



Growing Nutrition for Mothers and Children (GROW) Project in Ethiopia

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End Line Household Survey Report

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List of Acronyms

ANC	Antenatal Care
DDS	Dietary Diversity Score
EDHS	Ethiopia Demographic and Health Survey
F2F	Father to Father Group
GAM	Global Acute Malnutrition
GROW	Growing Nutrition for Mothers and Children
HH	Household
IYCF	Infant and Young Child Feeding
M2M	Mother to Mother Group
MAD	Minimum Acceptable Diet
MAM	Moderate Acute Malnutrition
MDD	Minimum Dietary Diversity
MMF	Minimum Meal Frequency
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organization
ODF	Open Defecation Free
ODK	Open Data Kit
OTP	Outpatient Therapeutic Program
PNC	Postnatal Care
PPS	Probability Proportional to Size
PSNP	Productive Safety Net Program
SAA	Social Analysis and Action
SAM	Severe Acute Malnutrition
SC	Stabilization Center
SPSS	Statistical Package for Social Sciences
VSLA	Village Saving and Loan Association
VSLA	Village Savings and Loans Group

Executive Summary

Project Background

Project title: Growing Nutrition for Mothers and Children (GROW)

Project area: Twelve Woredas in Oromia - six in East and West Hararghe each -, and two Woredas and Afar regional state.

Project goal: To improve the nutritional status of boys and girls under 5 years of age and women in the reproductive age group (15-49 years) in Ethiopia.

Project duration: Four and half years (January 2016 - June 2020)

Evaluation Objectives

To establish End line values for outcome level indicators for the project and assess change and impact of the project by comparing data from baseline to end line values.

Evaluation Methods

This evaluation employed a community-based cross-sectional study design. The study includes a household survey and anthropometric measurements of women and children to assess their nutritional status. The study covered 39 project intervention Kebeles in 14 Woredas of East and West Hararghe and Afar. A total of 1291 women, 974 men, and 1291 children were included in the study.

Evaluation Findings¹

Stunting prevalence (height/length-for-age index below -2 z-score) among children age 6-59 months has reduced from 39% at baseline to 33% at the end line. There was a slight reduction in global acute malnutrition (GAM) rate (Weight-for-Length index below -2 z-score) from 14% at baseline to 12% in this survey. Though the rate was still the highest compared with the other study areas, wasting prevalence has showed a remarkable reduction in Afar from 23% to 16%.

Acute malnutrition prevalence among women age 15-49 years (MUAC less than 230mm) stood at 26%, with no apparent change from the baseline (25%).

Findings from this evaluation showed a notable increase in the proportion of children 0-5 months age who were exclusively breastfed from baseline 56% to end line 76%. The minimum acceptable diet (MAD) measures the percentage of children who consume food by meeting both the minimum dietary diversity (MDD) and minimum meal frequency (MMF). In this survey, 34% of children age 6-59 months met the MAD, and the percentage has increased from 20% at baseline.

More than half (57%) of women consumed 4 or more food groups in the 24 hours before the survey. The results showed a 27% percentage points change on the proportion of women who met the minimum dietary diversity from the baseline.

At baseline, 30% of households use drinking water from improved sources and the percentage has increased to 38% at end line. Across areas, access to improved drinking water sources was relatively highest in East Hararghe (57%), while the lowest was in Afar (12%). Half (51%) of respondents reported that their family members practices open defecation (52% at baseline).

¹ See Annex 1 for baseline and end line values for key indicators

1. Background to the GROW Project

CARE International has been implementing a project entitled “Growing Nutrition for Mothers and Children (GROW)” in East and West Hararghe Zones of Oromia regional state and Guanine and Argoba Woredas of Afar regional state, Ethiopia. The GROW project in Ethiopia was part of the Government of Canada's 3.5 billion CAD commitment to improving the health of mothers, new-borns and children. The project was part of CARE Canada's Sub-Saharan African Nutrition Program, which includes the GROW project along with the Southern African Nutrition Initiative (Malawi, Mozambique, Zambia) funded through the Partnership for Strengthening Maternal, Newborn and Child Health.

The GROW project was a 21.4 million CAD initiative to address undernutrition in women of reproductive age and children under five. The Ethiopia Development Division of Global Affairs Canada funded the project. The project was a partnership between CARE International, CUSO International, McGill University, the Government of Ethiopia (Ministries of Health, Agriculture, Women's Affairs, and Mines, Water and Irrigation) and Global Affairs Canada.

GROW was a four and half year project (January 2016 - June 2020) implemented in 164 Kebeles found in 14 Woredas of Oromia and Afar regional states - 6 in East and West Hararghe each, and 2 Woredas in Afar.

The goal of the GROW project was to improve the nutritional status of boys and girls under 5 years of age and women in the reproductive age group (15-49 years) in Ethiopia. The project had the following three intermediate outcomes:

- Improve nutrition practices and services for women of reproductive age and boys and girls under 5 years;
- Improve nutrition-sensitive practices for women of reproductive age and boys and girls under 5; and,
- Strengthen governance of gender-sensitive nutrition programs and approaches at the Federal, Regional, Zonal and Woreda levels.

2. Evaluation Objectives

The objectives of this end of project evaluation were to:

- Establish end line values for outcome level indicators for the GROW project
- Assess change and impact of the project by comparing data from baseline to end line values
- Examine the current knowledge, attitudes, behaviours, and practices related to nutrition, hygiene and sanitation, gender and women's empowerment
- Inform studies related to gender and nutrition outcomes
- Inform studies on project implementation

3. Evaluation Methods

3.1. Study Design and Population

(a) Study Design

This end line evaluation employed a community-based cross-sectional study design. The study includes a household survey (questionnaire and observation) and anthropometric measurements of women and children to assess their nutritional status. The study covered 39 project intervention Kebeles in 14 Woredas of East and West Hararghe Zones of Oromia and Afar regional states - 6 Woredas in East Hararghe, 6 in West Hararghe and 2 in Afar). We conducted the study in those kebeles included in the baseline survey. However, three of the baseline Kebeles in East Hararghe Zone (Chefe Anani, Wera Ali, and Najat Gemachisa Kebeles) were not the project intervention areas, and we replaced them by selecting from adjacent Kebeles randomly. *Table 1* lists the study Kebeles by Woredas.

Table 1: List of Woredas and Kebeles included in the end line survey, January 2020

Region/Zone	Woreda	No. of Kebeles	Kebele name
Afar	Argoba	4	Abali, Sufager, Tach Metekeleya and Lay Meteklya
Afar	Gewane	4	Ourafita, Yiggle, Gelaladora and Gebeyabora
East Hararghe	Girawa	3	Lafto Somonu, Meda Jalela and Tokkuma Jalela
East Hararghe	Kombolcha	3	Burka Negaya, Egu and Samergene
East Hararghe	Meta	2	Doke No 1 and Gemechu Duse
East Hararghe	Deder	4	Geba Gudina, Kura Dader, Yatu and Kabso Tokkuma
East Hararghe	Gursum	2	Oda Oromia and Oda Sentela
East Hararghe	Babile	2	Berkele and Ifa
West Hararghe	Boko	2	Cabii and Mayuu
West Hararghe	Odabultum	3	Koluu, GubaGutu and Gabiba
West Hararghe	Mieso	1	D/Kora
West Hararghe	Mesela	4	Kufa kaas gamachis, Abaadir, Abbaa cabsii and Gabbis
West Hararghe	Chiro	2	K/Gudiinaa and W/Gille
West Hararghe	Gemechis	3	Sire –Gudo, S/Q/H/xaxee and G/Dinget
Total		39	

(b) Study Population

The study population for this end line study were children aged between 0-59 months (for the anthropometric measurements (height/length and weight), mothers or caregivers of the children included in the study - for an interview and mid-upper arm circumference (MUAC) measurement -, and adult men. We included only one individual from each type of study participant (children, women, and men) within each surveyed household. The table below summarizes the type of study participants with the inclusion and exclusion criteria.

Table 2: Participant inclusion and exclusion criteria, January 2020

	Eligibility	Inclusion criteria	Exclusion criteria
Women	<ul style="list-style-type: none"> ▪ The mother (or caregiver, if it is not possible to interview the mother) of a child between 0-59 months of age selected for the survey for interview ▪ All interviewed women for MUAC measurement 	<ul style="list-style-type: none"> ▪ Women of 15-49 years of age who are non-pregnant, pregnant or lactating, have at least one child less than 5 years of age ▪ Women who permanently reside in the households in the selected survey Kebeles 	<ul style="list-style-type: none"> ▪ Any women 15-49 years of age living in the Kebele for less than 6 months ▪ Women younger than 15 years of age or older than 49 years of age
Children	<ul style="list-style-type: none"> ▪ Children of age between 6-59 months who permanently live with family members in the selected household for the anthropometric measurements ▪ Only one child per household for anthropometric measurement 	<ul style="list-style-type: none"> ▪ Children 6-59 months of age ▪ Children who permanently live with family members in households in the GROW project intervention Kebeles 	<ul style="list-style-type: none"> ▪ Foster children, or children visiting the household, or who are not permanent residents ▪ Children with any known or suspected chronic or congenital diseases or physical deformity that is associated with growth problems
Men	<ul style="list-style-type: none"> ▪ Apart from the mother or primary caregiver of the child, man, preferably the father of the selected child for an interview 	<ul style="list-style-type: none"> ▪ Men of at least 15 years of age who are preferably the father of the selected child or otherwise another man within the household (preferably with a child aged 0-59 months) ▪ Men who permanently reside in the households in the selected survey Kebele 	<ul style="list-style-type: none"> ▪ Any man living in the Kebele for less than 6 months ▪ Men younger than 15 years of age

3.2. Sample Size and Sampling Methods

(a) Sample Size

This end line household survey used a sample size and sampling procedure similar to the baseline study. The baseline study estimated to cover 1310 sample households, calculated using the prevalence of key infant and young child feeding (IYCF) practice of exclusive breastfeeding and a target percentage point change expected to reach at the end of the project's intervention. The baseline sample size estimation considered including an equal number of children under five years in each of the five age groups in the study, i.e. 0-5, 6-11, 12-17, 18-23, and 24-59 months. The calculation took in to account a baseline prevalence rate of 52% in exclusive breastfeeding, expected to change to 67% at end line (15 percentage points difference between baseline and end line rates), at a 5% significance level and power of 80%, with a design effect of 1.5. Based on the above assumptions, the survey expected to include a sample of 200 children in each of the age groups (262 children per group) after adjusting for Afar and a 10% increase for non-response and errors/missed forms. Similar to the baseline, the total sample size for this end line survey was 1310 children under five years of age (262 in each age group), 1310 women, and 1310 men.

(b) Sampling Techniques

Selection of Kebeles: During the baseline, the team allocated the total calculated sample size to the 39 study Kebeles using probability proportional to size (PPS) technique based on the population size of Kebeles. We conducted the end line survey in those same Kebeles included in the baseline survey, although two Kebeles in East Hararghe were replaced to match project intervention areas.

Selection of households and study participants: We used segmentation and mapping to select households within a Kebele. Upon arrival at a selected Kebele, the team contacted health extension workers and the Kebele Administrator and collected information on the number of villages together with the average number of under-five children per village. Based on the information, the team divided the Kebele into sub-geographical units (villages) depending on the size of villages and the population size of under-five children. In a case where the required number of sample children was higher than the average number of under-five children per village, the team merge adjacent villages and consider it as one segment. After segmentation, the team randomly selected one segment using the lottery method and prepared a sampling frame by listing all households having under-five children. As the sample size for each group of children was pre-determined, the team prepared separate lists of households with children age 0-5, 6-11, 12-17, 18-23, and 24-59 months. The list included those children whose mothers/caregivers were eligible for the survey (i.e. women of reproductive age group) only. When a household had more than one eligible child, the team selected one child randomly (using the lottery method) and included in the list. After completing household listing, the team selected the required number of households (separately for each age group) randomly using a random number generator. Within each selected household, the team interviewed the mother or caregiver of a child between 0-59 months of age selected for the study, measured the height/length and weight of the child and MUAC of mothers or caregivers of the child, and interviewed adult man.

3.3. Data Collection, Management and Analysis

(a) Data Collection

The national consultant, with support from the data manager, led the overall data collection activities. Seventeen teams, each team having one team leader and two enumerators, collected the data - six teams for East and West Hararghe each, and five for Afar. Three survey managers, who were responsible for coordinating the day-to-day field activities, led the field teams. The team collected the data from December 25, 2019, to January 14, 2020.

We collected the household survey data using ODK Collect App for Android Tablets. We used the baseline household survey questionnaire with additional questions about exposure of women and men to the GROW project. The questionnaire had one section for women and another section for men. Data collected through the household survey includes socio-demographic information of women and men, information on basic household characteristics, the status of household food security, and water, sanitation and hygiene. The questionnaire also collects data on IYCF practices, child health, women's and men's dietary diversity and meal frequency, gender equity, and women's participation in household decision making.

The team measured length/height and weight and assessed the presence of bilateral Oedema among children 6-59 months of age to calculate their nutritional status. Also, they took MUAC measurements of all women aged 15-49 years included in the study.

(b) Data Management and Analysis

Upon completion of the data collection, we exported the data to SPSS software and checked for missing values, inconsistencies, and out of range figures (outliers). We computed descriptive statistics, including frequencies and proportions, using SPSS version 25. The data analysis includes a comparison of end line findings with baseline values for key project indicators. The report presents the findings in tables and graphs with explanatory texts.

3.4. Quality Control

We collected the data using the ODK form prepared for the baseline by including the additional questions on exposure to the GROW project. We checked the ODK Tablet-based data entry form to ensure the program flag-out out of range values or errors and prevent the entry of wrong data. We used standard maternal tape for MUAC measurement of women and digital scales for measuring the weight of children. Each day, the team calibrated the digital scales before using a material of known weight. The team measured child length/height using height boards.

Survey managers with educational qualification of a second degree led the field team. Qualified team leaders and enumerators (with at least a college diploma) with ample experience in similar surveys who are well versed in local languages (Affan Oromo and Amharic) collected the data. The national consultant trained the field team for five days before deployment to fieldwork using a training guide prepared for the training of the team. The training includes interactive lectures, mock interviews, role plays, and practices on anthropometric measurements. As part of the training, we conducted a standardization test to assess the accuracy and precision of enumerators in taking anthropometric measurements. The national consultant prepared and provided the team with a detailed written instructional survey manual for use as a quick reference in the field. The manual addressed all aspects of the survey in simple and clear language the typical interviewer can understand.

The national consultant closely followed the data collection process and provided technical support to the field team. The survey managers periodically upload the data from Tablets to the KoBo ToolBox server. They also entered Anthropometric data using ENA software and do plausibility checks regularly. The national consultant provided periodic feedback on data quality to the field team by reviewing data uploaded on a server and plausibility check results of the Anthropometric data. Team leaders do quality checks by observing enumerators while they administer questionnaires and by conducting unannounced visits to observe their interview process. Survey managers reviewed questionnaires on the Tablets to check for consistency and completeness of data before uploading to the server.

3.5. Ethical Considerations

The Oromia and Afar regional health bureaus gave ethical clearance for the study. CARE Ethiopia officially communicated government sector offices at Zonal and Woreda level before data collection. Upon arrival at the field, the team informed Kebele leaders about the study and received permission.

Enumerators informed study participants about the purpose of the study, their right to refuse to take part, terminate the interview at any point, or not answering any question. Using a consent form provided by CARE, they received verbal consent from each study participant before interviews. For anthropometric measurement, the team got consent from the mother/caregiver before measuring the weight and length/height of a child. The team gave copies of the consent form to Kebele leaders in case participants want to review it at a later time. Enumerators do interviews and anthropometric measurements at the household level in settings that ensure privacy. We did not record names or other identifying information of study participants in the questionnaires and electronic databases.²

² Although the ODK form collects the names of children and women respondents on devices, it was only to aid enumerators, and the program did not record the names on the online database.

Team leaders referred all identified Acute Malnutrition cases - both severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) - to the nearest health facility providing outpatient therapeutic program (OTP) and stabilization center (SC) services using referral forms.

4. Findings

4.1. Characteristics of Respondents and Households

4.1.1. Characteristics of Respondents

This household survey included 1291 women and children with a response rate of 98.6%. From the total surveyed households, the team successfully interviewed 974 men yielding a response rate of 74.4%.³

Table 3: Children, women, and men samples at end line, January 2020

Characteristics	Calculated sample				Actual achieved sample							
	Afar	East H.	West H.	Total	Afar		East Hararghe		West Hararghe		Total	
					Count	%	Count	%	Count	%	Count	%
Total Children	290	530	490	1310	285	98.3%	523	98.7%	483	98.6%	1291	98.5%
0-5 months	58	106	98	262	68	117.2%	110	103.8%	113	115.3%	291	111.1%
6-11 months	58	106	98	262	51	87.9%	98	92.5%	78	79.6%	227	86.6%
12-17 months	58	106	98	262	64	110.3%	118	111.3%	105	107.1%	287	109.5%
18-23 months	58	106	98	262	42	72.4%	99	93.4%	82	83.7%	223	85.1%
24-59 months	58	106	98	262	60	103.4%	98	92.5%	105	107.1%	263	100.4%
Women	290	530	490	1310	285	98.3%	523	98.7%	483	98.6%	1291	98.5%
Men	290	530	490	1310	173	59.7%	473	89.2%	328	66.9%	974	74.4%

Table 4 presents the sociodemographic characteristics of respondents. More than half (59%) of women and a quarter (25%) of men respondents were under the age of 30 years. Most women and men respondents are currently married. About two-thirds of women (64%) and 43% of men respondents had never attended school. More proportion of women respondents could not read compared with their men counterparts (women 73% Vs men 47%). Regarding the employment status of respondents, 63% of women and 30% of men were unemployed.

Table 4: Sociodemographic characteristics of respondents at end line, January 2020

Characteristics	Women [n=1231]		Men [n=936]	
	Count	%	Count	%
Age of respondents				
15-19 years	75	6.1%	7	0.7%
20-24 years	308	25.0%	48	5.1%
25-29 years	346	28.1%	182	19.4%
30-34 years	296	24.0%	270	28.8%
35-39 years	150	12.2%	204	21.8%
40-44 years	45	3.7%	153	16.3%
45-49 years	11	0.9%	42	4.5%
50 year and above			30	3.2%
Marital status				
Married (monogamous)	1159	94.2%	883	94.3%
Married (polygamous)	33	2.7%	49	5.2%
Divorced or separated	22	1.8%	0	0.0%
Widowed	14	1.1%	1	0.1%
Single (Never married)	2	0.2%	3	0.3%
Cohabiting with partner (monogamous)	1	0.1%	0	0.0%
Education status				
Never attended school	787	63.9%	402	42.9%
Some primary (grade 1-4)	214	17.4%	182	19.4%
Completed primary (grade 5-8)	178	14.5%	241	25.7%
Some secondary (grade 9-11)	33	2.7%	69	7.4%

³ Although the total surveyed households were 1291, we analyzed the findings for 1231 households as 60 of the households were from two villages (one in Afar and one in West Hararghe) without mother-to-mother or father-to-father groups.

Characteristics	Women [n=1231]		Men [n=936]	
	Count	%	Count	%
Completed secondary (completed grade 12)	7	0.6%	13	1.4%
Some higher education	2	0.2%	12	1.3%
Completed higher education	5	0.4%	7	0.7%
Adult education	3	0.2%	4	0.4%
Vocational school	0	0.0%	6	0.6%
Don't know	2	0.2%	0	0.0%
Reading ability				
Cannot read at all	895	72.7%	443	47.3%
Able to read only parts of sentence	170	13.8%	203	21.7%
Able to read whole sentence	166	13.5%	290	31.0%
Employment status				
Unemployed	781	63.4%	285	30.4%
House keeping	121	9.8%		
Casual labor	40	3.2%	144	15.4%
Crop production	211	17.1%	481	51.4%
Livestock rearing	118	9.6%	231	24.7%
Formally employed	14	1.1%	57	6.1%
Petty trade	174	14.1%	103	11.0%
Other	14	1.1%	20	2.1%

4.1.2. Household Characteristics and Possessions

Most (94%) of households are male-headed. Regarding the religion of households, 94.5% of them are Muslims, 5.4% of them are Orthodox Christians, and 0.1% of households are Protestants. The average household size was 5.7 people, and on average, a household has 1.7 children under the age of 5 years.

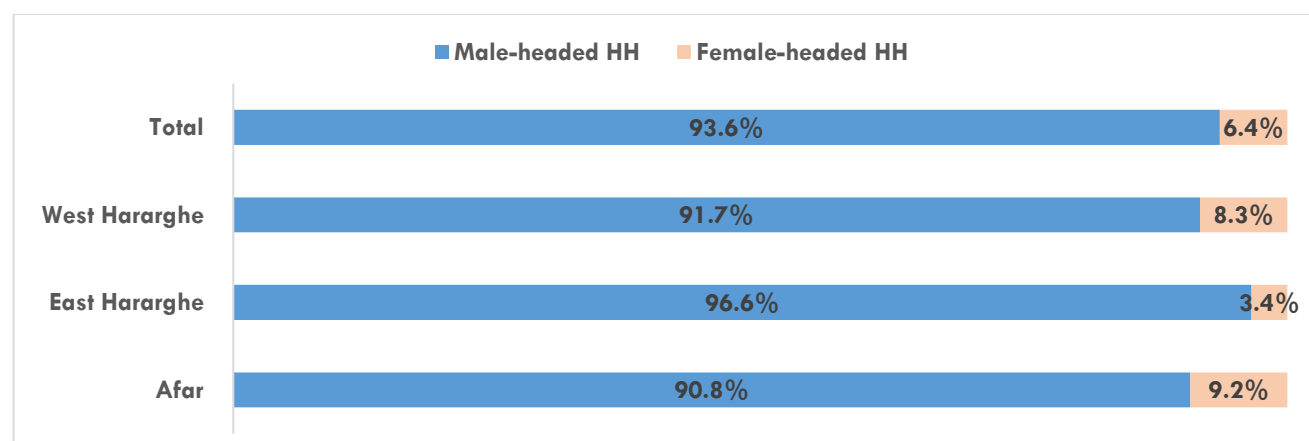


Figure 1: Type of household head at end line, January 2020

Most (87%) of the homes of the surveyed households have floors made of earth/sand or dung. More than half (55%) of households had kitchens in separate buildings and 15% of them have kitchens in a separate room inside the living dwelling. Two-third (69%) of households had electricity from government power utilities, solar power or generator.

Table 5: Main material of the dwelling floor, place of cooking, and availability of electricity at end line, January 2020

Characteristics	Afar [n=260]		East Hararghe [n=523]		West Hararghe [n=448]		Total [n=1231]	
	Count	%	Count	%	Count	%	Count	%
Main material of the floor of the dwelling								
Natural floor								
Earth/sand	214	82.3%	411	78.6%	412	92.0%	1037	84.2%
Dung	12	4.6%	2	0.4%	15	3.3%	29	2.4%

Characteristics	Afar [n=260]		East Hararghe [n=523]		West Hararghe [n=448]		Total [n=1231]	
	Count	%	Count	%	Count	%	Count	%
Rudimentary floor								
Wood planks	21	8.1%	2	0.4%	0	0.0%	23	1.9%
Palm/Bamboo	1	0.4%	0	0.0%	0	0.0%	1	0.1%
Finished floor								
Carpet	0	0.0%	75	14.3%	13	2.9%	88	7.1%
Cement	7	2.7%	33	6.3%	7	1.6%	47	3.8%
Vinyl or asphalt strips/plastic tile	5	1.9%	0	0.0%	1	0.2%	6	0.5%
Place of cooking								
In a separate building used as kitchen	67	25.8%	409	78.2%	204	45.5%	680	55.2%
In a room used for living or sleeping	88	33.8%	41	7.8%	75	16.7%	204	16.6%
In a separate room in the same building	73	28.1%	22	4.2%	89	19.9%	184	14.9%
Outdoors	31	11.9%	51	9.8%	79	17.6%	161	13.1%
Other	1	0.4%	0	0.0%	1	0.2%	2	0.2%
Households having electricity, solar power or generator								
Male-headed HH	126	53.4%	361	71.5%	306	74.5%	793	68.8%
Female-headed HH	12	50.0%	13	72.2%	27	73.0%	52	65.8%
Total	138	53.1%	374	71.5%	333	74.3%	845	68.6%

Telephones (Mobile or other phones) are common household items in the study areas in which 70% of households own one of them. About four households in every ten (39%) had Radios, while only 5% of them own Televisions. Very few households possess means of transportation such as motorcycles and bicycles.

Table 6: Household possessions at end line, January 2020

Characteristics	Afar [n=260]		East Hararghe [n=523]		West Hararghe [n=448]		Total [n=1231]	
	Count	%	Count	%	Count	%	Count	%
Household effects								
Mobile/other Telephone	200	76.9%	365	69.8%	295	65.8%	860	69.9%
Radio	98	37.7%	218	41.7%	164	36.6%	480	39.0%
Watch/Clock	98	37.7%	117	22.4%	59	13.2%	274	22.3%
Bed	97	37.3%	12	2.3%	52	11.6%	161	13.1%
Television	19	7.3%	43	8.2%	5	1.1%	67	5.4%
Refrigerator	6	2.3%	4	0.8%	1	0.2%	11	0.9%
Means of transportation								
Motorcycle	25	9.6%	1	0.2%	5	1.1%	31	2.5%
Cart pulled by animal	9	3.5%	0	0.0%	3	0.7%	12	1.0%
Bicycle	1	0.4%	4	0.8%	2	0.4%	7	0.6%
Car/Truck	1	0.4%	2	0.4%	0	0.0%	3	0.2%
Others								
Small generator (for irrigation)	0	0.0%	31	5.9%	6	1.3%	37	3.0%
Tractor	0	0.0%	3	0.6%	0	0.0%	3	0.2%
Sewing Machine	0	0.0%	0	0.0%	1	0.2%	1	0.1%
None	44	16.9%	102	19.5%	113	25.2%	259	21.0%

4.2. Food Production and Household Food Security

4.2.1. Source of Food

Many households use self-produced foods (84%) and food bought from the market/shop (80%) as the primary source for household consumption. The percentage of households consuming self-produced foods has increased from 67% at baseline. Across areas, most households in Afar depend on buying food (94%), government aid (78%), or NGO aid (67%). More male-headed households depend on self-produced foods as the main source (85%) compared with female-headed households (73%).

Table 7: Source of food for household consumption at end line, January 2020

Characteristics	Afar [n=260]		East Hararghe [n=523]		West Hararghe [n=448]		Total [n=1231]	
	Count	%	Count	%	Count	%	Count	%
All HH								
Self-produced by household	182	70.0%	474	90.6%	383	85.5%	1039	84.4%
Bought from market/shop	244	93.8%	473	90.4%	265	59.2%	982	79.8%
Food received in exchange for work	147	56.5%	51	9.8%	102	22.8%	300	24.4%
Food provided by NGOs	173	66.5%	41	7.8%	67	15.0%	281	22.8%
Food provided by the government	202	77.7%	45	8.6%	40	8.9%	287	23.3%
Male-headed HH								
Self-produced by household	165	69.9%	457	90.5%	359	87.3%	981	85.2%
Bought from market/shop	221	93.6%	455	90.1%	240	58.4%	916	79.5%
Food received in exchange for work	136	57.6%	51	10.1%	96	23.4%	283	24.6%
Food provided by NGOs	155	65.7%	40	7.9%	57	13.9%	252	21.9%
Food provided by the government	181	76.7%	43	8.5%	31	7.5%	255	22.1%
Female-headed HH								
Self-produced by household	17	70.8%	17	94.4%	24	64.9%	58	73.4%
Bought from market/shop	23	95.8%	18	100.0%	25	67.6%	66	83.5%
Food received in exchange for work	11	45.8%	0	0.0%	6	16.2%	17	21.5%
Food provided by NGOs	18	75.0%	1	5.6%	10	27.0%	29	36.7%
Food provided by the government	21	87.5%	2	11.1%	9	24.3%	32	40.5%

4.2.2. Home Garden and Livestock

(a) Home Gardening

A-third (35%) of women had access to land they manage for home gardening in the past year. Slightly more than half (53%) of women in female-headed households had access to land, while the figure was 34% among those in male-headed households.

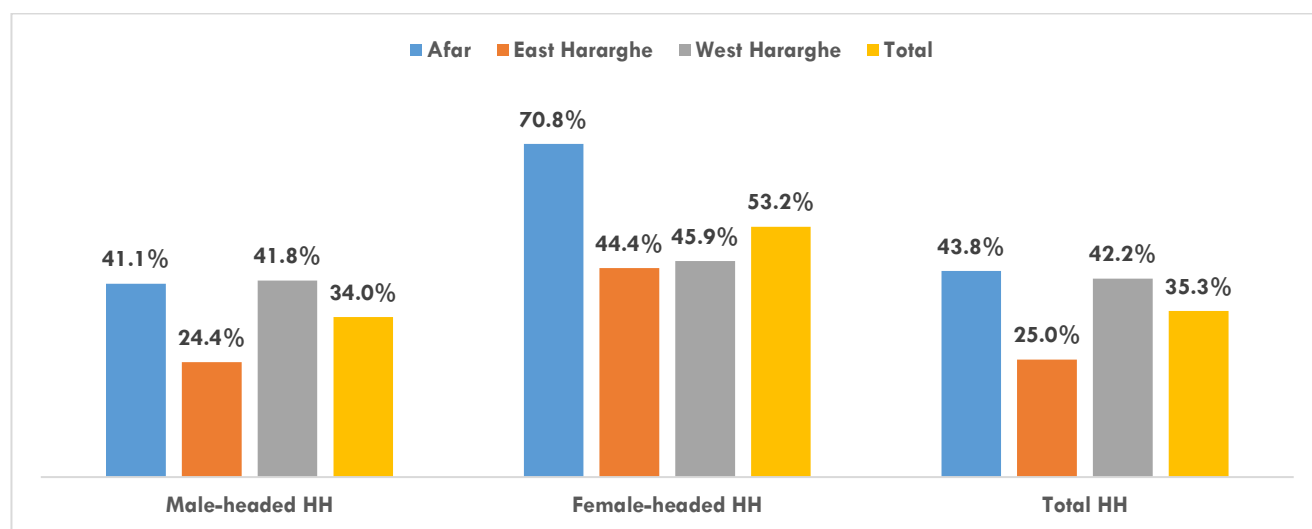


Figure 2: Percentage of women who personally manage land for home gardening at end line, January 2020

Among those women who personally manage land for home gardening, half (52%) of them obtained the land from the head of the household, and 36% owns the land themselves. Two-third (67%) of women grow their seeds for home gardening, increasing from 54% at baseline. Other sources of seeds include; aid from NGOs (non-governmental organizations) (21%), a donation from the agriculture bureau (14%), and support from the agriculture bureau through subsidy (11%). More women in Afar relied on seed aid from NGOs (62%) and government (46%) compared with those in East and West Hararghe.

When those women who had access to land for home gardening asked about the main source of resources such as money, tools and animals to grow crops on their plot of land, 67% of them mentioned husbands. At baseline 13% of women use own resources for home gardening and the figure has increased to 24% at end line.

Table 8: Source of land and inputs for home gardening at end line, January 2020

Characteristics	Afar [n=114]		East Hararghe [n=131]		West Hararghe [n=189]		Total [n=434]	
	Count	%	Count	%	Count	%	Count	%
Type of source (from where or whom women get the land)								
Allocated by head of household	50	43.9%	84	64.1%	91	48.1%	225	51.8%
I own it (respondent)	52	45.6%	47	35.9%	55	29.1%	154	35.5%
Sharecropped in	1	0.9%	0	0.0%	27	14.3%	28	6.5%
Rented in (cash)	7	6.1%	0	0.0%	8	4.2%	15	3.5%
Borrowed (no payment)	0	0.0%	0	0.0%	1	0.5%	1	0.2%
Other	2	1.8%	0	0.0%	7	3.7%	9	2.1%
Don't know	2	1.8%	0	0.0%	0	0.0%	2	0.5%
Source of seeds to grow crops								
Own seeds (self-grown by respondent)	33	28.9%	111	84.7%	148	78.3%	292	67.3%
NGO (free handout)	71	62.3%	8	6.1%	11	5.8%	90	20.7%
Agricultural bureau (free handout)	52	45.6%	0	0.0%	9	4.8%	61	14.1%
Agricultural bureau (subsidy)	15	13.2%	4	3.1%	29	15.3%	48	11.1%
Private seed growers	19	16.7%	5	3.8%	15	7.9%	39	9.0%
NGO (cost share)	8	7.0%	1	0.8%	7	3.7%	16	3.7%
Other	2	1.8%	36	27.5%	3	1.6%	41	9.4%
Didn't have any seeds this year	3	2.6%	0	0.0%	5	2.6%	8	1.8%
Source of resources to grow crops								
Husband	86	75.4%	121	92.4%	84	44.4%	291	67.1%
Self (respondent)	24	21.1%	4	3.1%	78	41.3%	106	24.4%
Neighbor	4	3.5%	16	12.2%	32	16.9%	52	12.0%
Male relative	17	14.9%	10	7.6%	16	8.5%	43	9.9%
Non-government organization	30	26.3%	2	1.5%	5	2.6%	37	8.5%
Female relative	9	7.9%	4	3.1%	4	2.1%	17	3.9%
Land owner	6	5.3%	0	0.0%	3	1.6%	9	2.1%
Government program	4	3.5%	0	0.0%	3	1.6%	7	1.6%
Private company	2	1.8%	0	0.0%	1	0.5%	3	0.7%
Religious organization	1	0.9%	0	0.0%	1	0.5%	2	0.5%
Other	1	0.9%	1	0.8%	4	2.1%	6	1.4%

A-third (33%) of women water their land to grow crops, while 67% of them depend on rain. Among those women who water their land, 45% of them reported that water is always available. Thirty-nine percent of women who water their land encounter difficulties getting enough water sometimes (1-2 times per month).

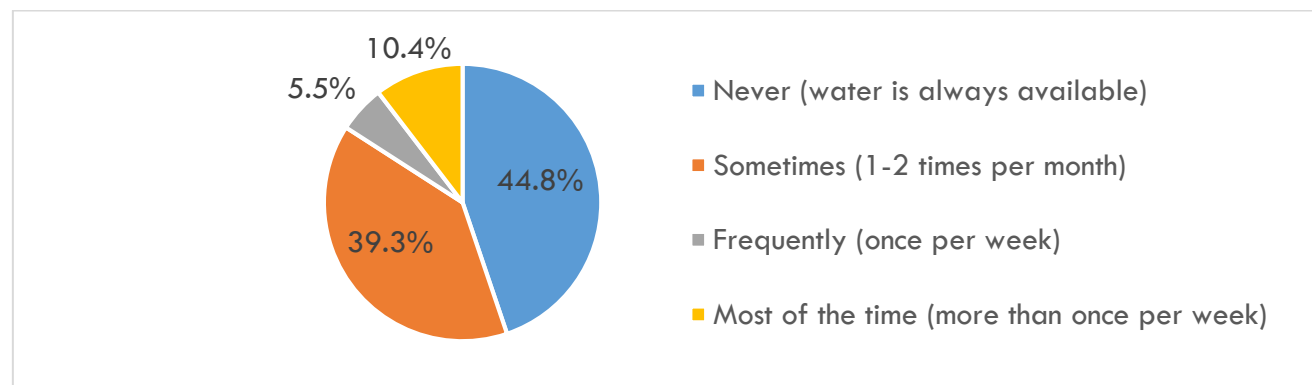


Figure 3: Frequency of difficulties in accessing enough water to adequately water land at end line, January 2020

The majority (88%) of women who had access to land for home gardening produced grains in the past year. Other major food types produced include Pulses/Legumes/Nuts (39%), Dark green leafy Vegetables (38%), and other Fruits or Vegetables (35%). Table 9 shows the percentage of households that consumed foods produced on their land. As shown in the table, most households produce foods for household consumption. The consumption of Dark green leafy Vegetables and other Fruits or Vegetables has increased compared with the baseline.

Table 9: Types of foods produced and consumed from home gardening in the past year at end line, January 2020

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Count	%	Count	%	Count	%	Count	%
Types of foods produced on the land in the past year								
Grains	88	77.2%	116	88.5%	176	93.1%	380	87.6%
Pulses/legumes/nuts	39	34.2%	55	42.0%	77	40.7%	171	39.4%
Dark green, leafy vegetables	68	59.6%	37	28.2%	60	31.7%	165	38.0%
Other fruits or vegetables	48	42.1%	60	45.8%	45	23.8%	153	35.3%
Roots or tubers	31	27.2%	50	38.2%	66	34.9%	147	33.9%
Vitamin A-rich plant foods	35	30.7%	17	13.0%	51	27.0%	103	23.7%
Coffee or Tea	4	3.5%	13	9.9%	45	23.8%	62	14.3%
From foods produced on the land, types of foods consumed by the household								
Dark green, leafy vegetables	66	97.1%	32	86.5%	55	91.7%	153	92.7%
Pulses/legumes/nuts	32	82.1%	49	89.1%	71	92.2%	152	88.9%
Coffee or Tea	3	75.0%	12	92.3%	40	88.9%	55	88.7%
Grains	80	90.9%	85	73.3%	168	95.5%	333	87.6%
Other fruits or vegetables	41	85.4%	56	93.3%	37	82.2%	134	87.6%
Roots or tubers	25	80.6%	44	88.0%	50	75.8%	119	81.0%
Vitamin A-rich plant foods	22	62.9%	15	88.2%	35	68.6%	72	69.9%

Among women who had access to land they personally manage, 19% of them said that they decide on which types of foods to produce. Although the percentage of women who decide on which types of foods to produce showed a slight increase from 14% at baseline, still husbands are the ultimate decision-makers in 68% of households. On the other hand, the percentage of women who reported that wives are the ultimate decision-makers about which foods they should use for household consumption has showed a notable increase from 28% at baseline to 41% in this survey.

Table 10: Ultimate decision-maker about the type of foods to produce and consume at end line, January 2020

Characteristics	Afar [n=114]		East Hararghe [n=131]		West Hararghe [n=189]		Total [n=434]	
	Count	%	Count	%	Count	%	Count	%
Ultimate decision maker about the type of foods to produce								
Respondent (women)	26	22.8%	21	16.0%	37	19.6%	84	19.4%
Husband	81	71.1%	110	84.0%	102	54.0%	293	67.5%
Mother/Father In-law	0	0.0%	0	0.0%	36	19.0%	36	8.3%
Mother/Father	4	3.5%	0	0.0%	3	1.6%	7	1.6%
Other Family	2	1.8%	0	0.0%	0	0.0%	2	0.5%
Other	1	0.9%	0	0.0%	11	5.8%	12	2.8%
Ultimate decision maker on which of the foods produced from home gardening should consume by the family								
Respondent (women)	27	23.7%	87	66.4%	65	34.4%	179	41.2%
Husband	80	70.2%	44	33.6%	68	36.0%	192	44.2%
Mother/Father In-law	0	0.0%	0	0.0%	37	19.6%	37	8.5%
Mother/Father	4	3.5%	0	0.0%	2	1.1%	6	1.4%
Other Family	2	1.8%	0	0.0%	0	0.0%	2	0.5%
Other	1	0.9%	0	0.0%	17	9.0%	18	4.1%

(b) Livestock

Eighty-four percent of households own livestock, increasing from 73% at baseline. There was apparent variation in the percentage of households that own livestock among male-headed and female-headed households (85% Vs 66%). The common livestock households own are Goat, Sheep, and Cattle. On average, a household owns 5.1 Goat, 2.9 Sheep, and 2.5 Cattle.

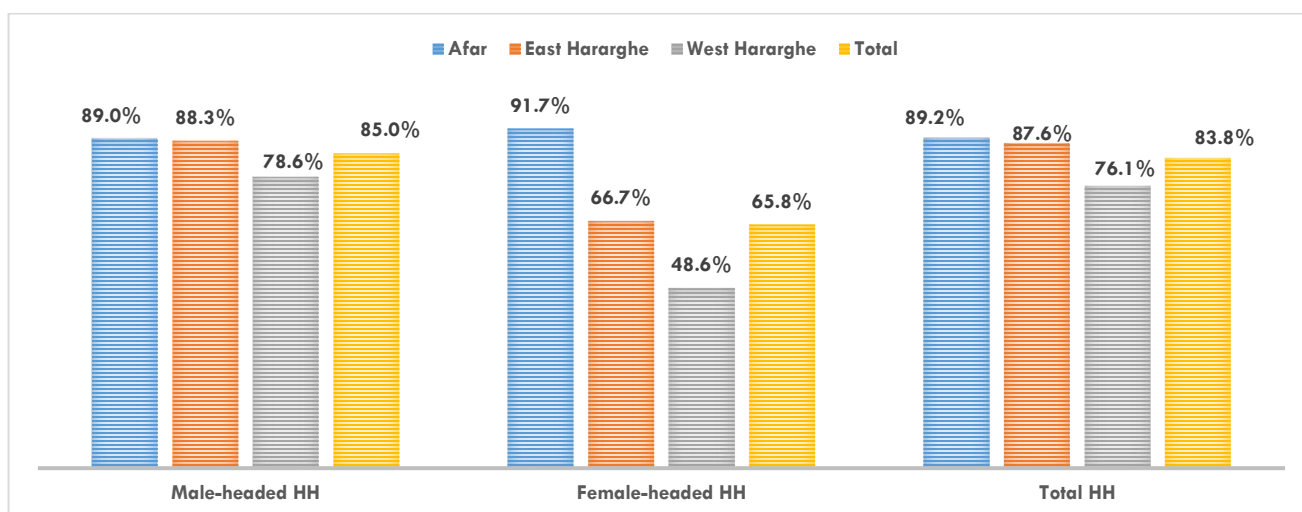


Figure 4: Percentage of households owning any livestock at end line, January 2020

Among respondents from households that own livestock, 36% of them reported that their family consumed any of their livestock for meat in the past year. There was a notable difference in the consumption of livestock for meat across the study areas. Seventy-eight percent of households in Afar consumed meat from their livestock in the past year compared with 24% in East and West Hararghe.

Table 11: Percentage of households whose family consumed any of the livestock they own in the past year at end line, January 2020

Characteristics	Afar [n=232]		East Hararghe [n=458]		West Hararghe [n=341]		Total [n=1031]	
	Count	%	Count	%	Count	%	Count	%
Male-headed HH	162	77.1%	107	24.0%	76	23.5%	345	35.2%
Female-headed HH	19	86.4%	2	16.7%	6	33.3%	27	51.9%
Total	181	78.0%	109	23.8%	82	24.0%	372	36.1%

4.2.3. Food Preservation and Storage

(a) Food Preservation

Eleven percent of households preserved fruits or vegetables in the past 12 months. Among those households that preserved fruits or vegetables, 81% used Sun drying method followed by salting (26%). Most households preserved Onion (85%) and Tomato (54%). Other major types of fruits and vegetables preserved include; Red Pepper (41%), Garlic (37%), and Carrot (27%).

Table 12: Methods of food preservation and types of foods preserved in the last 12 months at end line, January 2020

Characteristics	Afar [n=95]		East Hararghe [n=18]		West Hararghe [n=20]		Total [n=133]	
	Count	%	Count	%	Count	%	Count	%
Methods of food preservation used								
Sun drying	86	90.5%	10	55.6%	12	60.0%	108	81.2%
Salting	29	30.5%	5	27.8%	0	0.0%	34	25.6%
Berber (spice) for preserving meat	12	12.6%	2	11.1%	2	10.0%	16	12.0%
Other drying	7	7.4%	3	16.7%	3	15.0%	13	9.8%
Smoking	7	7.4%	1	5.6%	3	15.0%	11	8.3%
Canning	4	4.2%	0	0.0%	0	0.0%	4	3.0%
Pickling or fermentation	0	0.0%	0	0.0%	1	5.0%	1	0.8%
Other	9	9.5%	4	22.2%	3	15.0%	16	12.0%
Types of fruits and vegetables preserved								
Onion	91	95.8%	12	66.7%	10	50.0%	113	85.0%
Tomato	51	53.7%	11	61.1%	10	50.0%	72	54.1%

Characteristics	Afar [n=95]		East Hararghe [n=18]		West Hararghe [n=20]		Total [n=133]	
	Count	%	Count	%	Count	%	Count	%
Red pepper	45	47.4%	2	11.1%	7	35.0%	54	40.6%
Garlic	27	28.4%	8	44.4%	14	70.0%	49	36.8%
Carrot	27	28.4%	6	33.3%	3	15.0%	36	27.1%
Lemon	21	22.1%	2	11.1%	0	0.0%	23	17.3%
Cabbage	5	5.3%	5	27.8%	3	15.0%	13	9.8%
Banana	4	4.2%	6	33.3%	2	10.0%	12	9.0%
Lettuce	1	1.1%	4	22.2%	5	25.0%	10	7.5%
Pumpkin	2	2.1%	3	16.7%	3	15.0%	8	6.0%
Mango	4	4.2%	3	16.7%	1	5.0%	8	6.0%
Papaya	1	1.1%	3	16.7%	1	5.0%	5	3.8%
Orange	1	1.1%	2	11.1%	1	5.0%	4	3.0%
Kale	0	0.0%	0	0.0%	3	15.0%	3	2.3%
Citron	2	2.1%	0	0.0%	0	0.0%	2	1.5%
Citrus	2	2.1%	0	0.0%	0	0.0%	2	1.5%
Other	1	1.1%	2	11.1%	2	10.0%	5	3.8%

(b) Food Storage

Sixty percent of households that produced crops in the last post-harvest period stored food crops and the percentage has doubled from 28% at baseline. Across areas, more than half households in Hararghe (East Hararghe 68%; West Hararghe 60%) stored food crops compared with 46% in Afar.

Nearly all (99%) respondents from those households that stored crops reported that the purpose of storing was to use the crops for household consumption. About half (49%) of the households stored crops for seeds and the purpose of storing was to sell the crops at a higher price for 27% of them. Maize and Sorghum are the two common types of crops stored reported by 78% and 73% of respondents, respectively. A few households stored Teff (15%), Haricot Bean (10%), Wheat (9%), and Barely (8%). GrainPro bags (63%), storage pits (37%), and in-house storage (23%) were the common methods households use for storing food crops.

Table 13: Purpose of storing foods, types of crops stored, and methods of storage at end line, January 2020

Characteristics	Afar [n=119]		East Hararghe [n=354]		West Hararghe [n=270]		Total [n=743]	
	Count	%	Count	%	Count	%	Count	%
Types of crops stored in the last 12 months								
Maize	81	68.1%	309	87.3%	191	70.7%	581	78.2%
Sorghum	70	58.8%	241	68.1%	234	86.7%	545	73.4%
Teff	68	57.1%	19	5.4%	26	9.6%	113	15.2%
Haricot bean	3	2.5%	13	3.7%	60	22.2%	76	10.2%
Wheat	10	8.4%	33	9.3%	26	9.6%	69	9.3%
Barely	0	0.0%	20	5.6%	40	14.8%	60	8.1%
Pea	2	1.7%	34	9.6%	8	3.0%	44	5.9%
Red pea	29	24.4%	4	1.1%	8	3.0%	41	5.5%
Bean	0	0.0%	13	3.7%	26	9.6%	39	5.2%
Grass pea	24	20.2%	2	0.6%	0	0.0%	26	3.5%
Chick pea	4	3.4%	9	2.5%	11	4.1%	24	3.2%
Millet	8	6.7%	3	0.8%	13	4.8%	24	3.2%
Lentil	8	6.7%	5	1.4%	2	0.7%	15	2.0%
Flaxseed	0	0.0%	6	1.7%	1	0.4%	7	0.9%
Oats	0	0.0%	0	0.0%	4	1.5%	4	0.5%
Other	4	3.4%	103	29.1%	7	2.6%	114	15.3%
Method of storage used								
GrainPro bag	44	37.0%	268	75.7%	154	57.0%	466	62.7%
Storage in pits	16	13.4%	85	24.0%	177	65.6%	278	37.4%
In-house storage	57	47.9%	49	13.8%	68	25.2%	174	23.4%
Thatch stores or gunny sacks	9	7.6%	24	6.8%	29	10.7%	62	8.3%

Characteristics	Afar [n=119]		East Hararghe [n=354]		West Hararghe [n=270]		Total [n=743]	
	Count	%	Count	%	Count	%	Count	%
Granary	11	9.2%	3	0.8%	9	3.3%	23	3.1%
Cribs or metal silos	20	16.8%	1	0.3%	1	0.4%	22	3.0%
Sealed/tight containers/plastic drums	1	0.8%	3	0.8%	0	0.0%	4	0.5%
Community storing facilities	1	0.8%	0	0.0%	2	0.7%	3	0.4%
Purdue Improved Crop Storage	1	0.8%	1	0.3%	1	0.4%	3	0.4%
Other	1	0.8%	0	0.0%	3	1.1%	4	0.5%

4.2.4. Participation in the Productive Safety Net Program

A-quarter (25%) of households were participating in the Productive Safety Net Program (PSNP), with the highest figure reported in Afar. A slightly higher number of female-headed households were participating in the PSNP compared with male-headed households (30% Vs 24%).

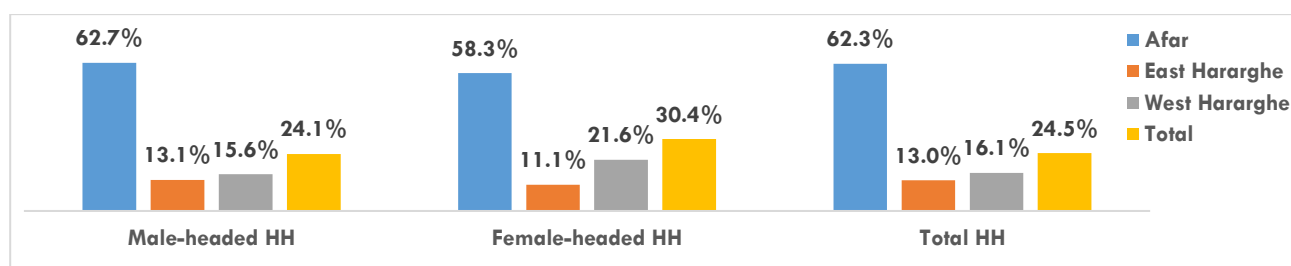


Figure 5: Percentage of households participating in the PSNP Program at end line, January 2020

4.2.5. Household Hunger Scale

The household hunger scale estimates household hunger by measuring household food deprivation. The scale assesses the severity of household food shortage using the following three items; (a) no food to eat of any kind in the household, (b) any household member goes to sleep at night hungry, and (c) any household member goes a whole day without eating anything at all. The method assesses the frequency of occurrence for the three items (never, rarely or sometimes, and often) for each surveyed household using 4 weeks (30 days) recall period. The method creates a continuous scale score for each household in the sample by summing responses to the three items where never=0, rarely or sometimes=1, and often=2 (with a minimum possible score of 0 and a maximum possible score of 6). Then, it categorizes households based on the score as; 'little to no household hunger' (scores of 0-1), 'moderate household hunger' (scores of 2-3), and 'severe household hunger' (scores of 4-6).

Findings from this evaluation revealed a remarkable reduction in the percentage of households experiencing 'moderate household hunger' from 34% at baseline to 9% at the end line. Conversely, the proportion of households in the category of 'little to no household hunger' has significantly increased from 64% at baseline to 90% in this survey. The proportion of households in the 'severe household hunger' category stood at 3% at baseline and 1% at end line.

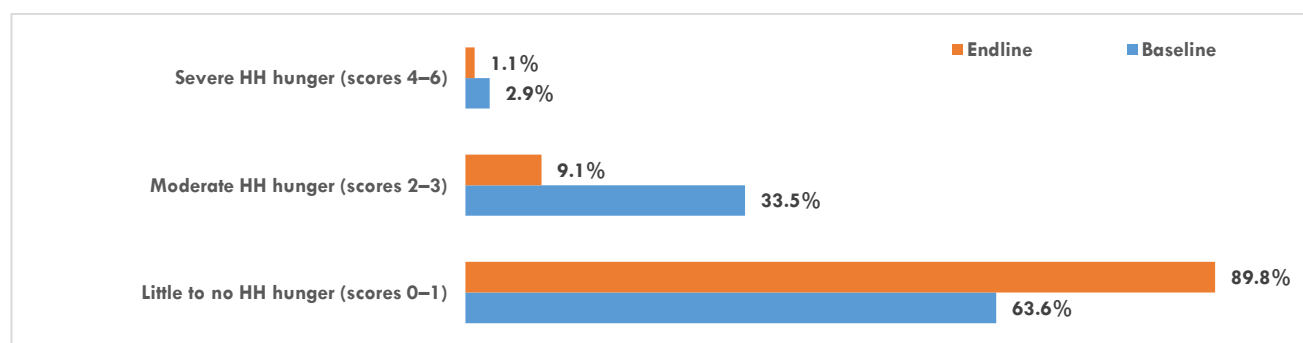


Figure 6: Household hunger score at baseline and end line, January 2020

Both in the baseline and end line surveys, the highest percentage of households experiencing 'moderate' household hunger was in West Hararghe while the lowest was in Afar. Food shortage was common among female-headed households, with 20% of households in this survey experiencing 'moderate household hunger' compared with 8% among male-headed households. During the baseline, the percentage was higher among male-headed households. In addition to the considerable difference (about three times higher), there was a notable reduction in the percentage of male-headed households in the 'moderate household hunger' category from 34% at baseline to 8% at end line while the difference among female-headed households was slight (baseline 28%; end line 20%). Surprisingly, no female-headed household in this survey experienced 'severe household hunger', unlike the case in male-headed households, although the figure has reduced from 3% to 1%.

Table 14: Household hunger score at baseline and end line by household head, January 2020

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Baseline [n=286]	End line [n=260]	Baseline [n=502]	End line [n=523]	Baseline [n=473]	End line [n=448]	Baseline [n=1261]	End line [n=1231]
Household hunger Score for total households								
Little to no HH hunger (scores 0–1)	83.2%	95.4%	64.1%	90.8%	51.2%	85.3%	63.6%	89.8%
Moderate HH hunger (scores 2–3)	16.4%	4.6%	29.7%	7.8%	47.8%	13.2%	33.5%	9.1%
Severe HH hunger (scores 4–6)	0.3%	0.0%	6.2%	1.3%	1.1%	1.6%	2.9%	1.1%
Household hunger Score for male-headed households								
Little to no HH hunger (scores 0–1)	82.5%	94.9%	64.4%	91.3%	49.5%	86.9%	62.7%	90.5%
Moderate HH hunger (scores 2–3)	17.1%	5.1%	28.9%	7.3%	49.3%	11.4%	34.2%	8.3%
Severe HH hunger (scores 4–6)	0.4%	0.0%	6.7%	1.4%	1.1%	1.7%	3.1%	1.2%
Household hunger Score for female-headed households								
Little to no HH hunger (scores 0–1)	88.6%	100.0%	62.3%	77.8%	70.3%	67.6%	70.9%	79.7%
Moderate HH hunger (scores 2–3)	11.4%	0.0%	34.8%	22.2%	29.7%	32.4%	27.7%	20.3%
Severe HH hunger (scores 4–6)	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%	1.4%	0.0%

4.3. Income, Savings, and Credit

4.3.1. Income Source and Amount

More than half (56%) of those women who produced crops on their land in the past year sold crops, showing a notable increase from baseline 20%. The percentage of women who sold crops was 56% among male-headed and 50% among female-headed households. Fifty-one percent of women reported that they earned income from sources other than the sale of crops. Farming from another land (22%), sale of livestock (18%), petty trade (13%), and own business (10%) were the major income sources for women.

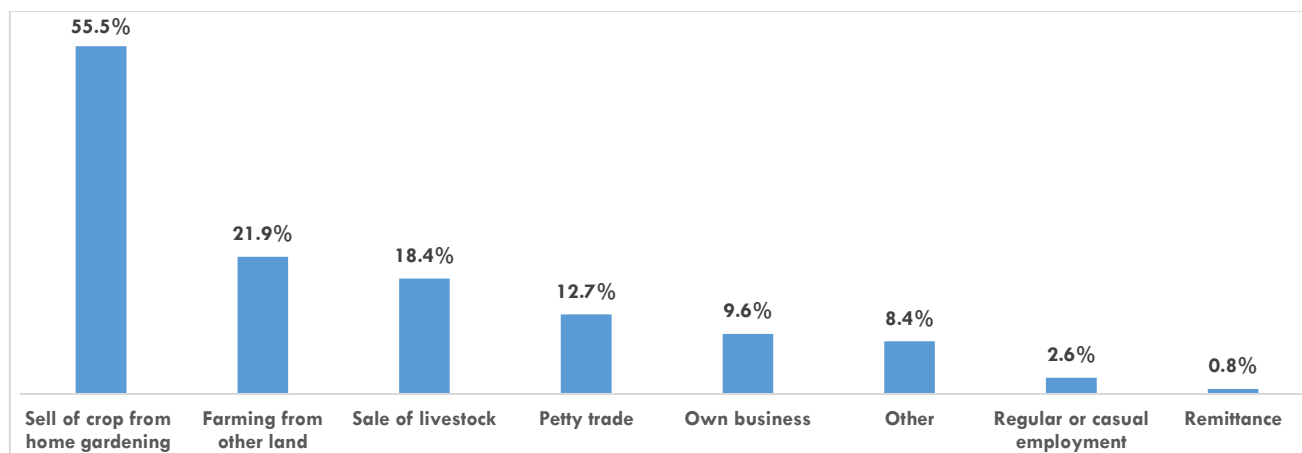


Figure 7: Women's income sources at end line, January 2020

Figure 8 presents the amount of yearly earnings among women who sold crops and among those who got income from other sources in the past year. Four women in every ten (41%) earned between 2000 to 5000 Ethiopian Birr from the sale of crops and 34% of them earned less than 2000 Birr. At baseline, two-third (66%) of women earned less than 2000 Birr from the sale of crops while only 13% of them earned between 2000 to 5000 Ethiopian Birr. The amount of yearly income from other sources was less than 2000 Birr for 31% of women and between 2000 to 5000 Birr for 28% of them.

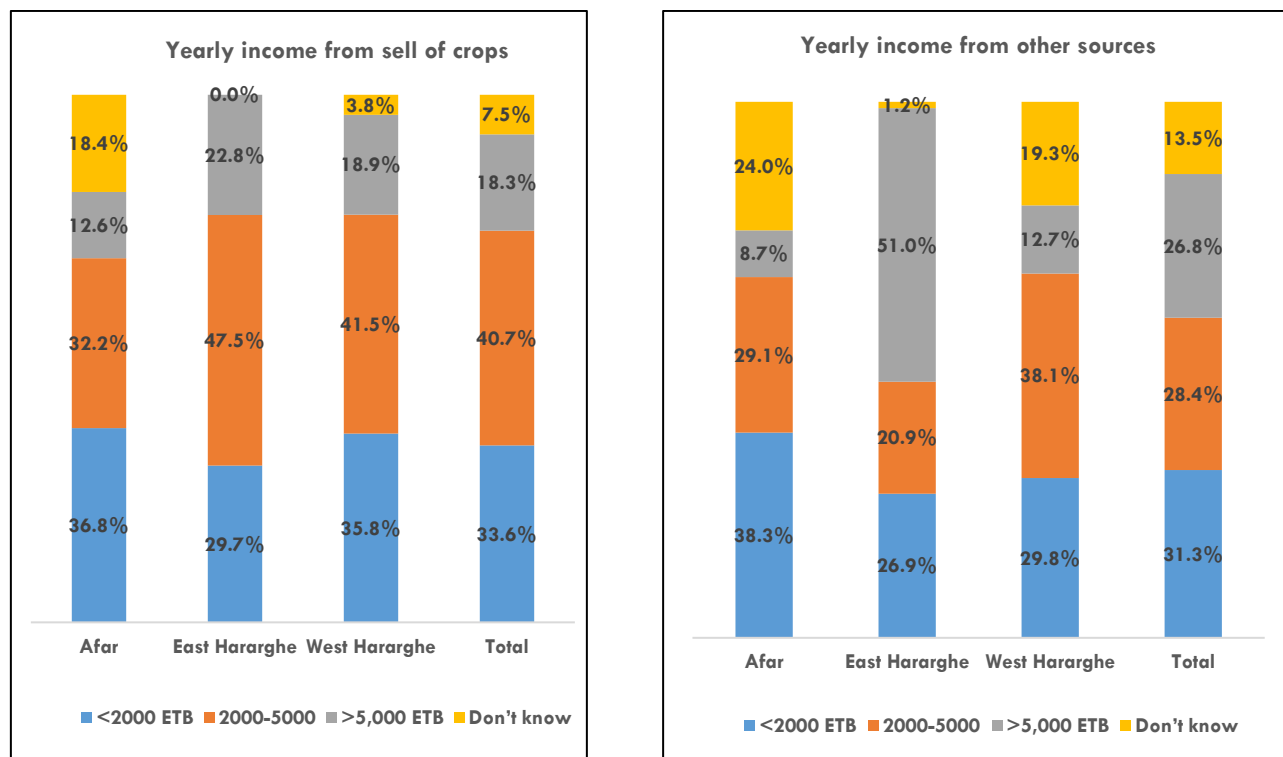


Figure 8: Women's income amount from selling crops and other sources at end line, January 2020

4.3.2. Saving and Credit

(a) Saving

Forty-three percent of women reported that they save money, showing an increase from 28% at baseline. Relatively, high proportion women in male-headed households (44%) save money than female-headed households (35%). Among those women who save money, nearly all (98%) save voluntarily.

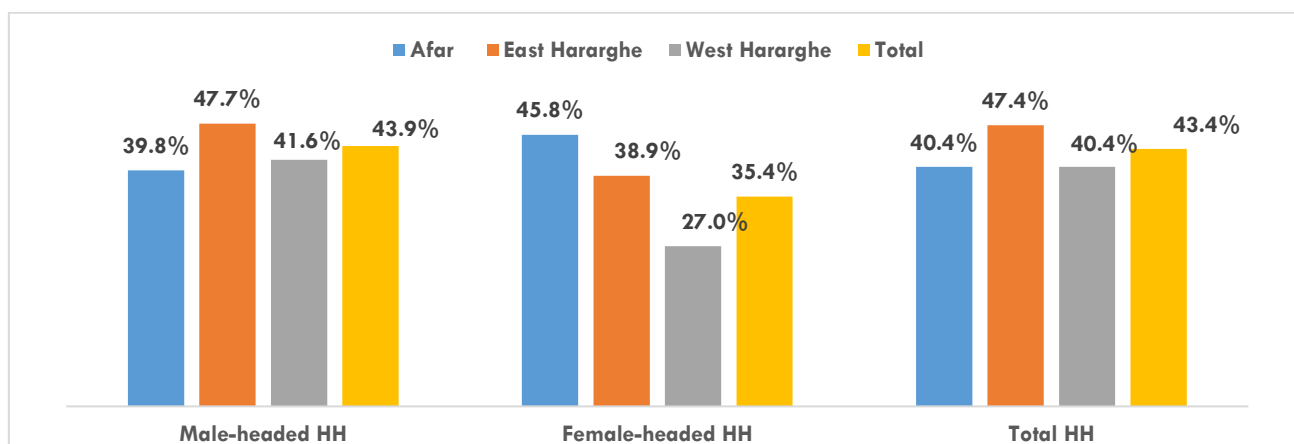


Figure 9: Percentage of women who personally save money at end line, January 2020

More than half (62%) of those women who save money have saved between more than 1000 Birr in the past 12 months. Among those women who personally save money, 79% of them save money for personal use, significantly increasing from 46% at baseline. More than half (55%) of women save to use the money for crop/food production and 36% of them for livestock production. Home is the commonplace of saving reported by 45% of those women who save money followed by Idir/Iqub⁴ (26%). The proportion of women who save money at home has reduced from 64% at baseline while the percentage has increased for those who save at informal community groups (baseline 6%; end line 18%) and VSLA (baseline 7%; end line 16%).

Table 15: Saving practice of women at end line, January 2020

Characteristics	Afar [n=105]		East Hararghe [n=248]		West Hararghe [n=181]		Total [n=534]	
	Count	%	Count	%	Count	%	Count	%
Amount saved in the last 12 months								
<1000 ETB	37	35.2%	82	33.1%	57	31.5%	176	33.0%
1000 – 3000 ETB	30	28.6%	88	35.5%	75	41.4%	193	36.1%
>3000 ETB	28	26.7%	76	30.6%	35	19.3%	139	26.0%
Don't know	10	9.5%	2	0.8%	14	7.7%	26	4.9%
Purpose of saving								
Personal use	76	72.4%	213	85.9%	134	74.0%	423	79.2%
Crop/food production	59	56.2%	129	52.0%	111	61.3%	299	56.0%
Livestock production	51	48.6%	58	23.4%	82	45.3%	191	35.8%
Other production	12	11.4%	32	12.9%	39	21.5%	83	15.5%
Others	10	9.5%	11	4.4%	6	3.3%	27	5.1%
Place of saving								
At home	39	37.1%	149	60.1%	50	27.6%	238	44.6%
Idir/Iqub	26	24.8%	29	11.7%	81	44.8%	136	25.5%
Informal community group	6	5.7%	32	12.9%	57	31.5%	95	17.8%
VSLA	51	48.6%	9	3.6%	23	12.7%	83	15.5%
Bank	11	10.5%	49	19.8%	23	12.7%	83	15.5%
RUSSACOs	7	6.7%	20	8.1%	45	24.9%	72	13.5%
MFIs	0	0.0%	2	0.8%	3	1.7%	5	0.9%
Other	0	0.0%	1	0.4%	3	1.7%	4	0.7%

(b) Credit

Twenty-three percent of women had ever received training on saving in the past two years. One-fifth (20%) of women had ever received credit in the past two years. The proportion of women who had ever received credit was relatively higher in Afar (25%), while the lowest was in West Hararghe (16%).

Table 16: Percent of women ever received training and credit in the past two years at the end line, January 2020

Characteristics	Afar [n=260]		East Hararghe [n=523]		West Hararghe [n=448]		Total [n=1231]	
	Count	%	Count	%	Count	%	Count	%
Percentage of women who ever received training on savings								
Male-headed HH	103	43.6%	73	14.5%	83	20.2%	259	22.5%
Female-headed HH	14	58.3%	2	11.1%	13	35.1%	29	36.7%
Total HH	117	45.0%	75	14.3%	96	21.4%	288	23.4%
Percentage of women who ever received credit in the past two years								
Male-headed HH	59	25.0%	105	20.8%	63	15.3%	227	19.7%
Female-headed HH	6	25.0%	3	16.7%	9	24.3%	18	22.8%
Total HH	65	25.0%	108	20.7%	72	16.1%	245	19.9%

⁴ Idir/Iqub is a traditional community saving group

4.4. Feeding Practices

4.4.1. Infant and Young Child Feeding Practices (IYCF)

(a) Breastfeeding Practices

Out of the total infants under-two years included in this study, 94% were ever breastfed. Most (86%) of children aged 12-15 months continued breastfeeding. Both at baseline and end line, most mothers of infants under-two years (baseline 87% and end line 86%) reported that they initiated breastfeeding within the first hour of birth. Ninety three percent of mothers both at baseline and end line gave colostrum to newborns. About a-fifth (19%) of newborns born in the past two years consumed pre-lacteal feeds within the first three days, reducing from 35% at baseline. Bottle feeding practice has shown a slight increase from 16% at baseline to 19% in this survey.

Findings from this end line survey showed a remarkable increase in the proportion of exclusively breastfed children under the age of six months from 56% at baseline to 76%. Exclusive breastfeeding varies among the study areas with the lowest figure recorded in Afar (58%) compared with 81% in East and West Hararghe.

Table 17: Breastfeeding related practices among women at end line, January 2020

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Baseline	End line	Baseline	End line	Baseline	End line	Baseline	End line
Core Indicators								
Early initiation of BF (0-23 months)	[n=217]	[n=205]	[n=404]	[n=425]	[n=369]	[n=349]	[n=990]	[n=979]
0-11 months	93.0%	85.1%	83.8%	89.0%	90.1%	93.2%	88.3%	89.6%
12-23 months	84.5%	81.3%	82.5%	80.1%	89.8%	87.9%	85.7%	83.1%
Total	88.9%	83.4%	83.2%	84.5%	90.0%	90.5%	87.0%	86.4%
Exclusive BF (0-5 months)	[n=57]	[n=60]	[n=109]	[n=110]	[n=70]	[n=105]	[n=236]	[n=275]
0-1 month	92.9%	65.2%	68.6%	87.1%	54.5%	100.0%	71.7%	85.9%
2-3 months	47.8%	40.0%	71.8%	87.2%	48.6%	73.5%	57.7%	74.8%
4-5 months	35.0%	63.6%	34.3%	65.6%	54.2%	72.0%	40.5%	67.1%
Total	54.4%	58.3%	58.7%	80.9%	51.4%	81.0%	55.5%	76.0%
Continued BF at 1 year (12-15 months)	[n=40]	[n=32]	[n=71]	[n=62]	[n=72]	[n=68]	[n=183]	[n=162]
Total	57.5%	81.3%	87.3%	85.5%	91.7%	89.7%	82.5%	86.4%
Additional Indicators								
Bottle feeding (0-23 months)	[n=216]	[n=204]	[n=403]	[n=425]	[n=364]	[n=350]	[n=983]	[n=979]
0-5 months	3.3%	6.3%	3.3%	13.6%	17.4%	2.9%	8.0%	7.9%
6-11 months	0.0%	38.0%	14.5%	38.4%	31.4%	12.5%	17.7%	29.9%
12-23 months	6.9%	34.4%	11.2%	25.0%	33.3%	8.1%	18.7%	20.7%
Total	4.2%	26.5%	9.4%	25.2%	28.8%	7.4%	15.5%	19.1%
Children ever breastfeed (0-23 months)	[n=215]	[n=205]	[n=404]	[n=425]	[n=369]	[n=350]	[n=988]	[n=980]
Total	94.0%	96.6%	93.8%	92.7%	96.5%	94.9%	94.8%	94.3%
Colostrum (0-23 months)	[n=202]	[n=198]	[n=376]	[n=394]	[n=356]	[n=332]	[n=934]	[n=924]
Total	95.0%	96.0%	94.4%	91.9%	89.9%	91.6%	92.8%	92.6%
Pre-lacteal within 3 days (0-23 months)	[n=202]	[n=198]	[n=376]	[n=394]	[n=356]	[n=332]	[n=934]	[n=924]
Total	40.3%	21.2%	28.8%	15.7%	37.3%	21.4%	34.5%	18.9%

(b) Complementary Feeding Practices

Eighty nine percent of mothers of infants aged 6-8 months reported introducing complementary foods around the recommended time of 6 months, increasing from 73% at baseline. The practice of timely initiation of complementary foods for infants aged 6-9 months has considerably increased from 64% at baseline to 82% at the end line.

This end line findings showed improvements in complementary feeding practices. The percentage of children aged 6-23 months that met the minimum dietary diversity has significantly increased from baseline 26% to end line 47%. Similarly, 73% of children under two years in this survey met the meal frequency while the figure was 58% at baseline. The minimum acceptable diet has increased from 20% from baseline to 34% in this survey. A-third (34%) of children consumed iron-rich or iron-fortified foods.

Table 18: Complementary feeding related practices among women at end line, January 2020

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Baseline	End line	Baseline	End line	Baseline	End line	Baseline	End line
Timely complementary feeding (6-9 months)	[n=25]	[n=28]	[n=51]	[n=64]	[n=48]	[n=49]	[n=124]	[n=141]
Total	72.0%	78.6%	64.7%	84.4%	58.3%	81.6%	63.7%	82.3%
Introduction of solid, semi-solid or soft foods (6-8 months)	[n=18]	[n=23]	[n=39]	[n=54]	[n=35]	[n=36]	[n=92]	[n=113]
Total	94.4%	87.0%	66.7%	90.7%	68.6%	88.9%	72.8%	89.4%
Minimum dietary diversity (6-23 months)	[n=126]	[n=123]	[n=242]	[n=305]	[n=210]	[n=230]	[n=578]	[n=658]
6-11 months	9.3%	45.5%	8.5%	35.5%	34.8%	43.5%	19.3%	40.3%
12-17 months	8.0%	68.9%	24.1%	41.7%	41.3%	42.9%	27.2%	47.0%
18-23 months	21.2%	70.6%	26.7%	45.4%	46.9%	57.1%	31.8%	53.7%
Total	11.9%	61.0%	21.1%	41.0%	40.5%	47.4%	26.1%	47.0%
Minimum meal frequency (6-23 months)	[n=103]	[n=102]	[n=212]	[n=301]	[n=166]	[n=222]	[n=481]	[n=625]
6-11 months	63.2%	80.0%	54.0%	65.2%	75.4%	78.5%	64.8%	72.4%
12-17 months	42.1%	70.7%	37.9%	77.9%	75.7%	64.8%	51.7%	71.9%
18-23 months	59.3%	65.4%	47.8%	81.3%	79.5%	65.2%	59.4%	73.3%
Total	54.4%	72.5%	44.8%	75.1%	76.5%	68.9%	57.8%	72.5%
Minimum acceptable diet (6-23 months)	[n=103]	[n=102]	[n=212]	[n=305]	[n=166]	[n=226]	[n=481]	[n=633]
6-11 months	7.9%	41.2%	8.0%	26.9%	35.1%	38.8%	18.6%	33.5%
12-17 months	5.3%	51.2%	15.8%	30.4%	32.9%	31.1%	19.7%	34.1%
18-23 months	14.8%	44.4%	16.4%	32.0%	38.5%	33.3%	22.6%	34.2%
Total	8.7%	46.1%	14.2%	29.8%	34.9%	34.1%	20.2%	34.0%
Consumption of iron-rich/iron-fortified foods (6-23 months)	[n=103]	[n=140]	[n=212]	[n=315]	[n=166]	[n=245]	[n=481]	[n=700]
6-11 months	18.4%	48.0%	14.0%	35.4%	38.6%	13.9%	24.8%	31.2%
12-17 months	18.4%	64.2%	27.4%	34.2%	44.3%	26.5%	31.5%	37.3%
18-23 months	22.2%	54.1%	28.4%	33.3%	59.0%	21.3%	36.1%	32.7%
Total	19.4%	55.7%	24.5%	34.3%	45.8%	21.2%	30.8%	34.0%

4.4.2. Women and Men Dietary Diversity

The dietary diversity score (DDS) reflects the probability of micronutrient adequacy of the diet consumed by an individual. The scores summarize the number of food groups consumed by individual respondents (women and men) over a 24-hour recall period. The scores are created based upon consumption of the following 9 food groups; (1) grains, white roots and tubers, (2) dark green leafy vegetables, (3) other vitamin a-rich fruits and vegetables (4) other vegetables, (5) other fruits (6) meat, poultry and fish, (7) eggs, (8) legumes, nuts and seeds, and (9) dairy. Values are assigned for each food group based on the individual response (value of '1' if the individual consumed at least one food type in the food group, or else '0'). Then, the DDS is calculated by adding the number of food groups consumed by an individual giving scores ranging from 0-9.

This evaluation revealed improved practice in the consumption of diversified foods among women and men. More than half (57%) of women consumed 4 or more food groups over the 24 hours before the survey, showing a significant increase from 30% at baseline. At the end line, 55% of men consumed 4 or more food groups in the past 24 hours, while the figure was 31% at baseline.

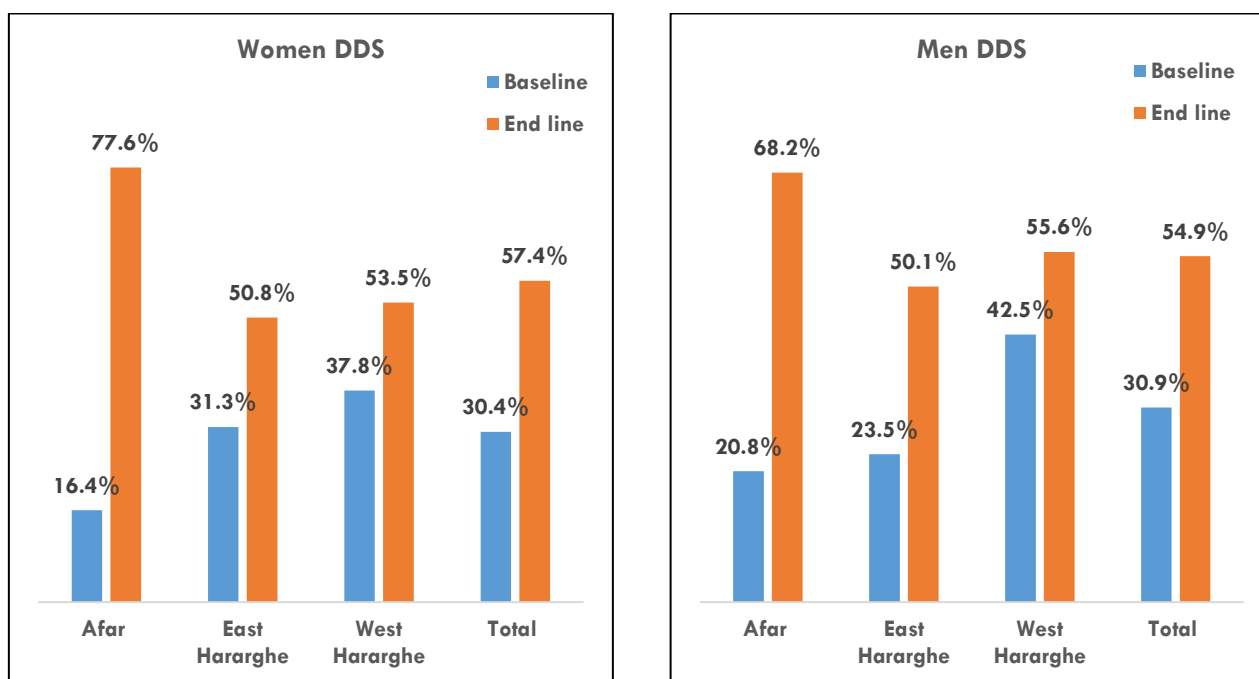


Figure 10: Percent of women and men consuming ≥ 4 food groups in the past 24 hours at baseline and end line, January 2020

The average DDS among women was 3.9, increasing from 3.1 at baseline. Among men, the average DDS has increased from 3.0 at baseline to 3.8 in this survey. The daily average meal frequency was 2.9 for both women and men. At baseline, the average meal frequency per day was 2.7 and 2.6 for women and men, respectively.

Table 19: Average DDS of women and men at baseline and end line, January 2020

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Baseline	End line	Baseline	End line	Baseline	End line	Baseline	End line
Women								
Male-headed HH	2.6	4.8	3.2	3.7	3.1	3.7	3.0	3.9
Female-headed HH	2.9	5.4	3.0	2.5	4.8	3.3	3.4	3.8
Total	2.6	4.9	3.2	3.6	3.2	3.6	3.1	3.9
Men								
Male-headed HH	2.8	4.5	2.9	3.7	3.2	4.5	3.0	3.8
Female-headed HH	1.3	5.3	2.8	3.1	4.6	5.3	3.3	3.9
Total	2.7	4.6	2.9	3.7	3.3	3.7	3.0	3.8

4.5. Child's Health

4.5.1. Diarrhea Prevalence and Care Seeking

Diarrhea prevalence among children under the age of 5 years showed a slight reduction from 15% at baseline to 12% in this survey. Across areas, the proportion of children experienced diarrhea in the 2 weeks before the survey has reduced in East and West Hararghe, though the prevalence was the highest in West Hararghe (16%). The prevalence in Afar remains the same (baseline 10%, end line 11%). Comparing by the age of children, diarrhea affected more proportion of children aged 12-17 months (18%), followed by 6-11 months (15%).

Both at baseline and end line, more than half of mothers/caretakers breastfed less than usual the last time the child had diarrhea (baseline 56%; end line 55%). About two-thirds (64%) of mothers/caretakers in this survey and 57% at baseline reported that they gave less amount of fluids for their child during diarrhea. The proportion of mothers/caretakers who gave less foods as compared to the amount the child usually consumes has increased

from 54% at baseline to 61% in this survey. The practice of breastfeeding, giving fluids and foods less than usual during diarrhea has reduced in West Hararghe while the figure has increased in Afar and East Hararghe.

Table 20: Diarrhea prevalence and feeding practice during an illness at baseline and end line, January 2020

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Baseline	End line	Baseline	End line	Baseline	End line	Baseline	End line
2 weeks diarrhea prevalence	[n=286]	[n=260]	[n=502]	[n=523]	[n=473]	[n=448]	[n=1261]	[n=1231]
0-5 months	6.6%	10.9%	9.8%	3.6%	12.0%	5.7%	9.8%	6.1%
6-11 months	13.2%	8.7%	18.4%	15.3%	16.7%	18.1%	16.4%	14.8%
12-17 months	13.3%	17.5%	22.0%	12.7%	23.8%	23.5%	20.8%	17.6%
18-23 months	7.0%	10.5%	6.8%	10.1%	25.6%	14.7%	14.1%	11.8%
24-59 months	8.7%	7.3%	12.2%	5.1%	21.2%	17.3%	14.8%	10.4%
Total	9.8%	11.2%	13.9%	9.4%	19.9%	15.6%	15.2%	12.0%
Breast feeding during diarrhea	[n=17]	[n=21]	[n=56]	[n=30]	[n=70]	[n=47]	[n=143]	[n=98]
Less than usual	41.2%	52.4%	51.8%	66.7%	62.9%	48.9%	55.9%	55.1%
About the same	41.2%	23.8%	17.9%	23.3%	31.4%	40.4%	27.3%	31.6%
More than usual	11.8%	9.5%	17.9%	10.0%	1.4%	10.6%	9.1%	10.2%
Nothing to drink	0.0%	14.3%	3.6%	0.0%	2.9%	0.0%	2.8%	3.1%
Don't know	5.9%	0.0%	5.4%	0.0%	1.4%	0.0%	3.5%	0.0%
Fluids given during diarrhea	[n=23]	[n=25]	[n=57]	[n=47]	[n=88]	[n=66]	[n=168]	[n=138]
Less than usual	30.4%	52.0%	50.9%	78.7%	67.0%	57.6%	56.5%	63.8%
About the same	52.2%	20.0%	17.5%	12.8%	23.9%	33.3%	25.6%	23.9%
More than usual	8.7%	8.0%	22.8%	6.4%	4.5%	7.6%	11.3%	7.2%
Nothing to drink	8.7%	12.0%	5.3%	2.1%	3.4%	0.0%	4.8%	2.9%
Don't know	0.0%	8.0%	3.5%	0.0%	1.1%	1.5%	1.8%	2.2%
Foods given during diarrhea	[n=23]	[n=25]	[n=57]	[n=47]	[n=88]	[n=66]	[n=168]	[n=138]
Less than usual	30.4%	52.0%	52.6%	80.9%	60.2%	50.0%	53.6%	60.9%
About the same	43.5%	24.0%	17.5%	10.6%	29.5%	42.4%	27.4%	28.3%
More than usual	13.0%	4.0%	15.8%	2.1%	4.5%	4.5%	9.5%	3.6%
Nothing to eat	8.7%	12.0%	12.3%	6.4%	5.7%	1.5%	8.3%	5.1%
Don't know	4.3%	8.0%	1.8%	0.0%	0.0%	1.5%	1.2%	2.2%

Sixty-four percent of mothers/caregivers sought treatment for their child when it had diarrhea (63% at baseline). Across areas, the percentage of mothers/caregivers who sought care for diarrhea was 69% in Afar, 59% in East Hararghe, and 64% in West Hararghe. Among those who sought care, more than half (56%) sought from health professionals and 34% from health extension workers. Among those children who had diarrhea, 43% and 26% of them received ORS and Zinc, respectively. Twenty-eight percent of children were given homemade sugar and salt solution during the diarrhea episode.

Table 21: Care seeking during diarrhea at end line, January 2020

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Count	%	Count	%	Count	%	Count	%
Service provider where care first sought for treatment of diarrhea	[n=20]		[n=29]		[n=45]		[n=94]	
Health professional	14	70.0%	20	69.0%	19	42.2%	53	56.4%
Health extension worker	2	10.0%	7	24.1%	23	51.1%	32	34.0%
Village health workers	2	10.0%	0	0.0%	2	4.4%	4	4.3%
Traditional healer	1	5.0%	1	3.4%	0	0.0%	2	2.1%
Mother	0	0.0%	0	0.0%	1	2.2%	1	1.1%
Husband/partner	1	5.0%	0	0.0%	0	0.0%	1	1.1%
Other	0	0.0%	1	3.4%	0	0.0%	1	1.1%
Children who received the following during diarrhea	[n=29]		[n=49]		[n=70]		[n=148]	
A fluid made from an ORS packet	15	51.7%	23	46.9%	25	35.7%	63	42.6%
Zinc	8	27.6%	14	28.6%	16	22.9%	38	25.7%
A homemade sugar and salt solution	11	37.9%	10	20.4%	21	30.0%	42	28.4%
Other homemade fluid	6	20.7%	6	12.2%	18	25.7%	30	20.3%

4.5.2. Growth Monitoring and Treatment for Malnutrition

Thirteen percent of children ever had their growth monitored (Afar 18%; East Hararghe 10%; & West Hararghe 12%). Among those children who were measured for weight, 30% got the service in the past month.

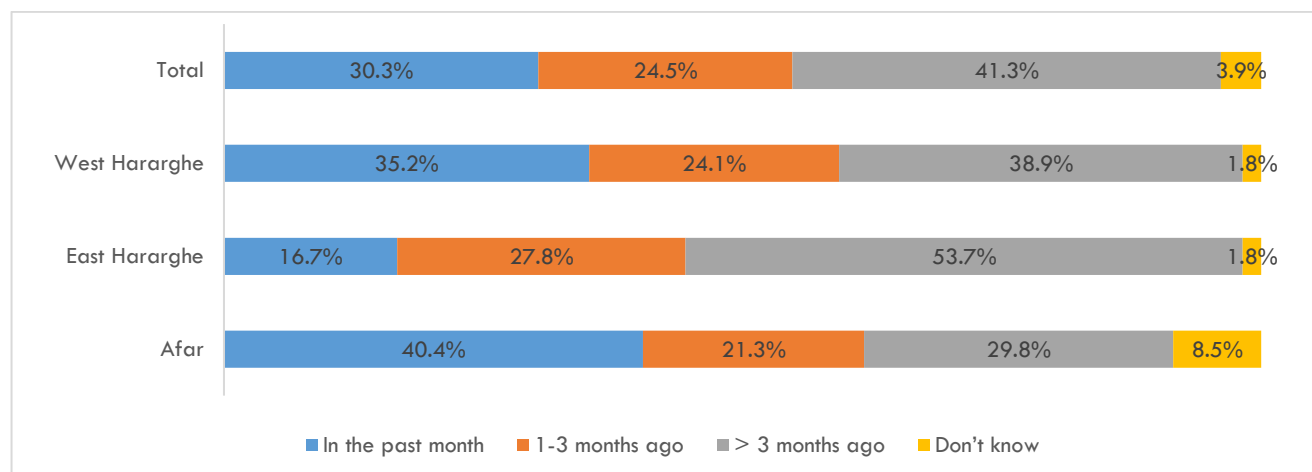


Figure 11: The last time the child taken for weighing at end line, January 2020

Eight percent of children had ever received treatment for malnutrition (Afar 12%; East Hararghe 5%; & West Hararghe 9%). Sixty percent of those children who treated for malnutrition received the service from government health posts (51% at baseline) and 25% from government health centers (22% at baseline).

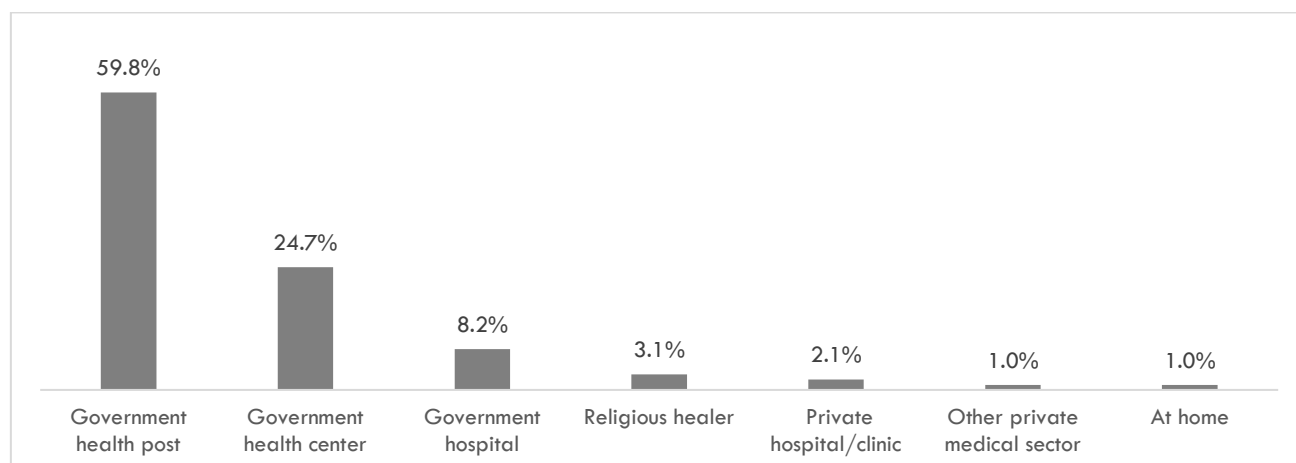


Figure 12: Source of treatment for malnutrition at end line, January 2020

Government health posts are the most preferred health facilities for the treatment of malnourished children. In this survey, 65% of women and men said that they prefer government health posts if their child becomes malnourished, increasing from 55% among women and 53% among men from baseline. A-quarter (26% women and 24% men) prefer to take their malnourished child to government health centers for treatment.

Table 22: Preference on service providers to seek care for a malnourished child at end line, January 2020

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Count	%	Count	%	Count	%	Count	%
Service providers preferred by Women	[n=260]		[n=523]		[n=448]		[n=1231]	
Government health post	133	51.2%	359	68.6%	304	67.9%	796	64.7%
Government health center	101	38.8%	129	24.7%	89	19.9%	319	25.9%
Government hospital	16	6.2%	7	1.3%	32	7.1%	55	4.5%
Private hospital/clinic	3	1.2%	5	1.0%	4	0.9%	12	1.0%

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Count	%	Count	%	Count	%	Count	%
Religious healer	3	1.2%	0	0.0%	0	0.0%	3	0.2%
Traditional healer	2	0.8%	2	0.4%	0	0.0%	4	0.3%
Other government sectors	1	0.4%	4	0.8%	0	0.0%	5	0.4%
Other private medical sector	0	0.0%	6	1.1%	3	0.7%	9	0.7%
At home	1	0.4%	3	0.6%	0	0.0%	4	0.3%
Nowhere (no treatment)	0	0.0%	0	0.0%	10	2.2%	10	0.8%
Other	0	0.0%	1	0.2%	2	0.4%	3	0.2%
Don't know	0	0.0%	7	1.3%	4	0.9%	11	0.9%
Service providers preferred by Men	[n=153]		[n=468]		[n=304]		[n=925]	
Government health post	76	49.7%	311	66.5%	216	71.1%	603	65.2%
Government health center	57	37.3%	117	25.0%	44	14.5%	218	23.6%
Government hospital	10	6.5%	18	3.8%	25	8.2%	53	5.7%
Other government sectors	4	2.6%	2	0.4%	3	1.0%	9	1.0%
Religious healer	1	0.7%	0	0.0%	0	0.0%	1	0.1%
Traditional healer	2	1.3%	1	0.2%	1	0.3%	4	0.4%
Private hospital/clinic	0	0.0%	6	1.3%	2	0.7%	8	0.9%
Other private medical sector	0	0.0%	0	0.0%	1	0.3%	1	0.1%
At home	0	0.0%	7	1.5%	0	0.0%	7	0.8%
Nowhere (no treatment)	0	0.0%	3	0.6%	6	2.0%	9	1.0%
Other	0	0.0%	1	0.2%	1	0.3%	2	0.2%
Don't know	3	2.0%	2	0.4%	5	1.6%	10	1.1%

4.6. Nutritional Status of Children and Women

4.6.1. Acute Malnutrition (Weight-for-Height)

GAM rate among children age 6-59 months was 11.6% in this survey and 13.5% at baseline. Global malnutrition rate has reduced in Afar from 23.0 % at baseline to 16.4 % at end line, but the prevalence remained the highest compared to the other two study areas.

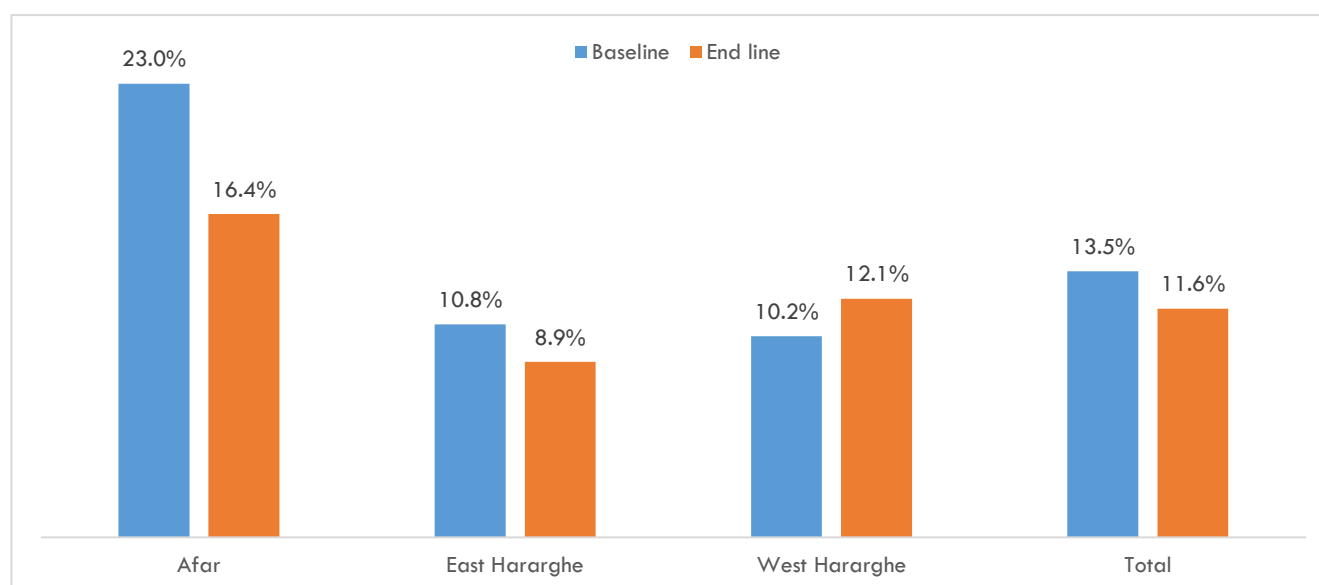


Figure 13: GAM prevalence based on weight-for-height z-scores (and/or oedema) among children of age 6-59 months at baseline and end line, January 2020

The prevalence of severe acute malnutrition has reduced from baseline 5.3% to end line 2.9%. Across areas, malnutrition prevalence (global, moderate, and severe) was the highest in Afar. Acute malnutrition rates are higher among boys than girls across all study areas.

Table 23: Prevalence of acute malnutrition based on weight-for-height z-scores (and/or oedema) and by sex among children of age 6-59 months at baseline and end line, January 2020

Characteristics	All [% ,95% C.I.]		Boys [% ,95% C.I.]		Girls [% ,95% C.I.]	
	Baseline	End line	Baseline	End line	Baseline	End line
Prevalence of global malnutrition (<-2 z-score and/or oedema)						
Afar	(41) 23.0 % (17.5 - 29.7)	(30) 16.4 % (11.7 - 22.4)	(25) 25.5 % (17.9 - 35.0)	(18) 17.6 % (11.5 - 26.2)	(16) 20.0 % (12.7 - 30.0)	(12) 14.8 % (8.7 - 24.1)
East Hararghe	(30) 10.8 % (7.7 - 15.0)	(36) 8.9 % (6.5 - 12.1)	(23) 14.4 % (9.8 - 20.6)	(21) 10.3 % (6.8 - 15.2)	(7) 6.0 % (2.9 - 11.8)	(15) 7.5 % (4.6 - 12.1)
West Hararghe	(31) 10.2 % (7.3 - 14.2)	(40) 12.1 % (9.0 - 16.0)	(23) 13.0 % (8.8 - 18.7)	(27) 14.1 % (9.9 - 19.8)	(8) 6.3 % (3.3 - 12.0)	(13) 9.3 % (5.5 - 15.2)
Total	(102) 13.5 % (4.3 - 35.2)	(106) 11.6 % (9.6 - 13.8)	(71) 16.3 % (6.7 - 34.5)	(66) 13.3 % (10.6 - 16.5)	(31) 9.6 % (1.5 - 41.9)	(40) 9.5 % (7.1 - 12.7)
Prevalence of moderate malnutrition (<-2 z-score and >=-3 z-score, no oedema)						
Afar	(27) 15.2 % (10.6 - 21.2)	(19) 10.4 % (6.7 - 15.6)	(17) 17.3 % (11.1 - 26.0)	(12) 11.8 % (6.9 - 19.4)	(10) 12.5 % (6.9 - 21.5)	(7) 8.6 % (4.2 - 16.8)
East Hararghe	(17) 6.1 % (3.9 - 9.6)	(29) 7.2 % (5.1 - 10.1)	(13) 8.1 % (4.8 - 13.4)	(15) 7.4 % (4.5 - 11.8)	(4) 3.4 % (1.3 - 8.5)	(14) 7.0 % (4.2 - 11.5)
West Hararghe	(18) 5.9 % (3.8 - 9.2)	(31) 9.4 % (6.7 - 13.0)	(12) 6.8 % (3.9 - 11.5)	(20) 10.5 % (6.9 - 15.6)	(6) 4.8 % (2.2 - 10.0)	(11) 7.9 % (4.4 - 13.5)
Total	(62) 8.2 % (2.1 - 26.8)	(79) 8.6 % (7.0 - 10.6)	(42) 9.7 % (2.8 - 28.3)	(47) 9.5 % (7.2 - 12.3)	(20) 6.2 % (1.1 - 27.7)	(32) 7.6 % (5.4 - 10.6)
Prevalence of severe malnutrition (<-3 z-score and/or oedema)						
Afar	(14) 7.9 % (4.7 - 12.8)	(11) 6.0 % (3.4 - 10.4)	(8) 8.2 % (4.2 - 15.3)	(6) 5.9 % (2.7 - 12.2)	(6) 7.5 % (3.5 - 15.4)	(5) 6.2 % (2.7 - 13.6)
East Hararghe	(13) 4.7 % (2.8 - 7.9)	(7) 1.7 % (0.8 - 3.5)	(10) 6.3 % (3.4 - 11.1)	(6) 2.9 % (1.4 - 6.3)	(3) 2.6 % (0.9 - 7.3)	(1) 0.5 % (0.1 - 2.8)
West Hararghe	(13) 4.3 % (2.5 - 7.2)	(9) 2.7 % (1.4 - 5.1)	(11) 6.2 % (3.5 - 10.8)	(7) 3.7 % (1.8 - 7.4)	(2) 1.6 % (0.4 - 5.6)	(2) 1.4 % (0.4 - 5.1)
Total	(40) 5.3 % (2.5 - 11.0)	(27) 2.9 % (2.0 - 4.3)	(29) 6.7 % (4.8 - 9.2)	(19) 3.8 % (2.5 - 5.9)	(11) 3.4 % (0.5 - 21.4)	(8) 1.9 % (1.0 - 3.7)
Total number (sample size)						
Afar	178	183	98	102	80	81
East Hararghe	277	403	160	204	117	199
West Hararghe	303	331	177	191	126	140
Total	758	917	435	497	323	420

4.6.2. Stunting (Height-for-Age)

The prevalence of stunting (percentage of children below -2 z-score), which measures the level of chronic malnutrition, showed a reduction from 39.1% at baseline to 33.2% at the end line. Stunting prevalence has reduced from 35.4% to 27.2% in Afar and from 49.3% to 34.6% in East Hararghe while the prevalence in West Hararghe remains almost the same.

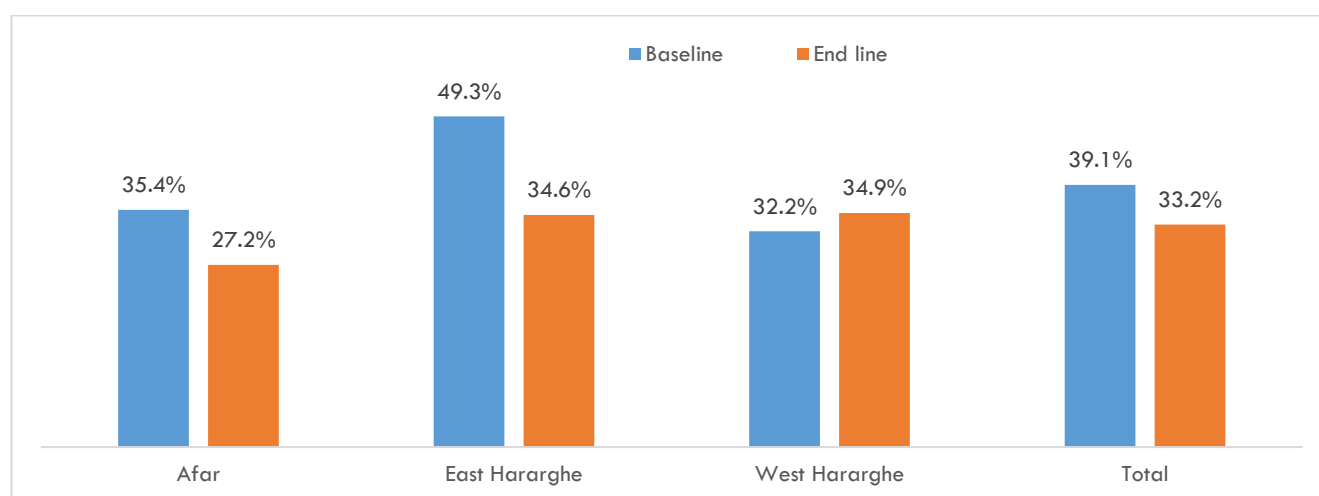


Figure 14: Prevalence of stunting based on height-for-age z-scores among children of age 6-59 months at baseline and end line, January 2020

Severe stunting prevalence has showed a notable reduction from the baseline 22.7% to 14.3% in this survey. Stunting prevalence was higher among boys.

Table 24: Prevalence of stunting based on height-for-age z-scores and by sex among children of age 6-59 months at baseline and end line, January 2020

Characteristics	All [% ,95% C.I.]		Boys [% ,95% C.I.]		Girls [% ,95% C.I.]	
	Baseline	End line	Baseline	End line	Baseline	End line
Prevalence of stunting (<-2 z-score)						
Afar	(62) 35.4 % (28.7 - 42.8)	(50) 27.2 % (21.3 - 34.0)	(41) 42.3 % (32.9 - 52.2)	(33) 32.0 % (23.8 - 41.6)	(21) 26.9 % (18.3 - 37.7)	(17) 21.0 % (13.5 - 31.1)
East Hararghe	(141) 49.3 % (43.6 - 55.1)	(139) 34.6 % (30.1 - 39.4)	(88) 54.0 % (46.3 - 61.5)	(77) 38.1 % (31.7 - 45.0)	(53) 43.1 % (34.7 - 51.9)	(62) 31.0 % (25.0 - 37.7)
West Hararghe	(105) 32.2 % (27.4 - 37.5)	(116) 34.9 % (30.0 - 40.2)	(66) 33.8 % (27.6 - 40.7)	(70) 37.2 % (30.6 - 44.3)	(39) 29.8 % (22.6 - 38.1)	(46) 31.9 % (24.9 - 39.9)
Total	(308) 39.1 % (18.4 - 64.8)	(305) 33.2 % (30.3 - 36.3)	(195) 42.9 % (18.5 - 71.2)	(180) 36.5% (32.4 - 40.9)	(113) 34.0 % (16.4 - 57.5)	(125) 29.4 % (25.3 - 33.9)
Prevalence of moderate stunting (<-2 z-score and >=-3 z-score)						
Afar	(32) 18.3 % (13.3 - 24.7)	(22) 12.0 % (8.0 - 17.4)	(23) 23.7 % (16.4 - 33.1)	(13) 12.6 % (7.5 - 20.4)	(9) 11.5 % (6.2 - 20.5)	(9) 11.1 % (6.0 - 19.8)
East Hararghe	(51) 17.8 % (13.8 - 22.7)	(79) 19.7 % (16.1 - 23.8)	(33) 20.2 % (14.8 - 27.1)	(50) 24.8 % (19.3 - 31.1)	(18) 14.6 % (9.5 - 21.9)	(29) 14.5 % (10.3 - 20.0)
West Hararghe	(46) 14.1 % (10.7 - 18.3)	(73) 22.0 % (17.9 - 26.7)	(27) 13.8 % (9.7 - 19.4)	(44) 23.4 % (17.9 - 30.0)	(19) 14.5 % (9.5 - 21.5)	(29) 20.1 % (14.4 - 27.4)
Total	(129) 16.4 % (11.2 - 23.4)	(174) 19.0 % (16.6 - 21.6)	(83) 18.2 % (8.9 - 33.7)	(107) 21.7 % (18.3 - 25.6)	(46) 13.9 % (10.7 - 17.8)	(67) 15.8 % (12.6 - 19.5)
Prevalence of severe stunting (<-3 z-score)						
Afar	(30) 17.1 % (12.3 - 23.4)	(28) 15.2 % (10.7 - 21.1)	(18) 18.6 % (12.1 - 27.4)	(20) 19.4 % (12.9 - 28.1)	(12) 15.4 % (9.0 - 25.0)	(8) 9.9 % (5.1 - 18.3)
East Hararghe	(90) 31.5 % (26.4 - 37.1)	(60) 14.9 % (11.8 - 18.7)	(55) 33.7 % (26.9 - 41.3)	(27) 13.4 % (9.4 - 18.7)	(35) 28.5 % (21.2 - 37.0)	(33) 16.5 % (12.0 - 22.3)
West Hararghe	(59) 18.1 % (14.3 - 22.6)	(43) 13.0 % (9.8 - 17.0)	(39) 20.0 % (15.0 - 26.2)	(26) 13.8 % (9.6 - 19.5)	(20) 15.3 % (10.1 - 22.4)	(17) 11.8 % (7.5 - 18.1)
Total	(179) 22.7 % (8.3 - 48.8)	(131) 14.3 % (12.2 - 16.7)	(112) 24.6 % (9.4 - 50.7)	(73) 14.8 % (11.9 - 18.2)	(67) 20.2 % (6.8 - 46.7)	(58) 13.6 % (10.7 - 17.2)
Total number (sample size)						
Afar	175	184	97	103	78	81
East Hararghe	286	402	163	202	123	200
West Hararghe	326	332	195	188	131	144
Total	787	918	455	493	332	425

4.6.3. Underweight (Weight-for-Age)

Underweight prevalence, which is a composite index of weight-for-age, stood at 18.8% with no difference with the baseline figure. Severe underweight rate was 5.4%, showing a reduction from 7.5% at baseline.

Table 25: Prevalence of underweight based on weight-for-age z-scores and by sex among children of age 6-59 months at baseline and End line, January 2020

Characteristics	All [% ,95% C.I.]		Boys [% ,95% C.I.]		Girls [% ,95% C.I.]	
	Baseline	End line	Baseline	End line	Baseline	End line
Prevalence of underweight (<-2 z-score)						
Afar	(43) 23.9 % (18.2 - 30.6)	(33) 17.7 % (12.9 - 23.9)	(28) 28.0 % (20.1 - 37.5)	(21) 20.0 % (13.5 - 28.6)	(15) 18.8 % (11.7 - 28.7)	(12) 14.8 % (8.7 - 24.1)
East Hararghe	(59) 20.7 % (16.4 - 25.8)	(74) 18.3 % (14.8 - 22.4)	(42) 25.8 % (19.7 - 33.0)	(42) 20.6 % (15.6 - 26.7)	(17) 13.9 % (8.9 - 21.2)	(32) 16.0 % (11.6 - 21.7)
West Hararghe	(46) 14.2 % (10.8 - 18.4)	(67) 19.9 % (16.0 - 24.5)	(36) 18.7 % (13.8 - 24.7)	(42) 21.6 % (16.4 - 28.0)	(10) 7.6 % (4.2 - 13.4)	(25) 17.5 % (12.1 - 24.5)
Total	(148) 18.7 % (9.3 - 34.1)	(174) 18.8 % (16.4 - 21.4)	(106) 23.2 % (13.0 - 38.0)	(105) 20.9 % (17.6 - 24.6)	(42) 12.6 % (4.1 - 32.5)	(69) 16.3 % (13.1 - 20.1)
Prevalence of moderate underweight (<-2 z-score and >=-3 z-score)						
Afar	(29) 16.1 % (11.5 - 22.2)	(23) 12.4 % (8.4 - 17.9)	(18) 18.0 % (11.7 - 26.7)	(14) 13.3 % (8.1 - 21.1)	(11) 13.8 % (7.9 - 23.0)	(9) 11.1 % (6.0 - 19.8)
East Hararghe	(32) 11.2 % (8.1 - 15.4)	(59) 14.6 % (11.5 - 18.4)	(24) 14.7 % (10.1 - 21.0)	(33) 16.2 % (11.8 - 21.8)	(8) 6.6 % (3.4 - 12.4)	(26) 13.0 % (9.0 - 18.4)
West Hararghe	(28) 8.6 % (6.0 - 12.2)	(42) 12.5 % (9.4 - 16.4)	(21) 10.9 % (7.2 - 16.1)	(26) 13.4 % (9.3 - 18.9)	(7) 5.3 % (2.6 - 10.5)	(16) 11.2 % (7.0 - 17.4)
Total	(89) 11.3 % (5.3 - 22.3)	(124) 13.4 % (11.3 - 15.7)	(63) 13.8 % (7.4 - 24.4)	(73) 14.5 % (11.7 - 17.9)	(26) 7.8 % (2.2 - 23.9)	(51) 12.0 % (9.3 - 15.5)
Prevalence of severe underweight (<-3 z-score)						
Afar	(14) 7.8 % (4.7 - 12.6)	(10) 5.4 % (2.9 - 9.6)	(10) 10.0 % (5.5 - 17.4)	(7) 6.7 % (3.3 - 13.1)	(4) 5.0 % (2.0 - 12.2)	(3) 3.7 % (1.3 - 10.3)
East Hararghe	(27) 9.5 % (6.6 - 13.4)	(15) 3.7 % (2.3 - 6.0)	(18) 11.0 % (7.1 - 16.8)	(9) 4.4 % (2.3 - 8.2)	(9) 7.4 % (3.9 - 13.4)	(6) 3.0 % (1.4 - 6.4)
West Hararghe	(18) 5.5 % (3.5 - 8.6)	(25) 7.4 % (5.1 - 10.7)	(15) 7.8 % (4.8 - 12.4)	(16) 8.2 % (5.1 - 13.0)	(3) 2.3 % (0.8 - 6.5)	(9) 6.3 % (3.3 - 11.5)
Total	(59) 7.5 % (3.4 - 15.5)	(50) 5.4 % (4.1 - 7.0)	(43) 9.4 % (5.6 - 15.5)	(32) 6.4 % (4.5 - 8.8)	(16) 4.8 % (1.0 - 19.7)	(18) 4.2 % (2.7 - 6.6)
Total number (sample size)						
Afar	180	186	100	105	80	81
East Hararghe	285	404	163	204	122	200
West Hararghe	325	337	193	194	132	143
Total	790	927	456	503	334	424

4.6.4. Nutritional Status of Women (MUAC)

Acute malnutrition rate among women aged 15-49 years (MUAC less than 230 mm) was 25.6% (baseline 24.8%). Across areas, the highest prevalence was in Afar (34.8%). The acute malnutrition prevalence among currently pregnant and/or lactating women was 26.2%.

Table 26: Prevalence of acute malnutrition among women of reproductive age at baseline and End line, January 2020

Prevalence of acute malnutrition (MUAC <230mm)	Afar		East Hararghe		West Hararghe		Total	
	Baseline [n=286]	End line [n=253]	Baseline [n=492]	End line [n=522]	Baseline [n=458]	End line [n=440]	Baseline [n=1236]	End line [n=1215]
Pregnant	(19) 59.4%	(7) 30.4%	(8) 26.7%	(7) 21.2%	(14) 24.6%	(8) 19.0%	(41) 34.5%	(22) 22.4%
Not pregnant but lactating	(68) 40.0%	(65) 38.0%	(83) 22.1%	(107) 26.8%	(54) 17.0%	(70) 20.3%	(205) 23.7%	(242) 26.4%
Pregnant and lactating	(3)	(0)	(1)	(7)	(5)	(0)	(9)	(7)

Prevalence of acute malnutrition (MUAC <230mm)	Afar		East Hararghe		West Hararghe		Total	
	Baseline [n=286]	End line [n=253]	Baseline [n=492]	End line [n=522]	Baseline [n=458]	End line [n=440]	Baseline [n=1236]	End line [n=1215]
	100%	0.0%	6.7%	35.0%	15.2%	0.0%	17.6%	30.4%
Not Pregnant and not lactating	(24) 34.8%	(13) 26.5%	(11) 15.5%	(16) 23.9%	(12) 24.0%	(7) 13.2%	(47) 24.7%	(36) 21.3%
Not sure / refused to answer	(4) 33.3%	(3) 37.5%	(0) 0.0%	(1) 50.0%	(0) 0.0%	(0) 0.0%	(4) 33.3%	(4) 40.0%
Total pregnant and/or lactating	(90) 43.9%	(72) 36.7%	(92) 21.9%	(121) 26.7%	(73) 17.9%	(78) 20.2%	(255) 24.7%	(271) 26.2%
Total women age 15-49 years	(118) 41.3%	(88) 34.8%	(103) 20.9%	(138) 26.4%	(85) 18.6%	(85) 19.3%	(306) 24.8%	(311) 25.6%

4.7. Water, Sanitation and Hygiene

4.7.1. Water

The proportion of households that have access to improved water facilities as a primary drinking water source has increased from 30% at baseline to 38% at end line. More than half (57%) of households in East Hararghe have access to improved water sources while the figure was 12% in Afar. It took less than 30 minutes to collect water (including two-way travel and queuing time) for 42% of households, increasing from 31% at baseline. The average water collection time was between 30 minutes and less than one hour for 25% of households (24% at baseline).

Table 27: Primary source of water for drinking at baseline and end line, January 2020

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Baseline [n=286]	End line [n=260]	Baseline [n=492]	End line [n=523]	Baseline [n=458]	End line [n=448]	Baseline [n=1236]	End line [n=1231]
Primary source of water for drinking								
Improved water source	15.4%	12.3%	38.6%	57.2%	29.6%	30.6%	30.0%	38.0%
Unimproved water source	83.9%	87.7%	46.0%	42.1%	46.9%	67.6%	55.0%	61.0%
Rainwater collection	0.3%	0.0%	8.0%	0.7%	8.0%	0.2%	6.3%	0.4%
Other	0.3%	0.0%	6.6%	0.0%	13.3%	1.6%	7.7%	0.6%
Don't know	0.0%	0.0%	0.8%	0.0%	2.1%	0.0%	1.1%	0.0%
Time to obtain drinking water (round trip)								
Less than 30 minutes	17.5%	70.4%	26.7%	35.0%	42.7%	33.3%	30.6%	41.8%
30 minutes to less than 1 hour	17.1%	11.5%	34.7%	27.9%	15.4%	28.6%	23.5%	24.7%
1 hour to less than 2 hours	9.8%	6.9%	31.3%	25.6%	20.5%	18.3%	22.4%	19.0%
2 hours to less than 8 hours	23.1%	11.2%	4.6%	11.3%	15.0%	17.4%	12.7%	13.5%
8 hours or longer	27.6%	0.0%	1.4%	0.0%	4.7%	0.9%	8.6%	0.3%
Don't know	4.9%	0.0%	1.4%	0.2%	1.7%	1.6%	2.3%	0.6%

Table 28 presents data on persons responsible for water collection. As shown in the table, most respondents (83%) reported that adult women age 15 years and above are responsible for collecting water (82% at baseline).

Table 28: Person who usually collects water at end line, January 2020

Characteristics	Afar [n=260]		East Hararghe [n=523]		West Hararghe [n=448]		Total [n=1231]	
	Count	%	Count	%	Count	%	Count	%
Female adult	168	64.6%	462	88.3%	397	88.6%	1027	83.4%
Male adult	66	25.4%	6	1.1%	12	2.7%	84	6.8%
Female child (less than 15 years of age)	24	9.2%	45	8.6%	32	7.1%	101	8.2%
Male child (less than 15 years of age)	2	0.8%	10	1.9%	5	1.1%	17	1.4%
Don't know	0	0.0%	0	0.0%	2	0.4%	2	0.2%

Thirty percent of households treat water at the household level. Chlorination using bleach/ chlorin and purifying tablets was the typical water treatment method in the area used by 28% of households followed by boiling (8%).

Table 29: Household water treatment practices at end line, January 2020

Characteristics	Afar [n=260]		East Hararghe [n=523]		West Hararghe [n=448]		Total [n=1231]	
	Count	%	Count	%	Count	%	Count	%
Add bleach/chlorine	114	43.8%	30	5.7%	37	8.3%	181	14.7%
Use purifying tablets	93	35.8%	7	1.3%	65	14.5%	165	13.4%
Boil water	65	25.0%	5	1.0%	34	7.6%	104	8.4%
Strain it through a cloth	19	7.3%	25	4.8%	12	2.7%	56	4.5%
Let it stand and settle	35	13.5%	0	0.0%	7	1.6%	42	3.4%
Use water filter	8	3.1%	0	0.0%	6	1.3%	14	1.1%
Solar disinfection	0	0.0%	0	0.0%	1	0.2%	1	0.1%
Other	5	1.9%	0	0.0%	7	1.6%	12	1.0%
Do not treat water at all	79	30.4%	461	88.1%	321	71.7%	861	69.9%

4.7.2. Sanitation and Hygiene

Two-third (65%) of households have access to toilet facilities (14% improved and 51% unimproved facilities). Thirty six percent of households do not have access to toilet facilities. Among respondents from those households that have toilet facility, 15% of them reported that any of their household members defecate in the bush/field. In total, family members in 51% of households practice open defecation (52% at baseline). Open defecation practice was higher in Afar (76%), followed by West Hararghe (47%).

Table 30: Access to latrine facilities at baseline and end line, January 2020

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Baseline [n=286]	End line [n=260]	Baseline [n=492]	End line [n=523]	Baseline [n=458]	End line [n=448]	Baseline [n=1236]	End line [n=1231]
Type of toilet facility used by households								
Improved facility	1.7%	2.7%	33.3%	22.6%	18.4%	9.2%	20.5%	13.5%
Not shared	1.4%	0.8%	25.1%	19.9%	9.3%	7.4%	13.8%	11.3%
Shared	0.3%	1.9%	8.2%	2.7%	9.1%	1.8%	6.7%	2.2%
Unimproved facility	17.1%	31.5%	52.0%	49.7%	55.0%	64.5%	45.2%	51.3%
Not shared	14.7%	25.8%	46.4%	43.4%	45.7%	55.8%	38.9%	44.2%
Shared	2.4%	5.8%	5.6%	6.3%	9.3%	8.7%	6.3%	7.1%
No facility or open defecation	92.0%	76.2%	31.5%	41.7%	48.2%	47.3%	51.5%	51.0%

Sixteen percent of households have a specific hand washing facility, reducing from 32% at baseline. Four percent of households have handwashing stations located within 10 paces of toilet facilities. From the available have handwashing stations, 20% of the facilities have water and 14% have soap, detergent or a local cleansing agent during the time of survey.

Table 31: Availability of handwashing station at households at baseline and end line, January 2020

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Baseline [n=286]	End line [n=260]	Baseline [n=492]	End line [n=523]	Baseline [n=458]	End line [n=448]	Baseline [n=1236]	End line [n=1231]
Availability of hand washing station and its location								
Within 10 paces of the toilet facility	0.7%	6.5%	9.6%	3.6%	13.1%	2.9%	8.9%	4.0%
Within 10 paces of the kitchen	0.3%	3.1%	2.8%	0.8%	11.6%	2.5%	5.6%	1.9%
Elsewhere in home or yard	2.8%	5.4%	11.2%	14.0%	15.9%	4.2%	11.0%	8.6%
Outside yard	5.6%	0.0%	8.6%	0.8%	5.5%	3.3%	6.7%	1.5%
No specific place	86.7%	83.5%	65.9%	80.1%	48.0%	86.4%	63.9%	83.1%
No permission to see	3.8%	1.5%	2.0%	0.8%	5.9%	0.7%	3.9%	0.9%
From the available hand washing stations those having:								
Water	11.1%	48.7%	40.4%	10.0%	33.0%	19.0%	34.5%	20.3%
Soap, detergent or local cleansing agent	14.8%	28.2%	26.1%	6.0%	24.3%	19.0%	24.4%	14.2%

Table 32 shows the practice in disposing of the child's stool the last time s/he passed stool. Forty-four percent of mothers/caregivers reported that they disposed of the child's stool in safe ways (37% put into toilets, 4% buried, and 3% children used toilets). Three mothers/caregivers in every ten (29%) said that they threw the child's stool into garbage. Generally, there was no improvement in the safe disposal practice of child's stool from the baseline.

Table 32: Methods used to dispose stool the last time child passed stool at baseline and End line, January 2020

Characteristics	Afar		East Hararghe		West Hararghe		Total	
	Baseline [n=286]	End line [n=260]	Baseline [n=492]	End line [n=523]	Baseline [n=458]	End line [n=448]	Baseline [n=1236]	End line [n=1231]
Put/rinsed into toilet or latrine	3.5%	20.8%	47.8%	42.8%	35.7%	40.4%	33.2%	37.3%
Buried	8.7%	9.2%	9.6%	5.2%	7.0%	0.7%	8.4%	4.4%
Child used toilet/latrine	0.7%	3.1%	7.4%	3.4%	7.2%	2.0%	5.8%	2.8%
Thrown into garbage	31.5%	21.5%	9.6%	30.6%	10.8%	31.9%	15.0%	29.2%
Left in the open	23.4%	35.4%	16.7%	4.2%	20.3%	14.5%	19.6%	14.5%
Put/rinsed into drain or ditch	0.0%	0.8%	1.8%	4.8%	2.5%	1.6%	1.7%	2.8%
Other	15.4%	6.5%	4.4%	8.8%	9.3%	8.7%	8.7%	8.3%
Don't know	16.8%	2.7%	2.8%	0.2%	7.2%	0.2%	7.6%	0.7%

4.8. Gender

4.8.1. Public Engagement

Forty-three percent of men and 33% of women participate as an active member in at least one local committee. About two respondents in every ten (20% of women and 18% of men) participate in mother to mother and father to father groups (including Women's/Men's Development Army). Sixteen percent of women and 7% of men are active members of Savings or microfinance groups, VSLA or RUSACCO.⁵

Table 33: Women and men participation in local committees at end line, January 2020

Characteristics	Women [n=1231]		Men [n=936]	
	Count	%	Count	%
Mother 2 Mother/Father 2 Father Group & Women's/Men's Development Army	244	19.8%	172	18.4%
Religious group	114	9.3%	185	19.8%
Village leadership council	32	2.6%	87	9.3%
Water management committee	20	1.6%	32	3.4%
Natural resource management	21	1.7%	45	4.8%
Savings or microfinance groups	60	4.9%	28	3.0%
RUSACCO	49	4.0%	20	2.1%
VSLA	81	6.6%	20	2.1%
None	823	66.9%	537	57.4%

About a-third (30% of women and 32% of men) said that there is a community water supply in their area. Among those women who reported there is a community water supply, 66% of them said women speak up and voice their opinions about community water supply in public (69% at baseline). Forty six percent of women reported women make decisions about plumbing, finance and maintenance of community water supply, showing a reduction from 54% at baseline. On the other hand, 84% of those men in this survey and 81% at baseline reported that men speak up and voice their opinions about community water supply in public. Sixty-four percent of men both at baseline and in this survey said men make decisions about plumbing, finance and maintenance of community water supply.

⁵ The variable has multiple response option

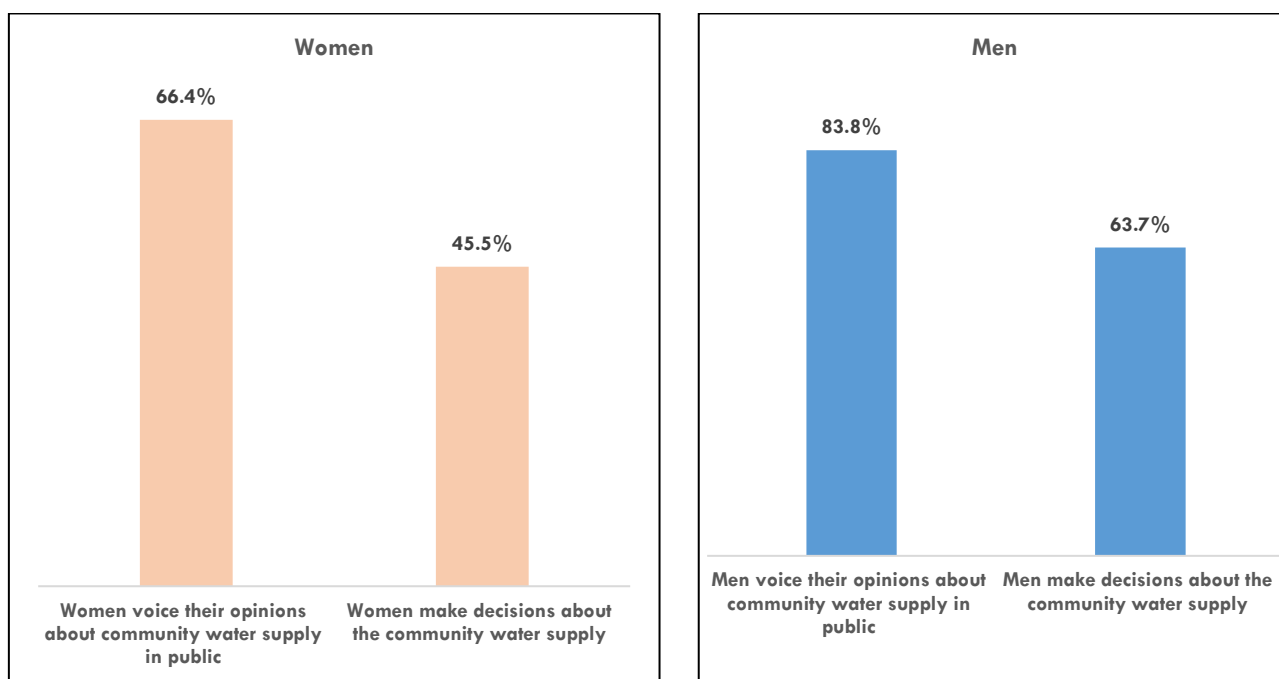


Figure 15: Opinion about the level of women and men participation in water committees at end line, January 2020

4.8.2. Attitudes and Perceptions

Table 34 shows the attitudes of women and men related to gender at baseline and end line (percentage of respondents who agreed or partially agreed). The findings showed that most women and men both at baseline and end line believe that men and women should carry out equal amounts of household chores, women should have equal rights as men on household properties and assets, and men should support women's education. In this survey, 62% of women and 55% of men have a positive attitude for a woman to work outside the home while her husband takes care of the children at home, and the figure has reduced from 75% among women and 66% among men.

Table 34 also presents the gender related attitudes among the end line survey respondents who have attended mothers'/fathers' group meetings to discuss nutrition practices in the past 3 years (2017-2019). As shown in the table, except for men's support of women's education, relatively women and men who attended mothers'/fathers' group meetings have a positive attitude compared to the total respondents.

Table 34: Attitudes related to gender among women and men at end line, January 2020

Percentage of respondents who agreed or partially agreed to the following statements	Women		Men	
	Baseline	End line	Baseline	End line
Total respondents	[n=1261]	[n=1231]	[n=908]	[n=936]
Men and women should carry out an equal amount of household chores	85.5%	89.3%	81.4%	89.8%
It is ok for a woman to work outside while her husband taking care of the children	75.4%	62.1%	66.4%	54.5%
Women should have equal rights as men on household property and assets	86.4%	91.5%	82.4%	92.3%
Men should support women's education	92.7%	94.5%	91.4%	95.5%
Respondents attended mothers'/fathers' group meetings to discuss nutrition practices in the past 3 years		[n=288]		[n=135]
Men and women should carry out an equal amount of household chores		94.8%		92.5%
It is ok for a woman to work outside while her husband taking care of the children		67.0%		56.3%
Women should have equal rights as men on household property and assets		95.4%		94.8%
Men should support women's education		93.1%		90.4%

Figure 16 presents the percentage of women and men who replied "do not agree" when asked if they think it is the man who should decide when to use family planning. Both at baseline and in this survey 24% of women said the man should not decide when to use family planning. Among women end line survey respondents who have

attended mothers' group meetings to discuss nutrition practices in the past 3 years, 26% of them disagree for the statement "It is the MAN who should decide when to use family planning".

At baseline, 25% of men disagree for a man to decide when to use family planning, while the figure has reduced to 19% at end line. Relatively, higher proportion men end line survey respondents who have attended fathers' group meetings to discuss nutrition practices in the past 3 years said the man should not decide when to use family planning (22%).

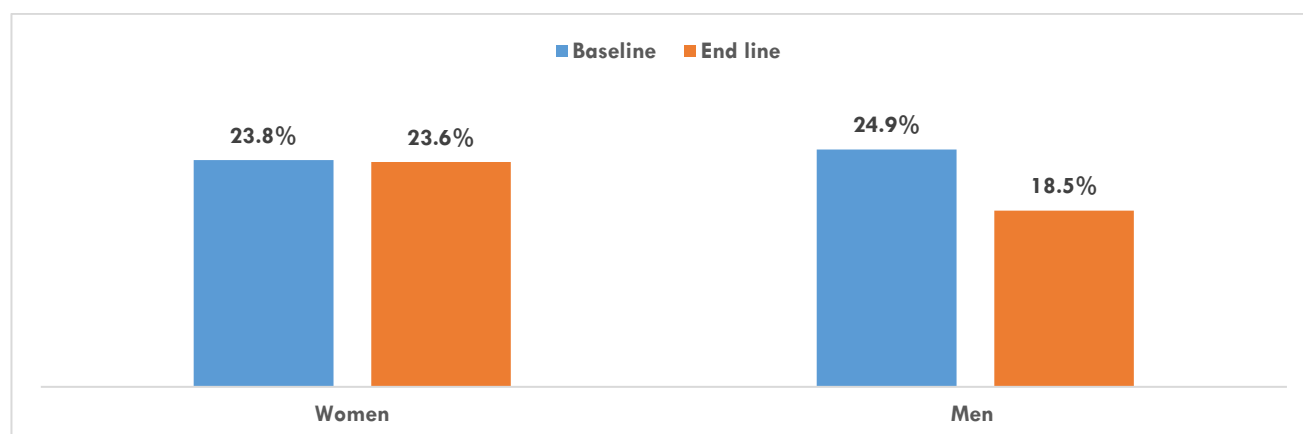


Figure 16: Percentage of women and men who replied "do not agree" when asked if they think it is the man who should decide when to use family planning

Enumerators read statements and asked respondents to answer if they strongly agree, agree, neutral, disagree or strongly disagree with each of the statements to assess their perceptions of how much control they have over their lives. The findings showed that more women in this survey are confident to do anything they want to do (baseline 78% Vs end line 85%) and they believe they are responsible for their success (baseline 76% Vs end line 85%). Both at baseline and end line, 71% of women said that they consider themselves responsible for their failures. About two-third of women (68% at baseline and 65% at end line) said that misfortunes happen due to their mistake. Two women in every ten (19%) of them said luck did not play a role in good things that happen to them. About a-third of women replied "disagree" or "strongly disagree" for the statement; "most of my problems are due to bad breaks" (27%) and "I have little control over bad things that happen to me" (34%).

There was no notable difference related to women's perceptions among end line survey respondents who have attended mothers' group meetings to discuss nutrition practices in the past 3 years (2017-2019) compared with the total respondents.

Table 35: Perceptions related to gender among women at end line, January 2020

Characteristics	Baseline [n=1261]		End line			
			Total [n=1231] *		Attended meetings [n=288] **	
	Count	%	Count	%	Count	%
Percentage of women who STRONGLY AGREED or AGREED to the following statements						
I can do anything I set my mind to	980	77.7%	1043	84.7%	234	81.2%
I am responsible for my own successes	955	75.8%	1044	84.8%	237	82.3%
My misfortunes are result of mistakes I have made	857	67.9%	795	64.6%	189	65.6%
I am responsible for my failures	895	71.0%	878	71.4%	220	76.4%
Percentage of women who STRONGLY DISAGREED or DISAGREED to the following statements						
The good things that happen to me are due to luck	240	19.1%	232	18.9%	44	15.2%
If something good is going to happen to me it will	214	17.0%	127	10.3%	16	5.6%
Most of my problems are due to bad breaks	283	22.4%	332	27.0%	69	24.0%
I have little control over bad things that happen to me	345	27.4%	416	33.9%	89	30.9%

* Total women respondents

** Women respondents who have attended mothers' group meetings to discuss nutrition practices in the past 3 years

4.8.3. Household Decision-Making

Table 36 presents data on household decision-making roles in male-headed households. Most respondents reported that husbands are the ultimate decision-makers to buy meat for the family and large household purchases. Although there was no change on the proportion of women who said they make decision to buy meat for the family, the figure was relatively high among women who attended mothers' group meetings in the past 3 years (18% among total respondents Vs 24% among those who attended the group meetings).

More than half of women (56%) reported wives make the final decision about how to share among family members if there is not enough food in the household, increasing from 38% at baseline. At end line 57% of men said that wives make the final decision related to food sharing compared with 46% at baseline. The proportion of respondents who said wives are the ultimate decision makers on food sharing was higher among respondents who attended mothers'/fathers' group meetings.

At baseline, only 23% of women said that they make the final decision in spending money earn while the figure has increased to 39% in this survey. Thirty eight percent of men reported that it is the wife who usually makes the decision in spending her money, showing an increase from 31% at baseline. Relatively, higher proportion of respondents who attended mothers'/fathers' group meetings (women 48%; men 49%) said wives decide how to spend the money they earn. The percentage of women who reported they usually decide on their health care has increase from 29% at baseline to 43% at end line (51% among women who attended mothers' group meetings).

Table 36: Decision-maker on household issues in male-headed households at end line, January 2020

Characteristics	Women			Men		
	Baseline [n=1120]	Total [n=1152] *	Attended meetings [n=265] **	Baseline [n=840]	Total [n=936] *	Attended meetings [n=130] **
Decision maker to buy meat for the family						
The respondent	18.5%	18.2%	24.2%	53.6%	77.8%	76.9%
Spouse	69.2%	73.4%	68.7%	27.5%	14.6%	16.9%
Other	12.3%	8.4%	7.1%	18.9%	7.6%	6.2%
Decision maker how food is shared among family members						
The respondent	38.3%	56.1%	64.2%	33.5%	32.3%	35.4%
Spouse	49.5%	32.5%	29.4%	46.3%	57.3%	59.2%
Other	12.2%	11.4%	6.4%	22.2%	10.4%	5.4%
Decision maker about large household purchases						
The respondent	9.6%	11.0%	12.5%	63.9%	82.3%	87.7%
Spouse	77.8%	79.9%	80.0%	14.0%	8.9%	6.9%
Other	12.6%	9.1%	7.5%	22.3%	8.8%	5.4%
Decision maker how to use money earned by the wife						
The respondent	22.8%	39.4%	48.3%	46.2%	49.5%	43.8%
Spouse	61.6%	48.0%	42.6%	31.0%	37.7%	48.5%
Other	15.7%	12.6%	9.1%	22.8%	12.8%	7.7%
Decision maker how to use money earned by the husband						
The respondent	17.9%	24.0%	23.0%	57.1%	70.6%	75.4%
Spouse	68.8%	64.4%	69.4%	19.9%	17.8%	18.5%
Other	13.3%	11.6%	7.6%	23.0%	11.6%	6.1%
Decision maker about woman (wife's) health care						
The respondent	28.8%	43.1%	50.6%	42.3%	58.5%	63.1%
Spouse	54.5%	43.4%	41.5%	34.3%	27.8%	30.8%
Other	16.7%	13.5%	7.9%	23.4%	13.7%	6.1%

* Total respondents

** Respondents who attended mothers'/fathers' group meetings to discuss nutrition practices in the past 3 years

4.9. Exposure to the GROW Project

4.9.1. Participation in a leadership role

Table 37 presents the participation of women and men in a leadership role and as a volunteer in the GROW project. As presented in the table, 12% of women and 16% of men play a leadership role in their communities. Two women in every ten (19%) and 16% of men reported that they worked as a volunteer in the GROW project.

Table 37: Percentage of women and men who had a leadership role in the community in the last 3 years at end line, January 2020

Characteristics	Women [n=1231]		Men [n=936]	
	Count	%	Count	%
Had a leadership role in the community				
Influential leader /trained traditional birth attendant	48	3.9%		
Traditional leader			33	3.5%
Member of committees	81	6.6%	66	7.1%
Development Army	68	5.5%	73	7.8%
Health extension worker	49	4.0%	30	3.2%
Others	24	1.9%	26	2.8%
Does not have a leadership role	1081	87.8%	786	84.0%
Have been working for GROW project as a volunteer				
Village agent	33	2.7%	40	4.3%
M2M/F2F leader	67	5.4%	30	3.2%
VSLA leader	39	3.2%	14	1.5%
SAA facilitator	16	1.3%	11	1.2%
SAA core groups	20	1.6%	32	3.4%
Women/Men asset Groups	113	9.2%	30	3.2%
Others	40	3.2%	36	3.8%
Does not work as a volunteer for GROW project	993	80.7%	788	84.2%

4.9.2. Participation in mothers' and father's group meetings

About a-quarter (23%) of women have attended mothers' group meetings to discuss nutrition in the past three years. Fourteen percent of men have attended father's group meetings to discuss nutrition. Among those who attended group meetings, 34% of women and 37% of men attended five or more meetings.

Table 38: Frequency in attending mothers'/fathers' group meetings to discuss nutrition practices in the past 3 years at end line, January 2020

Characteristics	Women				Men			
	Afar [n=119]	East H. [n=78]	West H. [n=91]	Total [n=288]	Afar [n=50]	East H. [n=60]	West H. [n=25]	Total [n=135]
Few meetings (less than 5)	57.1%	69.2%	70.3%	64.6%	36.0%	78.3%	68.0%	60.7%
Some meetings (5-10)	34.5%	25.6%	22.0%	28.1%	44.0%	18.3%	20.0%	28.1%
Most meetings (more than 10)	8.4%	5.1%	4.4%	6.3%	18.0%	1.7%	8.0%	8.9%
Don't know	0.0%	0.0%	3.3%	1.0%	2.0%	1.7%	4.0%	2.2%

Sixty (60%) percent of those women who participated in mother-to-mother groups reported that they received in-kind benefits as a member of the group (Afar 88%, East Hararghe 35%; West Hararghe 44%). Most of those women who received benefits said that they got seeds (81%), followed by Goat (63%), gardening tools (40%), and water harvesting tools (35%).

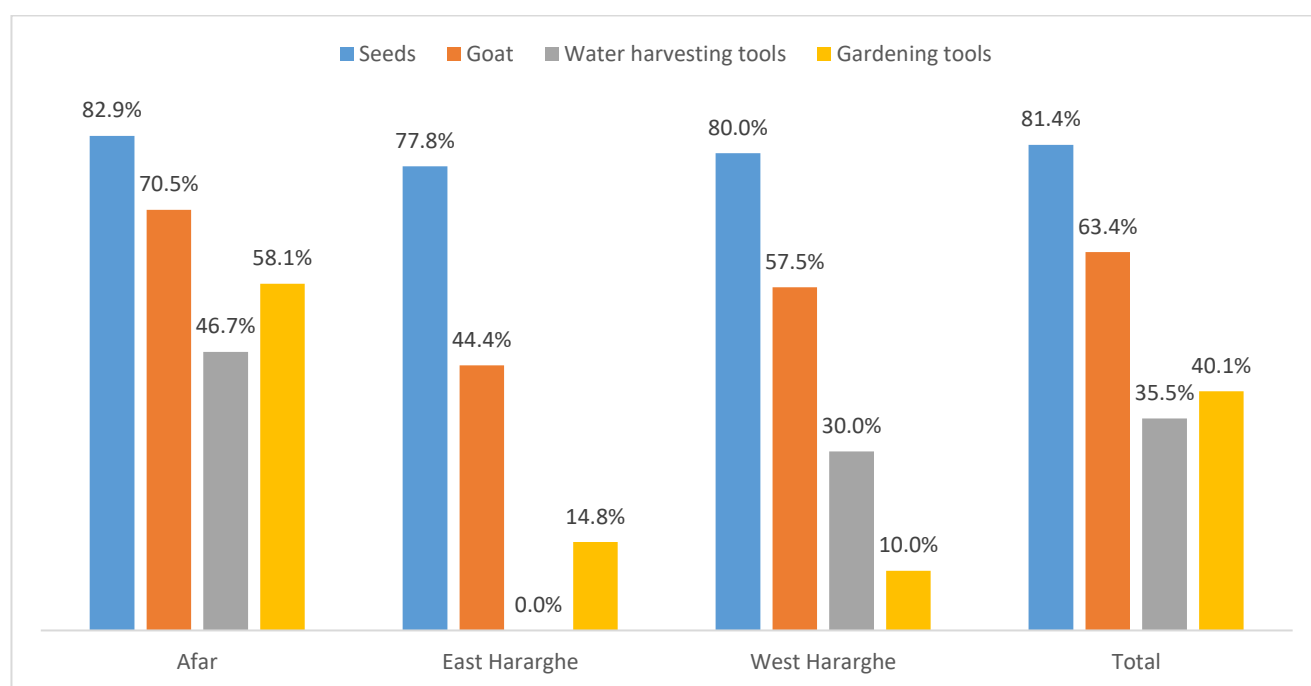


Figure 17: Type of in-kind benefits women got as a member of this mother-to-mother group in the past 3 years at end line, January 2020

Among those who attended mothers' and fathers' group meetings, most of them (67% of women and 74% of men) reported that they attended group meetings to talk about gender in the past year. Also, 75% of women and 79% of men attended group meetings where they encouraged to have savings in the past 2 years. About a quarter (25% women and 29% men) attended sessions on home gardening in the past 3 years.

Table 39: Percentage of women and men who attended group meetings about gender, savings, and home garden at end line, January 2020

Percentage who attended group meetings about:	Women				Men			
	Afar [n=119]	East H. [n=78]	West H. [n=91]	Total [n=288]	Afar [n=50]	East H. [n=60]	West H. [n=25]	Total [n=135]
Gender in the past year	[n=119]	[n=78]	[n=91]	[n=288]	[n=50]	[n=60]	[n=25]	[n=135]
Few meetings (less than 5)	34.5%	42.3%	40.7%	38.5%	20.0%	51.7%	56.0%	40.7%
Some meetings (5-10)	33.6%	14.1%	11.0%	21.2%	48.0%	10.0%	12.0%	24.4%
Most meetings (more than 10)	7.6%	6.4%	3.3%	5.9%	12.0%	1.7%	4.0%	5.9%
Don't know	1.7%	0.0%	3.3%	1.8%	4.0%	0.0%	8.0%	3.0%
Not attended any meeting	22.7%	37.2%	41.8%	32.6%	16.0%	36.7%	20.0%	25.9%
Savings in the past 2 years	[n=119]	[n=78]	[n=91]	[n=288]	[n=50]	[n=60]	[n=25]	[n=135]
Few meetings (less than 5)	38.7%	48.7%	47.3%	44.1%	26.0%	48.3%	56.0%	41.5%
Some meetings (5-10)	33.6%	11.5%	16.5%	22.2%	48.0%	16.7%	12.0%	27.4%
Most meetings (more than 10)	7.6%	3.8%	7.7%	6.6%	10.0%	0.0%	4.0%	4.4%
Don't know	1.7%	2.6%	3.3%	2.4%	6.0%	5.0%	4.0%	5.2%
Not attended any meeting	18.5%	33.3%	25.3%	24.7%	10.0%	30.0%	24.0%	21.5%
Home garden in the past 3 years	[n=260]	[n=523]	[n=448]	[n=1231]	[n=157]	[n=473]	[n=306]	[n=936]
Few meetings (less than 5)	27.3%	9.6%	10.9%	13.8%	16.6%	21.8%	15.4%	18.8%
Some meetings (5-10)	17.7%	2.9%	3.3%	6.2%	15.3%	1.9%	3.6%	4.7%
Most meetings (more than 10)	5.0%	0.2%	1.1%	1.5%	4.5%	0.2%	0.7%	1.1%
Don't know	8.5%	1.0%	3.1%	3.3%	12.7%	0.6%	4.6%	4.0%
Not attended any meeting	41.5%	86.4%	81.5%	75.1%	51.0%	75.5%	75.8%	71.5%

4.9.3. Access to information

(a) Training

Nineteen percent of women have attended training sessions on cooking demonstrations. Two respondents in ever ten (women 19%; men 21%) attended training on community lead total sanitation. Twenty-four percent of men and 17% of women have attended training sessions on key hole and/or Perma garden,

Table 40: Percentage of women and men who attended training sessions in the past 3 years at end line, January 2020

Characteristics	Women				Men			
	Afar [n=260]	East H. [n=523]	West H. [n=448]	Total [n=1231]	Afar [n=157]	East H. [n=473]	West H. [n=306]	Total [n=936]
Key hole and/or Perma garden	40.0%	8.8%	13.8%	17.2%	33.1%	24.9%	18.3%	24.1%
Water harvesting	31.9%	5.9%	7.1%	11.9%	28.7%	11.2%	12.4%	14.5%
Small livestock	43.8%	4.4%	6.7%	13.6%	40.8%	7.4%	9.5%	13.7%
Cooking demonstrations	39.6%	13.0%	14.7%	19.3%	19.1%	9.3%	7.2%	10.3%
Community lead total sanitation	33.8%	16.1%	14.1%	19.1%	33.1%	20.3%	15.4%	20.8%
Have not attended any training	42.3%	79.9%	77.7%	71.2%	51.0%	63.8%	74.8%	65.3%

(b) Radio

Nearly half of women have a practice of listening to the radio (38% sometimes and 9% everyday). Two-third of men listen to the (sometimes 47%; everyday 20%).

Table 41: Frequency of listening to the radio among women and men at end line, January 2020

Characteristics	Afar	East Hararghe	West Hararghe	Total
Women	[n=260]	[n=523]	[n=448]	[n=1231]
Everyday	11.5%	8.2%	7.6%	8.7%
Sometimes	30.4%	38.6%	38.2%	36.7%
Never	58.1%	53.2%	54.2%	54.6%
Men	[n=157]	[n=473]	[n=306]	[n=936]
Everyday	11.5%	22.8%	19.9%	20.0%
Sometimes	48.4%	48.6%	44.8%	47.3%
Never	40.1%	28.5%	35.3%	32.7%

Among those respondents who listen to the radio, 41% of women and 45% of men reported that they recently heard information on the radio about how to have better nutrition.

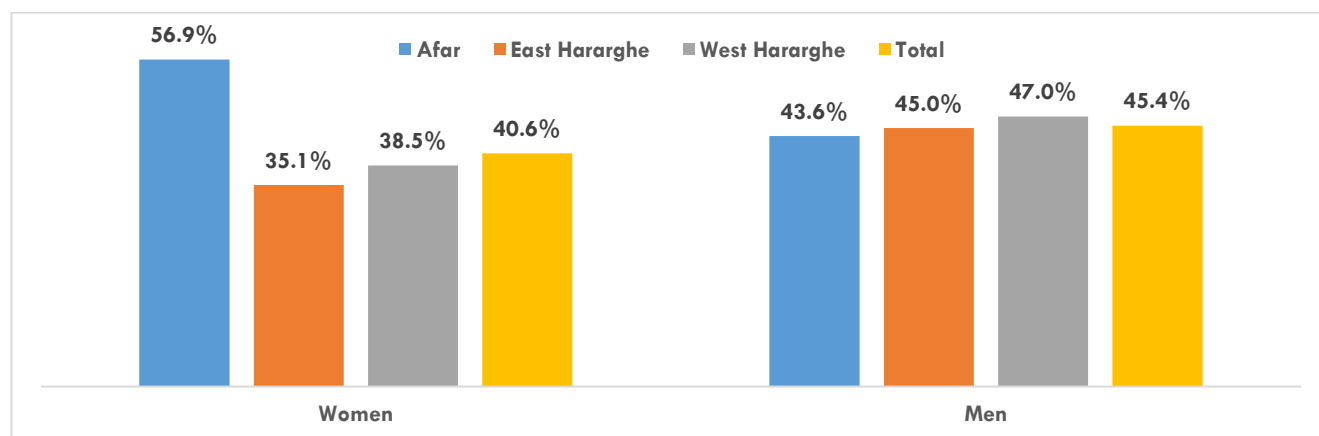


Figure 18: Percentage of women and men recently heard any information on the radio about nutrition at end line, January 2020

4.9.4. Health service use

Ten percent of women reported that they took their child for weight measurement at least once in the last 3 years. Half (53%) of women have visited a health facility for antenatal care (ANC), postnatal care (PNC), or delivering in the last 3 years.

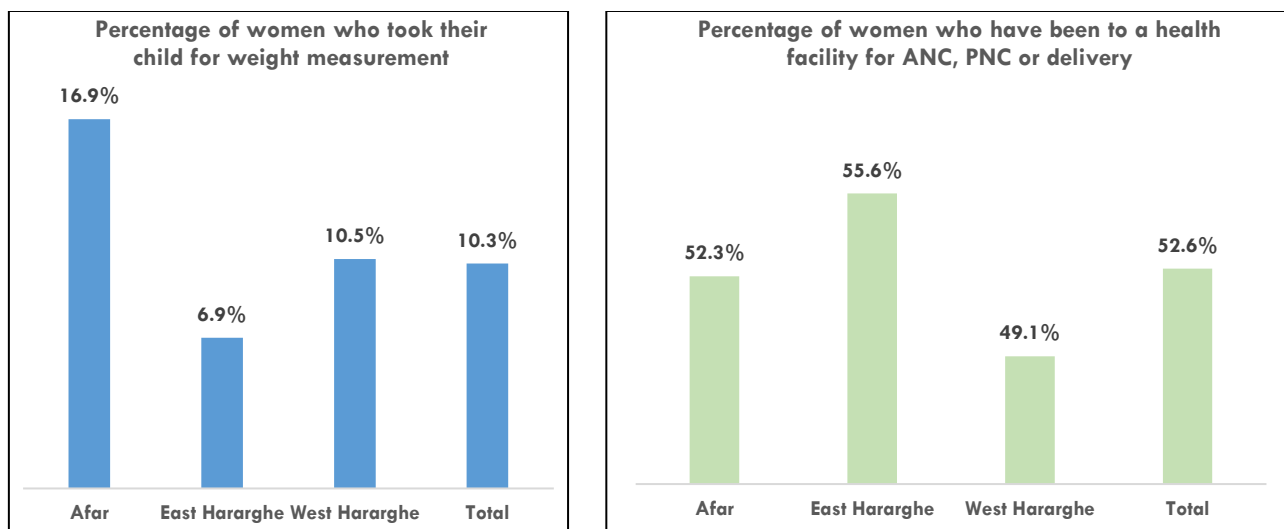


Figure 19: Percentage of women who took their child for weight measurement and visited a health facility for ANC, PNC or delivery in the last 3 years at end line, January 2020

Figure 20 presents the percentage of women who said that their spouse accompanied them during the last visit to a health facility for child weight measurement and for ANC, PNC or delivery service. As shown in the figure, 32% of women said their husband accompanied them during the last visit for child weight measurement. Fort three percent of women reported that their husband accompanied them during the last health facility visit for ANC, PNC or delivery service.

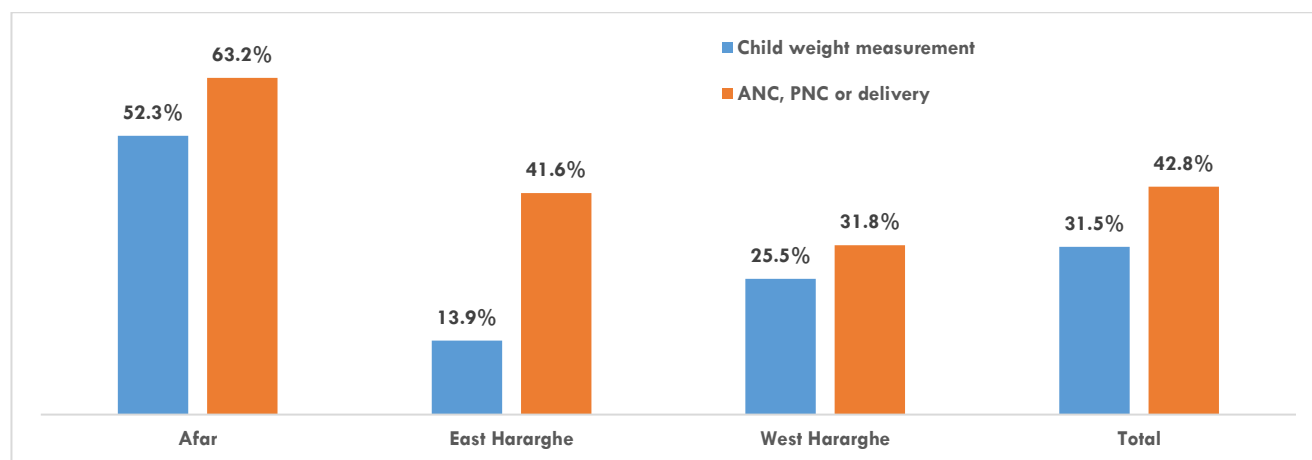


Figure 20: Percentage of women their spouse accompanied them during the last visit for child weight measurement and for ANC, PNC or delivery at end line, January 2020

Fourteen percent of women visited a health facility for treatment of malnutrition for themselves or their children in the last 3 years. The reason for the visit was to receive inpatient treatment for 60% of women and to receive food supplementation packages for 36% of them.

Table 42: Percentage of women who have been to a health facility for treatment of malnutrition for themselves or any of their children in the last 3 years and reasons for visit at end line, January 2020

Characteristics	Afar	East Hararghe	West Hararghe	Total
Have been to a health facility for treatment of malnutrition	[n=260]	[n=523]	[n=448]	[n=1231]
No	66.5%	91.8%	89.1%	85.5%
Yes	29.6%	8.2%	10.7%	13.6%
Don't know	3.8%	0.0%	0.2%	0.9%
Reason for visit	[n=77]	[n=43]	[n=48]	[n=168]
To receive food supplementation packages	50.6%	23.3%	25.0%	36.3%
To receive in patient treatment	44.2%	72.1%	72.9%	59.5%
Other	5.2%	4.7%	2.1%	4.2%

When asked if toilets and tip-taps have been built in their village or household in the last 3 years, 38% and 5% of them replied 'yes', respectively. A few (10%) women said borehole have been built in their village in the last 3 years.

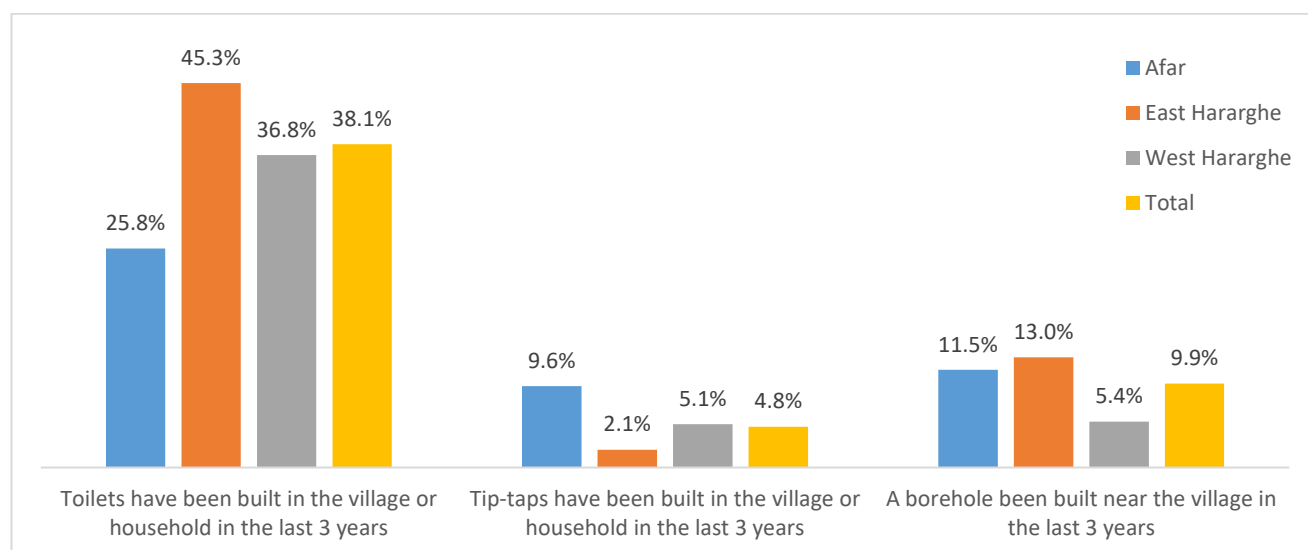


Figure 21: Percentage of women reported toilets, tip-taps, and borehole have been built in their village or household at end line, January 2020

Eight five percent of women use the available village or household toilets (57% everyday and 28% sometimes). Forty-nine of women reported using the village or household tip-taps regularly and 32% of them sometimes use the facilities. Nearly all (92%) of women use water from borehole in their village that was built in the past three years (everyday 53%; 39% sometimes).

Table 43: Frequency of using village or household toilets, tip-taps, and borehole among women end line, January 2020

Characteristics	Afar	East Hararghe	West Hararghe	Total
Frequency of using village or household toilets	[n=67]	[n=237]	[n=165]	[n=469]
Everyday	71.6%	61.2%	43.6%	56.5%
Sometimes	17.9%	28.7%	32.1%	28.4%
Never	10.4%	10.1%	24.2%	15.1%
Frequency of using village or household tip-taps	[n=25]	[n=11]	[n=23]	[n=59]
Everyday	56.0%	72.7%	30.4%	49.2%
Sometimes	32.0%	0.0%	47.8%	32.2%
Never	12.0%	27.3%	21.7%	18.6%
Frequency of using village borehole	[n=30]	[n=68]	[n=24]	[n=122]
Everyday	43.3%	64.7%	33.3%	53.3%
Sometimes	40.0%	32.4%	54.2%	38.5%
Never	16.7%	2.9%	12.5%	8.2%

5. Conclusions

IYCF Practices

Findings from the IYCF survey revealed impressive achievement in exclusive breastfeeding practices. The proportion of exclusively breastfed infants under 6 months showed a 20% percentage change from 56% at baseline. The exclusive breastfeeding rate in the study areas was also higher than the national average. According to the 2019 Mini EDHS (Ethiopia Demographic and Health Survey)⁶, 59% of infants in Ethiopia are exclusively breastfed. Exclusive breastfeeding was relatively lowest in Afar.

Giving water and animal milk were the primary practices disrupting exclusive breastfeeding in the study areas. Among infants under 6 months who are not exclusively breastfed, about half of them were given water and milk or milk products in the past 24 hours. In the study areas, the practice of giving pre-lacteal feeds to infants still compromises exclusive breastfeeding. Although the figure has reduced from the baseline, two newborns under-two years in every ten in this survey consumed pre-lacteal feeds within the first three days after birth.

Regarding complementary feeding practices, most mothers introduced complementary foods around 6 months of age as per the WHO recommendation. The high level of knowledge on the age of complementary food introduction could contribute to the improved practice. Most women (89%) respondents in this survey knew a child should start consuming complementary foods at the age of 6 months, increasing from 71% at baseline. In this survey 83% of men knew the age for introduction of complementary foods compared with 73%.

The percentage of children aged 6-23 months that met the minimum dietary diversity, meal frequency, and minimum acceptable diet has increased compared with the baseline figures. Despite the remarkable increase in complementary feeding practices, yet most children in the study areas did not consume complementary foods as per the recommended diversity. In this aspect, more than half of children did not consume complementary foods with minimum dietary diversity, and two-third of them did not meet the minimum acceptable diet score.

Nutritional Status of Children

The wasting prevalence among children in the study areas was higher than the national average of 7% in the 2019 Mini EDHS. The prevalence in Afar has significantly reduced from the baseline, and the figure was almost similar to the 14% regional rate in the 2019 Mini EDHS. Acute malnutrition prevalence in East and West Hararghe was by far higher than the regional average. In the 2019 Mini EDHS, the GAM rate in the Oromia region was 5% while the prevalence in this survey was 9% in East Hararghe and 12% in West Hararghe.

Stunting prevalence has reduced from the baseline, and the figure was slightly lower than the national average. Results from the 2019 Mini EDHS indicated that 37% of children in Ethiopia are stunted. The reduction in the proportion of stunted children was significant in Afar and East Hararghe. Moreover, stunting prevalence in Afar was lower than the 43% prevalence for the region in the 2019 Mini EDHS.

The sample size of this survey and methodological difference of the studies could be the factors for discrepancies among this end line findings with results from the 2019 Mini EDHS. The sample size of this end line survey was small and does not have power to accurately measure the wasting and stunting prevalence. Also, there was a difference in sampling methodology as equal number of children are included from each age groups in this survey.

Nutritional Status of Women

Generally, there was no change in acute malnutrition prevalence among women compared with the baseline, with a quarter of women aged 15-49 years malnourished. Inadequate food consumption could be one factor for the high malnutrition rate. Although the percentage of women who consumed 4 or more food groups has almost doubled from baseline, still four women in every ten do not consume diversified foods. Relatively, women in Afar suffer from acute malnutrition than those in East and West Hararghe.

Water and Sanitation

⁶ Ethiopia Mini Demographic and Health Survey 2019: Key Indicators. July 2019

Although access to safe drinking water has improved compared with the baseline, still more than half of households get drinking water from unimproved sources. Besides, despite most households use drinking water from unimproved sources, only less than a third of them treat drinking water at the household level.

Both at baseline and in this survey, two-third of households have access to toilet facilities. Most of the available toilet facilities are unimproved types and open defecation practice is still rampant. At end line, family members in half of households practice open defecation and the figure remains similar to the baseline. Availability of hand washing facilities was meagre, and most households do not use the available facilities.

6. Recommendations

The following are recommendations based on the findings from this evaluation for consideration in designing and implementing similar projects.

- ❑ The findings from this evaluation showed improvements on IYCF practices. However, a lot needs to be done to ensure optimal breastfeeding and feeding practices. Hence, similar projects should focus on improving IYCF practice through:
 - Nutrition education messaging focusing on the following practices disrupting exclusive breastfeeding:
 - ✓ Pre-lacteal feeds within the first three days of birth
 - ✓ Giving water, animal milk, infant formula, and other liquids for a child under 6 months
 - Giving focus on complementary feeding practices, especially on dietary diversity through:
 - ✓ Education targeting mothers/caretakers of children using tailored key messages on feeding diversified foods to children
 - ✓ Improving the availability of diversified foods by integrating nutrition activities with food security projects
- ❑ There was no change in acute malnutrition rate among women compared with the baseline. Hence, future projects should give due emphasis on addressing the high acute malnutrition prevalence among women. Suggested interventions include:
 - Improving diversified food consumption, especially among pregnant and lactating women through:
 - ✓ One-to-one education using tailored messages
 - ✓ Giving more focus on maternal nutrition focusing on dietary diversity during mother-to-mother group meetings
 - Promotion for production of diversified foods by supporting households for improving agricultural productivity through technical and agriculture inputs
- ❑ Given the low access to improved water and sanitation facilities in the areas, there is a need for considering holistic water and sanitation interventions in designing similar projects by including the following components:
 - Construction of water points to increase access to improved water sources
 - Promotion of drinking water treatment at the household level, especially promotion of treatment methods that are accessible and easy to use such as boiling
 - Promotion of improved household latrine facilities with handwashing facilities. Here, the intervention should give due emphasis on regular use of sanitation facilities, especially handwashing facilities
 - Sanitation promotion on regular latrine use and open defecation focusing on changing the behaviour of individuals, not just awareness creation
- ❑ Health education to mothers/caretakers to improve the practice of breastfeeding and giving fluids to a child during diarrhea

- Here, there is a need to give priority to discuss this issue frequently during mother-to-mother group meetings
- ❑ Before designing a similar project in the study areas, CARE could consider conducting a qualitative study to identify the factors for the following issues:
 - The high acute malnutrition prevalence among children in East and West Hararghe compared with the regional prevalence
 - The low exclusive breastfeeding rate and high acute malnutrition prevalence among women in Afar

Annexes

Annex 1: Baseline and end line values for key indicators

Table 44: Baseline and end line values for key indicators, January 2020

Indicator	Afar		East Hararghe		West Hararghe		Total	
	Baseline	End line	Baseline	End line	Baseline	End line	Baseline	End line
Proportion of boy and girl children 6-59 months with Length-for-Age < -2 sd (Stunted)	35.4 %	27.2 %	49.3 %	34.6 %	32.2 %	34.9 %	39.1 %	33.2 %
Proportion of boy and girl children d-59 months with Weight-for-Length < -2 sd (Wasted)	23.0 %	16.4 %	10.8 %	8.9 %	10.2 %	12.1 %	13.5 %	11.6 %
% change in pregnant and lactating women with MUAC <23 cm	43.9%	34.8%	21.9%	26.7%	17.9%	20.2%	24.7%	26.2%
% of children 0-59 months who receive MAD by meeting MMF and MDD in previous 24 hours	8.7%	46.1%	14.2%	29.8%	34.9%	34.1%	20.2%	34.0%
% of children 0 – 5 months who are exclusively breastfed	54.4%	58.3%	58.7%	80.9%	51.4%	81.0%	55.5%	76.0%
% of women who meets minimum Dietary Diversity	16.4%	77.6%	31.3%	50.8%	37.8%	53.5%	30.4%	57.4%
% of communities ODF	8.0%	23.8%	68.5%	58.3%	51.8%	52.7%	48.5%	49.0%
% of HH with access to improved water sources	15.4%	12.3%	38.6%	57.2%	29.6%	30.6%	30.0%	38.0%

Annex 2: Additional Tables

Table 45: Women's income from other sources by study area at end line, January 2020

Characteristics	Afar [n=260]		East Hararghe [n=523]		West Hararghe [n=448]		Total [n=1231]	
	Count	%	Count	%	Count	%	Count	%
Farming from other land	80	30.8%	136	26.0%	54	12.1%	270	21.9%
Remittance	5	1.9%	2	0.4%	3	0.7%	10	0.8%
Regular or casual employment	8	3.1%	18	3.4%	6	1.3%	32	2.6%
Petty trade	15	5.8%	60	11.5%	81	18.1%	156	12.7%
Sale of livestock	127	48.8%	62	11.9%	38	8.5%	227	18.4%
Own business	35	13.5%	36	6.9%	47	10.5%	118	9.6%
Other	17	6.5%	71	13.6%	16	3.6%	104	8.4%
None	64	24.6%	270	51.6%	267	59.6%	601	48.8%

Table 46: Prevalence of acute malnutrition based on weight-for-height z-scores (and/or oedema) and by age among children of age 6-59 months at baseline and End line, January 2020

Characteristics	Total no.		Severe wasting (<-3 z-score)				Moderate wasting (>= -3 and <-2 z-score)			
	Baseline	End line	Baseline		End line		Baseline		End line	
			No.	%	No.	%	No.	%	No.	%
Afar										
6-11 months	30	43	5	16.7 %	2	4.7%	4	13.3 %	4	9.3%
12-17 months	44	53	3	6.8 %	0	0.0%	7	15.9 %	7	13.2%
18-23 months	40	35	3	7.5 %	1	2.9%	4	10.0 %	1	2.9%
24-59 months	64	52	3	4.7 %	8	15.4%	12	18.8 %	7	13.5%
East Hararghe										
6-11 months	24	96	2	8.3 %	1	1.0%	3	12.5 %	11	11.5%
12-17 months	89	114	3	3.4 %	1	0.9%	3	3.4 %	9	7.9%
18-23 months	72	98	1	1.4 %	1	1.0%	2	2.8 %	6	6.1%
24-59 months	92	95	7	7.6 %	4	4.2%	9	9.8 %	3	3.2%
West Hararghe										
6-11 months	61	70	4	6.6 %	1	1.4%	6	9.8 %	12	17.1%
12-17 months	86	96	4	4.7 %	5	5.2%	6	7.0 %	9	9.4%
18-23 months	59	71	3	5.1 %	2	2.8%	3	5.1 %	3	4.2%
24-59 months	97	94	2	2.1 %	1	1.1%	3	3.1 %	7	7.4%
Total										
6-11 months	115	209	11	9.6 %	4	1.9%	13	11.3 %	27	12.9%
12-17 months	219	263	10	4.6 %	6	2.3%	16	7.3 %	25	9.5%
18-23 months	171	204	7	4.1 %	4	2.0%	9	5.3 %	10	4.9%
24-59 months	253	241	12	4.7 %	13	5.4%	24	9.5 %	17	7.1%

Table 47: Prevalence of stunting based on height-for-age z-scores and by age among children of age 6-59 months at baseline and End line, January 2020

Characteristics	Total no.		Severe stunting (<-3 z-score)				Moderate stunting (>= -3 and <-2 z-score)			
	Baseline	End line	Baseline		End line		Baseline		End line	
			No.	%	No.	%	No.	%	No.	%
Afar										
6-11 months	29	42	0	0.0 %	5	11.9%	2	6.9 %	1	2.4%
12-17 months	45	54	5	11.1 %	7	13.0%	10	22.2 %	12	22.2%
18-23 months	39	36	14	35.9 %	6	16.7%	9	23.1 %	4	11.1%
24-59 months	62	52	11	17.7 %	10	19.2%	11	17.7 %	5	9.6%
East Hararghe										
6-11 months	26	96	0	0.0 %	6	6.3%	2	7.7 %	7	7.3%
12-17 months	89	113	35	39.3 %	13	11.5%	17	19.1 %	29	25.7%
18-23 months	76	97	31	40.8 %	21	21.6%	12	15.8 %	23	23.7%
24-59 months	95	96	24	25.3 %	20	20.8%	20	21.1 %	20	20.8%
West Hararghe										
6-11 months	63	72	1	1.6 %	7	9.7%	2	3.2 %	5	6.9%
12-17 months	92	96	13	14.1 %	12	12.5%	13	14.1 %	26	27.1%
18-23 months	71	71	19	26.8 %	10	14.1%	7	9.9 %	22	31.0%
24-59 months	100	93	26	26.0 %	14	15.1%	24	24.0 %	20	21.5%
Total										
6-11 months	118	210	1	0.8 %	18	8.6%	6	5.1 %	13	6.2%
12-17 months	226	263	53	23.5 %	32	12.2%	40	17.7 %	67	25.5%
18-23 months	186	204	64	34.4 %	37	18.1%	28	15.1 %	49	24.0%
24-59 months	257	241	61	23.7 %	44	18.3%	55	21.4 %	45	18.7%

Table 48: Prevalence of underweight based on weight-for-age z-scores and by age among children of age 6-59 months at baseline and end line, January 2020

Characteristics	Total no.		Severe underweight (<-3 z-score)				Moderate underweight (≥ -3 and <-2 z-score)			
	Baseline	End line	Baseline		End line		Baseline		End line	
			No.	%	No.	%	No.	%	No.	%
Afar										
6-11 months	30	43	1	3.3 %	2	4.7%	4	13.3 %	5	11.6%
12-17 months	45	55	5	11.1 %	2	3.6%	5	11.1 %	11	20.0%
18-23 months	41	36	3	7.3 %	3	8.3%	8	19.5 %	5	13.9%
24-59 months	64	52	5	7.8 %	3	5.8%	12	18.8 %	2	3.8%
East Hararghe										
6-11 months	26	96	2	7.7 %	2	2.1%	3	11.5 %	10	10.4%
12-17 months	90	115	7	7.8 %	5	4.3%	10	11.1 %	22	19.1%
18-23 months	75	98	6	8.0 %	4	4.1%	8	10.7 %	12	12.2%
24-59 months	94	95	12	12.8 %	4	4.2%	11	11.7 %	15	15.8%
West Hararghe										
6-11 months	68	72	3	4.4 %	5	6.9%	2	2.9 %	7	9.7%
12-17 months	90	96	3	3.3 %	8	8.3%	7	7.8 %	13	13.5%
18-23 months	66	74	5	7.6 %	6	8.1%	4	6.1 %	9	12.2%
24-59 months	101	95	7	6.9 %	6	6.3%	15	14.9 %	13	13.7%
Total										
6-11 months	124	211	6	4.8 %	9	4.3%	9	7.3 %	22	10.4%
12-17 months	225	266	15	6.7 %	15	5.6%	22	9.8 %	46	17.3%
18-23 months	182	208	14	7.7 %	13	6.3%	20	11.0 %	26	12.5%
24-59 months	259	242	24	9.3 %	13	5.4%	38	14.7 %	30	12.4%

Table 49: Attitudes related to gender among women and men at end line, January 2020

Characteristics	Women [n=1231]		Men [n=936]	
	Count	%	Count	%
Men and women should carry out an equal amount of household chores				
Agree	890	72.3%	714	76.3%
Partially agree	209	17.0%	126	13.5%
Total (agree and partially agree)	1099	89.3%	840	89.8%
It should be ok for a woman to work outside while her husband taking care of the children				
Agree	527	42.8%	335	35.8%
Partially agree	237	19.3%	175	18.7%
Total (agree and partially agree)	764	62.1%	510	54.5%
It is the man who should decide when to use family planning				
Do not agree	290	23.6%	173	18.5%
Women should have equal rights as men on household property and assets				
Agree	896	72.8%	676	72.2%
Partially agree	230	18.7%	188	20.1%
Total (agree and partially agree)	1126	91.5%	864	92.3%
Men should support women's education				
Agree	918	74.6%	733	78.3%
Partially agree	245	19.9%	161	17.2%
Total (agree and partially agree)	1163	94.5%	894	95.5%

Annex 3: Study Tool



Endline Survey
Tool_Dec