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CARE Ethiopia

End Line Survey Report

Project: Livelihoods, WASH and Protection Support to Drought and Conflict-Affected IDPs & Host Communities in Somali Region, Ethiopia

Project Period: April 1, 2019 to March 31, 2021

Donor: Global Affairs Canada (GAC)

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List of Acronyms and abbreviations

BL	Baseline
CI	Confidence interval
EL	End Line
FGD	Focus Group Discussion
GAC	Global Affairs Canada
GBV	Gender Based Violence
HH	Household
IDPs	Internally Displaced people
KII	Key informant interview
NGO	Non-Governmental Organization
OFDA	Office for Foreign Disaster Assistance
SPSS	Statistics Package for Social Science
VSLA	Village Saving and Loan Association
WASH	Water, Sanitation & Hygiene

1. Executive Summary

This report presented end line survey for the project entitled Livelihoods, WASH and Protection Support to Drought and Conflict-Affected IDPs & Host Communities in Somali Region, Ethiopia. The end line survey objective was to assess the impact of the two-year project. The data collection conducted from March 15-23, 2021.

The survey design used for this end line survey is community based cross-sectional study. Quantitative data collection method was used as main approach for this end line survey using structured questionnaire. In addition to quantitative approach, qualitative (KII and FGD) method also used to collect qualitative data.

End line findings on WASH related variables confirmed that the WASH response impacted the life of target community. Beneficiary satisfaction on relevance, timelines and accountability of WASH response was one of the major indicators in the project measurement framework (PMF). The majority (90.7%) of respondent were reported they satisfied with the relevance, timeliness and accountability of WASH response (89.6% female, 97.6% male). Other major WASH indicators which showed improvement from the baseline data are access to clean and covered water container (36% increase), treating water before drinking (52% increase), open defecation (reduced by 47.7% from baseline), washing hands at least during three critical hand washing times (33% and 45% increase for female and male respectively).

Adequate hygiene practice of respondent households was calculated for baseline data based on four hygiene practice i.e. disposing of solid waste appropriately (open pit and burying or dustbin), disposing of children feces safely (dispose in latrine or burying), storing drinking water in clean and covered containers and using soap or ash for hand washing, looking at findings of end line to each practices, it showed significant improvement from the baseline. But when come to combined findings the result found improved for female respondents from 0% to 3.3 while findings for male showed decrease from the baseline. This achievement is much below the target seems the target set before baseline data not revised following the findings from baseline survey. The higher cases reported during end line may be due to two main reason, the recall period used for base line was two weeks while 4 weeks recall period used during end line as indicated in the indicator statement, the other reason was the knowledge of target community on identifying the case increased as result of the project intervention.

Under livelihoods sector, increased access to different livelihoods opportunities was one of the project performance measurement indicator and end line survey finding depicted the target met where more than three-fourth, 76%(85% male, 74% female) respondents reported their access to different livelihoods opportunities increased as a result of benefit of the project. Almost three-fourth, 74.4% (78%male and 73.8% female) of respondent reported their household income increased whereas 22.1% and 3.6% reported income not increased and stayed the same respectively. The percentage of respondents who reported they able generate enough income to cover their basic needs was only 33.1% though end line survey findings showed 21% increase from the baseline (12.3%).

As one of components of the project, gender based violence (GBV) related actives were implemented in all project locations. Findings from end line survey revealed how the sectoral response impacted the life of target community. The majority of respondents were aware of what

GBV means where end line findings showed improvement from the baseline, from 83% baseline to 89.2% end line for female respondents and from 89% baseline to 100% for male respondent.

All indicators in the project proposal achieved the target except few indicators like decrease in diarrhea incident reporting and adequate hygiene practices. The two possible reasons for increase in diarrhea incidents reported are the recall period used for baseline was two weeks while recall period for end line was four weeks as stated in the indicator and the second reason was increase in knowledge of target community to identify cases. Adequate hygiene practice of respondent households was calculated for baseline data based on four hygiene practice i.e. disposing of solid waste appropriately (open pit and burying or dustbin), disposing of children feces safely (dispose in latrine or burying), storing drinking water in clean and covered containers and using soap or ash for handwashing. The same approach used when analyzing data for end line. Looking at findings of end line to each practices, it showed significant improvement from the baseline. But when come to combined findings on the four practices listed above, the result found improved for female respondents from 0% to 3.3% while findings for male showed decrease from the baseline. We could not find strong justification for decrease in male result, the reason may be the number of male respondents were very sample compared to female which affects the possibility of getting positive response for combined analysis on hygiene practice.

Table 1 below presented end line findings compared to baseline data and project target.

Table 1: Findings on Major indicators in the project PMF

Indicators	Baseline	Target	End Line
Decrease in % of targeted households reporting incidents of water borne diseases in the preceding 4 weeks	16%	10% decrease	22.2%
% of targeted people (m/f) reporting increase in income	14.6% m, 10.3% f	90% m, 90% f	78% m, 73.8% f
% of women and girls reporting feeling safer following the implementation of GBV, WASH and livelihoods interventions	89% women & girls	50% women & girls	100% women & girls
% of targeted people (m/f) who report satisfaction with regards to relevance, timeliness and accountability of WASH assistance	n/a	75% m, 75% f	97.6% m, 89.6% f
% of targeted people (m/f) using adequate hygiene practices	2% m, 0% f	75% m, 75% f	0% male, 3.3% female
% of people (m/f) supported who report increased access to livelihoods opportunities	n/a	75% m, 75% f	83.4% m, 74.2% f
% of targeted people (m/f) who report satisfaction with regards to relevance, timeliness and accountability of livelihoods assistance	n/a	90% m, 90% f	100% m, 98.7% (PDM survey)
% of women and girls who used services they were referred to	n/a	60%, women and girls	100%, women and girls

% of women and girls, men and boys, demonstrating increased knowledge on GBV	TBC	70% m, 70% f	100% m, 89.2% f
% of people (m/f) supported who report increased knowledge on cash management skills and saving habits	0	75% m, 75% f	94.7% m, 82.8% f
% of Community facilitators, service providers and communities representatives with increased knowledge on PSEA	n/a	80% m, 80% f	100% m, 89.2% f

2. Introduction

This report presented end line survey findings compared with baseline data for the project entitled *Emergency WASH and CASH support project in Liben Zone of Somali Region, Ethiopia*

Aimed at saving lives of vulnerable people, CARE Ethiopia had been implementing a two years integrated (WASH, Livelihood support and Protection) emergency response. The project period is from April 1st, 2019 – March 31st, 2021 and funded by Global Affairs Canada (GAC).

The project has one ultimate outcome and three sector based intermediate outcomes and a number of immediate outcomes intended to achieve at the end of the project period.

Ultimate outcome: 1000 Lives saved, suffering alleviated and human dignity maintained through WASH, cash and protection interventions for women, men, boys and girls in Somali Region, Ethiopia.

Intermediate outcome-WASH: Increased and equitable use of gender-responsive assistance by drought and conflict-affected people to meet immediate WASH needs in Somali Region, Ethiopia

Intermediate Outcome-Livelihoods: Increased and equitable use of gender-responsive assistance by drought and conflict-affected people to meet immediate household needs in Somali Region, Ethiopia.

Intermediate Outcome-Protection: Increased and equitable use of gender-responsive assistance by drought and conflict-affected people to meet basic protection needs in Somali Region, Ethiopia

3. Objectives of the End Line Survey

The project planning to implement different project activities related with WASH, Livelihoods and Protection in those five project operational woredas. Baseline survey conducted at early stage of the project (end of August and early September 2019). Thus, the main objective of this end line survey is to assess impact of the project based on the benchmark data captured from the baseline.

Specific objective:

- Collect data on indicators in the project logical framework where benchmark data captured in the baseline survey.
- Conduct indicator based analysis and compare findings with the baseline data.
- Document the end line survey findings for organizational use.

4. Methodology and Sampling

4.1. Survey design, survey population and sampling unit

Survey Design: the survey design used for this end line survey is community based cross-sectional study. Quantitative data collection method was used as main approach for this end line survey using structured questionnaire. In addition to quantitative approach, qualitative (KII and FGD) method also used to collect qualitative data from co-signatory government office staff, community representatives like local administrative, beneficiary. Based on possibility of gathering people into the same place due to COVID-19 context, two focus group discussion (FGD) per woreda was conducted. The aim of qualitative approach is to supplement quantitative findings and to capture some thematic project evaluation areas like relevance, effectiveness, coordination, sustainability.

Survey Population: The survey population for this assessment was project targeted community in the project location. The geographical location for this survey purposively selected woredas (Filtu, Karsadula and Dekasuftu) where the baseline survey conducted.

Sampling Unit: the sampling unit for this end line survey was households.

4.2. Sampling Procedure and Sample Size

The sampling procedure used for this survey was multiple stage sampling. At first stage of sampling, the geographical location (woredas) for this survey purposively selected, woredas where the baseline survey conducted. Accordingly, Filtu, Karsadula and Dekasuftu woredas selected for this end line survey.

Second stage sampling, kebeles for data collection was randomly selected from list of kebeles from above purposively selected Woredas.

Third stage sampling was the household selection within each kebeles. For quantitative data collection, list of beneficiary households was used as sampling frame to select respondent households using random sampling approach.

Sample Size Determination for quantitative data collection:

For consistency and better comparison of baseline and end line survey findings, the same sample size which used for baseline survey used for this end line survey.

The sample size calculated based on:

- Confidence Interval (CI)- 95%
- Margin of Error - 6%
- Prevalence of indicators - 50%
- Target Population/Project Beneficiary-**8000HHs**

Accordingly, a total of **281HHs** was interviewed.

The total sample was distributed to each woreda based on proportion to size approach (# of beneficiaries reached in each woreda).

4.3. Respondent selection for qualitative approach:

Respondent individuals for qualitative (KII) interview was purposively selected. Government staff representatives from zone and woreda offices (like disaster preparedness and prevention, water and mine, pastoral development office and women and children affairs office) and CARE field technical staff were interviewed using open ended questions. A total of 17KII (11male and 6female) interviewed.

A total of 8 FGDs (4female and 4 male FGDs) was conducted under this end line survey. FGD participants were beneficiary representatives, elders, youths (boys and girls), women in project target location. A total

of 39 male (26 men, 13boys) and 36 female (22women,14girls) participated in the FGD. The number of participants per FGD reduced aimed at preventing COVID-19 infection risk, in average, 9 people per FGD participated.

4.4. Data Collection, Entry and Analysis:

Questionnaire based on the three sectors (WASH, basic need & livelihoods and protection) of this project designed and built into kobo toolbox. Data collection was done using digital data collection using smartphone or tablets. External data collectors who have similar previous experience and have access to smartphone were selected and a two days face to face training provided to data collectors.

Data was exported from kobo toolbox and data cleaning done ahead of data analysis. Data analysis was done using SPSS. Emergency Unit LDM Manager was responsible for data cleaning, analysis and report write up.

4.5. Field work management and Data Quality Assurance

The end line survey conducted internally by CARE Ethiopia aimed at assessing the impact of the two year project. Household survey and FGD data collection done by external data collectors who have experience in similar data collection. A total of 7 external data collectors 5 for household survey and 2 for FGD were deployed. They were trained for two days ahead of the data collection. The KII interviewed done by humanitarian learning, design and measurement (LDM) manager.

Different approaches employed to ensure data quality ahead of actual data collection and throughout data collection process as well as post data collection activities. Selection of experience data collectors and provision of intensive training done ahead of data collection, close supervision during data collection, synchronizing collected data into kobo and reviewing for quality and feedback to data collectors before departure for next day data collection done to improve data quality. Data cleaning also done ahead of analysis.

4.6. Limitation of the end line survey

There were no major limitations encountered throughout the process. Geographically the end line survey covered three out of five project targeted woreda where the baseline done, so lack full coverage of project location. Lack of road to drive was one of the challenges faced to reach the remotes village in selected woreda. The number of male respondents was very low compared to female respondents since they move from place to place in search of water and pasture for their animals.

5. Ethical consideration during data collection.

In the process of the data collection, special emphasis to protect the rights of the respondents was maintained. Ethical principles thoroughly followed during data collection and similarly we will adhere to ethical issues during dissemination of findings of this survey.

Major steps/action followed: -

- During actual data collection, the necessary communications like purpose of the assignment /survey was made with participants/respondents.
- Informed consent (verbal) was received from survey participants/respondents
- The confidentiality of individuals who participating in this survey kept anonymous.

- No identification such as names, identification numbers was used and information was analyzed as group data and not on individuals.

6. Dissemination of Findings

Findings from this end line survey was used to update indicators in the FMP, and the report produced was shared through email to concerned internal departments/personnel and stakeholders. The end line survey report will be submitted to donor with project final report. Printout of the survey report will be provided to zonal and woreda co-signatory offices.

6. Findings and Discussion

6.1. Demographic Characteristics of Respondents

A total of 281 households were interviewed for this end line survey which is 100% the plan in terms of reference for this purpose and same sample size with baseline survey. The majority (85.4%) of respondents were female whereas male respondents constitute 14.5%. Among households interviewed for this survey, relatively the majority, 59% were male headed households while the rest 41% were female headed. Average age of respondents was 35.9 with 18 and 90 years of minimum and maximum age respectively. The total family size of interviewed households was 2108 where female family members found higher than male. 59.4% and 43.6% respectively. Under five children represents more than one-fourth of family size (27.6%). Respondents were asked whether there was vulnerable family member in their household and all respondents reported at least one vulnerable family member where the more than half of respondents (51.2%) indicated under five children followed by households with pregnant and lactating mothers (47.3%), households with elderly people (30.6%) and households with people with disability (15.7%).

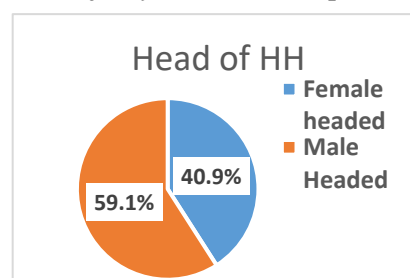


Table 2: Sex and Age of Respondents, family member proportion and vulnerable family member

Sex of Respondents	Frequency	%
Female	240	85.4%
Male	41	14.6%
Total		
Age of Respondents		
Minimum	18	
Maximum	90	
Average	35.9	
Respondent HH Family Proportion		
Female	1189	56.4%
Male	919	43.6%
U5 Children	582	27.6%
HHs with Vulnerable Family member		
U5 Children	133	51.2%
Pregnant and Lactating	144	47.3%
Elderly	86	30.6%
People with disability	44	15.7%

6.2. WASH- Access to water, hygiene and sanitation practices

Beneficiary satisfaction on relevance, timeliness and accountability of WASH response was one of the major indicators in the project measurement framework PMF). Respondents of this survey were asked their level of satisfaction to rate as very satisfied, satisfied and unsatisfied. The majority (90.7%-89.6% female,97.6% male)) of respondent were reported they satisfied with the relevance, timeliness and accountability of WASH response (89.6% female, 97.6% male). Main water sources for household consumption presented under table 3 below where the majority of respondents indicated surface water (river, dam, lake, pond, stream, etc.) which shows 10% decrease from the baseline (from 86.5% BL to 76.5% EL) and the percentage of respondents who reported protected water sources showed increase by 1.8% (7.1%BL to 8.9% EL) both changes implies positive impact of WASH response.

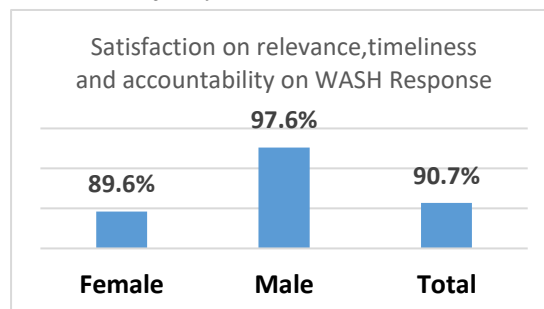


Table 3: Main water Source

Main Water Source	Baseline	End Line
Surface water (river, dam, lake, pond, stream, etc.)	86.5%	76.5%
Protected borehole/well/spring/Ella	7.1%	8.9%
Unprotected borehole/well/spring/ Ella	1.1%	0.0%
Unprotected hand pump	0.4%	0.0%
Water trucking	5.0%	14.6%
Total	100.0%	100.0%

Considering the main water source, the respondents were asked whether they regularly access water from the main source, very small percentage of respondents reported that they were accessing water from the main water source regularly though the end line findings showed 7% changes compared to baseline (from 4% BS to 11% EL). The main reason indicated for not regularly accessing water was water shortage as reported by 89.8% (90% female,82.9% male) of respondents. Per capita water for respondent households showed increase from the baseline from 8liter baseline into 12.9lit end line (table 4).

Table 4: Regular access to water from main source and reason for not accessing regularly

Regularly access water from main source	Baseline	End line
Yes	4%	11%
No	96%	89%
Total	100%	100%
Reason for not accessing water regularly		
There are water shortages	38.1%	89.8%
Water is too far from the residential area	51.6%	4.7%
It is too dangerous to get water	6.0%	0.0%
Waiting time at the water point is too long	4.3%	2.3%
Can't afford to buy enough	0%	2.0%

Don't have enough storage containers	0%	1.2%
Total	100%	100%
Per Capita water	8lit	12.9lit

Findings of the end line survey depicted huge improvement in the traveling time to water source, getting water plus travel time back to home. Percentage of respondents who indicate more than 2 hours decreased by 54% from the baseline (from 84% BS to 29.9% EL) while the percentage of respondents who reported less than one hour increased by 36% (from 7.1%BS to 43.1% EL). Respondents were also asked the primarily responsible family member to fetch water and the majority (70.5%) indicated adult women still the family member who primarily responsible to fetch water followed by 12.8% of respondents who indicated adult men and 9.6% of respondents who indicated girls (18 and below). The percentage of respondents who indicated adult women showed increase from the baseline while respondents who indicated adult men, boys and girls showed decrease from the baseline. Respondents who reported water is easily available showed huge change compared to baseline (24.5% increase from 4% BS to 28.5% EL) (table 5).

Table 5: Travelling hour to and from water source and who mostly fetch water

How long travelled to, water source, get water and back	Baseline	End line
Water is available on the premise	0.0%	4.6%
Less than 1 hour	7.1%	43.1%
1-2hours	8.9%	22.4%
More than 2 hours	84.0%	29.9%
Total	100%	100%
Primarily responsible to fetch water		
Adult women	55%	70.5%
Adult men	15%	12.8%
Boys (18 or below)	16%	6.8%
Girls (18 or below)	14%	9.6%
Don't know	0%	0.4%
Total	100%	100%
Water Easily Available		
Yes	4.0%	28.5%
No	96.0%	71.5%
Total	100%	100%
Water point not functioning for		
More than 1-2 times per week	46.6%	42.7%
1-2 times per week	39.9%	29.2%
1-2 times per month	0.0%	13.5%
Less than 1-2 times per month	2.8%	10.7%
More than 1-2 times per month	6.4%	0.0%
Never	4.3%	3.9%
Total	100%	100%

As presented under table 6 below, near to all, 96.4% (96.2% female, 97.6% male) of respondents were using 20 liter jerry can to collect water from water source where the result from the end line survey almost similar to the baseline (94.5%). Half of baseline respondents and almost two-third of end line respondents reported Jerry can of 10 liter as another commonly used container. The respondents were also asked whether they have separate water container for drinking water storage, half of respondents (49.8%) reported they have separate water storage containers for drinking water which is huge (42.3%) increase when compared to baseline data (7.5%). Based on findings of water containers observation, households who have clean and covered water container showed significant increase from the baseline, 36% increase (from 4.6% baseline to 40.6% end line).

Table 6: Type of water container to collect water, cleanness of storage containers

Type of containers to collect water (Multiple Response)	Baseline	End Line
20 litters jerry can	94.5%	96.4%
10 litters jerry can	50.2%	64.4%
5 litters jerry can	33.9%	41.3%
60 litters container	0%	0.0%
Bucket without cover	1.4%	7.1%
HHs with separate water container for drinking water	7.5%	49.8%
Water Container Was		
Clean and covered	4.6%	40.6%
Clean and uncovered	8.5%	34.9%
Dirty and covered	63.7%	19.2%
Dirty and uncovered	23.1%	5.3%
Total	100%	100%

Respondent household drinking water treatment practice also assessed and the findings from the end line which reported by 78.6% (76.7% female, 90.2% male) of respondents showed high which was more than 50% (from 27% baseline to 78.6% end line) increase from baseline. Methods of water treatment indicated by respondents almost similar with baseline where filtering, billing, chlorination Water chemicals (Bishangari, Aqua tabs, PUR, etc) reported during baseline as well as end line (table 7 below).

Table 7: Water treatment practice and method of treatments used

Household member treat water before drinking	Baseline	End Line
Yes	26.7%	78.6%
No	73.3%	21.4%
Total	100%	100%
Treatment methods		
Boiling	1.8%	15.7%
Chlorination	2.5%	24.2%
Filtering	3.9%	14.2%
Water chemicals (Bishangari, Aqua tabs, PUR, etc)	14.2%	21.4%
Other/mixed methods	4.3%	3.2%
No treat water	73.3%	21.4%
Total	100.0%	100.0%

Percentage of households who using latrine (communal plus private) showed significant improvement when compared to baseline data, from 23.8% (20.1%female,20.8%male) for baseline to 72.6% (72.5%female,73.2% male) end line. For private latrine it showed 5.4% increase from 7.1% baseline to 12.5% end line while percentage of respondents reported access to communal latrine showed huge increase, from 16.7% baseline to 60.1% end line. Access to communal latrine attributed to CARE’s latrine construction intervention in the project location. Open defecation practice similarly showed significant 48% decrease from baseline, from 74.4%(73.4%female,79.2% male) baseline to 26.7% (27.1%female,24.4% male) end line. Households who reported adequate privacy and feel safe while using latrine showed 8% increase, from 80% baseline to 88.1% (88.4%female,87.0%male end line, and 57.5% increase, from 23.9 % baseline to 81.4% (80.0%female, 87.0%male) end line respectively. Those who reported not feeling safe were asked the reason, and lack of light at night mentioned by both female and male respondent while female respondents also mentioned fear of wild animals.

Table 8: Where member of HH defecate, privacy and safety when using latrine

Where HH member Defecate	Baseline	End Line
Communal latrine (shared by more than one household)	16.7%	60.1%
Household latrine	7.1%	12.5%
Open defecation	74.4%	26.7%
Do not know	1.8%	0.7%
Total	100%	100%
HHs having latrine in their compound	7.1%	42.0%
Larine with adequate Privacy	80.0%	88.1%
Feel safe while using latrine	23.9%	81.4%

Findings from latrine observation presented under table 10 below, 33.1% of latrine observed improved and ventilated latrine whereas 34.7% of the latrine observed were improved traditional pit latrine. Percentage of latrines with no damage and properly function found to be 72.9% with 22.9% improvement from the baseline (50%). Of the total observed latrines, 9.3% (which was 0% for the baseline) were clean and 27.1% has hand washing facility out of which 96.9% hand washing facilities has water and 29.7% of hand washing facilities were with soap.

Table 9: Type of latrine, condition, cleanness of latrine and hand washing at latrine

Type of latrine	Baseline	End Line
Improved and ventilated latrine	0.0%	33.1%
Improved traditional pit latrine	25.0%	34.7%
Simple traditional pit latrine	70.0%	32.2%
Simple trench	5.0%	0.0%
Total	100%	100%
Functionality of latrine		
Functioning / no damages	50%	72.9%
Not functioning	5%	2.5%
Partially functioning / need of repair	45%	24.6%

Total	100%	100%
Latrine is Clean (no droplet, no flies infestation, no anal cleansing dropped)	0%	9.3%
Hand washing facility available around the latrine	3.9%	27.1%
Hand washing facility has water	2.8%	96.9%
Soap present at the hand washing facility around latrine	1.10%	29.7%

Under five children fences management was one of areas end line findings confirmed improvement from the baseline, 72% of households practicing safe disposal of fences of under five children (19% collect and burying and 53% collect and dispose into latrine) while baseline data on safe disposal was 55.1%. Though safe children fence management showed high improvement from the baseline, still 28% (24.1% collect and thrown into garbage and 3.9% do nothing/leave it where it is) of households practicing unsafe fences management practice (table 10 below).

Table 10: How dispose fences of Children

How dispose fences of Children	Baseline	End Line
Collect and burying	42.3%	19.0%
Collect and dump to latrine	12.8%	53.0%
Collect and thrown into garbage	40.2%	24.1%
Nothing done with it	4.6%	3.9%
Total	100.0%	100.0%

Critical time hand washing practice of respondent households assessed and presented under table 11 below. End line findings on households who practicing hand washing at least during three critical time showed a huge progress from the baseline with 33% increase for female respondents and 45% increase for male respondents. Hand washing before preparing food, after visiting toilet and before eating indicate by the majority of respondents both during baseline and end line. The percentage of respondents who using soap (ant type including powder/omo) one of the desired positive practices which showed significant improvement compared to baseline where near to two-third (64.4%) of respondents reported they were using soap when washing their hands which was 60.1% increase from the baseline. Similarly, the percentage of households who use water only when washing hands showed significant decrease from the baseline i.e. from 94.3% baseline to 21.7% end line which is 73% decrease. Those who reported use water only when washing hands were asked the reason and the majority reported cannot afford soap (61%), soap not available/could not find soap (38%) and run out of soap (11%).

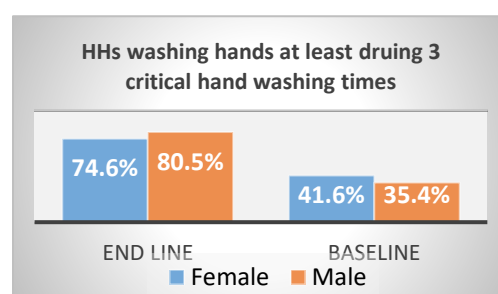


Table 11: When wash hands, detergents used to wash hands and reason for not using detergents

When wash hands	Baseline	End line
Before preparing food	31.3%	85.1%
After visiting toilet	31.7%	69.8%

Before eating	31.7%	88.6%
Before feeding a child	0.4%	51.2%
After cleaning the bottom of a child who has been defecating	5.0%	34.5%
After collecting any dirty materials	0.0%	16.4%
Detergents HH using during hand washing		
Soap (any type including powder/ Omo)	4.3%	64.4%
Ash / Sand	1.4%	13.9%
Water only	94.3%	21.7%
Total	100%	100%
Reason for not using soap		
Ran out of soap/Used it	0.00%	11.0%
Cannot afford soap	0.00%	61.0%
Soap is unavailable/cannot find soap	42.07%	38.0%
Soap is unnecessary	2.58%	6.0%
Total	45%	116%

Findings on respondent household perception whether diarrhea is preventable or not, respondents who reported diarrhea is preventable showed positive progress from baseline with 30% increase, from 59% baseline to 89.3% (88.9% female, 97.6% male) end line while only 10.7% (12.1% female, 2.4% male) reported diarrhea is not preventable. Respondents were also asked ways that people get diarrhea and the majority named the common ways like contaminated water, contaminated or under cooked food, contact with someone sick with diarrhea. Regarding ways of diarrhea prevention, washing hands with soap at key moments indicated by majority of respondents (84% followed by treating water (73.7%), using latrine to defecate (73.3%) and keeping food hygienic and covered (67%), more than half (51.6%) of respondents were also indicated cook food well as one of means of diarrhea prevention (table 12 below).

Table 12: Ways people can get diarrhea

Ways that people can get diarrhea	Baseline	End Line
Through contaminated water	37.0%	90.7%
Through contaminated or undercooked food, From flies	24.9%	72.2%
From contact with someone sick with diarrhea or someone who died from diarrhea	16.0%	29.5%
From unpleasant odors	14.6%	32.0%
From swimming/bathing in surface water	3.2%	28.1%
Don't know	0.0%	9.3%
	4.30%	7.5%
Can Diarrhea be prevented		
Yes	59%	89.3%
No	25%	3.6%
Do not know	16%	7.1%
Total	100%	100%

Prevention method		
Washing hands at key moments using soap	25.3%	84.0%
Using latrine to defecate	6.0%	73.3%
Treating water before drinking	8.2%	73.7%
Keep food hygienic (covered)	13.9%	66.9%
Store water safely	0.4%	18.5%
Wash fruit and vegetable before eating	5.3%	4.6%
Cook Food well	0.0%	51.6%
It is not preventable	41%	10.7%

Table 13 below depicts findings on households' dry waste management practice. More than two-third (68.7%) of respondent households practicing save waste management like using waste pit and burying waste which showed 7.7% increase from the baseline.

Table 13: Solid Waste Management Practice of the HH

Solid waste management/How HH Dispose rubbish	Baseline	End Line
Save waste management(Open pit, open pit and buried)	61%	68.7%
Unsafe waste management (in compound, bush, open fields)	39%	31.3%
Total	100%	100%

Adequate hygiene practice of respondent households was calculated for baseline data based on four hygiene practice i.e. disposing of solid waste appropriately (open pit and burying or dustbin), disposing of children feces safely (dispose in latrine or burying), storing drinking water in clean and covered containers and using soap or ash for handwashing. The same approach used when analyzing data for end line. Looking at findings of end line to each practices, it showed significant improvement from the baseline. But when come to combined findings on the four practices listed above, the result found improved for female respondents from 0% to 3.3% while findings for male showed decrease from the baseline. But if we take three hygiene practice out of four, the progress from baseline showed 27% increase (table 14 below).

Table 14: Adequate Hygiene Practices

Key Hygiene practice	Baseline			End Line		
	Male	Female	Total	Male	Female	Total
Drinking water storage container is clean and covered	8.0%	4.0%	5.0%	43.9%	40.0%	40.6%
Dispose of children's excreta in latrine or buried	53.0%	58.0%	57.0%	65.9%	72.5%	71.5%
Use soap or ash to wash hands	13.0%	4.0%	6.0%	78.3%	78.1%	78.3%
Dispose of HH garbage in open pit & buried or dustbin	31.0%	25.0%	26.0%	21.9%	32.9%	31.3%
A least 1 or more key hygiene practice						
Using 1/4 adequate hygiene practices	33.0%	45.0%	43.0%	78.3%	78.1%	78.3%
Using 2/4 adequate hygiene practices	25.0%	19.0%	20.0%	63.4%	60.4%	60.9%

Using 3/4 adequate hygiene practices	4.0%	3.0%	3.0%	29.6%	34.1%	30.2%
Using 4/4 adequate hygiene practices	2.0%	0.0%	0.4%	0.0%	3.3%	2.8%

6.3. Livelihoods- Livelihood sources, income sources

Creating access to different livelihoods opportunities to target community was one of the expected project outcome. More than three-fourth, 76% (85% male, 74% female) respondents reported their access to different livelihoods opportunities increased as a result of benefit of the project. The respondents were asked source of livelihoods for their household were relatively the majority (47%) reported livestock rearing/pastoralism as main source followed by relief aid (42.3%), crop production (42.3%), income from daily labor (32.7%). They were also asked to indicated one main income source, and income from both livestock and agriculture indicated relatively higher (23.1%) respondents while income from livestock, daily labor and petty trade reported by 19.6%, 19.5% and 12.8% respondents respectively (table 15).

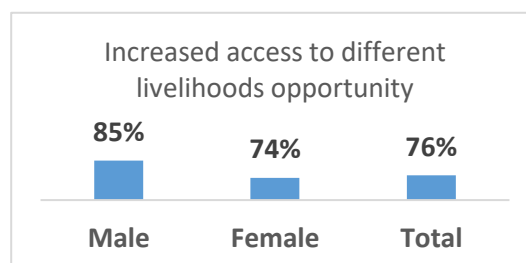


Table 15 HHs Source of Livelihoods

Source of Livelihoods	Baseline	End Line
Agriculture/ crop production	1.8%	42.3%
Livestock rearing/ Pastoralism	29.9%	47.0%
Agro pastoralism (Both livestock and Agriculture)	47.7%	19.6%
Petty trading	0.7%	23.1%
Relief aid	3.6%	42.3%
Support from relative and friends	8.2%	20.6%
Income from daily labor	8.5%	32.7%
Main source of Income		
Income from Both livestock and Agriculture	0%	23.1%
Income from agriculture production	0%	8.2%
Income from daily labor	9.6%	19.6%
Income from Livestock rearing	26.4%	19.5%
Income from Petty trading	0.0%	12.8%
Relief aid	38.1%	6.4%
Support from relative and friends	25.9%	10.3%
Total	100%	100%

Almost three-fourth ,74.4% (78% male and 73.8% female) of respondent reported their household income increased whereas 22.1% and 3.6% reported income not increased and stayed the same respectively. The percentage of respondents who reported they able generate enough income to cover their basic needs was only 33.1% though end line survey findings showed 21% increase from the baseline (12.3%). Those who reported not generating enough income were asked how they cover the deficient and relatively more respondents (37.8%) reported they were covering the deficit through relief aid from NGOs/ Government and almost similar percentage (37.2%) indicated they take loan to cover the short coming of income (table 16 below)

Table 16: Change in HH Income, coping mechanism to fill income gap

HH income Increased following the benefit from the project	Baseline	End line
Yes		74.4%
Stayed the same before		3.6%
No	NA	22.1%
Total		100%
HH generate Enough income to cover basic needs		
Yes	12.30%	33.1%
No	87.70%	66.9%
Total	100%	100%
Coping mechanism to fill gaps/income deficit		
Trough relief aid from NGOs/ Government	18%	37.8%
Ask support from relative and friends	20%	5.3%
Take a loan	3%	37.2%
Fire wood/ charcoal making	30%	4.8%
Use some wild foods	4%	0.5%
Engage in daily labor work	13%	5.3%
Sometimes skip without eating whole day	9%	3.7%
Meal size and frequency reduction	3%	4.3%
Other		1.1%
Total	100%	100%

Respondents were asked whether any family member engaged in petty trading and more than half, 51.6% (50% female, 61% male) of them reported at least one of family member engaged in petty trading. Those who reported not engaged mentioned lack of seed money and lack of skill as main reason for not engaging in petty trade. Regarding benefit from the petty trade, almost two-third, 64.8% (63.3% female, 43.9% male) reported their household income increased since then followed by those who mentioned it helped them to diversify the household livelihood activity and helped them to meet their household basic needs by 24.1% (26.7% female, 12.0% male) and 7.6% (7.5% female, 8.0% male) of respondents respectively (table 17 below).

Table 17: HH engaged in IGAs and its benefit

Family Member Engaged in Petty trade/IGAs	Baseline	End Line
Yes	10.0%	51.6%
No	90.0%	48.4%
Total	100%	100%
Benefit from the Petty trade/IGAs		
Able to meet basic need of my household	29.6%	7.6%
My household income increased since then	33.3%	64.8%
Saved some amount of money	22.2%	3.4%
Used to diversify the household livelihood activity	14.8%	24.1%
Total	100%	100%

Table 18 below presented respondents response on barriers for women to engage in livelihood activities. Near to half, 48% (45.4% female,63.4% male) of respondents reported there was barrier for women to engage in livelihoods activities. Lack of time due to work load, lack of education and not permitted to work by male or female household member as type of barriers exist (table 18 below). The values for end line seems increased, but it was due to the way the question administered i.e. multiple response allowed during end line while baseline captured only one response per respondent.

Table 18 Do women have barriers to engage in livelihood activities

Do Women have any barrier to engage in Livelihoods Activities	Baseline	End Line
Yes	5.0%	48.0%
No	95.0%	52.0%
Total	100%	100%
What are the barriers		
Not permitted to work by male HH member	0.4%	5.7%
Not permitted work by female HH member	1.4%	6.8%
Cultural/Religious barriers	1.8%	2.5%
Lack of time due to work load in the HH	0.7%	24.9%
Not feeling safe	0.0%	1.4%
Lack of education	0.7%	11.4%

More than half, 54.4% (55.8%female,46.3%male) of respondents reported they have received training on cash management whereas 45.6 % reported not received such training. Those who reported they received cash management training were asked the benefit they gained from the training, and the majority, 69.9% (66.4%female,94.7%male) their saving habit improved followed by only female respondents (20.1%female) who reported engaged in petty trading and gained skill to effectively utilize their money (table 19 below)

Table 19:Cash Management Training and benefits following the training

Received Training on Cash Management	Baseline	End Line
Yes		54.4%
No	NA	45.6%
Total		
Benefit Obtained from the Cash management Training		
My saving habit improved		69.9%
I am engaged in petty trading activity now	NA	17.6%
I have the skill to effectively utilize my money now		17.6%
I have started planning on how to use my money for different household need		35.3%

Respondents who reported they have access to loan services was very low though it showed improvement by 9% from the baseline. Those who reported access to loan services (10.0%female,4.9%male) were asked to indicate type of services they were accessing, and 6.8% and 1.4% female respondents indicated VSLA loan and saving and loan from cooperatives respectively (table 20)

Table 20:Access to loan services and type of service accessed

Have access to loan and saving	Baseline	End Line
Yes	0.4%	9.3%
No	99.6%	90.7%
Total	100%	100%
Type of Services		
Loan from micro finance institutions	0%	0.7%
Loan from banks	0.4%	0.4%
Loan from cooperatives	0%	1.4%
VSLA training/loan/saving	0%	6.8%
No Access	99.6%	90.7%
Total	100%	100%

Traveling time that the respondents were traveling, use of transport, transportation cost as well as challenges to access market were assessed and presented under table 21 below. The majority, 56.2% (54.0% female, 55.7% male) reported they were traveling from 1-2 hours to get into market followed by 27.8% (26.0% female, 28.1% male) of respondents who reported less than one hour and more than half 52.3% (50.8% Female, 61% male) of respondents reported they were using transportation to access market with 100ETB and 300ETB minimum and maximum transportation cost. Respondents were also asked whether they face challenges when traveling to market and 31.3% (27.5% female, 53.7% male) reported they facing challenges like transportation and sometime conflict related fear.

Table 21: Traveling hours to market, cost of transportation and challenges to access market

Travel time to the nearest market	Baseline	End Line
Less than 1 hour	18.1%	27.8%
1-2 hours	21.4%	56.2%
2-3 hours	17.1%	7.1%
3-4 hours	16.0%	4.6%
More than 4 hours	27.4%	4.3%
Total	100%	100%
Use transportation to travel to market		
Yes	58.5%	52.3%
No	41.5%	47.7%
Total	100%	100%
Transportation Cost		
Minimum in Birr	100	50
Maximum in Birr	300	300
Average in Birr		139.5
Face any challenges to access the market		
Yes	6.0%	31.3%
No	94.0%	68.7%
Total	100%	100%

The majority, 83.6% (83.8% female, 82.9% male) of respondents reported that items they need were available in the local market while 16.4% reported items they want to buy were not available in the market. The type of items which are not available were asked and near to half, 48% (71.4% female, 43.6% male) reported food items like wheat, rice, maize and flour while 28.3% (30.8% female, 14.3% male) reported NFI materials (like cooking sets, lamps, plastic sheet etc) not available (table 22)

Table 22: Items availability in the market

Items available in the market	Baseline	End Line
Yes	38.0%	83.6%
No	62.0%	16.4%
Total	100%	100%
What type of items not available		
Food items (rice, wheat, maize, flour etc)	75.5%	47.8%
NFI materials (cooking sets, lamps, plastic sheets...etc.)	18.8%	28.3%
Shelter NFIs (iron sheet, nail, wood etc)	0.0%	4.3%
Shoe and clothes	4.7%	10.9%
Other (Fuel/charcoal/firewood	1.0%	8.7%
Total	100%	100%

Findings of the end line survey revealed that household decision on cash utilization mostly made jointly by both men and women (71.2%-72.5% female, 63.4% male) whereas 4.3 % reported women decide and one-fourth of them indicated it was men who decide on cash utilization. Respondents were asked whether decision on cash utilization created tension within household, and the majority, 74% (73.8% female, 75.6% male) reported no while the rest 26% (26.3% female, 24.4% male) of respondents reported decision on cash utilization created tension among their household but end line finding showed 11% (from 37% baseline to 26% end line) decrease from the baseline data (table 23).

Table 23: Decision making practice on cash utilization and related tension

Who makes decision on Cash utilization/use	Baseline	End Line
Both men and women	66.0%	71.2%
Men	18.5%	24.6%
Women	15.5%	4.3%
Total	100%	100%
Decision on cash utilization created tension within HH		
Yes	37.0%	26.0%
No	63.0%	74.0%
Total	100.0%	100.0%

6.4. Gender Based Violence, Level of Confidence to negotiate for own needs and wants

The majority of respondents were aware of what GBV means where end line findings showed improvement from the baseline, from 83% baseline to 89.2% end line for female respondents and from 89% baseline to 100% for male respondent. More than half, 51.2% (50% female, 58.5% male) mentioned GBV is harmful act or threat based on a person's sex or gender identity followed by 27.8% (27.5% female, 29.3% male) and 11.7% (11.7% female, 12.2% male) of respondents who indicated GBV as physical, sexual and psychological abuse and rooted in unjust and unequal power relations and structures and rigid social and cultural norms respectively. They were asked their level of agreement on existence of GBV in their community and 38.1% agreed there is GBV cases in their community (8.2% strongly agree- 7.9% female and 9.8% male and 29.9% agree- 28.7% female and 36.6% male) while 48% (47.5% female and 51.2% male) reported disagree and 12.1% (13.8% female and 2.4% male) reported strongly disagree. The rest 1.8% (2.1% female and 0% male) of respondents reported don not know (table 24)

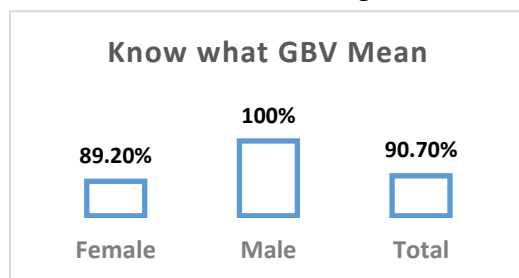


Table 24: Awareness on GBV and level of agreement on its existence in the community

What is GBV for you	Baseline	End Line
A harmful act or threat based on a person's sex or gender identity	25.0%	51.2%
Physical, sexual and psychological abuse	35.0%	27.8%
GBV is rooted in unjust and unequal power relations and structures and rigid social and cultural norms.	28.0%	11.7%
I don't know about it	12.0%	9.3%
Total	100%	100%
Level of Agreement on existence of GBV		
Strongly agree	28.0%	8.2%
Agree	39.5%	29.9%
I don't know	15.0%	1.8%
Disagree	12.5%	48.0%
Strongly disagree	5.0%	12.1%
Total	100%	100%

Major forms of GBV and primary victims of GBV was also assessed and findings presented under table 25 below. Female genital mutilation (FGM), domestic/physical violence, sexual abuse and rape were among major forms of GBV exists in their community. Regarding primary victims of GBV, the majority, 96% (94.3% female, 100% male) of respondents indicated it was female who were primary victims (45% reported girls with age of 14-18, 32% reported girls less than 14 years and 19% reported women above 18%) of GBV.

Table 25: Major forms of GBV and primary victims

Major forms of GBV	Baseline	End Line
Domestic/physical violence	5.0%	7.8%
Sexual abuse	7.8%	4.3%

Rape	0.4%	11.0%
Attempted rape	0.4%	0.4%
Denial of resources	0.4%	0.4%
FGM	31.3%	12.0%
Emotional abuse	0.7%	1.1%
Intimate partner violence	0.4%	0.0%
Earlier/force marriage	24.1%	1.1%
No GBV exists/do not know	29.5%	61.9%
Total	100%	100%
Primary Victims of GBV		
Women above 18 years	8%	19%
Men above 18 years	1%	2%
Adolescent girls (14 to 18 years)	38%	45%
Adolescent boys (14 to 18 years)	0%	1%
Boys (< 14 years)	0%	0%
Girls (< 14 years)	54%	32%
Elderly and disabled	0%	2%
Total	100%	100%

Reporting of GBV cases, to whom survivors reporting and services available for GBV services were among areas addressed under this end line survey. The majority, 96.1%(95.4%female,100%male) of respondents reported GBV victims were reporting cases which showed improvement by 35% from the baseline. For both baseline and end line, the majority, 80.1% and 55.6%, of respondents respectively indicated GBV victims were reporting to community leaders. Respondents were also asked where GBV survivors are accessing services, and for both baseline and end line surveys same percentage of respondents (50% each) indicated that GBV survivors were accessing services from health facility. The positive impact that the project contributed to regarding access to services for GBV survivors were access to services at women friendly spaces reported by 27% (25.4%female,36.6%male) of respondents during end line while none of respondents reported tis during baseline, in addition to this, percentage of respondents who indicated GBV survivors reporting to police station showed 10.7% increase from baseline (from 12.1% baseline to 22.8% end line) and percentage of respondents who reported no services for GBV survivors reduced by17.4%, from 17.8% baseline to 0.4% end line (table 26 below).

Table 26: GBV reporting and Services for GBV Survivors

GBV victims report to someone	Baseline	End Line
Yes	61.5%	96.1%
No	25.0%	0.7%
Do not know	13.5%	3.2%
Total	100%	100%
Where/to whom GBV victims report		
Community leaders	80.1%	55.6%
Community elders	5.2%	39.6%

Police station	1.0%	3.7%
Health facility	3.2%	1.1%
Informing partners	10.5%	0%
Total	100%	100%
Where GBV survivors access services		
Women friendly space	0%	27.0%
Health facility	50.90%	49.8%
Church / mosque	19.20%	0.0%
Police station	12.10%	22.8%
None-services not available	17.80%	0.4%
Total	100%	100%

Percentage of women and girls reporting feeling safer following the project intervention was one of intended changes expected as impact of our intervention. During end line survey, FGD discussant were asked how women and girls feel safer in the community and all FGD participants from different project kebeles reported they feel safe. Similarly, how female respondents feel safe when they go to market alone, within the household and taking job outside of the household used to calculate the overall percentage, and 100% of female respondents with age ranging from 18 -90 years reported they feel safe. Table 27 below presented how male and female respondents feel safe to go to market alone, within their household and to undertake job outside of their household, all respondents reported they feel safe for the end line survey while at least 7% reported feel unsafe during baseline.

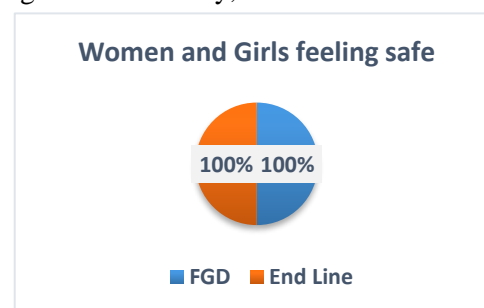


Table 27: How feel safe within HH, going to market alone and to take job outside HH

How safe do you feel to go to the market alone	Baseline	End Line
Very safe	0.0%	34.5%
Safe	93.0%	65.5%
Unsafe	7.0%	0.0%
Very Unsafe	0.0%	0.0%
Total	100%	100%
How safe do you feel within your household		
Very safe	0.0%	50.2%
Safe	93.0%	49.8%
Unsafe	7.0%	0.0%
Very Unsafe	0.0%	0.0%
Total	100%	100%
How safe do you feel to undertake a job outside the household		
Very safe	0.0%	34.9%
Safe	92.5%	65.1%
Unsafe	7.5%	0.0%
Very Unsafe	0.0%	0.0%

Total	100%	100%
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Table 28 below presented level of confidence to negotiate for own needs and wants with head of household and external forum. Percentage of respondents who reported they were extremely confident (36.7% of female respondents –with 24.7% increase form 12% baseline) and very confident (63.3% of female respondents-with 25.3%increase from 38% baseline) to negotiate for their own needs with head of household. Similarly the majority reported very confident (60.4% of female respondents with 24% increase from 36% baseline and extremely confident (19.6% of female respondents with 7.6% increase from 12 % baseline) to negotiate with external forum for their own need.

Regarding confidence to negotiate on own wants with head of household and external forum also showed positive progress from baseline. Percentage of respondents who reported they were extremely confident (25% of female respondents –with 14% increase form 11% baseline) and very confident (67.1% of female respondents-with 33%increase from 34% baseline) to negotiate for their own wants with head of household. Similarly, the majority reported very confident (66.3% of female respondents with 26% increase from 40% baseline and reported extremely confident (11% of female respondents which was almost the same with 12 %baseline) to negotiate with external forum for their own wants.

Table 28:Level of Confidence to negotiate for own needs and wants-FEMALE Respondents

How Feel confident to negotiate for your needs with Head of HH	Baseline	End Line
Somewhat confident	15.0%	0.0%
Fairly confident	33.0%	0.0%
Very confident	40.0%	63.3%
Extremely confident	12.0%	36.7%
Not confident at all	0.0%	0.0%
Total	100%	100%
How Feel confident to negotiate for your needs with external forum		
Somewhat confident	15.0%	4.2%
Fairly confident	37.0%	15.4%
Very confident	36.0%	60.4%
Extremely confident	12.0%	19.6%
Not confident at all	0.0%	0.4%
Total	100%	100%
How Feel confident to negotiate for your wants with Head of HH		
Somewhat confident	19.0%	0.0%
Fairly confident	35.0%	7.9%
Very confident	34.0%	67.1%
Extremely confident	11.0%	25.0%
Not confident at all	0.0%	0.0%
Total	100%	100%
How Feel confident to negotiate for your wants with external forum		

Somewhat confident	17.0%	6.3%
Fairly confident	30.0%	16.3%
Very confident	40%	66.3%
Extremely confident	12%	11.0%
Not confident at all	1.0%	0.4%
Total	100%	100%

Respondents households were asked what type of coping mechanism they were using when they face crisis. End line findings showed the majority 58.4% (60.4% female,46.3% male) borrow money to cover their daily expenditure. Reducing food intake was reported by majority (76.2%) of respondents during baseline, but end line survey respondents who reported reduce in food intake was smaller compared to baseline which was 22.1% (20.8% female,29.3%male) reduced by 54.1% from baseline.

Table 25: Coping mechanism during crisis

Coping Mechanism during Crisis	Baseline	End Line
Borrow money to pay for daily expenditure	8.5%	58.4%
Begging to supplement income	4.6%	1.8%
Reduce your food intake	76.2%	22.1%
Sell your assets (eg. jewellery, property)	6.0%	17.4%
Married a daughter	4.6%	0.0%
Other (Sell charcoal/firewood)	0.0%	0.4%
Total	100%	100%

6.5. Qualitative (FGD and KII) Findings

6.5.1. Project Relevance and Impact:

Key informant interview participants' and FGD discussants confirmed that the project was very relevant to the need of the community. All components are relevant with significant contribution to improve life of the community. But some key informants mentioned water supply component was the most important addressing the water shortage problem which was the major problem in the project area. While some key informants mentioned cash support as the most relevant component mentioning it helped the target beneficiary to meet their basic needs for their survival. All FGD discussants mentioned cash response was the most relevant while the majority especially female FGD groups also mentioned GBV response was also the most relevant component of the project. All KII and FGD participants informed there was no negative impact in the target community as a result of the project.

The project impacted the life of the target community in different ways. First it helped them to meet their basic needs like covering cost of food, NFI, health which are very important for survival otherwise the IDPs may be in danger to survive. On the other hand, the water supply reduced water shortage related negative impacts.

6.5.2. Project Effectiveness and Efficiency

All planned activities under each component of the project achieved as planned even more than target for some activities for example reached 150HHs more under cash response and two more

block latrine constructed, these over achievement was as a result of exchange rate gain. The project reached intended beneficiaries under each components as targeted at project design stage.

All planned project outputs delivered with expected quality and timely though COVID-19 created some tension among community and project staff where CARE adapted different mitigation approaches (like reduce number of people to come to same place at the same place, applying social distancing and other projective measures) to reduce impact of the COVID on project implementation. The project budget burn rate was 100% including the exchange rate gains. Project progress recorded regularly and filed, and periodic reports were submitted with expected quality and deadline.

6.5.3. Project Inclusion and Participation

The project benefited different group of community women, men, girls and boys including people with disability. Strong beneficiary selection criteria and participator targeting/beneficiary selection were among approaches used to ensure inclusion of vulnerable group of community which helped to avoid exclusion. CARE involved different group of community including women starting from the need assessment and throughout the project cycle. CARE was reaching people with disability through their family, relatives and neighbors to share them information, receive their opinion, and people with disability/HHs having family member with disability was one of the major targeting criteria when we were selecting project beneficiary. Community based appeal/help desk committee was established aimed at creating accessible feedback and complaints channel to project beneficiary.

6.5.4. Project Coordination and Sustainability

CARE has been working closely with government offices and community and active member of zonal and woreda level coordination which meeting every quarter including different implementing partners. This coordination helped effective resource allocation and shared experience.

Sustainability of project benefits was one of the main concerns of CARE and done with due emphasis. The main approaches used to ensure smooth exit strategy and sustainability of project benefits (both physical output from the project and software benefits of the project like behavioral change and practices) were exhaustive community and government co-signatory office engagement, local capacity building (to mention one example established/strengthened and trained water management committee and water scheme care taker and capacity building), handover of constructed/rehabilitated water schemes, latrines, women and children friendly spaces to appropriate government body. Periodic review and reflection meeting, joint supervision and project closeout workshop with relevant stakeholders were among approaches CARE used to sustainability.

6.5.5. Challenges and Lesson Learned

The major challenges faced during project implementation were:

- COVID-19 Pandemic
- Market inflation
- Lack of qualified local staff
- Increased need in the project location following different humanitarian situations due to conflict, flood, drought and COVID-1

CARE has been adapted different approaches/taken action to mitigate the impact of the challenges faced. Some major action taken were:

- ✓ Increased job advertisement site, posted vacancies in a lot of places

- ✓ Shifted budget from hygiene and sanitation into COVID-19 activities like awareness session, infection prevention item provision, complying with government direction, minimizing number of people engaging in project activities, used protective measures.
- ✓ Looked for other funding sources to response to increased demand, secured funds from other donors like OFDA.
- ✓ Conducted market assessment and adjusted the transfer value based on the market price/inflation

Lesson Learned:

- ❖ Women economic empowerment one of the project approach went well. What we learned from this approach is economic empower to women enhance women decision making in their household and increase their level of confidence.
- ❖ Shortage of water is one of the critical problems for the pastoralist community in the project area. The project created access to safe water, both the government office and beneficiaries who accessing the water sources out of words to mention the impact of the water supply on their household life. Government officials' and beneficiaries' image towards CARE, their coordination and acceptance. Sense of belongingness improved much. We learnt that this due our response to the core problem in the community.
- ❖ We have learnt that nothing can stop humanitarian response, we have done all planned project activities and achieved the intended project objectives though different humanitarian contexts emerged (COVID-19, Conflict) in the course of the project period.
- ❖ Stakeholders engaged in each stage of the project cycle and we have leant that meaningful stakeholders' participation is crucial for project success and sustainability.

7. Conclusion and Recommendation

7.1 Conclusion

Findings from this end line survey and stakeholders' feedback portrays that the project in general and integrated sectoral approach was very relevant and combined effect of the project positively impacted the life of the target community. This type of integrated sectoral approach should be adapted wherever possible.

Stakeholders participation throughout the project cycle created sense of ownership which in turn has significant contribution on sustainability of key project physical outputs like constructed/rehabilitated water scheme, latrine and Women and Children friendly space as well as software project impact like behavioral change benefit among target community. This practice need to be kept in similar projects.

End line findings on WASH related variables confirmed that the WASH response impacted the life of target community. More than 90% of respondents reported they were satisfied on the relevance, timeliness and accountability of WASH response. Major WASH indicators which showed improvement from the baseline data are access to clean and covered water container (36% increase), treating water before drinking (52% increase), open defecation (reduced by 47.7% from baseline), washing hands at least during three critical hand washing times (33% and 45% increase for female and male respectively).

Similarly, livelihoods related findings of the end line survey revealed that the response impacted the life of target community. Increased access to different livelihoods opportunities was one of the project performance measurement indicator and end line survey finding depicted the set target met and households who reported they were generating enough income to meet their basic needs showed 22.2% increment from the baseline.

As one of components of the project, gender base violence related actives were implemented in all project locations Findings from end line survey revealed how the sectoral response impacted the life of target community. GBV reporting, access to GBV services, feeling safer among women and girls and level of confidence to negotiate for own needs and wants were among areas which showed improvement in the community.

7.2. Recommendation

The project target not reviewed following the baseline results. The target value which set during project proposal write up should be reviewed following baseline survey, this should be used as a lesson for future similar projects.

Integrated sectoral approach was found very relevant where combined effect of the project positively impacted the life of the target community. For example, cash support helped the target community to meet their immediate basic needs while other approaches like water supply, latrine construction and women and children friendly space constructions found to have long term impact on target community. This type of integrated sectoral approach should be adapted wherever possible.

FGD and KII findings showed satisfaction of stakeholders in their participation in the project life cycle and reported it created sense of ownership. This Stakeholders participation throughout the project cycle created sense of ownership which in turn has significant contribution to sustain project benefits. This practice need to be kept in similar projects

8. Annexes

8.1. HH Survey Questionnaire

Consent Received				1. Yes 2. No	
INTRODUCTION:					
Hello, my name is _____ and I work for CARE Ethiopia. We are asking some questions to better understand the impact of our project in your community. I would like to ask you some questions focusing on Water, hygiene, sanitation income and protection. We ask for your honest answers – we welcome suggestions, all the information will be confidential and your input will not be used against you in any way. This interview is voluntary – you do not have to answer a question if you don't want to and we can stop at any time. Would you like to continue?					
2.GENERAL INFORMATION					
2.1. Name of Woreda:		2.2. Name of Kebele			
2.3. Name of respondent:		2.4. Sex of respondent		1. Male 2. Female	
2.5. Age of respondent (in years):		2.6. Are you head of the HH		1. Yes 2. No	
2.7. Educational status of the respondent:		1. Illiterate (not able to read & write) 3. High school/ Preparatory		2. Some Primary 4. College/university	
2.8. Number of people living in the HH		1. Male _____ 2. Female _____		3. Total _____	
2.9. Do you have members with special needs in the HH		1. Children <5 2. People with disability		3. Elderly 4. PLWs	
3. WASH question (on water source and availability of water for the HH)					
S/n	Required information	Possible Responses			
2.1	What is the main source of drinking-water for members of your household?	1. Surface water (river, dam, lake, pond, stream, etc.) 2. Protected borehole/well/spring/Ella 3. Unprotected borehole/well/spring/ Ella 4. Protected hand pump 5. Unprotected hand pump 6. Piped water into dwelling/plot/yard 7. Water trucking 8. Bottled water 9. Do not know 10. Other(define): _____			
2.2	Does your household access water from this source regularly throughout the year?	1. Yes 2. No			
2.3	Do you NOW have access to enough water to meet your household basic needs? (for drinking, cooking, and hygiene needs)	1. Yes, we have enough 2. No, we don't have enough 3. Don't know			
2.4	If No to Q 2.3, why not? (select only the MAIN reason)	1. There are water shortages 2. Water is too far from the residential area 3. It is too dangerous to get water 4. Can't afford to buy enough 5. Waiting time at the water point is too long 6. Don't have enough storage containers 7. Don't know 8. Other _____			
2.5	How much water does your household use per day? [For all tasks including cooking, drinking, hygiene, cleaning clothes etc.]	_____ liters			

2.6	Per capita water consumption per day	_____liters (divide the total water used by household per day for the total family members)
2.7	How long does it take to go there, get water, and come back? (not including socializing time)	<ol style="list-style-type: none"> 1. Water is available on the premise 2. Less than 1 hour 3. 1-2hours 4. More than 2 hours 5. Do not know
2.8	Who is primarily responsible to fetch water from the source?	<ol style="list-style-type: none"> 1. Adult women 2. Girls (18 or below) 3. Adult men 4. Boys (18 or below) 5. Don't know
2.9	Is water easily available at the water points or water sources you are using?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know
2.10	How often have you experienced issues with the water point not functioning?	<ol style="list-style-type: none"> 1. Never 2. More than 1-2 times per week 3. 1-2 times per week 4. 1-2 times per month 5. Less than 1-2 times per month
2.11	What containers do you use for collecting water? <u>(Select all that applies)</u>	<ol style="list-style-type: none"> 1. 20 litres jerry can 2. 10 litres jerry can 3. 5 litres jerry can 4. Narrow neck clay pot 5. 60 litres container 6. Bucket with cover 7. Bucket without cover 8. Other (Specify) _____
2.12	Do you have a separate container for storing drinking water?	<ol style="list-style-type: none"> 1. Yes 2. No
2.13	Can you please show me the container/s you use to store drinking water? What is the condition of the drinking water storage container? <u>(Observation)</u>	<ol style="list-style-type: none"> 1. Clean and covered 2. Clean and uncovered 3. Dirty and covered 4. Dirty and uncovered
2.14	Do you or someone else in your household treat water before drinking?	<ol style="list-style-type: none"> 1. Yes 2. No
2.15	If Yes for Q. 2.14, Ask method of treatment they use	<ol style="list-style-type: none"> 1. Filtering 2. Boiling 3. Chlorination 4. Water chemicals (Bishangari, Aqua tabs, PUR, etc) 5. Other (specify): _____ 6. Do not know
2.16	Is one of your child or other family member have water borne diseases (like diarrhea) in the last 4 weeks?	<ol style="list-style-type: none"> 1. Yes 2. No
4. WASH question (on household sanitation practices)		

3.1	Where do you and your household members usually go to <i>defecate</i> ?	<ol style="list-style-type: none"> 1. Household latrine 2. Communal latrine (shared by more than one household) 3. Open defecation 4. Don't know 5. Other)specify)_____
3.2	Do you have household latrine in your compound? (will be Checked by observation)	<ol style="list-style-type: none"> 1. Yes, they have latrine in their compound 2. No, they don't have latrine in their compound
3.3	If Yes , Q3.2, Does this latrine provide adequate privacy for you and your household members?	<ol style="list-style-type: none"> 1. Yes 2. No
3.4	If No , to Q 3.3, Why not?	<ol style="list-style-type: none"> 1. Infrastructure/door is poor or damaged 2. Lock missing/not working 3. Too close to the house 4. Don't know 5. Other (specify) _____
3.5	If Yes , to Q3.3, Do you feel safe using this latrine?	<ol style="list-style-type: none"> 1. Yes 2. No
3.6	If No , why not?	<ol style="list-style-type: none"> 1. Risk of sexual harassment/assault 2. Lack of lighting at night 3. Fear of wild animals 4. Risk of kidnapping 5. Other (specify) _____
3.7	How do you dispose the feces of children under 5?	<ol style="list-style-type: none"> 1. Collect and dump to latrine 2. Collect and burying 3. Collect and thrown into garbage 4. Child used toilet/latrine 5. Nothing is done with it/leave as it is 6. Others, specify _____
Physical observation on the structure of household latrine		
3.8	If Yes , they have latrine in their compound In Q 3.2, Type of the latrine (please observe and check)	<ol style="list-style-type: none"> 1. Simple traditional pit latrine 2. Improved traditional pit latrine 3. Improved and ventilated latrine 4. Simple trench
3.9	What is the physical status of the latrine/toilet use by household? (functionality)	<ol style="list-style-type: none"> 1. Functioning / no damages 2. Partially functioning / need of repair 3. Not functioning
3.10	If Yes , they have latrine in their compound In Q 3.2, Latrine cleanliness (please observe and check)	<ol style="list-style-type: none"> 1. Some filths/droplets around squatting hall 2. Anal cleansing materials dropped simply on floor 3. Flies infestation 4. None of the above
3.11	If Yes , they have latrine in their compound In Q 3.2, Is hand washing facility available around the latrine?	<ol style="list-style-type: none"> 1. Yes 2. No

3.12	If Yes , they have latrine in their compound In Q 3.2, Is hand washing facility contains water?	1. Yes 2. No
3.13	If Yes , they have latrine in their compound In Q 3.2, Is soap present at the hand washing station	1. Yes 2. No
3.14	If Yes , they have latrine in their compound In Q 3.2, Type of water storage container for domestic purposes	1. Barrel (Any type & size) 2. Jeri can 3. Large pot 4. Bucket
5. WASH/ Hygiene and sanitation questions		
4.1	Please name the most important times when someone should wash their hands (<i>Check all that apply but do not prompt</i>)	1. Before preparing food 2. After visiting toilet 3. Before eating 4. Before feeding a child 5. After cleaning the bottom of a child who has been defecating 6. After collecting any dirty materials
4.2	What detergents do you use during hand washing, mostly (hint: guide on critical times)	1. Soap (any type including powder/ Omo) 2. Water only 3. Ash / Sand 4. Don't wash hands
4.3	If soap selected, please show me the soap you have in the household	1. Presented within one minute 2. Not presented within one minute
4.4	If no soap presented, Please tell me the main reason why your household does not have soap? (<i>Check one but do not prompt</i>)	1. Ran out of soap/Used it 2. Cannot afford soap 3. Soap is unavailable/cannot find soap 4. Soap is unnecessary 5. Don't like soap 6. Other_____
4.5	Can you tell me all the ways that people can get diarrhea? (Do not prompt with responses, allow respondent to list and check those that are listed)	1. Through contaminated water 2. Through contaminated or undercooked food 3. From unpleasant odors 4. From flies 5. From contact with someone sick with diarrhea or someone who died from diarrhea 6. From swimming/bathing in surface water 7. Don't know
4.6	Do you think diarrhea can be prevented?	1. Yes 2. No 3. I don't know
4.7	If 'Yes' to Q #4.6, how do you think diarrhea can be prevented? (May have multiple options)	1. Washing hands at key moments using soap 2. Using latrine to defecate 3. Treating water before drinking 4. Keep food hygienic (covered) 5. Cook food well 6. Wash fruit and vegetables 7. Dispose of children's faeces in toilet/latrine. 8. Store water safely 9. Don't know

4.8	Where do you dispose of your garbage/rubbish?	<ol style="list-style-type: none"> 1. In the compound 2. Open pit 3. Open pit and buried 4. Bush 5. Open fields 6. Dustbin 		
6. Livelihood questions				
5.1	In your household which livelihoods activities are men and women engaged in? (tick those which apply)	Livelihood activity	Men	Women
		1. Agriculture/ crop production		
		2. Livestock raring/ Pastoralism		
		3. Agro pastoralism (Both livestock and Agriculture)		
		4. Petty trading		
		5. Income from daily labor		
		6. Did not engage in any livelihood activity		
5.2	If you did not engage in livelihood activity What are the main reasons for not engaging in other livelihoods activities	<ol style="list-style-type: none"> 1. I don't have interest 2. I don't have a seed money to start 3. I don't have the skill and knowledge on how to do it 4. The area I am living in is not suitable for this kind of activity 5. I don't believe that this type of activity is profitable 6. Other (specify)_____ 		
5.3	What are the 3 major sources of livelihoods for your household?	<ol style="list-style-type: none"> 1. Agriculture/ crop production 2. Livestock raring/ Pastoralism 3. Agro pastoralism (Both livestock and Agriculture) 4. Petty trading 5. Relief aid 6. Support from relative and friends 7. Income from daily labor 8. Other (specify)_____ 		
5.4	What was your household main income in the past 4 weeks? (only one main income)	<ol style="list-style-type: none"> 1. Income from agriculture production 2. Income from Livestock raring 3. Income from Both livestock and Agriculture 4. Income from Petty trading 5. Relief aid 6. Support from relative and friends 7. Income from daily labor Other (specify)_____ 		
5.5	Do you generate enough income from the livelihood activities you do to cover your family basic/ immediate needs?	<ol style="list-style-type: none"> 1. Yes 2. No 		
5.6	If 'No' to Q 5.5, How do you cope up to cover the deficit?	<ol style="list-style-type: none"> 1. Trough relief aid from NGOs/ Government 2. Ask support from relative and friends 3. Take a loan 4. Engage in begging 5. Fire wood and charcoal making 6. Use some wild foods 7. Engage in daily labor work 8. Sometimes skip without eating whole day 		

		9. Meal size and frequency reduction 10. Other _____
5.7	Does your household have any debt now?	1. Yes 2. No
5.8	Are you or other family member engaged in petty trading/ IGA activity now or before?	1. Yes 2. No
5.9	If 'Yes' to Q 5.8, how are you benefiting from the petty trade activity you have been doing?	1. My household income increased since then 2. Able to meet basic need of my household 3. Saved some amount of money 4. Used to diversify the household livelihood activity 5. Other _____
5.10	If 'No' to Q 5.8, what is the main reason for not engaging in trading/ IGA activity?	1. I don't have interest 2. I don't have a seed money to start 3. I don't have the skill and knowledge on how to do it 4. The area I am living in is not suitable for this kind of activity 5. I don't believe that this type of activity is profitable 6. Other _____
5.11	Do women in your area have any barrier to engage in livelihoods activities?	1. Yes 2. No
5.12	If 'Yes' to Q 5.11, What are the barriers women face in engaging in livelihoods activities?	1. Not permitted to work by male HH member 2. Not permitted work by female HH member 3. Cultural/Religious barriers 4. Lack of time due to work in the HH 5. Not feeling safe 6. Lack of education 7. Other (Specify) _____
5.13	Have you received training before on cash management and saving?	1. Yes 2. No
5.14	If 'Yes' to Q 5.13, what are the benefits you obtained from the cash management and saving training?	1. My saving habit improved 2. I am engaged in petty trading activity now 3. I have the skill to effectively utilize my money now 4. I have started planning on how to use my money for different household need 5. Other (specify) _____
5.15	Do you currently have access to savings and loan services?	1. Yes 2. No
5.16	If 'Yes' to Q 5.15, what type of service?	1. Loan from micro finance institutions 2. Loan from banks 3. Loan from cooperatives 4. Training on VSLA 5. Other (Specify) _____
5.17	How long does it take you to reach the nearest market to your household?	_____ hours
5.18	Do you use transportation services like car to travel to the market place	1. Yes 2. No

5.19	If 'Yes' to Q 5.18, How much does it cost you to go the nearest market?	_____ birr
5.20	Do you face any challenges accessing the market?	1. Yes 2. No
5.21	Are all the items you need to purchase available in the market?	1. Yes 2. No
5.22	If No to Q 5.21, what is not available?	1. Food items (rice, wheat, maize, flour etc) 2. NFI materials (cooking sets, lamps, plastic sheets...etc.) 3. Fuel/ charcoal/ fire wood 4. Shoe and clothes 5. Shelter NFIs (iron sheet, nail, wood etc) 6. Other (specify): _____
5.23	Who makes the decision about using cash in your household?	1. Men 2. Women 3. Both men and women
5.24	Does decisions around cash utilization create tension within your household?	1. Yes 2. No
5.25	Who eats first at your household?	1. Men 2. Women 3. Children (boys and girls) 4. Men and boys 5. Other
7. Protection questions		
6.1	What is your understanding about the different forms of GBV?	1. A harmful act or threat based on a person's sex or gender identity. 2. It includes physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation whether occurring in public or private spheres. 3. GBV is rooted in unjust and unequal power relations and structures and rigid social and cultural norms. 4. I don't know about it
6.2	Do you agree that GBV related issues are existent in your area/ community!	5. Strongly agree 6. Agree 7. I don't know 8. Disagree 9. Strongly disagree
6.3	If you Strongly agree/ Agree in Q 6.2 , What are the major forms of GBV exist in your area (read all options):	1. Domestic/physical violence 2. Sexual abuse 3. Rape 4. Attempted rape 5. Denial of resources 6. FGM 7. Emotional abuse 8. Intimate partner violence 9. Earlier/force marriage 10. Others (specify) _____

6.4	If you Strongly agree/ Agree in Q 6.2 , Who are the primary victims?	<ol style="list-style-type: none"> 1. Women above 18 years 2. Men above 18 years 3. Adolescent girls (14 to 18 years) 4. Adolescent boys (14 to 18 years) 5. Boys (< 14 years) 6. Girls (< 14 years) 7. Elderly and disabled
6.5	If someone experiences GBV, do you think they should report it to someone?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know
6.6	If yes, where do you think they should report to?	<ol style="list-style-type: none"> 1. Community leaders 2. Community elders 3. Police station 4. Health facilities 5. Informing parents 6. None 7. Other (specify)_____
6.7	If someone in your community experience gender based violence, where can they access services?	<ol style="list-style-type: none"> 1. Women friendly space 2. Health facility 3. Church / mosque 4. Police station 5. None – there are no services available 6. Other (specify)_____
6.8	Do you agree that victims of GBV in your community usually seek treatment and report the cases to concerned body so as to stop the perpetrators from doing so?	<ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. I don't know 4. Disagree 5. Strongly disagree
6.9	If you disagree/ strongly disagree on Q 6.4, why are they not reporting or seeking treatment?	<ol style="list-style-type: none"> 1. They don't know where to go for reporting 2. They fear stigma 3. They fear a revenge from the perpetrator 4. The existing system encourages the perpetrators so that action usually will not be taken even if reported
6.10	How safe do you feel to go to the market alone?	<ol style="list-style-type: none"> 1. Very unsafe 2. Unsafe 3. Safe 4. Very safe
6.11	How safe do you feel within your household?	<ol style="list-style-type: none"> 1. Very unsafe 2. Unsafe 3. Safe 4. Very safe
6.12	How safe do you feel to undertake a job outside the household?	<ol style="list-style-type: none"> 1. Very unsafe 2. Unsafe 3. Safe 4. Very safe

8. Gender Questions

7.1	<p>How confident do you feel that you can negotiate for your needs with the head of household?</p> <p><i>needs = something which is essential for you to survive, to ensure you are healthy and not at risk,</i></p>	<ol style="list-style-type: none"> 1. Not at all confident 2. Somewhat confident 3. Fairly confident 4. Very confident 5. Extremely confident
7.2	<p>How confident do you feel that you can negotiate for your needs within external forums and structures (eg. local council, NGOs, markets, government, service providers)</p>	<ol style="list-style-type: none"> 1. Not at all confident 2. Somewhat confident 3. Fairly confident 4. Very confident 5. Extremely confident
7.3	<p>How confident do you feel that you can negotiate for your wants with the head of household?</p> <p><i>wants = something which is not essential for your survival, health or safety but would be nice to have</i></p>	<ol style="list-style-type: none"> 1. Not at all confident 2. Somewhat confident 3. Fairly confident 4. Very confident 5. Extremely confident
7.4	<p>How confident do you feel that you can negotiate for your wants within external forums and structures (eg. local council, NGOs, markets, government, service providers)?</p>	<ol style="list-style-type: none"> 1. Not at all confident 2. Somewhat confident 3. Fairly confident 4. Very confident 5. Extremely confident
7.5	<p>During a crisis, families often have to resort to differing strategies to support their survival. I would like to ask you about what strategies you are using to cope in your community.</p> <p>In the past month, have you done any of the following to help supplement your income and support your family?</p>	<ol style="list-style-type: none"> 1. Borrow money to pay for daily expenditure 2. Begging to supplement income 3. Reduce your food intake 4. Sell your assets (eg. jewellery, property) 5. Married a daughter 6. Survival sex 7. Other negative coping mechanism (please explain)

8.2. FGD Checklist

INTRODUCTION:

Hello, my name is _____ and I work for CARE Ethiopia. We are asking some questions to better understand the impact of our project in your community. I would like to ask you some questions focusing project relevance, effectiveness, efficiency and coordination. We ask for your honest answers – we welcome suggestions, all the information will be confidential and your input will not be used against you in any way. This interview is voluntary – you do not have to answer a question if you don't want to and we can stop at any time. Would you like to continue? Yes No

Location: Woreda _____ kebele _____

Interviewer Name _____ **Date** _____

FGD Participants: Women[____] Girls[____] Men[____] Boys [____] Total [____]

Project Relevance and Impact:

1. Was the project relevant to your community? Which component of the project was more relevant and less relevant to the community and why?
2. How the project impacted the life of your community? What positive changes or benefits your community gained from the project?
3. Are there any unexpected negative changes/impacts as a result of the project implementation? If yes what was/were the negative impacts? Why and at which stage of project that it happened?

Project Inclusion and Participation

1. Did the community participated in the project process? When and how did the community participated? If no participation, why?
2. Did women and girls participated in the project without any safety and security issues? If not participated why not?
3. How needs and participation of people with disability addressed?
4. How equitably has the project benefited women, men, boys, girls, and disabled people in your community? Is there any group of people who excluded? If excluded why?

Project Coordination and Sustainability

1. Was there coordination among CARE, Government and other implementing partners/other NGOs in the project location? What were the strength and weakness of the coordination?
2. How will the project benefit/impact be sustained in the community? How is the community and local partners prepared to continue with the project outcomes?

8.3.KII Checklist

INTRODUCTION:

Hello, my name is _____ and I work for CARE Ethiopia. We are asking some questions to better understand the impact of our project in your community. I would like to ask you some questions focusing project relevance, effectiveness, efficiency and coordination. We ask for your honest answers – we welcome suggestions, all the information will be confidential and your input will not be used against you in any way. This interview is voluntary – you do not have to answer a question if you don't want to and we can stop at any time. Would you like to continue? Yes No

Location: Woreda _____ kebele _____

Interviewer Name _____ **Date** _____

KII Respondent/s			
Name	Sex	Organization	Position

Project Relevance and Impact:

1. Was the project relevant to the community? Which component of the project was more relevant and less relevant to the community?
2. How the project impacted the life of the target community? What positive changes and how benefited/affected the life of the community
3. Are there any unexpected negative changes/impacts as a result of the project implementation? If yes what was/were the negative impacts? Why and at which stage of project that it happened?

Project Effectiveness:

1. What was the extent of achievements or completeness of project outputs compared to the targets?
2. Were all planned activities implemented, what about the target achieved versus planned
3. Does the project reach the intended beneficiary?

Project Inclusion and Participation

5. How equitably has the project benefited women, men, boys, girls, and disabled people? Is there any group of people excluded? If excluded why?
6. Did the project involve different group of people like women men, people with disability? If involved, when and how?
7. How needs and participation of people with disability addressed

Project Efficiency

1. Were the project activities implemented as planned timeline? If not why?
2. Are funds spent according to the budget plan? If any huge variation, why?
3. Was detailed progress information properly captured and stored? How was project related data captured, reported and documented?

Project Coordination and Sustainability

1. Was there coordination with other implementing partners in the project location and government office? What were the strength and weakness of the coordination?
2. Are there sustainability plans, structures and skills in place to ensure there is sustainability of project benefits? How adequate are they?
3. How is the community and local partners prepared to continue with the project outcomes