH products and business. World Vision is in charge of WASH hardware and works with WASH committee (WASHCO) groups. TMG contributed to nutrition behavior change and messaging through Trials of Improved Practices (TIPS).

3.0 EVALUATION METHODS AND LIMITATIONS

The evaluation team (ET) adopted a mixed-methods approach consisting of key informant interviews (KIIs), focus group discussions (FGDs), transect walks, an online survey, and a computer-assisted telephone interview (CATI) survey. Because these methods covered similar questions, the ET could triangulate the evaluation findings from multiple qualitative and quantitative data sources.

³ Sidama used to be part of SNNPR but recently became a separate region. New *woredas* in this region have been created by splitting previous *woredas* into two new *woredas*. The project is implementing activities in Sidama.

⁴ TMG ended project activities before the midterm performance evaluation.

3.1 DATA COLLECTION METHODS

3.1.1 Document Review

The ET conducted a comprehensive review of documents about or related to GTN, including documents provided by GTN and documents found by the ET during an independent literature search. For a bibliography of documents reviewed, see Annex 2.

3.1.2 KIIs/FGDs

The ET used a two-step process to select KII and FGD participants, starting by co-developing a list of key informants in consultation with GTN and then selecting KII and FGD participants in the technical areas of agriculture, health, nutrition, and WASH based on their level of engagement and the ET's informed judgment about who would be able to answer the EQs. (See Annex 3 for a copy of the KII and FGD discussion guides.) Although this selection process was not random, the ET considered this purposive sample reasonably representative because these are the chief persons familiar with GTN within their relevant stakeholder groups. To generate the information necessary to answer the EQs, the ET used a set of discussion guides targeted to each stakeholder group that included a set of standard questions allowing comparisons across stakeholder groups and specialized questions targeted to the relevant stakeholder group.

Overall, the five-person ET⁵ interviewed 262 persons in Addis Ababa (national level), Amhara, Oromia, SNNPR, and (in remote interviews with IP informants) the United States using both in-person and remote mechanisms (see Table 2 for a summary breakdown by level and location).⁶ The ET subsequently analyzed their KII and FGD notes using Atlas.ti to produce a frequency analysis of key themes.

Table 2: Number of People Interviewed by Level and Location

Level	Amhara	Oromia	Sidama	SNNPR	Total
Kebele	39	44	40	25	148
Woreda	18	12	19	12	61
Zonal	0	0	0	4	4
Regional	8	1	8	7	24
National	N/A	N/A	N/A	N/A	6
IPs	N/A	N/A	N/A	N/A	6
Total	65	57	67	48	262

3.1.3 Transect Walks

Local ET members conducted transect walks in four *woredas* of the four regions visited for data collection. Transect walks are systematic walks with local people along a defined path across a community to explore conditions by observing, asking questions, and listening. During the transect walks, the ET explored conditions of agriculture, WASH, and (to a limited extent) health using a transect walk checklist (see Annex 4).

3.1.4 Online Survey

The ET administered an online survey to GTN stakeholders asking them questions about their experiences with and perceptions of the activity and its implementation and outcomes. (See Annex 6 for a copy of the online survey questionnaire.) The ET sent an invitation to complete the online survey to a list of 105 activity stakeholders identified in consultation with USAID/Ethiopia and GTN. To increase the survey

⁵ The ET consisted of a U.S.-based team leader and four local team members, including a nutrition expert, agribusiness specialist, monitoring and evaluation specialist, and WASH specialist. The team leader remained in the United States because of COVID-19-related international travel risks. She managed the local team remotely and conducted remote interviews.

⁶ The original intention was also to collect data in Tigray. Because of the ongoing political instability and military conflict in Tigray, however, the ET (with the Mission's advice and consent) elected not to conduct any data collection there.

response rate and control the problem of invalid email addresses, the ET distributed an initial emailed letter of invitation from USAID/Ethiopia to each targeted stakeholder. Out of the 105 stakeholders invited to complete the online survey, 77 (73.3 percent) accepted the invitation, and 60 (57.1 percent) of those who confirmed the invitation completed the survey (Table 3), including 50 (83.3 percent) males and 8 (13.3 percent) females.

Table 3: Online Survey Respondents by Type of Organization

Organization Type	Number	Percentage
IPs (international)	42	70.0%
IPs (local)	3	5.0%
GOE (national)	4	6.7%
Zonal/woreda governments	2	3.3%
Educational institutions	5	8.3%
NGOs/CSOs	3	6.7%
Other	1	1.7%
Total	60	100%

3.1.5 CATI Survey

ME&A's subcontractor GeoPoll conducted a CATI survey of individuals who had received training through GTN as part of the activity's cascade training methodology. The survey asked respondents questions about their experiences with and perceptions of the training and training outcomes. (See Annex 5 for a copy of the CATI survey questionnaire.) Initially, the ET sought to conduct a CATI survey of most vulnerable households (MVHHs), GTN's end beneficiary group, which would have provided a representative Large N sample of end beneficiaries to complement the purposive sample of activity stakeholders. Although GTN keeps an extensive database of beneficiary MVHHs, however, the database does not include mobile phone numbers, which are required for the CATI survey. Nonetheless, in addition to MVHHs, GTN maintains an extensive database of individuals who participated in one or more GTN trainings as part of the activity's cascade training methodology. Given this, the ET elected to shift the CATI survey's focus from MVHHs to the 29,525 individuals who had participated either in a training-of-trainers or in a basic training in Amhara, Oromia, and SNNPR during activity Years 1–4.

After further consultation with GTN and GeoPoll, the ET decided to limit the CATI survey sampling frame to the 23,442 individuals who had participated in the following five “core” activity trainings: NSA; NSA plus adolescent, maternal, infant, and young child nutrition (AMIYCN); enhanced community conversations (ECCs); quality improvement (QI) for health workers; and a blended, integrated nutrition learning module (BINLM). To minimize recall difficulties, the ET instructed GeoPoll to focus first on those who had received training during Years 3–4 and then to select only those who had received training during Year 2 as required and Year 1 if necessary. Overall, GeoPoll randomly selected and surveyed 1,002 persons from this sampling frame with the breakdown by region, sex, age, and type of training shown in Table 4.

Table 4: Breakdown of CATI Survey Respondents by Region, Sex, Age, & Type of Training

	Male	Female	Total
Region			
Amhara	167	167	334
Oromia	167	167	334
SNNPR	167	167	334
Age			
15–29	271	375	646
30–44	213	123	336
45–59	17	3	20

	Male	Female	Total
Type of Training			
TOT	287	248	535
Basic	212	249	461

3.2 METHODOLOGICAL LIMITATIONS

The evaluation had several limitations. First, because of COVID-19-related restrictions, the team leader could not travel to Ethiopia. To address this limitation, ME&A hired a team of local consultants to collect in-person information and the team leader conducted remote KIs. The team leader maintained contact with the local team through ongoing communication and remote team meetings.

Another limitation was the security situation in Tigray, which prevented the ET from collecting information there. The ET visited other project regions (Amhara, Oromia, Sidama, and SNNPR). Therefore, findings are relevant to all project regions except Tigray. In addition, criteria for site selection in the other regions included sites with relatively good security.

The evaluation's effort was primarily qualitative. Findings represent perceptions of those interviewed. However, transect walks by the ET helped provide additional evidence of the situation on the ground. Purposive sampling was performed to acquire a wide range of views on project activities and achievements by interviewing representatives at multiple system levels, including those who work directly with community members and MVHHs.

This evaluation did not include household surveys, agricultural surveys, livelihood surveys, or health facility surveys. Therefore, numeric coverage information about the extent of GTN's achievements could not be included in the evaluation.

Because fieldwork had to be completed before the Ethiopian Christmas, it was not possible to return to regions to ask follow-up questions on findings that emerged from qualitative analysis.

Finally, although the evaluation was designed to include a phone survey of MVHHs to collect numeric data on issues such as consumption of a diverse diet, this was not possible because many MVHHs lack phones. In response, the team conducted a phone survey (CATI) with a range of stakeholders who had received capacity-building interventions, which produced useful insights into the training's effectiveness.

4.0 FINDINGS & CONCLUSIONS

One of GTN's particular strengths was that it selected implementation areas with the GOE at all levels—national, regional, *woreda*, and *kebele*. This process was critical for sustainability and addressed a concern that assistance would be concentrated in a few areas. The downside is that GTN activities have been spread out over a large part of Ethiopia with potentially adverse implications for scale.

As part of its system-strengthening approach, GTN served as a learning opportunity for the GOE. GTN carefully monitored interventions and modified its approach as appropriate, generating best practices for the government to use in the future.

4.1 EVALUATION QUESTION I

4.1.1 To what extent have GTN's NSA interventions—crop diversification training, demonstration plots, and model farmer approach—sustainably increased the year-round availability of vegetables, fruits, and animal-sourced foods in GTN *woredas*?

Using information from respondents and project documents, the ET unpacked this question into the following components:

- ⌘ Awareness of NSA
- ⌘ Respondent perceptions of MVHHs' situation concerning year-round availability of vegetables, fruits, and animal-sourced foods
- ⌘ Perceptions of sustainability
- ⌘ Availability of nutritious food

FINDINGS

Awareness of NSA

Increased awareness of NSA and its integration into the agriculture sector has been one of GTN's most important results. All KII/FGD respondents,⁷ except WASH specialists,⁸ talked about the promotion and acceptance of NSA as a major GTN contribution. Respondents agreed that whereas the agriculture sector before focused on cash crop productivity, it was now demonstrating greater interest in NSA, especially production of fruits, vegetables, and livestock for home consumption.⁹

This understanding of NSA was echoed at all system levels. In an interview with federal-level government officials, respondents explained that before GTN, the agricultural system did not consider the importance of nutrition-sensitive crops. However, because of GTN, the previous focus on production and marketing had expanded to include an awareness of NSA, again including the home consumption of nutritious foods, particularly by pregnant and lactating women as well as children under two years of age.

The officials also demonstrated appreciation for GTN's contribution to promoting NSA stating that GTN helped make agricultural extension packages more nutrition sensitive, whereas before these packages focused on production and marketing. At the time of this evaluation, the Rural Agriculture Policy was under revision, and NSA was included as a standalone component, which key informants attributed to GTN. The Ministry is now making sure that NSA is included in all agricultural policy documents, and leadership as well as staff are now aware of NSA.

In three interviews with regional leaders in Amhara, Sidama, and SNNPR and a KII with two zonal officials in SNNPR, interviewees explained that they had received training-of-trainers (ToT) in NSA and that through this training they became aware of the importance of incorporating nutrition into both agriculture and livestock production, particularly vegetable production and poultry raising. Regional leaders further remarked on an observed shift toward including NSA at all system levels, including the community level, where knowledge, attitudes, and practices changed in targeted households that had received NSA training.

Regional officials in two KIIs in Amhara and Sidama who had received a ToT in NSA explained that they were able to cascade this training down to the *woreda* level. However, because of COVID-19-related restrictions, respondents who had received NSA training in SNNPR could not cascade this training.

Woreda-level experts in seven KIIs reported that GTN brought to their attention NSA's importance, confirming statements by others that whereas previously agriculture had focused on productivity, nutrition was now being embedded into extension advisory services and that MVHHs were more aware of the importance of producing and consuming vegetables and animal products. As one nutrition expert stated:

"Previously the focus of agriculture and livestock sectors was mainly to increase production and productivity but now due to GTN interventions the two sectors have incorporated nutrition within their programming. MVHHs have acquired productive resources and improved their livelihoods and also their social acceptance increased." SNNPR *woreda*-level expert

⁷ The ET conducted 11 KIIs with WASH specialists.

⁸ WASH specialists did not provide information on NSA because their roles in GTN do not include NSA.

⁹ Respondents in 22 KIIs reported this. Also, 16 of 45 online survey respondents (35.6 percent) reported that GTN has had a great impact on the increased adoption of NSA practices, while 20 of 45 (44.4 percent) said it had a good impact, 5 (8.9 percent) said it had a moderate impact, and 2 (4.4 percent) said it had a little impact. No one reported that GTN has had no impact.

Woreda-level experts in two KIs further claimed to have observed spillover effects by which the activity's nutritional training and messaging were increasing the awareness of families not targeted by GTN. These woreda-level experts had received a ToT in NSA and cascaded the training down to agriculture extension workers (AEWs) and development agents (DAs).

DAs in three KIs in Amhara, Sidama, and SNNPR likewise reported that an important GTN contribution was to increase knowledge of NSA within the agriculture sector, particularly among MVHs. However, DAs in Amhara expressed a similar concern as woreda-level experts about fathers' non-attendance at the NSA training sessions. This concern was consistent with observations at the Amhara regional level.

Model farmers mentioned that they had received a two-day training on NSA. Although model farmers were supposed to serve as demonstration sites for MVHs, participants in two FGDs expressed doubts about whether the model farmers were transferring knowledge about NSA to MVHs. Interviews with implementers indicated that some model farmers have been working well and demonstrating NSA but that others have not. At the time of this evaluation, GTN had initiated a study on training/messaging diffusion that should shed light on how model farmers can influence others to practice NSA.

The positive observations about the diffusion of NSA training and messaging at the regional and woreda levels, however, were tempered by the caveat expressed by regional and woreda officials and DAs that household heads (fathers) were not included in NSA training and therefore were not as aware of NSA as were the mothers. Nevertheless, MVH fathers participating in FGDs could, for the most part, discuss key messages about NSA and talked about how they had gained an appreciation through their wives about the importance of producing vegetables and raising poultry for home consumption, in certain cases even citing how they were now producing and consuming eggs or vegetables for home consumption. At the same time, however, participants in four of six FGDs with MVH fathers complained that they had been excluded from the NSA trainings and expressed a desire to receive the training themselves.

All respondents in four FGDs with MVH mothers cited the importance of consuming vegetables and animal products and how they appreciated this GTN contribution. Mothers in Sidama took pride in the certificates they had received after 10 months of ECC sessions.

Perception of Year-Round Availability of Vegetables, Fruits, and Animal-Sourced Foods

The ET evaluated availability based on GTN's approach to improved nutrition, which involved three pathways: improved production, which GTN addressed by providing MVHs agricultural and livestock inputs; increased income or livelihood, addressed by families selling surplus products to purchase nutritious food they cannot produce themselves; and implementation of labor-saving technologies for women, which enables mothers to pay more attention to feeding and caring for their children. The evaluation explored all three pathways. The first two pathways are discussed immediately below. The third is discussed under EQ3 on consumption.

Nutrition Pathway 1: Improved Production (Agricultural and Livestock Inputs)

Implementers and respondents from the regional to the kebele level¹⁰ appreciated the fact that GTN provided MVHs with inputs, including farm tools, vegetable seeds (such as soybean, haricot bean, carrot, head cabbage, potatoes, and beetroot), fruit seedlings, poultry, sheep or goats, and training. GTN made sure that MVHs receiving inputs had access to a small plot of land where they could plant home gardens. MVHs were also required to build separate living quarters for animals before they were given livestock. The following are some of the positive aspects of these GTN inputs as revealed through KIs and FGDs.

GTN targeted inputs to Ethiopia's various agro-ecological zones. Some areas are more appropriate for certain crops or animals, whereas others are more appropriate for other crops or animals. Consequently, GTN

¹⁰ This includes 10 FGDs with MVH mothers and fathers and nine KIs with woreda officials, three with DAs, three with model farmers, three with implementers, two with regional officials, and one each with ECC facilitators, zonal officials, and AEWs.

provided families with crops and animals appropriate for their agro-ecological zone, such as drought-resistant vegetables for drier, more drought-prone areas. According to one implementer:

“We decided to focus on agro-ecology. The project is not a blanket type, but it focuses on agro-ecology and the interest of the people we are supporting. Agro-ecology is that different crops and livestock work in different places. Sheep and goats do well in different places. There are highland crops, lowland crops, mid-altitude crops.”

GTN introduced new or hard-to-acquire varieties of fruits, vegetables, and livestock. Key informants in 14 Kils at the regional, woreda, and kebele levels acknowledged that GTN has provided MVHHs with a range of new or hard-to-acquire inputs. In Sidama, for example, regional experts expressed appreciation that GTN had introduced avocado and apple seedlings, which they noted were well suited for the region, while also supplying MVHHs with improved breeds of egg-laying poultry and vegetables that had been unavailable or difficult to acquire. At the woreda and kebele levels, key informants in eight Kils described GTN inputs as including new poultry breeds together with sheep, vegetable seeds, and fruit seedlings. MVHHs subsequently bred the new poultry breeds with the local poultry, producing more genetically diverse poultry, thus (presumably) contributing to greater sustainability. In three Kils, DAs working at the kebele level further noted that these new poultry breeds are highly prized by community members and local markets, creating potential commercial opportunities for MVHHs as well.

MVHHs benefited from expanded availability of vegetables and animal products. Regional experts in four Kils reported that GTN NSA interventions have increased the availability of nutritious vegetables and animal products such as eggs and milk (goat and sheep) through a combination of input provisioning and training/messaging.

Farmers benefited from improved production techniques. Key informants in five Kils agreed that MVHHs have learned about and increased adoption of crop and animal products and production technologies appropriate for small plots of land. For example, some farmers had begun intercropping nutrition-dense crops with cash crops such as cereal, kat, and coffee. This outcome was especially important for Sidama, where the population density is high and plots available for agriculture are becoming smaller.

During site visits, ET members observed families that continued to benefit from inputs distributed through GTN. For example, in certain cases, sheep and goats bred and the families sold offspring to purchase cows. This not only provided milk for family consumption but also increased income generation. Woreda-level respondents uniformly noted growth in MVHH vegetable and fruit production after GTN provided inputs, which would not have been possible in the absence of activity assistance.

Exchanges with MVHH mothers and fathers during each of the MVHH FGDs offer good examples of what families have been able to accomplish through GTN training and input—in this case, a three-day training followed by distribution of six pullets, two sheep, and vegetable and fruit seeds. In response to the facilitator’s question about whether the training and inputs had made any significant impact or change in their livelihoods, one mother in Amhara responded:

“We are more than ever made aware about the health of our own children. USAID provided us with sheep, chicken, and above all an opportunity to establish a savings group for now and future. We have raised about 15,000ETB and we want to raise more so we can help ourselves and others who might need to be helped or who happen to be destitute as they were before.”

Another mother in Oromia commented that she had exchanged the sheep that she was given for a cow that is now a good source of milk for her family. She subsequently built a better corrugated roof for the cow shed and has plans to rent agricultural land for her family to use. In another case, an MVHH father in Sidama sold the sheep provided by GTN and bought goats to provide a stable source of milk for the family, particularly for the children.

GTN WASH interventions also offered MVHH communities opportunities to produce more nutritious foods. Key informants on the GTN implementation team noted that whenever there is a new water source in the community, households start rearing poultry or fattening dairy cattle.

GTN carefully tracks input distribution to ensure that families have received what was intended, including performing annual post-distribution monitoring assessments. However, during field visits, especially in SNNPR, the ET found uneven distribution of inputs to targeted families and some cases of inputs promised but not delivered, creating unfulfilled expectations. For the remainder of the project, it would be useful to hold discussions with stakeholders in SNNPR to clarify misunderstandings on expectations of project support against what has been possible to provide.

Although agricultural and livestock input distribution was carefully planned and monitored, current availability of vegetables and animal products for household consumption is mixed. There are examples of successes but also of problems. Even in areas where availability of vegetables and fruit has grown substantially, year-round availability remains impossible (even accounting for the agro-ecological appropriateness of the crop) because water is not available year-round. Results were also mixed on continued benefit from GTN inputs. Despite the anecdotes cited in KIs and FGDs (and shared above), transect walks and FGDs with MVHHs revealed exceptions in which initial positive results deteriorate over time.

- ✧ Members of one fathers' group stated that GTN provided one to two sheep, four to six chickens, and farm tools for each household. For some households, the sheep reproduced and now number four to six. Other households totally lost the stock to disease and a hyena attack.
- ✧ Members of another fathers' group indicated that sheep had been sold off to generate income to meet short-term needs, so they no longer had them.
- ✧ Members of a mothers' group explained that all of them have access to irrigation water, and they harvest vegetables and legumes four times a year but not the entire year. Against this positive result, this same group said that their families used to consume eggs, but the chickens are now old and are not producing eggs.
- ✧ In other groups, both fathers and mothers lamented that families no longer had eggs because all the chickens distributed by GTN had died.

Respondents in five KIs and three FGDs—including at the regional, woreda, and kebele levels—stated that lack of veterinary services for MVHHs was a common problem that led to livestock losses, and they emphasized the need to link MVHHs to affordable veterinary services. In response, implementers emphasized that MVHHs can access funds or loans from their savings groups when they need veterinary care for their animals. Nevertheless, MVHHs continue to experience difficulties accessing veterinary services because of cost or other accessibility issues.

ET site visits and transect walks revealed at times a disconnect between what was being said in KIs and FGDs and what was observable in MVHHs and their fields. That is, whereas GTN provided farming inputs (seeds and ruminants) to MVHHs, it was often difficult to see evidence of the technical or material support rendered to these households in terms of crops cultivated, animal ownership, and access to veterinary services. For example, despite statements that families were producing more vegetables and fruit, transect walks in Oromia and SNNPR yielded no evidence of year-round vegetable and fruit production. The same held true for model farmer households and fields and for the entire village.

Another concern raised consistently during KIs and FGDs and observed during site visits and transect walks was that uneven access to water substantially impeded vegetable and fruit production. In particular, lack of access to irrigation reduced these products' availability. Families that lacked access to irrigation could not produce year-round. FGD in three KIs with model farmers and two KIs with woreda-level officials observed that to get around this in SNNPR, some MVHHs had hand-dug wells and could thus produce more consistently, whereas in Oromia FGD, participants observed that some families without

access to irrigation had been given training on using recycled water to produce vegetables. These observations, however, could not be confirmed by the ET and, in any case, were limited in scale. As GTN has not provided MVHHs technical assistance on developing water sources to be used for irrigation (e.g., hand-dug wells), the activity is not well positioned to ensure year-round availability of vegetables and fruit.

The following statement from an SNNPR *woreda* expert summarizes the problems concerning availability of vegetables and animal-sourced food:

“The livelihood support (six pullets, two sheep, and vegetable and fruit seeds) tends to be one off and not backed up by access to veterinary service, irrigation, trainings, and supervision and doesn’t seem to provide year-round or sustainable increases in animal protein, fruits, and vegetables needed by the MVHH. Most of the chickens didn’t survive, the sheep did multiply but they were used to bring more income (sold off), and it is obvious where there is no irrigation, no year-round availability of both fruits and vegetables.”

Water points offer another opportunity for year-round availability of vegetables, fruit, and animal products. The activity promotes integrated multi-use (MUH) water supply, meaning using water for multiple purposes, including household use, animal troughs, and gardens that use spillover water. Activity WASHCO training includes instruction on MUH.

MUH implementation, however, has been uneven. Some water schemes were built to include water troughs for animals, but others were not. During the internal GTN midterm evaluation, the activity explored this issue in detail, including gathering information from communities about reasons for not implementing MUH. Currently, GTN WASH and livelihood sectors are coordinating to identify water schemes where MUH can be implemented.

The water schemes visited by the ET in Amhara and Sidama did not have organized systems for MUH for small gardening. The WASHCO in Amhara said that it is planning to implement MUH in the near future; however, in FGDs with MVHHs, there was no mention of production around water schemes.

Given that vegetable and fruit production is seasonal, the activity, specifically LOL, is working on introducing postharvest handling (PHH) technologies. These technologies have been introduced to Farmer Training Centers—for example, in Sidama, Wondogent *Woreda*—to sustainably promote them. Whereas activity implementers provided anecdotes of successful implementation of PHH technologies (see quote below), none of the MVHH FGD participants spontaneously cited PHH technologies as an activity intervention contributing to increased food availability.

“It was found that a savings group had used the money they saved to rent land for the production of nutritionally dense crops. As part of this, they have been producing potato seeds. Importantly, they constructed a potato diffused light storage system which is advocated by the project. Thus, they are able to extend the life of potato seeds. They sell those improved seeds to non-target families in the community.”

In summary, despite initial improvements and some cases of sustained success, many MVHHs targeted by the activity have not continued to benefit from sustained availability of vegetables, fruits, and animal products for home consumption.

Nutrition Pathway 2: Income or Livelihood

MVHH mothers and fathers participating in 10 FGDs reported that GTN’s interventions have made them aware of the importance of consuming vegetables and animal-sourced food. Those with home gardens or livestock provided by GTN are using the income they generate by selling the surplus to purchase nutritious foods from the market. Because of the inaccessibility of irrigation facilities and water resources, however, they are producing vegetables only once a year, obtaining anything in addition to this from the local market.

In addition to inputs provided by GTN, women have availed themselves of savings and loans obtained from their village savings and loan associations (VSLAs) to support livelihood activities promoting the production or purchase of nutritious foods. MVHH mothers in four FGDs cited several examples of what they had accomplished through their savings groups. For example, a group of mothers in one *woreda* has saved 15,000 ETB and plans to use the money to support individuals who cannot afford improved latrine products (e.g., slabs, SaTo pans, and water treatment products). In another *woreda*, the mothers formed a VSLA and started saving 5–10 birr every month. Some VSLA members have since started petty trading on market days and are engaging in sheep/goat fattening using their VSLA loans.

Outside the MVHH FGDs, key informants in 21 KIIs, including four KIIs with government officials and DAs at the regional level and nine KIIs with government officials and DAs at the *woreda* level, also cited these savings groups for helping women diversify their income-generating activities and increase the availability of nutritious foods, noting in particular a positive shift in community attitudes about such groups.

Availability of Nutritious Food

The CATI survey assessed the perceptions of frontline workers responsible for implementing GTN interventions on the ground at the regional, zonal, *woreda*, and *kebele* levels—that is, those who participated in ToTs and basic trainings as part of the activity’s cascade training approach and who in turn were tasked to train or disseminate knowledge to others down the chain and ultimately to MVHHs.¹¹ Given their intimate knowledge of conditions in their communities, they are a valuable knowledge resource about what is happening on the ground. When asked in the CATI survey whether GTN interventions had been effective in increasing the year-round availability of vegetables, fruits, and animal-sourced food, 54.6 percent said that they had been either “very effective” (29.1 percent) or “effective” (25.5 percent) (Table 5).

Interestingly, the line workers’ perspectives about GTN’s effectiveness (at least at the top half of the scale) are roughly similar to those of stakeholders responding to the online survey about the activity’s impact on food availability, who are expected to be more biased in favor of the activity (three-quarters of respondents are GTN IPs), indicating consensus that GTN has been effective in promoting year-round availability of nutritious food.

Table 5: Perceptions of Activity Effectiveness/Impact Promoting Year-Round Nutritious Food Availability¹²

Effectiveness/Impact	CATI Results (N=985)	Online Results (N=44)
None	10.7%	2.3%
A little	9.6%	4.5%
Moderate	25.1%	29.5%
Good	25.5%	36.4%
Great	29.1%	15.9%
Don’t know	0.5%	11.4%

At the same time, around 45 percent of CATI respondents rated GTN somewhere between “not effective” and “moderately effective” in promoting year-round food sustainability, compared with more than one-third of online respondents. This reflects the qualitative findings that although awareness of NSA

¹¹ Frontline workers responding to the CATI survey included health extension workers, development agents, community change agents, nurses, midwives, *woreda* agriculture office experts, *woreda* health experts, WASH experts, WASH hardware experts, health center heads, nutrition experts/focal persons, animal production experts, crop experts, horticulture experts, and cooperative promotion experts.

¹² The CATI survey asked about the perceived effectiveness of GTN interventions on the outcomes in question, whereas the online survey asked about the perceived impact of GTN interventions on the outcomes in question. Both surveys used a similar 5-point scale (i.e., not effective/no impact, little effectiveness/impact, moderate effectiveness/impact, effective/good impact, and very effective/great impact).

and the importance of dietary diversity has grown, the year-round availability of nutritious foods remains constrained. Activity interventions and distribution of inputs have produced several successes, but they are limited.

For example, although key informants in 15 KIs agreed that MVHHs were producing more vegetables than before, year-round production availability was limited—respondents in 16 KIs noted that the availability of home-produced foods was directly related to the availability of water. In many cases, the household compensated for this shortfall through market purchases, abetted in part by activity-supported income-generating activities. However, in most cases, MVHH respondents did not mention buying nutritious foods from the market.¹³

It is difficult to determine the extent of availability at the *woreda* level because the activity was not designed to have a whole-*woreda* effect. Although GTN was designed as a system-strengthening activity, it ultimately targets interventions to a subset of *kebeles* and a subset of families within those *kebeles*. In this way, the activity is designed to test implementation strategies and pass on learning about what is successful to the GOE so it can expand implementation—hence the importance of working with the GOE as an indicator of sustainability, as noted by regional and *woreda*-level government experts.

Perceptions of Sustainability

KI and FGD respondents were mixed in their opinions on the availability of vegetables and animal-sourced food over the long run. On the positive side, government experts in 11 KIs, including those at regional and *woreda* levels, agreed that progress had been significant and that working through the government system made GTN's results more likely to continue after the activity period. Still, such optimism was not universal; government experts in five KIs expressed skepticism that everything would be in place to continue the interventions and their benefits.

At the MVHH level, perceptions of sustainability tended to be less optimistic. Although some informants enthusiastically responded that the gains would be sustained, others had the opposite opinion. One group of mothers, for example, stated that they had seen great changes in their lives, especially from producing vegetables in their home gardens. At first, they received seeds from GTN, but now they buy seeds for themselves. In this group, most mothers had purchased vegetable seeds for the following planting season. Similarly, one group of fathers commented that they would continue the benefits they had gained from GTN as they continue to raise their sheep and produce vegetables in home gardens.

In another group of fathers, some fathers were confident about sustaining the benefits received from the activity, but others stated that they could not sustain anything because all the sheep and chickens they had received from the project had been lost to disease and wild animal attacks. According to one father, “We have nothing to sustain the benefits; all chickens are lost due to aging, and the sheep were taken by hyenas.”

DAs interviewed identified several issues that they feared would impede sustainability. DAs in two of three KIs noted an absence of quality improved vegetable seed. Another is that activity livelihood support was not backed up by access to veterinary services,¹⁴ irrigation equipment,¹⁵ a full package of inputs (seeds plus fertilizer),¹⁶ and follow-up training and supervision.¹⁷ DAs in two KIs cited numerous examples in which chickens did not survive or where the sheep did multiply but were sold for income. Further, DAs in two KIs noted that without irrigation there is no year-round availability of fruits and vegetables. These DAs repeated a common theme found among key informants that although GTN has increased awareness of the benefits of improved and diversified diets, it has not done enough to sustainably ensure the

¹³ Respondents noted this in five KIs and one FGD.

¹⁴ DAs reported this in three KIs.

¹⁵ DAs reported this in two KIs.

¹⁶ DAs reported this in two KIs.

¹⁷ DAs reported this in three KIs.

availability of and access to vegetables and animal-sourced food. According to one group of MVHH mothers, methods to ensure improved availability and access included more adaptable breeds, improved seeds or seedlings after activity distribution, increased access to veterinary services, and increased access to reliable water supplies such as an irrigation canal.

CONCLUSIONS

GTN contributed to generating awareness of NSA at multiple system levels and across system actors in its target regions, *woredas*, and *kebeles*, including, most importantly, among MVHHs. Increased awareness has been coupled with an increase in the availability of nutritious plant and animal-sourced foods primarily through activity interventions related to distribution of productive inputs and animals to MVHHs, animal rearing (including egg production), intercropping with cash crops, home gardens, and market purchases of nutritious foods supported by income generated from animal rearing, home gardens, and other activity-supported or VSLA-funded activities.

GTN provided agricultural inputs to selected MVHHs to enable MVHHs to continue to produce vegetables, fruits, and animal products. Evidence of this intervention strategy's effectiveness, however, is mixed. Some MVHHs continue to benefit from these initial input distributions in terms of increased production and nutritious food availability, but others do not. Quality inputs were not available after activity distribution, animals died as a result of predation or lack of access to veterinary services, and lack of access to irrigated water (despite the activity's MUH interventions) limited year-round availability of nutritious fruits and vegetables.

4.2 EVALUATION QUESTION 2

4.2.1 To what extent have GTN's interventions sustainably increased year-round access to vegetables, fruits, and animal-sourced food in GTN *woredas*?

FINDINGS

KII and FGD respondents at the regional, *woreda*, *kebele*, and MVHH levels struggled to differentiate between availability and access, particularly as it related to home-grown or -produced foods, in which increased availability also implies increased access. Thus, many of the findings for EQ1 (availability) are also relevant for EQ2 (access).

A useful way to think about access in this context is to consider the household's ability to purchase nutritious foods from local markets. This requires households to have income to make purchases. GTN livelihood activities and support for establishing VSLAs were instrumental in increasing MVHHs' ability to purchase nutritious foods from local markets. Respondents in eight KIIs and three FGDs revealed numerous cases in which families sold surpluses from home gardens and livestock and used the money to purchase from those markets. Women in four FGDs reported that they used savings and loans from their VSLAs to expand their livelihoods and incomes and then used the proceeds to purchase vegetables, fruits, and animal-sourced foods.

Another important contribution came from the ECCs, which included a session devoted to family budgeting. This session involved games, role playing, and discussions about inclusive family decision making. This activity, combined with a new awareness of the importance of consuming a diverse diet, contributed to families purchasing nutritious foods (if they had the means).

Improved gender equality (or female empowerment) also increases access to nutritious food. When families value gender equality, they pay more attention to obtaining nutritious food for family consumption, both because women play a greater role in household decision making and because of a greater recognition of the role nutrition plays in women's reproductive health and children's health. GTN places a strong emphasis on gender equality; all interventions are required to include gender considerations at the design stage, during implementation, and as part of activity monitoring and evaluation.

In four FGDs with MVHH fathers, those who participated in ECC sessions nearly uniformly stated that they learned the benefit of consultative household decision making from the sessions. This finding was consistent across key informants in all stakeholder groups who were familiar with GTN's gender interventions. Participants in 10 KIs expressed agreement that the ECC sessions had encouraged an increase in two-voice decision making within MVHHs, with downstream benefits for food accessibility (although the ET could not confirm the extent to which this may have indeed been happening). The following quotes taken from KIs and FGDs illustrate what the ET heard:

"The project contributes to women's empowerment at the household level as the targeted households are practicing household decisions equally with women."

"The project improves household decision making and confidence at household level. Moreover, it facilitates open discussion at household level on resource sharing and use."

"The project contributes to women's empowerment and improves women's decision-making status at household level. Besides, they are getting attention and respect from the rest of the community after GTN interventions. They believe GTN advances women's empowerment especially in decision making as they received training and support that boosts their contribution at the household level."

Qualitative findings related to gender equality are corroborated in both the CATI and online survey results. In the former, 62.1 percent and 58.6 percent of frontline workers said that activity efforts to promote, respectively, women's economic participation and empowerment were either effective or very effective (compared with 10–12 percent who said they were either not effective or only a little effective). Corresponding results in the online survey were 81.8 percent and 66 percent, with only 2.3–6.8 percent saying the activity had no or little impact on women's economic participation and empowerment.

The perceptions of CATI and online respondents about the activity's effectiveness/impact promoting year-round nutritious food access, shown in Table 6, follow a similar pattern to that found in Table 5 on food availability, but in this case just under one-half of frontline workers believe the activity has been either effective or highly effective, compared with more than one-half of online survey respondents. These findings again indicate consensus among survey respondents that the activity has been effective in addressing year-round food access but with caveats, particularly among frontline workers.

Table 6: Perceptions of Activity Effectiveness/Impact Promoting Year-Round Nutritious Food Access

Effectiveness/Impact	CATI Results (N=985)	Online Results (N=43)
None	10.1%	2.3%
A little	11.3%	4.5%
Moderate	28.8%	22.7%
Good	26.6%	36.4%
Great	22.7%	20.5%
Don't know	1.0%	13.6%

CONCLUSIONS

Evidence indicates that GTN increased nutritious food access through four channels:

- € Enhanced MVHH livelihoods through home food or animal production or other income-generating activities, which facilitated the purchase of nutritious plant and animal-sourced foods from local markets
- € The establishment of women's VSLAs, the proceeds of which supported livelihood diversification and, in turn, the purchase of nutritious plant and animal-sourced foods from local markets

- ≠ Promotion of family budgeting through ECC sessions
- ≠ Joint decision making between mothers and fathers through ECC sessions and, more generally, GTN's integration of gender programming and messaging across its interventions

4.3 EVALUATION QUESTION 3

4.3.1 To what extent have GTN's interventions sustainably increased year-round consumption (use) of vegetables, fruits, and animal-sourced foods among women of reproductive age (15–49 years) and children under two years of age in GTN woredas?

Two important aspects of this complex question were revealed by KIs, FGDs, and project documents: awareness of the importance of dietary diversity and actual consumption of diverse diets by pregnant and lactating women and young children.

FINDINGS

Awareness

Increasing awareness of the importance of consuming a diverse diet, especially for pregnant and lactating women and young children, was a major GTN accomplishment. SBCC efforts, including the ECCs, focused on promoting awareness of dietary diversity and eating nutritious foods. One technique, TIPS, encouraged families to try a small change, see how it went, make adjustments as needed, and continue the practice if it worked.

The ECC methodology was developed based on formative research, tested, and documented. Key informants consistently cited ECC as an effective methodology that should be scaled up. There are two versions of ECC. One version, implemented by community change agents (CCAs), uses a virtual (prerecorded) facilitator, which is a series of prerecorded stories containing important messages. It includes places to stop the recording so participants can discuss the topics being presented. The other version, implemented by agricultural extension workers (AEWs), health extension workers (HEWs), and DAs, includes the same sessions and same messages but does not use the virtual facilitator.

Operations research conducted by GTN found both versions of ECC to be highly effective, with the addition of the virtual facilitator slightly improving the effect. The advantage of the virtual facilitator is that it maintains consistency of messages across educators. However, using the virtual facilitator requires a device that can play the prerecorded material. Using this device introduces complications, including supplying the device and the risk of theft, that render it more or less effective depending on the situation, although generally producing superior results.

According to implementers, all cadres of government field agents trained in the ECC methodology (i.e., CCAs, AEWs, HEWs, and DAs) satisfactorily learned the ECC approach and transmitted knowledge in a high-quality manner. A threat to the continuation of this work by government field agents is that they carry a heavy burden of routine activities and are often called away by the government for special activities. Completing all the planned ECC sessions with MVHHs can thus present a challenge for them. Another threat is high staff turnover. The following are comments from interviews with IP and project implementation staff.

“There is high turnover of government staff AEWs and DAs. Once you have trained them, you may lose them. This is one of the challenges. The other constraint is DAs are burdened with different responsibilities. The government, even the political wing, expect to do more with DAs. With this burden they may not be in a position to provide technical assistance to target communities.”

“Health posts are often closed. One reason is security. However, more importantly HEWs are often involved in campaigns (measles, cholera) so they are in the field and not in the health posts.”

There is not coordination of these campaigns. Even when zonal coordinators try to find HEWs in order to supervise them, they are away from the health posts.”

The second quote highlights the heavy burden that HEWs face being able to carry out their routine tasks because they are constantly involved in different health campaigns.

When asked whether GTN had brought anything else beneficial, respondents in three of four mothers’ FGDs identified the trainings they had received from HEWs and AEWs. The mothers uniformly appreciated learning how to diversify their food, identifying good and bad foods, feeding their family members with fruits and vegetables grown from their home gardens, or not selling all produce and keeping a portion for home consumption.

Both mothers and fathers in five FGDs routinely acknowledged the importance of a diverse, nutritious diet for pregnant and lactating women and young children. Respondents in one of the two fathers’ FGDs in Amhara, for example, claimed that GTN nutrition training and messaging had increased their awareness and changed their attitudes and behaviors concerning household production and dietary diversification, including consumption of fruits, vegetables, and animal products (e.g., some planted apple and avocado seedlings at their own initiative). The mothers’ group in Oromia stated that GTN had provided an opportunity to increase their knowledge, introduce fruit seedlings and seeds, and change the culture and practices surrounding which foods to eat. Similarly, model farmers in three KIs also reported gaining knowledge about the importance of consuming a diverse diet, including the benefits of good nutrition for a person’s overall health and well-being, particularly for pregnant and lactating mothers and children zero to two years of age. Additionally, through the project they learned the benefits of nutrition in the first 1,000 days as the building blocks of brain development. At the *woreda* level, experts in six KIs observed that MVHHs are better sensitized to the importance of not selling all agricultural products to the markets but rather saving a portion for home consumption.

Consumption

Key informants uniformly claimed increased awareness of the importance of consuming a diverse diet, with most MVHH mothers and fathers in six FGDs claiming that this awareness has contributed to changes in their consumption patterns toward a more diversified diet, as food availability and accessibility allow them, and improved child health.

“We are now more educated than before. We used to sell all our avocado, mango, and papaya to outside markets and buy biscuits from shops to feed our children. We sinned our children. Our kids could not walk even when they were three years old. Look now the kids in our village, a one-year child can walk and start calling out his first words. And hence, this is what we have missed for so long and deprived our families. Thanks to USAID, our life is now better off.”

“What used to be sold or brought from the market is now available in their backyard. They no longer have to sell all that they produce from their farm. For example, they have assigned the eggs for their children, the vegetables for all their families.”

“We managed to produce vegetables in our backyard and consumed it and sold the excess. Some had sold the sheep and bought goats because goat milk is used for feeding children.”

Respondents in three KIs with regional experts and seven KIs with *woreda* experts similarly claimed to have observed positive consumption changes at the household level.

“Households are diversifying their nutrition and have changed dietary practices from consumption of cereal-based foods to vegetable and animal-sourced food.”

“There is a change in dietary diversification at household level—for example, mixing goat milk with vegetables for daily consumption.”

“The consumption behavior of MVHH changed. They moved from consuming single food item per dish to variety of food items, including vegetables and eggs. In previous years due to unbalanced diet children did not start walking before 18 months but these days due to good feeding practices most children are able to start walking within 10–11 months after birth.”

Model farmers in three Klls gave similar responses. They described changing from market-oriented production to production of vegetables for both household consumption and selling to markets; however, they prioritize household consumption. A model farmer in one Klls observed other (non-targeted) MVHHs copying this behavior by producing and consuming vegetables, which was not the case in the past.

Respondents at one model QI health center claimed that severe acute malnutrition and moderate acute malnutrition caseloads had decreased (although data were not available to support this claim). They stated that consumption of animal protein, fruits, and vegetables had grown based on a 24-hour recall dietary assessment conducted at the three health posts that were part of their primary health care unit.

GTN also introduced labor-saving devices for women, including improved stoves (interrupted, however, by the COVID-19 pandemic) and installation of nearby public water schemes. Such labor-saving devices give mothers more time to spend on food preparation and feeding their children, thus enabling the family to consume a more diverse diet.

Although participants in 21 Klls and six FGDs acknowledged GTN’s contribution to their consuming a more diverse diet, responses about the availability of vegetables, fruit, and animal-sourced food were mixed, as discussed above. Absent reliable availability, families cannot consume diverse foods consistently, notwithstanding their inclination to do so. According to one mother, for example, “the chickens are now old and not producing eggs, so the frequency of eating or feeding eggs to the family is now becoming infrequent.”

GTN has been conducting a cohort study of selected MVHHs,¹⁸ the results from which provide a different perspective. The study found that the proportion of children 6–23 months old in households who met the minimum acceptable diet rose from 12 percent in 2017 to 31 percent in 2020. The same study found that the proportion of women of reproductive age who had adequate dietary diversity, consuming 5 or more of the 10 food groups, rose from 2 percent in 2018 to 16 percent in 2020.

The study results show that at least for this group of families, GTN improved the nutrition of women of reproductive age and young children. However, even in this group, almost 70 percent of young children and 80 percent of women of reproductive age still do not consume an adequate diet. Given these MVHHs’ situation, achieving dietary diversity is difficult. So although GTN has improved dietary diversity, there remains a long way to go to scale these improvements up to a significant share of the target population.

CATI and online survey respondents’ perceptions of the activity’s effectiveness/impact promoting year-round nutritious food consumption are similar to those of the activity’s effectiveness/impact promoting food availability and access (Table 7), reflecting general agreement that they have been effective but with limits.

Table 7: Perceptions of Activity Effectiveness/Impact Promoting Year-Round Nutritious Food Consumption

Effectiveness/Impact	CATI Results (N=985)	Online Results (N=44)
None	8.3%	2.3%
A little	8.6%	2.3%
Moderate	31.2%	23.3%
Good	27.3%	37.2%
Great	24.6%	23.3%

¹⁸ USAID Growth through Nutrition Most Vulnerable Households 2020 Follow-Up Survey Results (April 2020).

Effectiveness/Impact	CATI Results (N=985)	Online Results (N=44)
Don't know	0.4%	11.6%

The CATI survey asked respondents a battery of additional questions about the activity's effectiveness in promoting improved quantity and quality (diversity) of food consumed by mothers and children. The results were consistent across all questions and response categories: 60–66 percent of respondents said the activity had been either effective or very effective promoting consumption of a more diverse diet of nutritious foods, with another 26–30 percent saying the activity has been moderately effective. Fewer than 10 percent in all cases said that the activity has had no or little effect on improving the quantity and quality of food consumed by mothers and children.

CONCLUSIONS

Regarding increased year-round consumption, GTN increased MVHH awareness of the benefits and methods of consuming a more diverse diet, particularly for children and women of reproductive age, and induced behavior change among many of these MVHHs toward improved food consumption practices. Whereas increased knowledge of this topic was nearly universal among MVHHs (and other key informants), their ability to adopt the corresponding behavioral changes remains constrained by limited availability of and access to nutritious foods (for all the reasons identified under EQ1). GTN's cohort study of MVHHs confirms this conclusion by showing that despite significant improvements in dietary diversity among children under two and women of reproductive age, the vast majority in both cases continue to consume a non-diverse diet.

4.4 EVALUATION QUESTION 4

4.4.1 To what extent has GTN health sector support increased health center and post capacity to sustainably provide quality nutrition services?

Respondents to this EQ were primarily health professionals working at health centers and posts targeted by GTN and by national, regional, and *woreda* health and ministerial offices.

Working through the health system, GTN aims to improve the utilization of quality nutrition services. The activity supported primary health care units in implementing two QI interventions—Model for Improvement (MFI) and Kaizen 5s—to develop health facility capacity to identify issues, implement changes, and track progress in the effective delivery of nutrition services. These models were drawn from the Ministry of Health National Health Care Strategy and QI training manual. The ET, in consultation with GTN, visited four primary health care units that benefited from the above QI interventions to talk with staff and observe conditions at the facilities.

FINDINGS

Quality Improvement Implementation

Oromiya Region (Wonchi Woreda/QI at Chitu Heath Center). The health center director and four health center staff participated in QI training and the BINLM course in 2020. The staff, in turn, provided a ToT for 10 HEWs working at five satellite health posts. Following the training, the QI focal person and the health center director performed a bottleneck assessment to identify problems in nutrition service delivery of health centers and satellite posts. The assessment identified three main barriers that required accelerated efforts to drive the nutrition agenda:

- ⌘ Providing Vitamin A and deworming for eligible children
- ⌘ Providing iron supplements for pregnant mothers
- ⌘ Increasing screening of under-fives and GMP sessions

Amhara Region (Agomamit Woreda/QI at Agomamit Health Center). GTN was introduced in 2016, and of the six health center staff trained, three participated in KIs. They reported receiving QI training at Dangla, Fenotselam, and Kosober. After the training, the QI focal person and the health center director performed a bottleneck assessment of the health center and three health posts in their catchment area (Agomamit, Guaya, and Zaba). The assessment identified five main barriers:

- ⌘ Increasing standard nutrition screening for both 0–6 months and 5–59 months
- ⌘ Increasing diarrheal disease treatment with oral rehydration solution (ORS) and zinc
- ⌘ Increasing pregnant and lactating women screening
- ⌘ Increasing deworming supplementation for pregnant and lactating women
- ⌘ Increasing nutrition counseling at both health centers and health posts

The health center director stressed that GTN's main contribution was increasing the health center's focus on nutrition interventions; however, the health posts were still waiting to receive GTN's attention.

SNNPR (Misrake Azenet Woreda/QI at Adazer Abecho Health Center). The health center director was introduced to GTN through the training on QI and the BINLM course in 2020. Four health center staff also participated in the QI training and BINLM course, after which they provided training for 10 HEWs working at five satellite health posts in the center's catchment area. After the training, the QI focal person and the health center director performed a bottleneck assessment that identified the following three primary challenges:

- Providing Vitamin A and deworming for eligible children
- Providing iron supplements for pregnant mothers
- Increasing screening of under-fives and growth monitoring sessions

Following the introduction of the QI concept at the health center, the health center director and staff reported increased and improved provision of nutrition services, such as supplementation and screening of children under five and pregnant and lactating women services, in addition to improved overall center functioning and client satisfaction.

Sidama (Wondogenet Woreda/QI at Wosha Health Center). The health center director joined the health center only last year but was briefed on GTN and knew that the project had started in August 2016. The last training provided by GTN was last year, when the director and one HEW attended a QI training at Yirgalem/Fura lodge.

Wosha Health Center has five satellite health posts (Wosha, Wotera, Abaye, Atoye, and Ano) but not the Yuwo Health Post/kebele where the midterm evaluation was conducted. Apart from the health center head, the two staff members appointed to provide GTN-related information were not familiar with GTN. The three of them, however, voiced a general concern that there has been significant staff turnover at the health center so that whatever gains were achieved through activity QI interventions were unlikely to be sustained, as evidenced by their lack of familiarity with the activity.

Quality Improvement Outcomes

Respondents at all model QI HCs stated that after applying the QI methodologies, the provision of nutrition services increased. Table 8 shows the reported gains at each of the model health centers visited.

Table 8: Performance of GTN supported QI HCs (Amhara, Oromia, Sidama, and SNNPR)

QI Center	Identified Core Nutrition Indicators	Before GTN	After GTN
Amhara (Agomamit HC)	Vitamin A supplementation	NA	NA
	Standard nutrition screening for 0–6 months and 5–59 months	57%	100%
	Diarrheal treatment by ORS and zinc	71%	100%
	Pregnant and lactating women screening	78.9%	100%

QI Center	Identified Core Nutrition Indicators	Before GTN	After GTN
	Deworming supplementation for pregnant and lactating women	52.6%	100%
	Nutrition counseling at both HC and HP	80%	100%
SNNPR (Adazer Abecho HC)	Vitamin A supplementation	52%	79%
	Standard nutrition screening for 0–6 months and 5–59 months	40%	65%
	Diarrheal treatment by ORS and zinc	NA	NA
	Pregnant and lactating women screening	0	50%
	Deworming supplementation for pregnant and lactating women	45%	80%
	Nutrition counseling at both HC and HP	NA	NA
Sidama (Woisha HC)	Vitamin A supplementation	9%	29%
	Standard nutrition screening for 0–6 months and 5–59 months	27%	45%
	Diarrheal treatment by ORS and zinc	19%	98%
	Pregnant and lactating women screening	17%	41%
	Deworming supplementation for pregnant and lactating women	9%	29%
	Nutrition counseling at both HC and HP	NA	NA
	GMP session	11%	24%
Oromiya (Chitu HC)	Iron supplementation	48%	95%
	Vitamin A supplementation	33%	87%
	Standard nutrition screening for 0–6 months and 5–59 months	9%	29%
	Diarrheal treatment by ORS and zinc	NA	NA
	Pregnant and lactating women screening	NA	NA
	Deworming supplementation for pregnant and lactating women	62%	86%
	Nutrition counseling at both HC and HP	0%	85%
	Iron supplementation	23%	85%
	Counseling for caregiver on how to care for and feed sick children	43%	67%
	Counseling on the benefits of exclusive breastfeeding	23%	84.8%

All respondents interviewed for EQ4 stated that the skills they had gained in using these QI methodologies will continue. According to one, for example, “GTN has produced more skills and knowledge than other projects; health service units are more organized and have a suitable working place. Most of the patients are happier and satisfied with the quality of the service the health center is providing.”

Despite confidence in being able to sustain QI outcomes, respondents consistently cited staff turnover and competing priorities and ongoing challenges. The following quote is illustrative:

“Regarding sustainability, the knowledge gained through the training (Kaizen philosophy and the nutrition courses for the health staff) will be for the long term. However, the only challenges for the future are staff turnover (the five health staffs trained by GTN are now three in number) and other competing priorities that might emerge in the course of the remainder of GTN or even more so after the project phase out could make continuing QI a daunting task.”

The CATI survey asked frontline workers to assess the effectiveness of GTN’s QI interventions in contributing to improvements in several clinic-level outcomes. As seen in Table 9, 49–76 percent of frontline respondents said that activity QI interventions have been either effective or very effective in improving the various clinic-level outcomes. Respondents saying the interventions have had no or little effect, in turn, ranged from 5 to 15 percent. These results closely tracked those in the online survey, in which 69–87 percent of the 33 respondents familiar with GTN QI interventions also said that the activity had a good or great impact on improving each of the clinic-level outcomes shown in Table 9, and only 3–6 percent in each case said that they had no or little impact.

Table 9: Perceived QI Clinic-Level Outcomes (N=985)

QI Outcome	Not Effective	A Little Effective	Moderately Effective	Effective	Very Effective	DK/NA
Consumption of iron and folic acid by pregnant women	2.8%	4.0%	14.0%	22.3%	53.8%	3.0%
AMIYCN services	2.1%	2.8%	19.8%	32.9%	39.7%	2.6%
Outpatient management of severe acute malnutrition	6.5%	4.3%	28.1%	28.1%	28.1%	4.9%
Management severe acute malnutrition at stabilization centers	5.3%	4.9%	29.0%	30.3%	25.2%	5.4%
Management of nutrition commodities	7.4%	7.3%	32.5%	26.4%	22.9%	3.5%
Recording and reporting of nutrition services	4.4%	4.1%	25.8%	30.5%	30.4%	5.0%
Coverage of prioritized nutrition and health services	3.6%	5.4%	28.7%	32.5%	25.7%	4.1%
Quality of prioritized nutrition and health services	3.7%	5.5%	29.3%	30.9%	26.5%	4.2%
Client satisfaction	3.9%	4.7%	22.9%	30.4%	33.9%	4.3%
Health care working environment	3.6%	5.1%	23.2%	31.7%	33.0%	3.5%

CONCLUSIONS

The evaluation found that health centers participating in GTN QI interventions can apply QI tools. MFI was used to set priorities, propose solutions, test ideas, and bring about positive change. The ET found that health workers can apply MFI and use data for decision making at the community level to improve delivery of nutrition services. Kaizen 5s was also well implemented at the health centers. Sustainable provision of quality nutrition services at visited health centers, however, are tempered by three challenges that threaten their long-term sustainability: high staff turnover in health centers and posts, unavailability of basic anthropometric kits, and poor structural and operational capacity at satellite health posts.

4.5 EVALUATION QUESTION 5

4.5.1 To what degree were the WASH interventions implemented by GTN targeted to reduce fecal-oral transmission for children in this context, to what extent were the interventions implemented, and to what extent were the promoted behaviors taken up by households?

GTN is a system-strengthening activity with a long view toward reducing fecal-oral transmission for children. GTN focused on broad aspects of WASH that can assist in reduction of fecal-oral transmission, such as improving access to clean water for hand washing through improved water schemes and awareness of the importance of using pit-latrines. However, the activity design did not include follow-up with MVHHs to ensure that they could carry out behaviors that reduce fecal-oral transmission. As a result, changes in the situation for MVHHs have been limited.

GTN WASH interventions aimed for the following outcomes at the MVHH level:

- ⌘ Access to a source of potable water and ability to maintain water quality as water is carried to homes and stored. It is important for MVHH to have access to clean water for handwashing.
- ⌘ A dedicated place for handwashing and practice of good handwashing behaviors
- ⌘ An improved pit latrine
- ⌘ Separate living quarters for animals and people
- ⌘ Separation of children from animal, particularly chicken, feces

Activity WASH interventions include a dual focus on WASH hardware, which involves water schemes implemented by WV, and hygiene and sanitation, which is being implemented by PSI through a WASH business approach.

Findings in this section are organized by levels of system strengthening, beginning with the national level and moving to higher education and technical schools and the private sector. It then moves on to regional, *woreda*, and *kebele* levels and finally MVHHs.

FINDINGS

National

Major work at the national level has been carried out by a synergy between Transform WASH and GTN's WASH business component. PSI is leading both in conjunction with the Ministries of Water and Health and the Environmental Health and Hygiene Directorate.

With the Ministry of Water, PSI has worked on improving supply chains for repairing water schemes, especially for spare parts. This is important because previously the Ministry focused more on constructing water schemes and less on maintenance. Technical assistance is being provided to bridge this gap, including identifying which businesses could be involved in supplies and maintenance.

GTN has provided technical assistance to help the Ministry of Water consider flexible business plans for sanitation products, including door-to-door selling and retrofitting sanitation systems, instead of promoting expensive solutions. It also influenced the Ministry to promote SaTo pans, which are plastic, easy to transport, and easy to clean. This was accomplished by starting with small trials that demonstrated effectiveness so that the government felt more comfortable adopting the plan.

GTN has also worked in partnership with the Ministry of Health and the Environmental Health and Hygiene Directorate to develop a market-based segmentation field manual for the regional and *woreda* teams to use so that their sanitation work is more focused.

Higher Education and Technical Schools

GTN has a strong component of strengthening preservice education in WASH to produce professionals with the latest knowledge and skills who can then bring their learning to professional careers, often in the government. Jhpiego and PSI are both involved in preservice education.

According to Jhpiego, in preservice education, the responsibility is to build professionals' capacity in reducing fecal-oral transmission. After graduation, along with their work in building water schemes, the graduates promote hygiene, help identify oral transmission routes, prevent cross-contamination, and promote an end to open defecation in communities. GTN also works with these institutions to introduce the products that PSI is promoting.

Capacity building for preservice education targets instructors. GTN provides two types of training. One is pedagogical skills training, which includes effective teaching skills, how to develop instructional materials in a competency-based manner, and how to properly assess students. The other is technical training in WASH.

GTN works with educational programs for human nutrition, food science, and agricultural students by integrating WASH competencies into nutrition classes for these students. One of the competencies is SBCC. Students are expected to communicate in communities about proper handwashing, preparation of meals, and proper use of latrines. Traditionally, this has been emphasized in health science curricula.

By contrast, the water sector previously focused on hardware (*i.e.*, construction of water systems). GTN revised training modules for WASH technical and vocational education and training institutions (TVETs) and introduced SBCC competencies into TVET curricula, which, among other competencies, included understanding the cycle of parasitic infections and how attention to good WASH practices is critical for

interruption. Activity interventions have also included establishing water quality labs in these institutions both to train professionals and as resources to communities when they need their own water quality tested.

To institutionalize these changes, GTN has worked with the government to develop national standards for WASH curricula so that any institution that wants to conduct this training must meet these standards. The standard has been validated and disseminated to institutions and regions. Institutions are now conducting their own internal audits to make sure that they meet these standards and will be able to maintain quality.

PSI is working with TVETS to make sure that the technical training is solid and sustainable. This includes ensuring that there are venues for training and manuals are in place. They have worked with the national TVET college system to ensure that guidelines and manuals for the various types of installations and products PSI is promoting can be used to teach students.

PSI also commented that they are emphasizing training in soft business skills of selling because many students are more comfortable with construction than with sales. There is a natural market for sanitation products, but if people involved with WASH business are not strong salespeople, these products will not be utilized.

Key informants in three KII noted that, although PSI and Jhpiego are working on similar topics with similar messaging, their work has not been well coordinated.

Private Sector

Strengthening the private sector to supply WASH products, particularly sanitation products, has been a central aspect of GTN WASH efforts. Working with private sector businesses to help them offer these products is one avenue for sustainability of improved sanitation and thus for reduction of fecal-oral transmission. PSI, which is in charge of private sector engagement, works with WASH businesses that are already engaged in the market and trains them to promote improved hygiene and sanitation products. It does not seek to create new businesses.

PSI helps strengthen the already established market systems from wholesalers who bring material from Addis Ababa to the regions. It works with retailers in *woredas* who can take the material from the region to the *woreda*, where HEWs can promote the products at the *kebele* level. Another aspect of work with the private sector has been to link WASHCOs with businesses that can provide spare parts for water schemes.

PSI's approach of working through established market systems has been designed to promote the marketing system's sustainability once GTN ends. On this point, however, *woreda*-level experts in one KII expressed some concerns, as illustrated by the following quote:

"The PSI intervention only started last year. Communities understand the importance of the hygiene and sanitation products promoted. The challenge is to empower the private sector to continue to manufacture these products and how to connect supply and demand after the project phases out."

As part of implementation, the activity tracks the number of products sold. Sales have been increasing, which reflects rising demand. However, there is no system to track whether MVHHs in GTN *woredas* are benefiting from the intervention. Evidence that this sanitation marketing system is benefiting these families is thus limited.

One challenge with the WASH products is that sometimes GTN *woredas* experience shortages. The products are very popular, so sometimes people from other *woredas* purchase them. This means there is dissemination to nearby *woredas*, but whether the MVHHs are the ones benefiting is unknown.

Another challenge is that products are promoted through sales agents who work mainly in small towns and not rural areas. If community members decide to have these products, they have to travel to *woreda* towns. To build demand for these products in rural areas, GTN provides demonstrations during ECC sessions. People are interested, but it is difficult for them to buy the products.

As part of the evaluation, the ET spoke with WASH business owners who had worked with GTN. In four KILs, business owners stated that selling these products was a supplemental business that was not yet profitable. They complained of low sales rates despite overall sales growth of WASH products. According to one WASH business owner, for example, sales are slow and the transport of the products from the wholesaler in Addis Ababa to the region is difficult. To this point, WASH projects do not constitute a source of income, but he is committed to it (at least for present) as he has a “passion” to contribute to the promotion and use of improved latrines in the *woredas*.

Regions, Woredas, Kebeles, and MVHHs

Overall, at regional and *woreda* levels, key informants appreciated GTN’s work in promoting WASH.¹⁹ Respondents in nine KILs reported increased demand for and use of improved latrines (albeit an unspecified amount) through ECC activities and fliers. They spoke highly of demand creation for improved latrines through ECC and flyers, and they reported seeing increased use of improved latrines. *Woreda*-level experts had statistics to support their claims of improved sanitation and sales of sanitation products. One office maintained a list of sanitation products sold, and another stated that latrine coverage had improved in 48 percent of households, although they wanted PSI to help increase that. These statistics are for the entire *woreda*, however, and do not represent changes for MVHHs—a crucial distinction.

Woreda-level experts in Amhara, in particular, had good things to say in one KIL about WV’s work in the WASH sector. They cited statistics that the activity had provided safe water for 20,000 people, further claiming that water schemes are being managed by WASHCO groups that have received sufficient training for management and completing minor maintenance and that the past year has seen increased use of improved pit latrines and good hygiene behavior within the *woreda*.

The same experts also suggested that WASH interventions would be more comprehensive if there were more support at health centers and posts and improved coordination with regional offices. Furthermore, because of a lack of water supply in most villages, it was not possible for families to use SaTo pans because water is needed to flip the pan after excretion.

At the *kebele* level, water schemes are managed by WASHCOs, groups of responsible citizens who volunteer to come together to make sure water schemes are operating well. WASHCOs are supported by the water office, hold meetings, have bylaws and bank accounts, and collect fees from water users. Not all WASHCOs are active, but many are, with activity rates higher among GTN-supported WASHCOs, at least according to activity implementers and *woreda*-level experts. Some of the more active WASHCOs were making good use of the area around the water scheme, for example, by planting community gardens.

GTN trains WASHCO members on how to take care of the water schemes and how to run their organization. Hygiene is part of the training, especially for tap attendants, who monitor opening of the water point and fetching of water. Tap attendants are responsible for checking the containers people bring to transport water to ensure that they are clean and suitable for fetching water.

WASHCOs are supposed to work with HEWs and visit every house to check the water handling system. All WASHCO members interviewed²⁰ stated that they had learned about improved sanitation and hygiene from HEWs through home visits and appreciated what they had learned. On reducing fecal-oral

¹⁹ Mentioned by respondents in nine KILs with *woreda* officials and three KILs with regional officials.

²⁰ Twenty-three (23) individuals in four KILs.

transmission, they described a mixed situation with some *woredas* having more success than others. The following are examples of the range of situations.

One WASHCO reported that all members have improved pit latrines and handwashing facilities. One of these had installed a SaTo pan bought from a retailer. This group believes that in their area fecal-oral transmission is probably less than before. This group also stated that the *kebele* was open defecation-free and that the government had provided certificates to individual residences with improved latrines. In contrast, another WASHCO reported that all members had unimproved pit latrines, nor were they aware of the products offered by WASH businesses.

Members at another WASHCO had improved pit latrines but could not wash them, so they could not meet all the criteria for using an improved latrine. Another two WASHCOs stated that they have ample water and discharge. They want to use solar power to pipe water to other villages and for connections to homes.

An implementer explained that Ethiopia is switching from single village water schemes to multivillage schemes. Multivillage schemes, called “utilities,” are managed by professionals instead of community volunteers. This raised concerns about what will happen with already constructed single village schemes. Will they be supported so that WASHCOs can continue to maintain them? What happens to small communities where single village schemes are the most appropriate option? What will happen to community gardens? These unanswered questions are important to consider for the sustainability of the current WASHCO model.

GTN promotes improved hygiene and sanitation behavior change through ECC sessions, including handwashing at critical times, use of simple handwashing equipment (e.g., Tippy Taps), the importance of improved pit latrines, and the importance of separate living quarters for animals and people. It instructs families to build separate quarters for animals before they give them to MVHHs as part of the NSA intervention. Although responses from key informants at all levels indicate that these messages are being learned, implementation by MVHHs is limited.

At the MVHH level, the ability to prevent fecal-oral transmission is not promising. All mothers participating in FGDs²¹ stated that they appreciated the trainings they had received from HEWs and AEWs, especially learning about improved latrine products and their prices. They also appreciated learning about the importance of separating animals and human living quarters. However, implementation often lags behind training. One group of mothers, for example, stated that they do practice handwashing consistently and at critical times, but all have unimproved pit latrines and none of them separate human and animal living spaces. Another group of mothers acknowledged the importance of improved slabs but doubted they would be able to purchase the products, either individually or through their savings group.

HEWs interviewed in four KIs similarly suggested that fecal-oral transmission was still occurring despite activity interventions.

“The fecal-oral transmission engagement is too shallow to see the changes at the community level.”

“Not sure about MVHH making a change to improved latrine use. Out of 18 MVHHs, only 9 of them had access to improved latrine products promoted by PSI. As for now, the fecal-oral transmission is likely to be present as most MVHHs have only unimproved latrines.”

Activity implementers acknowledged the difficulties the activity faced reducing fecal-oral transmission, describing them in the following words:

²¹ Forty-five (45) mothers in four FGDs.

“Improved sanitation products are costly for MVHH, but the project is building livelihood capacity. Some are able to buy them; however, to sustainably support these families there is a need to subsidize these purchases.”

“At first the project was focusing on people who are able to purchase those products. But we noticed that we are supporting the poorest of the poor by different components, such as livelihood, so the project must demonstrate the improved products and help them create a vision in their mind that when they have money, they can purchase those products.”

“When it comes to separating animals like cattle, it is difficult because it involves security of the animals. They keep them closer to prevent stealing. Changing this is a process that has started. They are seeing results, but it takes a long time. It is easier for families to separate chickens.”

“Since these are farm families they are in close contact with animals. Preventing children from ingesting animal poop is not easy.”

Transect walks confirmed the above observations about the difficulties of reducing fecal-oral transmission. At one field site, the HEW stated that one MVHH had an improved latrine. When the ET visited the household, it observed only an unimproved pit latrine. The ET also observed ECC materials posted in the house on preventing fecal-oral transmission, indicating that the household had participated in the ECC training. In another *woreda*, although those interviewed at the *woreda* level appreciated the ECC approach for improved hygiene and sanitation, direct observations during the transect walk yielded no evidence that improved pit latrines had been installed.

The ET further noticed that in some places there was a weak link between MVHH savings groups and PSI-supported private providers. In Amhara, WV has done excellent work promoting savings groups, some of which are accumulating enough capital to purchase WASH products were they to be successfully linked to PSI interventions promoting hygiene and sanitation products.

The ET could not systematically look for handwashing stations and presence of soap. However, the GTN’s cohort study in 2020²² reported a significant increase in the presence of handwashing facilities from 14 percent of MVHHs in 2018 to 31 percent in 2020. This is an important improvement, although 69 percent of these families are still without a handwashing facility.

WASH Outcomes

The CATI survey asked frontline workers to assess the effectiveness of GTN’s WASH interventions in improving WASH outcomes. As seen in Table 10, 51–74 percent of frontline respondents said that activity WASH interventions have been either effective or very effective in improving the various WASH outcomes, with the demand for and uptake of WASH products and services having the lowest assessment outcomes at just more than 50 percent each. Respondents saying the interventions have had no or little effect, in turn, ranged from 6 to 13 percent. These results closely tracked those in the online survey, in which 53–77 percent of the 36 respondents familiar with GTN WASH interventions also said that the activity had had a good or great impact on improving each of the WASH outcomes shown in Table 10, and only 3–11 percent in each case said that they had no or little impact. Like the frontline workers, online survey respondents were least optimistic about the activity’s impact on the demand for and uptake of WASH products and services, with 11 percent saying that the activity had no or little impact on the uptake of WASH products and services.

²² USAID Growth through Nutrition Most Vulnerable Households 2020 Follow-Up Survey Results (April 2020).

Table 10: Perceived WASH Outcomes (N=985)

WASH Outcome	Not Effective	A Little Effective	Moderately Effective	Effective	Very Effective	DK/NA
Handwashing during critical times	1.9%	4.1%	19.5%	25.7%	48.4%	0.5%
Utilization of latrines by family members	2.9%	3.6%	23.6%	27.2%	42.5%	0.2%
Demand for WASH products and services	4.5%	6.2%	31.7%	25.8%	26.6%	5.3%
Uptake of WASH products and services	4.2%	6.4%	33.5%	24.6%	26.0%	5.4%
Reduced fecal-oral transmission among children	3.2%	3.4%	19.8%	30.4%	41.8%	1.4%
Multiple/productive water use	6.8%	6.4%	19.9%	28.6%	34.7%	3.6%

CONCLUSIONS

Reducing fecal-oral transmission in young children is difficult in the areas where GTN works. Activity efforts to reduce fecal-oral transmissions at the community level have been less focused than for NSA and consumption of a diverse diet.

Despite across-the-board improvements in WASH outcomes, reduction of fecal-oral transmission is limited. Unfortunately, MVHHs cannot always put into practice the desired behaviors. MVHHs are aware of the importance of washing hands at critical times and the need to separate animals and humans. In practice, some families have been able to separate animals from humans, but others have not, and there is uneven use of improved pit latrines, thus contributing to continued fecal-oral transmission. Moreover, improved sanitation products are expensive for many MNHHs to purchase, and MVHHs often live far from where WASH businesses are located.

A challenge to reducing fecal-oral transmission is that it is difficult for families to separate animals, such as cattle, from human living quarters because they are afraid of theft, while it is easier for families to separate chickens from human living quarters. It's a long and difficult process to separate animals from humans; it is occurring, albeit slowly.

High-quality system-strengthening activities are yielding important benefits, including working at the national level to improve supply chains for water schemes and allow for flexible business plans that include less expensive options for improved sanitation. An important contribution for improved pit latrines is the introduction of SaTo pans.

Construction or rehabilitation of water schemes has been successful and WASHCOs have been well trained to run them. Unfortunately, there has been little coordination between work with water schemes and PSI WASH activities.

4.6 EVALUATION QUESTION 6

4.6.1 To what extent has GTN government coordination strengthened efforts to increase inclusive and transparent policymaking processes at the national, regional, and woreda levels in support of the NNP and the OWNPN?

FINDINGS

The activity was designed to align and work with both the NNP and the OWNPN. National-level respondents in two KIs spoke positively about GTN's work with the NNP, claiming that GTN has influenced the national nutrition policy, both technically and financially, especially in the identification of strategic challenges and proposing interventions. They appreciated the technical capacity building provided by the staff member who was seconded from the activity to work in the Ministry of Agriculture. The

consensus among key informants at both national and regional levels is that coordination between GTN and the NNP has been strong.²³

Working with the OWNPN was more complex. GTN's work was consistent with the OWNPN; however, coordination at the national level had mixed success. As one key informant explained, "Both water and health sectors were invited to [OWNPN] events. Although both groups are supposed to work together under OWNPN, usually only one sector attended each event. The other sector stayed away. Basically, if health came, water stayed away. If water came, health stayed away."

On the positive side, the OWNPN coordinator is familiar with and supports GTN's work, is always present at events, and tries to bridge the gap between health and water sectors. With that said, activity implementers in one KII expressed frustration that when they tried to coordinate with the OWNPN, the program did not communicate what it expected from them. Because of this lack of receptivity, there has been little coordination with the OWNPN at the national level.

By contrast, the situation at the *woreda* level is more positive. Key informants in eight KIIs at the *woreda* level stated that GTN is relevant to both the NNP and the OWNPN and that GTN activities align well with both programs. They appreciated capacity development for government staff, especially those involved in extension services. They were pleased by GTN's support for multisectoral coordination between agriculture and health. These sectors have joint plans, aligned implementation strategies, and regular review and reflection forums. *Woreda* experts in four KIIs explained that both NNP and OWNPN committees conduct periodic joint monitoring. One *woreda* office stated that their administration office budgeted money to continue the NNP and one WASH program, including joint monitoring and supervision.

However, at the *woreda* level, GTN is praised for improving effectiveness of both NNP and OWNPN coordination. This situation is especially notable with the OWNPN, where local work is effective.

CONCLUSIONS

GTN's activities align well with both the NNP and the OWNPN. GTN has been more successful in influencing coordination and implementation of the NNP at the national level than the OWNPN. Although GTN activities are consistent with and considered part of the OWNPN, GTN's role at the federal level has been limited. At the regional and *woreda* levels, however, GTN has played an important role in supporting the coordination and implementation of both initiatives.

This multisectoral coordination between agriculture and health has resulted in joint plans, aligned implementation strategies, and produced regular review/reflection forums. Both NNP and OWNPN committees conduct periodic joint monitoring and supervision visits.

5.0 ADDITIONAL INSIGHTS

Designed as a system-strengthening intervention, GTN has implemented system-strengthening activities with high quality. The activity is appropriately working with multiple levels of each system—national, regional, zonal, *woreda*, and *kebele*. This work is complemented by coordination with institutions that provide preservice training for professionals in these areas and with the private sector for WASH inputs. However, community-level implementation has been scattered and not well connected to many of the system-strengthening efforts.

For example, students graduate from higher learning and technical institutions with updated knowledge and skills that are beneficial for community-level work, but these graduates are not connected to

²³ Mentioned by respondents in two KIIs with national officials and seven KIIs with regional officials.

communities where GTN works. This does not negate the importance of strengthening preservice education, but over the activity's life, community-level benefit is not evident.

Also, water schemes are constructed or renovated and WASCHCOs are trained, but WASH businesses are not consistently connected to these WASHCOs and the community members they represent. Quality work has been done with WASH businesses to make sure that they can sell practical hygiene and sanitation products. However, these businesses are far from MVHHs and many MVHHs do not have enough funds to purchase these products.

The activity was not designed to include whole-woreda approaches, which would be needed to bring the system-strengthening efforts together at the community level. However, GTN is already a very complex activity, so although taking it to this additional level is important, it is unlikely to be accomplished during the remaining life of the activity.

In addition, although the activity aims to reduce stunting, it does not have access to growth monitoring data for targeted families. The ET could not explore whether this information is kept on child health cards that families have at home or in other forms kept by health care providers or at HPs.

6.0 SUSTAINABILITY

Both the CATI and the online surveys asked respondents to assess the sustainability of the outcomes reported in the Findings sections above. Frontline workers are highly optimistic about the outcomes' sustainability, with 71 percent responding that the outcomes will be sustained either to a good or great extent and only 3 percent responding that they will not be sustained or sustained only to a small extent. Online survey respondents are likewise optimistic about the outcomes' sustainability but are, surprisingly, less optimistic than frontline workers. In assessing the sustainability of outcomes associated with GTN's five major components, 43.2 percent believe Component 1 outcomes will be sustained to a good or great extent, compared with 55.6 percent for Component 2, 57.6 percent for Component 3, 51.7 percent for Component 4, and 52.3 percent for Component 5. Roughly a third of online survey respondents believe that the outcomes for each component will be sustained to a moderate extent.

When asked to rank the greatest threats to the activity's outcome sustainability, frontline workers identified the lack of follow-up refresher training for frontline workers and for MVHHs as the greatest threats. Second-tier (more than 30 percent) threats include the lack of money and community support for MVHHs, and third-tier (more than 20 percent) threats include lack of agricultural inputs and lack of incentive to adopt new practices/technologies among MVHHs (Table 11).

Table 11: Perceived Threats to Sustainability Among Frontline Workers (N=985)

Threat	Number	Percentage
Lack of follow-up or refresher training for frontline workers	442	44.9%
Lack of project follow-up to MVHHs	394	40.0%
Lack of money among MVHHs	339	34.4%
Lack of community support for MVHHs	305	31.0%
Lack of access to agricultural inputs among MVHHs	246	25.0%
Lack of incentive to adopt new practices/technologies for MVHHs	202	20.5%
Resistance to change among MVHHs	169	17.2%
Lack of familial support for MVHHs	154	15.6%
High turnover among frontline workers	149	15.1%
Lack of access to livestock among MVHHs	149	15.1%
Low pay for frontline workers	138	14.0%
New practices/technologies are too difficult to adopt for MVHHs	135	13.7%
Lack of motivation among frontline workers	113	11.5%
Competing priorities for frontline workers	48	4.9%

Threat	Number	Percentage
Risk aversion among MVHHs	45	4.6%

7.0 RECOMMENDATIONS

GTN was designed to test various implementation strategies and pass on learning about what was successful. In the stage that follows GTN, it will be important to bring GTN aspects together, taking a whole-*woreda* approach for implementation and measurement so that communities and MVHHs receive greater and more consistent benefits.

The following recommendations—a combination of respondent comments and ET observations—should not be considered directives; just as GTN implementation has involved consultation among many stakeholders, so should determinations about how to address the recommendations.

- ⌘ Continue to document and disseminate best practices from the activity.
- ⌘ Continue the strong collaborative and integrated work with the GOE.
- ⌘ Make better use of water schemes to plant community gardens. This activity is already planned by GTN to be implemented in the remaining life of the activity, but it merits prioritization.
- ⌘ Explore ways that MVHHs can receive technical assistance to build irrigation systems for home gardens.
- ⌘ Explore ways to connect WASH businesses to MVHHs and enable MVHHs to purchase their products.
- ⌘ Investigate the implications of the change of national water focus from single village schemes to multivillage schemes and what will happen to the single village schemes already built and the WASHCOs that manage them.
- ⌘ Work with fathers who expressed interest in receiving the same ECC training as their wives and figure out a practical way for more of them to participate. ECC was designed to work with fathers also; this should be emphasized over the remaining life of the activity and in future activities.
- ⌘ Organize mechanisms for MVHHs to access veterinary services.
- ⌘ Explore options for further dissemination of PHH technologies.
- ⌘ Discuss how ECC activities can continue given overburdened DA, AEW, and HEW schedules. It may be challenging for these individuals to complete ECC sessions.
- ⌘ Continue activities to disseminate awareness of NSA and the importance of consuming a diverse diet beyond targeted *kebeles* and MVHHs.
- ⌘ Discuss ways that *woreda*-level offices can bring best practices from this activity into a whole-*woreda* approach. GTN has already set the stage for this through system-strengthening work, especially at the national level. This discussion can include many of the recommendations listed here. *Woreda* offices would benefit from having systems for measuring availability and consumption of nutritious foods, nutrition status of children under two years of age, and access to improved sanitation. *Woreda* offices should consider whole-village approaches, such as community-led total sanitation as routine practice.
- ⌘ Continue to measure community-level changes to make sure that gains are maintained.
- ⌘ Explore the extent to which primary health care units suffer from the following challenges: high staff turnover in health centers and posts, unavailability of basic anthropometric kits, and poor structural and operational capacity at satellite health posts. Explore ways that the QI process can be used to address these challenges. These QI discussions should be expanded to include *woreda*-level officials as solutions may require resources beyond those of health centers and posts.

- ∄ Hold discussions with stakeholders in SNNPR to clarify misunderstandings on expectations of project support against what has been possible to provide. Perhaps this situation will be resolved through activities in the remaining year of the project.

ANNEXES

ANNEX I: STATEMENT OF WORK

STATEMENT OF WORK MIDTERM PERFORMANCE EVALUATION GROWTH THROUGH NUTRITION (GTN) ACTIVITY, AGREEMENT NUMBER AID-663-A-16-00007

I. SUMMARY INFORMATION

Activity Title	Growth through Nutrition
Implementing Partner	Save the Children
Instrument	Cooperative Agreement
Total Estimated Cost	\$72,903,229.00 (as of July 17, 2020); \$5m TEC increase pending
Life of Activity	September 1, 2016 - August 31, 2021; 1-year extension pending
Activity Geographic Regions	Amhara, Oromia, SNNP and Tigray Regions ²⁴
Mission DO	Prior CDCS: DO1. Current CDCS: DO4, DO3, and DO2
USAID Office	EG&T (with support from Health/ALT)
Activity AOR	James Sitrick
Activity Funding	Agriculture, Nutrition and WASH funds

II. BACKGROUND

A. Problem and Theory of Change

GTN was designed and awarded in a context in which Ethiopia had made remarkable progress in reducing stunting and undernutrition in the last two decades. According to the 2016 Ethiopian Demographic Health Survey, 38% of children are stunted, 10% of children are wasted, and 24% of children are underweight. The 2016 survey found that 22% of women of reproductive age were malnourished. The survey showed that the overall maternal, infant and young child feeding practice and maternal and child health remain weak.

However, the rate of malnutrition is still high and contributes significantly to child deaths. Malnutrition accounts for more than 50% of all infant and child death in Ethiopia (GOE: National Nutrition Program 2013-2015). The damage caused by malnutrition during the first 1000 days from the start of a pregnancy to the child's second birthday is usually irreversible in terms of its negative impact on the child's health, cognitive development, physical growth, school and work performance later in life.

GTN was designed to strengthen local ownership of service delivery through institution strengthening with interventions at federal, regional and woreda level. Activity implementation contributes to both GOE's second National Nutrition Program and to USAID's CDCS strategy development of 2011–2016 and the objective is to improve the nutritional status of women and young children in target areas.

²⁴ In the third and fourth years of GTN's implementation, several woredas split, creating new administrative units at this district level but without increasing the Activity's demographic or geographic footprint; therefore, while GTN planned to work in 100 woredas, it now works in several that are newly created, with the commensurate weak administrative infrastructure often found in new administrative entities. As a result, GTN currently operates in 110 woredas.

Progress on key indicators is listed in the table below

Table 2: Progress on key nutrition indicators in Ethiopia

	Years			
	2000	2005	2011	2016
Stunting	58	51	44	38
Underweight	41	33	28	23
Wasting	12	12	9.2	9.9

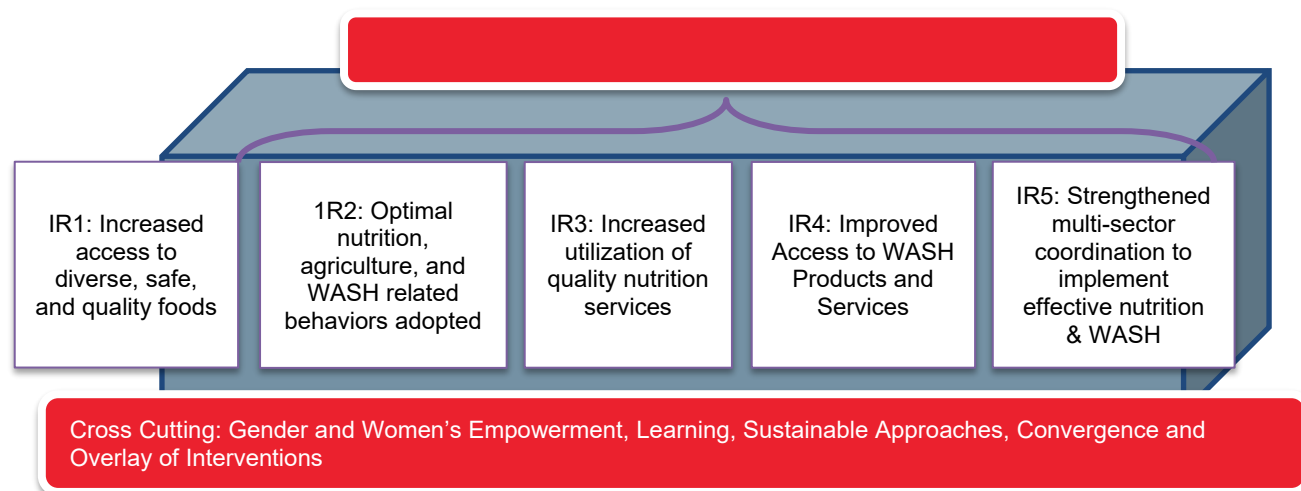
Source: DHS data

In support of the Government's efforts to improve nutrition systems and services, USAID/Ethiopia developed a five-year activity being implemented by Save the Children. The development hypothesis of this activity is:

*If sustained access to diverse, safe and quality food is achieved, **and** optimal nutrition, Water, Sanitation and hygiene (WASH), and agricultural behaviors are adopted **and** quality nutrition service are utilized **and** access to WASH products and services is improved **and** multi-sector coordination and Government of Ethiopia (GOE's) capacity to implement effective nutrition & Water, Sanitation and Hygiene (WASH) program is strengthened, **then** the nutritional status of women and young children will be improved.*

GTN's efforts contribute to all IRs, and DOI. Expanded access to diverse, safe, quality food and optimal nutrition, WASH and agricultural behavior adopted resulting from GTN efforts should measurably improve nutrition outcomes & contribute to decrease stunting, wasting and underweight.

The activity results framework appears below:



B. Activity history

Growth through Nutrition is USAID/Ethiopia's flagship multi-sectoral nutrition program. The Activity is a follow on to Empowering New Generation to Improve Nutrition and Economic Opportunity (ENGINE), which was implemented between 2011 and 2016.

GTN was designed to:

- Support country-led policies and processes
- Tailor interventions to the cultural, social, economic and religious context
- Develop and scale up evidence-based interventions
- Engage with the private sector

- e. Develop partnerships

The purpose of GTN is to improve the nutritional status of women and young children in the four productive regions, with a focus on the first 1,000 days from pregnancy to a child's second birthday, which is the critical window of opportunity for a child's growth and development.

C. GTN Overview

GTN aims to improve the nutritional status of women and children by focusing on:

- a. Improved household dietary diversity by increasing access to diverse, safe and nutritious foods all year round. A more diverse diet is associated with increased caloric, protein, micronutrient adequacy and higher percentage of protein from animal source food.
- b. WASH and agricultural related practices through innovative Social and Behavioral Change Communication (SBCC) strategy that sustainably bring about positive behaviors change. Optimal nutrition and WASH behavior create demand for nutrition, agricultural services, and commodities and ultimately increase use of services.
- c. The utilization of quality nutrition service by providing technical assistance to the GOE at national, regional, woreda and local level to improve the quality of nutrition service providers at health facilities and in communities increase their use by the target population.

Save the Children manages the implementation of the Activity in partnership with sub-primes: Jhpiego, Tuft University, Land O'Lakes International Development, Population Service International, World Vision, and The Manoff Group, as well as five local non-government organizations. These include Ethiopian Orthodox Tewahedo Church-Development Association in Amhara; Fayyaa Integrated Development Organization in Oromia; Mums for Mums in Tigray; Common vision for Development Association in SNNP; Ethiopian Muslims Relief and Development Association in Oromia.

GTN was designed to reach approximately 14 million people in Ethiopia through existing government structures. GTN works in 100 woredas in four major regions.

Regions	Number of GTN target implementation woredas
Amhara	29
Oromia	36
SNNP	26
Tigray	9
Total	100 ²⁵

Regions	Productive Woreda	PSNP	Major Crop	Livestock	Seqota Declaration
Amhara	20	10	Teff	Cattle	7
Oromia	30	6	Wheat	Cattle	
SNNP	32	3	Maize	Sheep	
Tigray	8	1	Wheat/Sorghum	Cattle	2
Total					

D. GTN Activity approach

GTN casts a wide technical and programmatic net to address the key determinants of malnutrition. GTN builds on ENGINE's investment in 83 food secure and 17 food insecure woredas in the Amhara, Oromia,

²⁵ Please see footnote 1 above (page 1); at present, GTN works in 110 woredas.

SNNP and Tigray regions, selected in consultation with the GOE to identify the best candidates for ongoing support.

The selection criteria of target woredas were:

- a. Prevalence of stunting, wasting and underweight
- b. Potential for high impact
- c. Cost effectiveness
- d. Geographic alignment with other USAID-funded programs.

During GTN's first year, a great deal of time and effort went into coming to an agreement with the GOE about exactly where GTN should work. The resulting discussions between the GOE, Save the Children and USAID/Ethiopia took much more time than had been anticipated, which in turn resulted in a significant delay in initiating GTN's interventions.

E. Existing Data

The documents available to evaluators will include annual work plans, PMP or MEL plan and Data, annual or semi-annual project reports, and baseline or mid-term reports, National Nutrition Program I, National Nutrition Program II, Seqota Declaration documents, the GOE's recently-adopted Food and Nutrition Policy, SBCC strategy and water strategy documents and GTN monthly updates. As reference, additional relevant resources the evaluation team may include sector analyses or reports on related efforts of USAID, GOE interventions as well as those of other donors.

III. EVALUATION RATIONALE

A. Purpose of the Evaluation

The purpose of this performance evaluation is to examine what GTN has achieved through its implementation; how well it is being implemented; how it is perceived; whether expected results are occurring or are likely to occur before the end of the Activity; to assess the management and operation of the Activity; and to provide recommendations on how a follow-on activity, or similar activities, can better achieve objectives and goals.

B. Audience and Intended Uses

The findings will be used by USAID/Ethiopia and the GTN implementer to prioritize and strengthen the activity's implementation in order to improve performance over the remaining life of the activity, and help USAID determine what steps to take in order to strengthen and sustain the achievements of the activity through follow on projects and activities designed.

C. Evaluation Questions

1. To what extent have GTN's nutrition-sensitive agriculture interventions-- crop diversification trainings, demonstration plots, and model farmer approach-- sustainably increased year-round **availability** of vegetables, fruits, and animal source foods in GTN woredas?
2. To what extent have GTN's interventions sustainably increased year-round **access** to vegetables, fruits, and animal sourced foods in GTN woredas?
3. To what extent have GTN's interventions sustainably increased year-round **consumption (use)** of vegetables, fruits, and animal sourced foods among women of reproductive age (15-49 years) and children under 2 years old in GTN woredas?
4. To what extent has GTN health sector support increased the health center and posts, including peer facilitators, to sustainably provide quality nutrition services?
5. To what extent has GTN government coordination strengthened efforts to increase inclusive and transparent policy making processes at the national, regional and woreda levels?

In these questions, “sustainably” refers to the ability of seeing the desired outcome (i.e., increased availability, accessibility, and consumption of vegetables, fruits, and animal sourced foods) continue after GTN ends. This requires qualitative review of how GTN implemented interventions to achieve the desired outcome.

V. EVALUATION DESIGN AND METHODOLOGY

This evaluation requires a design that will focus on using mixed methods to measure the Activity’s performance halfway through implementation.

A. Evaluation Methodology

The contractor/evaluation team will be responsible for developing an evaluation plan and methodologies, including a mix of qualitative and quantitative data collection and analysis methods, to rigorously and thoroughly answer the evaluation questions based on evidence. The evaluation team should present an evaluation question matrix showing the sources of data, methods of data collection, methods for analyzing, and the measure/indicator to objectively assess each of the evaluation questions (see below). Evaluation limitations should be identified and possible ways to address those limitations should be discussed.

Data Collection and Sources

The evaluation will utilize a combination of qualitative and quantitative data collection methods. A qualitative approach should include but not limit itself to literature review, key informant interviews, semi-structured interviews, focus group discussions with beneficiaries, and direct observation (to the extent possible). The most appropriate key informants are direct beneficiaries of programs supported by Ministries of Health, Agriculture, Water and Education in the four regions and at zonal and woreda offices, as well as higher educational and research institutions. Primary quantitative data can come from surveys, and secondary quantitative data may come from GTN’s monitoring and reporting data and other available sources.

Data Analysis

In developing the evaluation design, the Contractor should provide detailed information on data collection and data analysis. For example, what quantitative and qualitative analysis techniques will be used, how focus group responses will be documented and analyzed, etc. As this evaluation will collect mostly qualitative data, the evaluation team should employ an appropriate analytical tool or method to categorize, rank and rate the qualitative data. Particularly insightful or special descriptions of the interviewees and discussants can be quoted as appropriate. All data collected and presented in the evaluation report must be disaggregated, when possible, by sex and geographic area.

The following matrix should be completed by the evaluation team and included in the evaluation design.

Questions	Suggested Data Sources	Suggested Data Collection Methods	Data Analysis Methods	Measure/ Indicator
•				
•				
•				

III. TIMEFRAME & TRAVEL

A. Timeframe

The evaluation will begin after terms are finalized with the contractor, o/a July 2020. The evaluation is expected to take 8 months; however, given the pandemic, discussions with the contractor will be needed to finalize the timeline.

The evaluation Contractor is responsible for the administrative support and logistics required to fulfill this task; this includes all travel arrangements, appointment scheduling, secretarial services, report preparations services, printing, duplicating, and translation services. USAID will assist the Contractor in obtaining any additional program documents and contacts necessary to fulfill the task. Bidders should propose time needed at each site in order to carry out the evaluation effectively.

B. Travel

If travel to field sites is suggested for data collection, please list destination(s), and duration of travel.

Travel will be required if at all possible. Destinations are TBD and dependent on the evaluation design. The GTN regions have distinct features in terms of food type production, food consumption habits, cultural differences in attitudes and [practices in adopting new practices. The evaluation team will be expected to take a representative sample of woredas across the 4 regions to visit so a complete picture of the implementation can be developed. Data collection in country is expected to be about 20 working days.

VI. DELIVERABLES AND REPORTING REQUIREMENTS

Pending lifting of travel and communication limitations, the expectation for deliverable timeline is as follows:

A. Deliverables

Concept note submitted:

Within 30 business days, sooner if possible, following the kick-off meeting, the lead evaluator shall complete and present the concept note for the evaluation to the activity manager.

USAID offices and relevant stakeholders are asked to take up to 5 business days to review and consolidate comments through the activity manager.

Draft Evaluation Plan(s) submitted

No later than 60 days after the kick-off meeting the evaluation team must submit an evaluation design to the activity manager. The design will become an annex to the evaluation report.

The evaluation design will include:

1. Proposed evaluation methodology including indicators/variables to be measured, sampling methods, detailed data collection and analysis methods, data quality assessment methods, selection criteria for comparison groups, if applicable;
2. Detailed evaluation design matrix that links the Evaluation Questions from the SOW (in their finalized form) to data sources, methods, and the data analysis plan;
3. Draft questionnaires and guidelines and other data collection instruments or their main features;
4. List of potential interviewees and sites to be visited and proposed selection criteria and/or sampling plan (must include sampling methodology and methods, including a justification of sample size and any applicable calculations) by district;
5. Limitations to the evaluation design;
6. Members of the evaluation team, delineated by roles and responsibilities

7. Dissemination Plan (designed in collaboration with USAID)
8. The work plan and timeline, which will include:
 - a. Draft schedule and logistical arrangements;
 - b. Evaluation milestones;
 - c. Anticipated schedule of evaluation team data collection efforts;
 - d. Locations and dates for piloting data collection efforts, if applicable;
9. Evaluation Report outline (if different from the attached template).

Unless exempted from doing so by the COR, the evaluation design will be shared with partner country stakeholders as well as with the implementing partners for comment before being finalized.

The data analysis plan should clearly describe the evaluation team's approach for analyzing quantitative and qualitative data (as applicable), including proposed sample sizes, specific data analysis tools, and any software proposed to be used, with an explanation of how/why these selections will be useful in answering the evaluation questions for this task. Qualitative data should be coded as part of the analysis approach, and the coding used should be included in the appendix of the final report. Gender, geographic, and role (beneficiary, implementer, government official, NGO, etc.) disaggregation must be included in the data analysis where applicable.

All dissemination plans should be developed with USAID and include information on audiences, activities, and deliverables, including any data visualizations, multimedia products, or events to help communicate evaluation [findings/conclusions/recommendations]. See the [Evaluation Toolkit](#) for guidance on [Developing an Evaluation Dissemination Plan](#).

If applicable based on the [Disclosure of Conflict of Interests Forms](#) submitted with the awardee's proposal, the evaluation design will include a conflict of interest mitigation plan.

USAID offices and relevant stakeholders are asked to take up to 10 business days to review and consolidate comments through the activity manager.

Final Evaluation Plan submitted

Once the evaluation team receives the consolidated comments on the initial evaluation design, they are expected to return with a revised evaluation design and work plan within 7 business days.

In-Briefing

Within two business days of arrival in Ethiopia, the evaluation team will meet with the USAID/Ethiopia Nutrition Team and Program offices for introductions and to discuss the team's understanding of the assignment, initial assumptions, evaluation questions, methodology, and work plan, and/or to adjust the SOW, if necessary.

Preliminary findings presentation

After the completion of the field work, the Evaluation Contractor will deliver a **presentation** (verbal and with PowerPoint) on preliminary results, key findings, and recommendations. The audience will include USAID/Ethiopia and activity stakeholders. The presentation will:

- ⌘ Review and assess GTN performance based on the questions listed above. The core of the presentation should be aligned with the main topics of this evaluation;
- ⌘ Provide the methodology and approach used to evaluate the activity;
- ⌘ Provide preliminary analysis, findings, and conclusions; and
- ⌘ Provide sources of information.

Draft Evaluation Report(s) submitted

The draft evaluation report should be consistent with the guidance provided. The report will address each of the questions identified in the SOW and any other issues the team considers to have a bearing on the objectives of the evaluation. Any such issues can be included in the report only after consultation with USAID. The submission date for the draft evaluation report will be determined in the evaluation work plan. Once the initial draft evaluation report is submitted, USAID will have 10 business days in which to review and comment on the initial draft, after which point the activity manager will submit the consolidated comments to the evaluation team. The evaluation team will then be asked to submit a revised final draft report within 10 business days.

This performance evaluation will comply with USAID evaluation policy requirements for evaluations, which is available in Annex A of the Evaluation Policy and at the following link: <http://www.usaid.gov/sites/default/files/documents/2151/USAIDEvaluationPolicy.pdf>

The format of the Performance Evaluation Report must include:

- ✧ Cover page using the standard Feed the Future Branding Template
- ✧ Table of Contents
- ✧ Acronyms
- ✧ List of tables or charts (if any)
- ✧ Executive summary (not to exceed two pages)
- ✧ Background/Introduction (not to exceed five pages)
 - Description of the activity including goals and objectives
 - Evaluation rationale/purpose/objectives, including a list of the main evaluation questions
 - Description of the evaluation design, methodology, and limitations
- ✧ Findings – Describe the findings related to each of the evaluation questions by district of activity implementation
- ✧ Conclusions
- ✧ Recommendations – Based on the evaluation purpose and the findings, describe what remains to be done; what changes can be made in program design or implementation to result in more effective and/or efficient execution and improved results; identify potential new solutions to problems the activity has faced; identify adjustments/corrections that need to be made in order to address identified risks to the sustainability of improved resources, management practices and technologies, and market information; and recommend actions and/or decisions to be taken by management.
- ✧ Lessons Learned – in terms of program implementation, coordination, and beneficiary satisfaction
- ✧ Annexes
 - Statement of Work
 - All sources of information or data identified and listed. Include list of places and types of people and groups interviewed (e.g., “female beneficiaries in Village X,” “Senior GTN Staff Member,” etc.);
 - Copies of all tools, survey instruments, and questionnaires used;
 - Copies of background documents which were used by Contractor, but which were not provided by USAID-Ethiopia;
 - Any unaddressed comments submitted by the GTN activity team (if applicable);
 - Summary information about evaluation team members, including qualifications, experience, and role on the team;
 - Signed disclosure of conflict of interest forms for all evaluation team members, either attesting to a lack of or describing existing conflicts of interest; and
 - Statements of difference regarding significant unresolved differences of opinion by funders, implementers, and/or members of the evaluation team, if applicable.

Note: The final report must not exceed 40 pages, excluding the cover page, table of contents and annexes. See the [Evaluation Toolkit](#) for the [How-To Note on Preparing Evaluation Reports](#) and [ADS 201mah, USAID Evaluation Report Requirements](#). An optional [Evaluation Report Template](#) is also available in the Evaluation Toolkit.

Final Evaluation Report submitted

The evaluation team will be asked to take no more than 10 business days (or as agreed upon in the work plan) to respond to and incorporate final draft evaluation report comments from USAID. The evaluation team lead will then submit the final report to the activity manager. The final report must be ADS 508 compliant.

B. OPTIONAL: EVALUATION DESIGN

This is a mid-term performance evaluation. The evaluation team must propose its own methodology, which must be approved by the USAID/Ethiopia activity manager. At a minimum:

- ⌘ The evaluation must follow the principles and guidelines for high quality evaluations outlined in ADS 201.3.5.10.
- ⌘ The evaluation team should consider a range of possible methods and approaches for collecting and analyzing information and data that are required to answer the evaluation questions.
- ⌘ There must be a thorough review of key activity documents. USAID/Ethiopia will provide a detailed document review matrix that lists relevant documents, including contracts, annual work plan, Monitoring, Evaluation, and Learning (MEL) plan, and progress reports, as well as other information available regarding previous similar activities and other initiatives, to provide a foundation for the evaluation work to be undertaken in the field. A notional document review matrix is provided in Annex A.
- ⌘ The Evaluation team will conduct key informant interviews with activity staff, sub-partner organizations, government officials, private sector, beneficiaries, and other stakeholders. As a result, it is expected that the evaluation team will work with a local organization to conduct beneficiary focus group discussions and other proposed surveys. An initial list of key stakeholders for key informant interviews that should be considered is provided in Annex B.
- ⌘ The evaluation team will conduct focus group discussions with GOE officials and program beneficiaries, which should be representative of both men and women.
 - The evaluation team will analyze GTN data generated by the Save the Children M&E teams.
 - The evaluation team will analyze relevant indicators and data from USAID's annual Performance Plan and Report (PPR) and activity MELP.
 - The reporting of findings should be broken down by district (Note: There is no expectation that the findings will be statistically representative of the district).
 - The evaluation team will Integrate USAID's Collaboration, Learning, and Adapting (CLA) approach in order to enhance the engagement of stakeholders and usefulness of the recommendations for current and future programming.

The evaluation team, in collaboration with USAID, will finalize the evaluation methods before fieldwork begins. The contractor will submit the preliminary evaluation design in response to the Statement of Work for review by USAID/Ethiopia. The evaluation Contracting Officer's Representative (COR) will approve the finalized evaluation design two weeks or more prior to the team's arrival in country at the recommendation of the USAID/Ethiopia activity manager.

VII. EVALUATION TEAM COMPOSITION, ROLES AND RESPONSIBILITIES OF MEMBERS

Team compositions will be considered with clear justification of how they will produce the deliverables listed in Section IV.

The evaluation team shall consist of at least a team leader with experience evaluating nutrition-related activities. The core evaluation team must be fluent in English and have strong writing skills, with local experts proficient in English and Amharic and/or any other regional language(s). The combined expertise and knowledge of the team should include nutrition, agribusiness, communications, and monitoring and evaluation.

VIII. LOE

The SOW and/or Evaluation Plan must list the level of effort (LOE) for each team member on each evaluation activity/task.

IX. MANAGEMENT

The contractor shall identify, hire and manage the evaluation team. The Mission's EG&T Office and the implementing partner (SCI) will assist the contractor/evaluation in facilitating and arranging meetings with key stakeholders identified for consultations/interviews. The evaluation team will organize other meetings identified during the course of the evaluation, in consultation with the GTN AOR.

The Contractor is responsible for all logistical support required for the evaluation team, including arranging accommodation, security, office space, computers, Internet access, printing, communication, and transportation.

The evaluation team will officially report to the contractor and the contractor is responsible for all direct coordination with the USAID. From a technical management perspective, the GTN mid-term assessment team will need to coordinate closely with the WASH/Nutrition Assessment team, to align site visits as possible (for cross learning and sharing). The evaluation team will also work closely with Jim Sitrick AOR, Fisseha Merawi, A/AOR for GTN, Simachew Kassahun Program Management Specialist/M&E POC for EG&T and Awoke Tilahun, Mission M&E officer

Annex A: USAID Evaluation Report Standards

1. Identify the evaluation as either an impact or performance evaluation per the definitions in [ADS 201](#).
2. Include an abstract of not more than 250 words briefly describing what was evaluated, evaluation questions, methods, and key findings or conclusions. The abstract should appear on its own page immediately after the evaluation report cover.
3. Include an Executive Summary 2–5 pages in length that summarizes key points (purpose and background, evaluation questions, methods, findings, and conclusions).
4. State the purpose of, audience for, and anticipated use(s) of the evaluation.
5. Describe the specific strategy, Activity, activity, or intervention to be evaluated including (if available) award numbers, award dates, funding levels, and implementing partners.
6. Provide brief background information. This should include country and/or sector context; specific problem or opportunity the intervention addresses; and the development hypothesis, theory of change, or simply how the intervention addresses the problem.
7. Identify a small number of evaluation questions.
8. In an impact evaluation, identify questions about measuring the change in specific outcomes attributable to a specific USAID intervention.
9. Describe the evaluation method(s) for data collection and analysis.
10. Describe limitations of the evaluation methodology.

11. In an impact evaluation, use specific experimental or quasi-experimental methods to answer impact evaluation questions.
12. Include evaluation findings and conclusions.
13. If recommendations are included, separate them from findings and conclusions.
14. Address all evaluation questions in the Statement of Work (SOW) or document approval by USAID for not addressing an evaluation question.
15. Include the following annexes:
 - ⌘ Evaluation SOW. If the SOW is revised, the evaluation report should include the updated SOW as an Annex rather than the original SOW.
 - ⌘ A description of evaluation methods (if not described in full in the main body of the evaluation report).
 - ⌘ All data collection and analysis tools used, such as questionnaires, checklists, survey instruments, and discussion guides.
 - ⌘ All sources of information—properly identified and listed.
 - ⌘ Any “statements of differences” regarding significant unresolved differences of opinion by funders, implementers, and/or members of the evaluation team.
 - ⌘ Signed disclosures of conflicts of interest from evaluation team members.
 - ⌘ Abridged bios of the evaluation team members, including qualifications, experience, and role on the team.
16. Include enough information on the cover of the evaluation report so that a reader can immediately understand that it is an evaluation and what was evaluated. The evaluation cover should:
 - ⌘ Include a title block in USAID light blue background color.
 - ⌘ Include the word “Evaluation” at the top of the title block and center the report title underneath that. The title should also include the word “evaluation.”
 - ⌘ Include the following statement across the bottom of the cover page: *“This publication was produced at the request of the United States Agency for International Development. It was prepared independently by [list authors and organizations involved in the preparation of the report].”* For an internal evaluation team, use the following statement: *“This publication was produced at the request of [USAID/Mission] and prepared by an internal evaluation team comprised of [list authors and affiliation].”*
 - ⌘ Feature one high-quality photograph representative of the Activity being evaluated and include a brief caption on the inside front cover describing the image with photographer credit.
 - ⌘ State the month and year of the report.

State the individual authors of the report and identify evaluation team leader.

Annex B: USAID Criteria for Quality Evaluation

- ∄ Evaluation reports should represent a thoughtful, well-researched, and well-organized effort to objectively evaluate the strategy, Activity, or activity.
- ∄ Evaluation reports should be readily understood and should identify key points clearly, distinctly, and succinctly.
- ∄ The Executive Summary should present a concise and accurate statement of the most critical elements of the report.
- ∄ Evaluation reports must address all evaluation questions included in the SOW, or the evaluation questions subsequently revised and documented in consultation and agreement with USAID.
- ∄ Evaluation methodology must be explained in detail and sources of information properly identified.
- ∄ Limitations to the evaluation must be disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- ∄ Evaluation findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or simply the compilation of people's opinions.
- ∄ Findings and conclusions should be specific, concise, and supported by strong quantitative or qualitative evidence.
- ∄ If evaluation findings address person-level outcomes and impact, they should be assessed for both males and females.
- ∄ If recommendations are included, they should be supported by a specific set of findings and should be action-oriented, practical, and specific.

-The SOW mentions that “the most appropriate key informants are direct beneficiaries of programs supported by Ministries of Health, Agriculture, Water and Education in the four regions....” By “direct beneficiaries,” I assume this is referring to the NMVHHs targeted by the activity who are benefitting from the activity's ag, nutrition, WASH, and SBCC interventions. Does GTN have a list of these beneficiaries along with contact info?

Yes, GTN can provide a list of direct beneficiaries. Note: the most vulnerable households are one subset of the direct beneficiaries; others also benefited from GTN's assistance, such as health center staff, lead farmers, etc.

-Do direct beneficiaries also include development agents, model farmers, government officials, agro-dealers, health center/post staff, etc. who are benefitting from activity messaging and capacity building activities. Is there a list of these individuals with contact info as well?

Yes. GTN can provide a list.

-Evaluation questions 1-3 refer to the availability, accessibility, and utilization of nutritionally sensitive foods. Logically, these may depend on each other (e.g., improved access depends on availability and utilization depends on access), depending on how the activity is designed to address each of these areas. Is that the case here?

Yes, that's absolutely right. In the classic food security framework, availability, access, and use are nested concepts, in which higher order concepts depend upon lower order ones. We ask about all three to try to disentangle where we are making progress and where challenges remain. It's important to address these questions in order, beginning with availability. A big factor to consider here, among others, is seasonality of availability.

Then, when considering access, the evaluation team should not repeat the findings related to availability. Rather, the evaluation team should consider, if and when diverse/nutritious foods are

available, are HHs/individuals able to access them? A number of factors could influence access beyond basic availability, for example per unit cost, household cash flow fluctuations throughout the year, distance to market, transportation options, frequency of market days (24-hour stores, versus daily operations, versus weekly markets, etc.), social norms governing who can access which markets/foods, etc.

Again, the same process should be undertaken when considering use: if and when the given foods are available and accessible, are individuals successfully consuming them? What enables/prevents individuals to/from consuming these foods when they are available/accessible? [social norms/beliefs/pressures, time constraints, food conservation at home to prevent spoilage and make the purchase worthwhile, taste, convenience, awareness of child age and differing dietary needs (if you don't know your child's exact age, you are less likely to adapt feeding practices according to age-based recommendations), and so on.]

There is not a clear dividing line between availability, access, and use. Our goal is that this evaluation helps us analyze all of the most critical factors that ultimately enable/inhibit consumption. Gaining insight into the key factors is more important than whether a given factor is listed as influencing availability v. access v. use.

We're happy to discuss further if needed.

-SBCC and WASH are major activity intervention areas, although there are no evaluation questions directly addressing them. At the same time, my quick perusal of the documents does not show interventions related to 'policy making' (I may have overlooked it), or the process of designing and drafting policy, but seem to address this more in the context of developing the capacity of government institutions to deliver services under existing policies and to collaborate across sectors and organizations to do so. Am I missing something here?

GTN's SBCC contribute to many of the questions, and particularly question #3 on use (utilization/consumption of diverse/nutritious foods). SBCC also was meant to impact availability/access by influencing farmer crop choice and food processing choices.

WASH is being addressed separately with a parallel assessment being conducted by WASHPals. We would, however, like to coordinate the timing of the two evaluations so that the timing coincides to the greatest extent possible. WASHPals is ready to coordinate with PEEL when convenient.

Policy: Evaluation question #5 is meant to focus on GTN's fifth component, under which GTN focuses on improving the quality and coordination of nutrition policy formulation/implementation.

-What is understood by the following, "the evaluation team should employ an appropriate analytical tool or method to categorize, rank, and rate the qualitative data." I understand well the "categorize" part of this but am unsure what "rank" and "rate" refer to.

This refers only to making sure that the data analysis methods for the qualitative data use a systematic and rigorous approach. For example, in using INOVA software or other software to assess qualitative data, where sometimes there is a count in responses (thereby ranking the frequency of response). We are not looking for specific rankings.

-Obviously, there is a great deal of uncertainty surrounding COVID. Is the Mission prepared to do this entirely remotely if it comes to that? (We just successfully completed remote data collection in the DRC completing over 100 remote KIs and FGDs.) Another possibility is that travel may be allowed within country by locals but not into the country by expat team members. I can think of a number of possible scenarios related to travel both to and within the country. How flexible is the Mission with regards to different approaches (i.e., mixes of in-person and remote data collection) depending on the situation at the time data collection commences?

Yes! We are flexible and interested in hearing what you propose. You also could propose options: what you think is the best option to achieve the goals of the evaluation, and also the next best option. When presenting the options, we'd want to hear what the pros/cons of each are.

-Does the Mission have a sense of how many Woredas in the four regions would be required to achieve a "representative sample," as stated in the SOW?

No. However, perhaps the baseline evaluation could provide some insight. We also could connect you with the implementing partner and other MEL partners of ours in country, such as the IFPRI (which does the FTF population-based survey) and EPMES, our Mission's MEL platform contract.

-The SOW leaves open the team size, composition, and LOE. I assume this means the Mission is open to different team and LOE configurations, according to what we think makes the most sense. Correct?

Exactly correct! We understand that the composition of the evaluation team should flow directly from the evaluation design/plan. Therefore, we look forward to hearing what you propose. One note: we mention an agribusiness expert rather than an agronomist because we think it's important to have someone on the team who understands how agriculture markets/economics work since they strongly influence whether a given agriculture intervention will take off (to fundamentally change which crops are grown and available in local markets) versus merely achieving limited gains in knowledge amongst a limited/finite number of people.

-GTN is involved a great many interventions cross its IRs, so it will be a challenge to cover all of these in-depth in the context of the evaluation. Are there certain intervention areas that the Mission would like to prioritize/de-prioritize?

Yes: the evaluation team should focus on the evaluation questions and whether the beneficiaries are enjoying improved availability, access, and use of diverse, nutritious foods, as well as improved health/nutrition service delivery, and better coordinated nutrition policy implementation. Key intervention areas include nutrition-sensitive agriculture activities for lead farmers and vulnerable households, SBCC for agriculture and consumption of nutritious foods, and multi-sectoral nutrition coordination efforts (component 5). As stated above, WASH will not be addressed here, as a separate evaluation conducted by WASHPals will address it. The evaluation team may find that the interventions focused on improving the quality of higher education/research on nutrition and nutrition-sensitive agriculture may not be as directly relevant to immediate impacts on the evaluation questions at this time.

Some last points to reinforce: For all of the evaluation questions, we are hoped to consider gains over time rather than focusing on a snapshot or just one moment in time. For this reason, the SOW highlights two elements of time: seasonality/fluctuations throughout the year; sustainability or ability to maintain/increase gains after GTN ends. We also are interested in recommendations for improvement, as relate to each evaluation question.

ANNEX 2: BIBLIOGRAPHY

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Save the Children, Feed the Future Growth through Nutrition Activity Year IV Semiannual Progress Report, USAID, May 2020.

Save the Children, Feed the Future Ethiopia Growth through Nutrition Activity Year I Annual Progress Report, USAID, November 2017.

Save the Children, Feed the Future Ethiopia Growth through Nutrition Activity Year III Semiannual Progress Report, USAID, May 2019.

ANNEX 3: DATA COLLECTION TOOLS

KII Questionnaire		GOE
Agriculture _ National Nutrition Expert		
1	REGION	
2	WOREDA	
3	SECTOR	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
Evaluation Questions 1, 2, 3 and 6		
Q.1	How and when did you first become aware of the GTN project?	
A.1		
Q.2	What is your understanding of GTN project's interventions and project's relevance to the Government's long-term strategy for National Nutrition Program and the One WASH National Program? How is it relevant	
A.2		
Q.3	What are the major GTN project's activities implemented in your sector? What is your institution's role or active involvement?	
A.3		
Q.4	Do you think GTN's nutrition-sensitive agriculture interventions (crop diversification trainings, demonstration plots, and model farmer approach) sustainably increased the year round availability of vegetables, fruits, and animal source foods in GTN woredas? How?	
A.4		
Q.5	What changes have you seen in how regions and woredas have implemented the promoted GTN's interventions since you started working with GTN?	
A.5		
Q.6	Do you think GTN's interventions sustainably increased year round access to vegetables, fruits, and animal sourced foods in your kebele/woreda? How?	
A.6		
Q.7	Do you think GTN's interventions sustainably increased year round consumption (<u>use</u>) of vegetables, fruits, and animal sourced foods among women of reproductive age (15-49 years) and children under 2 years? How?	
A.7		
Q.8	How different sectors (Agriculture, health and WASH) are working together to strengthened efforts to increase inclusive and transparent policy-making processes at the national level in support of the National Nutrition Program and the One WASH National Program?	
A.8		
Q.9	What are the most the most successful experiences you have had because of GTN?	
A.9		
A.10	What conditions will allow you to continue this work after GTN ends?	
A.10		
Q.11	What are the major constraints affecting GTN interventions today and what initiatives or activities are you implementing to address them?	

KII Questionnaire		GOE
A.11		
Q.12	What could the project do during its last period to facilitate your continuing this work after GTN ends?	
A.12		
Q.12	Is there anything else you would like to tell me about your experience with GTN?	
A.13		

KII Questionnaire		GOE
Agriculture: Regional Nutrition Expert		
1	REGION	
2	WOREDA	
3	SECTOR	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
<i>Evaluation Questions 1, 2, 3 and 6</i>		
Q.1	How and when did you first become aware of the GTN project ?	
A.1		
Q.2	What is your understanding of GTN project's interventions in your Region and the project's relevance to the Government's long-term strategy for National Nutrition Program and the One WASH National Program? How is it relevant	
A.2		
Q.3	What are the major GTN project's activities implemented in your region? What is your institution's role or active involvement?	
A.3		
Q.4	Do you think GTN's nutrition-sensitive agriculture interventions (crop diversification trainings, demonstration plots, and model farmer approach) sustainably increased the year round availability of vegetables, fruits, and animal source foods in GTN woredas? How?	
A.4		
Q.5	What changes have you seen in how families have implemented the promoted GTN's interventions since you started working with GTN?	
A.5		
Q.6	Do you think GTN's interventions sustainably increased year-round access to vegetables, fruits, and animal sourced foods in your region? How?	
A.6		
Q.7	Do you think GTN's interventions sustainably increased year round consumption (<u>use</u>) of vegetables, fruits, and animal sourced foods among women of reproductive age (15-49 years) and children under 2 years old in your region? How?	
A.7		
Q.8	How different sectors (Agriculture, health and WASH) are working together to strengthened efforts to increase inclusive and transparent policy-making processes at the national, regional, woreda and kebele levels in support of the National Nutrition Program and the One WASH National Program?	
A.8		

KII Questionnaire		GOE	
Q.9	What the most the most successful experiences you have had because of GTN?		
A.9			
A.10	What conditions will allow you to continue this work after GTN ends?		
A.10			
Q.11	What are the major constraints affecting GTN interventions today and what initiatives or activities are you implementing to address them?		
A.11			
Q.12	What could the project do during its last period to facilitate your continuing this work after GTN ends?		
A.12			
Q.12	Is there anything else you would like to tell me about your experience with GTN?		
A.13			

KII Questionnaire		GOE
Agriculture: Zonal Level Nutrition Expert/Focal Person (only for SNNP)		
1	REGION	
2	WOREDA	
3	SECTOR	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
Evaluation Questions 1, 2, 3 and 6		
Q.1	How and when did you first become aware of the GTN project?	
A.1		
Q.2	What is your understanding of GTN project's in your Zone and the project's relevance to the Government's long-term strategy for National Nutrition Program and the One WASH National Program? How is it relevant	
A.2		
Q.3	What are the major GTN project's activities implemented in your Zone? What is your institution's role or active involvement?	
A.3		
Q.4	Do you think GTN's nutrition-sensitive agriculture interventions (crop diversification trainings, demonstration plots, and model farmer approach) sustainably increased the year round availability of vegetables, fruits, and animal source foods in GTN woredas? How?	
A.4		
Q.5	What changes have you seen in how families have implemented the promoted GTN's interventions since you started working with GTN?	
A.5		
Q.6	Do you think GTN's interventions sustainably increased year round access to vegetables, fruits, and animal sourced foods in your kebele/woreda? How?	
A.6		

KII Questionnaire		GOE
Q.7	Do you think GTN's interventions sustainably increased year round consumption (<u>use</u>) of vegetables, fruits, and animal sourced foods among women of reproductive age (15-49 years) and children under 2 years old in your kebele/woreda? How?	
A.7		
Q.8	How different sectors (Agriculture, health and WASH) are working together to strengthened efforts to increase inclusive and transparent policy-making processes at the national, regional, woreda and kebele levels in support of the National Nutrition Program and the One WASH National Program?	
A.8		
Q.9	What the most the most successful experiences you have had because of GTN?	
A.9		
A.10	What conditions will allow you to continue this work after GTN ends?	
A.10		
Q.11	What are the major constraints affecting GTN interventions today and what initiatives or activities are you implementing to address them?	
A.11		
Q.12	What could the project do during its last period to facilitate your continuing this work after GTN ends?	
A.12		
Q.12	Is there anything else you would like to tell me about your experience with GTN?	
A.13		

KII Questionnaire		GOE
Agricultural: Woreda Nutrition Expert/Focal Person		
1	REGION	
2	WOREDA	
3	SECTOR	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
<i>Evaluation Questions 1, 2, 3 and 6</i>		
Q.1	How and when did you first become aware of the GTN project ?	
A.1		
Q.2	What is your understanding of GTN project's activities in your woreda and the project's relevance to the Government's long-term strategy for National Nutrition Program and the One WASH National Program? How is it relevant	
A.2		
Q.3	What are the major GTN project's activities implemented in your woreda? What is your institution's role or active involvement?	
A.3		
Q.4	Do you think GTN's nutrition-sensitive agriculture interventions (crop diversification trainings, demonstration plots, and model farmer approach) sustainably increased the year round availability of vegetables, fruits, and animal source foods in GTN woredas? How?	
A.4		
Q.5	What changes have you seen in how families have implemented the promoted GTN's interventions since you started working with GTN?	
A.5		
Q.6	Do you think GTN's interventions sustainably increased year round access to vegetables, fruits, and animal sourced foods in your kebele/woreda? How?	
A.6		
Q.7	Do you think GTN's interventions sustainably increased year round consumption (<u>use</u>) of vegetables, fruits, and animal sourced foods among women of reproductive age (15-49 years) and children under 2 years old in your kebele/woreda? How?	
A.7		
Q.8	How different sectors (Agriculture, health and WASH) are working together to strengthened efforts to increase inclusive and transparent decision-making processes at the woreda and kebele levels in support of the National Nutrition Program and the One WASH National Program?	
A.8		
Q.9	What the most the most successful experiences you have had because of GTN?	
A.9		
A.10	What conditions will allow you to continue this work after GTN ends?	
A.10		
Q.11	What are the major constraints affecting GTN interventions today and what initiatives or activities are you implementing to address them?	
A.11		

KII Questionnaire		GOE
Q.12	What could the project do during its last period to facilitate your continuing this work after GTN ends?	
A.12		
Q.12	Is there anything else you would like to tell me about your experience with GTN?	
A.13		

KII Questionnaire		GOE
Agricultural: Kebele Level Agricultural Extension Worker		
1	REGION	
2	WOREDA	
3	SECTOR	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
<i>Evaluation Questions 1, 2, 3 and 6</i>		
Q.1	How and when did you first become aware of the GTN project ?	
A.1		
Q.2	What is your understanding of GTN project's activities in your kebele and the project's relevance to ensure nutrition sustainability at household level ? How is it relevant	
A.2		
Q.3	What are the major GTN project's activities implemented in your kebele? What is your institution's role or active involvement?	
A.3		
Q.4	Do you think GTN's nutrition-sensitive agriculture interventions (crop diversification trainings, demonstration plots, and model farmer approach) sustainably increased the year round availability of vegetables, fruits, and animal source foods in your kebele? How?	
A.4		
Q.5	What changes have you seen in how families have implemented the promoted GTN's interventions since you started working with GTN?	
A.5		
Q.6	Do you think GTN's interventions sustainably increased year round access to vegetables, fruits, and animal sourced foods in your kebele? How?	
A.6		
Q.7	Do you think GTN's interventions sustainably increased year round consumption (<u>use</u>) of vegetables, fruits, and animal sourced foods among women of reproductive age (15-49 years) and children under 2 years old in your kebele/woreda? How?	
A.7		
Q.8	How different sectors (Agriculture, health and WASH) are working together to strengthened efforts to increase inclusive and transparent decision-making processes at the kebele level in support of the National Nutrition Program and the One WASH National Program?	
A.8		
Q.9	What are the most successful experiences you have had because of GTN?	
A.9		

KII Questionnaire		GOE
A.10	What conditions will allow you to continue this work after GTN ends?	
A.10		
Q.11	What are the major constraints affecting GTN interventions today and what initiatives or activities are you implementing to address them?	
A.11		
Q.12	What could the project do during its last period to facilitate your continuing this work after GTN ends?	
A.12		
Q.12	Is there anything else you would like to tell me about your experience with GTN?	
A.13		

KII Questionnaire		Implementing Partners
Kebele level : Local partner ECC outreach workers		
1	REGION	
2	WOREDA	
3	SECTOR	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
Evaluation Questions 1, 2, 3 and 6		
Q.1	How and when did you first become aware of the GTN project ?	
A.1		
Q.2	What is your understanding of GTN project's activities in your kebele and the project's relevance to ensure nutrition sustainability at household level ? How is it relevant	
A.2		
Q.3	What are the major GTN project's activities implemented in your kebele? What is your institution's role or active involvement?	
A.3		
Q.4	Do you think GTN's nutrition-sensitive agriculture interventions (crop diversification trainings, demonstration plots, and model farmer approach) sustainably increased the year round availability of vegetables, fruits, and animal source foods in your kebele? How?	
A.4		
Q.5	What changes have you seen in how families have implemented the promoted GTN's interventions since you started working with GTN?	
A.5		
Q.6	Do you think GTN's interventions sustainably increased year round access to vegetables, fruits, and animal sourced foods in your kebele? How?	
A.6		
Q.7	Do you think GTN's interventions sustainably increased year round consumption (<u>use</u>) of vegetables, fruits, and animal sourced foods among women of reproductive age (15-49 years) and children under 2 years old in your kebele/woreda? How?	
A.7		

KII Questionnaire		Implementing Partners
Q.8	How different sectors (Agriculture, health and WASH) are working together to strengthened efforts to increase inclusive and transparent decision-making processes at the kebele level in support of the National Nutrition Program and the One WASH National Program?	
A.8		
Q.9	What are the most successful experiences you have had because of GTN?	
A.9		
A.10	What conditions will allow you to continue this work after GTN ends?	
A.10		
Q.11	What are the major constraints affecting GTN interventions today and what initiatives or activities are you implementing to address them?	
A.11		
Q.12	What could the project do during its last period to facilitate your continuing this work after GTN ends?	
A.12		
Q.12	Is there anything else you would like to tell me about your experience with GTN?	
A.13		

KII Questionnaire		GOE
Health: National experts		
1	REGION	
2	WOREDA	
3	SECTOR	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
Evaluation Questions 3, 4 and 6		
Q.1	How and when did you first become aware of the GTN project ?	
A.1		
Q.2	What is your understanding of GTN supported activities and the project's relevance to the Government's long-term strategy for National Nutrition Program? How is it relevant ?	
A.2		
Q.3	What are the major GTN supported activities implemented so far? What is your institution's role or active involvement?	
A.3		
Q.4	How well were the interventions implemented, and to what extent were the promoted behaviors taken up by households? Do you think the WASH interventions implemented in your kebele/woreda reducing fecal-oral transmission for children? ☒ What capacity building has been given to you ☒ What SBCC material fecal/oral transmission did prepared and how you counsel the HHs ☒ How they integrate/harmonies their behavioral change work/demand creation with the product supply/ business people ☒ Are WASH interventions appropriately targeted to achieve health benefits?	
A.4		
Q.5	How different sectors (Agriculture, health and WASH) are working together to strengthened efforts to increase inclusive and transparent policy-making processes at the national, regional, woreda and kebele levels in support of the National Nutrition Program and the One WASH National Program?	
A.5		
Q.6	What are the most successful experiences you have had because of GTN?	
A.6		
Q.7	What conditions will allow you to continue this work after GTN ends?	
A.7		
Q.8	What are the major constraints affecting GTN interventions today and what initiatives or activities are you implementing to address them?	
A.8		
Q.9	What could the project do during its last period to facilitate your continuing this work after GTN ends?	
A.9		
Q.10	WASH-Nutrition –Agriculture integration Are the same beneficiaries being reached with interventions from multiple sectors?	
A.10		
Q.11	Is there anything else you would like to tell me about your experience with GTN?	

KII Questionnaire	GOE
A. II	

KII Questionnaire	GOE
Health: Regional Experts	
1	REGION
2	WOREDA
3	SECTOR
4	NO. OF PARTICIPANTS
5	DATE OF INTERVIEW
<i>Evaluation Questions 3, 4 and 6</i>	
Q.1	How and when did you first become aware of the GTN project ?
A.1	
Q.2	What is your understanding of GTN project's activities in your region and the project's relevance to the Government's long-term strategy for National Nutrition Program? How is it relevant ?
A.2	
Q.3	What are the major GTN supported activities implemented so far? What is your institution's role or active involvement?
A.3	
Q.4	How well were the interventions implemented, and to what extent were the promoted behaviors taken up by households? Do you think the WASH interventions implemented in your kebele/woreda reducing fecal-oral transmission for children? ☞ What capacity building has been given to you ☞ What SBCC material fecal/oral transmission did prepared and how you counsel the HHs ☞ How they integrate/harmonies their behavioral change work/demand creation with the product supply/ business people ☞ Are WASH interventions appropriately targeted to achieve health benefits?
A.4	
Q.5	How different sectors (Agriculture, health and WASH) are working together to strengthened efforts to increase inclusive and transparent policy-making processes at the national, regional, woreda and kebele levels in support of the National Nutrition Program and the One WASH National Program?
A.5	
Q.6	What are the most successful experiences you have had because of GTN?
A.6	
Q.7	What conditions will allow you to continue this work after GTN ends?
A.7	
Q.8	What are the major constraints affecting GTN interventions today and what initiatives or activities are you implementing to address them?
A.8	
Q.9	What could the project do during its last period to facilitate your continuing this work after GTN ends?
A.9	
Q.10	WASH-Nutrition –Agriculture integration Are the same beneficiaries being reached with interventions from multiple sectors?

KII Questionnaire	GOE
A.10	
Q.11	Is there anything else you would like to tell me about your experience with GTN?
A.11	

KII Questionnaire	GOE
Health: Zonal Experts (SNNP only)	
1	REGION
2	WOREDA
3	SECTOR
4	NO. OF PARTICIPANTS
5	DATE OF INTERVIEW
<i>Evaluation Questions 3, 4 and 6</i>	
Q.1	How and when did you first become aware of the GTN project ?
A.1	
Q.2	What is your understanding of GTN project's activities in your Zone and the project's relevance to the Government's long-term strategy for National Nutrition Program? How is it relevant ?
A.2	
Q.3	What are the major GTN supported activities implemented so far? What is your institution's role or active involvement?
A.3	
Q.4	<p>How well were the interventions implemented, and to what extent were the promoted behaviors taken up by households? Do you think the WASH interventions implemented in your kebele/woreda reducing fecal-oral transmission for children?</p> <p>☒ What capacity building has been given to you</p> <p>☒ What SBCC material fecal/oral transmission did prepared and how you counsel the HHs</p> <p>☒ How they integrate/harmonies their behavioral change work/demand creation with the product supply/ business people</p> <p>☒ Are WASH interventions appropriately targeted to achieve health benefits?</p>
A.4	
Q.5	How different sectors (Agriculture, health and WASH) are working together to strengthened efforts to increase inclusive and transparent policy-making processes at the national, regional, woreda and kebele levels in support of the National Nutrition Program and the One WASH National Program?
A.5	
Q.6	What are the most successful experiences you have had because of GTN?
A.6	
Q.7	What conditions will allow you to continue this work after GTN ends?
A.7	
Q.8	What are the major constraints affecting GTN interventions today and what initiatives or activities are you implementing to address them?
A.8	
Q.9	What could the project do during its last period to facilitate your continuing this work after GTN ends?
A.9	

KII Questionnaire		GOE
Q.10	WASH-Nutrition-Agriculture integration Are the same beneficiaries being reached with interventions from multiple sectors?	
A.10		
Q.11	Is there anything else you would like to tell me about your experience with GTN?	
A.11		

KII Questionnaire		Implementing
Health: Woreda Experts		
1	REGION	
2	WOREDA	
3	SECTOR	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
<i>Evaluation Questions 3, 4 and 6</i>		
Q.1	How and when did you first become aware of the GTN project ?	
A.1		
Q.2	What is your understanding of GTN project's activities in your woreda/region and the project's relevance your sector? How is it relevant ?	
A.2		
Q.3	What are the major GTN project's activities implemented in your Kebele/woreda/region? What is your institution's role or active involvement?	
A.3		
Q.4	How MVHH families approach nutrition since you started working with GTN? What changes have you seen in how families approach nutrition since you started working with GTN and?	
A.4		
Q.5	<p>How well were the interventions implemented, and to what extent were the promoted behaviors taken up by households? Do you think the WASH interventions implemented in your kebele/woreda reducing fecal-oral transmission for children?</p> <p>⊗ What capacity building has been given to you</p> <p>⊗ What SBCC material fecal/oral transmission did prepared and how you counsel the HHs</p> <p>⊗ How they integrate/harmonies their behavioral change work/demand creation with the product supply/ business people</p> <p>⊗ Are WASH interventions appropriately targeted to achieve health benefits?</p>	
A.5		
Q.6	How different sectors (Agriculture, health and WASH) are working together to strengthened efforts to increase inclusive and transparent policy-making processes at the national, regional, woreda and kebele levels in support of the National Nutrition Program and the One WASH National Program?	
A.6		
Q.7	What are the most successful experiences you have had because of GTN?	
A.7		
Q.8	What conditions will allow you to continue this work after GTN ends?	
A.8		

KII Questionnaire		Implementing
Q.9	What are the major constraints affecting GTN interventions today and what initiatives or activities are you implementing to address them?	
A.9		
Q.10	What could the project do during its last period to facilitate your continuing this work after GTN ends?	
A.10		
Q.11	WASH-Nutrition –Agriculture integration Are the same beneficiaries being reached with interventions from multiple sectors?	
A.11		
Q.12	Is there anything else you would like to tell me about your experience with GTN?	
A. 12		

KII Questionnaire		Implementing
Health: Kebele Health Extension Workers (health post)		
1	REGION	
2	WOREDA	
3	SECTOR	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
<i>Evaluation Questions 3, 4 and 6</i>		
Q.1	How and when did you first become aware of the GTN project ?	
A.1		
Q.2	What is your understanding of GTN project's activities in your woreda/region and the project's relevance your sector? How is it relevant ?	
A.2		
Q.3	What are the major GTN project's activities implemented in your Kebele/woreda/region? What is your institution's role or active involvement?	
A.3		
Q.4	How MVHH families approach nutrition since you started working with GTN? What changes have you seen in how families approach nutrition since you started working with GTN and?	
A.4		
Q.5	How well were the interventions implemented, and to what extent were the promoted behaviors taken up by households? Do you think the WASH interventions implemented in your kebele/woreda reducing fecal-oral transmission for children? ₪ What capacity building has been given to you ₪ What SBCC material fecal/oral transmission did prepared and how you counsel the HHs ₪ How they integrate/harmonies their behavioral change work/demand creation with the product supply/ business people ₪ Are WASH interventions appropriately targeted to achieve health benefits?	
A.5		
Q.6	How different sectors (Agriculture, health and WASH) are working together to strengthened efforts to increase inclusive and transparent policy-making processes at the national, regional, woreda and kebele levels in support of the National Nutrition Program and the One WASH National Program?	
A.6		
Q.7	What are the most successful experiences you have had because of GTN?	
A.7		
Q.8	What conditions will allow you to continue this work after GTN ends?	
A.8		
Q.9	What are the major constraints affecting GTN interventions today and what initiatives or activities are you implementing to address them?	
A.9		
Q.10	What could the project do during its last period to facilitate your continuing this work after GTN ends?	
A.10		

KII Questionnaire		Implementing
Q.11	WASH-Nutrition-Agriculture integration Are the same beneficiaries being reached with interventions from multiple sectors?	
A.11		
Q.12	Is there anything else you would like to tell me about your experience with GTN?	
A.12		

KII Interview Guide		QI/Model Health Center (HC)
1	REGION	
2	Woreda	
3	Kebele	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
Evaluation Questions 4, 5, 6		
Q.1	Tell me about your experience with the GTN project ☞ Probe: ○ How and when did you become involved?	
Notes		
Q.2	How has GTN influenced your work, especially in relation to nutrition services?	
Notes		
Q.3	How have these services changed since your involvement with GTN?	
Notes		
Q.4	What challenges do you have in providing these services?	
Notes		
Q.5	Regarding nutrition services, what type of quality improvement processes do you have? ☞ Probe: ○ How have these processes changed since you started working with GTN? ○ Prove the “Kaizen” and “Model for Improvement” QI approaches. ○ Ask for evidence of their implementation (data for selected nutrition services, photos of pre/post Kaizen, etc.)	
Notes		
Q.6	What does it mean to be a QI Model Health Center? ☞ Probe: ○ What is your role regarding nutrition in the health center catchment area? ○ What is your role regarding helping other health centers with nutrition services? ○ What is your relationship with health posts and health extension workers?	
Notes		
Q.7	What changes have you seen in the quality of nutrition service delivery at your facility and how families approach nutrition since you started working with GTN? ● Probe: ○ What changes have you seen in how MVHH families approach nutrition?	
Notes		
Q.9	What has your role been in working with families who have young children (0-59 months) in the area of WASH? ● Probe: ○ What has been your role working with most vulnerable households (MVHH)	
Notes		

KII Interview Guide		QI/Model Health Center (HC)
Q.11	What changes have you seen in how families have adopted the promoted WASH actions since you started working with GTN? <ul style="list-style-type: none"> Probe: try <ul style="list-style-type: none"> What changes have you seen in how families dispose of feces (adults and children) <ul style="list-style-type: none"> Any improvements? Any remaining challenges? What changes have you seen in how families are able to keep animal feces away from children? <ul style="list-style-type: none"> Any improvements? Any remaining challenges? 	
Q.12	Describe some of the most successful experiences you have had because of GTN.	
Notes		
Q.13	What conditions will allow you to continue this work after GTN ends?	
Notes		
Q.14	Describe any additional challenges that you have had since you started working with GTN.	
Notes		
Q.15	What challenges do you anticipate having after GTN ends?	
Notes		
Q.16	What could the project do during its last period to facilitate your continuing this work after GTN ends	
Notes		
Q.17	Is there anything else you would like to tell me about your experience with GTN?	
Notes		
	Thank you for your participation	

FGD Questionnaire		Project Beneficiaries
Mothers of children 0-59 months MVHH, Fathers of children 0-59 months MVHH and Model farmers		
1	REGION	
2	Woreda	
3	Kebele	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
Evaluation Questions 1, 2, 3, 4, and 5		
Q.1	What new agricultural products have been produced that have increased your access to them?	
	Added talking points or probes: <ul style="list-style-type: none"> Initiators, individual or the groups which encouraged the production of these products Are these produces available throughout the year? Is the process sustainable? 	
A.1		
Q.2	What has been your experience in consuming rich foodstuffs?	
A.2		
Q.3	In general, what support has been offered for the improvement of agricultural techniques? Is the focus group satisfied with this support?	
	Added talking points or probes: <ul style="list-style-type: none"> Training, demonstrations, visits, time spent in fields. Mention improved seed supply, production techniques and planting techniques, seedling treatment technique fertilizers and seeding methods Small Gardening Equipment, etc. Improved harvest and surplus marketing (preservation, drying, storage and marketing) Explore why expressions of satisfaction or dissatisfaction. 	
A.3		

FGD Questionnaire		Project Beneficiaries
Q.4	What has been done to increase your access to diverse and quality foods for you and your children?	
	Added talking points or probes: <ul style="list-style-type: none"> ☒ Identify new foods not consumed in the past ☒ Impact of cooking demonstrations (soy, peanuts, vegetables, green-dark leaves, etc.). sharing cooking recipes and introduction of new food products ☒ Impact on local consumption of new food products: soy, peanuts, spinach, tomatoes, lettuce, moringa, and amaranth, etc. ☒ Use of income for purchase of diverse foods (a key message in SBCC). 	
A.4		
Q.5	What are health and Nutrition advisory services you received from health extension workers ? Is the focus group satisfied with these interventions in the Behavior Change strategy?	
	Added talking points or probes: <ul style="list-style-type: none"> ☒ Forms of SBCC: community mobilization, advocacy, marketing, interpersonal communication, communication through mass-media (radio, etc.) ☒ Role of SBCC assistants ☒ Role of communities and mass-media-media (radio and TV) ☒ Experience developing communication media, their dissemination and use. use. Exploring why expressions of satisfaction or in/dissatisfaction. ☒ To what extent do the various communication activities for behavioral change (interpersonal communication, peers, change agents, etc.) contribute to the achievement of results? 	
A.5		
Q.6	What has been done to increase the participation of fathers of 0-2 years old children in improving food quality?	
	Added talking points or probes: <ul style="list-style-type: none"> ☒ Impact of fathers and grandfather's grandparents, grandmothers, mothers-in-law, or other caregivers at the household level 	
A.6		
Q.7	What could be done to better to influence the adoption of good nutrition behaviors? What have been the perceived effects of activities on nutrition?	
	Added talking points or probes: <ul style="list-style-type: none"> ☒ Nutrition support materials duplicated or produced by the GTN project ☒ Perceived effects 	
A.7		
Q.8	Overall, to what extent have there been general improvements in the nutritional status of your family and community? Is the focus group satisfied with these interventions in the sector?	
	Added talking points or probes: <ul style="list-style-type: none"> ☒ Specific improvements on the quality of food supplied at 6-23 months ☒ Overall situation in the family: Increase of different numbers of quality foods, reduction of stunting, underweight and anemia in children 0-2 years of age, reduction of underweight in women in reproductive age ☒ Explore the reasons for expressions of satisfaction/dissatisfaction. 	
A.8		
Q.9	What can be done to improve results and sustainability?	

FGD Questionnaire		Project Beneficiaries
	Added talking points or probes:	
	<ul style="list-style-type: none"> ☒ Influences of positive changes ☒ Constraints to positive changes. 	
A.9		
Q.10	How peer facilitators or HEW supports are relevant to you ? Are you satisfied with their work and that of your respective Health Center or Health Post?	
	Added talking points or probes:	
	<ul style="list-style-type: none"> ☒ Influence in the community ☒ Cooking demonstrations, community mobilization ☒ Health facilities service delivery (quality and satisfaction) ☒ Sustainability of groups(CC) ☒ Explore why expressions of satisfaction/dissatisfaction. 	
A.10		
Q.11	What was your community's experience in screening for and treating acute malnutrition? CC?	
	Added talking points or probes:	
	<ul style="list-style-type: none"> ☒ Actions taken against acute malnutrition in the community, by whom? ☒ Do you have access to essential nutrition services: Vitamin A supplementation, Iron Folic Acid for pregnant women, deworming, counseling and mentoring of HEWs/HWs on nutrition. ☒ What needs to be done to improve the management of malnutrition ☒ The impact of community-based management of severe malnutrition in your community ☒ The impact of community conversation in your community ☒ Role of health staff in managing severe malnutrition: degree of satisfaction. Why ? 	
A.11		
Q.13	Any general observation and recommendation from the group?	
	Added talking points:	
	<ul style="list-style-type: none"> • About USAID GTN project? • About Covid-19 and its impact on the rural livelihoods 	
A.13		

KII Interview Guide		Private Sector
WASH Product Suppliers (woreda level)		
1	REGION	
2	Woreda	
3	Kebele	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
Evaluation Questions 5		
Q.1	Tell me about your experience with the GTN project	
	<ul style="list-style-type: none"> ☒ Probe: <ul style="list-style-type: none"> ○ How and when did you become involved? 	
Notes		
Q.2	How has GTN influenced your work?	
Notes		
Q.3	What kind of similar work experience and skill you have before? And when do you started to avail the product, number of the members/groups	
	<ul style="list-style-type: none"> ☒ Probe: <ul style="list-style-type: none"> ○ Artesian ○ Any construction related work – mason, carpenter, bar man, etc. 	

KII Interview Guide		Private Sector
Notes		
Q.4	How do you get this specific business skill in your involvement with GTN?	
Notes		
Q.5	What are the types of product do you have, How many products sold, price of each different products and income generated, affordability	
Notes		
Q.6	What challenges do you have in providing these services? <ul style="list-style-type: none"> ☒ To increase the sell number ☒ To increase the product type and volume ☒ To improve quality and more acceptance by the community 	
Notes		
Q.7	What has your role been in working with families who have young children (0-23 months) in the area of sanitation? <ul style="list-style-type: none"> ☒ Probe: <ul style="list-style-type: none"> ○ What is your role regarding in reduction of fecal oral transition? ○ What is your relationship with health extension workers? ○ What is your relationship with retailers? 	
Notes		
Q.8	What changes have you seen in how the community regarding behaviors utilizing improved sanitation product since you started working with GTN?	
Q.9	Describe some of the most successful experiences you have had because of GTN.	
Notes		
Q.10	What conditions will allow you to continue this work after GTN ends?	
Notes		
Q.11	Describe any additional challenges that you have had since you started working with GTN.	
Notes		
Q.12	What challenges do you anticipate having after GTN ends?	
Notes		
Q.13	What could the project do during its last period to facilitate your continuing this work after GTN ends	
Notes		
Q.14	Is there anything else you would like to tell me about your experience with GTN?	
Notes		
	Thank you for your participation	

KII Questionnaire		TVET
1	REGION	
2	WOREDA	
3	SECTOR	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
Evaluation Questions 5 & 6		
Q.1	How and when did you first become aware of the GTN project?	
A.1		
Q.2	What are the major GTN project's activities working with your College? What is your institution's role or active involvement?	
A.2		
Q.3	How was WASH business training provided? What changes have you seen in WASH business skill, ability and fulfillment of materials/tools and system since you started working with the support of GTN?	
	Prob <ul style="list-style-type: none"> • What type of skill • Type of management • Financial/management 	
A.3		
Q.4	How different sectors (Agriculture, health, WASH, youth job creation office, cooperative office) are working together to strengthened efforts to increase sustainably support the process, and help the WASH business in creating market linkage and other facilities (land, office, credit, etc.)	
A.4		
Q.5	What are the most successful experiences you have had with WASH business because of GTN?	
A.5		
Q.6	What are the challenges/constraints experienced you have had while doing/provide training to WAS business on GTN Project?	
A.6		
Q.7	What are the major constraints affecting GTN interventions today and what initiatives or activities you suggest to address them? And continuing this work after GTN ends?	
A.7		
Q.8	Is there anything else you would like to tell me about your experience with GTN?	
A.8		

FGD Questionnaire		Project Beneficiaries
WASHCO		
1	REGION	
2	Woreda	
3	Kebele	
4	NO. OF PARTICIPANTS	
5	DATE OF INTERVIEW	
Evaluation Questions 5		
Q.1	Discuss about the role of the Community WASH Committee in this community? What specific activities the committee plays on WASH related activities in your kebele?	
A.1		
Q.2	Could you tell us the situation of the community in terms of access to improved water supply sources & improved sanitation facilities and hygiene practices of the community in your community? Who do you explain the barriers/challenges/problems to access to WASH related schemes/facilities in your community?	
A.2		
Q.3	What are the common problems in utilizing the existing sanitation facilities/ latrines among children, girls, male and female and disabled people in the community?	
A.3		
Q.4	What are the major supports of the G WASH project that has been provided to WASHCO's and caretaker committees?	
A.4		
Q.5	What achievements and improvement has been made as result of the support provided to WASHCO's and caretaker committees? Can you please elaborate with example?	
A.5		
	<ul style="list-style-type: none"> ☞ What are the ways through which WASH related information is shared with community members? ☞ How do you see the success of the project in improving the awareness and knowledge of the community? Do you think the approach such as Enhanced community conversation (ECC) and SBCC materials brought the intended results? ☞ Are there improvements or any changes in access and utilization of safe water and water supply sources since the project is implemented? If yes, what are they? ☞ How manage the water point and are well placed to discuss the functioning of water points, 	
Q6	Gender status of the project and women and girls participation, decision and leadership I the WASHCO	
A6	What do you know about USAID's Feed the Future/GTN WASH activities? What specific WASH results have been achieved at the community level?	
	Talking points: <ul style="list-style-type: none"> ☞ What participants have done: hand-washing, open defecation control, and water purification/treatment ☞ What participants have observed: reduction of open defecation, improved latrine construction, increase access to product options rehabilitation of water sources ☞ Identifying responsible for keeping community water sources clean at the community level ☞ Explore the reasons for expressions of satisfaction/dissatisfaction 	
Q7	What challenges encountered during the implementation of the project?	
A7		
Q8	Do you think the project results and achievements will continue at the end of this project? How? What are the challenges to sustain the result and achievements of the project?	
A8		
Q.9	What general recommendations do you have if we were to improve the water supply, sanitation and Hygiene services and practices in your community? For example with regard to	

KII Questionnaire		Adolescent Nutrition Club Facilitators
REGION		
WOREDA		
KEBELE		
NO. OF PARTICIPANTS		
DATE OF INTERVIEW		
<i>Evaluation Questions 1, 2 3, and 4</i>		
Q.1	How and when did you first become aware of the GTN project ?	
A.1		
Q.2	What has been your experience with the USAID's GTN project in your school?	
A.2		
Q.3	In terms of nutrition, what USAID GTN interventions have been most successful and why (identify and treat acute malnutrition, increase access to diverse and quality foods, introduction of weaning foods, ECC, Adolescent Nutrition)?	
A.3		
Q.4	What were the main influences for the adoption of varied and quality foods? (Agricultural extension workers, HEWs, model farmers, ECC, etc.?)	
A.4		
Q.5	What has been done to increase women of reproductive age groups (15-49 years) in nutrition issues and what has been the result, including diversified, high-quality, diversified and high-quality nutrition?	
A.5		
Q.6	What were the main influences on the adoption of positive nutritional behaviors (ECC, schoolteachers)?	
A.6		
Q.7	What could be done to better influence the adoption of good nutritional behaviors?	
A.7		
Q.8	To what degree do you have confidence that the components will continue in your community after the program ends?	
A.8		
Q.9	What could the project do during its last period to facilitate your continuing this work after GTN ends?	
A.9		
Q.10	Is there anything else you would like to tell me about your experience with GTN?	
A.10		

KII Questionnaire		ECC Facilitator/Focal persons
REGION		
WOREDA		
KEBELE		
NO. OF PARTICIPANTS		
DATE OF INTERVIEW		
<i>Evaluation Questions 1, 2 3, and 4</i>		
Q.1	How and when did you first become aware of the GTN project ?	
A.1		
Q.2	What has been your experience with the USAID's GTN project in your community?	
A.2		
Q.3	In terms of nutrition, what USAID GTN interventions have been most successful and why (identify and treat acute malnutrition, increase access to diverse and quality foods, introduction of weaning foods, ECC, Adolescent Nutrition?	
A.3		
Q.4	What were the main influences for the adoption of varied and quality foods? (Agricultural extension workers, HEWs, model farmers, DA, ECC, etc.?	
A.4		
Q.5	What has been done to increase the participation of fathers, grandparents, and mothers of children under 5 years of age in nutrition issues and what has been the result, including nutrition? diversified and quality diversified and quality children?	
A.5		
Q.6	What were the main influences on the adoption of positive nutritional behaviors (Community Change Agents, DA, HEW?	
A.6		
Q.7	What could be done to better influence the adoption of good nutritional behaviors and WASH practices?	
A.7		
Q.8	To what degree do you have confidence that the components will continue in your community after the program ends?	
A.8		
Q.9	What could the project do during its last period to facilitate your continuing this work after GTN ends?	
A.9		
Q.10	Is there anything else you would like to tell me about your experience with GTN?	
A.10		

KII Interview Guide		Implementing Partners
	LOCATION	
	PARTICIPANTS	
	DATE OF INTERVIEW	
	INTERVIEWERS	
Evaluation Questions		
	<ol style="list-style-type: none"> 1. To what extent have GTN's nutrition-sensitive agriculture interventions—crop diversification trainings, demonstration plots, and model farmer approach—sustainably increased the year-round <u>availability</u> of vegetables, fruits, and animal source foods in GTN woredas? 2. To what extent have GTN's interventions sustainably increased year-round <u>access</u> to vegetables, fruits, and animal sourced foods in GTN woredas? 3. To what extent have GTN's interventions sustainably increased year-round <u>consumption (use)</u> of vegetables, fruits, and animal sourced foods among women of reproductive age (15-49 years) and children under 2 years old in GTN woredas? 4. To what extent has GTN health sector support increased the health center and posts to sustainably provide quality nutrition services? 5. To what degree were the WASH interventions implemented by GTN targeted for reducing fecal-oral transmission for children in this context, to what extent were the interventions implemented, and to what extent were the promoted behaviors taken up by households? 6. To what extent has GTN government coordination strengthened efforts to increase inclusive and transparent policy-making processes at the national, regional and woreda levels in support of the National Nutrition Program and the OWNPN? 	
1.	How long have you been working on GTN?	
2.	Tell me about how World Vision work with this project. (I realize that World Vision works on WASH.)	
	<p>GTN works on different aspects of WASH. One area is WASH hardware. What is World Vision's role in this aspect?</p> <p>Probe:</p> <ul style="list-style-type: none"> • What has resulted from this work? • What has been most successful? • What has been most challenging? 	
3.	<ul style="list-style-type: none"> • Tell me about the extent to which these interventions have been implemented throughout the project area. (Were some sites selected for implementation and other sites not selected?) • How were decisions made about where to conduct activities? • How has World Vision been engaged at the different levels of project implementation, national, regional, zonal, woreda, kebele, household level. • How has World Vision worked with Water, Sanitation and Hygiene Committees (WASHCO)? <ul style="list-style-type: none"> ○ Tell me about these committees, what their functions are and how they work? 	
	<p>Another area is WASH behavior change. What is World Vision's role in this aspect?</p> <p>Probe:</p> <ul style="list-style-type: none"> • What behaviors was the project trying to change. • What changes have you seen at the household level? • What has been most successful? • What has been most challenging? 	
4.	<ul style="list-style-type: none"> • Tell me about the extent to which these interventions have been implemented throughout the project area. (Were some sites selected for implementation and other sites not selected?) • How were decisions made about where to conduct activities? • How has World Vision been engaged at the different levels of project implementation, national, regional, zonal, woreda, kebele, household level. 	

KII Interview Guide	Implementing Partners
5.	<p>We have been asked to look at how the project is working toward decreasing fecal-oral transmission in children. Tell me about this work.</p> <p>Probe:</p> <ul style="list-style-type: none"> • What changes have you seen at the household level? <ul style="list-style-type: none"> ○ Animal feces, chicken poop ○ Human feces • What has been most successful? • What has been most challenging? • Tell me about the extent to which these interventions have been implemented throughout the project area. (Were some sites selected for implementation and other sites not selected?) • How were decisions made about where to conduct activities? • How has World Vision been engaged at the different levels of project implementation, national, regional, zonal, woreda, kebele, household level.
6.	<p>Another area is WASH business. What is World Vision's role in this aspect?</p> <p>Probe:</p> <ul style="list-style-type: none"> • Explain to me what WASH business is about. Does it involve hardware, personal hygiene projects? • How has this affected households? • What has been most successful? • What has been most challenging? • Tell me about the extent to which these interventions have been implemented throughout the project area. • How were decisions made about where to conduct activities? • How has World Vision been engaged at the different levels of project implementation, national, regional, zonal, woreda, kebele, household level?
7.	<p>How has Word Vision worked with Ethiopia's OWNPN (One WASH National Program)?</p> <p>Probe:</p> <ul style="list-style-type: none"> • What effect has OWNPN had on WASH work under GTN? • What influence has GTN had on OWNPN? • What has been most successful? • What has been most challenging? • One of the questions that USAID has asked us to explore regarding OWNPN is the contribution of GTN toward improving inclusive and transparent policy-making processes. Do you have anything to say about this? <ul style="list-style-type: none"> ○ What has World Vision's role in this been?
8.	<p>How has World Vision collaborated and coordinated with other GTN partners regarding WASH?</p> <p>Probe:</p> <ul style="list-style-type: none"> • What has been most successful? • What has been most challenging?
9.	<p>How will this work continue after GTN ends?</p>
10.	<p>What could the project do during its last period to facilitate continuation of this work after GTN ends?</p>
11.	<p>Is there anything else you would like to tell me about your experience with GTN?</p>
12.	<p>Do you have any documents or reports that would help me better understand World Vision's work with GTN? I would like to read them.</p>
13.	<p>Do you have any questions for me?</p>

ANNEX 4: TRANSECT WALK CHECKLIST

TRANSECT WALK CHECKLIST (optional)

Fields
- observe the condition of fields/ backyard gardening
- cattle, livestock, poultry
Water and Sanitation
- observe the quality, location and number of latrines and water sources.
- Observe the condition of pit latrines
- Observe if HH or communities are using water treatment products. Shops/markets selling these products, if any
- Watch and ask people about collecting and storing drinking water

ANNEX 5: CATI SURVEY QUESTIONNAIRE

Prompt/Question	Response
Which language do you wish to proceed with?	1) Amharic 2) Oromo
<p>Hello sir/ma'am, my name is #OPERATOR#, and I am calling from GeoPoll, a survey research firm. I am conducting a survey of persons who have participated in the USAID-funded Growth through Nutrition Project, or the Project Guddina Sirna Nyaataatiin Deeggarsa Umamata Americana, being implemented by Save the Children and will ask a series of questions about your experiences with the project.</p> <p>Taking part in this survey is completely voluntary. Your answers will be confidential and cannot be traced back to you. This survey will help improve understanding of the issues affecting this community and should take 15-20 minutes to complete. There are no right or wrong answer, so just tell me what you think.</p> <p>You will receive #TOPUP# of communication credit as an incentive for your participation in the survey.</p> <p>Please note that this call may be recorded for quality purposes</p>	1) CONTINUE
<p>Are you interested in participating in this survey?</p> <p>[OPERATOR: SINGLE RESPONSE]</p>	1) Yes 2) Not now but another time in the week 3) No
<p>Please let us know why you have refused to take the survey.</p> <p>[OPERATOR: SINGLE RESPONSE]</p>	1) Not interested 2) Do not want to be recorded 3) Other [specify]
<p>When would it be a good time to call back you back?</p> <p>[OPERATOR: RECORD HH/MM/DD/MM OF CALLBACK]</p>	open ended
<p>Thank you, we will call you back at #WhenCallBack# you requested. Thank you again and have a great day!</p> <p>[OPERATOR: ENTER CALL NOTES BELOW, WHO YOU SPOKE TO AND WHAT THEY SAID]</p>	
<p>What is your name?</p> <p>[OPERATOR: RECORD THE NAME GIVEN. ENTER 88 FOR DON'T & 99 FOR REFUSED]</p>	open ended or 99
<p>How old are you?</p> <p>[OPERATOR: RECORD THE AGE IN YEARS – ROUND UP TO NEAREST WHOLE NUMBER. IF THE RESPONDENT GIVES BIRTH YEAR, REPEAT THE QUESTION. ENTER 00 for DON'T KNOW]</p>	open ended or 99

Prompt/Question	Response
<p>WHAT IS THE GENDER OF THE RESPONDENT?</p> <p>[OPERATOR: LISTEN TO THE VOICE AND CHECK THE BOX WHETHER THE RESPONDENT IS MALE OR FEMALE.]</p>	<p>1) MALE 2) FEMALE 3) DON'T KNOW</p>
<p>In which Region do you currently reside?</p> <p>[OPERATOR: DO NOT READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) ADDIS ABABA 2) AMHARA 3) SNNPR 4) TIGRAY 5) OROMIA 6) OTHER 7) DON'T KNOW 8) REFUSED</p>
<p>Since 2018, have you participated in a training of trainers session with the Growth through Nutrition Project? In other words, did you receive training from the Growth through Nutrition Project involving learning about training techniques so that you in turn could train others?</p> <p>[OPERATOR: DO NOT READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) YES 2) NO 3) DON'T KNOW 4) REFUSED</p>
<p>In which of the following areas did you participate in a training of trainers session through the Growth through Nutrition Project?</p> <p>[OPERATOR: READ RESPONSES, MULTIPLE RESPONSES]</p>	<p>1) Nutrition sensitive agriculture only 2) Nutrition sensitive agriculture plus adolescent / maternal / infant / and young child nutrition 3) Enhanced community conversations 4) Quality improvement training for health workers 5) Blended integrated nutrition learning module for health workers 6) NONE OF THE ABOVE 7) DON'T KNOW 8) REFUSED</p>
<p>Which of the following best describes the job for which you received a training of trainers session through the Growth through Nutrition Project?</p> <p>[OPERATOR: READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Health extension worker 2) Development agent 3) Community change agent 4) Nurse 5) Midwife 6) Woreda agriculture office expert 7) Woreda health expert 8) Water/sanitation/and hygiene expert 9) Water/sanitation/and hygiene hardware expert 10) Health center head 11) Nutrition expert/focus person 12) Animal production expert 13) Animal health expert 14) Crop expert 15) Horticulture expert 16) Cooperative promotion expert 17) Other 18) DON'T KNOW 19) REFUSED</p>

Prompt/Question	Response
Is/was this job a paid/salaried job or a volunteer job? [OPERATOR: SINGLE RESPONSE]	1) Paid/salaried 2) Volunteer 3) DON'T KNOW 4) REFUSED
Thinking about all the training of trainer sessions you received, did you learn about the following? [OPERATOR: READ RESPONSES, MULTIPLE RESPONSES]	1) Nutrition sensitive agriculture 2) Nutrition of women of reproductive age 3) Nutrition of young children 4) Adolescent nutrition 5) WASH Hardware 6) Improved Latrines 7) Handwashing 8) Safe drinking water 9) Separating children from animal feces 10) Family decision-making about food purchases and food consumption 11) Enhanced community conversations methodology 12) Health care quality improvement 13) DON'T KNOW 14) REFUSED
Did the training-of-trainers sessions in enhanced community conversations methodology include training on working with the following groups? [OPERATOR: READ RESPONSES, MULTIPLE RESPONSES]	1) Mothers of young children and pregnant women 2) Grandmothers 3) Fathers and fathers to be 4) Adolescents 5) NONE OF THE ABOVE 6) DON'T KNOW 7) REFUSED
After receiving the training of trainers, have you performed any trainings based on the training of trainer sessions that you received from the Growth through Nutrition Project? [OPERATOR: DO NOT READ RESPONSES. SINGLE RESPONSE]	1) YES 2) NO 3) DON'T KNOW 4) REFUSED
Which of the following methods did you use to train others? [OPERATOR: READ RESPONSES, MULTIPLE RESPONSES]	1) Trained frontline workers 2) Trained households 3) Provided formal orientation 4) Coached peers or frontline workers 5) Provided demonstrations to community members 6) Conducted household visits for technical support 7) Used the virtual facilitator 8) Played learning games 9) Other 10) DON'T KNOW 11) REFUSED
Thinking about the trainings you performed, how well did the training of trainers you received prepare you to conduct these trainings? [OPERATOR: READ RESPONSES. SINGLE RESPONSE]	1) Not at all prepared 2) A little prepared 3) Moderately prepared 4) Prepared 5) Very prepared 6) DON'T KNOW 7) REFUSED

Prompt/Question	Response
<p>Did the Growth through Nutrition Project provide you with materials/tools to use in training others? Examples include virtual facilitator, flipcharts, checklists, posters and other visual tools, educational games, and so forth.</p> <p>[OPERATOR: DO NOT READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) YES 2) NO 3) DON'T KNOW 4) REFUSED</p>
<p>To what extent did you use these materials/tools?</p> <p>[OPERATOR: READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Not at all 2) A little 3) A moderate amount 4) A good amount 5) A great amount 6) DON'T KNOW 7) REFUSED</p>
<p>How useful have these materials/tools been in helping you to train others?</p> <p>[OPERATOR: READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Not at all useful 2) A little useful 3) Moderately useful 4) Useful 5) Very useful 6) DON'T KNOW 7) REFUSED</p>
<p>After participating in the training of trainers with the Growth through Nutrition project, what level of follow-up support or training reinforcement did you receive from the project to help you train others?</p> <p>[OPERATOR: READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) No support 2) A little support 3) Moderate support 4) Good support 5) Great support 6) DON'T KNOW 7) REFUSED</p>
<p>How does the level of follow-up support or training reinforcement you received from the project compare to the level of follow-up support or training reinforcement you actually needed?</p> <p>[OPERATOR: READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Much less than needed 2) Less than needed 3) About the right amount needed 4) More than needed 5) Much more than needed 6) DON'T KNOW 7) REFUSED</p>

Prompt/Question	Response
<p>What have been the primary challenges you have faced in training others?</p> <p>[OPERATOR: DO NOT READ RESPONSES. MULTIPLE RESPONSES]</p>	<p>1) Not well prepared/training received didn't adequately prepare you</p> <p>2) Lack of time</p> <p>3) Lack of motivation</p> <p>4) Too much work/unrealistic expectations</p> <p>5) Don't believe it is making a difference/little return/lack of visible changes</p> <p>6) Family obligations/pressure or lack of family support</p> <p>7) Lack of project support/follow-up</p> <p>8) Lack of community/government support</p> <p>9) Have not enjoyed the work/had bad experiences</p> <p>10) Need [or increased] payment/per diem/too big of a financial sacrifice</p> <p>11) Lack of security/physical risk</p> <p>12) Transport traveling from site to site difficult/costly/time consuming</p> <p>13) Low pay</p> <p>14) High expenses/lack of reimbursement [for example/travel/meals/and other costs]</p> <p>15) Other engagements or commitments</p> <p>16) Other</p> <p>17) Don't know</p> <p>18) Refused</p>
<p>Are you still working to train others in the areas where you received the training of trainers from the Growth through Nutrition Project?</p> <p>[OPERATOR: DO NOT READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Yes</p> <p>2) No</p> <p>3) Don't know</p> <p>4) Refused</p>
<p>Why did you stop?</p> <p>[OPERATOR: DO NOT READ RESPONSES. MULTIPLE RESPONSES]</p>	<p>1) Not well prepared/training received didn't adequately prepare me</p> <p>2) Lack of time</p> <p>3) Lack of motivation</p> <p>4) Too much work/unrealistic expectations</p> <p>5) Don't believe it is making a difference/little return/lack of visible changes</p> <p>6) Family obligations/pressure or lack of family support</p> <p>7) Lack of project support/follow-up</p> <p>8) Lack of community/government support</p> <p>9) Moved to different area</p> <p>10) Took a new job that conflicts with this one</p> <p>11) Never intended to this over the long-term</p> <p>12) Needed a break</p> <p>13) Have not enjoyed the work/had bad experiences</p> <p>14) Low pay or financial hardship</p> <p>15) Lack of security/physical risk</p> <p>16) Transport traveling from site to site difficult/costly/time consuming</p> <p>17) All project targets are trained</p> <p>18) Other</p> <p>19) Don't know</p> <p>20) Refused</p>

Prompt/Question	Response
<p>On a scale of 1-5, with 1 being not effective and 5 being very effective, how effective do you feel those you trained have been in helping achieve the following outcomes in the communities and households where they have worked? If a particular outcome is not relevant to the training-of-trainers sessions you received, please answer "Not applicable." If the outcome is relevant to the training-of-trainers sessions you received, but you don't know or cannot guess the answer, please answer "Don't know."</p> <p>[OPERATOR: READ RESPONSES. SELECT ONE RESPONSE FOR EACH OUTCOME]</p>	<ol style="list-style-type: none"> 1) Increased adoption of nutrition sensitive agricultural practices 2) Increased adoption of post-harvest handling technologies and practices for the preparation/processing/preservation and storage of safe and nutrient dense foods 3) Increased year round availability of vegetables /fruits/and animal sourced foods [food availability refers to the supply of nutritious food that is available from home production or for purchase] 4) Increased year round access to vegetables/fruits/and animal sourced foods [food access refers to the capacity of most vulnerable households to purchase or otherwise obtain nutritious food] 5) Increased year round consumption of vegetables/fruits/and animal sourced foods 6) Increased women's participation in economic strengthening activities 7) Increased women's empowerment 8) Increased quantity of food intake by mothers 9) Increased quantity of food intake by children 10) Increased diversity of food intake by mothers 11) Increased diversity of food intake by children 12) Increased utilization of iron folic acid by pregnant women 13) Increased practice of handwashing during critical times 14) Increased utilization of latrine by family members 15) Increased demand for WASH products and services 16) Increased uptake of WASH products and services 17) Reduced fecal-oral transmission among children 18) Increased multiple/productive water use 19) Improved maternal / infant / and young child nutrition services delivery at health centers 20) Improved management of severe acute malnutrition out outpatient treatment program level 21) Improved management of severe acute malnutrition at stabilization centers 22) Improved nutrition commodities management for delivery of nutrition services 23) Improved recording and reporting of nutrition services delivery at health center level 24) Improved coverage of prioritized nutrition and health services 25) Improved quality of prioritized nutrition and health services 26) Increased healthcare client satisfaction 27) Improved healthcare working environment

Prompt/Question	Response
Referring to the outcomes in previous question, to what extent do you think they will be continued over the long-term once the Growth through Nutrition Project ends in August 2021? [OPERATOR: READ RESPONSES. SINGLE RESPONSE]	1) Will not be continued 2) Will be continued to a small extent 3) Will be continued to a moderate extent 4) Will be continued a good extent 5) Will be continued to a great extent 6) Don't know 7) Refused
What factors most threaten the continuation of these outcomes? [OPERATOR: DO NOT READ RESPONSES. MULTIPLE RESPONSES]	1) Lack of follow-up support or refresher training 2) Lack of motivation/incentive to adopt new practices or technologies 3) New practices or technologies are too difficult to adopt and/or continue 4) High turnover among health extension workers/development agents/etc. 5) Lack of motivation/incentive among health extension workers/development agents/etc. 6) Low pay or financial compensation/cost reimbursement for health extension workers/development agents/etc. 7) Other/competing priorities among health extension workers/development agents/etc. 8) Difficulty changing traditional practices/resistance to change 9) Lack of access to agricultural inputs 10) Lack of access to livestock 11) Lack of project follow-up/reinforcement 12) Lack of money 13) Perceived as too risky/risk aversion 14) Lack of familial support 15) Lack of community/government support 16) Other 17) Don't know 18) Refused
After the Growth through Nutrition Project ends in August 2021, do you feel it would be easy or difficult to continue to train others on the topics you learned about through the project? [OPERATOR: READ RESPONSES. SINGLE RESPONSE]	1) Very difficult 2) Difficult 3) Neither difficult nor easy 4) Easy 5) Very easy 6) Don't know 7) Refused

Prompt/Question	Response
<p>What are the reasons why it would be difficult to continue to provide these trainings after the Growth through Nutrition Project ends?</p> <p>[OPERATOR: DO NOT READ RESPONSES. MULTIPLE RESPONSES]</p>	<p>1) Not well prepared/training received didn't adequately prepare me</p> <p>2) Lack of time</p> <p>3) Lack of motivation</p> <p>4) Too much work/unrealistic expectations</p> <p>5) Don't believe it is making a difference/little return/lack of visible changes</p> <p>6) Family obligations/pressure or lack of family support</p> <p>7) Lack of project support/follow-up</p> <p>8) Lack of community/government support</p> <p>9) Have not enjoyed the work/had bad experiences</p> <p>10) Need [or increased] payment/per diem/too big of a financial sacrifice</p> <p>11) Lack of security/physical risk</p> <p>12) Transport traveling from site to site difficult/costly/time consuming</p> <p>13) low pay</p> <p>14) High expenses/lack of reimbursement [for example/travel/meals/and other costs]</p> <p>15) other engagements or commitments</p> <p>16) Other</p> <p>17) Don't know</p> <p>18) Refused</p>
<p>Since 2018, have you participated in a basic training session with the Growth through Nutrition Project?</p> <p>[OPERATOR: DO NOT READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Yes</p> <p>2) No</p> <p>3) Don't know</p> <p>4) Refused</p>
<p>You are ineligible for this survey. Thank you for your time and please look out for future GeoPoll surveys! For more information visit GeoPoll.com</p>	
<p>In which of the following areas did you participate in a basic training session through the Growth through Nutrition Project?</p> <p>[OPERATOR: READ RESPONSES, MULTIPLE RESPONSES]</p>	<p>1) Nutrition sensitive agriculture only</p> <p>2) Nutrition sensitive agriculture plus adolescent/maternal/infant and young child nutrition</p> <p>3) Enhanced community conversations</p> <p>4) Quality improvement training for health workers</p> <p>5) Blended integrated nutrition learning module for health workers</p> <p>6) None of the above</p> <p>7) Don't know</p> <p>8) Refused</p>
<p>You are ineligible for this survey. Thank you for your time and please look out for future GeoPoll surveys! For more information visit GeoPoll.com</p>	

Prompt/Question	Response
<p>Which of the following best describes the job for which you received basic training through the Growth through Nutrition Project?</p> <p>[OPERATOR: READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Health extension worker 2) Development agent 3) Community change agent 4) Nurse 5) Midwife 6) Woreda agriculture office expert 7) Woreda health expert 8) Water, sanitation, and hygiene expert 9) Water, sanitation, and hygiene hardware expert 10) Health center head 11) Nutrition expert/focus person 12) Animal production expert 13) Animal health expert 14) Crop expert 15) Horticulture expert 16) Cooperative promotion expert 17) Other 18) Don't know 19) Refused</p>
<p>Is/was this job a paid/salaried job or a volunteer job?</p> <p>[OPERATOR: SINGLE RESPONSE]</p>	<p>1) Paid/salaried 2) Volunteer 3) Don't know 4) Refused</p>
<p>Thinking about all the basic training sessions you received, did you learn about the following?</p> <p>[OPERATOR: READ RESPONSES, MULTIPLE RESPONSES]</p>	<p>1) Nutrition sensitive agriculture 2) Nutrition of women of reproductive age 3) Nutrition of young children 4) Adolescent nutrition 5) WASH Hardware 6) Improved Latrines 7) Handwashing 8) Safe drinking water 9) Separating children from animal feces 10) Family decision-making about food purchases and food consumption 11) Enhanced community conversations methodology 12) Health care quality improvement 13) Don't know 14) Refused</p>
<p>Did the basic training sessions in enhanced community conversations methodology include training on working with the following groups?</p> <p>[OPERATOR: READ RESPONSES, MULTIPLE RESPONSES]</p>	<p>1) Mothers of young children and pregnant women 2) Grandmothers 3) Fathers and fathers to be 4) Adolescents 5) None of the above 6) Don't know 7) Refused</p>

Prompt/Question	Response
<p>After receiving the basic training from the Growth through Nutrition Project, did you work with community members to transfer knowledge and skills that you learned? This includes all forms of knowledge and skills transfer, including formal training, mentoring, coaching, demonstrations, orientations, in-house visits, and so forth.</p> <p>[OPERATOR: DO NOT READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Yes 2) No 3) Don't know 4) Refused</p>
<p>You are ineligible for this survey. Thank you for your time and please look out for future GeoPoll surveys! For more information visit GeoPoll.com</p>	
<p>Which of the following methods did you use to transfer your knowledge and skills to others?</p> <p>[OPERATOR: READ RESPONSES, MULTIPLE RESPONSES]</p>	<p>1) Trained frontline workers 2) Trained households 3) Provided formal orientation 4) Coached peers or frontline workers 5) Provided demonstrations to community members 6) Conducted household visits for technical support 7) Used the virtual facilitator 8) Played learning games 9) Other 10) Don't know 11) Refused</p>
<p>Thinking about all the basic training sessions you received, how well did the training prepare you to transfer knowledge and skills on the relevant topics to others?</p> <p>[OPERATOR: READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Not at all prepared 2) A little prepared 3) Moderately prepared 4) Prepared 5) Very prepared 6) Don't know 7) Refused</p>
<p>Did the Growth through Nutrition Project provide you with materials/tools to share your knowledge and skills with others? Examples include virtual facilitator, flipcharts, checklists, posters and other visual tools, educational games, and so forth.</p> <p>[OPERATOR: DO NOT READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Yes 2) No 3) Don't know 4) Refused</p>
<p>To what extent did you use these materials/tools?</p> <p>[OPERATOR: READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Not at all 2) A little 3) A moderate amount 4) A good amount 5) A great amount 6) Don't know 7) Refused</p>
<p>How useful have these materials/tools been in helping you transfer important knowledge and skills to others?</p> <p>[OPERATOR: READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Not at all useful 2) A little useful 3) Moderately useful 4) Useful 5) Very useful 6) Don't know 7) Refused</p>

Prompt/Question	Response
<p>After participating in the basic training with the Growth through Nutrition Project, what level of follow-up support or training reinforcement did you receive from the project to help you share your knowledge and skills with others?</p> <p>[OPERATOR: READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) No support 2) A little support 3) Moderate support 4) Good support 5) Great support 6) Don't know 7) Refused</p>
<p>How does the level of follow-up support or training reinforcement you received from the project compare to the level of follow-up support or training reinforcement you actually needed?</p> <p>[OPERATOR: READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Much less than needed 2) Less than needed 3) About the right amount needed 4) More than needed 5) Much more than needed 6) Don't know 7) Refused</p>
<p>What have been the primary challenges you have faced in transferring your knowledge and skills to others?</p> <p>[OPERATOR: DO NOT READ RESPONSES. MULTIPLE RESPONSES]</p>	<p>1) Not well prepared/training received didn't adequately prepare you 2) Lack of time 3) Lack of motivation 4) Too much work/unrealistic expectations 5) Don't believe it is making a difference/little return/lack of visible changes 6) Family obligations/pressure or lack of family support 7) Lack of project support/follow-up 8) Lack of community/government support 9) Have not enjoyed the work/had bad experiences 10) Need [or increased] payment/per diem/too big of a financial sacrifice 11) Lack of security/physical risk 12) Transport traveling from site to site difficult/costly/time consuming 13) Low pay 14) High expenses/lack of reimbursement [for example/travel/meals/and other costs] 15) Other engagements or commitments 16) Other 17) Don't know 18) Refused</p>
<p>Are you still working to transfer your knowledge and skills in the areas where you received basic training from the Growth through Nutrition Project?</p> <p>[OPERATOR: DO NOT READ RESPONSES. SINGLE RESPONSE]</p>	<p>1) Yes 2) No 3) Don't know 4) Refused</p>

Prompt/Question	Response
<p>Why did you stop?</p> <p>[OPERATOR: DO NOT READ RESPONSES. MULTIPLE RESPONSES]</p>	<p>1) Not well prepared/training received didn't adequately prepare me</p> <p>2) Lack of time</p> <p>3) Lack of motivation</p> <p>4) Too much work/unrealistic expectations</p> <p>5) Don't believe it is making a difference/little return/lack of visible changes</p> <p>6) family obligations/pressure or lack of family support</p> <p>7) Lack of project support/follow-up</p> <p>8) Lack of community/government support</p> <p>9) Moved to different area</p> <p>10) Took a new job that conflicts with this one</p> <p>11) Never intended to do this over the long-term</p> <p>12) Needed a break</p> <p>13) Have not enjoyed the work/had bad experiences</p> <p>14) Low pay or financial hardship</p> <p>15) Lack of security/physical risk</p> <p>16) Transport traveling from site to site difficult/costly/time consuming</p> <p>17) All project targets are trained</p> <p>18) Other</p> <p>19) Don't know</p> <p>20) Refused</p>

Prompt/Question	Response
<p>On a scale of 1-5, with 1 being not effective and 5 being very effective, how effective do you feel those to whom you have transferred knowledge and skills have been in helping achieve the following outcomes in the communities and households where you have worked? If a particular outcome is not relevant to the basic training sessions you received, please answer "Not applicable." If the outcome is relevant to the basic training sessions you received, but you don't know or cannot guess the answer, please answer "Don't know."</p> <p>[OPERATOR: READ RESPONSES. SELECT ONE RESPONSE FOR EACH OUTCOME]</p>	<ol style="list-style-type: none"> 1) Increased adoption of nutrition sensitive agricultural practices 2) Increased adoption of post-harvest handling technologies and practices for the preparation/processing/preservation and storage of safe and nutrient dense foods 3) Increased year round availability of vegetables/fruits/and animal sourced foods [food availability refers to the supply of nutritious food that is available from home production or for purchase] 4) Increased year round access to vegetables/fruits/and animal sourced foods [food access refers to the capacity of most vulnerable households to purchase or otherwise obtain nutritious food] 5) Increased year round consumption of vegetables/fruits/and animal sourced foods 6) Increased women's participation in economic strengthening activities 7) Increased women's empowerment 8) Increased quantity of food intake by mothers 9) Increased quantity of food intake by children 10) Increased diversity of food intake by mothers 11) Increased diversity of food intake by children 12) Increased utilization of iron folic acid by pregnant women 13) Increased practice of handwashing during critical times 14) Increased utilization of latrine by family members 15) Increased demand for WASH products and services 16) Increased uptake of WASH products and services 17) Reduced fecal-oral transmission among children 18) Increased multiple/productive water use 19) Improved maternal/infant/and young child nutrition services delivery at health centers 20) Improved management of severe acute malnutrition out outpatient treatment program level 21) Improved management of severe acute malnutrition at stabilization centers 22) Improved nutrition commodities management for delivery of nutrition services 23)Improved recording and reporting of nutrition services delivery at health center level 24) Improved coverage of prioritized nutrition and health services 25) Improved quality of prioritized nutrition and health services 26) Increased healthcare client satisfaction 27) Improved healthcare working environment

Prompt/Question	Response
Referring to the outcomes in previous question, to what extent do you think they will be continued over the long-term once the Growth through Nutrition Project ends in August 2021? [OPERATOR: READ RESPONSES. SINGLE RESPONSE]	<ul style="list-style-type: none"> 1) Will not be continued 2) Will be continued to a small extent 3) Will be continued to a moderate extent 4) Will be continued to a good extent 5) Will be continued to a great extent 6) Don't know 7) Refused
What factors most threaten the continuation of these outcomes? [OPERATOR: DO NOT READ RESPONSES. MULTIPLE RESPONSES]	<ul style="list-style-type: none"> 1) Lack of follow-up support or refresher training 2) Lack of motivation/incentive to adopt new practices or technologies 3) New practices or technologies are too difficult to adopt and/or continue 4) High turnover among health extension workers/development agents/etc. 5) Lack of motivation/incentive among health extension workers/development agents/etc. 6) Low pay or financial compensation/cost reimbursement for health extension workers/development agents/etc. 7) Other/competing priorities among health extension workers/development agents/etc. 8) Difficulty changing traditional practices/resistance to change 9) Lack of access to agricultural inputs 10) Lack of access to livestock 11) Lack of project follow-up/reinforcement 12) Lack of money 13) Perceived as too risky/risk aversion 14) Lack of familial support 15) Lack of community/government support 16) Other 17) Don't know 18) Refused
After the Growth through Nutrition Project ends in August 2021, do you feel it would be easy or difficult to continue to transfer your knowledge and skills to others on the topics you learned about through the project? [OPERATOR: READ RESPONSES. SINGLE RESPONSE]	<ul style="list-style-type: none"> 1) Very difficult 2) Difficult 3) Neither difficult nor easy 4) Easy 5) Very easy 6) Don't know 7) Refused

Prompt/Question	Response
<p>What are the reasons why it would be difficult to continue to continue to transfer your knowledge and skills to others after the Growth through Nutrition Project ends?</p> <p>[OPERATOR: DO NOT READ RESPONSES. MULTIPLE RESPONSES]</p>	<p>1) Not well prepared / training received didn't adequately prepare me</p> <p>2) Lack of time</p> <p>3) Lack of motivation</p> <p>4) Too much work/unrealistic expectations</p> <p>5) Don't believe it is making a difference/little return/lack of visible changes</p> <p>6) Family obligations/pressure or lack of family support</p> <p>7) Lack of project support/follow up</p> <p>8) Lack of community/government support</p> <p>9) Have not enjoyed the work/had bad experiences</p> <p>10) Need [or increased] payment/per diem/too big of a financial sacrifice</p> <p>11) Lack of security/physical risk</p> <p>12) Transport traveling from site to site difficult/costly/time consuming</p> <p>13) Low pay</p> <p>14) High expenses/lack of reimbursement [for example/travel/meals/and other costs]</p> <p>15) Other engagements or commitments</p> <p>16) Other</p> <p>17) Don't know</p> <p>18) Refused</p>

ANNEX 6: ONLINE SURVEY QUESTIONNAIRE

Prompt/Question	Response
Which of the following best describes your organization?	USAID GTN international implementing partner (i.e., Save the Children, Jhpiego, Land O'Lakes, PSI, World Vision, The Manoff Group) GTN local implementing partner (i.e., local non-governmental organization) Other non-governmental or civil society organization National government Zonal or woreda government Kebele government Educational institution Research institution Donor or development organization USAID GTN international implementing partner (i.e., Save the Children, Jhpiego, Land O'Lakes, PSI, World Vision, The Manoff Group) GTN local implementing partner (i.e., local non-governmental organization) Other non-governmental or civil society organization National government Zonal or woreda government Kebele government Educational institution Research institution Donor or development organization Consulting firm Other Don't Know
Other - Which of the following best describes your organization?	
Which of the following best describes the sector in which your organization works or specializes?	Agriculture Nutrition Water, sanitation, and hygiene Healthcare Higher education Secondary or primary education Technical or vocational education Gender equity/women's empowerment Don't know Other
Other - Which of the following best describes the sector in which your organization works or specializes?	
What is your sex?	Female Male Prefer not to say

Prompt/Question	Response
<p>The questions in this survey module ask about your experiences with and perceptions of GTN's activities promoting the increased access to diverse, safe, and nutritious foods among most vulnerable households. Examples include:</p> <ul style="list-style-type: none"> ⌘ Conduct trainings on package of nutrition sensitive agriculture for agriculture extension workers, development agents, model farmers, and most vulnerable households ⌘ Provide technical support through coaching and mentoring for model farmer training centers, schools, model farmers, most vulnerable households, and village saving and credit groups ⌘ Promote nutrition sensitive agriculture at model farmer training centers and schools ⌘ Organize field day/fair to demonstrate the performance of agro-ecology based nutrition sensitive agriculture interventions packages implemented by farmer training centers, model farmers, and most vulnerable households to share experiences to the wider community ⌘ Demonstrate and promote innovative post-harvest technologies adopted for preparation, processing, preservation and storage of safe and nutrient dense foods ⌘ Provide agro-ecology specific resource packages, including vegetable seeds, fruit seedlings, poultry and small ruminants (sheep or goat) to most vulnerable households ⌘ Organize and support most vulnerable households into village saving and credit groups ⌘ Strengthen government sector and private sector linkages 	
Are you familiar with the Growth through Nutrition Project's activities promoting the access to diverse, safe, and nutritious foods?	Yes No Don't know
To what extent do you agree with the following statements about the Growth through Nutrition's activities promoting the access to diverse, safe, and nutritious foods?	
They address identified and important challenges to increasing the availability, access, and utilization of nutritious foods among most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They are well-designed and use appropriate approaches to address identified and important challenges to increasing access to diverse, safe, and nutritious foods among most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know

Prompt/Question	Response
They are well-targeted to most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They successfully reach most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They have been well-implemented by those responsible for implementing them	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They have been effective in addressing identified and important challenges for increasing access to diverse, safe, and nutritious foods among most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
What have been the major challenges the project has encountered in trying to increase most vulnerable households' access to diverse, safe, and nutritious foods? Please list up to 5 challenges.	
What impact do you think the Growth through Nutrition Project's activities promoting increased access to diverse, safe, and nutritious foods have had on each of the following outcomes among most vulnerable households?	
Increased adoption of nutrition sensitive agricultural practices	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased adoption of post-harvest handling technologies and practices for the preparation, processing, preservation, and storage of safe, nutrient dense foods	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased year-round availability of vegetables, fruits, and animal sourced foods	No impact A little impact Moderate impact Good impact Great impact Don't know

Prompt/Question	Response
Increased year-round access to vegetables, fruits, and animal sourced foods	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased year-round consumption of vegetables, fruits, and animal sourced foods	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased women's participation in economic strengthening activities	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased women's empowerment	No impact A little impact Moderate impact Good impact Great impact Don't know
Strengthened government extension system and private sector linkages	No impact A little impact Moderate impact Good impact Great impact Don't know
Referring to the above impacts, to what extent do you think they will be continued over the long-term after the Growth through Nutrition Project ends in August 2021?	Will not be continued Will be continued to a small extent Will be continued to a moderate extent Will be continued to a good extent Will be continued to a great extent Don't know
Which factors most threaten the continuation of these impacts over the long-term? Please list up to 5 factors.	

Prompt/Question	Response
<p>IR2: Optimal Nutrition, WASH, and Agricultural Behaviors Adopted. The questions in this survey module ask about your experiences with and perceptions of GTN's activities promoting the increased adoption of optimal nutrition, WASH, and agricultural practices among most vulnerable households. Examples include:</p> <ul style="list-style-type: none"> ⌘ Conduct training of trainers and cascade training to government experts, local NGO partners, frontline workers, teachers and students ⌘ Conduct enhanced community conversations and household counseling at community level through existing government structures and local NGO partners to improve maternal and child feeding practices and hygiene and sanitation behaviors ⌘ Air adolescent nutrition radio spots for schools ⌘ Produce and distribute nutrition/water, sanitation, and hygiene (WASH) social behavioral change communication (SBCC) materials, including COVID-19 related nutrition sensitive SBCC materials during the pandemic ⌘ Disseminate m-Nutrition text and interactive voice response (IVR) messages to frontline workers and model farmers ⌘ Provide technical support to the national and regional level SBCC task forces ⌘ Mobilize religious leaders to address fasting and nutrition issues to improve adolescent, maternal, infant, and young child nutrition practices ⌘ Promote adolescent nutrition at school and out-of-school platforms to improve adolescent girl nutrition ⌘ Promote WASH products at enhanced community conversation sessions ⌘ Conduct regional and woreda level project review meetings and joint supportive supervision to ensure quality and sustainability of SBCC interventions 	
Are you familiar with the Growth through Nutrition Project's activities promoting the adoption of optimal nutrition, WASH, and agricultural behaviors	Yes No Don't know
They address identified and important challenges to adopting optimal nutrition, WASH, and agricultural practices among most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They are well-designed and use appropriate approaches to address identified and important challenges to adopting optimal nutrition, WASH, and agricultural behaviors among most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know

Prompt/Question	Response
They are well-targeted to most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They successfully reach most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They have been well-implemented by those responsible for implementing them	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They have been effective in addressing identified and important challenges for increasing access to adopting optimal nutrition, WASH, and agricultural behaviors among most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
What have been the major challenges the project has encountered in trying to increase the adoption of optimal nutrition, WASH, and agricultural behaviors among most vulnerable households? Please list up to 5 challenges.	
What impact do you think the Growth through Nutrition Project's activities promoting the adoption of optimal nutrition, WASH, and agricultural behaviors have had on each of the following outcomes among most vulnerable households?	
Increased quantity of food intake by mothers	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased quantity of food intake by children	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased diversity of food intake by mothers	No impact A little impact Moderate impact Good impact Great impact Don't know

Prompt/Question	Response
Increased diversity of food intake by children	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased utilization of folic iron acid by pregnant women	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased practice of handwashing during critical times	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased utilization of latrine by family members	No impact A little impact Moderate impact Good impact Great impact Don't know
Reduced fecal-oral transmission among children	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased demand for WASH products and services	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased uptake of WASH products and services	No impact A little impact Moderate impact Good impact Great impact Don't know
Referring to the above impacts, to what extent do you think they will be continued over the long-term after the Growth through Nutrition Project ends in August 2021?	Will not be continued Will be continued to a small extent Will be continued to a moderate extent Will be continued to a good extent Will be continued to a great extent Don't know
Which factors most threaten the continuation of these impacts over the long-term? Please list up to 5 factors.	

Prompt/Question	Response
<p>IR3: Increased Utilization of Quality Nutrition Services. The questions in this survey module ask about your experiences with and perceptions of GTN's activities promoting the increased utilization of quality nutrition services by most vulnerable households. Examples include:</p> <ul style="list-style-type: none"> ⌘ Provide support to Ministry of Health and regions on quality Improvement ⌘ Strengthen quality improvement model implementation at selected primary health care units ⌘ Facilitate exchange visits to replicate quality improvement learnings at the woreda level ⌘ Build capacity of health workers through trainings and coaching ⌘ Support woreda and zonal health bureaus with nutrition supply management ⌘ Provide technical support to health facility staff on use of nutrition data for decision making 	
Are you familiar with the Growth through Nutrition Project's activities promoting the increased utilization of quality nutrition services by most vulnerable households?	Yes No Don't know
They address identified and important challenges to increasing the utilization of quality nutrition services by most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They are well-designed and use appropriate approaches to address identified and important challenges to increasing the utilization of quality nutrition services by most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They are well-targeted to the appropriate target population	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They successfully reach the target population	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know

Prompt/Question	Response
They have been well-implemented by those responsible for implementing them	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They have been effective in addressing identified and important challenges to increase the utilization of quality nutrition services by most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
What have been the major challenges the project has encountered in trying to increase the utilization of quality nutrition services by most vulnerable households? Please list up to 5 challenges.	
What impact do you think the Growth through Nutrition Project's activities promoting the adoption of optimal nutrition, WASH, and agricultural behaviors have had on each of the following outcomes?	
Improved maternal, infant, and young child nutrition services delivery at health centers	No impact A little impact Moderate impact Good impact Great impact Don't know
Improved management of severe acute malnutrition at stabilization centers	No impact A little impact Moderate impact Good impact Great impact Don't know
Improved nutrition commodities management for delivery of nutrition services	No impact A little impact Moderate impact Good impact Great impact Don't know
Improved recording and reporting of nutrition services delivery at the health center level	No impact A little impact Moderate impact Good impact Great impact Don't know
Improved coverage of prioritized nutrition and health services	No impact A little impact Moderate impact Good impact Great impact Don't know

Prompt/Question	Response
Improved quality of prioritized nutrition and health services	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased healthcare client satisfaction	No impact A little impact Moderate impact Good impact Great impact Don't know
Improved healthcare working environment	No impact A little impact Moderate impact Good impact Great impact Don't know
Referring to the above impacts, to what extent do you think they will be continued over the long-term after the Growth through Nutrition Project ends in August 2021?	Will not be continued Will be continued to a small extent Will be continued to a moderate extent Will be continued to a good extent Will be continued to a great extent Don't know
Which factors most threaten the continuation of these impacts over the long-term? Please list up to 5 factors.	
<p>IR4: Improved Access to Water, Sanitation, and Hygiene Products and Services. The questions in this survey module ask about your experiences with and perceptions of GTN's activities promoting the increased access to WASH products and services. Examples include:</p> <ul style="list-style-type: none"> ☒ Construction/rehabilitation of water schemes by the project ☒ Establish/reactivate and capacitate WASH committees ☒ Conduct joint project supervision with government water office ☒ Training of households on multiple/productive use of water ☒ Establishing WASH business service centers ☒ Identify new WASH products & services for marketing ☒ Marketing and sales of improved WASH products and services ☒ Provide capacity building training on technical skills, sales skill and/or business management skill training for partners 	
Are you familiar with the Growth through Nutrition Project's activities promoting improved access to WASH products and services by most vulnerable households?	Yes No Don't know

Prompt/Question	Response
To what extent do you agree with the following statements about the Growth through Nutrition's activities promoting the improved access to WASH products and services by most vulnerable households?	
They address identified and important challenges to improving access to WASH products and services by most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They are well-designed and use appropriate approaches to improve access to WASH products and services by most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They are well-targeted to the appropriate target population	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They successfully reach the target population	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They have been well-implemented by those responsible for implementing them	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They have been effective in addressing identified and important challenges to improved access to WASH products and services by most vulnerable households	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
What have been the major challenges the project has encountered in trying to improve access to WASH products and services by most vulnerable households? Please list up to 5 challenges.	
What impact do you think the Growth through Nutrition Project's activities promoting improved access to WASH products and services by most vulnerable households have had on each of the following outcomes?	

Prompt/Question	Response
Increased access to a sustainable drinking water supply	No impact A little impact Moderate impact Good impact Great impact Don't know
Improved capacity and functioning of WASH committees	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased demand for WASH products and services	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased uptake of WASH products and services	No impact A little impact Moderate impact Good impact Great impact Don't know
Referring to the above impacts, to what extent do you think they will be continued over the long-term after the Growth through Nutrition Project ends in August 2021?	Will not be continued Will be continued to a small extent Will be continued to a moderate extent Will be continued to a good extent Will be continued to a great extent Don't know
Which factors most threaten the continuation of these impacts over the long-term? Please list up to 5 factors.	

Prompt/Question	Response
<p>IR5: Strengthened Multi-Sector Coordination and Capacity to Implement Effective Nutrition and WASH Products. The questions in this survey module ask about your experiences with and perceptions of GTN's activities to strengthen multi-sector coordination and capacity to implement effective nutrition and WASH products. Examples include:</p> <ul style="list-style-type: none"> ☒ Capacity building support to Ministry of Health and Ministry of Agriculture ☒ Support the development of national policies, strategies and guidelines related to nutrition ☒ Build capacity of multi-sectoral coordination body and technical committee members through trainings/orientation and coaching ☒ Support multi-sectoral coordination at all levels, particularly at the woreda level ☒ Support higher education institutions (HEIs) to strengthen nutrition expertise across sectors, including ☒ Food and Nutritional Sciences curricula revision and harmonization ☒ Effective teaching of Nutrition, Health, Agriculture and Water Technology programs using the revised curricula for Nutrition, nutrition sensitive agriculture, and WASH courses respectively ☒ Conducting internal quality audit using nationally rolled out Quality Assurance and Improvement Standards to prepare respective quality enhancement plan ☒ Use of national quality improvement standards for water, agriculture and health programs as quality and performance monitoring tool for government agencies ☒ Training of relevant HEI staff on pedagogic and focused nutrition and WASH technical areas ☒ *Facilitate content integration of Higher Diploma Program (HDP) and Effective Teaching Skills (ETS) Trainings ☒ Need-based equipment related support to HEIs for effective nutrition education ☒ Active engagement of government counterparts (HERQA, Federal TVET, FMOA and EWTI) on joint supportive supervision 	
Are you familiar with the Growth through Nutrition Project's activities to strengthen multi-sectoral coordination and capacity to implement effective nutrition and WASH products?	<p>Yes</p> <p>No</p> <p>Don't know</p>

Prompt/Question	Response
To what extent do you agree with the following statements about the Growth through Nutrition Project's activities to strengthen multisectoral coordination and capacity to implement effective nutrition and WASH products?	
They address identified and important challenges to strengthening multi-sectoral coordination and capacity to implement effective nutrition and WASH products	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They are well-designed and use appropriate approaches to strengthen multi-sectoral capacity to implement effective nutrition and WASH products	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They are well-targeted to the appropriate target population	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They successfully reach the target population	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They have been well-implemented by those responsible for implementing them	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
They have been effective in addressing identified and important challenges to strengthening multi-sectoral coordination and capacity to implement effective nutrition and WASH products	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
What have been the major challenges the project has encountered in trying to strengthen multi-sectoral coordination and capacity to implement effective nutrition and WASH products? Please list up to 5 challenges.	
What impact do you think the Growth through Nutrition Project's activities to strengthen multi-sectoral coordination and capacity to implement effective nutrition and WASH products have had on each of the following outcomes?	

Prompt/Question	Response
Strengthened multi-sectoral coordination among government and other institutional nutrition actors at the federal, regional, and woreda/local levels	No impact A little impact Moderate impact Good impact Great impact Don't know
Increased capacity of government and other and other institutional nutrition actors to implement the National Nutrition Plan and One WASH National Program	No impact A little impact Moderate impact Good impact Great impact Don't know
Improved nutritional policies and strategies at the federal, regional, and local levels	No impact A little impact Moderate impact Good impact Great impact Don't know
Improved pre-service education and cross-sectoral capacity to implement nutrition and WASH projects	No impact A little impact Moderate impact Good impact Great impact Don't know
Which factors most threaten the continuation of these impacts over the long-term? Please list up to 5 factors.	
Cascade Training Approach. The questions in this survey module asks about your experiences with and perceptions of the cascade training, or training of trainers, approach used by the Growth through Nutrition Project. The cascade training or training-of-trainers approach seeks to build the capacity of trainees on a given subject and to enable them to provide similar training to peers or front line workers. Growth through Nutrition uses this approach to create a pool of “Master trainers” who provide basic trainings on the same subject matter in areas such as nutrition sensitive agriculture; adolescent, maternal, infant, and young child nutrition; water sanitation, and hygiene; healthcare; gender equity; and so forth. Subject matter experts trained at regional/zonal levels are familiarized or refreshed on basic concepts, specific implementation approaches, and on how to train others at lower levels of an implementing structure, for example at the woreda, kebele, community, or household levels. The project applies this approach to train subject matter experts at regional/zonal/woreda levels and build a pool of trainers so that they can own the capacity building efforts and continue to train others in the relevant thematic areas even in the absence of the project.	

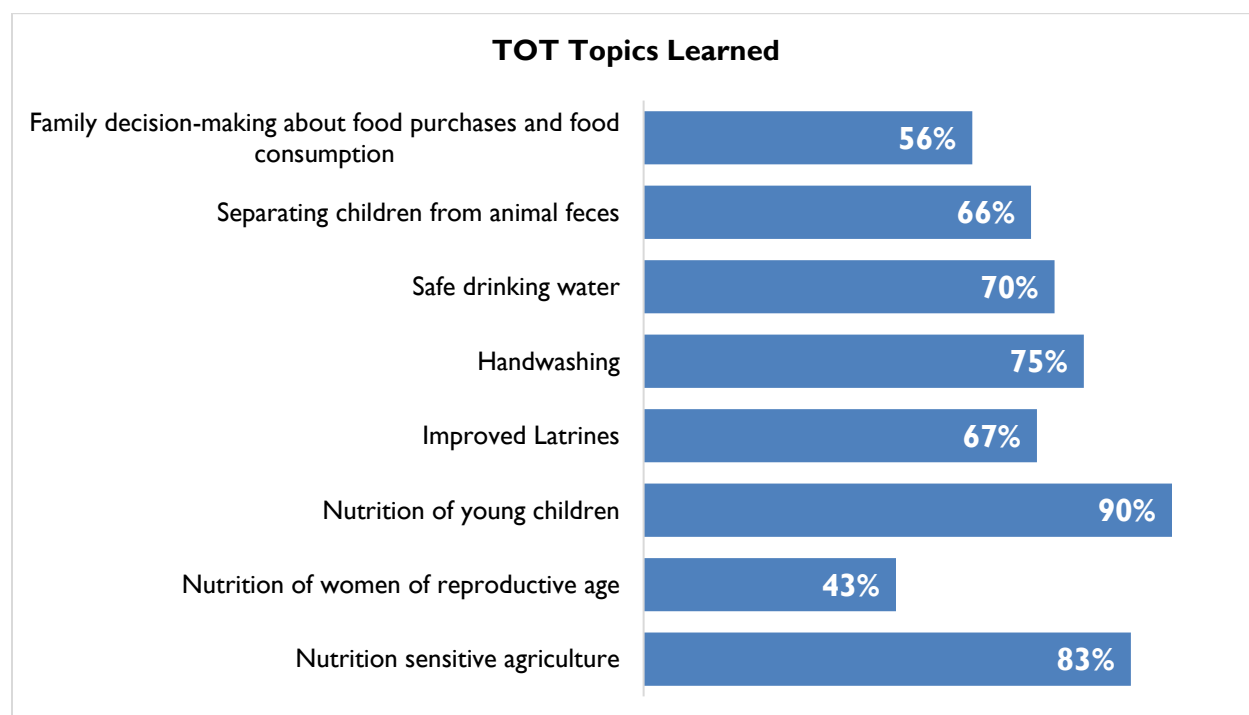
Prompt/Question	Response
Are you familiar with the Growth through Nutrition Project's cascade training approach?	Yes No Don't know
Agree or disagree: The cascade training approach is an effective method for transferring knowledge and skills to target audiences	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't know
Which of the following best reflects your belief about the effectiveness of the cascade training approach?	Training is much more effective at higher cascade levels (e.g., zonal/woreda) Training is more effective at higher cascade levels Training is equally effective at all cascade levels Training is more effective at lower cascade levels (e.g., community/household) Training is much more effective at lower cascade levels Don't know
In general, to what extent do you think that the knowledge and skills transferred through the cascade training approach will be continued over the long-term once the Growth through Nutrition Project ends in August 2021?	Will not be continued Will be continued to a small extent Will be continued to a moderate extent Will be continued to a good extent Will be continued to a great extent Don't know
Which factors most threaten their continuation over the long-term? List up to 5.	
What would you recommend to improve the Growth through Nutrition Project? Recommendations may address any aspect of the project, such as its design, management, activities, implementation, effectiveness, impact, sustainability, and so forth. Please provide up to 5 recommendations.	

ANNEX 7: SELECTED RESULTS OF THE CATI SURVEY WITH RECIPIENTS OF CAPACITY BUILDING

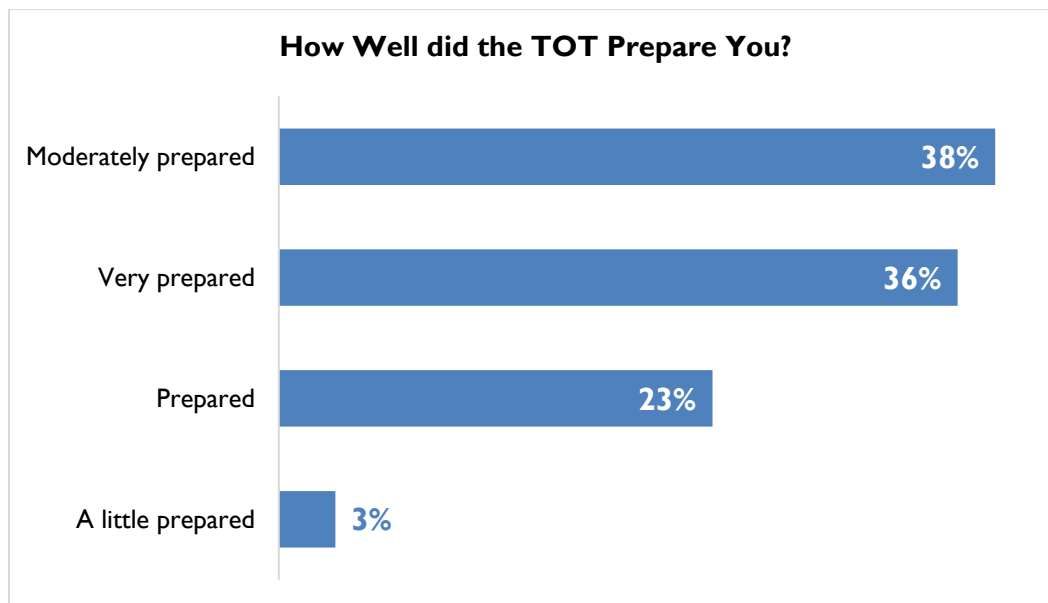
Information from the CATI survey complemented findings from the qualitative interviews. This survey asked separate questions about ToT and basic training. We asked respondents about what they had learned through all the trainings they had received over the life of the project. We did not ask about specific training events. The aim was to see how well their capacity had been built taking into consideration all the training they had received from GTN.

TOT

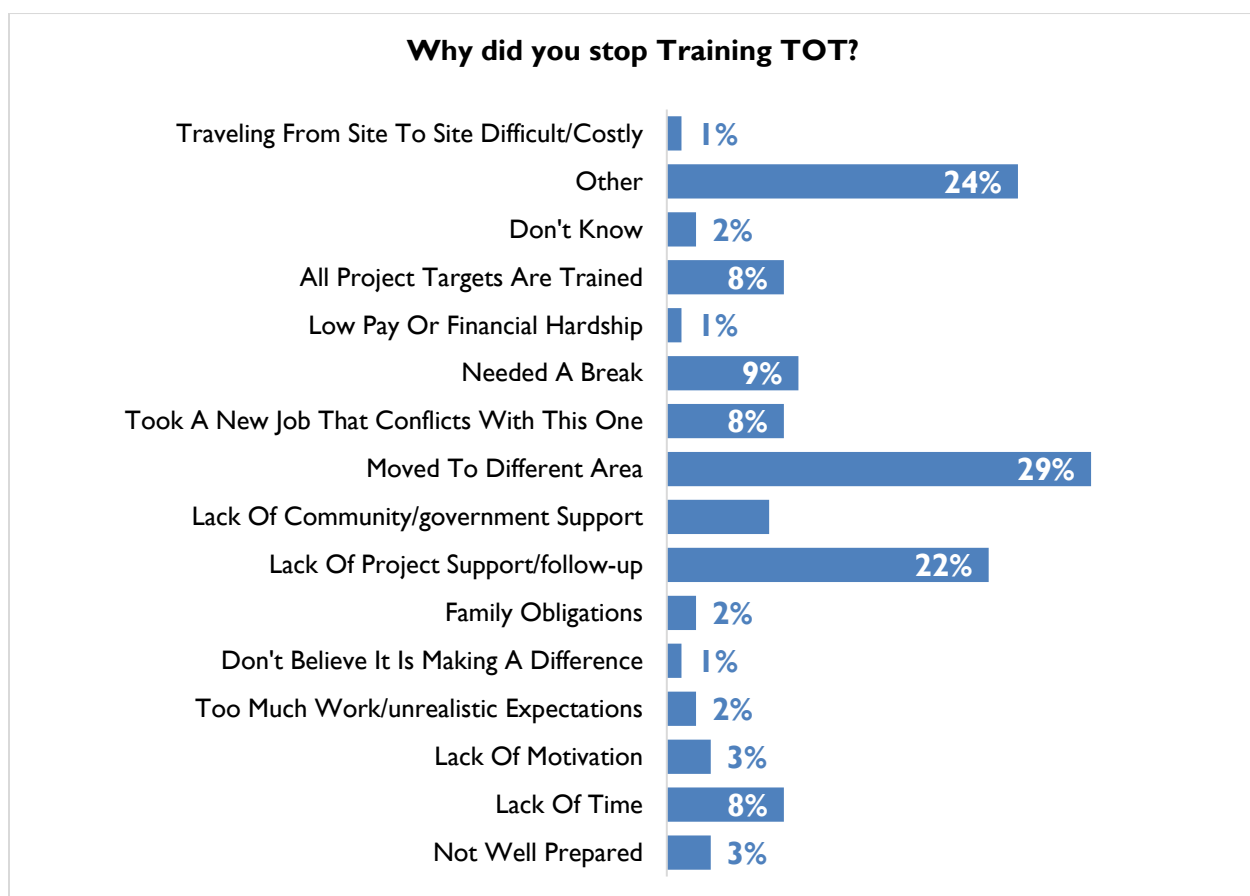
A total of 535 respondents received ToT; 64 percent of these were paid (mostly by the government) and 36 percent were volunteers. All learned a variety of topics that were critical for GTN. The topics most reported to have been learned were nutrition of young children (90 percent) and NSA (83 percent). The lowest was nutrition of reproductive age women (43 percent).



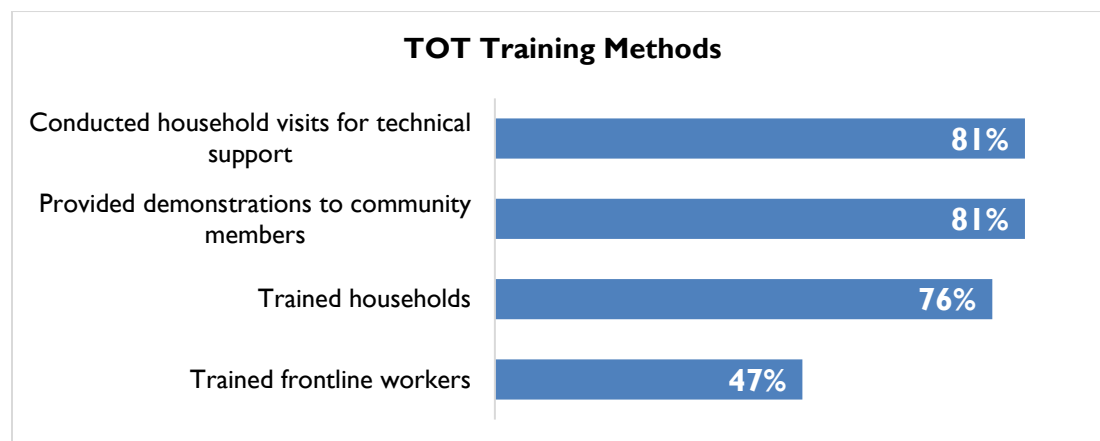
Overall, respondents reported that they were relatively well prepared to train others. A total of 59 percent felt that they were prepared, including those that felt very well prepared. A total of 38 percent stated that they were moderately prepared. Only 3 percent said they were only a little prepared. At the time of the survey 83 percent were still training others; 17 percent were not.



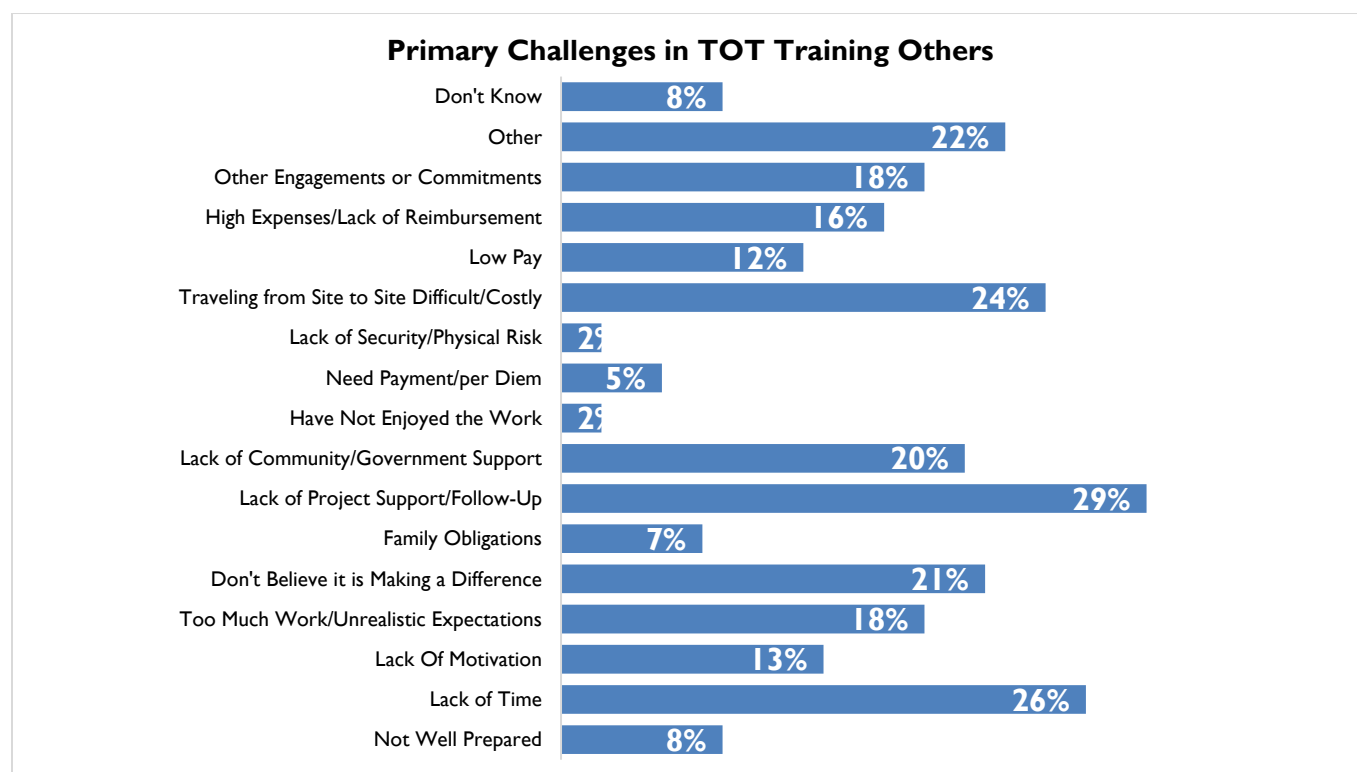
Of the respondents who said they were not using their skills, we asked about the reasons. The most prominent response was that they moved away (29 percent), followed by lack of project support (22 percent). Only 1 percent said they stopped working because they felt it was not making a difference.



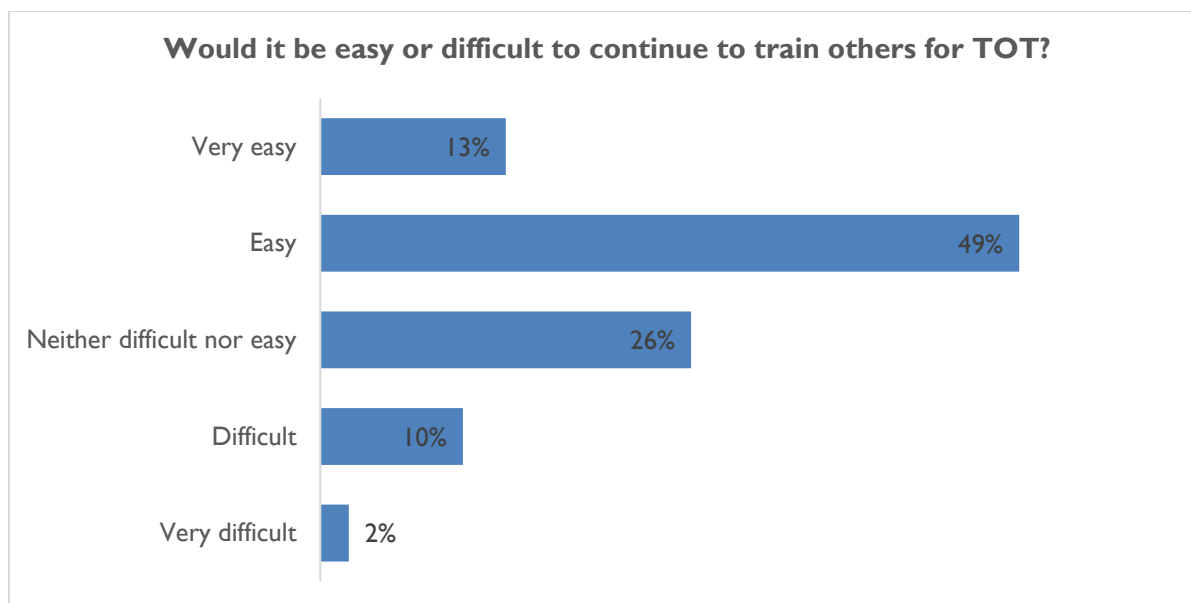
Respondents used their ToT skills mainly for working directly with communities and for training frontline workers. Eighty-one percent stated that they conducted household visits for technical support and 81 percent provided demonstrations to community members.



Respondents reported that they faced a variety of difficulties in performing the training. The most prominent were lack of project support (29 percent), lack of time (26 percent), lack of transportation (24 percent), and feeling that the training does not make a difference (21 percent). At the time of the survey, 83 percent of respondents stated that they are continuing to train others. This last point of feeling that the training does not make a difference should be further explored. Only 2 percent said that they had not enjoyed the work.



Of the respondents, 62 percent stated that it would be very easy or easy to continue this activity after GTN ends. This is a tribute to the high quality of GTN capacity building. Only 12 percent reported that it would be difficult or very difficult to continue.

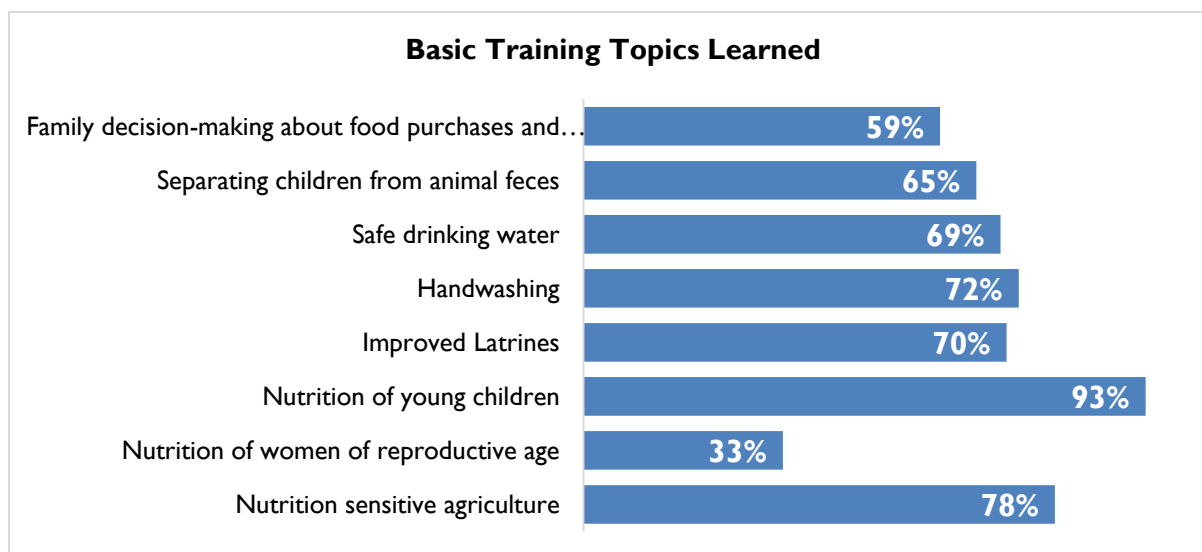


Of the respondents who said it would be difficult or very difficult to continue, the prominent difficulty mentioned was lack of project support (47 percent).

Basic Training

A total of 463 of the respondents had received basic training; 47 percent of these were paid and 50 percent were volunteers. The percentage of volunteers in this group is higher than for ToT. As was the case for those who received ToT, they stated that they learned a variety of topics that were critical for GTN.

The topics most reported to have been learned were nutrition of young children (93 percent) and NSA (78 percent). The lowest was nutrition of reproductive age women, which was 33 percent. This is also similar to those who received ToT. Keep in mind that some respondents received both types of training.



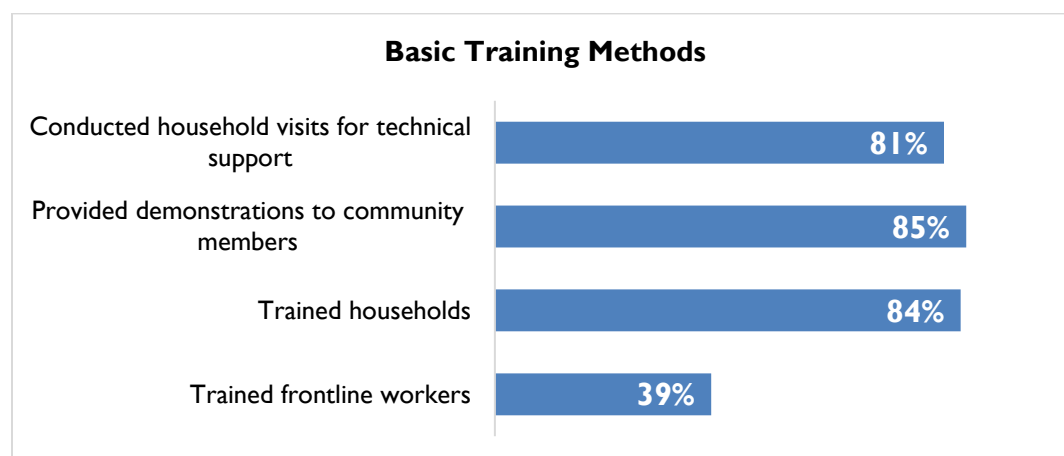
Overall, respondents reported that they were relatively well prepared to train others. A total of 68 percent felt that they were prepared, including those that felt very well prepared. A total of 28 percent stated that they were moderately prepared. Only 4 percent said they were only a little prepared. At the

time of the survey, 89 percent stated that they were using their training. Only 11 percent said that they were not.

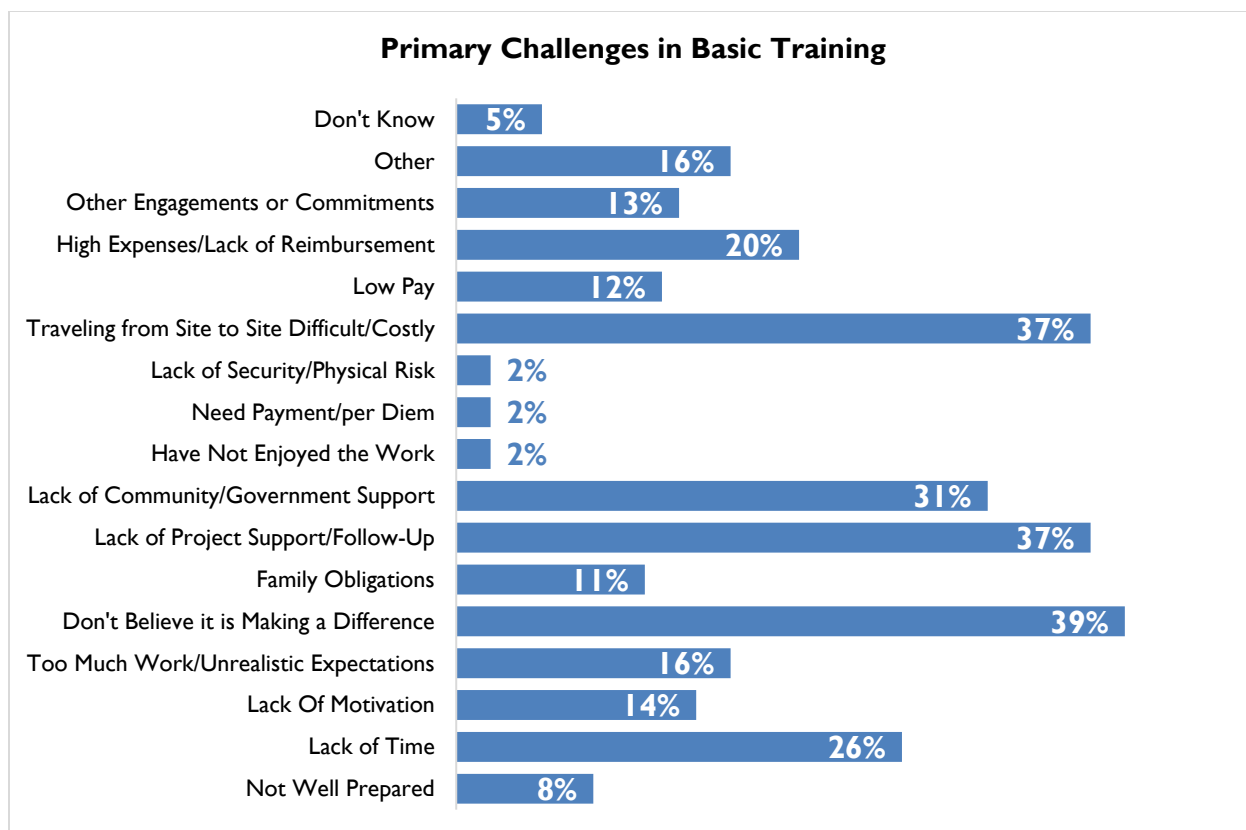
Of the respondents who said they were not using their skills, we asked about the reasons. The most prominent response was that they moved away (47 percent), followed by 16 percent who said they needed a break. Only 10 percent mentioned lack of project support, which is much lower than for those that received ToT. Only 2 percent said they stopped working because they felt it was not making a difference.



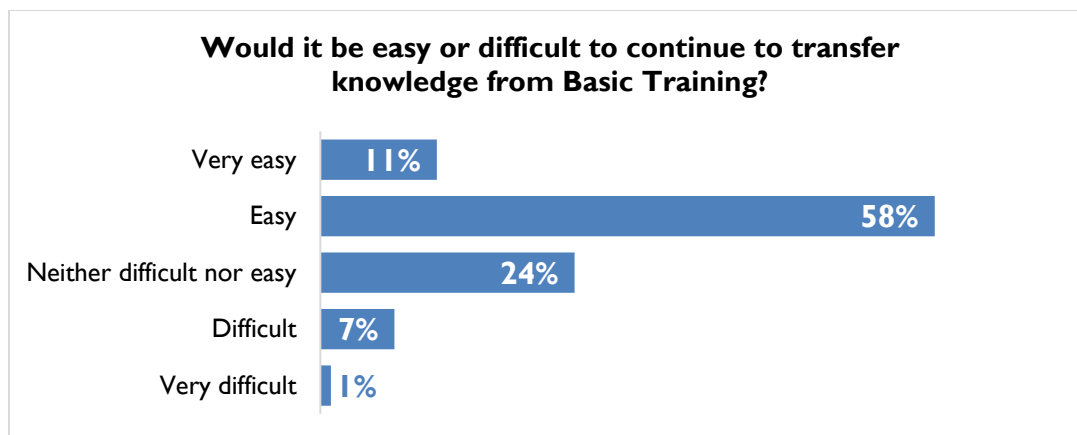
Respondents used their skills mainly for working directly with communities. Eighty-one (81) percent stated that they conducted household visits for technical support and 85 percent provided demonstrations to community members.



Respondents reported that they faced a variety of difficulties in performing the training. The most prominent were feeling that the training does not make a difference (39 percent), lack of project support (37 percent), lack of transportation (37 percent), lack of community and government support (31 percent), and lack of time (26 percent). All these issues should be further explored to find solutions.



Of the respondents, 69 percent stated that it would be very easy or easy to continue this activity after GTN ends. This is a tribute to the high quality of GTN capacity building. Only 8 percent reported that it would be difficult or very difficult to continue.



Of the respondents who said it would be difficult or very difficult to continue, the prominent difficulty mentioned was lack of project support (42 percent). This was followed by lack of transportation (25 percent).

Conclusion

These results point to important findings. Overall, respondents felt that they were prepared to use their skills and that it would be relatively easy to continue. However, some challenges mentioned should be further discussed to see whether solutions can be found. Most prominent of these issues are feeling that

it is not making a difference, lack of government or community support, and lack of transportation. Lack of project support is also prominently mentioned, but the project will not continue forever.

ANNEX 8: CASE STUDY

W/o Lubaba lives in Lemlem village in Adazer Abetcho. She has three children, and her youngest daughter is 18 months old. Jemila, the health extension worker (HEW), met this mother and daughter while she was conducting house-to-house screening. She found out that the child suffered from severe acute malnutrition. But she had no plumpy nut or basic drugs at her health post, so she referred the mother to Adazer Health Center Model QI. The health center provided her daughter with some plumpy nut and basic drugs and she was discharged immediately with no follow-ups.

Jemila met the mother and the child at their house again after 15 days, but the child wasn't responding very well. So Jemila decided to refer both the mother and the child once again to this health center. The health center admitted her but realized that the child was rapidly deteriorating and therefore decided to refer the mother with the child to Warabe Referral Hospital. As the mother is poor with no income, the health center staff raised and contributed some cash to cover her transport and hospital bills. She was admitted at the hospital and was given plumpy nut and some medication.

Three days prior to the arrival of the evaluation team, Jemila visited this mother and saw that the child was responding and eating quite a good amount of the plumpy nut compared with her initial visit. Then the evaluation team met the mother at the FGD session and confirmed her poor nutritional status on December 15.



A severe acute malnutrition child, confirmed by MUAC measurement at Adazer Abechcho Health Post

The above case study proves the weak link between the QI model health center (nutrition agenda championing) and the health post under its catchment, where the expected nutrition-related service

delivery was not at the highest. Both the health center and the health post lacked serious resources—from identifying indicators of malnutrition (anthropometric kits) to managing severe acute malnutrition in children (routine drugs and plumpy nut). Nevertheless, the QI concept has the potential to revamp and accelerate both quality and coverage of other essential primary care health services, including nutrition for the target population.

ANNEX 9: TEAM RÉSUMÉS

Name: Efreem Tesfaye

Position: Agribusiness Specialist

Key Qualifications

Mr. Tesfaye has been working in the agriculture sector for the past 10 years with emphasis in the areas of agribusiness, value chains, and program management. His agribusiness work has specialized around financial access, capacity and market needs, and enabling environments to support agri-linkages and develop financial and business services for agribusiness. He has worked and aided in Private, Public, International and Non-governmental organizations while primarily being based in Addis Ababa. He also has a history of working on USAID and Bill and Melinda Gates Foundation Funded projects. His work experience demonstrates strong technical skill, meticulous attention to detail, and the ability to work with a diverse and high-profile clientele. He is a strong asset in both collaborative and independent work environments, meeting demanding priorities with composure, focus, and patience. Other areas of specialty include Business Development, Renewable Energy, Agriculture and Agribusiness, Green Economy, and Sustainable Development Facilitation and Training.

Mr. Tesfaye holds an MBA from the International Leadership Institute and a bachelor's degree in business management from Jimma University. He speaks Amharic, English, and Oromiffa proficiently.

Education

MBA, International Leadership Institute, 2021

MSC, Project Planning and Management, Debremarkos University, 2020

B.A., Business Management, Jimma University, 2008

Diploma, History, Jimma Teachers Collage, 2002

Selected Professional Experience

Program Consultant, Agriculture/Agri-food chains, Agribusiness, Mastercard Foundation, Addis Ababa, 2019–Present. Provide expertise to identify constraints that prevent agricultural systems from functioning effectively at the country level, including, those that prevent youth from developing skills relevant for work in the sector; agribusinesses from accessing the finance; capacity and markets needed to grow; the development and design of programs in the agricultural sector and incorporating the agricultural sector's needs into country strategies. Strengthen agri-food systems, support linkages to agro-industrial parks, and increase access to finance and business development services for agribusinesses. Build portfolios which will result in a modernized and commercialized sector that attracts youth, especially women, to prosper as entrepreneurs and employees. Support the development of an enabling environment, strengthen agri-food systems, support linkages to agro-industrial parks, develop alternative financial products and business development services for agribusinesses, focus on gaps in the value-chains such as inputs and distribution channels, and close information gap. Lead and monitor subcontractors/grantees for timely delivery, implements, monitors, and evaluates intervention, analyzes data reported, provides feedback on program performance, and develop strategies for program improvements to ensure alignment with Young African Works strategies. Advise Country Director on technical approach of the agriculture and agribusiness program portfolios. Lead and provide expertise to identify constraints that prevent agricultural systems from functioning effectively at the country level. This work includes identifying constraints that prevent young people from developing skills relevant for work in the sector and that prevent agribusinesses from accessing the finance, capacity and markets needed to grow; the development and design of programs in the agricultural sector and incorporating the agricultural sector's needs into country strategies. Coordinate data gathering and monitoring systems ensuring that rigorous quality standards are maintained. Contribute towards the development of a wide variety of food systems, agriculture, and livelihoods-oriented projects, plans and processes, ensuring alignment with wider program policies and guidance. Responsible for developing strategies for Agricultural portfolio by strengthen agri-food systems, supports linkages to agro-industrial parks, and increases access to finance

and business development services for Agribusinesses. Lead project design, proposal development and cocreation in the corresponding programming areas, gap-filling and taking on growth responsibilities. Provide agricultural sector expertise to support country program and Foundation country teams in the design and management of agricultural and agri-finance programs to scale country-level inclusive education, financial and labor systems in Africa. Support country program in the development or implementation of new programs, including cocreation of programs and due diligence of potential partners and projects. Manage agriculture programs, distilling learnings for Foundation staff and country teams. Includes oversight of day-to-day activities of programs or processes, conducting field visits, and reviewing project budgets. Lead and Develop relationships and coordinate with all partners who are relevant to our work. Partners could include Mastercard Foundation Country and regional heads at social enterprises, partners, and officials in government ministries

Country Value Chain Advisor, Sustainable Use of Rehabilitated land for Economic Development (SURED) Program, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Addis Ababa, 2018–2019. Responsible for coordinating the design, implementation, and monitoring of Value chain development activities across six regions: SNNPR, Oromia, Tigray, Amhara, Gambella & Benishangul Gumuz. Led project development and strategic support in a wide variety of areas, including value chain development and upgrading strategies, improving access to agricultural inputs, agricultural extension, marketing, and peri-urban garden plot development. Oversaw the efforts of agricultural programs in the six regions, particularly focusing on value chain upgrading. Facilitated market driven linkages between agribusiness producers, wholesalers, processors, and markets within Ethiopia. Established Value Chain Platforms to promote the development of specific subsectors and create linkages between the stakeholders involved in the value chains. Provided overall support for market and agribusiness development to the program. Produced relevant business and linkages through cooperation with business associations and businesses throughout the VC. Developed relationships with relevant federal, regional and local government officers, chambers of commerce and businesses, trade and professional associations and other stakeholders. Facilitated the development and implementation of public-private partnerships in support and linking farmers to potential private sector actors and Agribusiness. Collaborated with the private sector to understand and overcome systemic constraints to growth. Facilitated private/public dialogues, and other instruments that lead to a positive development within the VC. Facilitated the development and implementation of public-private partnerships in support and links farmers to potential private sector actors. Interfaced and collaborated with the project's targeted value chain stakeholders, including Government of Ethiopia officials to advance program objectives and activities. Facilitated and supported the provision of trainings for smallholder farmers and relevant VC actors on subjects such as management, marketing, new production technologies, reducing environmental footprints, etc. Introduced and applied methodologies for baselines and selection of relevant inclusive and climate smart VC for small holder farmer systems, incl. cooperatives in project and partner systems. Developed, introduced, and monitored performance of inclusive VC and relevant perspectives (e.g., youth employment, gender aspects, climate smart designs, maintenance of rehabilitated lands) for commercialization of small-scale farming systems like Value Links in project and partner systems. Identified employment opportunities and ensure maximum employment for utilization of rehabilitated lands & organized assessment, targeted baselines of emerging and existing VC in relevant project areas. Carried out research and analyzed technical, social, economic, environmental, institutional, and technology related information, data, and statistics and/or related policy issues to support the implementation of the programs. Consulted the program team management about issues arising from financial and programmatic project reviews and followed up with appropriate recommendations and action points. Coordinated with project team members working in FBS, extension, and rehabilitation to develop application and support for business models. Defined capacity development needs of partners in VC development and similar training models.

Value Chain Development Manager, AgriExim Dubai, Addis Ababa, 2017–2018. Provided frequent monitoring and supportive supervision visits to implementing regions/zones/woredas and staff; and evaluated program delivery by the outreach Officers and made improvements to systems and processes. Assisted the Market Specialist in identifying market as well as business knowledge gaps in farmer organizations and small and medium enterprise. Coached and gave on-the-job support to FOs and SMEs to build their capacity around commercialization, negotiation and contracting, business plan and marketing, good governance, warehouse management, and financial management. Advised on market-oriented production of soybean including postharvest management. Facilitated relationships between market system actors and key player. Facilitated market linkage between FOs/SMEs and off-takers such as food processing industries. Supported FOs and SMEs in understanding contracts, negotiation, aggregation and marketing. Strengthened win-win business relationship among soybean value chain actors and service provider. Facilitated linkages with financial institutions. Conducted value-chain analysis and market assessment and coordinated the marketing and value chain study in all operational areas for all product chains. Coordinated strategic agricultural production and agribusiness marketing across the value chain through agribusiness market identification, value chain analysis and entry strategies, export promotion and market development. Led the data collection on production, area, number of farmers at regional, zonal and woreda levels and contributed to revision and updating of data to ensure information is accurate. Conducted field research on the establishment of an enabling environment for Agri-entrepreneurs and MSEs, Seed Enterprises in the supply of Agri-inputs and processing equipment through the Agri-input value chain and direct seed marketing approach. Expanded and introduced methods for commercialization of small-scale farming systems using the value chain approach. Coordinated and led the development of value-chain development plan and strategy for AgriExim Dubai Ethiopian operation. Facilitated, found, negotiated, managed, and nurtured partnerships with smallholder farmers, input suppliers, and larger non-profits and businesses and government offices. Kept up to date on socio-economic and political changes and commence timely strategic review of the intervention strategy ensuring continued relevance of the project. Provided technical support to program partners on enterprise development across the VC including business development, processing and value addition, storage, market development and access to financial services for smallholder farmers to improve their livelihoods.

Freelance Consultant, Various Organizations, Addis Ababa, 2015–2017. Led and coordinated different studies and field research on Crop Value Chains, Capacity building Training, Renewable Energy, Climate Smart Agriculture, Business Development and Sustainable Development for national and global organizations. 1) Conducted study on Value Chain development under sustainable land Management program in Ethiopia; contracted by LTS International Limited and Norwegian Agency for Development Cooperation – Norad. Reviewed background information available from the SLMP partner organization, AGP, PSNP, the Norwegian Embassy in Addis Ababa and other relevant institutions. Met with stakeholders and relevant institutions in Ethiopia. Conducted fieldwork for 25 days in Addis Ababa and the selected case study areas representing the interest of SLMP stakeholders, interact with the key interest groups, private sector and support institutions. Decided which value chain(s) to consider for upgrading, identify geographic scope and budget. Collected data that are relevant for value chain upgrading at watershed-cluster level. Conducted/collected feasibility studies on opportunities for local processing opportunities. Engaged partners in value chain development. 2) Conducted Analysis of the Mango value chain from Homosha-Asosa to Addis Ababa with World Vision Ethiopia. Analyzed the market for mangoes in Ethiopia, and in particular the market linkages in the supply of mangoes from the Asossa region into local, regional, and national markets. Clarified the constraints and opportunities for value chain actors by analyzing the business relationships and roles in the mango value chain. Worked with local stakeholders and players to identify establish a list of potential initiatives that can help

facilitate an increase in the competitiveness of poor farmers and other participants within the mango value chain. Interviewed with key informants throughout the value chain was the primary method for gathering information – overall 54 key informants were interviewed, mainly one on one, but some in groups of two

or three. Eight focus groups were also undertaken with mango farmers, four with males only, and four with females only. Reviewed available secondary data and reports (undertaken before and after the in-country work) Stakeholder Workshop with about 45 stakeholders to agree constraints, opportunities, and prioritization of potential initiative. Surveyed 480 households in the region for the baseline study.

Senior Technical Expert, Agricultural Transformation Agency (ATA), USAID and Bill and Melinda Gates Foundation, Addis Ababa, 2012–2015. Led ATA value chains program, in the conception, design, and launch and support the implementation of a value chain analysis designed to measurably improve the operational performance of Cooperative/farmers organizations in promoting Agricultural development in Ethiopia. Provided technical support to program partners on enterprise development and private sector engagement across the program including business development, processing and value addition, storage, market development and access to financial services for smallholder farmers. Facilitated development of shared and sustainable public private partnership and ensure full integration and effective engagement of smallholder farmers in different value chain systems. Supported and facilitated improved access to input credit for smallholder farmers by making inputs available to farmers from cooperatives using a voucher system. Provided and support the provision of business development services, technical assistance or other capacity building support processors and agribusiness companies. Designed and operationalize a barely contract farming scheme for Diageo and Heineken breweries and facilitates the linkage with smallholder farmers. Provided access to improved inputs, credit, new technologies (mechanization) and practices (including climate-smart) farmer households. Designed and supported access to sufficient and reliable storage capacity and capabilities to

smallholder farmers in target grain-producing areas (maize, wheat) through the construction of modern warehouses and mobile storage units at Primary Cooperatives and Union sites. Facilitated the construction and quality inspection of storage facilities in 2 Unions and 10 Primary Cooperatives with total storage capacity of 10,000 metric tons and handover to long-term owners. Led and enhanced the engagement with stakeholders and helped develop a detailed and updated analysis of the value chains from production to markets and identify market opportunities and linkages in the domestic and international markets. Provided daily support and guidance to project cycle management, proposal development and program strategy and coaching program team. Participated in relevant policy meetings and events of interest to ATA target groups which involved government, donors, and civil society, including NGOs, to develop an enable environment for sustainable and smallholder farmers development. Assisted establishment of linkages between private sector companies and farmers organizations that strengthen the selected agricultural value chains. Responsible for capacity development activities including designing appropriate trainings and training materials (in agribusiness, enterprise development, business management, processing and value addition) for farmers organizations to carryout market studies, business planning, value addition, storage, market development and marketing for their enterprise. Enhanced the relationships and collaborations with in-country counterparts through the identification of synergies and proposing coordinated strategies with multilateral/bilateral donors and civil-society organizations involved in agricultural development and rural poverty reduction.

Project Officer, Mercy Corps, Revitalizing Agricultural/Pastoral Incomes and New Markets-USAID Funded Program, East Hararge and Somali Region, 2011–2012. Provided technical expertise to Mercy Corps Ethiopia with responsibilities including businesses' capacity assessment and research; capacity building support to program targeted agribusinesses including technical advices, mentorship, and coaching; and facilitating linkages to supporting services for improved coverage and outreach. Promoted market-based business models, local economic development and economic integration and trade particularly private input suppliers, Agribusiness, traders, wholesalers. Programmed planning and strategic document preparation for the Sector. Played a great facilitation role for engaging Micro and Small Enterprises in input supply business to address critical input constraints of poor household. Ensured the participation and engagement of key stakeholders, including business service providers and TVET organization. Facilitated business coaching for private sector actors in the selected

value chain, Cooperatives and Union in the project area. Supported and oversaw the development of a comprehensive market analysis, using an M4P approach. Played a facilitation role in linking wholesalers, retailers, producer's groups, and Agribusiness to optimize profit along the chain. Involved to improve the business enabling environment worked in collaboration with different peer

organizations, government stakeholders, agricultural research and TVETs. Monitored project progress and reported and documented changing in program implementation. Identified area of collaboration, co-operation, support and information-sharing with other Mercy Corps programs, Government and other institutions to maximize impact of the overall country program.

Languages

Amharic (native), English (proficient), Oromiffa (proficient)

References

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Esayas Mulatu, ILRI - + 251924 22 04 45 - Email: morka.esayas@gmail.com

Name: Tadele Gayso Ergetw

Position: M&E Specialist

Key Qualifications

Dr. Tadele Ergetw is a socio-economist and measurement and evaluation specialist with over 18 years of experience in results based monitoring and evaluation design, program evaluation, and development interventions within the public sector. He has extensive experience in program evaluation, developing performance monitoring frameworks, and using qualitative and quantitative methods throughout data collection. Dr. Ergetw has worked throughout Africa, with a specific focus on regions within Ethiopia and with agencies such as Chemonics/USAID, the Swedish International Development Cooperation Agency (SIDA), and Praxis International Business. His areas of expertise include agriculture and M&E, often providing trainings to data collectors and M&E staff with Implementing partners.

Dr. Ergetw holds a doctorate in Sociology from Atlantic International University and a master's in business administration in Project Management from Earnest Hill University. He speaks English, Amharic, Afan Oromo, Halaba, and Geez.

Education

PhD., Sociology, Atlantic International University, Hawaii, USA, 2016

MBA., Project Management, Earnest Hill University, California, USA, 2019

MA., Measurements and Evaluation, Addis Ababa University, Addis Ababa, Ethiopia, 2015

MA., Sociology, Indra Gandhi National Open University, New Delhi, India, 2010

BA., Economics, Addis Ababa University, Addis Ababa, Ethiopia, 2008

Selected Professional Experience

Director, Monitoring, Evaluation, Research and Learning, Digital Green, Ethiopia, South Sudan, Kenya, Jan. 2016–Mar. 2020. Served as a member of the senior leadership group to work with global MLE working groups that define five-year global strategy and organization-wide M&E system applicable for both Asia and Africa programs. Dr. Ergetw developed organizational learning agendas, key performance indicators, data source and appropriate tools and methods for data collection. He led and managed the monitoring, evaluation, research and learning framework within the Digital Green program in Ethiopia and monitored program activities to ensure quality data collection and facilitated the use of data for program management and evidence-based decisions. He provided management oversight to International research firms like International Food Policy Research Institute (IFPRI) to ensure quality research outputs. Throughout his work, he coordinated with and supported research partners in conducting feasibility studies and impact assessments and delivered high quality analysis and reports based on secondary and primary data.

Senior Technical Advisor, Monitor, Evaluation, and Learning, Ethiopian Agricultural Transformation Agency (ATA)/BMGF and World Bank Finance Program, Addis Ababa, Ethiopia, Feb. 2014–Dec. 2015. Played a lead role in enhancing the monitoring and evaluation of on-going activities and contributed to the sector wide M&E framework. Managed agricultural projects across the sector as well as prepared annual plans and regular reporting. Led Agricultural sector indicator definition and revision, database mapping and data collection, analysis and reporting based on these indicators. Derived broad reform of the agricultural sector reporting framework including report design, quality, format, and supporting systems. Provided expert input to establish a sector-wide web-based data collection and M&E platform, including planning, design, testing and rollout. Actively contributed as a member of national planning committee working in the second phase of GTP (GTPII) of the agricultural sector and advised the planning team of ministry of livestock and fishery (MoLF) to develop growth and transformation plan.

Lead Consultant, Evaluations, Praxis International Business PLC/Wassie Management Consultancy, Addis Ababa, Ethiopia, May 2013–Aug. 2015. Led a five-person evaluation team in

developing technical proposals in response for bids. Designed methodology and gathered data instruments for organizational capacity assessment. Provided training for data collector on proper utilization of data quality assurance, and coordinated the entire process of data management, analysis of both qualitative and quantitative data. Compiled assessment finding report, developed income generating activity (IGA) management handbook, and trained community based organizations leaders and NGO's staff.

Manager, Monitor, Evaluation, and Learning, Opportunity for Change Training Center (JeCCDO)/Comic Relief, Cord Aid, Swedish International Development Cooperation Agency (SIDA), Addis Ababa, Ethiopia, Feb. 2012–Jan. 2014. Developed robust result-based monitoring and evaluation system which includes theory of change, M&E guideline, M&E tools, M&E plan, documentation handbook, review and reflection guideline. Adapted applicable indicators and measurements to be used in reviewing and evaluating program interventions for quality and impact. Ensured the monitoring, evaluation and learning functions are integrated into the organizational and programmatic framework in providing continuous support on M&E, documentation, reporting, and benchmarking of integrated urban slum upgrading program. Periodically monitored the program activities and regularly produced M&E reports and ensured that reliable information is included in the program M&E system. Produced and documented success stories and good practice reports and ensured effective communication and relationships with partners and donors at high level of quality to meet organizational goals and objectives. Conducted training on result-based monitoring and evaluation for staff and other implementing partners.

Senior Officer, Monitoring and Evaluation, FARMAfrica/ECHO, Cordaid, Bandaid, Vitol Finance Humanitarian Intervention, Addis Ababa, Ethiopia, Feb. 2011–Dec. 2011. Coordinated the development of a strengthened performance monitoring system based on a comprehensive revision of TOC, key performance indicators and data collection and analysis tools and process. Perused a fully participatory process involving key stakeholders. Took initiatives including mapping of all activity sites using GIS monitoring system and documenting CMDRR approaches and methodologies, good practices, lessons learned, and case studies. Monitored and ensured that the project implemented according to FARM Africa strategies and project proposal/agreement.

Project Management, GZDA, Irish Aid, Southern Nations, Nationalities, and People's Region (SNNP), Ethiopia, Nov. 2009–Jan. 2011. Coordinated planning, implementation support, monitoring and evaluation of gender, reproductive health and environment mainstreamed HIV/AIDS prevention and impact mitigation project. Facilitated and provided training on gender, club leadership, and entrepreneurship for school and out school youth. Produced proposals and concept note on HIV/AIDS prevention and reproductive health related projects. Managed and supervised technical & administrative aspect of the project and also the work of sub office coordinators. Led baseline and midterm evaluation of the project

Community Development Officer, Children Fund, Southern Nations, Nationalities, and People's Region (SNNP), Ethiopia, Mar. 2008–Oct. 2009. Supported baseline and outcome evaluation study of intervention sites which includes survey design, qualitative and quantitative data collection instrument customization, data collection and write up. Participated on strategic planning process, managed integrated child and family development interventions which include project proposals and annual plan (activities and financial). Conducted regular monitoring and evaluation of integrated child and family development project with thematic focus of health, education, agriculture and micro enterprise development. Supervised and managed educational and psychosocial program for orphans and vulnerable children.

Project Manager, Chemonics International, MLVP, USAID, Feb. 2006–Aug. 2007. Designed and coordinated the implementation of an M&E system covering M&E plan, tools and data collection protocols. Led strategic operational and quarterly planning and review processes. Managed and supervised the administrative and financial aspects of the project, coordinated baseline study and terminal evaluation

of the project and also training of community development facilitators, project beneficiaries and other government and NGO partners.

Agronomist, Crop Protection, Ethiopian Seed Enterprise, Addis Ababa, Ethiopia, Feb. 2004–Jan. 2006. Planned and implemented seed crop protection techniques on field and store. Calibrated mechanized and manual pesticides, herbicides, and fungicides application devices. Controlled weed, diseases, and pests on field and warehouse. Produced reports on monthly, quarterly and annual bases.

Extension Agronomist, Agriculture and Rural Development Office, Woreda, Ethiopia, Nov. 2002–Jan. 2004. Planned and implemented improved crop production techniques; Managed and supervised the work of development agents; Developed and implemented training manual on production of cereal, vegetables, and fruits; and coordinated the overall implantation of Agronomic activities in the Woreda.

Languages

English (proficient), Amharic (proficient), Afan Oromo (proficient), Halaba (proficient), Geez (proficient)

Name: Asmelash Rezene

Position: Nutrition Expert

Key Qualifications

Mr. Asmelash Rezene is a Public Health Nutritionist with 15+ years of professional experience in Nutrition treatment, multi sectorial, nutrition sensitive programming, WASH, and nutrition assessments. He has worked with a number of agencies, including USAID, UNICEF Nigeria, Plan International, UN FAO Somalia/Kenya, Relief International, International Medical Corps (IMC), Mercy Corps, World Bank, UNDP, the African Development Bank and more. In his work, Mr. Rezene has managed country nutrition and health portfolios, led nutrition teams in monitoring assessments, designed and implemented response plans, and developed tools for data collection. His extensive experience in nutrition, agriculture, and food security are evident through his roles managing teams, collecting, and analyzing quantitative and qualitative data, and using research methods to analyze objectives.

He is proficient with various statistical packages such as SPSS, STATA, ProPAN, Power Bi, Cspiro, Nvivo, Epi Info (versions 6 & 7), CAPI, KOBO toolbox, and ODK and is well versed in various methodologies including Standardized Monitoring and Assessment of Relief and Transition (SMART) and DHS, MICS, LQA, and KAP surveys. Mr. Rezene speaks English, Amharic, Somali, and Swahili.

Education

M.S., Food, Society, & International Food Governance, University of Catalonia, Barcelona, Spain, 2019

Certificate, Management of Health Emergencies in Large Populations, Bloomberg School of Public Health, Johns Hopkins University, USA, 2018

B.Sc., Agriculture (Animal Sciences), University of Alemaya, Ethiopia, 2002

Professional Experience

National Health and Nutrition Survey Coordinator, Saving One Million Lives Project, UNICEF Nigeria/Federal Ministry of Health (FMOH)/World Bank (WB), Nigeria, Jan. 2020–Present. Provide primary technical guidance and advice to NBS in conducting a nationwide Nutrition and Health Survey. Support data analysis and report writing process using STATA and SPSS.

SDGAIA Researcher, Sustainable Development Goals Africa Initiative Assessors (SDGAIA), Ethiopia, Mar. 2019–Present. Promote the independent and integral assessment of African SDGs indicators. Develop a sustainability certification process aimed at the public sector. Forge strategic alliances and strategic partnerships. Promote and advocate for the development of capacity of African professionals and institutions to pursue excellence and engage as leaders and active change agents in their communities, countries, and global arena. Communicate strategically with African and global leaders with targeted outreach to civil society, policymakers, and professionals.

Deputy Country Representative for Ethiopia, Africa Project Outreach for East and West Africa/Pipeline, Joy of the Heart Foundation, Ethiopia, Aug. 2018–Present. Ensured all legal documents of the company were properly filed and documented. Led the JHF Ethiopia project start team to coordinate different meetings and followed up the collection of necessary information to further develop JHF proposal, strategic plan, and concept note, project profile for JHF, and/or strategic plan. In collaboration with the Liaison officer and U.S.-based CEO, ensured that the organization had a proper office arena for establishment both in Addis and if/when required in regional towns. In consultation and collaboration with the U.S.-based CEO and Finance Secretary, ensured the organization had proper bank accounts in Ethiopia and the United States and that all financial transactions were properly handled and documented. Kept abreast of any relevant information regarding JHF website design and contents, legal and financial and/or funding prospects for the organization.

Country Health and Nutrition Program Manager/SMT, Health and Nutrition Project, Relief International (RI), South Sudan, Mar. 2019–Aug. 2019. Project funded by UNICEF, USAID/OFDA, ECHO with \$15 million portfolio. Oversaw country nutrition and health portfolio, supporting start-up

and close-down. Identified, initiated, and led on new potential health and nutrition funding opportunities (e.g., consortia, geographical expansion, new calls for proposals). Provided technical and budgetary input throughout the program development and design phase. Improved the quality of primary health care (PHC) services delivered at supported facilities throughout the county through priority setting, on-the-job training, and continuous monitoring. Oversaw the health and nutrition management capacities/structure, evaluating health team organogram and program management abilities on a routine basis. Built the capacity of national staff through proper coaching and training. Represented RI at the field and national level as the health and nutrition technical lead.

IYCF KAP Survey Specialist, NJR4 Project, Plan International, Nigeria, Nov. 2018–Jan. 2019.

NJR4 was a \$12 million project funded by the Dutch Government. Designed KAP survey methodology to determine knowledge, attitudes, and practices (KAP) of key infant and young children feeding practice of children under 2 years of age in targeted LGA of Borno state of North East Nigeria to serve as input for activities planning and reference for monitoring the impact of the IYCF project to be implemented in the area. Presented the KAP Methodology at IYCF TWG and Partners (ACF, IRC) upon sharing with IMC. Undertook consultations with key stakeholders, training of surveyors, and field data collection. Processed and analyzed the data, wrote, and submitted a draft report of the survey. Presented Preliminary findings to the County and presented the final findings at TWG upon sharing with Plan International. Designed five-year programmatic country strategy for implementing IYCF-E in the context of Borno state of North East Nigeria.

Interim Country Health and Nutrition Program Manager, Health and Nutrition Project, Relief International, South Sudan, Aug. 2018–Oct. 2018. Project funded by UNICEF, USAID/OFDA, ECHO with \$15 million portfolio. Oversaw country nutrition and health portfolio, supporting start-up and close-down. Identified, initiated, and led on new potential health and nutrition funding opportunities (e.g., consortia, geographical expansion, new calls for proposals). Provided technical and budgetary input throughout the program development and design phase. Improved the quality of PHC services delivered at supported facilities throughout the county through priority setting, on-the-job training, and continuous monitoring. Oversaw the health and nutrition management capacities/structure, evaluating health team organogram and program management abilities on a routine basis. Built the capacity of national staffs through proper coaching and training. Represented RI at the field and national level as the health and nutrition technical lead

Nutritionist/RRM Project Coordinator, Food Security Project for Hard-to-Reach Areas, Norwegian Refugee Council (NRC), South Sudan, Apr. 2017–May 2018. Project funded by WFP and UNICEF. Trained NRC team members on key nutrition elements of the response. Coordinated and conducted quality MUAC screening at all mobile team registrations. Coordinated and supervised appropriate implementation of blanket supplementary feeding program (BSFP) for children 6-59 months including: appropriate messaging to beneficiaries and community (e.g., importance of exclusive breastfeeding), assistance (CSB++) provided only to eligible children, and referral to treatment programs. Coordinated and supervised implementation of targeted supplementary feeding program (TSFP) for children from 6- 59 months and PLWs.

Technical Nutrition Manager/Nutrition Cluster Coordinator, Nutrition Surveillance and Capacity Building of Somalia Nutrition and Food Security Government Ministries, UN FAO, Kenya, Jan. 2016–Dec. 2016. Project funded by consortium of donors from EU, ECHO, USAID/OFDA, DFID, SIDA with annual portfolio of \$50 million. Led the Nutrition Team in the monitoring and assessment of nutrition across Somalia and in the preparation and dissemination of timely and quality nutrition-related early warning and analysis to users. Assisted the Chief Technical Advisor in developing strategic directions for FSNAU including conceptual frameworks, methods and communication strategies. Worked closely with other FSNAU Technical Managers (Food Security, Livelihoods Research, Capacity Development, and Data Systems), ensuring a coherent and integrated approach to analysis conducted by FSNAU.

Contributed to the nutrition policy formulation for Somalia and played an active role in the Somalia Nutrition Cluster. Supported appropriate partnerships for better utilization of information generated by FSNAU and capacity development of national partners. Assisted the Chief Technical Advisor in donor reporting and developing proposals and strategic directions for the FSNAU, including conceptual frameworks, methods, and communication strategies. Ensured that the FSNAU continues to contribute to normative discussions and develop and publish innovative initiatives in the field of nutrition surveillance and information systems in complex emergencies through operational research and field testing of approaches and methodologies. Supported the use of FSNAU nutrition analysis to inform appropriate response strategies by users. Chaired Somalia Nutrition cluster Assessment Information Management Working Group (AIMWG) to review, validate, and spearhead the establishment of national nutrition assessment guidelines, data collection, and a vetting tool.

Team Leader, Evaluation of Farm Income Diversification Program (FIDP) Phase II Scaling Up Nutrition (SUN) Component, European Commission/Agri Consulting SA, Malawi, Sept. 2015–Nov. 2015. Participated in the evaluation of Farm Income Diversification Program (FIDP) Phase II Scaling Up Nutrition (SUN) component call for proposals. Assessed whether the current SUN Movement Multi-Partner Trust Fund (MPTF) had met its objective in supporting any of the four strategic objectives of the SUN Movement to consider the value added by the SUN Movement MPTF and capture its major achievements, challenges, institutional knowledge, experiences, and lessons learned by the various stakeholders. Determined the extent to which the SUN Movement MPTF funds proved catalytic for actions to scale up nutrition in-country, with specific attention on the contribution of the SUN Civil Society Alliances. Assessed the validity of the SUN Movement MPTF Theory of Change and Log frame and the extent to which the SUN Movement MPTF contributed to the changes identified in its Theory of Change and Log frame and to improved alignment of projects funded under the three Windows. Ascertained to what extent the SUN Movement MPTF was the most appropriate financing architecture in providing catalytic and last resort grants to SUN Movement.

SMART Nutrition Survey Specialist, SMART Nation Wide Household Survey, UNICEF, The Gambia, Jun. 2015–Aug. 2015. Capacity building for \$70 million SMART Nation Wide Household Survey funded by UNICEF. Under the supervision of Child Survival and Development Specialist and National Nutrition Agency, coordinated nationwide SMART survey in Gambia. Supported finalization of survey protocol, ensuring it was in line with SMART methodology and submitted and followed up ethical approval. Participated in the review of the training manual. Conducted trainings of field teams. Supervised field teams in collecting data. Organized and supervised data entry (double entry) and performed data cleaning. Reviewed data quality and conducted analysis of data. Produced quality preliminary and final reports and presented the results through result dissemination workshop.

SMART Nutrition Coordinator, County Specific Household Survey, Relief International, South Sudan, May 2015–Jun. 2015. Capacity building for UNICEF-funded SMART for County Specific Household Survey. Designed the survey methodology and developed comprehensive tools for data collection according to SMART guideline, IYCF best practice, and SCI previous surveys. Conducted field assessments using SMART survey in Longecuk and Maban counties of Upper Nile state, identifying potential needs and designing and implementing response plans.

Universal Salt Iodization Associate and Food Fortification Coordinator, Global Alliance for Improved Nutrition (GAIN), Ethiopia, Apr. 2014–Apr. 2015. Large scale fortification and micronutrient supplementation project funded by UNICEF, GATES Foundation with total portfolio of \$40 million. Led Ethiopian Food, Medicine and Health Care Administration and Control Authority (FMHACA) and International Council for the Control of Iodine Deficiency Disorders (ICCIDD) experts, consultants, and the salt industry on implementation of targeted quality assurance and quality control activities for the establishment of a customized national Quality Management system based on ISO17020. Facilitated, developed, and implemented national plans of action for the iodized salt supply. Coordinated all field

activities in regard to supply and M&E of fortification programs, in particular to the national universal salt iodization program. Kept good communications with all related partners, including UNICEF, salt industry, and government agencies. Coordinated all current and planned GAIN-led M&E activities related to USI in Ethiopia. Represented GAIN at different technical meetings and conferences and donor communities.

National Nutrition Technical Advisor, Emergency Nutrition Project, Amref Health Africa, Ethiopia, Apr. 2014–Mar. 2015. Provided technical backup to the field staff implementing the Emergency Nutrition project in Afar. Reviewed donor reports coming from the field and ensured report quality and timelines. Conducted monthly supportive supervision to the field and provided on-site support. Created good working relationship at National level (ENCU) and regional level to improve Amref Health Africa Ethiopia partnership and represented the organization on national forums. Ensured integration of the emergency project activities with the existing development projects. Assisted in proposal writing for Emergency Health and Nutrition call project and raised its portfolio to about \$5 million per annum.

CMAM Advisor and Health Education Expert, Save the Children International, South Sudan, Oct. 2013–Nov. 2013. Emergency Nutrition and Health for displaced populations of South Sudan funded by ECHO. Provided technical support to the design and implementation of CMAM program integrated into the Local Health System, ensuring they were based upon a high-quality needs assessment and in line with Save the Children's theory of change, strategies, national policies, and international best practices. Designed the survey methodology and developed comprehensive tools for data collection according to SMART guidelines, IYCF best practices, and SCI previous surveys. Conducted field assessments using SMART survey in Kapeta North County, identifying potential needs, and designing and implementing response plans. Reviewed program log frame, proposal, and other key documents and developed questionnaires accordingly. Implemented Integrated Management of Severe Acute Malnutrition (IMSAM) and Targeted Supplementary Feeding programs based on GoSS IMSAM guidelines and protocols. Participated in community-based Health Education, including training on preventative health care by training and supporting program staff on basic Health Topics and built capacity of program staff to equip them with skills to educate the caregivers. Maintained adequate supply chains for Nutrition Supplies and Medicines. Coordinate with Unity State Nutrition Manager and Logistics Manager to get OTP supplies from UNICEF and UNHCR or to purchase them as necessary. Advised the Nutrition Manager on nutrition proposals and project budgets, monitored effectiveness and financial expenditures, and evaluated ongoing and new activities.

Lead Investigator, FHI/360-FANAT III, Ghana, Jun. 2013–Jul. 2013. The CMAM coverage investigation was the first of its kind in Ghana and was intended to focus on strengthening competencies through training of a core team of people from the GHS, academic institutions, and UN partners (WHO, UNICEF and WFP) on how to use the SLEAC and SQUEAC methods for future coverage investigations in the country. Results of the coverage investigations provided community outreach components. Developed and standardized SQUEAC/SLEAC training materials according to FANTA Technical reference for conducting coverage surveys. Trained 10 resource persons on coverage survey concepts, investigation planning, design, data collection, analysis, and reporting. Produced preliminary results of the SLEAC surveys for two districts in Central and Greater Accra Regions. Produced preliminary results of the SQUEAC investigation in two districts in Central and Greater Accra Regions. Produced final report of the design workshop on Ghana coverage assessment process and coverage investigation using the SLEAC and SQUEAC methods.

SMART Nutrition Survey Coordinator, County Specific Household Survey, Concern Worldwide, South Sudan, Mar. 2013–May 2013. Capacity building for SMART for County Specific Household Survey funded by UNICEF. Carried out two full scale Anthropometric and Mortality survey in Aweil West and Aweil North Regions of the Republic of South Sudan (twin surveys). Supported finalization of survey protocol, ensuring it was in line with SMART methodology. Submitted and followed up ethical approval. Participated in the review of the training manual. Conducted trainings of field teams. Supervised

field teams in collecting data. Organized and supervised data entry (double entry) and perform data cleaning. Reviewed data quality and conducted analysis of data. Produced quality preliminary and final reports and presented the results.

Nutrition Surveillance Specialist, SMART Nationwide Household Survey, UNICEF, Ghana, Sept. 2011–Jan. 2013. Capacity building for SMART Nationwide Household Survey funded by UNICEF & WFP. Set up and support Ghana Health Service/Ghana Ministry of Health to establish robust Nutrition Surveillance System as pilot in Northern Regions of the country. Liaised with partners, including the Ghana Health Service, WV, WFP, WHO, FANTA-2, etc. in the formulation and design of a Nutrition Surveillance System in the three northern regions. Carried out needs assessment and determined the needs (equipment, resources, etc.) required to implement the Nutrition surveillance system. Coordinated the development and design of required tools for the implementation of the Nutrition Surveillance System. Required tools include questionnaires, data recording forms, reporting forms, training manuals, etc. Developed a list of all items that should be procured prior to implementing the surveillance system. Determination of annualized costs of implementing a Nutrition Surveillance System in the three northern regions based on integration into the Government Health System. Built the capacity of the GHS staff in data collection, monitoring, analyzing, and reporting on rates of Acute Malnutrition and its determinants in three northern regions through the Nutrition Surveillance System. Built the capacity of GHS staff in the three northern regions in planning, coordinating and using information from the Nutrition Surveillance System, including setting up an effective data flow system to enable timely submission of surveillance data. Supported GHS to coordinate the piloting of the surveillance system. Assisted GHS to set up a validation mechanism for quality assurance of data generated by the surveillance system in consultation with partners.

Nutrition Survey Coordinator, Anthropometric and Mortality Surveys, Concern Worldwide, South Sudan, Jul. 2011–Aug. 2011. Carried out two full scale Anthropometric and Mortality surveys in Aweil West and Aweil North Regions of the Republic of South Sudan. Supported in finalization of survey protocol and ensured it was in line with SMART methodology. Submitted and followed up ethical approval. Participated in the review of the training manual. Conducted trainings of field teams. Supervised field teams in collecting data. Organized and supervised data entry (double entry) and performed data cleaning. Reviewed data quality and conducted data analysis. Produced quality preliminary and final reports and presented the results through results dissemination workshop.

Nutrition Surveillance Program Manager, Nutrition and Food Security Surveillance Project, ACF USA, South Sudan, Jul. 2010–Jun. 2011. Project funded by ECHO and UNICEF. Supervised of the Nutrition survey team: recruitment, training, follow up, evaluation, work plan, and promotion of positive Nutrition team dynamics and motivation. Supervised of the implementation of and when needed participation in Nutritional Surveys and rapid assessments (Nutrition and multi- sectoral) with the survey team. Followed up the Nutrition survey budget in liaison with the Administrator and in collaboration with the Nutrition coordinator. Provided technical quality and timeliness of the Nutrition Survey and rapid assessment reports. Developed advocacy plan, to be validated and finalized by the Nutrition Coordinator; and participated in the dissemination, implementation and follow-up of the plan and recommendations. Organized several presentation meetings to share Nutrition survey findings for Nutrition Working Group (Nutrition Cluster). Supported decision-making for ACF USA interventions—OTP, KAP surveys, etc.—with the program Managers and NutCo. Collaborated with other program Managers, departments, and staff to ensure the coherence of ACF-USA activities and reports. Provided technical supported to studies in relation to Nutrition (e.g., Nutritional causal analysis, Nutrition surveillance system, KAP surveys etc.). Followed up logistic requirements of the surveillance team with the Logistics Department, in collaboration with the NutCo. Actively participated in different program strategy meetings, narrative and financial project proposals preparation, and reporting, in collaboration with NutCo.

Project Officer/Food Security, Saemaul Undong Initiative on Green Revolution and Rural Transformation Africa Project, Economic Commission for Africa (ECA), Ethiopia, Nov.

2009–Jun. 2010. Supported UNECA SMART Coordinator for Food Security and Sustainable Development Division (FSSD) and in the design and formulation of Saemaul Undong Initiative on Green Revolution and Rural Transformation in Africa project. Successfully facilitated the establishment and involvement and participation of key players (AU, AFDB, Korean embassy, and selected African countries embassy based in Addis Ababa) for smooth start of the above project in selected African countries. Assisted and compiled various value chain-specific reports produced by Nigeria, Cameroon, South Africa, Malawi, and Senegal consultant recruited on SMART-DA project. Assisted and produced various inputs for the finalization of SMART indicators and M&E tools during the SMART-DA project. Compiled best lesson learned value chain Agricultural Production as case stories of African countries (Nigeria, Cameroon, South Africa, Malawi, and Senegal) and served as an information hub for partners and stakeholders implementing SMART-DA project. Assisted on matters relating to the follow up of SMART-DA projects in general and UNECA-UNPOG initiative on Saemaul Undong for agriculture and rural development in Africa, in particular.

Nutrition Assessment Manager, Save the Children UK (SCUK), Ethiopia, Oct. 2008–Oct. 2009. Integrated Health and Nutrition response for drought-affected woredas of Somali and SNNP regions funded by ECHO and USAID/OFDA. Supported the Nutrition staff in conducting sound sampling methodologies, data collection, and management systems, and produced scientific information with the highest quality. Coordinated and conducted various nutritional surveys and RA in SCUK Ethiopia's operational areas. Enhanced the capacity of SCUK Ethiopia's emergency and preparedness project staff, short-term emergency staff, and Government partners through different trainings to effectively implement and use community early warning systems and nutrition information. Ensured that budget preparation, monitoring, and reporting were completed as per the agreed annual schedule/donor requirement and organizational guidelines. Actively represented SCUK Ethiopia at all relevant external task force, working groups, seminars, and other meetings/fora. Prepared and participated in drafting different project proposals for emergency and post emergency settings (technical and financial sections).

Community Therapeutic Care Project Manager, Save the Children UK, Ethiopia, Jun. 2008–Sept. 2008. Integrated Health and Nutrition response for drought-affected woredas of Somali and SNNP regions funded by ECHO and USAID/OFDA. Set up of two CTC program in SNNPR of the country according to CTC program (OTP, SC, and SFP) protocol and national protocol for treating of SAM (Severe acute management). Prepared CTC training materials and train community volunteers/HEW on CTC protocol, designed an appropriate community mobilization/sensitization plan in accord to each intervention area for an effective self/community screening and referral system. Assisted the HR department and logistics in the selection and recruitment of CTC national staff and mobilization of other logistics respectively. Monitored the effectiveness of the CTC program and ensured program met international standards.

Junior Research Assistant, International Livestock, Ethiopia, Feb. 2008–May 2008. Participated in the Study of Positive Deviance in Adoption and Utilization of Improved Livestock Feed Resources. The objectives of the study were to develop a better understanding of the nature of Ethiopia's forage innovation system and how this contribution could be enhanced, have a map of forage development in Ethiopia, gain a better understanding of the role of ILRI's research on forage and its contribution to Ethiopia's forage innovation system and how this contribution could be enhanced, identify and analyze pockets of success (in SNNPR, Amhara, and Oromiya Regional State), and develop principles about how a process of innovation could be enhanced. Used research methods for analyzing the stated objectives were through Participatory Rapid Appraisal Checklists, household-level questionnaire, and organization mapping and role definition.

Emergency Program Coordinator/Health Component, Population Service International (PSI), Ethiopia, Sept. 2006–Jun. 2007. AWD (Acute Watery Diarrhea) response project funded by Procter & Gamble and the Greater Cincinnati Foundation and Gates foundation. Responsibly developed

emergency mitigation project plan in relation to AWD outbreak response in the country for PSI/Ethiopia head office. Executed the plan with proper emergency beneficiary assessment and recovery plans in the field with all stakeholders of the program (WHO, UNICEF, UNOCHA, and other NGOs). Put in place monitoring tools to track down progress and project impact through LQAS/TraC-M surveys and provide feedback to the head office and donor organization. Designed and implemented an efficient distribution system to deliver Water Guard for affected community through appropriate existing distribution mechanisms. Developed an emergency appeal—concept note for additional funding for PSI/Ethiopia. Represented PSI Ethiopia in Acute Watery Diarrhea National Task Force Meetings in the country. Produced different donor specific reports (interim and final) in a timely manner (narrative and financial) regularly on progress of program activities to the Head office, in Ethiopia.

Food Project Manager and Project Officer, GOAL Ireland, Ethiopia, Feb. 2005–Aug. 2007.

Set up CTC projects in emergency-prone woredas of East Harerrge funded by USAID/OFDA. Managed the overall coordination of food aid requirement of the Rapid Response Program (RRP) teams to successfully implement CTC programs in hot spot areas of the country. Designed an appropriate Nutritional intervention project proposal and programs according to the country Disaster Prevention and Preparedness Agency (DPPA) guideline for the CTC discharge and EOS beneficiary. Successfully accomplished different rapid nutritional assessments whenever an emergency occurred. Liaised with both government and other NGOs and the UN about emergency food aid assistance whenever needed. In collaboration with the beneficiaries and programs staff, designed and implemented appropriate protocol to screen EOS and SFP (new and enrolled) beneficiaries. Supervised and prepared performance appraisal for subordinate staff food aid monitors. Monitored subgrantee NGOs on their use of supplementary food. Produced different donor specific reports (interim and final) in a timely manner (narrative and financial) regularly on progress of program activities to the head office in Ethiopia. Ensured that the accounts of project, incomes expenses, and receipts reflected financial transactions and ensured production of monthly field budget monitoring statements.

Food Relief Coordinator, Save the Children USA, Ethiopia, Mar. 2004–Jan. 2005. Food relief projects and EGS schemes funded by FAO, Save the Children UK, and private donors. Managed the coordination, distribution, monitoring, and reporting of all food relief projects in the Shinele, Fik, and Goloda zones of the Somali and Oromia region of the country. Coordinated and monitored EGS activities with EGS supervisor. Supervised and prepared performance appraisal for subordinate staff Food Monitors, storekeepers, EGS supervisor, and Junior. Commodity Accountant. Monitored field activities with donor communities and Government line bureaus, and prepared different situation updates of the operational areas. Participated in two baseline surveys or household economic analyses in the Somali regional state in collaboration with Regional DPPB, HCS, SAVE UK, and Handicap International. Prepared food distribution schedule in collaboration with food monitors and facilitated timely food distribution. Participated and represented Save the Children USA in monthly NGO coordination meetings. Managed all administrative issue of the project including financial matters of the department.

Languages

Amharic (native), English (fluent), Swahili (basic), Somali (basic)

Name: Jennifer Winestock Luna

Position: Team Leader

Key Qualifications

Ms. Jennifer Winestock Luna has over 25 years' experience as an epidemiologist in international public health, project monitoring, evaluation, and management. She has worked closely with agencies such as USAID, UNDP, CAMRIS International, IPE Global, and ICF International in Africa, Latin America and the Caribbean, and Asia. Her experience includes leading teams of evaluators, both in the field and from remote locations; creating study designs and data collection instruments and training local staff and enumerators in their implementation; collecting and analyzing quantitative and qualitative data; managing programs and program staff and securing collaboration across multiple program stakeholders; providing technical assistance and oversight; and developing monitoring and evaluation frameworks, indicators, and data processing systems. Jennifer specializes in the nutrition and health sector with substantive experience in water, sanitation, and hygiene (WASH) and gender equality. Ms. Winestock Luna has developed nutrition (child and maternal) modules for the Knowledge Practice and Coverage (KPC) household survey tool, revised the Feed the Future interviewer's manual for Zone of Influence Household Surveys, and developed information systems for Child Survival and Health Grants Program (CSHGP), which included child nutrition and growth monitoring.

Ms. Winestock Luna's recent short-term assignment includes being an evaluation team lead for a United Nations Development Program (UNDP) funded evaluation for IPE Global Philippines, where she developed interview guides, managed teams in the Philippines and India, and conducting key informant interviews (KIIs), and virtual analysis. While employed as a senior monitoring and evaluation advisor by ICF, she led teams of researchers to conduct evaluations of health programs in Yemen and the Dominican Republic. Finally, Ms. Winestock Luna has accumulated significant program management experience via her work as a team leader for regional initiatives in Latin America and the Caribbean (LAC), as health advisor for four CSHGP awards in Asia and Africa, and as CSHGP project manager in Bolivia.

Ms. Winestock Luna is fluent in English and Spanish.

Education

M.P.H., Epidemiology, Tropical Diseases, Tulane University, 1981

B.A., Biology, Oberlin College, 1986

Professional Experience

Associate Faculty, Department of International Health, Health Systems, John Hopkins Bloomberg School of Public Health, Baltimore, Mar. 2016–Present. Develop and deliver courses (online and in the Summer Institute) on evaluating of primary health care (PHC) programs and household surveys of PHC programs.

M&E Specialist, Gender Equality, Global Innovation Fund (GIF), Jul. 2020–Present. Tasked with developing a gender equality evidence toolkit to be used by organizations applying for gender innovation funding or implementing gender innovation awards.

Evaluation Team Leader, IPE Global, Multi-Agency, Philippines, Jul. 2019–Present. Team leader for a United Nations Development Program (UNDP) funded evaluation of Philippine ECCD work to help the country operationalize the new ECCD strategy. The evaluation involves examining the work of the following agencies and organizations in country: Department of Social Welfare and Development (DSWD), Department of Education, Department of Health, National Economic and Development Authority (NEDA), National Nutrition Council, Non-governmental organizations (NGOs), and United Nations Children's Fund (UNICEF). National, provincial and Barangay levels are included. Developing interview guides, coordinating with teams in the Philippines and India, conducting interviews (pre-COVID-19), working virtually to ensure the quality of interviews by the local Philippine team before Philippine COVID-19 lockdown, and conducting virtual analysis meetings (post-lockdown).

Senior Monitoring, Evaluation, and Learning Specialist (MER), Banyan Global, Washington D.C., May 2019–Aug. 2019. Tasked with developing the MER unit that is part of a guide to incorporate Women’s Economic Empowerment and Equality (WE3) into USAID programming.

Senior Evaluation Specialist, G Exponential Consultores SAS- Colombia, Oct. 2018–Feb. 2019. Core team member of the assessment “Lessons for USAID on the Effect of the Zika Outbreak on MCH Services: Learning from the Past to Prepare for the Future.”

Senior Monitoring and Evaluation Specialist, CAMRIS International Inc./USAID, Bethesda, MD, Mar. 2018–May 2018. Provided technical support to USAID’s Nepal MEL project, including evaluation design and reports for emergency contraceptive prevalence and integrated governance studies

Senior Monitoring and Evaluation Advisor, ICF, Macro International, Washington, D.C., Feb. 2004–Jul. 2017.

- ✧ Served as team leader for neonatal sepsis evaluation performed in hospitals in the Dominican Republic. Successfully extracted information from messy data collection instruments to obtain important information that helped hospital staff have a constructive dialog about how to reduce neonatal sepsis.
- ✧ Served as team leader for a baseline household survey for an integrated health award in Yemen. The team was composed of technical specialists based in the United States, Yemen and other countries depending on travel schedules. Developed the study design, methodology, sampling plan (with built in adaptations to changing security situations), instruments, and work plan and secured U.S. and Yemen IRB approval.
- ✧ Revised the FTF interviewer’s manual for Zone of Influence Household Surveys (2017).
- ✧ As part of Maternal and Child Survival Program (MCSP) and Maternal and Child Health Integrated Program (MCHIP), worked with an immunization program in Uganda and provided monitoring, evaluation, learning, and project management TA.
- ✧ Led the development of and maintained as state-of-the-art the KPC household survey tool, which involved 1) achieving consensus among multiple stakeholders and technical experts regarding indicators and questions; 2) producing a tool capable of adapting to specific technical areas of integrated programs, including nutrition, WASH, and gender; and 3) conducting household survey training in Uganda in collaboration with Makerere University.
- ✧ Provided TA in monitoring and evaluation; conceptual frameworks; sampling; baseline, final and routine data collection; program management; and reporting to more than 40 NGOs with CSHGP grants in Africa, Asia, LAC, and Central Asia
- ✧ Developed training materials for household surveys, program design, monitoring, and evaluation used by NGOs in Africa, Asia, and LAC and conducted training of trainer workshops for household surveys.
- Used a participatory process of working with technical and cross-cutting teams to develop the MCSP global Performance Management Plan (PMP) in nutrition and other technical and cross-cutting areas.
- Managed the development and pilot testing of a community trace and verify sampling methodology for MEASURE Evaluation OVC work in Tanzania. In Tanzania, trained, managed, and supervised a team from a local organization to test and refine the methodology.
- Managed and provided technical oversight of PEPFAR funded MEASURE Evaluation Caribbean Regional HIV/AIDS program in Barbados, St. Lucia, St. Vincent, Dominica, Antigua and Barbuda, Grenada, St. Kitts and Nevis, Trinidad and Tobago, and Suriname. Duties included managing field-based staff through early termination and close-out of regional activities.

John Hopkins Fellow, Maternal and Child Health Advisor, USAID, Washington D.C., Sept. 2001–Jan. 2004. Team leader for three LAC regional initiatives: Quality Assurance Project (QAP), Basic Support for Institutionalizing Child Survival (BASICS), and Maternal Mortality Reduction, Immunization, Integrated Management of Childhood Illnesses (IMCI). Led USAID’s work drafting the Regional Strategy for Maternal Mortality and Morbidity Reduction. Worked with counterparts at PAHO and Health and

Human Services (HHS) to produce a document that satisfied complex sensitivities of PAHO member countries.

Health Advisor, CSHGP Awards in Africa/Asia, ChildFund USA (Plan International), Arlington, VA, Sept. 1998–Aug. 2001. Provided technical and managerial support to CSHGP awards in Senegal, Kenya, Burkina Faso, and Cameroon. Successfully orchestrated start-up activities for new awards. Successfully handled management problems, such as how to handle poor performing staff members and how to put projects back on track after discovering serious problems. Trained staff in monitoring and evaluation and USAID reporting requirements. Coached staff to develop internal monitoring systems. Developed and won CSHGP proposals for Nepal, Cameroon, Burkina Faso, and Kenya.

Project Manager CSHGP, CARE Bolivia, El Alto, Bolivia, Aug. 1994–Jul. 1998. Managed two awards that focused on family planning, STIs, HIV, maternal health, control of diarrheal disease, and male involvement in an urban area mostly comprised of Aymara population. Successfully managed sub-grant to CIES a local NGO. Successfully coached staff on project planning and problem solving. Successfully set up an internal project monitoring system that helped staff understand how implementation was proceeding, adjust, and have a record of decisions made. Managed the team conducting the baseline and endline household surveys. Successfully implemented CBD of Depo-Provera by community volunteers who were trained in proper injection techniques and who were apprenticed to nurses in the clinic until certified. As a result, use of Depo-Provera expanded in the project area. Successfully worked with staff to improve educational messages about contraceptive pills, which immediately resulted in an increase in uptake of this method. Successfully adapted WARMI (community action cycle developed by Save the Children) to the urban setting. WARMI groups were very popular in El Alto and community members expanded their use for solving additional problems such as poor WASH infrastructure. Developed and won the follow-on CSHGP award.

Research Consultant, CARE Bolivia, La Paz, Bolivia, Oct. 1991–Feb. 1992. Analyzed a verbal autopsy study of maternal and neonatal deaths in the Iscayachi sub region of the department of Tarija, which initiated CARE Bolivia's focus on maternal health.

Survey Manager, Project Against AIDS, La Paz, Bolivia, Jan. 1993–Aug. 1994. Team leader for a team of researchers to conduct interviews with commercial sex workers (CSW) and men who have sex with men (MSM). Work involved developing timelines for field work, ensuring quality, and holding debriefing meetings to solve problems. Provided oversight to a data base with information on diagnostics and treatment of STIs in CSWs

Monitoring and Evaluation Specialist, Research Consultant, Andean Rural Health Care, La Paz, Bolivia, Aug. 1991–Jan. 1993. Using a participatory approach, developed a project monitoring system to assist auxiliary nurses in rural Bolivia with home visits and implementation of Census Based Impact Oriented (CBIO) methodology. Designed household surveys for baseline and endline of CSHGP projects and acted as team leader to train researchers, implement the data collection, and analyze the survey results. Analyzed data collected from a study on socioeconomic characteristics of Aymara population in rural Bolivia.

Information System Specialist, PROCOSI, La Paz, Bolivia, Jun. 1990–Jul. 1991. Performed diagnostics of information systems of PROCOSI member NGOs. As a result, I was asked by the Bolivian Ministry of Health to participate on technical advisory group for redesigning the National Health Information System (SNIS).

Evaluator (PROCOSI II), Assistant Project Coordinator, Information Systems Specialist, USAID/Bolivia, La Paz, Bolivia, Mar. 1994–May 1994. Team leader for an evaluation of the USAID funded PROCOSI II project focusing on the relationship between the umbrella organization office and member organizations. Implemented drug abuse control and education programs; child health specialist

Developed a data base for a disaster surveillance project in rural Bolivia. Project served as precursor to the Famine Early Warning System (FEWS), in Africa

Survey Specialist Consultant, PROMUJER, El Alto, Bolivia, Jul. 1994–Aug. 1994. Developed survey to evaluate results of women's credit with health education.

Language

English (native speaker), Spanish (fluent), French (basic), Chinese (beginner)

Name: Muluneh Bimrew

Position: WASH Specialist

Key Qualifications

Mr. Muluneh Bimrew is an Ethiopian Water, Sanitation, and Hygiene (WASH) Expert with over 15 years of technical and project management experience designing, constructing, supervising, and implementing urban and rural WASH projects working non-governmental organizations, government, and the private sector. He has led and participated in project performance evaluations (baseline, midterm, endline) as well as impact evaluations. Mr. Bimrew's experience includes emergency and development WASH needs assessment and implementation; climate-resilient WASH; integrated food security, nutrition, and WASH; multi-village water supply system delivery; women-led WASH project formulation; and hygiene promotion and training in schools and health centers, among others.

As WASH Program Lead with Plan International, Mr. Bimrew is responsible for all aspects of project design, implementation, and reporting and serves as a steering committee member in the national WASH forum, providing technical feedback to National One WASH program.

Mr. Bimrew holds a Master of Science in Water/Hydraulic Engineering and a Bachelor of Science in Civil/Irrigation Engineering both from Arba Minch University in Ethiopia. He is proficient with Akvo Flow, GIS, Global Mapper, AutoCAD, Autodesk, Water CAD, and the SWAT, HBV, and climate models. Mr. Bimrew speaks English and Amharic fluently, and basic Agewigna.

Education

M.Sc., Water/Hydraulic Engineering, Arba Minch University, Arba Minch, Ethiopia, 2008

B.Sc., Civil/Irrigation Engineering, Arba Minch University, Arba Minch, Ethiopia, 2005

Selected Professional Experience

WASH Program Lead, Plan International Ethiopia, Addis Ababa, Ethiopia, May 2018-Present and WASH Specialist, Plan International Ethiopia, Addis Ababa, Ethiopia, Oct. 2017-May 2018. Promoted to WASH Program Lead in 2018. Responsible for project design, implementation, and reporting. Prepare and ensure detailed implementation plans (DIPs). Duties include resource mobilization, program integration, and mainstreaming. Lead/participate in M&E of WASH projects; partner development and strengthening; networking and representation; and staff development and management. Ensure quality WASH programming through regular M&E. Appraise staff performance. Prepare concept notes, proposals, MOUs, and case stories. Accomplishments:

- ✧ Carrying out various evaluations and studies: six baseline, two project midterm, three project final and two impact studies.
- ✧ Leading the WASH program (pure WASH projects as well as projects integrating WASH with reproductive health and nutrition, environment, menstrual hygiene management [MHM], and institutional WASH).
- ✧ Serving as a steering committee member in the national WASH forum and providing technical feedback to National One WASH program.
- ✧ Participating in technical working group for a school WASH construction manual and new ODF program led by the Ministry of Water, Irrigation, and Energy.
- ✧ Engaging in forums and networking.
- ✧ Serving as Project Manager (budget holder) for: school WASH project focusing on schoolgirls (separate water and sanitation service for boys and girls and MHM); WASH+FNS (WASH, Food and Nutrition Security) project; and Gambella Integrated WASH and reproductive, maternal, newborn and child health (RMNCH) project

WASH and Infrastructure Engineering Coordinator, ActionAid International Ethiopia, Addis Ababa, Ethiopia, Mar. 2013-Oct. 2017. Monitored and evaluated development and emergency WASH and infrastructure programming internally and to Government and five local NGO partners.

Performed data collection and analyzed situational assessments. Conducted baseline assessments. Identified project intervention sites for humanitarian and development WASH needs. Represented ActionAid at key sectoral forum and the Water Technical Working Group, at the national and regional level. Ensured and followed up WASH, school, and irrigation projects to ensure performance as per the organization's goal and vision and in a sustainable manner. Led and coordinated program quality/WASH projects to ensure they met minimum humanitarian standards. Built capacity of staff, partners, and stakeholders' staff. Coordinated the procurement process and was responsible for contract administration. Supervised and certified payments. Led and coordinated the study, design, preparation of drawings, and project follow-up as part of implementation of WASH and other infrastructure and irrigation projects. Responsibilities included:

- ✧ Monitored, evaluated, and supported five partners/local NGOs' WASH and other infrastructure projects through human rights-based and gender focus approaches.
- ✧ Led and coordinated the study, design, supervision, and liaised with administration in quality school promotion in 15 high schools, primary schools, and preschools to integrate schools with WASH programs (construction of school blocks, water supply, pit latrine, and hygiene facilities and training).
- ✧ Participated in project area phase in and phase out processes.
- ✧ Monitored and evaluated projects regularly and performed project outcome change evaluation.
- ✧ Participated in preparation of all emergency and development WASH concept notes, proposals, and MOUs.
- ✧ Led, coordinated, and supported the study, design, and construction of 20 Urban/Rural WASH projects in 10 development areas (single project costs up to \$1 million).
- ✧ Established and organized all WASH projects to be women-led.
- ✧ Led in DIFID-funded BRACED project (WASH Part)-climate extreme resilient project
- ✧ Led, coordinated, and supported the study, design, supervision, and liaised with administration of 14 small-scale irrigation and drainage projects including pump irrigation and big water harvesting structures (small dams and ponds) for drought-affected areas.
- ✧ Facilitated and participated in training WASHCOs on hygiene and scheme O&M.
- ✧ Performed emergency WASH relief work at Janamora, Kombolcha-Harare, Akober, and Kemba.

Project Manager and Water Supply Team Leader, Amhara Design and Supervision Work Enterprise, Ethiopia, Jan. 2009–Mar. 2013. Led planning, survey, study, design, supervision and preparation of specifications and bills of quantity for construction of WASH projects and their facilities. Monitored and evaluated WASH and irrigation projects. Supervised and ensured the procurement of tools and equipment required for construction of water supply systems including electromechanical equipment. Designed residential buildings and necessary infrastructure. Responsible for preparation of TOR, procurement, and technical documents for water supply and sanitation projects. Coordinated, checked, and approved detailed WASH and infrastructure schemes. Administered construction contracts. Prepared operation and maintenance manual for WASH schemes. Wrote monthly, quarterly, annual, and progressive reports to the enterprise and clients. Accomplishments included:

- ✧ Led water supply and sanitation study and served as detail design team leader for 22 villages.
- ✧ Led study, design, and coordination of drainage facilities for the state resident.
- ✧ Led study, design, and supervision of six urban water supply and sanitation projects.
- ✧ Designed study for multi-village water supply and sanitation project in Tekake area.
- ✧ Participated in land use evaluation and environmental impact assessment projects.
- ✧ Conducted water supply and sanitation feasibility study for eastern Ethiopia/Growth corridor.
- ✧ Reviewed, adopted, and modified study documents for Tana Beles integrated irrigation project including: Feasibility Studies of about 80,000ha net Irrigation and Drainage Schemes, Halcrow Ltd in association with GIRD (Contracted February 2009 by MoWR); Hydrological Study of the Tana-Beles Sub-Basins, SMEC, 2008; Feasibility Study of Beles Hydropower Project, Lahmeyer, 2000; Tana Beles

Project Part 2, Studio Pietrangeli, 1990; and Preliminary Water Resources Development Master Plan, WAPCOS, 1990.

- ⌘ Performed detail study, design, and implementation of large Tana Beles sugar development project (integrated water resource development), civil work, and pressurized/sprinkler irrigation.
- ⌘ Responsible for the study and design of small-scale irrigation project in Keskashi and medium-scale irrigation project in Guange.
- ⌘ Assessed water resource potential of the Angereb, Guange, Shinfu, and Ayma Basins.
- ⌘ Studied, designed, and supervised seven small to large scale irrigation projects (7 billion Eth Birr)
- ⌘ Participated in northwest Ethiopia land use evaluation and environmental impact assessment.

Construction Engineer, North Shoa Zone Water and Agriculture Office, Ethiopia, Dec. 2004–Dec. 2007. Studied, designed, and constructed urban and rural water supply and rural infrastructure. Developed a training module and other training materials on WASH to ensure and promote the sustainability and proper handling of the water schemes. Responsible for sanitation and hygiene promotion activities and O&M of WASH schemes. Point of contact for NGOs like ERSHA and World Vision.

Languages

Amharic (fluent), English (fluent), Agewigna (basic)