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together for children

PLAN INTERNATIONAL ETHIOPIA

FINAL EVALUATION OF COMMUNITY- LED ACTION FOR CHILDREN PROJECT IN WOREDA 12 AND 14 OF YEKA SUBCITY, ADDIS ABABA

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ACRONYMS

ABE	Alternative Basic Education
BA	Bachelor of Arts
BSc	Bachelor of Science
CBO	Community Based Organization
CCCD	Community Based Child Care and Development
CLAC	Community Led Action for Children
CSP	Child Sponsorship Program
DAC	Development Assistance Committee
ECCD	Early Childhood Care and Development
ECCE	Early Childhood Care and Education
ECE	Early Childhood Education
ELP	Early Learning Program
ETB	Ethiopian Birr
FGDs	Focus Group Discussions
GoE	Government of Ethiopia
GSBM	Gemsol Social Business Management Consult
HH	Household
IGA	Income Generating Activity
KAP	Knowledge Attitude and Practice
KGs	Kindergartens
KII	Key Informant Interview
MCMDO	Mother and Children Multi-sectoral Development Organization
MOE	Ministry of Education
NCE	No Cost Extension
NGOs	Non-Governmental Organizations
PIE	Plan International Ethiopia
SHGs	Self-Help Groups
SMART	Specific Measurable Achievable Realistic and Timely
SPSS	Statistical Package for Social Sciences
VSLA	Village Savings and Loans Associations
WASH	Water Sanitation and Hygiene

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We heartily extend our gratitude to the management, the concerned program Coordinators and advisors in PIE, the management and technical staff in MCMDO for their unreserved supports, for the valuable data and information furnished to us.

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Above all, we are much indebted to all the project beneficiaries and community members in the study areas, whose contributions were so invaluable that we have learned a lot from their rich experience.

EXECUTIVE SUMMARY

Currently, in Ethiopia, children under five years comprise the largest age group. There are approximately 10 million children zero-to-three years of age and 7 million children four-to-six years of age. Children in Ethiopia face many challenges: High morbidity and mortality of children under 5 years of age; high rates of food insecurity; high HIV prevalence among female youth; poor access to pre-primary education and low completion rates of primary school particularly among rural girls. Furthermore, there is a high prevalence of child labor, female genital mutilation and sexual violence against children. Additionally, traditional gender roles prevent girls from equal participation, as girls and women are still perceived as having a lower status in the community. Children with disabilities are largely excluded from education¹.

In cognizant of the above context, Plan International Ethiopia (PIE) in partnership with Mothers and Children Multisectoral Development Organization (MCMDO) implemented a project entitled, “Community Led Action for Children” (CLAC) using Early Childhood Care and Development (ECCD) Centers approach. The project was implemented among 10 high poverty communities in Woreda 12 and 14 of Yeka Sub-city, Addis Ababa. The project duration was for a total of 32 months, from November, 2016 to June, 2019, including 8 months of No Cot Extension (NCE).

The project implementation was finalized at end of June 2019. PIE commissioned consultants to undertake the final evaluation of the project. The selected consultants undertook field assessment in October 2019 and produced this evaluation report in the same month 2019.

The **general objectives** of the evaluation was to collect, analyze, document and share the achievements of the project results as per the set objectives and outcomes, document the lessons learnt, limitations and challenges encountered and forward recommendations for future design and implementation of similar projects in a better way so as to improve sustainability of benefits and aid the overall enhancement of PIE’s ECCD programming.

The evaluation employed an empirical research methodology and relied on cross-sectional study design. It relied on quantitative and qualitative data collection approaches and tools for the collection and analysis of primary and secondary data.

The quantitative HH survey component relied on beneficiary survey and sample size determination procedure that causes the least sampling error and helps to control systematic bias. Thus, applying an appropriate sample size determination formula, a total of 422 sample respondents were selected and interviewed. The given sample size (422) were distributed to the 4 study centers based on proportion of population and selection of each respondent from each center were made randomly from beneficiary list. Analysis of data were also made by highly experienced professionals based on the themes, topics and indicators of the project. OECD DAC evaluation criteria were also employed to measure key indicators based on evaluation.

In addition, the evaluation adopted qualitative approach and data collection tools including 8 FGDs were conducted with project target beneficiaries in the sample kebeles and a total of 82 (20 male and 62 female) discussants took part in FGDs across the entire study areas. A total of 13 KIIs involving 13 participants were facilitated. To augment the quantitative and qualitative approaches, document review and secondary data collection were done at different stages of the study.

The major findings of the evaluation are:

The socio-demographic characteristics of the study participants revealed the following data: The gender composition of the respondents was 83% female and 16.1% male. The overwhelming majority (97.6%) of the

¹ Project Proposal for Community Led Action for Children, PIE, October 2016, Addis Ababa, Ethiopia

respondents were in the reproductive age group (20-49 years of age) and 99.5% were in productive age group (20-60 years of age) and active enough to take part in productive economic activities. 77.7% of the respondents were married, 11.4% were divorced, 6.6% were widowed and 4.3% were single or never ever married at the time of the survey. Well over half (58.1%) of the survey respondents have ever attended school. A significant proportion (41.9%) of them reported that they have never ever attended a formal school and most likely can't read and write. The total family size for the 422 respondents was 1970, of which 49.4% were male. The average family size of the 422 respondents was 4.7 individuals.

The great majority of the respondents were found to have improved knowledge and positive attitude towards early childhood care and development issues. The overwhelming majority (99.5%) of the respondents thought that stimulation and interaction with babies including the newborns are important. Another overwhelming majority (98.1%) indicated immunization of babies during the first year is important, 96.4% thought that playing with babies including the newborns is as important as feeding, 92.9% thought exclusive breast feeding a baby during the first six months is essential and 90.8% said babies could feel while in womb. 66.4% of the respondents said babies can see at birth, 64.5% indicated babies can hear at birth and 57.6% said that babies start thinking three months after birth.

All the respondents felt that adequate or inadequate early childhood care, development and education would have key influences on the later success or failure in life for children. Again, all the respondents synonymously agreed on the possibility of instilling self-confidence in children.

Respondents' knowledge regarding who should be responsible for upbringing and development of children within a household was assessed. Accordingly, well over two third (72.3%) indicated it is the responsibility of both the mother and father for upbringing and development of children. The remaining 18% said it is the responsibility of mothers only and 9.7% indicated it should be the responsibility of father only. Those who said mothers only were most likely referring to the close attendance and more affection that mothers give to their children and those who said father only were most likely referring to the vital roles that fathers play in household bread winning in Ethiopian context.

Using Likert scale model, the survey assessed whether or not respondents consider the roles of community and government as important as that of parents in care and development of children. Accordingly, 70.6% of the respondents strongly agreed and 28.2% agreed that community members and government have as important roles as parents in upbringing and development of children.

A multiple response question regarding the most important early childhood care and development practices was administered to assess the knowledge and attitude of respondents and the findings established the existence of enhanced knowledge and positive attitudes. Accordingly, the majority (87.9%) considered keeping children clean, 83.6% considered playing with children, 82.2% reported immunization, 81.3% indicated exclusive breast feeding, 79.1% considered regular feeding and 73.9% considered interaction and stimulation as the most important early childhood care and development practices.

The study assessed the household members who actually undertake care for Children (0-8) years of age whenever such a person is in a household. Accordingly, well over two third (72.3%) respondents said that both the mother and father provided care when a child in that age is in the household. A bit under one fifth (18%) said mother only provided care and the remaining 9.7% said it is the father only who provided care for 0-8 year of a child in the household. The care provided by father only was mostly likely due to the absence of a mother due to separation, divorce or death.

The majority of the children (72.8%) were fed and cleaned by mothers only. It is only 18.2% of the respondents who reported that both the mother and father take part in the cleaning and feeding of children. 9% of the

respondents indicated it is fathers only who feed and clean children. As above, the fathers most likely were forced to feed and clean children alone due to the absence of the mothers.

The household survey has examined the earliest age children were able to get enroll in ECCD centers. Accordingly, the result indicates that, of the total 417 parents who enrolled their children in ECCD centers, the overwhelming majority 82% of the parents were able to enroll their children in the ECCD centers at the age of 4 years. Close to 14% parents were able to enroll children at the age of 5 years. As few as 1.2% and 2.9% of parents enrolled children at 6 and 7 years of age respectively

65% of the parents and guardians reported that their children were able to read and write at 6 years of age, 30.7% of the parents and guardians stated that their children started reading and writing at 5 years of age. As few as 2.4% and 1.9% of the parents reported that their children have developed reading and writing skills lately at the age of 7 and 8 years respectively. The result of the survey leads us to conclude that the earliest ages for the majority of the children were able to read and write between 5 and 6 years provided that enrollment is made at 4 years of age.

Attempts have been made to understand the attitudes and perception of respondents towards the services of the centers and progress of early childhood education through the Likert scale model. The survey results show that the overwhelming majority strongly agreed and agreed with the statement which say: the ECCD centers setup helped children to feel confident, children were safe at ECCD centers, children's behaviors managed effectively, the staff in the ECCD centers know the children as an individual and children have made good progress at the centers.

With regards to community involvement in the functions of the ECCD centers, Over 99.9% of the respondents reported that they believed the ECCD centers have effectively engaged them in relation to their child's learning, 98.3% of the parents believed that the centers took their views into account when making any changes, 97% reported that they had close involvement in the ECCD centers and know about their child's educational progress and 95% said that they have received regular and helpful feedback about their children.

Of the total 422 respondents, 95.7% of them reported benefiting from the livelihood improvement supports provided by the project. The livelihood improvement supports included participation in group saving, provision of improved vegetable seeds and poultry. Of the total 404 livelihood improvement participants, the majority were from Bore (38.9%), followed by 25.6% from Demeka, 23% from Adama and 8.3% from Gebriel.

Of the total 404 respondents supported by the project for livelihood improvement, 69.3% were able to engage an IGA of their choice. Most of the IGAs that the respondents engaged in were related to the supports provided by the project in one way or the other. About one fifth (21.4%) of the respondents engaged in **gulit**, 18.9% engaged in kiosk/shop keeping, 14.6% were engaged in coffee and tea selling, 13.2% each engaged in **balitina** and injera selling, 9.3% sold vegetables, and as few as 3.2% engaged in grains trading.

All the 280 IGA participants were asked to estimate their average monthly income before and after their engagement in the IGAs so as to estimate average income improvement. Accordingly, the average monthly income generated per participant before starting IGA was **ETB 76.00**. On the other hand, the average monthly income per participant after starting IGA was estimated at **ETB 1,098.00**. The comparison between the average monthly income before and after IGA shows an increase of over **14 folds** after engagement in an IGA. Of the total 280 respondents who are undertaking livelihood improvement initiatives, 88.9% reported improvement in their living conditions, 11.9% reported the existence of no change while none of them reported deterioration in their livelihood situation.

By taking into consideration the different evaluation criteria and key questions, the evaluation findings attested that the project was relevant and appropriate to the needs and priorities of the areas. The project has registered

different impacts on which the next phase of the project and other similar project and program interventions can build on. The evaluation findings established the achievement of good results in areas of improving knowledge, attitude and practices in the areas of parenting education as well as early childhood care, development and education. Furthermore, the evaluation has pinpointed some lessons learned as well as internal limitations and external challenges that the project encountered during the implementation process.

In conclusion, based on the findings, the evaluation has come to unequivocal conclusion that the design and implementation of this project was worth undertaking. The project could be model intervention that can serve as basis for expansion, scale-up and replication of efforts for enhancing knowledge, awareness and leading to changes in behavioral and practices towards improving early childhood care and development, ensuring livelihoods and food security and nutrition for children and other family members.

Based on the evaluation findings and conclusion, the evaluation recommended the following key points:

- *PIE, MCMDO and the funding agency are advised to continue the early childhood care and learning services provided in the ECCD centers, at least for the coming three years.*
- *Along the provision of early childhood care and learning services, PIE and partners are advised to strengthen partnership and lobbying the government to further draw attention to the problem, undertake intensive community mobilization and local fund raising to establish community managed ECCD centers and alternative basic education facilities at strategic locations.*
- *PIE and MCMDO are advised to approach the zone and woreda education offices and other relevant sector offices, organize round table discussion and consensus building as soon as possible.*
- *PIE and MCMDO are advised to strengthen the livelihood promotion wing of the project. Strengthening the current groups on the principle of Self-Help Groups (SHGs), consolidating group solidarity among members, vocational and entrepreneurship training, building financial base of the groups for better loan access, close follow-up and technical and advisory supports for business success and loan repayment are recommended.*
- *Thus, PIE and its partners are advised to conduct baseline study for the next phase of this project and any other interventions prior to commencement of implementation.*
- *PIE and its partners are advised to develop standalone phase-out/exit strategy for the project in its next implementation phase and other similar projects in the future.*

1. INTRODUCTION

Plan International Ethiopia (PIE) in partnership with Mothers and Children Multisectoral Development Organization (MCMDO) implemented a project entitled, “*Community Led Action for Children*” (CLAC) using Early Childhood Care and Development (ECCD) Centers approach. The project was implemented among 10 high poverty communities in Woreda 12 and 14 of Yeka Sub-city, Addis Ababa. The project duration was for a total of 32 months, from November, 2016 to June, 2019, including 8 months of No Cot Extension (NCE).

PIE desired to conduct the final evaluation of the project and floated consultancy announcement to hire qualified and experienced consulting firm in a competitive bidding process. **GEMSOL SOCIAL, BUSINESS & MANAGEMENT (GSBM) CONSULT** has been commissioned to undertake the evaluation and contract agreement was signed and field assessment was conducted in the month of October, 2019. The evaluation report was produced in the same month.

Thus, this is the evaluation report divided into nine sections. An executive summary, which precedes this introduction section, summarizes the whole report. Section one introduces the contents of the report. Section two is concerned with detail background and provides a brief back to early childhood education, a brief explanation to PIE’s ECCD approach and a brief description to the project under evaluation. Section three provides the results of document review and summarizes key points from relevant documents.

Section four summarizes the evaluation general and specific objectives and section five presents a brief description of the analytical framework of this evaluation. Section six provides detail description of the evaluation methodology. Section eight presents the quantitative and qualitative findings and presentation of the study. Section eight summarizes conclusion and recommendations, while section nine which is the final part of the report consolidates all the annexes.

2. BACKGROUND

2.1. Early Childhood Education: Overview

The Government of the Federal Democratic Republic of Ethiopia recognized the fundamental importance of early childhood care and education for the development and wellbeing of the Ethiopian population. Thus, the government formulated the Early Childhood Education (ECE) Policy framework, which is initiated with collaboration of the Ministry of Education, Ministry of Health and Ministry of Women and Child Affairs.

The ECE aims at developing a holistic and comprehensive approach to policies and programs for children from prenatal to seven years of age, their parents, as well as caregivers. The government aspires to work towards giving children in Ethiopia a healthy start in life; establishing and supporting a stimulating environment for developing their talents, as well as empowering children to become caring and productive citizens.

Currently, the government, private owners, NGOs, communities, and religious organizations are running ‘0’ class, child to child and kindergarten programs and playing their part in educating children (MOE, 2016). However, the enrollment of young children in early childhood education is still negligible compared to the number of eligible children even after the introduction of ‘0’ class and child-to-child programs.

The major challenges of the Ethiopian ECE are environment and physical space, curriculum content and pedagogy, early childhood educators and caregivers, partnership with families and communities and access to young children with special needs. In order to improve the practices, the future preschools of Ethiopia should work towards having (1) philosophies and goals, (2) quality physical environments, (3) developmentally appropriate and effective pedagogy and curriculum, (4) attention to basic and special needs, (5) respect for families and communities, (6) professionally prepared teachers and staff, and (7) rigorous program evaluation².

2.2. PIE’s Early Childhood Care and Development (ECCD) Approach

The goal of all Plan International supported ECCD programs are to “Improve quality and practices of early childhood care and development, and primary Education”. PIE’s approach to ECCD is based on the four Cornerstones to Secure a Strong Foundation for Young Children, a globally accepted, rights based conceptual framework for ECCD programming and advocacy developed by the Global Consultative Group for Early Childhood of which Plan International is a core member³.

² *Early Childhood Education in Ethiopia: Present Practices and Future Directions, The Ethiopian Journal of Education Vol. XXXVI, No. 2, Fantahun Adams, December 2016*

³ *Project Proposal for Community Lead Action for Children, PIE, October 2016, Addis Ababa*

PIE's ECCD approach adjusts to the culture, language, as well as unique context of the communities in which it is implemented, supports communities to play an active part in deciding what is best for children and builds capacity of duty bearers (communities, caregivers, parents, teachers and different levels of the government) to support the care that children need for their growth and development. Further, the ECCD ensures that children are raised in a nurturing and stimulating environment, are healthy and prepared for formal school. The organization works towards provision of ECCD through demonstrating models of low-cost, community managed early learning programs; encourages working in partnership, and supports learning through research⁴.

Local communities will be mandated to run the ECCD and directly involve parenting groups through their democratically elected representatives such as Centre Management Committees. The entire community is also involved in following up the program through community parenting (and), ECCD center days and annual reviews and planning programs. Thus, Children will exercise leadership and constitute/obtain/attain/institute important values through their peer groups and child to child programs⁵.

2.3. A Brief Description of Project Under Evaluation

PIE and MCMDO implemented “*Community Led Action for Children*” (CLAC) *Project* using Early Childhood Care and Development (ECCD) Centers approach. The project was implemented among 10 high poverty communities in Woreda 12 and 14 of Yeka Sub-city, Addis Ababa. The areas are known by lack of basic infrastructure, particularly with serious absence of health facilities, primary and Early Learning Program (ELP), roads, electricity and safe water. The project was implemented from November 1, 2016 – October 30, 2018 as agreed on project period and from November 1, 2018 – June 31, 2019 with No Cot Extension (NCE) period.

The project targeted 2870 children aged 0-8 years of age and 773 parents and guardians. A total of 171 people composed of ECCD center facilitators, early grade teachers, government experts, lead parents, center management committees and front-line staff of implementing partners and other civil societies also benefited directly from the project.

The project aimed at promoting and establishing learning opportunities and environment which nurtures productive citizens, who will eventually contribute to the community's long term economic, social and political environment. The Ethiopian Education system was expected to benefit from this project by meeting its commitment to supporting children get a strong early life foundation and thereby granting all possible opportunities and friendly environment for girls and boys.

The project had one overall objective, four specific objectives and corresponding outcomes and

⁴ *Ibid*

⁵ *Ibid*

immediate outcomes. The detail logical flow and interconnection of the overall objective, specific objectives, outcomes and intermediate outcomes are illustrated in **Figure 1** below:

Figure 1: Project logical flow

Overall Objective: To create an effective, inclusive and holistic ECCD for Children (birth to 8 years of age) in targeted communities so as to enable them learn and develop to their full potentials.

Objective 1: Parents and guardians take action to improve the development (including care, learning, and protection) of children birth to 8 years.

Outcome 1: Parents offer nurturing and affection needed for the optimal development of the child and develop better child rearing practices.

Intermediate outcomes:

- Parents and primary care givers are more knowledgeable on child development and positive parenting;
- Parents and primary caregivers' participation in child wellbeing programs including pre-school and primary school services increases;
- Parents and primary caregivers demonstrate improved practices in the rearing of their children;
- Parents and Primary caregivers' capacity to work as a team to make improvements in broader community for all children is enhanced;
- Parenting facilitators lead parenting education effectively;
- Organizational capacity, training, materials, and programs developed for parenting education.

Objective 2: Children, aged 4 to 6 years, living in the target areas participate in quality and inclusive early learning programs that promote the development of physical, cognitive, social, emotional, and language skills.

Outcome 2: Children participating in early learning programs acquire foundational skills that contribute to their long-term performance and success in primary school.

Intermediate Outcomes:

- Disadvantaged children are enrolled in the early learning program;
- Children enrolled in the early learning program acquire school readiness skills,
- Children enrolled in the early learning program transfer to primary school at Appropriate age.
- Pre-school effectively use new learning tools and methods
- ECCD centres established and properly are equipped with learning and play materials to support early learning for vulnerable children.

Objective 3: Effective school and community supports are in place to ensure successful transitions to primary school.

Outcome 3: All targeted children (7-8 years) enrolled in grades 1 and 2 complete and graduate successfully to consequent grades.

Intermediate Outcomes:

- Children enrolled in lower grades attend regularly in all targeted schools;
- Children participating in lower grade classes complete and enrol in next grades;
- Linkage between early learning centres and primary schools strengthened;
- Teachers, principals, and facilitators are trained and effectively support primary School transition.

Objective 4: Government and non-government actors in ECCD work in partnership to ensure the development and protection of children at community, district, region, and national level.

Outcome 4: Increased action, coordination, and collaboration among government and NGOs to promote ECCD at community, district/sub-city, region and national level.

Intermediate Outcomes:

- Government and NGO partners regularly share new knowledge, skills, experiences and learn from each other on appropriate and effective ECCD programming
- Government and non-government partners are aware of the ECCE policy framework and other related policies and use them to guide their actions for children at community, kebele, district and national level,

2.4. Result of Document Review

The evaluation team has undertaken review of project documents, including project proposal, log-frame, the project baseline survey, annual narrative reports and other external sources. Review of internal documents has revealed the following findings:

- Project baseline was conducted in September 2014 for the first phase of the project and established benchmark data for later monitoring progress and evaluation of achievements and impacts.
- The project had standard project proposal narrative. The document contained relevant issues required for standard project proposal. It described the contexts of the project areas, analyzed needs and gaps, detailed key interventions, thematic areas and target groups. Further, the document described implementation outcomes, outputs and activities, partnership and local capacity building, coordination and communication, monitoring and evaluation plan, gender and other cross-cutting issues, risks and assumptions.
- No critical gap was observed in the formulation of project goals and objectives, defining strategies and indicators that can guide the evaluation process. The document review revealed the existence of SMART statement of project goal and objectives, outcomes and indicators.
- The document review revealed the existence of standard logical framework which is detail in guiding the implementation of the project as well as final evaluation.

4. FINAL EVALUATION OBJECTIVES

4.1. Overall Objective

The **general objectives** of the evaluation was to collect, analyze, document and share the achievements of the project results as per the set objectives and outcomes document the lessons learnt, limitations and challenges encountered and forward recommendations for future design and implementation of similar projects in a better way so as to improve sustainability of benefits and aid the overall enhancement of PIE's ECCD programming.

4.2. Specific Objectives

The specific objectives of the final evaluation were to measure/determine the:

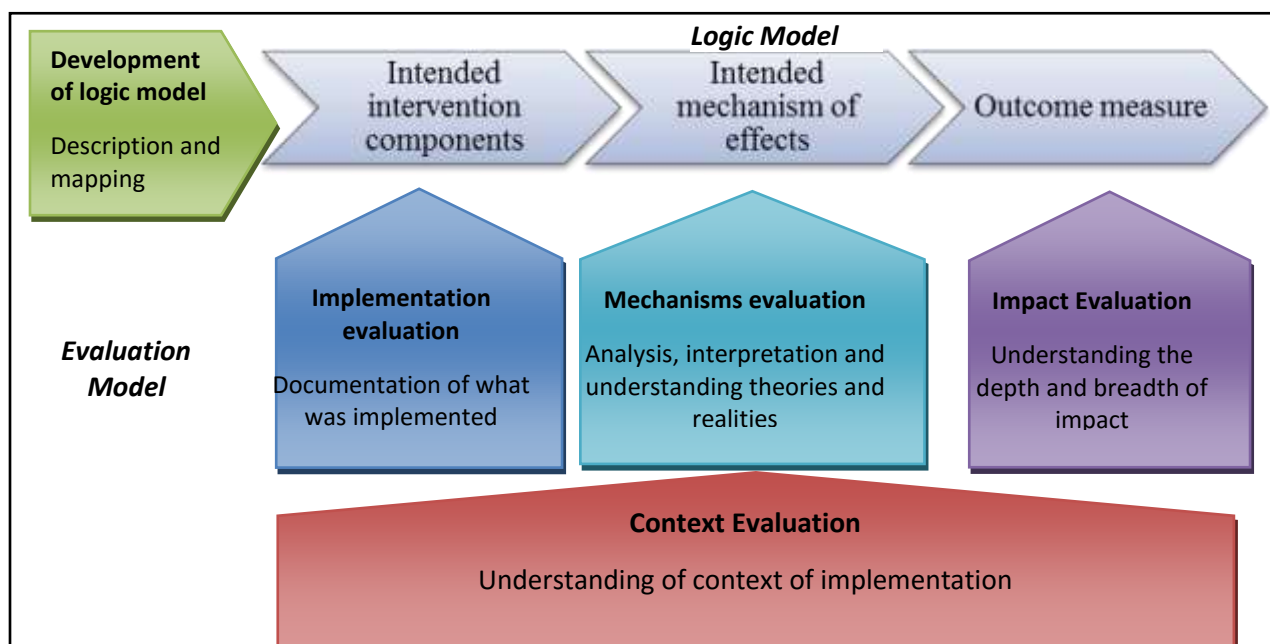
1. Achievement of outcomes and outputs of the project against stated goal, objectives and timeline,
2. Knowledge, attitude and practices of early childhood care and development among the project target population,
3. Performance level and quality of outcomes against indicators described in the lag frame of the project,
4. Availability, accessibility, quality and utilization of ECCD centers among the target children,
5. Relevance, effectiveness, efficiency, replicability, equity, impact and sustainability of the project,
6. Implementation constraints and challenges and toward recommendations for future programming.

5. EVALUATION FRAMEWORK

The evaluation adopted the ACT Consortium Guidance for Research Protocol Template. The template follows a theory-driven approach, aiming to understand what the interventions of a project or a program under evaluation was and what it did and with what effects and impacts.

The consultants made utmost efforts to understand the project actions by mapping out the intended interventions and contrasting this with the realities of implementation on the ground and local interpretations of intervention effects, as well as interpreting contextual influences and assessed impacts within and outside of the intended consequences of the interventions. Thus, the evaluation followed the visual representation analytical framework depicted in the **Figure 2** below:

Figure 2: Visual Presentation of the Evaluation Analytical Framework



The above analytical framework relied on the project's result framework. The approach enabled the evaluators track the linkages between the inputs, activities, outputs, the project effects (objectives), indicators and impact (goal) and establish causal relationships between the different levels of objectives.

6. METHODOLOGY

A cross sectional study design that relies on both quantitative and qualitative data collection and analysis techniques was employed. Structured survey was used to gather quantitative data from beneficiary households with children under 8 years of age. Also, qualitative data were collected through KIIs, FGDs and observations. Both the quantitative and qualitative data were augmented by review of project documents and other secondary sources.

Sample respondents for the quantitative data were drawn from parents of the 2870 targeted children. The evaluation assessed the physical, cognitive, emotional and language skills of selected children (4 to 6 years), gather information from the representatives of ECCD center facilitators, early grade teachers, government experts, lead parents, center management committees and frontline staff of implementing partners and other civil societies using KII, FGD and observation.

With the application of the following standard formula, the total sample size was calculated to be 384. The formula has considered 10% acceptable error (the precision), 50% reasonable estimate for the key population to be studied ($p=0.5$) and 95% confidence interval. Thus, the following formula that assumes two proportions, P_1 :(baseline) and P_2 (end line) was used to calculate the sample size⁶.

$$n = D \frac{\left[\sqrt{2P(1-P)}Z_{1-\alpha} + \sqrt{P_1(1-P_1) + P_2(1-P_2)}Z_{1-\beta} \right]^2}{\Delta^2}$$

Where,

D= design effect, which is 1 in this case

P_1 = the estimated proportion at the time of the baseline survey.

P_2 = is the size of the magnitude of change desired to be able to detect the percentage change that the project envisaged. In this case the population that the project wanted to reach at the end of project

$P = (P_1 + P_2)/2$

$Z_{1-\alpha}$ = the z-score corresponding to the probability with which it is desired to be able to conclude that an observed change of size $(P_2 - P_1)$ would not have occurred by chance; and

$Z_{1-\beta}$ = the z-score corresponding to the degree of confidence with which it is desired to be certain of detecting a change of size $(P_2 - P_1)$ if one actually occurred.

$\alpha = 0.05$ ($Z_{1-\alpha} = 1.65$) and $\beta = 0.20$ ($Z_{1-\beta} = 0.84$)

$\Delta^2 = 0.05^2$

⁶Gerstman, B. Burt. 2008. *Basic Biostatistics: Statistics for public Health Practice*. 192.

Thus, the calculated sample size of **384**, plus 10% non-response rate together made the total sample size a total of **422** respondents.

Ten high poverty communities benefited from six ECCD centers established by the project. Given the homogeneity of the centers and the study community and to make the evaluation cost effective and timely, the evaluation has included four of the six ECCD centers and six of the ten high poverty communities. Thus, the evaluation drew respondents from 4 (67%) of the ECCD centers and from 6 (60%) of the high poverty communities through simple random sampling technique. The total 422 sample respondents obtained through a standard sample size determination formula were drawn in a Systematic Random Sampling (SRS) from the list of ECCD beneficiary children and their parents/guardians. Using a Probability Proportion to Size (PPS) appropriate number of respondents were selected and interviewed across the 4 ECCD centers and communities.

Accordingly, 170 respondents from Bore, 98 respondents from Adama, 112 respondents from Demeka and 42 respondents from Gebriel ECCD Centers were covered. Project beneficiary households from high poverty communities of Bore, Michael I, Demeka, Kara, Adama and Gebriel zones/neighborhoods took part in the survey.

Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and observations were facilitated during the field level data collection. In total, 8 FGDs were conducted with project target beneficiaries in the sample kebeles and a total of 82 (20 male and 62 female) discussants took part in FGDs across the entire study areas. A total of 13 KIIs involving 13 participants were facilitated. The FGDs and KIIs were facilitated by core study team members using open ended checklists. Systematic observations of project facilities were conducted as part of the qualitative data collection.

To ensure the quality of data collection and analysis of the findings, the team has designed clear and simple data collection tools which were used after pretest. Prior to the commencement of data collection, recruitment of qualified and experienced research team members and data collectors, maximum and minimum limit was also set for the data to be collected by each enumerator per day to strike a balance between quality and individual work rate. Review and check on the collected data was also performed for feedback and corrective measures every day. Moreover, data cleaning, processing and analysis was made by a senior statistician/data manager.

Document review was conducted throughout the evaluation process. Project proposal, project log-frame, agreements with donor, annual and terminal reports of the project under evaluation, and other relevant external data and information were reviewed and analyzed.

An experienced senior data manager prepared data entry format using Statistical Package for Social Science (SPSS) program, Version 24. Experienced data entry clerks undertook data encoding. The senior data manager cleaned the data, undertook data analysis and produced tables, graphs, etc. The

quantitative data were processed and analyzed using SPSS and presented using tables, charts and graphs in the forms of frequency distributions and proportions.

During the qualitative data gathering, the consultants used voice recording devices supplemented by personal note taking. Audio recordings were listened to carefully and transcribed into Word. The study team members were responsible for the transcription of the KIIs and FGDs that they have facilitated so as to ensure familiarity with the context and ideas of each discussion. The qualitative data analysis was managed as follows: Field notes and transcripts were coded line-by-line. Individual and group opinions, descriptions, informal conversations and observations were grouped into themes.

The document review results were grouped, categorized and analyzed based on their similarities and reinforcement of each other. Document review note taking was made in a systematic way by focusing on salient features. Facts, figures and similar experience and lessons collected from different documents were grouped and assembled according to similarities for triangulation of the quantitative and qualitative data.

At report writing stage, the data management and analysis ensured the complementarities, reinforcement, mutual and supportive nature of the quantitative and qualitative data and document review findings. Synergy was maintained between the different set of data. Close tracking was made to ensure proper aggregation and linking of the data generated from quantitative and qualitative sources to maintain the completeness and quality of the report.

7. STUDY FINDINGS AND PRESENTATION

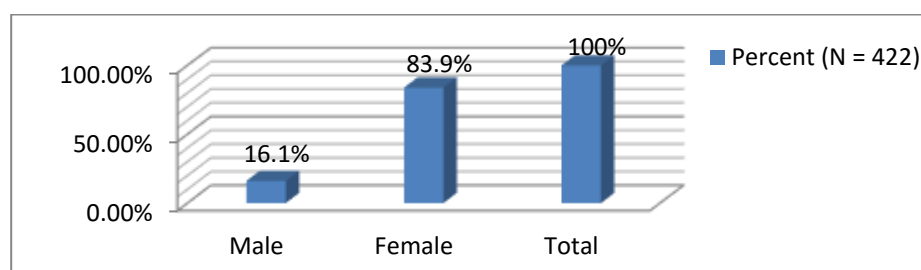
7.1. Socio-Demographic Characteristics of Survey Respondents

The socio-demographic characteristics of respondents are essential in the interpretation of survey findings, development of appropriate interventions such as early childhood care and development, livelihoods, food security, health, WASH and the like interventions. The socio-demographic characteristics collected by this survey included gender, age, level of education, marital status, family size and respondents location by ECCD centers. The findings are presented below:

7.1.1. Gender Composition of Survey Respondents

The quantitative data presented in this study are based on the views of 422 study respondents with a 100% response rate. The gender composition of the study participants was 16.1% male and 83.9% female (**Figure 3**).

Figure 3: Gender distribution of respondents



Source: Beneficiary survey data, October 2019

7.1.2. Age Distribution of Respondents

The overwhelming majority (97.6%) of the respondents were in the reproductive age group (20-49 years of age) and 99.5% were in productive age group (20-60 years of age) and active enough to take part in productive economic activities. The detail age distribution of the respondents was as follow: 34.4% were in the young age (20-29 years), the majority (61.8%) were between 30-49 years of age and as few as 3.3% and 0.5% were between 50-60 years and 61 and above respectively (**Table 1**). The minimum age of the respondent was 20, while the maximum was 63 and the mean age was 33.

Table 1: Age distribution of respondents

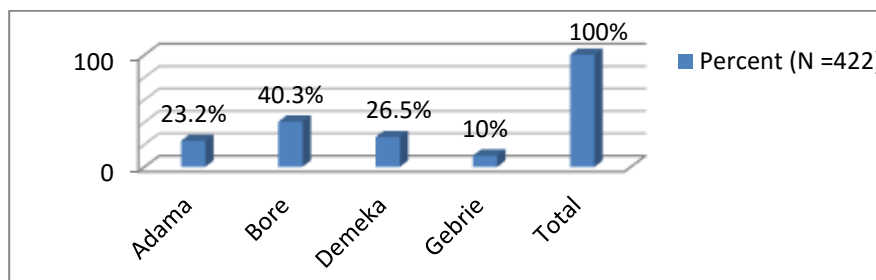
Age group	Respondents by sex (N = 422)		
	Male N (%)	Female N (%)	Total N (%)
20-29	10 (2.4)	135 (32.0)	145 (34.4)
30-49	55 (13.0)	206 (48.8)	261 (61.8)
50-60	2 (0.5)	12 (2.8)	14 (3.3)
61 and above	1 (0.2)	1 (0.3)	2 (0.5)
Total	68 (16.1)	354 (83.9)	422 (100.0)

Source: Beneficiary survey data, October 2019

7.1.3. Survey Respondents by ECCD Center

High poverty communities benefiting from four ECCD centers were covered by the study. The majority (40.3%) respondents took part in the study from Bore area, followed by 26.5% drawn from Demeka, 23.2% from Adama and 10% were from Gebrie area (**Figure 4**)

Figure 4: Distribution of survey respondents by ECCD Centers

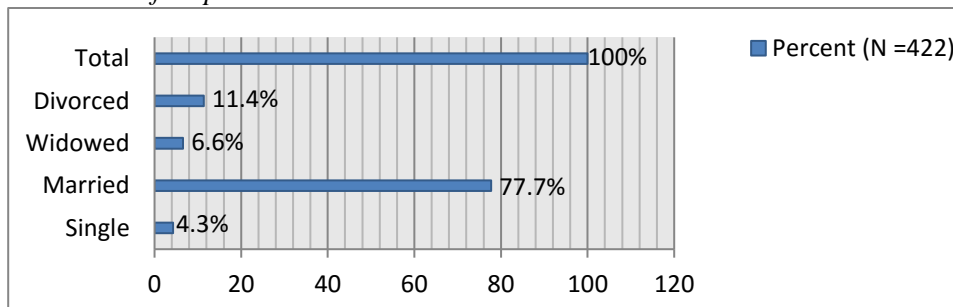


Source: Beneficiary survey data, October 2019

7.1.4. Marital Status of Survey Respondents

77.7% of the respondents were married at the time of this study. 11.4% were divorced, 6.6% were widowed and 4.3% were single or never ever married at the time of the survey (**Figure 5**).

Figure 5: Marital status of respondents



Source: Beneficiary survey data, October 2019

7.1.5. Respondents Educational Status

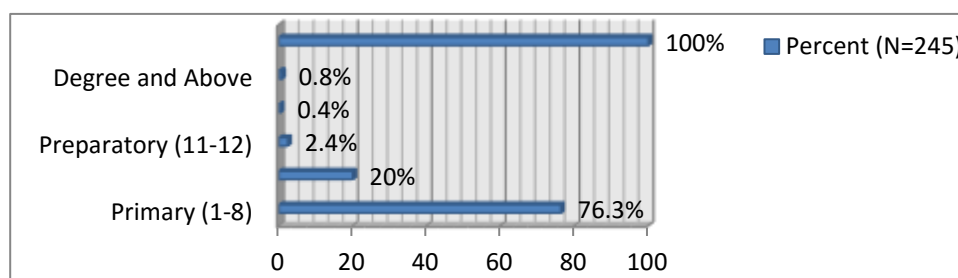
Education is an important factor in influencing an individual's attitudes and opportunities. The ability to read and write is an important asset, enabling individuals to have more opportunities in life. Knowing the distribution of the literate population can help project managers decide how to reach community members with interventions such as education and awareness raising for early childhood care, development and education, livelihood improvement, WASH and other health messages, as well as for change of behaviour and practices.

In this survey, well over half (58.1%) of the survey respondents have ever attended school. A significant portion (41.9%) of them reported that they have never ever attended a formal school and most likely can't read and write. The proportion of illiterate people among the survey respondents

is high. The presumption is that the majority of the study participants were rural-urban migrants and from low income background resulting in lack of opportunity to access formal education.

Regarding the highest level of grades attended, of the total 245 respondents who have ever attended school, over three fourth (76.3%) have attended primary education (grade 1-8), followed by 20% who have attended secondary (grade 9-10), 2.4% who have attended preparatory (grade 11-12) level of education. Only 0.4% of the respondents had diploma and 0.8% had BA/BSc level of education (**Figure 6**).

Figure 6: Respondents education status



Source: Beneficiary survey data, October 2019

7.1.6. Respondents Family Size

Household size is an important determinant of livelihood, food security, health and nutritional status and for other development indicators, because it has direct influence on household economic condition, living standard and overall welfare.

The survey assessed respondents' family size and the findings show that the total family size for the 422 respondents was 1970, of which 49.4% were male (**Table 2**). The average family size of the 422 respondents was 4.7 individuals. This average family size closely correlates to the average family size for Addis Ababa.

Table 2: Family size of survey respondents

Age group	Family size (N = 422)		
	Male N (%)	Female N (%)	Total N (%)
0-18	307 (15.6)	320 (16.2)	627 (31.8)
19-29	231 (11.7)	242(12.3)	473 (24.0)
30-50	171 (8.7)	176 (8.9)	347 (17.6)
51-60	251 (12.7)	253 (12.8)	504 (25.6)
61 and above	14 (0.7)	5 (0.3)	19 (1.0)
Total	974 (49.4)	996 (50.6)	1970 (100.0)

Source: Beneficiary survey data, October 2019

7.2. KAP on Early Childhood Care and Development

7.2.1. Knowledge and Attitude

The evaluation assessed the knowledge and attitude of all the respondents regarding the ability of a newborn to see and hear at birth, whether or not a baby could feel while it is in a womb, the earliest age that babies start thinking, the importance of exclusive breast feeding during the first six months, the importance of immunization of babies during the first year, the issues of stimulation and playing with babies including the newborns.

The great majority of the respondents were found to have improved knowledge and positive attitude towards all of the above issues. The overwhelming majority (99.5%) of the respondents thought that stimulation and interaction with babies including the newborns are important. Another overwhelming majority (98.1%) indicated immunization of babies during the first year is important, 96.4% thought that playing with babies including the newborns is as important as feeding, 92.9% thought exclusive breast feeding a baby during the first six months is essential and 90.8% said babies could feel while in womb. 66.4% of the respondents said babies can see at birth, 64.5% indicated babies can hear at birth and 57.6% said that babies start thinking three months after birth (**Table 3**).

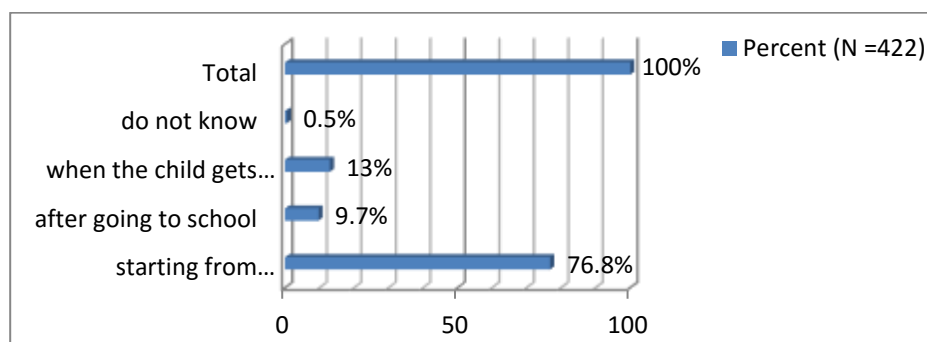
Table 3: Knowledge and attitude of respondents on early childhood including newborns

Variables	Frequency (N =422)			
	Yes N (%)	No N (%)	Don't know N (%)	Total N (%)
Do you think that a baby can see at birth	280 (66.4)	133 (31.5)	9 (2.1)	422 (100)
Do you think a baby can hear at birth?	272 (64.5)	127 (30.1)	23 (5.5)	422 (100)
Babies could feel while in the womb	383 (90.8)	29 (6.9)	10 (2.4)	422 (100)
The earliest a baby can start thinking is after three months.	243 (57.6)	140 (33.2)	39(9.2)	422 (100)
Do you think it is essential to exclusively breast fed a baby during the first six months of birth?	392 (92.9)	28 (6.6)	2 (0.5)	422 (100)
Immunization during first year is important	414 (98.1)	6 (1.4)	2 (0.5)	422 (100)
Do you think stimulation and interaction are important for babies including the newborn?	420 (99.5)	-	2 (0.5)	422 (100)
Do you think that playing with a child including the newborn is as important as feeding?	407 (96.4)	-	15 (3.6)	422 (100)

Source: Beneficiary survey data, October 2019

When a child's cognitive thinking skills starts developing was one of the questions administered to evaluate the knowledge of respondents. Accordingly, over three fourth (76.8%) of the respondents indicated that the thinking or cognitive skills of a child begin developing starting from the early childhood stage. 13% of the respondents thought that the cognitive skills start developing when a child get older and stronger, 9.7% thought the skills starts developing after the child goes to school and as few as 0.5% did not know (**Figure 7**).

Table 7: Respondents' knowledge on when the cognitive skills of children start developing



Source: Beneficiary survey data, October 2019

The evaluation assessed the knowledge of respondents regarding the factors they think important for the development of thinking and cognitive skills of children. Thus, a multiple response question was administered to let respondents rate issues such as playing, interaction and stimulation, food, strict discipline and going to school for the development of child's cognitive skills.

Accordingly, 94.8% said playing is the key factors for development of cognitive skills of children, followed by 78.9% who indicated food as the key factor, 78% who said interaction and stimulation are the key factors. However, strict discipline (10.7%) and going to school (17.1%) were recognized by far lesser respondents as factors for development of cognitive skills among children (**Table 4**).

Table 4: Key factors for development of cognitive skills among children

Key factors for child's development of cognitive skills	Rating (N = 422)		
	Yes N (%)	No N (%)	Total N (%)
Playing	400 (94.8)	22 (5.2)	422 (100)
Interaction/stimulation	329 (78.0)	93 (22)	422 (100)
Food	333 (78.9)	89 (21.1)	422 (100)
Strict discipline	45 (10.7)	377 (89.3)	422 (100)
Going to school	72 (17.1)	350 (82.9)	422 (100)

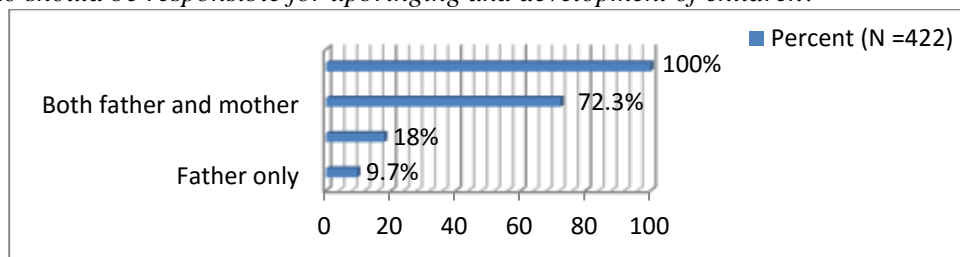
Source: Beneficiary survey data, October 2019

All the respondents felt that adequate or inadequate early childhood care, development and education would have key influences on the later success or failure in life for children. Again, all the respondents synonymously agreed on the possibility of instilling self-confidence in children.

Respondents' knowledge regarding who should be responsible for upbringing and development of children within a household was assessed. Accordingly, well over two third (72.3%) indicated it is the responsibility of both the mother and father for upbringing and development of children. The remaining 18% said it is the responsibility of mothers only and 9.7% indicated it should be the responsibility of father only (**Figure 8**).

Those who said mothers only were most likely referring to the close attendance and more affection that mothers give to their children and those who said father only were most likely referring to the vital roles that fathers play in household bread winning in Ethiopian context.

Figure 8: Who should be responsible for upbringing and development of children?



Source: Beneficiary survey data, October 2019

Using Likert scale model, the survey assessed whether or not respondents consider the roles of community and government as important as that of parents in care and development of children. Accordingly, 70.6% of the respondents strongly agreed and 28.2% agreed that community members and government have as important roles as parents in upbringing and development of children. Only 1.2% disagreed to the statement illustrating the improved level of awareness that respondents have towards the roles and responsibilities of parents, community members and the government in the upbringing and development of children.

A multiple response question regarding the most important early childhood care and development practices was administered to assess the knowledge and attitude of respondents. The findings show that respondents have enhanced knowledge and positive attitudes towards the key early childhood care and development practices. Accordingly, the majority (87.9%) considered keeping children clean, 83.6% considered playing with children, 82.2% reported immunization, 81.3% indicated exclusive breast feeding, 79.1% considered regular feeding and 73.9% considered interaction and stimulation as the most important early childhood care and development practices (**Table 5**).

Table 5: The most important early childhood care and development practices

Most important early childhood care and development practices	Frequency (N= 422)		
	Yes N (%)	No N (%)	Total N (%)
Immunization	347 (82.2)	75 (17.8)	422 (100)
Exclusive breast feeding	343 (81.3)	79 (18.7)	422 (100)
Interaction and stimulation	312 (73.9)	110 (26.1)	422 (100)
Regular feeding of children	334 (79.1)	88 (20.9)	422 (100)
Keeping the child clean	371 (87.9)	51 (12.1)	422 (100)
Playing with children	353 (83.6)	69 (16.4)	422 (100)

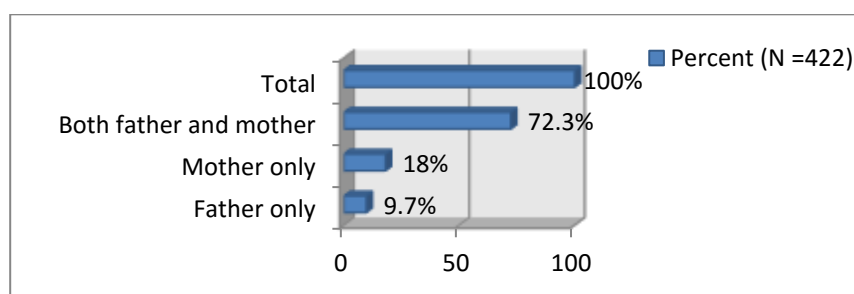
Source: Beneficiary survey data, October 2019

7.2.2. Early Childhood Care and Development Practices

The evaluation assessed childhood education and care and development practices of the respondents. The findings of the study on the current child care, development and education practices of respondents are outlined hereunder:

The study assessed the household members who actually undertake care for Children (0-8) years of age whenever such a person is in a household. Accordingly, well over two third (72.3%) respondents said that both the mother and father provided care when a child in that age is in the household. A bit under one fifth (18%) of the respondents said mother only provided care and the remaining 9.7% said it is the father only who provided care for 0-8 year of a child in the household (**Figure 9**). The care provided by father only was most likely due to the absence of a mother due to separation, divorce or death.

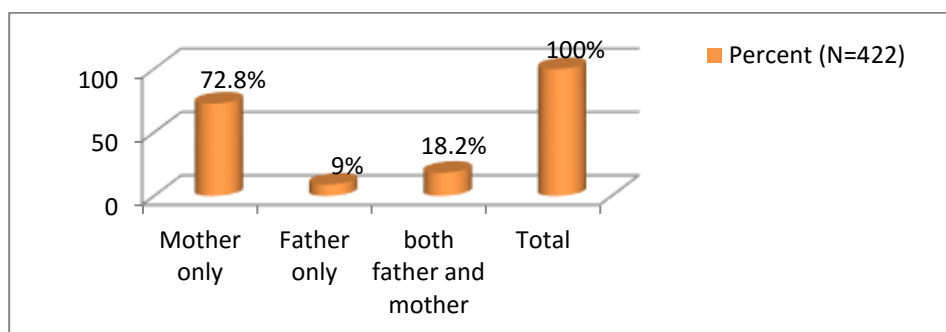
Figure 9: care for 0-8 years of age children



Source: Beneficiary survey data, October 2019

The majority of the children (72.8%) were fed and cleaned by mothers only. It is only 18.2% of the respondents who reported that both the mother and father take part in the cleaning and feeding of children. 9% of the respondents indicated it is fathers only who feed and clean children (**Figure 10**). As above, the fathers most likely were forced to feed and clean children alone due to the absence of the mothers.

Figure 10: who fed and cleaned a child in a household



Source: Beneficiary survey data, October 2019

As the table below illustrates, 37.7% of the respondents were capable and 11.8% very capable in providing a safe environment for their children and teaching them how to stay safe, 55.5% were

capable and 7.1% very capable to provide healthy and good nutrition for their children, 56.6% were capable and 13% very capable to provide activities, materials and schedules that promote children’s development and education, 53.6% were capable and 8.1% very capable to use activities that allow their children develop small muscles, 53.1% were capable of using activities and materials that help their children learn how to think, reason and solve problems (**Table 6 below**).

Furthermore, 52.4% were capable and 13.7% very capable to help their children learn how to introduce themselves to the basics of reading and writing, 67.8% were capable and 6.9% very capable to help their children express themselves creatively, 77.5% were capable and 6.2% very capable to nurture their children, help them build a positive self-identity and respect others, 68.2% were capable and 24.4% very capable of helping their children learn how to socialize and get along with others, 66.8% were capable and 16.6% very capable to help their children understand how to behave properly (**Table 6**).

Table 6: Rating respondents in early childhood care, development and education practices

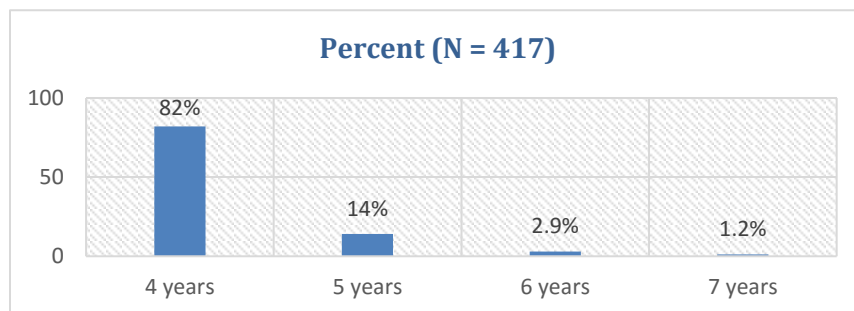
Ability of respondents in key child care, development and educations areas	Rating (N=422)			
	Needs improvement N (%)	Capable N (%)	Very Capable N (%)	Total N (%)
Can provide a safe, clean environment for my child and teaches her/him how to stay safe	213 (50.5)	159 (37.7)	50 (11.8)	422 (100)
Provide an environment that promotes healthy and good nutrition,	158 (37.4)	234 (55.5)	30 (7.1)	422 (100)
Provide activities, materials and schedules that promote my child's development and education,	128 (30.3)	239 (56.6)	55 (13)	422 (100)
Use activities, materials and equipment that allow my child to develop small muscle skills	162 (38.4)	226 (53.6)	34 (8.1)	422 (100)
Use activities, materials and equipment that help my child learn how to think, reason and solve problems,	191 (45.3)	224 (53.1)	7 (1.7)	422 (100)
Help my child learn how to communicate and introduce her/him to the basics of reading and writing	143 (33.9)	221 (52.4)	58 (13.7)	422 (100)
Help my child express herself/himself creatively through music, art and movement	107 (25.4)	286 (67.8)	29 (6.9)	422 (100)
Nurture my child, helping her/him build a positive self-identity and respect for every child's cultural backgrounds	69 (16.4)	327 (77.5)	26 (6.2)	422 (100)
Help my child learn how to socialize and get along with others,	32 (7.6)	288 (68.2)	103 (24.4)	422 (100)
Use effective strategies to help my child understand how to behave appropriately,	64 (12.6)	288 (66.8)	70 (16.6)	422 (100)
Establish positive, responsive and cooperative relationships with myself and the members of our family,	53 (12.6)	282 (66.8)	87 (20.6)	422 (100)
Present herself/himself in a professional manner	248 (58.8)	174 (41.2)	-	422 (100)

Source: Beneficiary survey data, October 2019

7.3. Early Childhood Care and Development (ECCD) Centers

The household survey has examined the earliest age children were able to get enroll in ECCD centers. Accordingly, the result indicates that, of the total 417 parents who enrolled their children in ECCD centers, the overwhelming majority 82% of the parents were able to enroll their children in the ECCD centers at the age of 4 years. Close to 14% parents were able to enroll children at the age of 5 years. As few as 1.2% and 2.9% of parents enrolled children at 6 and 7 years of age respectively (**Figure 11**).

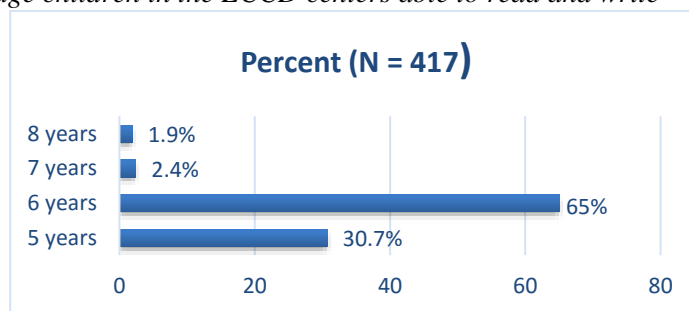
Figure 11: The earliest age of children for enrollment in ECCD center



Source: Beneficiary survey data, August 2019

65% of the parents and guardians reported that their children were able to read and write at 6 years of age, 30.7% of the parents and guardians stated that their children started reading and writing at 5 years of age. As few as 2.4% and 1.9% of the parents reported that their children have developed reading and writing skills lately at the age of 7 and 8 years respectively (**Figure 12**). The result of the survey leads us to conclude that the earliest ages for the majority of the children were able to read and write between 5 and 6 years provided that enrollment is made at 4 years of age.

Figure 12: The earliest age children in the ECCD centers able to read and write



Source: Beneficiary survey data, August 2019

The FGD conducted with the parents and guardians confirmed the survey results and the reading and writing skills test made with some selected children on the spot show that children who were enrolled and attended education in the ECCD centers since their 4 years of age have developed reading and writing skills on average at 5 and 6 years of age.

All the survey respondents reported that their children liked being in the ECCD centers. A multiple response question was administered why the children liked the centers. Accordingly, 98.1% of the respondents indicated that the care in the centers interested the children, 97.8% said the children liked the education in the centers, another 97.8% indicated the children liked the teachers and 97.4% of the parents felt that the children loved being together with the other children (**Table 7**).

Table 7: Level of interest of children in the ECCD centers

Variables	Frequency (N = 417)		
	Yes N (%)	No N (%)	Total N (%)
Did your child like being at this setting?	417 (100)	0	417 (100)
The child liked the care in the center	409 (98.1)	8 (1.9)	417 (100)
The child was interested in the early education	408 (97.8)	9 (2.2)	417 (100)
The child loved being together with the other children	406 (97.4)	11 (2.6)	417 (100)
The child liked the teachers	408 (97.8)	9 (2.2)	417 (100)

Source: Beneficiary survey data, August 2019

As indicated in the table below, attempts have been made to understand the attitudes and perception of respondents towards the services of the centers and progress of early childhood education through the Likert scale model. The survey results show that the overwhelming majority strongly agreed and agreed with the statement which say: the ECCD centers setup helped children to feel confident, children were safe at ECCD centers, children’s behaviors managed effectively, the staff in the ECCD centers know the children as an individual and children have made good progress at the centers (**Table 8**).

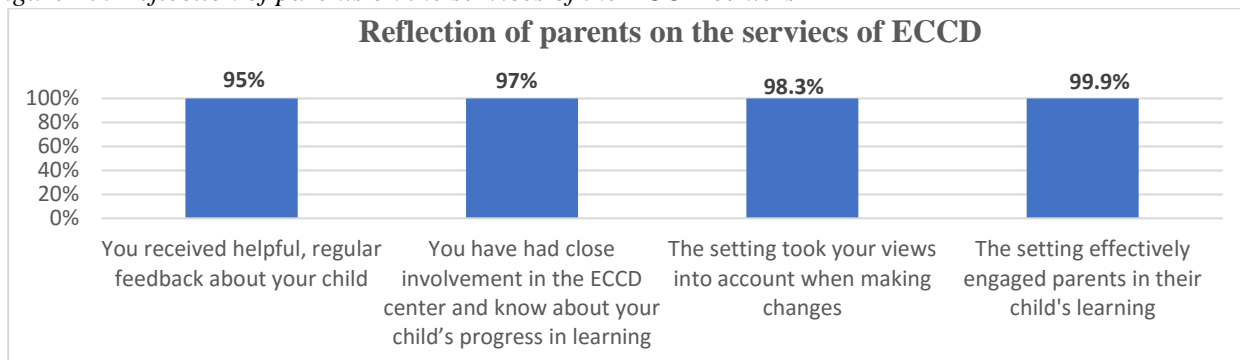
Table 8: Perception of parents and guardians towards ECCD centers

Questions	Responses (N (417))					
	S/Agree N (%)	Agree N (%)	Disagree N (%)	S/disagree N (%)	Don't know N (%)	Total N (%)
Center setting helped child to feel confident	288 (69.1)	128 (30.7)	0	0	1 (0.2)	417 (100)
child was safe at early childhood care center	262 (62.8)	144 (34.5)	9 (2.2)	0	1 (0.2)	417 (100)
Your child's behavior is managed effectively	265 (63.5)	152 (36.5)	0	0	0	417 (100)
Teachers know child as individual?	264 (63.3)	104 (24.9)	36 (8.6)	0	13 (3.1)	417(100)
Your child was making good progress at the setting	294 (70.5)	119 (28.5)	4 (1.0)	0	0	417 (100)

Source: Beneficiary survey data, August 2019

With regards to community involvement in the functions of the ECCD centers, Over 99.9% of the respondents reported that they believed the ECCD centers have effectively engaged them in relation to their child's learning, 98.3% of the parents believed that the centers took their views into account when making any changes, 97% reported that they had close involvement in the ECCD centers and know about their child's educational progress and 95% said that they have received regular and helpful feedback about their children (**Figure 13**).

Figure 13: Reflection of parents on the services of the ECCD centers



7.4. Household Income and Livelihood wellbeing

The quantitative survey aimed at assessing the income and livelihood situation of the project beneficiaries and identifying the number of people being supported to engage in IGAs, proportion of IGA participants who have managed to raise their income and those reported improvement of livelihood situations as the result of the supports provided from the project in the last three years.

7.4.1. Supports by Project for Livelihood Improvement Interventions

Of the total 422 respondents, 95.7% of them reported benefiting from the livelihood improvement supports provided by the project. The livelihood improvement supports included participation in group saving, provision of improved vegetable seeds and poultry. Of the total 404 livelihood improvement participants, the majority were from Bore (38.9%), followed by 25.6% from Demeka, 23% from Adama and 8.3% from Gebriel (**Table 9**).

Table 9: Livelihood improvement participants by zone/neighborhood

Study zone/neighborhood	Engagement in livelihood improvement supports of the project (N = 422)		
	Yes N (%)	No N (%)	Total N (%)
Adama	97 (23)	1 (0.3)	98 (23.3)
Bore	164 (38.9)	6 (1.4)	170 (40.3)
Demeka	108 (25.6)	4 (0.9)	112 (26.5)
Gebriel	35 (8.3)	7 (1.7)	42 (10.0)
Total	404 (95.7)	18 (4.3)	422 (100.0)

Source: Beneficiary survey data, August 2019

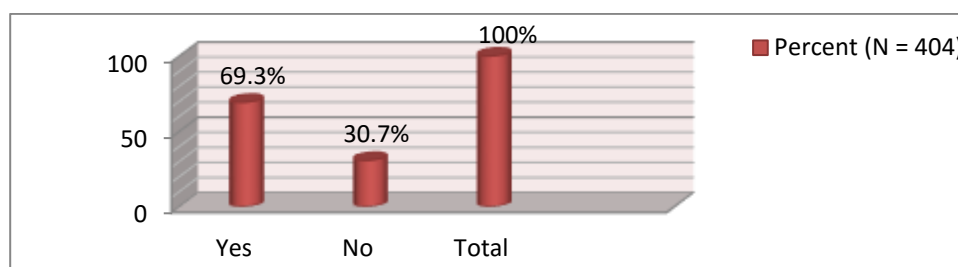
7.4.2. Types of Livelihood Improvement Supports

A multiple response question was administered to assess the types of livelihood improvement supports which the respondents have obtained. Accordingly, 83.2% of the respondents reported benefiting from the livelihood trainings organized by the project, 65.1% obtained working capital in the form of loan from their saving groups and 67.3% were provided with material supports in the form of improved seeds, poultry and the like.

7.4.3. Engagement in IGAs

Of the total 404 respondents supported by the project for livelihood improvement, 69.3% were able to engage an IGA of their choice (**Figure 14**).

Figure 14: Proportion of respondents able to engage IGA of their choice



Source: Beneficiary survey data, October 2019

7.4.4. Types of IGAs

Most of the IGAs that the respondents engaged in were related to the supports provided by the project in one way or the other. About one fifth (21.4%) of the respondents engaged in *gulit*, 18.9% engaged in kiosk/shop keeping, 14.6% were engaged in coffee and tea selling, 13.2% each engaged in *balitina* and injera selling, 9.3% sold vegetables, and as few as 3.2% engaged in grains trading (**Table 9**).

Table 10: Types of IGAs engaged in by respondents

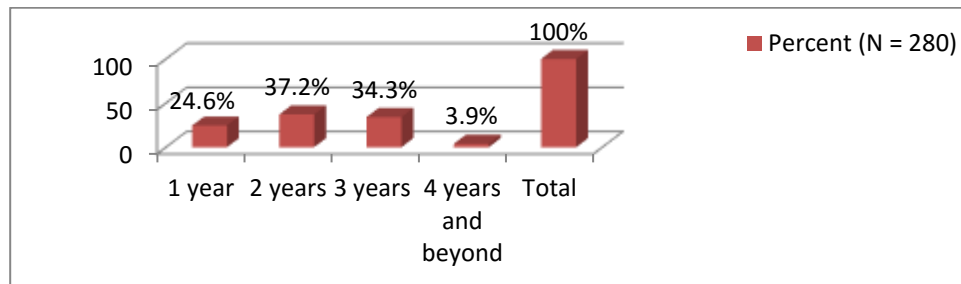
Type of Business	Frequency (N= 280) N (%)
Baltina	37 (13.2)
Coffee and tea	41 (14.6)
Food and drinks	17 (6.2)
Grains trading	9 (3.2)
Gulit	60 (21.24)
Injeral selling	37 (13.2)
Kiosk	53 (18.9)
Vegetables	26 (9.3)
Total	280 (100.0)

Source: Beneficiary survey data, August 2019

7.4.5. Duration of Engagement in IGAs

The great majority (96.1%) of the respondents have been undertaking the IGAs for the last 1-3 years. More specifically, 24.6% undertook the IGA for the last one year, 37.2% for the last two years and 34.3% for the last three years and as few as 3.9% started the IGA four and beyond years (**Figure 15**). At the time of this evaluation, the great majority (93.6%) of the IGA participants reported that they were still undertaking the IGA they have started.

Figure 15: Duration of IGA



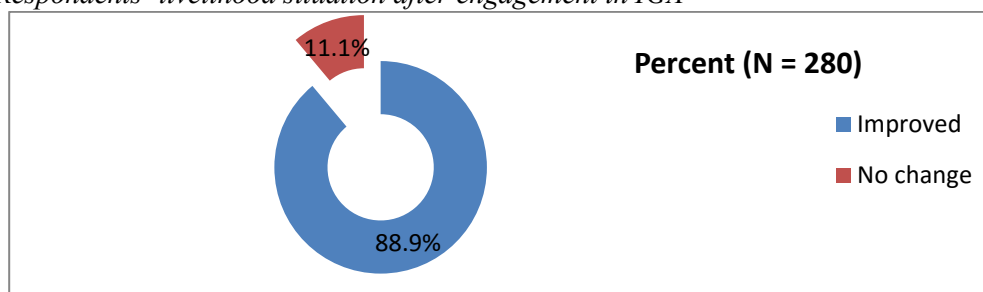
Source: Beneficiary survey data, August 2019

7.4.6. Estimated Annual Income Before and After IGA

All the 280 IGA participants were asked to estimate their average monthly income before and after their engagement in the IGAs so as to estimate average income improvement. Accordingly, the average monthly income generated per participant before starting IGA was **ETB 76.00**. This shows that the majority of the respondents were unemployed housewives in most cases had no income of their own. On the other hand, the average monthly income per participant after starting IGA was estimated at **ETB 1,098.00**. The comparison between the average monthly income before and after IGA shows an increase of over **14 folds** after engagement in an IGA.

The evaluation further assessed how the respondents rate their current livelihood situations. Accordingly, the majority (97.7%) reported improvement in their livelihood situations compared to condition existed before their engagement in IGA of their choice (**Figure16**).

Figure 16: Respondents' livelihood situation after engagement in IGA

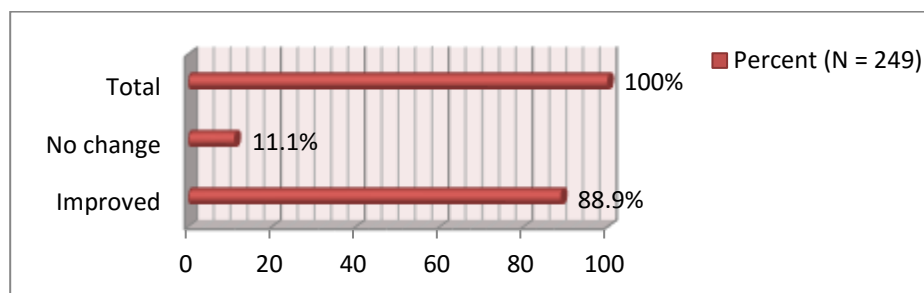


Source: Beneficiary survey data, August 2019

7.4.7. Livelihood Situation After Engaging in IGA

Of the total 280 respondents who are undertaking livelihood improvement initiatives, 88.9% reported improvement in their living conditions, 11.9% reported the existence of no change while none of them reported deterioration in their livelihood situation (**Figure 17**).

Figure 17: Livelihood situations of respondents



Source: Beneficiary survey data, August 2019

A multiple response question was administered among the respondents who reported improvement in their current livelihood situation to assess the type improvement they have experienced. The respondents mentioned different key changes in their life. All the 249 respondents said that they were able to feed their children, 91.2% were able to send their children to school, 83.9% were able to purchase household furniture and equipment, 68.7% were able to diversify their income and 72.3% indicated that their social statuses have improved (**Table 11**).

Table 11: Change in livelihood situations of the respondents

Livelihood Situation	Frequency (N= 280)		
	Yes N (%)	No N (%)	Total N (%)
Able to feed and clothe my children	249 (100)	0 (00)	249 (100)
Able to send my children to school	227 (91.2)	22 (8.7)	249 (100)
Able to purchase household furniture and equipment	209 (83.9)	40 (16.1)	249 (100)
Able to diversify food	171 (68.7)	78 (31.3)	249 (100)
Able to expand my income	120 (48.2)	129 (51.8)	249 (100)
social status has improved	180 (72.3)	69 (27.7)	249 (100)

Source: Beneficiary survey data, August 2019

7.5. Summary Comparison of Baseline and Evaluation Findings

The comparison between the baseline and evaluation revealed that values established for almost all the indicators during the evaluation have shown significant improvements as compared to the findings of the baseline survey. For instance, the knowledge and attitude of parents and guardians on early childhood care and development such as immunization of babies, early possible period that babies are able to see, hear and feel, the importance of playing with and stimulating babies including the newborns, issues of exclusive breast feeding during the first six months, the time when a child's cognitive thinking skills starts developing, the possibility of instilling self-confidence in children starting from early childhood, the responsibility for upbringing and development of children at household and community levels, etc., showed very high results as compared to the values established during the baseline. Likewise, the majority of the study respondents reported very positive knowledge and attitude towards and highly improved practices of early childhood care and development compared to the findings established during the baseline.

7.6. Project Performance against DAC Evaluation Criteria

The performances of the project were evaluated against key evaluation criteria of relevance, effectiveness, efficiency, impacts and sustainability. Also, implementation limitations and challenges were assessed and findings in those lines were included in the report. The documents review, the evaluation planning, field level data collection, data analysis and management and reporting have revolved around these evaluation criteria and the key questions related to each of them. The findings described hereunder are the results of both quantitative and qualitative data and information gathered and analyzed by the evaluation team. Thus, the performances of the project as related to each evaluation criteria are described as follow:

7.6.1. Relevance

Effort was made to administer some quantitative questions to assess the level of relevance of the project. Accordingly, the overwhelming majority (97.2%) of the respondents indicated that the project addressed the needs and priorities of children of the project areas. Another majority (91%) of the respondents agreed that the project reached the poorest and most marginalized target groups. Well over two third (69.4%) of the respondents said the project was transparent and accountable to target children and parents. However, well over half (55.5%) of the respondents did not know whether or not the project did address the needs of children with disabilities and those living with HIV (**Table 12**).

Table 12: Project relevance

Project relevance	Frequency (N = 422)			
	Yes N (%)	No N (%)	Don't know N (%)	Total N (%)
The project addressed the needs and priorities of children	410 (97.2)	3 (0.7)	9 (2.1)	422 (100)
The project has reached the poorest and most marginalized target groups,	384 (91)	3 (0.7)	35 (8.3)	422 (100)
The project addressed the needs of children with disabilities and children with HIV/AIDS	165 (39.1)	23 (5.5)	234 (55.5)	422 (100)
The project was transparent and accountable to target children and parents	293 (69.4)	15 (3.6)	114 (27)	422 (100)

Source: Beneficiary survey data, August 2019

The evaluation assessed qualitatively the relevance of the project with project beneficiaries and government stakeholders. The qualitative assessment revealed the following findings:

One of the significant aspects that should be assessed to evaluate the relevance of a project is the design process it has followed. The design of the project under evaluation had no significant limitations in involving the concerned partners and stakeholders. The various qualitative discussions made with the government sectors and project beneficiaries revealed the existence of clear understanding and information on the stages and steps of the project design.

Participatory needs assessment and joint project design with the concerned stakeholders for critical decision on the project components and selection of sites and target groups were implemented. Zone and Woreda education, health, women and children offices and parents and guardians had strong involvement at project design stage. The sector offices and parent and guardians were confident in explaining the project design processes in all the qualitative discussions. Thus, the finding of this evaluation is that the design of the project was participatory. Decisions regarding site selection for ECCD centers, identification and prioritization of need and beneficiaries did follow participatory project design procedures.

This evaluation reviewed the project in relation to the relevance it had with local needs and priorities. These are some of the criteria that should be taken into account while evaluating the relevance of a project. All the four project pillars including parenting education, community-based early learning programs, transition to primary school, partnerships and networking had direct relevance to the needs and priorities of the project areas.

In relation to the above project pillars, the interventions including education and awareness raising of parents on the health, nutrition, physical, cognitive, socio-emotional and communication skills of children and the direct interventions implemented at ECCD for the development of these skills

among children and enabling them for smooth transition to primary school, the livelihood improvement in the form of Village level saving and Loan groups and urban gardening as well as the different capacity building interventions implemented for parents, guardians, schools and government counterparts were appreciated much by all the stakeholders.

All the FGD participants across the different ECCD centers synonymously agreed on the relevance of the project interventions. They indicated that *“we are poor and cannot afford to enroll our children in private KG. We don’t have government schools in our immediate area. We cannot take small children long distances to enable them attend KG and bring them back home in the evening on regular basis. There are parents who are with two or more children. Such parents cannot afford to send all the children to private KGs at a time”*. All discussants agreed that the project and all its components addressed the needs and priorities of children and family members of the areas.

All the KII participants uniformly agreed that any project dealing with early childhood care, development and education is relevant given the needs and priorities in woreda 12 and 14. They indicated that “households in the areas are poor and cannot afford to enroll their children in private KG. There are no adequate government schools. Parents and guardians cannot take small children long distance to enable them attend KG”.

The evaluation determined the project’s fitness and its compliance with the government policy, strategy and development plans. In the first place, the Constitution of Ethiopia guarantees the rights of the child to quality education. At policy level, the evaluation findings established that the project has direct linkage to the Early Childhood Care and Education (ECCE) Policy framework developed by Ethiopian Government in 2010, which recognizes the fundamental importance of early childhood care and education for the development and wellbeing of the population.

The ECCE policy aims at developing a holistic and comprehensive approach to policies and programs for children from prenatal to seven years of age, their parents, as well as caregivers. The policy aspires to work towards giving children in Ethiopia a healthy start in life; establishing and supporting a stimulating environment for developing their talents, as well as empowering children to become caring and productive citizens.

The evaluators understand that the project’s livelihood promotion options have the potentials of diversifying and improving household income leading to food security and reduction of vulnerability. This is in line with the GoE’s overall development direction, policies and priorities for sustainable livelihood diversification and promotion efforts for poverty reduction and elimination. Thus, the livelihood promotion pillar of the project is well tuned to the Ethiopian monetary policy and strategy are to enable citizens have the capacity to generate income, mobilize savings to accumulate capital and engage in different investments including micro and small-scale investment options.

7.6.2. Effectiveness

7.6.2.1. Design Effectiveness

A standard log-frame entails the development of a four-by-four one or two pager document that horizontally and vertically links the goal/s, objectives/results, outputs, activities and inputs. Review of project documents revealed that the log-frame of the project under evaluation is a standard one. The logical connection and flow among the overall and specific objectives/outcomes were well thought out and had strong inter-linkages with one another. The objective, outcomes and outputs are SMART enough and their vertical linkage and contributions to the general objective are obvious and visible. The indicators identified and stated were relevant to the objectives and outcomes.

The project proposal narrative was found to be to the standard and detail in all aspects. It had detail description of project rationales and justifications, analyzed the problems of the target areas, analyzed the policy environment, described in detail the relevance of the project in relation to situation in the country, from government, communities, CSP and CCCD perspectives, provided gender analysis and the contributions of the project in promoting gender equality, described project scope and objectives, project physical location, implementing partners, project interventions, approaches and expected results as well as risks and assumptions.

7.6.2.2. Relationship between Community Needs and Project Objectives

One factor that helps to identify effectiveness of a project/program can be through reviewing the linkage between the problems that the project tries to address and the objectives set for the purpose. Review of project proposal document has revealed the existence of SMART and clear setting of project goal and objectives.

The project under evaluation was effective in establishing strong linkage between the objectives and needs on the ground. Thus, the evaluators acknowledge that the overall objective, outcomes and outputs and their indicators are well tailored, synchronized with and designed to address the community needs and priorities. Thus, the evaluators conclude that the project was effective in establishing direct relationship between the project goal and outcomes and the needs and priorities on the ground.

7.6.2.3. Effectiveness in Achieving Project Objectives and Outcomes

According to the Development Assistance Committee (DAC) evaluation criteria, effectiveness is more about measuring the extent to which a project or a program attained its objectives. It is useful to consider the extent to which the objectives were achieved and the major factors influenced the achievement or non-achievement of the objectives.

The project under evaluation has one overall objective, four outcomes or specific objectives and sixteen stated outputs. The overall goal of the project was stated as; “*Children (birth to 8 years of age) in targeted communities will develop and learn to their full potential through effective, inclusive, and holistic ECCD support and strategies*”.

The project outcomes/specific objectives were to: (1) *to improve parents and guardians action for the development (including care, learning, and protection) of children birth to 8 years with in 2 years;* (2) *to improve children (aged 4 to 6 years), living in the target area participation in quality and inclusive early learning programs that promote the development of physical, cognitive, social, emotional, and language skills;* (3) *put in place effective school and community supports to ensure successful transitions to primary school;* and (4) *promote government and non-government actors in ECCD work in partnership to ensure the development and protection of children at household, community and district levels.*

The achievements of the project in relation to the set outcomes are summarized as follow:

Goal/ Overall objective: Children (birth to 8 years of age) in targeted communities will develop and learn to their full potential through effective, inclusive, and holistic ECCD support and strategies:

Parental education and early childhood learning were found to be effective and impacting. Parents highly valued early childhood care and development and have increased their involvement. The project was effective and successful in early childhood education of 1045 (515 male and 530 female) marginalized children having no access to ELP including children with disabilities have attend early childhood care, development and education with the support of the project.

Parents and guardian’s awareness on national and universal child rights raised significantly. Almost all the parents and guardians understand that protecting children from any form of abuse and exploitations is everyone’s business. Parents equipped with information, skills and principles which are essential to raise healthy, stimulated, caring, competent, responsible and resilient children.

The village level saving groups and livelihood promotion groups were effective and successful. Out of 50 groups established by the project, 12 strong groups each accumulated an average of ETB **25, 000.00** and their members started new IGAs or strengthened their previous small businesses.

Outcome 1: improve the actions of parents and guardians for the development (including care, learning, and protection) of children birth to 8 years with in 2 years:

Outcome indicator: by the end of the project, the actions of parents and guardians for the development (including care, learning, and protection) of children birth to 8 years improved:

The quantitative and qualitative studies revealed the effectiveness of the project in contributing towards increased knowledge and practices of care, development and education of children. The overwhelming majority (99.5%) of the respondents thought that stimulation and interaction with babies including the newborns are important, 98.1% indicated immunization of babies during the first year is important, 96.4% thought playing with babies including the newborns is as important as

feeding, 92.9% thought exclusive breast feeding a baby during the first six months is essential and 90.8% said babies could feel while in womb. 66.4% of the respondents said that babies can see at birth, while 64.5% indicated that babies can hear at birth.

All the FGD participant parents and guardians indicated that the project has transferred the knowledge and awareness and taught us the different early childhood education, care and development skills in an adequate manner. Now we know the importance of keeping babies and children clean, keeping them in clean environment, when and what to feed them. We now understand that education of children should start from early childhood, from day one of the newborns. We have adequate knowledge regarding the importance of stimulation and interaction with children including the newborns. *“Thanks to the project, health professionals and media, now we have clear information regarding when the newborns can see, hear and when they start thinking. Our current problems are not lack of knowledge and information, rather economic factors deter us practicing early childhood care and development knowledge and skills we have obtained”.*

Outcome 2: Improve children, aged 4 to 6 years, living in the target area participation in quality and inclusive early learning programs that promote the development of physical, cognitive, social, emotional, and language skills:

Outcome indicators: Number of participants of children, aged 4 to 6 years, living in the target area in quality and inclusive early learning programs that promote the development of physical, cognitive, social, emotional, and language skills:

The quantitative survey has examined the earliest age that children were able to enroll in ECCD centers. The survey result shows that majority children in the study areas are able to enroll at the right schooling age. Of the total 417 parents who enrolled their children in ECCD centers, the majority (82%) were able to enroll children at the age of 4 years. 14% parents were able to enroll children at age of 5.

With regards to the age that children were able to read and write, 65% of the parents reported their children were able to read and write at 6 years of age, 30.7% of the parents said at 5 years of age, 2.4% indicated at 7 years of age and 1.9% said the children were able to read and write at 8 years of age. The result of the survey leads us to conclude that the majority of the children (95.7%) were able to read and write between 5 and 6 years of age.

The result of the qualitative information and the reading and writing skills test made with some selected children on the spot show that, the majority of the children who were enrolled and attending education in the ECCD centers at 4 years of age, the majority have developed reading and writing skills, the earliest at 5 and the at latest at 6 years of age.

Outcome 3: Effective school and community supports are in place to ensure successful transitions to primary school:

Outcome Indicator: Effective school and community supports are in place to ensure successful transitions to primary school

Within the three-year project implementation period 242 (103 male and 139 female) children successfully transit from the project owned ELP centers to referral primary school. The school principals and primary school focal person exempt ELP children from additional payment when they enroll in the primary schools, because they got clarity about economic situation of the parents of these children. Thus, the project contributed to the improvement in the involvement and coordination of parents and school community in children's transition as well as school, child and parental readiness for transition to formal education.

The project built one Alternative Basic Education (ABE) center in woreda 14 of Yeka sub city at Quliti village. The ABE center has three classrooms, the inner part furnished and equipped with appropriate furniture and educational materials (desk, blackboard, chalk, and teacher's gown), stationary and first aid kits.

Within the project implementation period 348 (172 male and 176 female) most marginalized children who don't have any educational access at all enrolled in Quliti ABE center for five days (Monday – Friday) in a week, full day, from 8:00 AM in the morning to 3:00 PM in the afternoon.

Three donkey mobile libraries, which consist 40, inch Led TV, children chair, mat, different early grade supplementary books, story books, solar panel, battery, inverter, switch prepared and providing mobile library and entertainment service.

Outcome 4: Promoted government and non-government actors in ECCD work in partnership to ensure the development and protection of children at community, district, region, and national level.

Outcome Indicator: Enhanced government and non-government actors in ECCD work in partnership to ensure the development and protection of children at community, district, region, and national level.

The project also focused on partnerships for strengthening the involvement government stakeholder in responding to ECCD services. Eleven Joint supervision and field visit on the actual project implementation in collaboration with city and sub city education, women and children, health and community leaders.

The project conducted five round semi-annual reflection/review meeting with 150 (70 male and 80 female) stakeholders from government partners' government city administration and sub city education, health, woman and children, social affairs, small business, communication office, CBO leaders, parents, ECCD facilitators and CMC members.

The sessions helped to increase the engagement of government and community level stakeholders in the project. The review and reflection meeting also allowed stakeholders to fully grasp the implementation status of the project and jointly discuss and share role and responsibilities in addressing challenges the project faced in the implementation. As a result of such meetings and close engagement sense of project ownership of stakeholders at all levels has been improved.

7.6.3. Efficiency

The evaluation assessed the efficiency of the project in terms of how well the various activities transformed the available resources into the intended outcome, in terms of quantity, quality and timeliness.

The project coordination staff in MCMDO and those coordination staff in PIE Addis Ababa Program Area are all qualified and experienced for the project coordination and management. The project had institutional structures that allowed efficient project monitoring and implementation. The project had focal persons at MCMDO Head and PIE and facilitators on the ground assigned by the implementing partner (MCMDO).

The government partners had strong involvement in the project implementation at the initial stage. However, due to misunderstanding and disagreement between one of the staff in MCMDO and government representative in woreda 12 resulted in the total disruption of partnership relation between woreda level sector offices and the government.

The project implementation was supposed to be supported by diverse government and community structures. The project should have had strong partnership and the involvement of diverse government and community stakeholders. Local administrations, sub-city and woreda education, sub-city and woreda women and children, sub-city and woreda health, sub-city and woreda urban agriculture, woreda level small and micro-enterprises development and woreda cooperative promotion offices as well as government and private schools and KG, Iddirs and private sectors were expected to have involvement in the project implementation, provision of technical and administrative supports.

The utilization of these diverse partners could have contributed tremendously to the efficiency of the project implementation, minimized overlapping and duplication of efforts. Joint coordination, technical supports, pulling human and other resources, minimization of project implementation cost could have been achieved with the involvement of the different stakeholders.

Regarding budget utilization, the project planned to spend a total of **Euro 270,000.00** over the entire project life and the actual expenditure was Euro **269,727.00**, which is makes the burning rate almost 100%. Taking into consideration this burning rate, the project was so efficient in utilizing the allocated budget.

The evaluators recognize that the budget is not a huge amount and its disbursement and utilization was made among the different sectors and diverse activities. There is a need to justify the project's cost effectiveness. It would be logical to compare this project with similar projects implemented by other organizations operating in the country. The staff salary, recurring costs and other overhead expenses eat significantly into the project budget and this amount cannot extend more than two years in usual cases.

PIE and the implementing partner (MCMDO) utilized the above budget for three years and implemented diverse interventions. The project implemented awareness raising, training, education and capacity building for communities in early childhood care, development and education, establishment and management of seven ECCD centers, livelihood promotion for parents and guardians, capacity building for local government stakeholders and other diverse interventions. Thus, taking into consideration the total budget utilized and the diverse project components and activities accomplished and benefits accrued, the evaluators conclude that the return on investment of the project was high.

7.6.4. *Impacts/Most Significant Changes*

To begin with, a few key quantitative questions related to project impacts were administered among respondents in addition to the qualitative assessment. Accordingly, all the 422 respondents indicated that the project interventions improved the knowledge, attitude and practices of parents and communities on ECCD, 98.3% said the project built the capacities of parents and guardians on ECCD, 99.8% indicated that the ECCD centers have contributed towards safe nurturing environment for early care, learning and smooth transition of children to primary education, 97.9% confirmed that the project benefited the intended beneficiaries, 97.6% said the project improved the reading and writing skills and school readiness of children (**Table 12**).

Table 13: Project impacts

Questions related Project impacts	Frequency (N = 422)			
	Yes N (%)	No N (%)	Don't know N (%)	Total N (%)
The project built the capacity of parents and guardians	415 (98.3)	0	7 (1.7)	422 (100)
The project has contributed to safe and nurturing environment for early care, learning and smooth transition to primary education of children	421 (99.8)	0	1 (0.2)	422 (100)
The project interventions improved the knowledge, attitude and practices of parents and communities on ECCD	422 (100)	0	0	422 (100)
The project benefited the intended beneficiaries	413 (97.9)	0	9 (2.1)	422 (100)
The project improved reading, writing and school readiness skills of children attending the ECCD centers	412 (97.6)	0	10 (2.4)	422 (100)

Source: Beneficiary survey data, August 2019

In addition to the above quantitative findings, the evaluation conducted qualitative assessment with FGD and KII participants identify key project impacts. The qualitative discussions revealed the following findings:

- All the FGD sessions confirmed that parents and guardians have adequate knowledge and awareness regarding the importance of adequate early childhood care and development and the consequences of inadequacy in these areas. Discussants demonstrated early childhood growth and development as well as wellbeing of children while they grow and their future opportunities in life depend on the adequate early childhood education, care and development. They reported that children facing inadequate early childhood care and education would have hard time to succeed in life, their social and emotional development in society would be hampered.
- The education and awareness raising sessions focused on the improvement of the knowledge, attitude and practices of parents and guardians regarding early childhood care, protection and development. Also, the issues of saving, engagement in income generation activities were dealt with. Discussants indicated that they have learned from the education and awareness raising sessions all issues related to early childhood education, care and development.
- The FGD sessions demonstrated improved knowledge of parents and guardians in the areas of physical, psychosocial, emotional and cognitive development of babies and children. Discussants found to have clear knowledge about when babies can see, hear, the earliest age that they can start cognitive practices, the importance of exclusive breast feeding for the first six months, child immunization, stimulation and interaction with babies including the newborns. The discussants further demonstrated having adequate knowledge on the importance of nutrition, provision of play materials for children, playing with babies including the newborns. Parents understand the possibility of instilling self-confidence in children.
- Parents and guardians in the project target areas indicated the existence of improved knowledge and awareness on the importance mothers and fathers sharing roles and responsibilities for the care, development and education of children. FGD and KII participants reported improvement in the current knowledge, awareness, skills and practices in early childhood care, development and education, as compared to the past contexts.
- The ECCD centers were found to be the most relevant outlets for preparing children for formal education. Children from the most disadvantaged families, who cannot afford to send their children to private KG had the opportunity of attending their early childhood care, development and education and move to the next level of formal schooling. The majority of these children could not travel an hour or two to reach KGs in government schools. The KGs in government schools are scarce and the chance of these children getting enrolled was slim in most cases. Both

woreda 12 and 14 have one government KG each. The private KGs in both areas are very expensive and irrelevant for most of the parents in the areas.

- The coffee ceremony strengthened sisterhood and group cohesion among the women participants. The project has organized a total of 50 groups across all the project sites. The majority groups are still intact and mobilizing saving on regular basis. The saving the groups have mobilized so far is found to be significant.
- The ECCD centers created unparalleled opportunity for childhood education for the marginalized children of the project areas. Children who otherwise should have stayed at home until they get strong were able to attend pre-school education. The mothers were presented with the opportunity of putting their children in the ECCD centers for the most of the day and go about their business of generating income. Thus, the ECCD centers have dual advantages of developing the physical and cognitive capacity of the children. They directly prepared the children for primary school and freeing the mothers for household income generation contributing to the physical wellbeing of the children and other family members.

7.6.5. Sustainability

Two relevant quantitative questions were raised with survey participants regarding the sustainability of project interventions. Of the total 422 study participants, the great majority (96.9%) felt that the improved knowledge, attitude and practices on ECCD as a result of the interventions of the project will be sustainable. Another great majority (92.2%) indicated that the project built the capacity of parents and guardians to ensure the sustainability of the project interventions (**Table 13**).

Table 14: Project sustainability

The improved knowledge, attitude and practices (KAP) on ECCD as a result of the interventions will be sustainable	409 (96.9)	0	13.(3.1)	422 (100)
The project built the capacity of parents and guardians	389 (92.2)	0	33 (7.8)	422 (100)

Source: Beneficiary survey data, August 2019

Furthermore, the evaluation assessed the degree to which stakeholders have the resources, motivation, knowledge, attitude and organizational capacity to sustainably maintain the benefits of the project when donor funding and the supports from PIE and MCMDO are withdrawn.

To the above end, the evaluation focused on at least three key issues while assessing the sustainability of the project. The existence of phase-out plan, community and related structures organized and/or strengthened to take over the roles and responsibilities of the project and the formal and legal handover efforts. Accordingly, the following key sustainability issues have been identified:

- All the parents and guardians of the children enrolled in the ECCD centers have attended coffee ceremony-based on awareness raising and education sessions, have been organized into saving groups and mobilized saving throughout the project period. In the coffee ceremony sessions diverse awareness and education issues related to early childhood care, development and education, livelihood promotion, child nutrition and health were facilitated. The interventions implemented through coffee ceremony have enhanced community knowledge and awareness believed to continue beyond the current project life.
- All the FGD participant parents and guardians have expressed strong determination to continue the coffee ceremony and the saving groups even if the project phases-out. The FGDs conducted across the project sites revealed that the women organized into savings and loan groups were determined to continue the coffee ceremony to continue their groups irrespective of the continuity or phaseout of the project. Almost all the groups organized by the project continued the coffee ceremony, weekly, or bi-weekly or monthly meeting for saving. Except two or three group members who could not appear due to personal reason, all the group members attended the coffee ceremony as per schedule.
- The findings of this evaluation established that necessary knowledge transfer and awareness raising works have been implemented. Local structures that can adequately work towards improvement of livelihood and food security have been established and strengthened. It is the conviction of the evaluators that with the necessary technical and administrative supports and follow-up capacity building and with further scale-up and consolidation of project achievements in the next phase of the project, the communities in the project areas can be ready sooner than later to take over project interventions in partnership with the concerned sector offices.

On the other hand, the evaluation established that even though some preconditions and favorable atmosphere were put in place, arranging, readying and channeling the project interventions towards future takeover by the concerned community structures and local stakeholders were not worked on in a systematic way with the necessary focus on addressing sustainability issues during the last three years of project life. More specifically; some of the major sustainability gaps are described as below:

- The project had no standalone sustainability plan and implementation. With such plan it could have been easier to implement feasible and viable sustainability measures. The plan would have facilitated and provided guidance to the efforts towards sustainability from the very beginning. The plan would have defined the roles and responsibilities of the different stakeholders, guided the project to allocate resources and set time frame for addressing sustainability issues. It would have paved ways for speedy transfer of key project interventions to the relevant stakeholders if and when necessary.

- The evaluation findings revealed that the project interventions are yet to mature to the desired level so as to ensure sustainability. Signs of motivations, community structures, partnership, resources mobilization, and organizational capacities of local structures were not enhanced to the level of taking over the different project initiatives.
- The project entirely depended on financial assistance of donors. The key informant interview result with local government sectors and FGD with project beneficiaries revealed that the three pillars of the project (parenting education, early childhood learning program and the transition of children to primary school) will be affected negatively if the project phases-out at this particular time, because the government or the communities have no readiness to continue the interventions.
- Most of the project interventions have not matured enough to ensure sustainability. The interventions require further funding, follow-up, technical supports and consolidation for at least the next three years. The evaluators understand that at least a third phase of a three years project duration is required to enable the government and communities to establish a genuine and sustainable community-managed early childhood learning care and development centers. At least another three years funding and technical supports are required for PIE and the local implementing partner to negotiation and lobbying the concerned government sectors to establish at least alternative basic education at strategic locations.
- The project had no preparation for formal handover of the different interventions to the concerned stakeholders. The project was not ready for such formal handover at the time of this evaluation. Formal handover needs negotiation and formal agreement documents to be signed by the relevant stakeholders. The integration of the project activities into the government structures, transferring roles and responsibilities in a formal way contribute significantly to sustainability.

7.7. Lessons

- The project has faced serious partnership challenge from one of the key government stakeholders at later stage of implementation. The project is expected to draw a lesson that partnership with the government and communities most likely face challenges not from technical or procedural issues, rather from the human side. Different personalities get involved and they would influence positively or negatively the partnership. Conflict of interests can cause serious clashes in some cases. Thus, there is a need to handle the complex human relation factors through creating transparent and trust building mechanisms. Uninterrupted dialogue, close working relationship, negotiation on serious matters, relenting and compromising on other lesser issues when situations demand, etc., are some of the key measures in building and maintaining a sustainable partnership.

A lesson in point: *An incident happened at Adama ECCD area last year. The parents of a child in the ECCD center quarreled and the husband hit the wife with a spade. The next morning the child came to the center in a depressed mood. She was much disturbed and the head teacher noticed the unusual behavior. The teacher wanted to investigate what has happened and the child told her that her father hit her mother with a spade. The teacher took immediate action. She called the wife first and investigated the issue, called the husband later to hear his version of the matter. At the end, the teacher reconciled the couple and settle the issue. She advised both regarding their future behavior and actions. Now the couple are peaceful, they bring and take the child turn by turn. The teacher indicated that the couple are now a model in the neighborhood for good relationship between couples.*

The lesson is that, even though proactive education and awareness raising are crucial to avoid fata incidents like hitting a person with a spade, however, whenever incidents happen, taking an initiatives to settle disagreements and quarrels in an amicable way could be one of the best opportunities to change behavior and practices and cement good relationship between people including couples in a sustainable way. Moreover, changing the behavior and practices of a couple in a community has the potential of changing the behavior and practices of many families.

7.8. Limitations and Challenges

7.8.1. Limitations

- The project lacked baseline document. Thus, the evaluation faced some challenges in measuring changes. To overcome the challenges, detail document review and qualitative discussions assessed in a retrospective way the situations existed prior to the project implementation.
- As stated in the sustainability section of this report, phase-out plan should have been in place from the very beginning of the project. The plan would have facilitated the efforts towards sustainability from the very beginning. The plan would have defined the roles and responsibilities of the different stakeholders, guided the project to allocate budget and other resources and set time frame for ensuring sustainability. It would have paved ways for speedy transfer of some of the project activities to the end holders.
- Cooperation and support from both woreda 12 and 14 education offices was almost non-existing at the time of this evaluation. Both woredas were not willing to discuss with the evaluators. They claim that they don't have any connection with the project. They raise licensing issues in contrary to the purposes and objectives of the ECCD centers. FGD participants suspect conflict of interest and personalities clash were the main causes for lack of smooth relationship between the project and the two education offices.

- The project had manpower gap on the ground for community mobilization and relation building. An experienced social worker or sociologist should have been in place for the ECCD centers and for the saving and loan interventions, for community mobilization, partnership building, etc.
- All the ECCD centers were below standard even for community-based early childhood learning. The compounds and rooms were small in most cases. Particularly, the fencing and security for children at Adama ECCD center is a typical concern. The center had no fencing at the time of this evaluation and as a result the outdoor games installed by the project were damaged as anyone can misuse them, when the center is not in operation.
- The targeting for ECCD centers reported to have gap in some of the FGD discussions. Considerable number of discussants had the concern that in a few cases, the project targeted the children of families who can send their children to any private pre-school facilities. The involvement of woreda women and children affairs offices was low in beneficiary identification and targeting. Their involvement could have the potential of enhancing partnership relation on the one hand and strengthened proper targeting and credibility of the project.
- The urban gardening component of the project was not as successful as desired. During this evaluation, efforts were made to visit about 12 homes to observe how the home gardening was fairing. Except in one or two cases, the finding was not impressive. The participants were found to have limited awareness on the importance of the scheme, they were not much interested and enthusiastic. None of them were using plastic or any bags to grow vegetables to minimize the problem of space. Water shortage is the other major constraints during the dry months. Rugged landscape and soil fertility were found to be the other major constraints in areas like Adama Village.

7.8.2. Challenges

- The huge magnitude of need for early childhood care, development and education services among the project community is a daunting challenge for the project of this scope. The existence of only one government KG at each of woreda 12 and 14 exacerbated the challenge.
- Based on the needs for early childhood education many private KGs have flourished in woredas 12 and 14, even though they are not affordable to low income households. These KGs have conflict of interest with the ECCD centers. They have the potential of manipulating local officials and posing challenges to the smooth working relationship of the ECCD centers with the government.

8. CONCLUSIONS AND RECOMMENDATIONS

8.1. Conclusion

This evaluation was conducted with the primary aim to document achievements, results and lessons of the project for institutional learning. The evaluation also intended to ensure accountability and transparency with the stakeholders and donor on the processes and results. Due attentions were accorded to identify and document the project interventions as planned and implemented to deal with the problems of early childhood care, learning and development among the intended project beneficiaries.

Based on the findings, the evaluators have come to unequivocal conclusion that the design and implementation of the project were worth undertaking. The evaluators conclude that the problems of early childhood care and learning caused by lack of facilities and services have the magnitude, depth and intensity to stay in the current project areas for some years in the future. We have strong conviction that project of this nature need continuity with enhanced magnitude, scale-up and consolidation for some years to bring sustainable impacts.

The evaluation result showed that the project was found to be relevant and appropriate. The implementation of the project has contributed significantly toward improved community knowledge and awareness on early childhood care, development and learning, livelihood improvement, food and security and child nutrition. Thus, the *Community-Led Action for Children (CLAC) Project* could be a model intervention that can serve as basis for expansion, scale-up and replication of the successful efforts.

The evaluation further revealed that the implementation of the project added value in all aspects. The different project components and activities have brought about changes and improvements in the knowledge, information and awareness of the project beneficiaries. The community members, community leaders, local administration and the concerned sector offices around the ECCD centers have acquired knowledge, awareness, skills, experiences and lessons from the implementation of the project. Equally, the identified project limitations and lessons are believed to be sources of learning and experiences for all the stakeholders for their future endeavors.

It was realized that the partnership among the funding agency, PIE, MCMDO, the government sector offices at sub-city and woreda levels was necessary and useful. The unwarranted interruption in the smooth working relationship between the project and woreda 12 and 14 education offices during the last 2 years of the project implementation was found to be disruptive and negatively affected cooperation and collaboration.

8.2. Recommendations

- The evaluation findings revealed the prevalence of serious shortage of facilities and services for the KG and primary schools among all the ECCD centers and high poverty communities surrounding them. The existence of one government KG each at woreda 12 and 14 for tens and thousands of households shows the magnitude of unmet needs. The evaluation revealed that thousands of children are in remote areas, far away from government KG and parents cannot bring them to the government KG. Most parents cannot afford the private KG in their areas. Thus, PIE, MCMDO and the funding agency are advised to continue the early childhood care and learning services provided in the ECCD centers, at least for the coming three years.
- However, establishing ECCD centers and provision of early childhood learning services can only have the purpose of raising community awareness and drawing the government attention to the prevailing problem. Coverage and satisfying needs cannot be the mandate of small projects of this kind. Thus, along the provision of early childhood care and learning services, PIE and partners are advised to strengthen partnership and lobbying the government to further draw attention to the problem, undertake intensive community mobilization and local fund raising to establish community managed ECCD centers and alternative basic education facilities at strategic locations.
- The evaluation established that the partnership with the woreda 12 and 14 education offices was not strong and steadfast. The quarrel/personalities clash occurred some three years back caused the deterioration in partnership and the problem has lingered since then. The problem with one particular guy had a contiguous effect and spread around. At the time of this evaluation all the management and staff in woreda 12 and 14 education offices were found to be unfriendly to the project. Thus, PIE and MCMDO are advised to approach the zone and woreda education offices and other relevant sector offices, organize round table discussion and consensus building as soon as possible.
- The evaluators understand that income generation and livelihood promotion interventions are essential components in early childhood care, development and education. The coffee ceremony-based saving groups started by the project have the potential of growing into community-based sustainable saving and loan financial structure with proper facilitation, guidance and capacity building interventions. PIE and MCMDO are advised to strengthen the livelihood promotion wing of the project. Strengthening the current groups on the principle of Self-Help Groups (SHGs), consolidating group solidarity among members, vocational and entrepreneurship training, building financial base of the groups for better loan access, close follow-up and technical and advisory supports for business success and loan repayment are recommended.

- Document review results revealed that the project under evaluation lacked baseline study. Projects and programs need to have proper and standard baseline study in order to establish baseline indicators, guide implementation, gauge progress of accomplishments and measure changes and impacts at project end line survey. Thus, PIE and its partners are advised to conduct baseline study for the next phase of this project and any other interventions prior to commencement of implementation.
- Document review result revealed lack of a phase-out plan and/or exit strategy as standalone document for the project. A phase-out plan or exit strategy is a working document which guides all the phase-out and exit strategy of a project. Thus, PIE and its partners are advised to develop standalone phase-out/exit strategy for the project in its next implementation phase and other similar projects in the future. Ideally, phase-out plan should be prepared at the beginning of a project, in a participatory manner with the involvement of the relevant stakeholders and should be implementable. It is expected to have defined roles and responsibilities for the concerned stakeholders as well as clear direction and time frame and milestones for the eventual phase-out. The plan will help the implementing organizations ensure sustainability and transfer duties and responsibilities smoothly when the time arrives.

9. ANNEXES

9.1. List of References

1. Early Childhood Education in Ethiopia: Present Practices and Future Directions, The Ethiopian Journal of Education Vol. XXXVI, No. 2, Fantahun Adams, December 2016
2. Annual Narrative Report for Community Lead Action for Children Project, November 1, 2017 – October 30, 2018, Plan International Ethiopia, Addis Ababa,
3. Annual Narrative Report to for *Community Led Action for Children*, November 1, 2016 – October 30, 2017, Plan International Ethiopia, Addis Ababa,
4. Gerstman, B. Burt. 2008. Basic Biostatistics: Statistics for Public Health Practice. 192.
5. Logical Framework for the Community Lead Action for Children Project, Plan International Ethiopia, Addis Ababa,
6. Project Proposal Narrative for Community Led Action for Children, Plan International Ethiopia, June 25, 2016, Addis Ababa,
7. Terminal Narrative Report for Community Led Action for children Project, November 1, 2016 - June 31, 2019, Plan International Ethiopia, Addis Ababa,
8. The Effects Of Early Childhood Education Attendance On Cognitive Development: Evidence From Urban Ethiopia, Tassew Woldehanna, School of Economics, Addis Ababa University, August 2012.

9.2. Data Collection Tools

9.2.1. Questionnaire for Beneficiary Survey

No	Topic	Responses
SECTION I: RESPONDENT AND AREA IDENTIFICATION		
01	Name of respondent	
02	Name of Zone/neighborhood	
04	Date of interview	
05	Name and signature of Interviewer	
SECTION II: RESPONDENT'S SOCIO-DEMOGRAPHIC CHARACTERISTICS		
06	Sex of the respondent	1= Male, 2= Female
07	Age of respondent	_____ years
08	Marital status of respondents	1= single, 2= married, 3= widowed, 4 = divorced
09	How many people live permanently (<i>at least since the six months</i>) in your household?	Age group
		Male
		Female
		0 -8
		9-18
	19-29	
	30-60	
	61 and above	
10	Have you ever attended school	1= Yes, 2 = no → <i>skip Q11</i>
11	The highest level of school you have attended?	1= primary (1-8), 2= secondary (9-10), 3= preparatory (11-12), 4 = Diploma, 5 = BA/BSC and above
SECTION III: KAP ON EARLY CHILDHOOD CARE & DEVELOPMENT		
3.1	Knowledge and Attitude	
12	Do you think that a baby can see at birth	1 = yes, 2 = no, 3 = don't know
13	Do you think a baby can hear at birth?	1 = yes, 2 = no, 3 = don't know
14	Babies could feel while in the womb	1 = yes, 2 = no, 3 = don't know
15	The earliest a baby can "think" is after three months.	1 = yes, 2 = no, 3 = don't know
16	Do you think it is essential to exclusively breast fed a baby during the first six months of birth?	1 = yes, 2 = no, 3 = don't know
17	Immunization during first year is important	1 = yes, 2 = no, 3 = don't know
18	Do you think stimulation and interaction are important for babies including the newborn?	1 = yes, 2 = no, 3 = don't know
19	Do you think that playing with a child including the newborn as important as feeding?	1 = yes, 2 = no, 3 = don't know
20	When a child's thinking/cognitive skills start developing?	1 = starting from early childhood, 2 = after going to school, 3 = when the child gets older/stronger, 4 = don't know → <i>Skip Q, 21</i>
21	What is the key factor for child's development of thinking/cognitive skills? (<i>multiple responses are possible</i>)	1 = play, 2 = interaction/stimulation, 3 = food, 4 = strict discipline, 5 = going to school
22	Do you think adequate or inadequate early childhood care and development are key factors for later success or failure in life?	1 = yes, 2 = no, 3 = don't know
23	Is it possible to instill self-confidence in children?	1 = yes, 2 = no, → <i>Skip Q, 24</i> , = don't know → <i>skip Q 24</i>

24	What are the factors for developing self-confidence in children? (<i>multiple responses are possible</i>)	1 = make them brave, 2 = make them truthful, 3= make them loyal, 4= enable them respect others, 5 = enable them speak in front of elders,6 = enable them love and share with other children
25	Who should be responsible for upbringing and development of children?	1 = father only, 2 = mother only, 3 = both mother and father, 4 = older siblings
26	Community members and government have as important roles as parent in upbringing and development of children	1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree, 5 = don't know
27	Would you please, mention the key injuries and fatal accidents that child can encounter? (multiple responses are possible)	1 = falling, 2= burns, 3 = cuts, 4 = electric shock, 5 = falling into wells, 6 = choking while eating, 6= drinking/swallowing medicine/poisons
28	What are the most important early childhood care and development practices? (multiple responses are possible)	1 = Immunization, 2 = exclusive breast feeding during the first six months, 3 = interaction and stimulation, 4 = regular feeding, 5 = keeping the child clean, 6 = playing with the child,
3.2.	Early Childhood Education, Care and Development Practices	
29	Children (0-8) in your household are cared for by whom?	1 = mother only, 2 = father only, 3 = both mother and father, 4 = grandmother, 5 = grandfather, 6 = older brother, 7 = older sister, 8 = male guardian, 9 = female guardian
30	Who feed and clean the baby?	1 = mother only, 2 = father only, 3 = both mother and father, 4 = elder sibling/s
31	Rate the ability of the respondent in the following child care, protection development areas:	
31.1	Can provide a safe, clean environment for my child and teaches her/him how to stay safe	1 = needs improvement, 2= capable 3 = very capable
31.2	Provide an environment that promotes healthy and good nutrition,	1 = needs improvement, 2= capable 3 = very capable
31.3	Provide activities, materials and schedules that promote my child's development and education,	1 = needs improvement, 2= capable 3 = very capable
31.4	Use activities, materials and equipment that allow my child to develop small muscle skills	1 = needs improvement, 2= capable 3 = very capable
31.5	Use activities, materials and equipment that help my child learn how to think, reason and solve problems,	1 = needs improvement, 2= capable 3 = very capable
31.6	Help my child learn how to communicate and introduce her/him to the basics of reading and writing	1 = needs improvement, 2= capable 3 = very capable
31.7	Help my child express herself/himself creatively through music, art and movement	1 = needs improvement, 2= capable 3 = very capable
31.8	Nurture my child, helping her/him build a positive self-identity and respect for every child's cultural backgrounds	1 = needs improvement, 2= capable 3 = very capable
31.9	Help my child learn how to socialize and get along with others,	1 = needs improvement, 2= capable 3 = very capable
31.10	Use effective strategies to help my child understand how to behave appropriately,	1 = needs improvement, 2= capable 3 = very capable
31.11	Establish positive, responsive and cooperative relationships with myself and the members of our family,	1 = needs improvement, 2= capable 3 = very capable
31.12	Present herself/himself in a professional manner	1 = needs improvement, 2= capable 3 = very capable
	SECTION IV: SAVINGS AND URBAN ADRICULTURE	

32	Did you participate in the project livelihood improvement interventions supported by the project?	1= yes, 2 = no → <i>Skip Q 33-41</i>
33	What were the supports provided by the livelihood improvement interventions of the project? (multiple responses are possible)	1 = trainings, 2 = working capital, 3 = materials support, 4= improved seeds
34	Were you able to engage in livelihood improvement initiatives of your own with the supports?	1= yes, 2 = no
35	What is the major livelihood improvement initiatives you have been actively engaged in?	_____
36	For how long you have been involved in the project's livelihood interventions?	1 = one year, 2 = two years, 3= three years, 4 = over three years
37	Are you still under taking the IGA?	1= yes, 2 = no
38	Can you estimate your average monthly income before starting this IGA?	_____ Birr
39	Can you tell me the average amount of monthly income after starting this IGA?	_____ Birr
40	How do you rate your current livelihood situation compared to the situation before starting the IGA?	1 = improved, 2= deteriorated → <i>skip Q 41</i> , 3 = no change → <i>skip Q 41</i>
41	If improved, what the changes (Multiple responses are possible)?	1 = able to feed and clothe my children, 2 = able to send my children to school, 3 = able to purchase household furniture and equipment, 4 = able to diversify 5= able to expand my income, 6 = my social status has improved
SECTION V EARLY CHILDHOOD EDUCATION AND DEVELOPMENT CENTERS		
42	What was the earliest age your child able to enroll in ECCD center?	_____ years
43	What was the earliest age your child was able to read and write?	_____ years
44	Did your child like being at this setting?	1 = yes, → <i>skip Q 46</i> , 2 = no → <i>skip Q 45</i>
45	If yes, why? (Multiple responses are possible)?	1 = the child liked the care in the center, 2 = the child was interested in the early education, 3 = the child liked the teachers, 4 = the child loved being together with the other children
46	If no, why? (Multiple responses are possible)?	1 = the care at the center was not good, 2 = the teachers were not sociable and helpful, 3 = the early childhood education was boring and tiresome, 4 = the child disliked being with the other children
47	The ECCD center setting helped your child to feel confident?	1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree, 5 = don't know
48	Your child was safe at early childhood care center?	1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree, 5 = don't know
49	Do you agree that your child's behavior is managed effectively	1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree, 5 = don't know
50	Do you feel that the staff in the ECCD center really know your child as an individual?	1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree, 5 = don't know
51	Your child was making good progress at the setting	1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree, 5 = don't know
52	You received helpful, regular feedback about your child	1= yes, 2 = no

53	You have had close involvement in the ECCD center and know about your child's progress in learning	1= yes, 2 = no
54	The setting took your views into account when making changes	1= yes, 2 = no
55	The setting effectively engaged parents in their child's learning	1= yes, 2 = no
SECTIONVI: RELEVANCE, EFFECTIVENESS, EFFICIECY, IMPACT & SUSTIANABILY		
56	The project addressed the needs and priorities of children	1= yes, 2 = no, 3 = don't know
57	The project has reached the poorest and most marginalized target groups,	1= yes, 2 = no, 3 = don't know
58	The project addressed the needs of children with disabilities and children with HIV/AIDS	1= yes, 2 = no, 3 = don't know
59	The project was transparent and accountable to target children and parents	1= yes, 2 = no, 3 = don't know
60	The project built the capacity of parents and guardians	1= yes, 2 = no, 3 = don't know
61	The project has contributed to safe and nurturing environment for early care, learning and smooth transition to primary education of children	1= yes, 2 = no, 3 = don't know
62	The project interventions improved the knowledge, attitude and practices of parents and communities on ECCD	1= yes, 2 = no, 3 = don't know
63	The project benefited the intended beneficiaries	1= yes, 2 = no, 3 = don't know
64	The project improved reading, writing and school readiness skills of children attending the ECCD centers	1= yes, 2 = no, 3 = don't know
65	The improved knowledge, attitude and practices (KAP) on ECCD as a result of the interventions will be sustainable	1= yes, 2 = no, 3 = don't know
66	The project has introduced innovative approaches that are useful and replicable elsewhere	1= yes, 2 = no, 3 = don't know

9.2.2. FGD with Center Management

Background information of the individuals present at the focus group discussion (Please record name, organization and responsibilities of each of the discussion participants)

S/No	Name	Sex	Age	Education level	City/town/kebele
1					
2					
3					

1. ECCD Centers

- 1.1. How do you describe the early childhood education care and development situations in your area? What are major problems children and parents face in this regard? Are there facilities and services?
- 1.2. How do you describe the early childhood education care and development center established by Plan and MCMDO in your area?
- 1.3. How do you describe the center set-up, their convenience for children, their play materials?
- 1.4. Did the project improve the capacity of families, community and government to enable them implement proper early childhood education, care and development?
- 1.5. How do you rate the ECCD centers in preparing the children for formal education?
- 1.6. Did your children like the center? Why if they liked it? Why, if they don't like?

2. Center Management Committees

- 2.1. When were you organized as center management committee? How many members you have as center management committee members?
- 2.2. Who supported to be organized?
- 2.3. What training, capacity building and other supports were provided to you?
- 2.4. What were your roles and responsibilities? Do you have guideline related to your roles and responsibilities?
- 2.5. Would you describe the major activities you have accomplished? Can you tell us the list of changes brought about through your works?

3. Relevance, Effectiveness, Impact and Suitability

- 3.1. Do you think the project addressed the needs and priorities of children in your area?
- 3.2. Do you think the project reached the poorest and most marginalized target groups?
- 3.3. Do you think the project was transparent and accountable to target children and parents?
- 3.4. Do you think the project interventions improved the knowledge, attitude and practices of parents and communities on ECCD?
- 3.5. Do you think the project improved knowledge, attitude and practices (KAP) on ECCD as a result of the interventions will be sustainable?
- 3.6. What are the limitations and challenges of the project?
- 3.7. What are the lessons learned and good practices of the project?

9.2.3. FGD with non-project beneficiaries

Background information of the individuals present at the focus group discussion (Please record name, organization and responsibilities of each of the discussion participants)

S/No	Name	Sex	Age	Education level	City/town/kebele
1					
2					
3					

1. KAP of Early childhood education, care and development

- 1.1. Please, explain the important information and knowledge you have early childhood care and development (Probe about when babies start seeing and hearing, start thinking/cognition, about exclusive breast feeding, immunization, etc.)
- 1.2. Further probe on the importance of stimulation, interaction and playing with babies including newborns
- 1.3. Please, explain the importance of adequate early childhood care and development
- 1.4. Who should be responsible for care, education and development of children?

2. Early Childhood Education, Care and Development Practices

- 2.1. Who bears the responsibility of caring for children under 8 years of age in your family?
- 2.2. How you rate the capacity of families and community members in your area for education, care and development of children in your area?

3. Needs and gaps for ECCD

- 3.1. What services and facilities are available in your area for early childhood education, care and development in your area?
- 3.2. What are the major problems that children in your area face? Have the children education facility to go to when they reach school age? Are there facilities for early childhood education care and development?
- 3.3. Do you and the community in your area send young children KGs and school aged children to formal school without difficulty?
- 3.4. Where people usually send children for KGs and primary school? How many minutes or hours children should travel to reach the nearest school?

9.2.4. FGD with parents and guardians of children in ECCD centers

Background information of the individuals present at the focus group discussion (Please record name, organization and responsibilities of each of the discussion participants)

S/No	Name	Sex	Age	Education level	City/town/kebele
1					

1. KAP of Early childhood education, care and development

- 1.1. Did you get education and awareness on early childhood care, education and development from the project?
- 1.2. Please, explain the important information and knowledge you obtained from the education and awareness raising of the project (Probe about when babies start seeing and hearing, start thinking/cognition, about exclusive breast feeding, immunization, etc.)
- 1.3. Further probe on the importance of stimulation, interaction and playing with babies including newborns
- 1.4. Please, explain the importance of adequate early childhood care and development
- 1.5. Who should be responsible for care, education and development of children?

2. Early Childhood Education, Care and Development Practices

- 2.1. Who bears the responsibility of caring for children under 8 years of age in your family?
- 2.2. How you rate the capacity of families and community members in your area for education, care and development of children in your area?
- 2.3. What services and facilities are available in your area for early childhood education, care and development in your area?

3. ECCD Centers

- 3.1. How do you describe the early childhood education care and development center established? by Plan and MCMDO in your area?
- 3.2. How do you describe the center set-up, their convenience for children, their play materials?
- 3.3. Did the project improve the capacity of families, community and government to enable them implement proper early childhood education, care and development?
- 3.4. How do you rate the ECCD centers in preparing the children for formal education?
- 3.5. Did your children like the center? Why if they liked it? Why, if they don't like?

4. Relevance, Effectiveness, Impact and Suitability

- 4.1. Do you think the project addressed the needs and priorities of children in your area?
- 4.2. Do you think the project reached the poorest and most marginalized target groups?
- 4.3. Do you think the project was transparent and accountable to target children and parents?
- 4.4. Do you think the project interventions improved the knowledge, attitude and practices of parents and communities on ECCD?
- 4.5. Do you think the project improved knowledge, attitude and practices (KAP) on ECCD as a result of the interventions will be sustainable?
- 4.6. What are the limitations and challenges of the project?
- 4.7. What are the lessons learned and good practices of the project?

9.2.5. FGD with Saving and urban agriculture participants

Background information of the individuals present at the focus group discussion (Please record name, organization and responsibilities of each of the discussion participants)

S/No	Name	Sex	Age	Education level	City/town/kebele
1					

1. KAP of Early childhood education, care and development

- 1.1. Did you get education and awareness on early childhood care, education and development from the project?
- 1.2. Please, explain the important information and knowledge you obtained from the education and awareness raising of the project (Probe about when babies start seeing and hearing, start thinking/cognition, about exclusive breast feeding, immunization, etc.)
- 1.3. Further probe on the importance of stimulation, interaction and playing with babies including newborns
- 1.4. Please, explain the importance of adequate early childhood care and development
- 1.5. Who should be responsible for care, education and development of children?

2. Early Childhood Education, Care and Development Practices

- 2.1. Who bears the responsibility of caring for children under 8 years of age in your family?
- 2.2. How you rate the capacity of families and community members in your area for education, care and development of children in your area?
- 2.3. What services and facilities are available in your area for early childhood education, care and development in your area?

3. ECCD Centers

- 3.1. How do you describe the early childhood education care and development center established? by Plan and MCMDO in your area?
- 3.2. How do you describe the center set-up, their convenience for children, their play materials?
- 3.3. Did the project improve the capacity of families, community and government to enable them implement proper early childhood education, care and development?
- 3.4. How do you rate the ECCD centers in preparing the children for formal education?
- 3.5. Did your children like the center? Why if they liked it? Why, if they don't like?

4. Saving and urban agriculture question

- 4.1. What are livelihood improvement interventions supported by the project?
- 4.2. Were you able to engage in livelihood improvement initiatives of your own with the supports?
- 4.3. What is the major livelihood improvement initiatives you have been actively engaged in?
- 4.4. For how long you have been involved in the project's livelihood interventions? Are you still under taking the IGA?
- 4.5. Is there improvement to your livelihood situation?
- 4.6. What are the limitations and challenges of the project?
- 4.7. What are the lessons learned and good practices of the project?

9.2.6. KII with ECCD Center Facilitators and Early Grade Teachers

Background information of the individuals present at the KII discussion (Please record name, organization and responsibilities of each of the discussion participants)

Region: _____

Woreda: _____

S/No	Name	Education Level	Organization	Responsibility
1				
2				
3				

1. ECCD situation in the Area

- 1.1. How do you describe the early childhood education care and development situations in your area? What are major problems children and parents face in this regard? Are there facilities and services?
- 1.2. Where the children of the area can attend KG and primary schools in the past? How about the current context?
- 1.3. How do you describe the knowledge, attitude and practices of parents and community members on ECCD?
- 1.4. Do you see any improvement around parents, community and government regarding ECCD? If there are changes what are the causes?

2. ECCD Centers

- 2.1. How do you describe the early childhood education care and development center established by Plan and MCMDO in your area?
- 2.2. How do you describe the center set-up, the convenience for children, the play materials?
- 2.3. How do you describe the teaching and learning process, the effectiveness of the teachers?
- 2.4. How do you describe the relationship of the centers with parents and community and the involvement of parents and guardians?
- 2.5. Did the project improve the capacity of families, community and government to enable them implement proper early childhood education, care and development?
- 2.6. How do you rate the ECCD centers in preparing the children for formal education?
- 2.7. Did your children like the center? Why if they liked it? Why, if they don't like?

3. Relevance, Effectiveness, Impact and Suitability

- 3.1. Do you think the project addressed the needs and priorities of children in your area?
- 3.2. Do you think the project reached the poorest and most marginalized target groups?
- 3.3. Do you think the project was transparent and accountable to target children and parents?
- 3.4. Do you think the project interventions improved the knowledge, attitude and practices of parents and communities on ECCD?
- 3.5. Do you think the project improved knowledge, attitude and practices (KAP) on ECCD as a result of the interventions will be sustainable?
- 3.6. What are the limitations and challenges of the project?
- 3.7. What are the lessons learned and good practices of the project?

9.2.7. KII with Government Sectors

Background information of the individuals present at the KII discussion (Please record name, organization and responsibilities of each of the discussion participants)

Region: _____

Woreda: _____

S/No	Name	Education Level	Organization	Responsibility
1				

1. ECCD situation in the Area

- 1.1. How do you describe the early childhood education care and development situations in your area? What are major problems children and parents face in this regard? Are there facilities and services?
- 1.2. Where the children of the area can attend KG and primary schools in the past? How about the current context?
- 1.3. How do you describe the knowledge, attitude and practices of parents and community members on ECCD?
- 1.4. Do you see any improvement around parents, community and government regarding ECCD? If there are changes what are the causes?

2. ECCD Centers

- 2.1. How do you describe the early childhood education care and development center established by Plan and MCMDO in your area?
- 2.2. How do you describe the center set-up, the convenience for children, the play materials?
- 2.3. How do you describe the teaching and learning process, the effectiveness of the teachers?
- 2.4. How do you describe the relationship of the centers with parents and community and the involvement of parents and guardians?
- 2.5. Did the project improve the capacity of families, community and government to enable them implement proper early childhood education, care and development?
- 2.6. How do you rate the ECCD centers in preparing the children for formal education?

3. Partnership and Capacity Building

- 3.1. Have you been working in partnership in the implementation of ECCD centers?
- 3.2. Have you any formal agreement with PIE and MCMDO?
- 3.3. What capacity building supports provided to your office by the project?
- 3.4. Have you had adequate involvement in the implementation of the project?
- 3.5. What are the key achievements through the partnership?

4. Relevance, Effectiveness, Impact and Suitability

- 4.1. Do you think the project addressed the needs and priorities of children in your area?
- 4.2. Do you think the project reached the poorest and most marginalized target groups?
- 4.3. Do you think the project was transparent and accountable to target children and parents?
- 4.4. Do you think the project interventions improved the knowledge, attitude and practices of parents and communities on ECCD?
- 4.5. Do you think the project improved knowledge, attitude and practices (KAP) on ECCD as a result of the interventions will be sustainable?
- 4.6. What are the limitations and challenges of the project?
- 4.7. What are the lessons learned and good practices of the project?

9.2.8. KII with PIE and MCMDO Staff

Background information of the individuals present at the KII discussion (Please record name, organization and responsibilities of each of the discussion participants)

Region: _____

Woreda: _____

S/No	Name	Education Level	Organization	Responsibility
1				

1. ECCD situation in the Area

- 1.1 How do you describe the early childhood education care and development situations in the project area? What are major problems children and parents face in this area? Are there facilities and services in the area prior to the implementation of the project?
- 1.2 Where the children of the area can attend KG and primary schools in the past? How about the current context?
- 1.3 How do you describe the knowledge, attitude and practices of parents and community members on ECCD prior to the implementation of the project?
- 1.4 Do you see any improvement around parents, community and government regarding ECCD? If there are changes what are the causes?

2. ECCD Centers

- 2.1. How do you describe the early childhood education care and development centers established by Plan and MCMDO?
- 2.2. How do you describe the center set-up, the convenience for children, the play materials?
- 2.3. How do you describe the teaching and learning process, the effectiveness of the teachers?
- 2.4. How do you describe the relationship of the centers with parents and community and the involvement of parents and guardians?
- 2.5. Did the project improve the capacity of families, community and government to enable them implement proper early childhood education, care and development?
- 2.6. How do you rate the ECCD centers in preparing the children for formal education?

3. Partnership and Capacity Building

- 3.8. Have you been working in partnership with the relevant sectors offices in the implementation of ECCD centers? Who are the key partners?
- 3.9. Have you any formal agreement with the partners?
- 3.10. What capacity building supports were provided to the sector offices?
- 3.11. Have the sector offices had adequate involvement in the implementation of the project?
- 3.12. What are the key achievements through the partnership?
- 3.13. What were the limitations and challenges of the partnership?

4. Relevance, Effectiveness, Impact and Suitability

- 4.1. Do you think the project addressed the needs and priorities of children in your area?
- 4.2. Do you think the project reached the poorest and most marginalized target groups?
- 4.3. Do you think the project was transparent and accountable to target children and parents?
- 4.4. Do you think the project interventions improved the knowledge, attitude and practices of parents and communities on ECCD?
- 4.5. Do you think the project improved knowledge, attitude and practices (KAP) on ECCD as a result of the interventions will be sustainable?
- 4.6. What are the limitations and challenges of the project?

9.2.9. Systematic observation check list

1. Observe whether the ECCD centres facilities and play materials are to the standard and functional.
2. Observe ECCD centres set-up were in state of functional and effective when they have been providing services.
3. Observe the set-up and environment are convenient for children and the learning and teaching processes.
4. Observe the education materials, play materials, chairs and tables and other facilities in the centers and their convenience for children.
5. Visit households and observe whether the children in the ECCD centers are ready for primary school.
6. Observe the IGA and urban agriculture initiatives of project participants, effectiveness, profitability and sustainability.
7. Observe whether the individual and group IGAs have the required equipment, materials and inputs for proper functioning.
8. Observe the capacity building interventions of the project extended to government sectors and community structures.
9. Observe government established ECCD centers and formal primary schools and their capacity to take over the initiatives started by the project.