NUTRITION @ THE CENTER PROGRAM MID-TERM REVIEWREPORT

CARE ETHIOPIA

SUBMITTED BY: KILIMANJARO CONSULTING

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CONTENTS

ACRONYMS

ANC	Antenatal Care
BCC	Behavioral Change Communication
CF	Community Facilitators
CSA	Central Statistical Authority
DA	Agricultural Development Agents
DAs	Development Agents
DHS	Demographic and Health Survey
EMDHS	Ethiopian Mini Demographic and Health Survey
FAO	Food and Agriculture Organization of the United Nations
HDAs	Health Development Armies
HEWs	Health Extension Workers
HHs	Households
HTPs	Harmful Traditional Practices
HWs	Health Workers
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IFHP	Integrated Family Health Program
IGAs	Income Generating Activities
IYCF	Infant and Young Child Feeding
JSS	Joint Supportive Supervision
M&E	Monitoring and Evaluation
M2M	Mother to Mother
MBI	Body Mass Index
MIYCN	Maternal Infant and Young Child Nutrition
N@C	Nutrition at the Center
NGOs	Non-Governmental Organizations
NNP	National Nutrition Strategy
PLW	Pregnant and Lactating Women
RHBs	Regional Health Bureaus
SAA	Social Analysis and Action
SBC	Social and Behavioral Change
UNICEF	United Nations Children's Fund
VSLAs	Village Saving and Loan Associations
WASH	Water, Sanitation and Hygiene
WCA	Women and Children's Affair Office
WHO	World Health Organization
Woreda HO	Woreda Health Office
ZHD	Zonal Health Department

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EXECUTIVE SUMMARY

Ethiopia has one of the highest rates of malnutrition in Sub-Saharan Africa, and faces acute and chronic malnutrition and micronutrient deficiencies. Nutrition deficiencies during the first critical 1,000 days (pregnancy to 2 years) put a child at risk of being stunted. This affects 40% of children in Ethiopia. The level of chronic malnutrition among women in Ethiopia is relatively high, with 27% of women either thin or undernourished. Similarly, the prevalence of anemia among women in the reproductive age group (15–49) was found to be 17%.

In response to the challenge, CARE Ethiopia's designed N@C program based on the national nutrition program strategy and follows the same coordination mechanisms to improve maternal and child health nutrition in the intervention *woredas-Ebinat and Simada in South Gondar Zone*. N@C program complements the key interventions that are nutrition sensitive and nutrition specific to improve maternal and child nutrition. The key components of the program include: Improve infant and young child feeding (IYCF) and maternal nutrition practices, strengthen food security, strengthen water, sanitation and hygiene (WASH) practices, improve women's empowerment, and improve maternal health

The main purpose of this mid- term review was to determine the extent to which the planned results of the CARE N@C program have been achieved and the factors that influenced or affected the observed results. Moreover, the study review and assess the program performance of each district and utilize the lessons learned from the evaluation to improve program performance.

A cross sectional study design with both quantitative and qualitative data collection methods was employed. The study was conducted in 10 kebeles of Ebinat and Simada woredas in south Gondar Zone. Overall, the consulting team interviewed 89 individuals from diverse groups including M2M group members, non-group members, group leaders, community leaders/SAA group leaders, N@C field staff and government officials , sector and peer organizations

The assessment found that, 24 (80%) of mothers attend each meeting of M2M group discussions going on in their village. All of the mothers attended the M2M group discussion said that they found useful information from the meetings to improve the health of their children in particular and the health of the family in general. The mid- term review found that, 27(87%) of mothers interviewed shared the discussion points to others. About 23(85%) of the respondents said it was easy to share the learning's with others.

According to the observation of the study team, about 26(87%) of households had small opening water containers and all were covered during the visit. Animals mostly cows were present in 19(63%) of the homestead boundaries. However, animals were freely wandering in only 21% of the households which means animals were tied in separate places. About 6(67%) of hand washing facilities or stations from the total 9 had water and about 5(80%) of those had soap or ash during the visit.

The mid- term review found that 30(100%) of mothers went to health facilities for antenatal care (ANC) when they were pregnant. Almost 2 out of 3 pregnant mothers delivered their last child in government health centers. About 25(83%) of mothers have taken iron and folic acid (IFA) during their most recent pregnancy. About 20(80%) gave the colostrum to their child while the remaining either discarded it or they don't remember. About 19(76%) of mothers gave only breast milk /exclusive breast feeding for infants less than 6 months of age.

Regarding the dietary diversity of infant feeding, only 6(24%) of children between 6 and 24 months consumed fruit and vegetable during the last 24 hours prior to the survey. Similarly, about 10(40%) of children consumed meat during the last 24 hours. Only 8(32%) of mothers gave dark green leafy vegetables or legumes during the last 24 hours prior to the survey. The main reason that some mothers put for not giving meat for their children was as the time is fasting time for most of Christians, they said it is difficult to get meat to feed children. The other reason was lack of knowledge on the importance of meat.

As far as women empowerment and gender equality knowledge and practice concerned, about 28 mothers (93%) think that there should not be a time when a woman deserves to be beaten by her spouse. About 24 (90%) of mother said that their husbands support them with household work always or sometimes. About 23(77%) of the mothers said that they are free to go to clinics on their own. Almost all mothers said that they influence or contribute to how decisions are made regarding how money is spent in their household.

The study found that, 10(67%) of non-group members have heard about N@C program before the mid-term review and 6 (60%) heard about the program from members. The reasons mentioned by mothers for not joining the M2M groups include: They were not aware of the benefit of the program (25%), followed by inconvenient meeting time or date (12.5%) and other reasons however, all them showed interest to join the M2M group if they get the opportunity

The M2M group leader's interviews found that almost all topics they discussed so far have gone well Regarding the frequency of meeting with their supervisors, the majority of the respondents said they meet at least quarterly with health extension workers but they do meet irregularly with community facilitators. However, all of them said that the meetings are important and useful whenever they happen. Organizing refresher training for group leaders /co-facilitators, attendance of CARE staff & HEWs in addition to group leaders during group discussions, provision of calculator for saving money management and revision of the existing M2M discussion manual and including additional new topics with illustration pictures (job aid) were the areas that the group leaders needed to be more supported from CARE Ethiopia

The SAA group mentioned that due to the community dialogue they are facilitating they mentioned the following impacts or improvements: men started to support their wives on certain activities, there is an overall improved maternal health service utilization, saving culture improved and some mothers started taking loan from their group engaged income generating activities such as small scale trading such selling bread, 'injera', soft drinks, 'tela', etc.). They also said that the program is minimizing harmful traditional practices (HTPs) related to child and pregnant mother feeding and decreased early marriage & genital cutting in the majority of kebeles.

According to the field and government staff key successes of the N@C program were: Woman started participating and discussing about their challenges in community meetings ; improved awareness on infant and young child feeding among community; improved awareness and use of maternal health service in the community particularly antenatal care and institutional delivery services and improved awareness and practice on feeding pregnant and lactating woman in the community

The N@C field staff and government representatives emphasized that availability of coordination and collaboration among multiple government sectors and program alignment with the government priorities and structures such as use of existing health development army/ development team, 1 to 5 net-working and health extension workers were key for the successes of the program achieved to date. On the other hand, limited and irregular supportive supervision by community facilitators due to shortage of staff and transport mechanisms, limited engagement of government staff due to competing priorities, absence of physical support on WASH were mentioned as things that didn't work well by both N@C field staff and government sector officials.

In conclusion, multi-sectoral programming has been driving and served as a glue to bring all allies in to picture. It is serving as a very good platform where nutrition and other major issues are discussed and responsibilities shared. However, the joint monitoring aspect is not to the expectation. So N@C focus should geared to joint monitoring without jeopardizing the existing success.

In general, most of the interventions targeted to improve maternal health such use of health facilities for antenatal and delivery care were so successful. The possible reasons are both demand and supply side co-existed. Interventions targeted to improve infant and young child feeding as well as lactating and pregnant mothers seems partially achieved. The mothers have got very good knowledge from M2M group discussions but availability of foods and resources to feed their kids was not easy as learning the skills. These areas need further exploration and intervention to avoid potential fatigue from the mothers and also to accelerate IYCF related project targets.

1. INTRODUCTION AND BACKGROUND

1.1 BACKGROUND

Ethiopia has one of the highest rates of malnutrition in Sub-Saharan Africa, and faces acute and chronic malnutrition and micronutrient deficiencies. Nutrition deficiencies during the first critical 1,000 days (pregnancy to 2 years) put a child at risk of being stunted. This affects 40% of children in Ethiopia[1]

The 2011 Ethiopian demographic and health survey (EDHS) revealed that the level of chronic malnutrition among women in Ethiopia is relatively high, with 27 percent of women either thin or undernourished—that is, having a body mass index (BMI) of less than 18.5 kg/m2. Similarly, the prevalence of anemia among women in the reproductive age group (15–49) was found to be 17 percent (CSA, 2011).

Cognizant of the nutrition issues, a national nutrition strategy and program (NNP) has been developed and implemented in a multi-sectoral approach. According to the Health sector Transformation Plan (2015-2019) nutrition will continue to be top priority along with reproductive, maternal, newborn, child and adolescent health programs.

CARE Ethiopia's N@C program is designed based the national nutrition program and follow the same coordination mechanisms to improve maternal and child health nutrition in the intervention *woredas*. N@C program complements the key interventions that are nutrition sensitive and nutrition specific to improve maternal and child nutrition. The program tries to strengthen local level multi sector coordination to address malnutrition, which is the crucial expectation of the national nutrition program to effectively implement the nutrition program.

The key components of the program include: Improve infant and young child feeding and maternal nutrition practices, strengthen food security, strengthen water, sanitation and hygiene practices, improve women's empowerment, and improve maternal health (*Figure 1*)

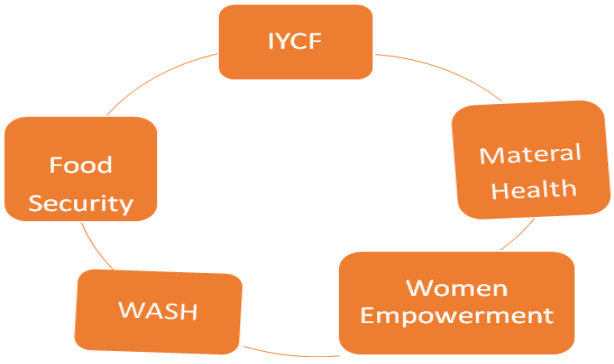

Fig1. N@C program key components

[1] Central Statistical Authority (CSA): Ethiopian Mini Demographic and Health Survey (EMDHS) 2014

N@C is in place to be approached in an integrated and sustainable nutrition programming that includes effective multi-sectoral and cross-cutting interventions in resource poor settings without food aid. The N@C program operates in two woredas- Ebinat & Simada. Twenty two (22) Kebeles are covered in each Woreda giving a total of 44 Kebeles in the two woredas.

N@C program targets children under 2 years of age (close to 16, 632 children in both woredas) and women in reproductive age group (estimated to be around 15-49 in both woredas). In total the project targets 67,675 mothers and children under 2 years of age. The main reason that the program focus on mothers is because good nutrition is important for all pregnant women and contributes to maternal health and optimal birth outcomes. Inadequate food intake, poor dietary quality, and untreated infections before and during pregnancy increase the risk of maternal mortality and morbidity and are risk factors for negative birth outcomes such as infants with low birth weight or intrauterine growth restriction.

Good nutrition continues to be important after birth since a diet with insufficient levels of critical nutrients during lactation can deplete maternal stores and may lower nutrient levels in breast milk. Furthermore, breastfeeding beyond up to 24 months, regular physical activity and a balanced diet with an appropriate amount of energy help hasten the return to pre-pregnancy weight

N@C program strategies

Social and behavior change (SBC): The main focus of the N@C program on social and behavioral change initiatives is through mother to mother group discussion or education facilitated by trained group leaders at kebele and village levels. The program also uses skill development approaches through demonstration of key skills such as preparation of food for children 6 months and above. The N@C program is well aligned with the existing government structures down to community level which includes development armies/teams, 1 to 5 networking and model households.

The N@C program also established social analysis and action groups at village level to address social barriers for nutrition sensitive and nutrition specific required behaviors and improve interaction and support at community level. Moreover, the social analysis and action process are also supposed to address gender and women empowerment matters, which have direct relation in improving maternal and child nutrition. N@C program also tried to strengthen health systems (institutions) to improve access to quality maternal and child health nutrition services but that seems a light touch intervention.

Multi-sectoral coordination: The N@C program uses integrated approach and multi-sectoral approach at zone, woreda and kebele levels which is a reflection of the national nutrition program which clearly guides partners and regional health bureaus to involve as many stakeholders as possible including agriculture and food security, water and sanitation, education, women and children at all levels. Our team also found out that capacity building, learning and participatory governance are also the other key approaches of the N@C program.

1.2 OPERATIONAL DEFINITIONS

- *Exclusive breastfeeding:* An infant receiving only breast milk (including expressed breast milk or breast milk from a wet nurse) and nothing else during the first 6 months.
- *Food Security:* When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life(*Definition source: FAO, 2004*.)
- *Nutrition-specific:* "Priority Nutrition Actions" drawn from the recommendations made by Bhutta, et al. (2008) in the medical journal The Lancet. These correspond to the key interventions that are needed to prevent and treat undernutrition (*Source of definition: UNICEF*).
- *Nutrition-sensitive:* Nutrition-sensitive development seeks to promote adequate nutrition as the goal of national development policies in agriculture, food security, social protection, and health and education programs. (*Sources of definition: SUN 2011*).
- *Maternal Health*: Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period *(Source of definition: WHO).*
- *Undernutrition:* The outcome of insufficient food intake and repeated infectious diseases.
- *Water, Sanitation, and Hygiene (WASH):* Access to safe water, adequate sanitation, and proper hygiene education can reduce illness and death from disease, leading to improved health, poverty reduction, and socio-economic development.
- *M2M group leaders and M2M group members:* Are groups established by strengthening existing village women development teams at village level. The 1-5 women networks are strengthened, which formed 5 such networks for action oriented capacity building activities. The number ranges from 20 to 30 and all are woman in reproductive age groups. The groups regularly conduct discussion on nutrition specific and nutrition sensitive matters and share experience (positive deviance). There is one leader or facilitator of discussions and a co-facilitator usually who can read and write. M2M members are called The HEWs, DAs and NaC program staff support the groups in selection of topics for discussion and track the behavioral change. If a woman didn't join this group for any reason they are called *non-group members*
- *SAA group leaders and members:* Are group of men and woman established to address social, economic and cultural determinants in relation to nutrition practices, gender inequality, women empowerment, maternal and child health by participating community members and influential people from the community
- *Peer organizations:* are organizations in which N@C program has engaged and worked closely with at lower level
- *Sector organizations* : are non- governmental organizations (NGOs) whose subject matter overlap with N@C but who N@C have not worked with closely

2. OBJECTIVES

The main purpose of the mid- term review was to determine the extent to which the planned results of the CARE program have been achieved and the factors that influenced or affected the observed results. This is to review and assess the program performance of each district and utilize the lessons learned from the evaluation to improve program performance. Specifically, the mid-term review objectives were to:

- Assess the progress against objective of the N@C program to date
- Assess the learning from the process of multi –sectoral programming
- Assess the 'reach' of the program so far
- Learn about ways we can improve the program

In a way, the team would identify strengths; weakness, opportunities and threats encountered since the program commenced, and draw lessons. Based on the findings, the mid-term review will offer recommendations for adapting programming strategies in order to meet each of N@C's strategic objectives.

3. METHODS

3.1 STUDY DESIGN AND STUDY SETTING:

A cross sectional study design with both quantitative and qualitative data collection methods was used. The study was conducted in two *Woredas* (Ebinat and Simada) from 12 Woredas available in South Gondar Zone. Within the two Woredas, the project targets 44 kebeles. However, the study was conducted in 10 kebeles within the two districts

3.2 SAMPLING TECHNIQUE (SAMPLE SIZE AND SAMPLING PROCEDURE):

As to the sampling technique, the sample size was proposed by CARE for each target groups. For the quantitative study, the total sample size (30 members) was divided to the two intervention woredas equally (15 M2M group members in each woreda) and then, the 15 sample size was equally divided to the selected 10 kebeles in the two *woredas*. Simple random sampling technique was used to select members of mother to mother group for household mothers' survey. For the non- group member mothers' survey, 15 mothers were selected from the 10 kebeles purposively (8 in Simada and 7 in Ebinat woreda). For all other key informant interview participants such as government officials, N@C field staff, community leaders, M2M group leaders, sector & peer organizations were selected purposively. Like the quantitative study, the qualitative sample size for each group was divided equally to each district and the 10 kebeles. Finally participants were chosen based on their position or engagement with the N@C program implementation (see ***Table 1 for details on the sample size)***.

3.3 DATA COLLECTION AND DATA COLLECTORS:

The data collection is done within 8 days by 5 enumerators; one day orientation was given for all members of data collection team prior to the actual data collection. The data collection instruments were used by adapting to local language for the data collection purpose. The tools were two types based on the type of studies. Structured survey tools were used to collect data from M2M group members and non-members or in active members. Whereas, semi structured key informant interview guide was used to collect the qualitative data from the different target groups which include government officials, N@C field staff, community leaders, M2M group leaders, sector & peer organizations. As part of the pre-test exercise, the first day data collection as done with all the teams and was taken as a learning exercise. Fortunately, there was no major issue that needs to be changed in all the tools but helped to standardize our approach and data collection system

There were strong supervision and end of day discussion to identify and address challenges during the data collection time. However, there was no major challenge encountered during the data collection process. All key informant interview information was tape recorded with consent from each participant.

Informed and free consent was secured from all study participants before conducting the actual interview and observation. For this reason, consent form was attached to each interview guide, which explains about the purpose of the midterm assessment. Respondents who wish to quit the interview at any point in time were informed to do so without any restriction. Confidentiality was also maintained and ensured during the data collection process.

3.4 DATA ANALYSIS:

For the mothers' household surveys, descriptive analysis was done using Microsoft Excel 2010 Program to calculate frequencies and percentages. Similar analysis was also used for other interviews as appropriate for closed ended questions and identified qualitative themes and categories.

For the qualitative part of the study, data analysis was done manually as described below. Qualitative data analysis involved thematic coding of observational data, transcribed and translated in depth interview notes and recordings. Data was analyzed and compiled using a thematic approach by conducting an ongoing content analysis of the transcripts. Data analysis based on various strategic options was utilized. These included categorization via chronology, key events, settings, relationships, people, processes, and issues. Emerging themes was developed and expanded as a result of the interviews and observations made. The constant-comparison method was used to create categories of relationship between data units.

3.5 ETHICAL CONSIDERATIONS

Informed consents were obtained from all study participants after explaining the purpose of the study. Participation of all respondents in the study was voluntary. The study team used consent form, for all key informants, which contained the purpose of the study, confidentiality and benefits and of participation. The study team took different techniques to comfort the participants and to assure the respect and freedom of each participating individual throughout the study. During orientation of data collectors, emphasis was placed on the importance of obtaining written or oral informed consent using the attached consent form (taken from CARE Ethiopia field office), and avoiding coercion of any kind. Appropriate measures , that include conducting the discussions in a quiet and private environment that ensure privacy, not identifying respondents by their names and placing the recorded interviews in safe places that are inaccessible to people other than the study team were taken to assure confidentiality of the information both during and after data collection.

4. RESULTS

4.1 GENERAL RESULTS:

Overall, the consulting team interviewed 89 individuals from diverse groups including M2M group members, non-group members, group leaders, community leaders/SAA group leaders, N@C field staff and government officials , sector and peer organizations(***Table 1***).

Table 1: MTR target groups, data collection instruments used, *sample size and date of data collection, December 2015.*

Data collection tools used	No. planned	No. completed	Date surveys conducted	Possible additional details
Group member survey	30	30	14-17 Dec 15	Members of mother to mother groups
Non-group member survey	10-20	15	14-17 Dec 15	In-active/non-member mothers
Group leaders	10	12	14-17 Dec 15	M2M group discussion leaders
Community leaders /SAA group leaders	10-20	14	14-17 Dec 15	SAA group facilitators
Field staff	3-4	6	14-17 Dec 15	N@C field staff at kebele, *woreda* & zone
Sector Organizations	2-4	1	14-17 Dec 15	Food for hunger at Simada woreda
Peer Organizations	2-4	2	18-21 Dec 15	Zone level NGO program manager & nutrition officer
Government officials	3-5	9	14-17 Dec 15	From health, agriculture and women & children sectors of *woredas* & zone offices

4.2 SUMMARY OF GROUP MEMBER SURVEY FINDINGS

M2M Group Meetings:

The assessment found that, 24 (80%) of mothers attend each meeting of M2M group discussions going on in their village. All of the mothers attended the M2M group discussion said that they found useful information from the meetings to improve the health of their children in particular and the health of the family in general (***Table 2***).

Table 2: Frequency of mothers' attendance to M2M group discussions and perceived usefulness of meetings, December 2015

Variables	N	%
Frequency of attending M2M group meetings (n=30)		
- Each meeting	24	80
- Most meetings	5	17
- A few meetings	1	3

Perceived usefulness of information to improve health of mothers and children (n=30)		
- Always	30	100
- Sometimes	0	0
- Never	0	0
Presence of useful ideas or suggestions from meetings to improve health of mothers and children (n=30)		
- Always	30	100
- Sometimes	0	0
- Never	0	0

Diffusion of M2M group meeting topics:

The mid- term review found that, 27(87%) of mothers interviewed shared the discussion points to others. Family members such as husbands, children, mother in-laws, step daughters and neighbors were the person to whom discussion topics were shared with. The reason given for not sharing with others by the remaining 10% was that they assumed everyone is participating in the mother to M2M group discussions and no need of sharing information.

About 23(85%) of the respondents said it was easy to share the learning's with others. When asked about the reason why it is not easy to share mothers said we cannot capture everything as we cannot read and write discussions. Some mothers also said they don't listen to us. They believe that we got some monetary benefit by telling them what we got from the M2M group discussion (***Table 3***).

Table 3: Diffusion of M2M group discussion topics by members', December 2015

Variables	**N**	**%**
Shared what they learnt at these meetings with others (n=30)		
- Always	26	87
- Sometimes	1	3
- Never	3	10
Easy to share what is learn at the M2M meetings with others(n=27)		
- Yes	23	85
- No	4	15

M2M group member practices (from observations):

The study team observed and objectively verified the respondents practice on hand washing, latrine and household water handling practices of M2M group members. Accordingly, 26(87%) of households had small opening water containers and all were covered during the visit. Animals mostly cows were present in 19(63%) of the homestead boundaries. However, animals were freely wandering in only 21% of the households which means animals were tied in separate places which a recommend way to keep the household boundary. Regarding the hand washing practice of M2M group members', only 9(30%) of the households' hand washing facility was around the latrine. About 6(67%) of hand washing facilities or stations from the total 9 had water and about 5(80%) of those had soap or ash during the visit. About

24(80%) of the households visited had their own latrine or toilet within the homestead boundaries and about 21 (88%) appeared to be used (***Table 4a***)

Table 4a: Hand washing, latrine and household water handling practices of M2M group members, December 2015

Variables	**N**	**%**
Water containers covered (n=30)		
- Yes	26	87
- No	4	13
- Didn't observe	0	0
Animals present within the homestead boundaries (n=30)		
- Yes	19	63
- No	11	37
- Didn't know	0	0
Animals wander freely inside house (n=19)		
- Yes, 1	4	21
- Yes, more than 1	0	0
- No	15	79
Was a tippy tap or hand washing station seen (n=30)		
- Yes	9	30
- No	21	70
- Didn't observe	0	0
Water was present in Hand washing stations seen (n=9)		
- Yes	6	67
- No	3	33
- Didn't observe	0	0
If one or more hand washing stations seen, was there soap (or ashes) seen near at least one (n=6)		
- Yes	5	83
- No	1	17
- Didn't observe	0	0
Latrine or toilet available within the homestead boundaries (n=30)	24	80
- Yes	6	20
- No	0	0
- Didn't observe		
Latrine appear to be used (n=24)		
- Yes	21	88
- No	3	12
- Didn't observe	0	0

Summary of Infant and Young Child Feeding (IYCF) practices, Maternal Nutrition and Gender Equality

The mid- term review found that 30(100%) of mothers went to health facilities for antenatal care when they were pregnant. Almost 2 out of 3 pregnant mothers delivered their last child in government health centers. About 25(83%) of mothers have taken iron and folic acid (IFA) during their most recent pregnancy. About 20(80%) gave the colostrum to their child while the remaining either discarded it or they don't remember. About 19(76%) of mothers gave only breast milk /exclusive breast feeding for infants less than 6 months of age.

Regarding the dietary diversity of infant feeding, only 6(24%) of children between 6 and 24 months consumed fruit and vegetable during the last 24 hours prior to the survey. Similarly, about 10(40%) of children consumed meat during the last 24 hours. Only 8(32%) of mothers gave dark green leafy vegetables or legumes during the last 24 hours prior to the survey. Almost all mothers mentioned that they do wash their hands after visiting a toilet and before feeding their children (***Table 4b***)

As far as women empowerment and gender equality knowledge and practice concerned, about 28 mothers (93%) think that there should not be a time when a woman deserves to be beaten by her spouse. About 24 (90%) of mother said that their husbands support them with household work always or sometimes. About 23(77%) of the mothers said that they are free to go to clinics on their own. Almost all mothers said that they influence or contribute to how decisions are made regarding how money is spent in their household.

Table 4b: Key infant and young child feeding (IYCF) practices and maternal health service utilization, December 2015

Variables	**N**	**%**
Seen anyone at HF for antenatal care when they were pregnant (n=30)		
- Yes	30	100
- No	0	0
Place of delivery for most recent child (n=26)		
- At home	10	38.5
- Government hospital	0	0
- Government health center	16	61.5
- Government health post	0	0
- At private hospital/clinic	0	0
- At parent's home	0	0
Frequency of IFA consumption during most recent pregnancy(n=30)		
- Everyday	25	83
- Most days	0	0
- Occasionally	2	7
- Never	3	10
What was done with colostrum? (n=25)		
- Gave it to their child	20	80

- Discarded it	4	16
- Don't remember	1	4
Exclusive breast feeding (n=25)		
- Yes	19	76
- No	6	24
Fruit and vegetable consumption (n=25)		
- Yes	6	24
- No	19	76
Meat consumption**(**n=25**)**		
- Yes	10	40
- No	15	60
Dark green leafy vegetables or legumes consumption (n=25)		
- yes	8	32
- No	17	68
Frequency of hand washing before feeding child (n=30)		
- Always	28	93.33
- Sometimes	1	3.33
- Never	0	0.00
- Not applicable	1	3.33
Frequency of hand washing after defecating (n=30)		
- Always	29	96.7
- Sometimes	1	3.3
- Never	0	0
A woman deserves to be beaten by her spouse (n=30)		
• Yes	2	7
• No	28	93
My spouse assists with household work (n=27)		
• Always	12	44.4
• Sometimes	12	44.4
• Never	3	11.2
I am free to walk to the health clinic on my own(n=30)		
• Yes	23	77
• No	7	23

Mothers groups survey -qualitative data:

The consulting team has summarized some relevant qualitative responses from the mother group survey as follows:-

The reason mother gave for not taking iron and folic acid (IFA) regularly includes fear of side effect for their fetus, assumed that they were healthy and providers didn't prescribe it.

Mothers gave the following reasons for not feeding their children fruits and vegetables in the last 24 hours prior to the survey: Absence of fruits and vegetables in the kebeles and districts due to water shortage for irrigation, mothers don't have money to buy fruits and vegetables from markets and some mothers assumed that the porridge flour prepared is adequate for children

The main reason that some mothers put for not giving meat for their children was as the time is fasting time for most of Christians, they said it is difficult to get meat to feed children. The other reason was lack of knowledge on the importance of meat.

Absence of green leafy vegetables or legumes during this season, being busy with harvesting activities, and lack of money to procure from markets were reasons that mothers raised for not giving green leafy vegetables and legumes for their children in the last 24 hours prior to the survey.

4.3 SUMMARY OF NON-GROUP MEMBER SURVEY FINDINGS

The study found that, 10(67%) of non-group members have heard about N@C program before the mid-term review and 6 (60%) heard about the program from members. However, only 2 out of 10 (20%) participate or ever participated in the program. Asked about the things they heard about, they said they heard about training or group discussions on infant and young child feeding which includes initiation of breastfeeding, and about giving the colostrum, exclusive breast feeding, complimentary feeding such as porridge preparation, saving scheme, hygiene and sanitation, safety net program.

The reasons mentioned by mothers for not joining the M2M groups include: They were not aware of the benefit of the program (25%), followed by in appropriate meeting time or date (12.5%) and other reasons (62.5%). The main reasons given by the 5 mothers replied 'other ' response categories were : assumed I am not eligible (1), I am new comer to the village or kebele (2), I am not invited by group leader (1)and shortage of money to contribute for the bi-monthly saving scheme (1). A non- group member mother in Wonberoch kebele said:

"…Initially I was not informed about CARE's project andlater I heard from someone after the group was formed and started saving money for 4 months. When I ask them to join they told me that it will be tough to pay back the 4 months saving fee at once and I opted not to join them…"

During the survey, all of the respondents or non-member mothers (100%) showed interest to participate in the N@C program if they are given the opportunity. Asked about what N@C can do differently so that you can participate, participants requested the N@C program staff or M2M group leaders to inform them when the meeting date is for their village, those two who ever participated suggested to exclude saving requirement as they don't have money to save and create awareness about the advantage of joining the M2M group discussions among the community (***Table 5***).

Table 5: Non- group member or non-activegroup member survey findings, December 2015

Variables	**N**	**%**

Have you heard of N@C(n=15)		
- Yes	10	67
- No	5	33
Do you participate or ever participated in any N@C activities?(n=10)		
- Yes	2	20
- No	8	80
What keeps you away from participating in N@C activities (n=8)		
- Not aware	2	25
- Too much work	0	0
- Day or time of day	1	12.5
- No interest	0	0
- Am not allowed	0	0
- Other	5	62.5
Want to participate in N@C activities (n=8)		
- Yes	8	100
- No	0	0
Anyone from a N@C group ever told you about something they learned in their group? (n=10)		
- Yes	6	60
- No	4	40

4.4 SUMMARY OF M2M GROUP LEADER INTERVIEW FINDINGS

A total of 12 M2M group leaders interviews were conducted in the 10 kebeles. According to the group leaders' interview response, the most common topics that have gone well so far from the discussion guide were: Infant and young child feeding, hand washing and latrine use, food security issues such as gardening, use of selected seed, nursery) and gender and woman empowerment (decision making power at HH, men role at HH activities and property ownership of woman). When asked about the topics group leaders need support, they said we don't need support on specific topics rather most of them suggested that CARE staff such as community facilitators need to attend some of the M2M group discussions and give orientation so that the mothers get motivated or encouraged when they hear the same message from new faces or better experts.

Getting knowledge from the trainings and applying to my family, I am elected because I can read and write in the village and motivated by the change I see in the community were some of the motivation factors that the group leaders mentioned. Regarding identifying their supervisor, 15(50%) of the M2M group leaders said their supervisors are both community facilitators, the other 42% mentioned only community facilitators as their supervisors and the remaining 8% mentioned only health extension workers as their supervisors. This finding shows that the majorities (92%) of the group leaders were able

to identify their supervisors and they know them by name. The group leaders stressed that the relationship between them and their supervisors is excellent and supportive

Regarding the frequency of meeting with their supervisors, the majority of the respondents said they meet at least quarterly with health extension workers but they do meet irregularly with community facilitators. However, all of them said that the meetings are important and useful whenever they happen.

Organizing refresher training for group leaders /co-facilitators, attendance of CARE staff & HEWs in addition to group leaders during group discussions, provision of calculator for saving money management and revision of the existing M2M discussion manual and including additional new topics with illustration pictures (job aid) were the areas that the group leaders needed to be more supported from CARE Ethiopia (***Table 8***).

4.5 SUMMARY OF COMMUNITY LEADER INTERVIEW FINDINGS

A total of 14 community leaders or social analysis and action (SSA) groups were interviewed as part of this mid-term review. All of the community leaders heard about the N@C program before the interview. The main activities that the community leaders at N@C do in the community were educating the community about optimal infant and young child feeding, improved maternal nutrition during pregnancy and breast feeding , women empowerment and gender equality and promoting use of maternal health services such as prenatal care, delivering in health facility and having postnatal care and follow-up. SAA also educate community the benefit of saving and minimizing unnecessary expenses related to traditional practices such as funeral ceremony and wedding which negatively affect maternal and child nutrition. The SSA group approach in general was identifying challenges affecting the N@C components or related to the above issue and address with community dialogue or discussion.

The SAA group mentioned that due to the community dialogue they are facilitating they say the following impacts or improvements: men started to support their wives on certain activities, there is an overall improved maternal health service utilization, saving culture improved and some mothers started taking loan from their group engaged income generating activities such as small scale trading such selling bread, 'injera', soft drinks, 'tela', etc.). They also said that the program is minimizing harmful traditional practices (HTPs) related to excessive expense for wedding and funeral ceremony, related to child and pregnant mother feeding and decreased early marriage & genital cutting in the majority of kebeles.

SSA group identified the following as areas not worked well in regards to N@C's program or activities:

- The program didn't reach all kebeles in the woreda and all people in the kebeles).Hence, some families living in the those kebeles didn't show behavioral change and are still practicing harmful traditional practices which contradicts our message and stand
- Selected seed supply is not well addressed and it is irregular. SAA group leaders suggested that sometimes they give seed such as potato to the community and sometimes they bring after they

community bought from the market and planted it. We are not getting seeds of fruits and vegetables as it was promised and this should be corrected going forward to get the trust of the community

- Community facilitators didn't attend SSA group meetings. They said it would be fine if the community facilitators attend selected SAA group meetings to see how it goes and give feedback on the way it should go in the future
- Some SAA group leaders said that the group discussion guide is not updated /lack up to date information. They need to be revised and updated based on critical assessment of the document and the expected results
- Absence of loan system from CARE Ethiopia was also raised as a challenge to improve economic capacity of SAA group members and the community in general. They said the area is hardly hit by frequent drought and the community is so poor. They always need some sort of loan and support on nutrition.

The community leaders suggested the following so that N@C could better work in the community

- Strengthen continuous awareness raising about the program and expansion to new kebeles
- Strengthen saving program by continuous follow up and encouragement
- Provide stationary materials for community leaders
- Close follow up of SAA group work by CARE/community facilitators
- Arranging experience sharing from the best performers
- Organizing refresher training for community leaders
- More support on community mobilization by CARE
- Capacity building and monitoring on how best to use the already saved money. Prepare and provide formats for expense or collection of money
- To continue the work and further improve the outcomes support and frequent visit from CARE staff is necessary
- Someone from care should come and give orientation to our members so that it will reinforce what we say and the community will have more trust on us
- Joint monitoring and follow up of the N@C work by zone and woreda government officials
- CARE need to focus on reaching everyone and focus on quality especially from now onwards
- CARE need to give agricultural supplies and other inputs such as chicken, sheep for the community (***Table 9***).

4.6 SUMMARY OF N@C FIELD STAFF INTERVIEW FINDINGS

A total of 6 N@C field staff (one zonal M & E staff, two N@C program officers working in the two woredas and three community facilitators)were included in the mid –term review. Two of the staffs were female while the rest were men. According to the field staff view, the N@C program key successes are:

- Woman started participating and discussing about their challenges in community meetings as opposed to the olden days
- Improved awareness on infant and young child feeding among community though most of them mentioned shortage of food as a barrier to apply their knowledge

- Improved awareness and use of maternal health service in the community particularly antenatal care and delivery services
- Improved awareness and practice on feeding pregnant and lactating woman in the community

The N@C field staff emphasized that availability of coordination and collaboration among multiple government sectors and program alignment with the government priorities and structures such as use of existing health development army/ development team, 1 to 5 net-working and health extension workers were key for the successes of the program achieved to date.On the other hand, limited and irregular supportive supervision by community facilitators due to shortage of staff and transport mechanisms, limited engagement of government staff due to competing priorities, lack of coordination and integration within CARE projects and absence of physical support on WASH were mentioned as things that didn't work well by N@C field staff.

The N@C field staff suggested the following as areas to be improved or to be done differently in each of the following thematic areas:

Communication

- The field staff at zonal and woreda offices mentioned that so far the main mode of communication within the project is telephone but going forward, they recommend email to be the official and the main communications means so that every communication will be documented and people will be held accountable for all the messages and actions taken with it
- Inadequate telephone communication allowance for field team
- So far there is no documentation of all reports and the whole project reporting and documentation system need to be improved at all levels.

Management

- The number of field staff at woreda and kebele level (both program officers and community facilitators), logistics and overall resource should consider the scope of work

Technical support

- Since government officials at different levels were highly occupied with their own plan and activities, they had limited time to provide the relevant technical support to the project staff during some months.

Activity Design (implementation)

- Existing scope of project doesn't match with available # of staff and logistics at woreda and kebele level. The approach should have been a phased strategy instead of trying to reach every kebele with the limited resource available

Monitoring

- The different government sectors represented in the steering committee don't stick to the joint regular monitoring visit to see community level interventions and progress due to competing priorities
- So far there is only report via emails or soft copies . Although there are some efforts to alleviate the problem through the engagement of village agents, there is an issue related to documentation and reports using hard copies at all levels of CARE office (Zone, woreda). Besides, the reporting system of trainings (except list of participants) and field visits or supportive supervisions seems inconsistent. Hence, the overall documentation and reporting system needs to be standardized and improved to have institutional memories of the project in case of staff turnover or ad hoc need from donors or government .
- So far the review meeting CARE staff working under the N@C project seems irregular and informal. It would be good to have regular and frequent review meeting involving community facilitators, program officers, zone and national project staff to improve the monitoring system of the project
- The study team also learnt that so far more than 300 Village Agents are trained on reporting and documentation and that need to be continued and monitored to improve the monitoring system at lower levels (***Table 10***).

According to the field staff view, the greatestchallenges for N@C program in the past year of implementation were**:**

- Human resource shortage at woreda and kebele levels
- Shortage of food due to drought and climate change in the areas makes mothers not to practice what they know about child feeding. Moreover, baby gardens were not planted as expected
- The scope of work and the available resource (staff, logistic and budget) don't not match to reach bring the required impact of the program
- Internally within CARE Ethiopia project there is lack of coordination and effective use of available resources at zone level including logistics between different CRAE projects
- Extremely busy schedule of governmentofficials to plan joint monitoring and evaluation of project activities. The government had its own series of campaigns and trainings for government key staff which had its own effect in our project implementation
- Generally, there is high level awareness and knowledge on the major N@C programmatic areas. However, there is limited practice of the what has been learnt by the project direct beneficiaries which is mainly due to lack of resources basically from weak purchasing power and limited access to supplies and low productivity of fruits and vegetables due to poor climatic conditions and shortage of water
- The N@C project manager turnover at the head office level has affected the activities of frontline project staff .

The project field staff mentioned that all the above challenges will be major barriers of success going forward if addressed or project implementation strategies are revised. The project field staff forwarded the recommendations to address the challenges:

- Hiring additional staff at woreda and kebele level will help to have frequent and rigorous monitoring system which will help to improve quality of services

- Availing adequate transport mechanisms (car, motor bike) for woreda and kebele staff would enable regular and intensive monitoring of activities
- The documentation activities need to be improved at all levels so that there would be institutional memory whenever staff leave the project. The already initiated Village agents' involvement in primary report collection should be strengthened for good data recording and documentation
- The communication mechanism need to be changed from telephone to email or other better means to make everyone accountable and responsible for the messages
- The project need to work hand in hand with agricultural offices towards food security by diversifying sources of food and providing necessary agricultural inputs
- The N@C need to include nutritional support or emergency response in areas where the condition of nutrition is worse. Otherwise, should partner with other organization who is engaged on food security to avail food staff for children parallel with the awareness raising programs
- The project need to think on quality and bring change instead of reaching all kebelesmeet its goal of reducing stunting and anemia
- Unanticipated drought occurred is posing great challenge in the project. Therefore, it isrecommendedrevisiting some project activities in order to seek drought copying mechanisms. As husbands in some communities are migrating elsewhere in search of better jobs, mothers and children are being left alone. Therefore, in collaboration with government bodies' mechanisms need to be created to support mothers in drought affected communities, at least rectifying community's water problems
- The field team strongly recommends better coordination of N@C with other CARE projects. In addition, although monitoring checklist of N@C activities are in place, well-crafted monitoring tools and systems is needed
- Even though having behavior of saving by mothers is encouraging, the amount of saving is so minimal (10 birr per month/person). Availing or working towards having equilateral loan agreement (group loan) will encourage mothers to participate more on income generating activities.

4.7 SUMMARY OF SECTOR ORGANIZATIONS INTERVIEW FINDINGS

Only one sector non-governmental organization (Food for hunger) was available for interview in the study areas. The organization heard about N@C and knows what it does. The organization believes that, N@C strategy to reach mothers through support groups is very effective. The respondent believe that N@C has been moderately effective in reaching pregnant and lactating women with tools, methods or behavior change strategies that will help make progress towards reducing stunting and anemia

The organization, said that CARE Ethiopia's N@C success relies on focusing on nutrition at the center of their intervention which is a unique approach. For example, Food for hunger is also doing on food security related areas in Simadaworeda but nutrition is not the main focus as CARE does. The focus is very important to address the high stunting prevalence rate of the region and districts effectively. They

suggested stakeholders' forum would be a good platform to exchange strategies and intervention approaches to leverage resources and bring lasting change in the community. The sector NGO also suggested that CARE need to focus on ways that improve the household incomes through different income generating activities (IGAs). They said, it is also important to focus on job creation and boosting community members' income along with the continuous health education, awareness creation and training activities. Otherwise, it is difficult to bring impact as expected given the local context and poverty of the farmers (***Table 11***).

1.8 SUMMARY OF PEER ORGANIZATIONS INTERVIEW FINDINGS

Two peer organizations (Save the children and Pathfinder /Integrated Family Health Program (IFHP) were interviewed working at the zone and regional level. They said they have partnership forum at a regional level and CARE's representative reports on their implementation to this forum. They said that CARE's project is designed to undertake different interventions areas and their progress reports indicated they have huge achievement in most areas. There is a multi-sectoral review committee where they meet to address multiple issues. There are two forums such as Regional level and Zonal level technical committees. The zonal level review committee meets on a monthly basis. The Zonal level includes nine governmental sectors and other partner organizations. The peer organizations said CARE program is working in alignment with the government system and the social and behavior change (SBC) work has been effective. They also said the community members have better awareness and practice on saving purpose and culture.

The partners suggested that, though there were multi-sectoral review meeting at upper levels, there was no joint supportive supervision conducted to support the program at lower levels so far. Moreover, they also said that there is lack of experience sharing. They said since CARE is effectively working with the community through M2M group members, there are good practice that could be shared with other peer and sectors organizations. The need to document their best practices and share it with broader stakeholders at zone or regional platforms was emphasized by the organizations. The peer organizations also suggested the following to do better in reaming years of the project

- There is a need to expand theawareness creation activities to other sites beyond the two woredas CARE N@C program are operating currently in Amhara region
- Even if there is a periodic review meetings using a multi sectoral approach there is a need to have a joint Supportive Supervision (JSS) to see the impact on the ground and support the project differently. This one area of improvement needed from our CARE side
- There is an integration approach to work with the multi sectoral level but there is a need to expand or include other relevant sectors like education, cooperatives to bring more effectiveness in the multi sectoral coordination and communications
- There is awareness and knowledge at lower level (in the community members) in all the intervention areas but the practice is lacking.It is apparent that there is shortage of supplies or foods etc. But, with the existing economic and other social context, the community members should utilize whatever existing in their hand to try the cocking demonstration sessions.

The partner rated N@C as moderately effective project has in terms of reaching pregnant and lactating women with information, tools, methods or behavior change strategies that will help make progress

towards reducing stunting and anemia. The peer organizations rate M2M group discussion as very effective strategy to reach pregnant mothers and achieve the goal of the project. The establishment of M2M support group and saving scheme were mentioned as success for the CARE N@C program by peer organizations.

The strategies suggested to improve coordination or communication between different sectors and maximize reach and impact by peer organizations were similar with that of sector organizations suggestions (***Table12***).

1.9 SUMMARY OF GOVERNMENT OFFICIALS INTERVIEW FINDINGS

In this mid-term review, a total of 9 government officials from agriculture and food security, health office and women and youth offices were included as respondents. The participants position includes woreda Hygiene and sanitation officers, woreda nutrition and child officers, zonal maternal and child health officer, Agricultural core process team leaders, women and youth mobilization & participation officers and agriculture, early warning experts were interviewed.

All of the government officials said that N@C program's multi-sectoral approach has changed the way they do work before the program. They added, N@C program has changed the political leaders' attitude towards nutrition through continuous advocacy using the steering committee and other forums.

All government office representatives 9 (100%) said that they do engage and collaborate differently with other sectors and the community as a result of N@C. The examples they mentioned includes:

- N@C program use the government structure and the N@C group leaders and members which are helping us to implement our Health Development Army (HDA) initiative which has been somehow nominal before N@C started in our districts
- N@C collaborate with school teachers, Health centers and women associations
- All sectors started engaging with women development groups
- Political leaders became sensitive to nutrition more than ever
- Government officials engage and provide fast responses and supports for others due to the learning they got from N@C
- Woreda health offices started having joint plans with CARE plans in areas where health is a focus
- N@C has helped to improve our communication and collaboration with other sectors. For example during M2M training all sectors were engaged and we went to field together. That partnership improved our collaboration and it continued. Before N@C sectors didn't have communication and didn't have experience of working together. But after that we are even staring to have joint report for zones in areas of women development army number (office of women and children)
- Because of the program we have created a steering committee composed of woreda health office, agriculture office, women and children office, water and sanitation office. So that helped to collaborate with other nutrition sensitive sectors for other purposes too. But this needs to be strengthened in the years to come.

The government officials also mentioned all relevant government sectors offices and NGOs working in the two woredas are included in the steering committee and CARE Ethiopia is part of it as well. However, other partners or committees that N@C could engage with to increase impact in the communities include harmful traditional practice committee, Red Cross Association and school nutrition clubs and the like. Government official's key recommendations on how N@C can work more effectively to impact women and children include

- So far the problem is from the government side. We are busy with our own priorities and we couldn't plan and conduct joint supportive supervisions(JSSs) engaging all sectors. I think that should be strengthened especially at technical staff level as the heads have another forum called steering committee. This will help for sustaining the work when N@C phases out
- The N@C project staff doesn't have car for supervision so they need car for regular monitoring of the work
- N@C program need to cover all kebeles in the intervention weredas, specially far and hard-to-reach kebeles. For the work to be sustainable
  - There must be regular monitoring by sector political leaders
  - Women to women group leaders need to be given refresher training at least yearly
  - There must be regular kebele level review meeting and the participants must be : agricultural development agents (DA), HEWs, teachers, kebele manager and administrators, HDA, CF, woreda administrator, WoredaHO, health center (HC) head
  - Woreda level biannual review meeting with all sector organizations and HEWS, DA, CF and CARE project officers
  - We need to buy small water containers or 'Jercans' for group leaders after trainings with their per diems so that they become role models on using it.
  - N@C project need to take over the activities of CARE's wash project that is phasing out to avoid discontinuation of activities going on by the project
  - CARE need to give water treatment chemicals for households
  - Woreda level handwashing, environmental hygiene and Jerica washing day need to be celebrated
  - Most of Ebinatworedakebele are severely affected by drought. Hence, the emergency program of CARE need to continue
  - The HEWs need to be engaged in all baby garden and other agricultural activities to support them
  - The project need to have demonstration garden at school, health posts and health centers
  - The program need to prepare pictorial IEC/BCC materials for health posts, trainings sessions and schools
  - CARE need to focus on curative activities on top of prevention ones as the woreda is drought affected such as screening and management of moderate acute malnutrition management as there is no partner working on this. Additional kebeles need to be included besides the existing ones
  - The current awareness and knowledge should be maintained and attention should be given on practice of the knowledge gained
- The project needs to monetary inceptives and support the community members to stand on their feet and seek sustainable solutions to their problems. Now when CARE calls the community for any

meeting the community participation or attendance is higher. This is indicative of material benefit expectations

- CARE is working to facilitate change within the community. Among many other NGOs in the zone, CARE is appreciated for its approach. However, due to recent food shortage, CARE is expected to provide emergency food aid for Ebinat and Simadaworedas. For example , there are some schools who have stopped education due to the food shortage in the districts, we need stationary materials for these schools to be provided by CARE
- We hear that stunting prevalence rates are declining but this need to be supported with research. CARE need to initiate this kind of research in the intervention sites
- CARE need to provide trainings for all community and religious leaders focusing nutrition and other health issues
- Involve other more NGOs to reach more people from more kebeles to increase the reach and bring impacts on the ground
- Involve more husbands in the N@C program activities to completely break some of the resistance here and there from husbands and bring broader impact on Mothers and children health and nutrition issues including exclusive breastfeeding, diversity of feeding 94 types of food type: fruit and vegetables, eggs and meat, legume ...)
- The project is operating only in two woredas among -11--woredas in the zone. In order to maximize impact and have equitable intervention, care needs to expand the project to other woredas of the zone
- The project need to create adequate pool of trainers in each thematic area or project objective for sustaining the work
- Aligning work with all sectors and levels is important
- We know that a project will not exist for long period of time. Hence, N@C need to start exit strategy at this stage so that the gains made won't be lost when the project phases out
- There is a problem on functionality of multi sectoral steering committee on nutrition in the woreda. They have the committee but they are not well coordinated and integrated. Besides, the technical committee should be recognized and strengthened through additional trainings and capacity building
- The trainings at the kebele level should be reconsidered to increase the number of days because most mothers need longer time to analyze and comprehend the issues and the subject in the training sessions
- N@C trainings have both pre and post training tests to evaluate the change on the participants of the training from their engagement in the trainings. It helped a lot. There is a need to follow up to see the cascading effects later on
- N@C trainings need to be scheduled well to get maximum participation of the farmers in the woreda. October-January is preferred by the farmers because they are relatively free from farm work during this season (***Table 13***).

4.10 ASSESS THE PROGRESS AGAINST OBJECTIVES OF THE N@C PROGRAM TO DATE

The consultant team summarized the progress and activities by domain that were highlighted and discussed during the mid- term review.

Improve nutrition-related behaviors:

The study found that about 80% of mothers have given colostrum for their most recent child immediately after delivery. Similarly about 76% of children aged between 0-6 months had exclusive breast feeding. These figures are again higher compared to 52% at the baseline of the project. This 52% is also the national exclusive breast feeding prevalence (EDHS 2011)[2]. The finding is almost similar to the national target set (80% prevalence of exclusive breast feeding) for 2019/20[3]

The study found that almost all (97%) of mothers washes their hands always after defecation. Similarly, about 94% of mothers said they always wash their hands before feeding their children which seems the majority are practicing acceptable behaviors.

In this study the percentage of children 6-24 months of age consumed fruit and vegetable in the last 24 hours prior to the survey was 24%. This finding is comparable with the baseline survey which found that nearly 25% of children 6-24 months consumed Vitamin A-rich fruits and vegetables in the last 24 hours.

The study found that 40% of children 6-24 months of age consumed meat in the last 24 hours prior to the survey. This finding was higher compared to the baseline finding which found that only 5.3% of children 6-24 months of age ate animal-source meat foods such as meat.

Similarly32% of children 6-24 months of age consumed dark green leafy vegetables or legumes This seems higher compared to the baseline survey finding which reports 17% of children ate food made from legumes and nuts in the last 24 hours.

In general, the dietary diversity indicators showed incremental progress from the baseline and national reports (EDHS 2011) however, it is not transformational nor enough given other IYCF indicators progress (such as exclusive breast feeding and giving colostrum) and need attention going forward.

The qualitative data also showed that the mothers had good knowledge on child feeding and dietary diversity but the issue was availability of food stuff which seems a critical barrier to lower both stunting and anemia among children

Improve use of maternal and child health and nutrition services:

The study found that 100% of M2M group member mothers hand antenatal care during the last or current pregnancy. Similarly about 62% of mothers delivered their last child in government health centers. About 90% of mothers reported that they have taken the iron and folic acid prescribed for them every day. This finding was in agreement with the qualitative data found from interviews with M2M group leaders, community leaders, government officials, N@C field staff and partner organizations.

This figure is much higher compared to the 2014 Ethiopian Mini demographic and health survey report. Although, there was no baseline for the stated indicators prior to the intervention to compare and analyze the percentage of change one can tell that the changes are visible and undeniable considering the situation of the districts. According to the 2014 EMDHS report, the antenatal care coverage: at least

[2] *The study team couldn't find project targets from the proposal shared to us and also we couldn't find baseline targets to compare most indicators of MTR finding and comment on the progress made. Hence, we are using DHS 2011 & 2014 as key references*

[3] National Newborn and child survival strategy (2015/16-2019/20)

four ANC visits for Amhara region is 42% and 10.2% of mothers delivered in health facility. Similarly, about 34% of mothers took iron tablet during the last pregnancy. Therefore, the report shows that there is huge progress in maternal health among the intervention woredas. The findings are closer to the HSTP (2015-2019) target set for antenatal care at least 4 visits-95%, skilled delivery attendace-90% and Postnatal care 95%. However, it is difficult to make direct comparison of current findings with DHS data as the approach and sample size and time of data collection are completely different.

Household adoption of appropriate water and sanitation practices:

The study found that about 87% of households had small opening water containers and all were covered during the visit. Regarding the hand washing practice of M2M group members', 30% of the households' hand washing facility around the latrine. About 67% of handwashing facilities or stations had water and 80% had soap or ash during the visit.

About 88% of the households visited had latrine or toilet within the homestead boundaries and the majority (88%) appeared to be used. The latrine coverage and use seems higher compared to EDHS 2011 which shows that 68% of households use latrine (55% in rural and 84% in urban areas). However, very few had hand washing facility around the latrine. However, CARE need to focus on making the latrine improved as the current coverage seems higher. Forex maple the FMoH HSTP set the proportion of households with access to improved latrines and hand washing facilities to be 80% by the end of 2019. Hence, CARE need to start to working towards this goal.

The data from the qualitative study also showed that most of the community members are aware of the benefit of using latrine such as preventing diarrheal disease and trachoma among children and other family members. This idea is supported by one husband of M2M group member said:

"*.. Before we didn't have idea on how latrineuse helps to improve health situation but now we are aware and are using it regularly. As a result we don't have trachoma or other diseases in our family. So we know the benefit and we will keep on using it…*"

Availability and equitable access to quality food:

The study team didn't find any type of food or raw materials as far as this assessment is concerned. However, the study team learnt that CARE's N@C program distributed selected seed and seedlings for the community and schools.

Cross cutting strategies i.e. gender and empowerment, advocacy, governance, capacity building, etc.:

Regarding women empowerment and gender equality knowledge and practice, almost all mothers (93%) think that there should not be a time when a woman deserves to be beaten by her spouse. This finding is much higher and encouraging compared to EDHS 2011 finding which reports about 69% of women believe wife-beating is justified in at least one circumstance.

About 90% of mother's said that their husbands support them with household work always or sometimes. About 77% of the mothers said that they are free to go to clinics on their own. This finding is higher compared to the EDHS 2011 finding which states that close to 63% of currently married women make decisions about their own health care alone or jointly with husband.

Almost all mothers said that they influence or contribute to how decisions are made regarding how money is spent in their household. This finding is encouraging and very significant compared to the situation in other similar rural areas. The community leaders also reflected the same thing. They said

this was one of the key areas that the group has been working in the last one year and they believe that now things have been changed.

4.11 ASSESS THE LEARNING FROM THE PROCESS OF MULTI-SECTORAL PROGRAMMING

The findings from the interview of the government officials, peer and sector organization as well as N@C staff found that CARE"s multi-sectoral programming was well received and acknowledged by everyone. The sectors which never had collaboration and history of working together now started working together as a result of N@C programs. The steering committee created from different sectors at zone and woreda level also helped to bring nutrition to be a concern for all political leaders and sector organizations. The steering committee also helped to review the program on a regular basis and helped CARE to easily get buy-in and implement the project activities. However, there were areas that need to be improved to make the approach more effective and impactful. For example, there was joint planning of monitoring mechanisms such as supervision and review meeting which could have helped to get ideas on the progress, identify challenges and share responsibilities among the different sectors. The availability of water points under the WASH program could have been improved well if there were joint monitoring and supervision with the water sector. The gardening and irrigation could also be improved if agriculture sector was highly engaged with the day to day field level implementation.

The study found most of the IYCF practices are not to the expectation compared to maternal health service indicators which implies that all the 'hard wares' that people want to use when they have the knowledge and favorable attitude due to the M2M learning can only be availed with strong multi-sectoral engagement. In other words, nutrition sensitive interventions are important for the nutrition specific interventions to be effective. This idea is also further re-enforced by the fact that maternal health service awareness and utilization were high due to availability of accessible and better quality services on the ground.

4.12 ASSESS THE 'REACH' OF THE PROGRAM SO FAR

According to the N@C field staff interview and review of secondary data of the project, to date they have reached more than 60% of the target mothers through the M2M group discussion forum. This coverage of the project was reached in less than one year time as the real ground level project implementation was going on for almost one year. This seems encouraging achievement, however, inorder to be able to sustain the behavior change , the project needs to accelerate coverage in the coming quarter or two so that the mothers will have time to permanently practice the behavior change they brought as a result of the project during the rest of the years. One of the main strategies of N@C is to reach mothers through support groups. All the interview responses clearly showed that CARE M2M strategy was very effective.

4.13 ASSESS EFFICIENCY OF IMPLEMENTING PARTNERS

Unfortunately, CARE'sN@C program in Ethiopia doesn't have many implementing partners on the ground in the project intervention areas. CARE is implementing the N@C project in the two districts. However, there were only one sector organization (food for hunger) and two peer organizations (Save the children and IFHP) that have presence in the CARE intervention areas and showed there is close relationships with N@C activities. There was perceived overlapping concern mentioned by one

respondent but they continued closely working, communicating and exchanging information on their respective works. The achievement through regular meeting and discussions at woreda and community levels could be an indication of efficiency by implementing partners.

4.14 LEARN ABOUT WAYS WE CAN IMPROVE THE PROGRAM

The mid-term review found that most of the maternal health service utilization indicators such as ANC use, institutional delivery and use IFA had significant progress compared to national and regional targets. This could be attributed to the M2M group discussion and availability of free service closer to the community.Besides, the positive engagement with the government system, utilization of HEWs and Women Development Army groups greatly helped CARE's project to achieve its objectives and to maximize its impact and reach.

On the other hand, most of the IYCF indicators such as minimum dietary diversity seem relatively lower compared to targets despite the high level of awareness by the mothers. The reasons for this gap between knowledge and practice is due shortage of food supplies and money to buy the necessary things to feed their children. Therefore, CARE needs to understand that having the awareness creation and behavior change alone won't take them further unless the other sectors come on board to help the community with practical and applicable approaches so that they get required supplies including vegetables, fruits, chicken, sheep and even safe and clean water.

Regarding the wash programme component, the knowledge and practice on hand washing before feeding children and after defecation and handling of water at household level is encouraging. The latrine availability and use are also relatively higher (80% and above). However, there seems shortage of water points in the two woredas. Some participants complained about shortage of water points as barrier for not having baby gardens. Hence, this could be something that the water sector is expected to address in the multi-sectoral program approach.

The study found out that gender and women empowerment progress seems excellent and encouraging. Because most women stated that they have autonomy over mobility and movement. Now days, there is no major problem to go out for community meetings or clinics freely. Even husbands initiate the wives to go to the health clinics. This was not the practice before. But there are husbands that need to be reached to make the changes lasting and permanent.

With multi sectoral approach, CARE needs to utilize the various multi sectoral forums to make it a strong multi sectoral engagement at various levels. Joint supportive supervision by this multi-sector team shall be one of the most important mechanisms to boost the morale of its field staff and the various community groups.

5. STRENGTH AND LIMITATION OF THE STUDY

5.1 STRENGTH OF THE STUDY

- Mixed method of both quantitative and qualitative data collection methods was used to triangulate the study findings

- Triangulation data from different groups was used to improve validity/ trustworthiness of the study
- High level professionals with extensive quantitative and qualitative research was used for the data collection, analysis and report write up

5.2 LIMITATION OF THE STUDY

- CARE Ethiopia team has provided both the qualitative and quantitative data collection tools including the MTR final reporting template. All questions for the qualitative and quantitative survey were pre-determined with CARE and there was no room for negotiation.
- The M2M group member survey tools designed for the mid-term evaluation are completely different from the baseline ones and it was almost impossible to compare progress made at this point in time. Hence, the study team tried to compare findings with that of national and regional figures from EDHS 2011 and EMDHS 2014.
- The sample size for M2M group members as well as non-group members' survey was pre-determined with CARE and there was no room for negotiation. However, the study team feels that the sample could have been a bit increased to increase power and validity of the study. But the sample size as well as tools of the qualitative study was well designed and inclusive.
- It is very difficult to appreciate temporal relationships and also to capture real changes happening throughout the year or project implementation period with a cross sectional study. In this particular study most of the variables could change overtime like for example to assess dietary diversity, most mothers said they had green leafy vegetables during the rainy season but not now. So the timing of the study would definitely affect the findings.
- We couldn't hear more views and perspectives from multiple sector organizations in the intervention woredas as there was only one sector organization in the two woredas and zone (food for hunger)

6. RECOMMENDATIONS

N@C Multi- Sectoral coordination and collaboration

1. CARE is effectively working with the community through M2M group members as well as community leaders. However, peer and sector organizations at the regional level mentioned that CARE's experience is not well shared. Hence, CARE Ethiopia need to document the best practices and share it with other multi-sectoral bodies, peer and sectorsorganizations and otherstakeholders using the existing forums such as steering committee and technical working group meetings
2. The study found that the existing multi-sectoral coordination and collaboration is inclusive of most relevant sectors. However, it was suggested to strengthen the engagement of education and bring the cooperatives sector to the existing platform to bring more effectiveness in the multi sectoral coordination and collaboration

3. Most of Ebinat and Simada *woreda kebeles* are severely affected by the previous and current drought. Hence there has been a recent food shortage and significant numbers of people are food insecure. Hence, CARE need to reconsider the recently phased emergency nutrition program or partner with other organizations to minimize the impact of the drought in both woredas and also to compliment with the N@C SBC activities going on in parallel

4. CARE needs to better plan and organize its trainings. This start with creating adequate pool of trainers in each thematic area or project objective for sustaining the work. Aligning work with all the relevant sectors and levels helps a lot because the project uses trainers from government sectoroffices. CARE project team needs to jointly plan training ahead and share the plan with the relevant sectors directly or through the partnership forums prior to the actual activity dates

IYCF and Food Security interventions

5. The community members have adequate information, awareness and good level of behavior change in most of CARE's N@C interventions. However, CARE and other relevant sectors need to understand that having the awareness creation and behavior change alone won't take them farther unless the other sectors come on board to help the community with practical and applicable approaches so that they get required supplies including vegetables, fruits, chicken, sheep and even safe and clean water.

6. To increase the reach and impact on the ground, thereis a need to work well at lower/ground levels by strengthening CARE's SBC activities both in depth and scope to reach additional woredas and kebeles. It is important to strengthen the social and behavior change activities at lower levels. However, N@C interventions should go beyond provision of information (awareness creation) through trainings, demonstration and increasing the availability and provision of supplies to scaling up the practices.Provision of chicken or sheep for mother to mother members would improve economic capacity.

7. The current drought incident is posing a great challenge in the project districts as well as the N@C interventions. There is a need to revisit some project activities in order to incorporate drought copying systems within the existing N@C approach. Generally, CARE Project may need to adopt some of the Safety Net Program approaches to support those who are very poor to address some of their gaps. For example, availing a small loan package for M2M groups and/or village saving and loan association (VSLA) could help many others to engage in small income generating activities and increase their purchasing power somehow.

Maternal Health services and gender equality

8. The current high achievements in the areas of gender and maternal health service utilization need to be sustained during the next project life. The success factors need to be well documented and replicated to other areas with CARE or other relevant stakeholders

Water, sanitation and hygiene (WASH)

9. The progress being made in these areas especially on awareness and practice related to latrine use and handwashing are encouraging. However, it is not enough and more efforts need to be exerted particularly in availing adequate water points at kebele level

Human resource and logistics management

10. To increase CARE's project reach and impact within the existing kebeles as well expansion to other surrounding kebeles, CARE needs to increase its field staff and improve its logistic system, particularly, availability of transportation (vehicles or motor bikes) at operational levels

11. Internally within CARE project in south Gondar zone there seems lack of coordination and ineffective use of available resources including logistics. Therefore, the system needs to be checked and revised in favor of maximizing project deliverables and gain efficiency

Monitoring and evaluation

12. Although there were multi-sectoral steering committee meetings at regional, zonal and woredalevels, there was no planned joint supportive supervision conducted to support the program at lower levels. CARE Ethiopia's N@C program need to use the multi-sectoral forums created at different levels effectively. CARE project needs to incorporate periodic Joint Supportive Supervision (JSS) plan at various levels along with earmarked budget during the remaining N@C project life. Alternatively, CARE can play a lead role to bring the other peer organizations and sectors together to cover the costs of such periodic JSSs in the project areas.

13. Participation of HEWs and community facilitators during M2M & SAA group discussions at least on quarterly basis would help to create additional training opportunity both for facilitators and the community. Moreover, the visit also motivates the community members.

14. The study team recommends a regular kebele level review meeting with the participation of DA, HEWs, teachers, kebele manager and administrators, HAD, CF, woreda administrator, Woreda HO, HC head and Woreda level biannual review meeting with all sector organizations and HEWS, DA, CF and CARE project officers as potential attendants of the meetings

Communication

15. The study team recommends email should be the official and the main communications means so that every communication will be documented and people will be held accountable for all the messages and actions taken with it. Besides, the documentation of all reports, field visits, trainings and the whole project reporting and documentation system need to be improved at all levels

7. CONCLUSION

Multi-sectoral programing has been driving and served as a glue to bring all allies in to picture. It is serving as a very good platform where nutrition and other major issues are discussed and responsibilities shared. However, the joint monitoring aspect is not to the expectation.So N@C focus should geared to joint monitoring without jeopardizing the existing success

In general, most of the interventions targeted to improve maternal health such use of health facilities for antenatal and delivery care were so successful. The possible reasons are both demand and supply side co-existed. Interventions targeted to improve infant and young child feeding as well as lactating and pregnant mothers seems partially achieved. The mothers have got very good knowledge from M2M group discussions but availability of foods and resources to feed their kids was easy as learning the skill. These areas need further exploration and intervention to avoid potential fatigue from the mothers and also to accelerate IYCF related project targets.

Wash related interventions were also more successful. Mothers do wash hands almost every time they feed their kids and visit a toilet. Most households have latrine and utilization rate is also high. However, shortage of water was identified as key barrier for having baby gardens at most households. Hence, this need deep dive situation assessment and working hand in hand with water sector.

Food security has been an issue in both districts and will continue to be a pressing issue again precipitated by the current drought. Hence, CARE needs to consider different options considering the local context and urgency of the issue. The team could find major progress that can be attributed to the project effort over the last year. The existing interventions need also stock taking against the realities in the ground

The N@C program scope and expectation for transformational impact doesn't go hand in hand with the available human resource and logistics particularly at woreda and kebele levels.

The existing project monitoring systems such as documentation, supervision, review meeting and simplifying existing M & E tools need to be revisited and improved.

The communication system of staff within the project should be dependable and without space for creating a vacuum. Known systems such as emails should be encouraged instead of relying on phone calls

The existing partnership and alignment with government systems and priorities should continue to be a culture of CARE Ethiopia and helped to expedite N@C program implementation.

8. APPENDIXES

Table 6: Summary of group member survey data **(**N=30**)**

Question	**N**	**%**
Did you see anyone for antenatal care when you were pregnant **(n=27)**		
- Yes	30	00
- No	0	0
Place of delivery for most recent child **(n=25)**		
- At home	10	38.5
- Government hospital	0	0
- Government health center	16	61.5
- Government health post	0	0
- At private hospital/clinic	0	0
- At parent's home	0	0
Frequency of IFA consumption during most recent pregnancy (**n=30**)		
- Everyday	25	83
- Most days	0	0
- Occasionally	2	7
- Never	3	10
What was done with colostrum? (**n=25**)		
- Gave it to their child	20	80
- Discarded it	4	16
- Don't remember	1	4
Exclusive breastfeeding**(n=25)**		
- Yes	19	76
- No	6	24
Fruit and vegetable consumption**(n=25)**		
- Yes	6	24
- No	19	76
Meat consumption**(n=25)**		
- Yes	10	40
- No	15	60
Dark green leafy vegetables or legumes consumption**(n=25)**		
- yes	8	32
- No	17	68
Frequency of hand washing before feeding child**(n=30)**		
- Always	28	93.33
- Sometimes	1	3.33
- Never	0	0.00
- Not applicable	1	3.33
Frequency of hand washing after defecating**(n=30)**		
- Always	29	96.7
- Sometimes	1	3.3
- Never	0	0
There are times when a woman deserves to be beaten by		

her spouse (**n=30)** - Yes - No	 2 28	 7 93
My spouse assists with household work **(n=30)** - Always - Sometimes - Never	 12 12 3	 44.4 44.4 11.2
I am free to walk to the health clinic on my own**(n=30)** - Yes - No	 23 7	 77 23

Table 7: Summary of non-group member/in active survey data (N= 15)

Question	**N**	**%**
Have you heard of N@C**(n=15)** - Yes - No	 10 5	 67 33
Do you participate in any N@C activities? **(n=10**) - Yes - No	 2 8	 20 80
What keeps you away from participating in N@C activities 1. Not aware 2. Too much work 3. Day or time of day 4. No interest 5. Am not allowed 6. Other - Assumed non-eligible - New to the area - Not invited by group leader - Shortage of money to save every 15 days	 2 0 1 0 0 5 1 2 1 1	 25 0 12.5 0 0 62.5
Want to participate in N@C activities - Yes - No	 8 0	 100 0
Anyone from a N@C group ever told you about something they learned in their group? - Yes - No	 6 4	 60 40

Table 8: Summary of group leader data (N=12)

Variables	**N**	**%**
(Most common topics that have gone well Q1) - Infant and young child feeding (exclusive breast feeding, colostrum, complimentary feeding, dietary diversity, HTPs) - Food security (gardening, fertilizer, line farming,	8	67

selected seed, nursery)	5	42
- Maternal health service (antenatal care, institutional delivery and postnatal care, maternal nutrition, HTPs)	4	33
- Hand washing and latrine use		
- Saving	7	58
- Woman empowerment (decision making, HH role, property ownership)	3 5	25 42
- Infectious diseases such as diarrhea, malaria	1	8
- All topics went well	3	25
(Most common topics where group leaders need more support; Q4)		
- Already getting support from HEWs	1	8
- Infant and young child feeding (absence of food)	1	8
- We need advanced topics /new topics	1	8
- Community needs to be oriented by new face like CARE staff to be motivated or encouraged at on quarterly basis	5	42
- Programs need to engage husbands	1	8
- Home gardening need practical support and inputs	3	25
- Don't need support	2	17
(Motivation reasons to be a volunteer group leader)		
- Because I faced problems when I was pregnant	2	17
- Sharing information and supporting mothers makes me happy	2	17
- To get knowledge and apply to my family		
- I am not employed	3	25
- The Improvements in maternal and child health makes me motivated	1 1	8 8
- I am elected because I can read and write	3	25
- Because I am outspoken and socially active	2	17
- Motivated by the overall changes in the community	2	17
Who is your supervisor?		
- Community facilitator (CF)	5	42
- Health Extension workers (HEWs)	1	8
- Both	6	50
Frequency of meeting with supervisor (Q7)		
Health extension workers (HEWs)		
- < 1 month	2	17
- Monthly	5	42
- Quarterly	0	0
- Not regularly	0	0
Community facilitators (CFs)		
- < 1 month	3	25
- Monthly	3	25
- Quarterly	0	0

- Not regularly	6	50
Attend (quarterly or monthly) meetings with supervisor (Q8) - yes - No	 12 0	 100 0
Meetings are useful (Q9) - yes - No	 12 0	 100 0
Ways or areas group leaders need to be more supported(Q10) - Organize refresher training for group leaders - Regular supportive supervision - Prepare and distribute clearreporting tools - Give additional telephone airtime support for communication - Attendance of CARE staff& HEWS in addition to group leaders during group discussions - Give calculator for saving money management - Revise M2M discussion manual and include additional topics and more pictures - Organize regular review meetings with CF - Provide note book for M2M group discussion attendant mothers who can write - Prepare certificates of experience for group leaders working at N@C - Recognize model M2M group members who performed better - Recognize model M2M group leaders who performed better - Have similar program for husbands to become cooperative with wives - Avail access to loan for M2M groups to engage in income generating activities (IGA) - Supply agricultural inputs/provision of chicken/sheep for M2M members - Training forM2M members - Home garden demonstration	 9 4 1 1 5 2 2 1 1 1 1 1 1 2 2 1	 75 33 8 8 42 17 17 8 8 8 8 8 8 17 17 8

Table 9: Summary of community leader data (N=14)

Variables	N	%
Heard of "Nutrition at the Center" before today (Q1)		
- Yes	14	100
- No	0	0
Activities SAA leaders at N@C do in the community (Male=8, Female-6)		
- Infant and young child feeding & maternal nutrition	8	
- Women empowerment and gender equality	8	
- Saving and minimizing unnecessary expense	10	
- Maternal health and nutrition	6	
- Food security	5	
- Hygiene and sanitation awareness creation activities	3	
- Follow up and technical support for SAA groups	1	
- Harmful traditional practices (HTPs)	5	
- Provide training for SAA	1	
Impact or progress or improvement N@C activities are having in the community (Q3)		
- Mother grouped stated solving problems within HH and in the community	1	
- Women empowered and men started to support their wives on certain activities	7	
- Improved awareness and utilization of maternal health service (institutional delivery, use of IFA etc.)	7	
- Saving and taking loan from group and other income generating activities (small scale trading such selling bread, 'injera', soft drinks, 'tela', etc.)	5	
Minimizing HTPs		
a. HTPs related excessive expense for wedding and funeral ceremony	5	
b. HTPs related to child and pregnant mother feeding	2	
c. Decreased early marriage & genital cutting	2	
- Improved infant and child feeding and child health	4	
- Improved hygiene practice (handwashing before feeding children and after defecation, HH water handling , latrine use)	7	
- Productivity improved	3	
What do you think has <u>not worked well</u> in regards to N@C's program or activities? (Q4)		
- Everything is on track	4	
- Coverage (didn't reach all kebeles in the woreda and all people in the kebeles)	4	
- Some families didn't show behavioral change	4	
- Seed supply is not well addressed	1	
- CFs didn't attend SSA group meeting	**1**	
- The guideline is not updated /lack of information	**1**	
- Absence of loan system from CARE	1	

How do you think N@C could better work in your community? (Q6)		
1. Strengthen continuous awareness raising program	1	
2. Strengthen saving program by continuous follow up and encouragement	2	
3. Provide stationary materials for community leaders	1	
4. Close follow up by CARE/CF	1	
5. Experience sharing form the best performers	1	
6. Refresher training for community leaders	2	
7. More support on community mobilization by CARE	1	
8. It is good if communities in other localities get the service	1	
9. Calling meeting frequently and encouraging people to change unwanted social norms	1	
10. Capacity building and monitoring on saved money	1	
11. Give formats for expense or collection of money	1	
12. To continue the work and further improve the outcomes support and frequent visit from CARE staff.	1	
13. So someone from care should come and give orientation t our members so that it will reinforce what we say and the community will have more trust on us.	1	
14. Monitoring and follow up by regional and woreda government officials (joint SS)	1	
15. Need additional staff from CARE to reach al kebeles	1	
16. Reach and focus on quality	1	
17. Give agricultural supplies and other inputs such as chicken , sheep	1	

Table10: Summary of field staff interview (N=6)

Question	**N**	**%**
Current position within N@C-		
- M & E	1	16.6%
- Community facilitator	3	50%
- Program officer	2	33.3%
Key successes of N@C program		

M2Mgroup related success - Increased assertiveness of woman - Accessing mothers in the reproductive age group through M2M group - Maternal willingness and motivation to participate in M2M groups - Woman participate in community meetings due to husbands participation in SAA group discussions - Improved infant and young child feeding awareness and practices - Increased M2M group cohesiveness - Knowledge and use of maternal health service improved - Improved awareness and practice on nutrition for pregnant and lactating woman - Mothers started to save & participated on IGA activities - Woman empowered and gender equality ensured (males started to share HH role) - The coverage of the program is encouraging - HTP like early marriage deceased - Excessive expenses related to funeral ceremony and wedding minimized	1 1 1 2 3 1 2 2 1 1 1 1 1	
Top two things that have contributed to these key successes - Alignment with the government priorities and structures such as HEWs, health development army/ development team, 1 to 5 net working. - Using standard manual for training and M2M group discussions - Homogeneity of the M2M group discussions - Practical demonstrations for food preparation facilitated skill transfer - Coordination and collaboration created multiple government sectors - Using experiences from previous CARE projects - High attention given to nutrition by government	5 1 1 1 2 1 1	
Things that have not worked well? - Limited supportive supervision by CF die to shortage of staff and transport mechanisms - Limited engagement of government staff due to competing priority - Wash is lagging behind compared to other N@C program components - Lack of coordination and integration within CARE	6 2 2 2	
What needs to be improved or done differently : **Communication& transportation** - The main communications means should be email so that every communication will be documented and people will be held accountable for all the messages and actions taken with it. - Staff reported shortage of transport and it needs to be improved –system designed or fleet management should go to woreda level - There should be regular time frame for joint SS - Project reporting and documentation needs to be improved at all levels - There should be integration and coordination between CARE projects - Inadequate telephone communication allowance for field team **Management** - # of field staff and resource should consider the scope of work	2 1 1 1 2 2 1	

- Improvement in needed human resource skill mix related to the project at lower levels	1	
- Portfolio management style overwhelmed the staff at woreda and zone	1	
- Coordination between different CARE projects is weak especially pooled logistics management system	1	
- Gap in planning and proper scheduling of program at various levels	1	
Technical support		
- Lack of in-depth nutrition specific knowledge by staff	1	
- Competing priority by government staff	3	
Activity Design (implementation)		
- Existing scope of project doesn't match with available # of staff and logistics at lower level (should have followed phased strategy)	1	
- M2M group discussions need to be accompanied by practical demonstrations	1	
- M2M group discussion participants need to be given nutrition related supplies after awareness creation	1	
- Next steps after finishing the manual need to be considered and addressed	1	
- Exit strategy of the project need to be well designed and shared to N@C staff	1	
- Multiple projects expected to be executed at once	1	
Monitoring		
- Absence of planned Joint monitoring visit with stakeholders at grass root level	4	
- So far there is no formal review meeting for all care staff working under the N@C project. It would be good to have regular and frequent review meeting	2	
- Feedback mechanism and documentation of project activities	1	
- Integrated monitoring systems need to be instituted	1	
- M & E activities should be strengthened	1	

Table 11: Summary of sector organization data (N=1)

Question	N	%
Q 4 One of the main strategies of N@C is to reach **mothers through support groups**. How effective is this strategy? 1. **Very effective** 2. Moderately effective 3. Neither effective nor ineffective 4. Moderately ineffective 5. Ineffective 6. Unknown / not able to say at this time	1	100%
Q5 How relevant do you think the current N@C work is to improving nutritional and health outcomes?		

1. **Very Relevant** 2. Moderately Relevant 3. Neither relevant nor irrelevant 4. Moderately irrelevant 5. Irrelevant 6. Unknown / not able to say at this time	1	100%
Q6 How effective has N@C been at **coordinating with stakeholders/peer organizations**? 1. Very effective 2. Moderately effective **3. Neither effective nor ineffective** 4. Moderately ineffective 5. Ineffective 6. Unknown / not able to say at this time	1	100%
Q9 How do you think better coordination or communication can be achieved between different sectors? - Through joint planning among sectors at all levels (region, zone, woreda levels) to address gaps and avoid also overlapping activities - Through JSS and experience sharing. - Expanding sectoral participation (include other relevant sectors in the partnership and integration like education etc) - Conducting more sensitization workshops among different sector organizations and peer organizations	1	100%

Table12: Summary of peer organization data (N=2)

Question	N	%
Q1 Which areas do you think N@C has been most effective at reaching the program goal? - Infant and young child feeding & maternal nutrition - Women empowerment and gender equality - Saving and minimizing unnecessary expense - Maternal health and nutrition - Food security	2 2	100% 100%
Q1b What specific aspects of social and behavior change communication has been effective? - Awareness creation, trainings through demonstration & effective follow up and provision of technical support to the community members to practice at their fields	2	100%

or households but CARE N@C to apply all these aspects in all areas		
Q1c. Which areas do you think N@C needs to improve to successfully reach its program goal? 1. Since there was no joint supportive supervision conducted to support the program at lower levels so far, this need to be initiated 2. There is lack of experience sharing forum except the monthly review meetings. This is not adequate for each project or peers and sector organization to share their best practices in this forum. Therefore, there is a need to document their best practices and share it with broader stakeholders. 3. There is the need to strengthen other sector participations in the regional and zonal partners forum such as education, cooperative sector s 4. Since the CARE N@C project is limited in only two (2) woredas, it should expand into other food insecure woredas and kebeles (both in terms of scope and depth) to bring impact in the region	2 1 2 2	100% 50% 100% 100%
Q8 What do you see as a success of N@C so far? 1. M2M group related activities (IYCF and SVLA) 2. SAA group related activities	2	100%
Q9 How do you think better coordination or communication can be achieved between different sectors? 1. Through joint planning among sectors at all levels (region, zone, woreda levels) to address gaps and avoid also overlapping activities 2. Through JSS and experience sharing. 3. Expanding sectoral participation	2 1 1	100% 50% 50%

Table 13: Summary Government officials data (N= 9)

Question	N	%
Q1 What is your current position/role? - WoredaHygiene and sanitation officer - Woreda nutrition and child officer - Zonal maternal and child health officer - Agricultural core process team leader	 1 1 1 2	 11 11 11 22

- Women and youth mobilization & participation officer - Agriculture, early warning expert	3 1	33 11
Q2 Has N@C influenced the work you do? - Yes - No	 9 0	 100 0
Q3 Do you engage and collaborate differently with other sectors as a result of N@C? - Yes - No ***If yes, examples*** - Participated in the community trainings - We collaborate with school teachers, HCs and women association - All sectors engage with women development groups - Became Sensitive to nutrition more than ever - I engage and provide fast responses and supports for others with whom I am working - Our communication with CARE is excellent. We have joint plans in areas where health is a focus - It has helped us to improve our communication and collaboration with other sectors. For example during M2M training all sectors were engaged and we went to field together. That partnership improved our collaboration and it continued. Before N@C sectors didn't have communication and didn't have experience of working together. But after that we are even staring to have joint report for zones in areas of women development army number (office of women and children) - Because of the program we have created a steering committee composed of woreda health office, agriculture office, women and children office, water and sanitation office. So that helped to collaborate with other nutrition sensitive sectors	 9 0	 100 0
Q4 Do you engage and collaborate with community members differently? - Yes - No	 9 0	 100 0

If yes, examples - Yes we do through the HAD and HEWs - Yes we use the government structure and the N@C group leaders and members which are helping us to implement our HAD initiative - Yes we use the government structure and the N@C group leaders and members which are helping us to implement our programs - We collaborate with different sectors in preparing joint plans - Woreda level HTP committee - We give various training to community members on nutrition to as a result of N@C program - We collaborate review committee meetings at regional and woreda levels Who are partners that N@C could engage with to increase impact in the communities? - HTP committee - Red Cross Association - Woman development groups - School nutrition clubs - Schools community –children, teachers - Government bodies such as agri, women and children, Woreda health offices - As far as I know all relevant government sectors offices are included in the steering committee and CARE Ethiopia is part of it as well - As far as I know all government sectors offices are included in the steering committee and CARE Ethiopia is part of it as well. All NGOs that work on nutrition are also included such as Save the Children, Integrated family health programs	1 2 3	