

USAID/PEPFAR Funded Urban HIV/AIDS, Nutrition and Food Security Project in Ethiopia 2011–2017 Evaluation Report

July 2017

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Acknowledgements

Dawit Belew from the Public Health Consulting (DB-PHC) would like to thank the World Food Program (WFP) Ethiopia Office for giving us the opportunity to undertake this end-term evaluation of USAID/PEPFAR-funded Urban HIV/AIDS, Nutrition and Food Support Project. This assignment has been both challenging and exciting to the firm.

We gratefully acknowledge the support of all staff of WFP and stakeholders at all levels that made the end-term evaluation successful. Particularly, our sincere thanks go to the management and staff of WFP Ethiopia Office and field coordinators, regional health/HAPCO bureaus and *woreda*-level health/HAPCO offices for their facilitation role in terms of creating contacts with government offices/experts and the community in the selected study towns/cities and organizing respondents for different data collection methods. All these supports were extremely helpful for the evaluation team to conduct the study as specified in its methodology schedule and deliver the report on time.

We also appreciate the experts and officials at governmental and non-governmental organization offices in the Project towns for their willingness and for taking their time from their busy schedules to give us interviews during the field visit and to share their experiences and views on the implementation of the Urban HIV/AIDS, Nutrition and Food Security Project in their respective locations.

Finally, our special thanks go to the communities, especially to those individuals who participated in the process for their kindness and willingness to share their views and opinions on project under evaluation.

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Executive Summary

1. The World Food Program (WFP) designed an intervention project under the title “Urban HIV/AIDS Nutrition and Food Security” in response to the high prevalence of malnutrition among PLHIVs and in line with the National Nutrition Strategy. The project focused on improving the nutritional status and health of malnourished PLHIV; improving food security status of food insecure PLHIV and affected households, PMTCT/EMTCT clients and Orphans and Vulnerable Children (OVC); and producing an evidence base for programming, shared learning and policy formulation. In order to meet these objectives, the Project focused on five areas: nutrition assessment, Counselling and Support (NACS); food assistance for Orphans and Vulnerable Children (OVC); nutrition interventions in PMTCT/EMTCT services; improving food security and livelihood at household level (Economic Strengthening [ES]), strategic information generation and other crosscutting actions related to gender, protection and accountability, partnership, monitoring and evaluation. The Project, implemented from 2011–2017, was funded by USAID/PEPFAR, and contributions were made from Global Fund through Network of Networks of HIV Positives in Ethiopia (NEP+) and other bilateral and private donors, with a total funding amount of 56,054,469 USD. This is the report of the end-term evaluation.

Methodology

2. The evaluation was conducted to answer questions framed under six major themes, i.e., relevance, effectiveness, efficiency, impact, sustainability and coherence. Qualitative data were collected from primary sources through focus group discussions with beneficiaries and key informant interviews with staff from WFP, donors and government counterparts at federal, regional, *wereda*/sub-city and health facility levels. In addition, quantitative data were collected from secondary sources through document reviews. A total of 34 towns/sub-cities were selected for the evaluation.

Key findings of the evaluation

Relevance

3. The operations and objectives of the Urban HIV/AIDS Nutrition and Food Security Project are aligned with the policy objectives on HIV and AIDS which ensure the fulfilment of the obligations under the Joint United Nations Program on HIV/AIDS (UNAIDS) Joint Outcome Framework (JOF), the goals of Nutrition, Care and Support for PLHIVs under National Guide for HIV/AIDS and Nutrition in Ethiopia, and Strategic Plan II of the Federal HAPCO for intensifying Multi-sectoral HIV and AIDS Response in Ethiopia (2010/11–2014/15).

4. Beneficiaries indicated that the ES training sessions, credit and savings services and food support improved the financial access and food availability for PLHIVs. Accordingly, 9,718 ES beneficiaries (2,181 males and 7,538 females) were trained in varieties of enterprises; 1,100 beneficiaries (257 males and 843 females) established linkage with micro-finance institutions for loan services 15,018 food insecure pregnant/lactating women living with HIV have received food assistance to attend PMTCT services; all NACS and OVC clients have received food and nutrition assistance to enable them nutritionally recover and attend school respectively.

Effectiveness

5. The NACS component of the Project built the capacity of the health system in the target areas to provide nutrition assessment counselling and support services to PLHIV as a routine service. To this effect, 750 health workers (406 in NACS and 344 in commodity management) were

trained over the Project period, which is well above the Project target of 440. Health workers across all assessed facilities indicated that the knowledge and skill gained through the Project and the provision of electronic BMI scales helped them effectively assess and treat PLHIV.

6. Beneficiaries in the FGDs described that the counselling they received and the specialized foods provided helped them improve their health and nutritional status, and facilitated treatment initiation and adherence to ART drugs. They also indicated the Orphan and Vulnerable Children (OVC)/Highly Vulnerable Children (HVC) component of the Project, enabled care givers to send their school-aged children to school and resulted in a substantial increase in school enrolment that increased from 80.1% at baseline to 97.1% in year 4 of the Project.

7. The food assistance provided to food insecure pregnant or lactating women living with HIV enabled food-insecure PMTCT/EMTCT clients to have regular follow-up at health institutions, helped women adhere to PMTCT/EMTCT services, increased institutional delivery, and improved birth outcomes in terms of optimal birth weight and HIV negative status of their children.

8. The ES component of the Project resulted in a significant reduction in the percentages of PLHIV living under the poverty line from 70 to 23.5%; food insecure PLHIV with severe hunger reduced from 69 to 6%, and consumption of diversified diets at household level had improved over the 42 months of engagement in economic strengthening activities.

9. The UHAIS, a web-based information system, enabled the project to follow the progress of individuals and groups at output and outcome levels, and this was attributed to the recruitment and training of data clerks, supply of computers and close monitoring by WFP, regional HAPCO and *woreda* health offices.

10. Women's engagement in different economic strengthening interventions helped them own resources, develop confidence and engage in leadership and management of VSLAs, different social affairs and community issues of concern.

Efficiency

11. WFP mobilized an additional resource of 13.5 million USD, which is 24% of the Project resource amount (68% of the target), to reach additional OVC, household food assistance for NACS and PMTCT beneficiaries, ES operations including personnel, food assistance for needy ES participants, procurement of computers for UHAIS, internet service and e-MRIS support. The Project reached a total of 625,000 direct and indirect beneficiaries. 434,189 beneficiaries were reached through PEPFAR resources while the remaining 190,811 were reached using complementary resources mobilized by WFP, which is about 44% additional beneficiaries.

12. The implementation of the Project followed existing government structures from federal to local level operations which gave opportunities for an overall follow-up and support for smooth implementation. The engagement of some government sector offices was not at the expected level, such as not providing working premise for individual ES participants, MSEDA office not rendering close follow-up for the enterprises established, and MFI not availing the required loan amount.

13. Most of the service delivery mechanisms, including health facility services, economic strengthening activities, and the quality of services provided, were appreciated in most areas. However, timely delivery of services and quality issues were raised in the food assistance mechanism in more than 50% of the locations. Delays in service delivery were mainly attributed to delays in budget release, bidding processes, settling previous payments for food item suppliers, food supply shortage in consumer associations, poor infrastructure and security issues. Lack of flexibility in the release of ES matching grant fund instalments was reported to have contributed to the less effectiveness of the ES activities.

14. The donor partners believe that the ES component of the Project makes the Project costlier with the matching fund provided to the enterprises and coupled with long follow-up of individuals for three years. However, most of the respondents in most locations argued that the matching grant fund has contributed to the easy start of businesses and expansion of their activities. Even though it is difficult to replicate with the current modality with similar resources, the evaluation team's observation and the cases indicated during FGDs showed the significant contribution of the matching grant fund for the achieved results in ES component and overall project results.

Impact

15. The Project, as indicated by KIIs and FGDs, brought about remarkable improvements in most parts of the intervention areas, which is evidenced by outcome markers such as: the 93% ART adherence rate in 2016, the increase in the nutritional recovery rate for SAM from 63% in 2012 to 77% in 2016. The Project also contributed for the improvement of the uptake of PMTCT services from 89% (year 1) to 99.8% (year 5). The Project beneficiaries were 100% food-insecure at the start of the Project, and 76% of them ensured food security of their families at the end of the Project.

16. The Project has impacted the life of PLHIVs in many ways: NACS enhanced PLHIVs nutritional status, and women labor force participation or employment was improved by economic strengthening activities. The knowledge and skills acquired by health service providers through different training sessions provided by the Project brought about improvements in the quality of services provided to PLHIVs. The Project also enabled OVC to attend schools and brought positive changes on the health status and income of PLHIV by ensuring food security.

17. The Project facilitated the development of partnerships between the health facilities (the clinical aspect) and the non-clinical component (social mobilization and behavioral change) through referral linkages, thereby increasing the utilization of health services.

18. Since women are most affected by HIV/AIDS, the Project ensured women's participation by involving them in economic support, skill development and business creation and by addressing HIV and related health problems through NACS, PMTCT, OVC and ART components. Most of the ES participants were also women, which empowered them economically and gave them an opportunity to participate in joint decision-making processes.

Sustainability

19. The knowledge and skill gained by health workers on NACS, the inclusion of specialized food commodities like Plumpy'Nuts in the essential drug list of the government and the economic empowerment of food insecure PLHIV to ensure food security all contributed to the sustainability of project achievements beyond the life of the Project. The evolution of UHAIS to

government-owned E-MRIS contributed to the sustainability of information management at all levels.

Coherence

20. According to the findings from the review of different documents, the objectives and program components of the project are coherent with those of the HIV/AIDS policy and strategy of the country and WFP's corporate Strategic direction. Similarly, the 2010 WFP HIV/AIDS Policy states the same points, which clearly show that the current project has been integrated.

Conclusion

21. Generally, the following evidences are drawn from the evaluation of the Urban HIV/AIDS, Nutrition and Food Security Project:

- Beneficiaries are satisfied with the services they received from the Project;
- Effective upgrading of the data management system of the government is undertaken from manual to computer-based/automated and web based information management system;
- Women are both major decision makers and beneficiaries from the different components of the Project;
- Strong linkage is created between communities, health facilities and households in providing care and support to malnourished PLHIV;
- The project built the capacity of the government health system to assess, counsel and treat malnourished PLHIV, and
- Achievement of project objectives, which include increasing ART drug adherence, improving livelihoods, ensuring food security, breaking the inter-generational cycle of transmission of HIV from mother to child, increasing school enrolment and attendance and mitigating the social and economic impacts of HIV/AIDS.

22. Based on these evidences, it is possible to conclude that the Urban HIV/AIDS, Nutrition and Food Security Project is relevant and adherent to the priority of the government and needs of beneficiaries.

Lessons Learnt

23. The idea of combining transient support and development (economic strengthening) in project development is proven to be effective in facilitating and accelerating the achievement of outputs, outcomes and impacts of the Project in general, and it brings about self-reliance.

24. Entertaining concerns and suggestions of beneficiaries and engaging important stakeholders from all administrative levels in the Project cycle with clearly defined deliverables is an important decision for a better responsiveness of actors and ownership of Project/Program achievements.

25. Financial support in the form of grant in economic strengthening efforts is found to be effective in assisting beneficiaries to initiate their businesses easily. On the other hand, this form of financial support has limitations in scaling the service for a wider coverage of additional beneficiaries.

26. Incorporating NACS in to the other health services and sustaining and scale up of principles used in economic strengthening components into the pre-service curriculum is an effective means to scale up and reach wider geographical areas.

27. Publishing positive and negative outcomes of projects/programs and sharing them to the wider audience locally, across continents and globally is a proven means to disseminate useful areas to all needy people/organizations.

Recommendations

28. This end-term evaluation witnessed that the project is designed and implemented to the highest quality and standard and achieved its outputs and outcomes to the maximum. In addition, there is an initiative by the implementing partners, i.e., HAPCO, MOLSA and the Ministry of Women and Children Affairs (MWCA), to take the responsibility of assisting food-insecure PLHIVs through Community Care Coalition (CCC) and urban safety nets interventions. On the other hand, the Evaluation Team recognized that the uptake of the concept of combining direct support and development (economic strengthening) as was done by this project, by the government and other development actors in the effort to alleviate the food insecurity situation of PLHIV in the country is far behind than expected. It hence recommends that WFP, in the short-term, advocates this concept to government and other stakeholders to adopt and scale it up with in their HIV/AIDS interventions.

29. WFP, as part of its medium- and long-term goals, should advocate, lobby, and share experience to the Community Care Coalition (CCC) and the National social protection system to incorporate a real-time information system like the UHAIS that provides comprehensive information on individuals assisted.

30. The structural, technical and financial capacity of CCC to take the responsibility of mobilizing community resource to address the nutrition and food needs of the food insecure PLHIV is at its infancy.

Therefore, in the short-term, WFP should continue the technical support (training, experience sharing, coaching in program development, etc.) to CCC in order to sustainably mobilize community resources to address the food and nutrition needs of food-insecure PLHIV.

31. *The success factors* (community-based mobilization; facility-based nutrition assessment and counselling; facilitation of direct support by Coordination Committee (CC); cash- and voucher-based delivery system; conducting regular review meetings among beneficiaries and the strategic link between the community system, health system, community coordination groups and beneficiaries) are the lessons learned and best practices. *Therefore, WFP should, as a short and long-term approach, publish and share them to the wider audience across Africa and the rest of the world because of their outstanding achievement in extricating people from poverty.*

32. The design and development of future projects must ensure the engagement of key stakeholders, from all administrative levels, with clear deliverables for better ownership and responsiveness of actors. Entertaining beneficiaries' concerns and suggestions need to be strengthened.

In the short and medium terms, when WFP designs projects, it should engage all stakeholders, including communities and beneficiaries, from the design throughout the implementation process.

33. The economic strengthening model, with a slight modification on the matching fund modality that will enable it to revolve and reach a wider coverage, needs to be taken to scale by responsible government ministries, CCC, NGOs and donors as a model for poverty reduction and engaging the poorest of the poor in viable economic activities. *For this, WFP needs to have a well-designed advocacy plan for creating a strong influence on governmental and non-governmental development actors.*

Introduction

32. Nutritional assessment carried out in a hospital that provides Anti-Retro-Viral Treatment (ART) in Addis Ababa documented that 35-40% of registered pre-ART clients had a body mass index (BMI) of below 18.5, and 20% of them had BMI below 17. Later on, with enrolment into ART, clients in the same health facility reported that only 15% and 10% of them had BMI less than 18.5 and 17, respectively.¹ This indicates that there is a strong relationship between HIV infection and nutritional status of individuals.

33. The reduction of the proportion of malnourished PLHIVs after the enrolment into ART depicts that with combined intervention of improved awareness on HIV, adherence to ART and good nutrition, people living with HIV can lead productive lives. Based on this frame of reference, among others, the National Nutrition Strategy (NNS) launched in 2008 addresses the special nutritional need of people living with HIV and gives priority to children under two years of age, pregnant and lactating women, adolescents and food-insecure households. Evidences show that food insecure individuals and families are forced to engage in survival strategies that increase their vulnerability to contracting HIV (young migrating to cities, girls trading sex for food). Coping mechanisms erode over time, causing women and OVC to become vulnerable. Food and nutrition assistance is a short-term remedy to food insecurity delivered at the time of extreme vulnerability.

34. In response to the objectives of the National Nutrition Strategy and as per the recommendations of various evaluation reports, WFP designed a project, under the title of “Urban HIV/AIDS Nutrition and Food Security Project” with a component focusing on provision of nutrition and food security assistance to food insecure PLHIV in urban settings where HIV and food insecurity is at a higher prevalence. The project has the following specific objectives:

- improve nutritional status and health of malnourished PLHIV;
- improve food security status of PLHIVs and affected households, PMTCT/EMTCT clients and orphans and vulnerable children; and
- Establish an evidence base for programming, shared learning and policy formulation.

35. To realize the above objectives, the major intervention areas designed were :

- Nutrition assessment, counselling and support (NACS);
- Food assistance for orphans and vulnerable children (OVC);
- Nutrition interventions in PMTCT/EMTCT services;
- Improving food security and livelihood at household level (economic strengthening);
- Strategic information generation and other crosscutting actions related to gender protection and accountability, partnership, monitoring and evaluation.

36. The purpose of this assessment is to carry out an end-term evaluation of the Urban HIV/AIDS Nutrition and Food Security Project, the result of which may provide strategic and concrete evidence on the Project outcomes and resource utilization; and identify and formulate lessons that can be used as an input for future project design.

¹TOR prepared by WFP for end-term evaluation of the Urban HIV/AIDS, Nutrition and Food Security Project

37. The evaluation covered primarily USAID/PEPFAR-funded Urban HIV/AIDS Nutrition and Food Security Project from its start in October 2011 to March 2017. Given that the Project was also complemented with resources from other donors like NEP+ / (Prime and Sub-recipient of the Global fund and others, the evaluation will also look into the synergy created.

38. The project has been implemented in 89 towns/woredas of nine regional states and two city administrations of Ethiopia. Given that the geographic scope is too expansive to cover in its entirety, representative samples of 34 towns/cities were chosen in consultation with the WFP Ethiopia Country Office.

39. Beneficiaries, community-based organizations, Ministry of Health (MoH), HIV AIDS Prevention and Control Office (HAPCO), and World Food Program (WFP) Ethiopia Office were engaged in the process of this evaluation. Besides, The President's Emergency plan for AIDS Relief (PEPFAR) and Network of Network of HIV Positives in Ethiopia (NEP+) as major donors, PACT Ethiopia and implementing partners of the urban HIV/AIDS nutrition and food security project were also involved in this evaluation. The outcome of this evaluation will be of value to all donors involved, government partner as well as WFP to ascertain accomplishments and lessons drawn, as well as to inform of such programming in the future.

Overview of the Evaluation Subject

40. WFP Ethiopia has been directly involved in providing food support to address urban food insecurity since the beginning of the 1990s. The HIV/AIDS component was added to this urban intervention from 2001 to 2003. As per the recommendations of various evaluation missions, the country program (2003–2006) was designed with a component focusing on provision of food support to HIV/AIDS infected/affected individuals and households in urban settings.

41. Over the years, the response was adjusted in consideration of lessons learned from the intervention as well as from other interventions by other stakeholders about the pandemic. Particularly, the introduction of ART in 2005 changed the HIV and AIDS landscape in Ethiopia and allowed the WFP Urban HIV/AIDS response to develop clearer admission and discharge criteria to and from food and nutritional assistance. This was refined in 2008 with the issuance of the HIV and Nutrition Guideline by MoH, where admission criteria were refined to include nutritional status of PLHIVs measured by Body Mass Index (BMI).

42. The scale up of the HIV component of the Country Program (CP) was planned following the provision in the Strategic Plan for Multi-sectoral (SPM II 2010/11–2014/15) response of the Federal HIV and AIDS Prevention and Control office (FHAPCO). In line with the recommendations of the 2008–2010 midterm evaluation of the WFP HIV response and the 2010 WFP HIV policy, major programmatic changes were introduced in 2011/12. The HIV response was moved from a Protracted Relief and Rehabilitation Operation (PRRO) to the CP that has development objectives. The overall goal of the component was hence to mitigate the impacts of HIV on adults and children. The food and nutrition assistance was also considered as key opportunity for women living with HIV to access health services and ensure the enrolment of pregnant women in PMTCT/EMTCT programs. The PEPFAR funded nutrition and food security project with its expanded goal of mitigating the impacts of HIV/AIDS on adults and children through integration of NACS into care and support services was one major intervention of the CP's HIV component.

43. The major partners for implementation are the Project's town-level health/HIV and AIDS Prevention and Control offices (HAPCOs) and regional health bureaus (HAPCOs). The project has five major areas of activities:

- Nutrition assessment, counselling and support (NACS): this component has been implemented in developing regional states (DRS), i.e., Afar, Somali, Gambella, and Beneshangul Gumuz.
- Food assistance for orphans and vulnerable children (OVC): this component has been under implementation in partnership with a national OVC/HVC project led by PACT (international NGO).
- Integrating nutrition interventions in PMTCT/EMTCT services
- Improving food security and livelihood at household level (economic strengthening): this component is operational in 53 towns/cities located in all regional states of Ethiopia.
- Strategic information generation: a web-based information system called Urban HIV and AIDS Information System (UHAIS) was set up to capture output and outcome data at individual level, generate aggregate reports at multiple levels, and to serve as an evidence for informed programing and strategic planning.
- Gender, protection and environment have been thoroughly analysed and mainstreamed as key crosscutting issues at the design and throughout the implementation period of the Project.

44. The major donor for the Project was USAID/PEPFAR, while contributions were made from Network of Networks of HIV Positives in Ethiopia (NEP+) with funding from Global Fund and other bilateral and private donors to address more beneficiaries. The total amount of funding received from different sources during the five-year project period was 56,054,469 USD.

Context

45. Ethiopia is one of the countries in sub-Saharan Africa with a high burden of HIV infection. According to a report published by Ethiopia HIV/AIDS Resource Centre in 2016, HIV prevalence is 1.1 (M 0.8; F 1.5)². The decline in prevalence during the last five years is not remarkable, although it has declined from 1.5% in 2011 to 1.1% in 2016. As it is seen above, the HIV prevalence has remained consistently higher among women as compared to men and in urban areas as compared to rural settings with seven-fold difference³. Although there are no focused national population-based surveys to estimate the prevalence of HIV among children under 15, SPECTRUM estimate shows that children comprised 19% of the total PLHIVs in Ethiopia in 2016.⁵

46. A 2014 report from the Ethiopian Public Health Institute shows that there were about 374,000 orphans who lost at least one of their parents to death due to AIDS. It is believed that expanding ART programs will contribute to the reduction of AIDS orphans since ART prolongs life expectancy of those living with the virus.³

47. Ethiopia has one of the world's highest incidences of under-nutrition. Approximately 49% of the population lacks adequate nutrition⁵. Ethiopia suffers from chronic food insecurity and is also prone to acute food insecurity mainly due to recurrent drought and evident environmental

² Report published in 2016 by Ethiopia HIV/AIDS Resource Centre

³ A report from the Ethiopian Public Health Institute (2014)

degradation. According to the report of the Ethiopia Demographic and Health Survey (DHS) 2011, 26.9% of women of reproductive age group have MUAC of less than 18.4 Cm (17.8% 17 – 18.4 Cm; 9.1% less than 17 Cm)⁴. *(Please refer to Annex 2 for nutrition care plan, entry and exit criteria as stated in the National Guide for HIV-AIDS and Nutrition in Ethiopia)*. In part as a result of this, the Ethiopia DHS 2016, Key Indicators Report reported that Stunting is greater among children in rural areas (40 percent) than urban areas (25 percent).⁷ Overall, 10% of the children in Ethiopia are wasted and 24% are underweight (below -2 SD). Children in rural areas are more prone to be underweight than those in urban areas (25% versus 13%, respectively).⁷

48. According to the National HIV and Nutrition guide in Ethiopia, PLHIVs are more vulnerable to malnutrition than the general population. Weight loss and malnutrition, which are common in HIV infection or AIDS, are likely to accelerate disease progression, increase morbidity and reduce survival because of the impact of malnutrition on immunity. Inadequate intake, mal-absorption and increased resting energy expenditure are the key factors contributing to malnutrition in HIV and AIDS. Loss of appetite, diarrhoea, fever, nausea and frequent vomiting, fungal infections of the mouth, tongue, oesophagus and intestines are some of the symptoms and illnesses caused by HIV infection having nutritional consequences.

49. The National HIV/AIDS and Nutrition in Ethiopia states that HIV and AIDS and poverty have a dual cause-effect relationship. Poverty fuels the spread of the epidemic. The epidemic, in turn, worsens the economic situation of the household, often leading to increased poverty. A similar relationship exists between HIV/AIDS and economic growth. At a macroeconomic level, while HIV/AIDS is believed to slow economic growth, growth is closely related to poverty and availability of resources, variables that, in turn, contribute to shaping the epidemic and determining a country's ability to respond to it. PLHIVs receiving food and nutrition assistance at a time of a particular vulnerability need to be linked to viable sustainable economic strengthening activities.

50. To conclude, Ethiopia with its evident history of precarious food insecurity and major concern on malnutrition, , has to toil much to address the food and nutrition requirements of food insecure people living with HIV as well as orphans. In order to address this concern, WFP initiated the Urban HIV/AIDS, Nutrition and Food Security Project through which malnourished PLHIVs on pre-ART or ART who came to health facilities or referred by community resource people went through anthropometric assessments and those in need of therapeutic or supplementary food were provided with the required food at health institutions as per the national protocol. Malnourished PLHIVs were also linked to household food assistance after household-level food security assessment and community-level nutrition counselling and follow-up. PMTCT clients and their babies were referred by PMTCT service providing institutions and were followed up regularly for their compliance to PMTCT services. Food insecure PLHIV who were supposed to be engaged in economic strengthening activities were selected at a community level through established coordination committees. Agreed selection criteria was used to select the targets for economic strengthening activities.

⁴ Ethiopia Demographic and Health Survey (DHS) 2011
Nutrition and Food Security Project: End-Term Evaluation Report, May 2017

Objectives of the Evaluation

51. Evaluations in WFP serve the dual and mutually reinforcing objectives of accountability and learning.

- **Accountability** – the evaluation will assess and report on the performance and results of the HIV/AIDS nutrition and food security intervention.
- **Learning** – the evaluation will determine the reasons why certain results have or have not occurred, and helps draw lessons, derive good practices and pointers for learning. It will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated and lessons will be incorporated into relevant lesson sharing systems.

Evaluation Methodology and Limitations

Sampling Procedure

52. Based on the understanding of the objectives of this assignment and methods of data collection listed below, the evaluation team followed mixed type (purposive and random) sampling procedures, as needed, to determine the town/cities to be taken as sample for this evaluation. The sample towns/cities were selected from a list of 89 towns/cities provided by World Food Program Ethiopia Office.

- **Procedure 1:** When a regional state has only one town/city, that town/city is included in the list of sample towns/cities. This makes the sampling method purposive.
- **Procedure 2:** When a regional state has 2–4 towns/cities, one town/city will be randomly selected from the list of program town in the region.
- **Procedure 3:** When a regional state has five and more towns/cities, then 30% of the total number of towns/cities will be taken and these numbers of towns will be randomly selected from the list (sampling frame) of all program towns in the region.
- **Procedure 4:** The Dire Dawa City Administration has two *woredas* (one urban and one rural), but the evaluation team included only the urban *woredas* because WFP is implementing the Project only in the urban *woreda* of Dire Dawa. This makes the sampling method purposive.

53. Based on the above procedure, 34 towns/sub-cities were selected for the purpose of this evaluation. Please refer to Annex 7 to see towns/city/*wereda* selected from each of the nine regional states and two city administrations for the purpose of this evaluation:

Data Collection, Methods and Instruments

54. The evaluation relied on document review, focus group discussion and key informant interview to generate evidences to meet the objective of this evaluation.

Key Informant Interviews (KII)

55. Key informant interview was one of the data collection methods used in this evaluation. It allowed the evaluation team to obtain individuals' response in their own words. The interviews were conducted in person with technical experts (HIV/AIDS/nutrition focal person) in the respective sectors. It was meant mainly to extract in-depth information on institutional/personal attributes, knowledge, attitudes/beliefs, or behaviours towards the implementation of the WFP project. The respondents selected for these interviews were those who are knowledgeable

individuals with institutional and program memories, in general, and with urban HIV/AIDS nutrition and food security project, in particular.

56. The following institutions and individuals were interviewed to get relevant data on Urban HIV/AIDS Nutrition and Food Security Project.

Federal level

- World Food Program (WFP) Ethiopia Office, USAID/PEPFAR and NEP+
- Federal HAPCO, and PACT Ethiopia

Regional level

- Regional HAPCO
- Town/city/*woreda*
- Town/city HAPCO offices
- Primary health care units (PHCU)/Hospitals and TVET
- Representatives of beneficiaries and coordination bodies
- UHAIS data clerks
- TVET

57. Generally, five federal-level, nine regional-level, and 198 town/city-level interviews were conducted.

58. In order to guide the data collection through key informant interview, 11 types of checklists were developed by the consulting firm (Checklist for federal HAPCO; regional HAPCO; WFP; PEPFAR and NEP+; PACT; town HAPCO, PHCU/Hospitals; TVET; Coordination committee, UHAIS data clerks and beneficiaries).

Focus Group Discussions(FGDs)

59. Like the key informant interview, the evaluation team used focus group discussion mainly to collect data from three types of groups. This enabled to produce information from many people in a short period of time. The following focus groups were considered as data sources in each of the towns/cities selected.

60. ES groups from each town/city, with a total of 33 FGDs involving:

- a. members of VSLA group (3);
- b. representatives of production/marketing groups (2);
- c. representatives of production/marketing individuals (2); and
- d. an ES expert place at partners level (1).

61. NACS beneficiary groups from each of town/city/*woreda* and the following people were involved (33 group discussions):

- i. Beneficiary (malnourished) PLHIV enrolled in NACS program
- ii. Respondents from beneficiary households
- iii. Trained community resource persons

62. PMTCT/EMTCT and OVC guardians group (33 FGDs)

- iv. Pregnant and lactating mothers enrolled to PMTCT program
- v. Care takers of OVC enrolled in the program

vi. Trained community resource persons

63. Generally, 99 focus group discussions were conducted in this evaluation and the findings from these FGDs helped the evaluation team assess the progresses made in the implementation of WFP's HIV/AIDS Nutrition and Food Security Project; to measure the change in the living standards of individuals and households; to identify lessons learnt and to use them to triangulate the findings from other methods.

Document Review

64. In this evaluation, the following documents were reviewed to generate both quantitative and qualitative data.

- Mid-term evaluation report of this project (2008-2010) from WFP
- Finance, procurement and logistics records from WFP
- CP voucher or cash distribution reports from WFP
- Process monitoring reports from WFP
- Studies of outcome level results from WFP
- HIV/AIDS and nutrition guideline (MOH, 2008)
- Strategic plan for multi-sectoral responses (FHAPCO, 2010-2014/15)
- WFP's HIV and AIDS Policy 2015
- Data on the Urban HIV/AIDS Information System (UHAIS). The evaluation team also reviewed related scientific literature or websites to learn how other similar programs work or what they accomplished.

65. The evaluation team in consultation with WFP Ethiopia Office developed checklists for key informant interview, checklist for document review and guideline for focus group discussion in the realm of the objectives of the project and the key questions given by WFP HQ under each of the evaluation criteria.

Data Analysis and Triangulation

Data Analysis

66. Data entry in to the analysis framework was done at field level by enumerators and core team members assigned to each team as supervisor. Individual or group similarities and differences, were identified by noting major themes that emerged from interview notes and observations. The data collected was analysed and interpreted against the thematic issues in the objectives and criteria of the evaluation and to understand broader psychological and social context in which the evaluation questions are applied.

67. At the end of each day, during field survey, enumerators and Core Team Members (supervisors) had evening sessions to discuss the findings, describe respondents in terms of key variables, order the data, reduce them and classify or code (sort-out), display and summarize.

Triangulation

68. As information obtained through various techniques on the same topic is believed to produce new understanding or strengthen evidences, triangulation between different research studies compared and contrasted with the information and the data obtained from the secondary sources for the purpose of authentication.

Limitation and Coping Mechanisms

69. Qualitative methods used in these evaluations helped explore specific facets of the project and to document participants' experiences. The following table indicates the limitations observed and the coping mechanisms used in the process of evaluating the Project.

Table 1: Limitation and Coping Mechanisms

Limitation	Description	Coping Mechanism
Limited availability, incompleteness and poor quality of the required secondary data	Secondary data are required to measure the changes through time brought by WFP's project. The required data in some of the sectors especially in TVET centers and PHCUs were not available. For this reason, the annual trend and change became difficult to measure.	Most questions in KII and DR tools are prepared in such a way that one fills the gaps of the other and triangulate each other. Supplementary data to fill the gaps was taken from WFP Ethiopia office.
Unavailability and unwillingness of people with organizational memories to take part in KIIs.	The quality of data collected through KII was strongly dependent on the interview with the appropriate and relevant person in the visited organization, but some of the professionals, especially in Addis Ababa and in some regional bureaus, were not willing to take part due to other priorities.	The consulting firm together with the WFP Country Office informed the stakeholders to be visited prior to the date for interview and ensured the availability and willingness of most appropriate and relevant people. For some of the regional bureaus interview using telephone calls was done.
Identifying people and Organizing groups for FGDs are time taking	Readily available, motivated and knowledgeable community groups provided socially rich opinions and reflections of their communities. Such groups will also facilitate the proper time management in the process.	The consulting firm together with the WFP Country Office informed WFP contact people and the town administrations prior to the date for FGDs and ensured the availability and willingness of appropriate and relevant people who took part in the FGDs.
some of the towns/cities to be studied did not have the required activities and coordination body	Towns like Ayisha and Kebribeya do not have adequate project activities	The evaluation team was forced to make replacement of Kebribeya by Hartishek. Since Ayisha town do not have adequate activities and there is no WFP's contact person in the town, it is canceled from the list of the sampled woredas.
Security situation in some of sampled towns was critical	The evaluation team could not reach Degahabur Town for security reasons.	Degahbur was replaced by Togo Wujale Town

Evaluation Findings

Relevance

70. The extent to which the objectives of Urban HIV/AIDS, Nutrition and Food Security Project are consistent/aligned with country/government needs, beneficiaries' requirements, global priorities and partner' and donor's policies is discussed in this section of the report. The contents of this section will provide answers to the five key questions listed in the *relevance* part of the evaluation matrix.

Key Question 1: To what extent are the operations and objectives of the HIV project consistent with beneficiaries' and the country's needs, as well as donors' policies?

Alignment with WFP's HIV and AIDS Policy and Government's Interest and priorities

71. In order to assess the alignment and complementarity of the objectives, targets, and operational components of the urban HIV/AIDS, nutrition and food security project to donor's policy and the need and priority of the Ethiopian Government, intensive document reviews were made on the technical proposal of the Project submitted to USAID/PEPFAR, WFP's HIV and AIDS Policy, National HIV/AIDS and Nutrition Guideline in Ethiopia and the Strategic Plan II; For Intensifying Multi-sectoral HIV and AIDS Response in Ethiopia (2010/11–2014/15). These documents are believed to reflect the interest and priority of WFP and the government of Ethiopia.

Alignment with WFP's HIV and AIDS Policy

72. Since 2006, WFP has been the lead for integrating nutrition and/or food support in HIV responses under the Division of Labour of the Joint United Nations Program on HIV/AIDS. This responsibility included to: i) ensure nutritional recovery and treatment success through nutrition and/or food assistance; and ii) mitigate the effects of HIV and AIDS through sustainable safety nets.

73. Based on this, WFP HQ developed its policy on HIV and AIDS which enable it address its obligations under the Joint United Nations Program on HIV/AIDS (UNAIDS) Joint Outcome Framework (JOF) by ensuring the nutritional recovery and treatment success of food insecure and malnourished PLHIV through nutrition and/or food assistance and mitigating the effects of AIDS on individuals and households through safety nets and sustainable food security interventions.

74. The overall goal of the Urban HIV/AIDS Nutrition and Food Security Project is to mitigate the impacts of HIV on adults and children. The specific objectives are: to improve nutritional status and health of malnourished PLHIV, PMTCT clients and OVC; to improve food security status of PLHIV, PMTCT clients and orphans and vulnerable children; and to strengthen evidence base for programming, shared learning and policy formulation. NACS, food support to PMTCT clients, OVC support, ES and Strategic Information System are the Project components to address all the objectives of both the Project and WFP's obligations under the joint United Nation Program on HIV/AIDS (UNAIDS).

75. According to the findings of this document reviews, the operations and objectives of the Project are found to be aligned with policy objectives of WFP's HIV and AIDS policy which again ensures the fulfilment of the obligations under the Joint United Nations Program on HIV/AIDS (UNAIDS) Joint Outcome Framework (JOF).

Alignment with the National Guide for HIV/AIDS and Nutrition in Ethiopia

76. The goals of Nutrition, Care and Support for PLHIVs under the National Guide for HIV/AIDS and Nutrition in Ethiopia are: to improve nutritional status by maintaining weight and body composition, and preventing muscle loss; to ensure adequate energy and nutrient intake by influencing eating habits and building body stores of essential nutrients; to prevent illness by promoting hygiene and food and water safety; to enhance quality of life and minimize nutritional impact by promptly treating infections and managing symptoms that affect nutrient intake; and to provide care starting at the time of initial HIV testing and continuing through the advanced stages of the disease. These objectives are found to be aligned with the goal and objectives of urban HIV/AIDS nutrition and food security project as listed above.

77. Moreover, improved quality of lives of infected and affected people is one of the expected strategic result of the Strategic Plan II; For Intensifying Multi-sectoral HIV and AIDS Response in Ethiopia (2010/11 – 2014/15) (prepared by Federal HAPCO) to which all the objectives of WFP's project are found to be well aligned.

Addressing Beneficiaries' Requirement

78. In order to examine the status of urban HIV/AIDS, nutrition and food security project in addressing the requirements of beneficiaries, three types of FGDs were conducted at project site (town) level. Two questions, i.e., *“What were the critical needs of beneficiaries in your village?”* and *“In your opinion, has WFP's project satisfied the needs of beneficiaries in the best way?”* were asked to generate participants' opinion about their requirement addressed/not addressed by the Project. Participants' response for both questions is summarised in Table 2.

Table 2: Summary of participants' opinions about their needs addressed/unaddressed by the Project

Q: What were the critical needs in your village?	Q: In your opinion, has WFP's project satisfied your needs in the best way?
Adequate and quality food for themselves and their family members	According to the response of most of participants of FGD, the ES training, credit and savings services and food support have improved the financial access and food availability for PLHIVs, and, in addition, attitudinal changes have been brought about due to awareness creation efforts. On the other hand, in relation to getting access to houses for living, having adequate space to start ES and getting health education to the youth on reproductive health and HIV/AIDS, the Project did not address the needs of beneficiaries.
Proper knowledge on how to ensure ES	
Adequate vocational training on ES	
Access to loan or direct financial assistance for medication and to start ES activities	
Accessing saving and credit services	
Sustainable supply of school material and clothes to OVC.	
Health education on reproductive health and HIV/AIDS for the youth	
Own shelter and sanitation facilities	
Have an adequate space to start ES	

79. According to the finding of document review, during the Project lifetime, about 9718 (M 2181; F 7538) ES beneficiaries are provided with technical trainings on verities of enterprises; 15,018 PLHIV who are pregnant/lactating received food assistance to attend PMTCT services; All NACS clients and their households, PMTCT clients and their households and OVC clients have received food assistance and total of 1100 beneficiaries (M 257; F 843) have established linkage with Micro Finance Institutes for loan service.

Key Question 2: Were the approaches and strategies used relevant to achieve intended outcomes of the Project/intervention?

80. In order to assess the relevance of the approaches and strategies of the Urban HIV/AIDS, Nutrition and Food Security project in achieving the intended outcomes, the technical proposal of the Project submitted to USAID/PEPFAR and the draft close out report of the project were referred and reviewed and observations made by the evaluation team were considered. Accordingly, the Project has five intervention components and three strategies, including creating strategic partnership, creating clear linkage to add value and community capacity building.

Creating strategic partnerships for results at all levels

81. The project was implemented in partnership with all stakeholders bringing in required complementary services. These partnerships were mainly based on memorandum of understanding (MOU) and field-level agreements. Other major partners that actively participated in the implementation of the Project are:

- **At federal level:** Ministry of Finance and Economic Development (MoFED), Ministry of Health (MoH), Federal HIV/AIDS Prevention and Control Office (FHAPCO), Pact, UNICEF, UNHCR, UNAIDS, WHO, UNFPA;
- **At regional level:** Regional Bureau of Finance and Economic Development (RBoFED), Regional HIV/AIDS Prevention and Control Office/Bureau of Health (HAPCO/BoH); and
- **At project site level:** Town/*woreda* health offices, HIV and AIDS/prevention and control office (HAPCO offices), NGOs delegated by health offices, CSOs, Pact partners, health facilities, PLHIV Associations and Coordination Committees that involved all town level government sector offices.
- .

Creating clear linkages to add value

82. Reaching more PLHIVs and making the Project efficient and effective was possible through creating linkage with health institutions and community based care and support groups.

Community Capacity Building

83. A strong community capacity was required to implement the Project and phase out with sustainable situations in place. The capacity of communities was built in the areas of community management of malnutrition, including nutrition counselling and assessment, follow up of PLHIV with the provision of the required services as nutrition and adherence counselling. The capacity of communities to run self-owned pro poor financial access mechanisms in the form of Village Saving and Loan Associations (VSLAs) was also built

84. Through these three strategic approaches (creating strategic partnership, creating clear linkages to add value and community capacity building), and as presented in the effectiveness part of this report, the implementation of the components of urban HIV/AIDS nutrition and food security project has shown remarkable output- and outcome-level achievements.

Key Question 3: To what extent were the interventions aligned with the needs of other key stakeholders, particularly with the government and other actors in the sectors?

85. In order to assess the extent of alignment of the intervention of the Project with the need of the government, the technical proposal of Urban HIV/AIDS, Nutrition and Food Security Project submitted to USAID/PEPFAR and National Guide for HIV/AIDS and Nutrition in Ethiopia were reviewed.

86. Accordingly, the Project was implemented in partnership with federal regional and town HIV/AIDS Prevention and Control Offices/ health Bureaus/offices with the adherence to the policies and national guidelines. The four components of the WFP project are aligned with that of major interventions components (counselling and care, targeted supplementation and other uses of food support) of the government. In addition to the policy, strategy and operation level alignment, the data collection, analysis and reporting system (UHAIS) of the Project was aligned with that of the government's Multisectoral Response Information System (MRIS) .

87. As it is repeatedly mentioned during the key informant interviews, the interventions of the Project filled the gaps of the government in addressing its program components through community and health facility-level Nutrition Assessment and Counselling Services and community based food and food security assistance. As a result, a considerable number of PLHIV have become food-secure and self-supporting. Project beneficiaries have been transformed from hopelessness to hopefulness and showed strong adherence to services and ART.

Key Question 4: To what extent were the interventions able to respond to the needs of vulnerable groups and women?

88. One of the reports prepared by WFP Ethiopia Office states: "... Considering the fact that women are more vulnerable to HIV infection and carry the burden of the HIV epidemic and its impacts, the Project has paid attention to increase the involvement of women in all aspects of the Project. Consequently, a greater number of women have benefited from all components of the services provided through the project".

Economic Dimension

89. From the document reviews, 25,948 beneficiaries were involved in the economic strengthening component of the Project. Out of these, 20,333 (78.4%) were women. During the Project period, all of the ES beneficiaries were trained in financial education, business skills (at two levels) and saving and loan groups' organization and management. Besides, 7,268 of the ES participants received additional technical training related to their microenterprises, out of which 7.5 (79%) were women. Moreover, linkage to micro finance institutions were created for 1,100 beneficiaries, out of which 843 (77%) were women.

90. "I don't have a word to explain how ES program was successful, really! A number of households have become economically empowered, started to generate their own income, developed habit of saving and hardworking. Now, they are able to feed and educate their children," says a key informant interviewee from Nefas-silk Lafto Sub-city.

Socio-Cultural Dimension

91. According to the finding of a document review, all ES participants (25,948) of the Urban HIV and AIDS Nutrition and Food Security Project were members of VSLAs. It is also indicated that 78% of these ES participants were women which implies that vast majority of VSLA members are women. The reviewed document continued to explain that the objective of promoting VSLAs is to achieve

self-reliance among food-insecure PLHIVs by assisting them to create sustainable access to savings, loan and small insurance services. According to focus group discussions conducted, in almost all project sites, VSLA created healthy and strong social interaction among group members and with other members of the community. Through regular meetings, members discussed positive living and health issues, hygiene and sanitation, stigma and discrimination, new business plans and profitability and other socio-cultural concerns. These groups and related activities enabled women to involve and deal with extra familiar concerns.

Domestic Decision-Making

92. According to the finding of a document review, the total amount of savings made during the Project period by VSLAs was 64,114,326 birr, and the profit gained from ES-related activities was 4,190,369 birr. Hence, it is believed that ES beneficiaries, the majority of which are women, are becoming financially empowered and became bread winners of their families who are able to cover the costs for wellbeing, health and schooling of their children. Women are also empowered to access to or have control over resources, control of cash, household income and household budget. All these facts and developments contributed in putting women as household-level decision makers.

Project Management

93. Women are dominant in leadership positions related to project activities like VSLA management, *kebele*- and community-level beneficiary selection committees, project activity identification, and project monitoring and reviewing of the progress. Women are also found to be active participants in the implementation of project activities as members of beneficiary selection committees, as members of VSLA groups and as community resource persons of the Project.

94. *“It was indicated that women have significant participation in overseeing the Project undertakings. In this regard, of the eight staff members selected from wereda HAPCO and Office of Women and Youth Affairs to coordinate the Project activities, three are females, including, women affair office head and her subordinates”* says an interviewee from Lare, Gambella. In addition to the implementation of the Project, a vast majority of the beneficiaries are women.

95. *“All PMTCT clients are women, 80% of OVC guardians are women, and 75 of PLHIV are women,”* said an interviewee from Dire Dawa.

Key Question 5: To what extent did the scale up of the program lead to enhanced results for intended beneficiaries, including women and vulnerable groups?

Nutritional Assessment, Counselling and Support Service (NACS)

96. According to the findings of this end-term evaluation from document reviews and observations made by the evaluation team, WFP has been providing technical support for the provision of NACS services by health facilities providing ART in developing regional states (DRS) of the country, i.e., Afar, Somali, Gambella, and Beneshangul Gumuz. The number of health facilities providing NACS services to HIV-positive clients steadily increased from 49 in year -1 to 76 in year 3 and, as a result of the direction given by USAID to focus on priority sites, the figure finally decreased to 27 in the final two years. Consequently, the number of PLHIVs reached through NACS component decreased from 16,128 in year 1 to 13,692 in year 4, but again showed a rapid increase to 18,505 in year 5.

97. According to the report of *woreda* HAPCOs (key informant interview) from almost all program towns/cities, through NACS, the capacity of health facilities in handling and managing malnutrition in PLHIVs is enhanced as a result, assessing and identification of malnourished PLHIVs was

possible; nutritional treatment and supplement given enabled PLHIVs to come out from the state of malnutrition; food support to their family further stabilised their nutritional status and sped up the recovery rate by minimizing sharing; most importantly, NACS makes PLHIVs to adhere to ART. It was also possible for PLHIV to boldly disclose their status, be open to know each other, willing and ready to share their experiences and, as a result, they developed a feeling of support for each other.

98. *“As a result of the Project, those individuals who were about to die and who were hopeless have been able to revive from their previous SAM stage within three months.”* – A key informant interviewee from Hawassa, SNNPR.

99. This finding is supported by the finding of document review which indicated that, through NACS, it was possible to train 750 health personnel on NACS and community management; 18,505 PLHIVs were reached during the 5th year; a total of 9,521 and 5,129 MAM and SAM cases, respectively, were identified during the Project period; and 78% and 61% of MAM and SAM cases, respectively, recovered from their malnutrition status. NACS was substantiated by Community Nutrition Assessment, and Counselling (NAC) and related services through which it was possible to assess the nutritional status and provide counselling service to 4,661, 8,921, 18,072, 30,641 and 47,156 PLHIV during the 1st, 2nd, 3rd, 4th and 5th year, respectively.

Integration of food assistance in Prevention of Mother-to-Child Transmission (PMTCT)

100. The majority of interviewees from *woreda* HAPCOs reported that, food insecure PMTCT clients food assistance and community follow-up service widened the general awareness of PLHIVs who are pregnant/lactating about HIV and nutrition during pregnancy, the importance of attending clinical PMTCT services. The integration of food assistance into PMTCT has contributed a lot to improve the adherence to PMTCT services and ART. In addition to this, majority of the PMTCT beneficiaries gave birth at health facilities and follow optimal breast feeding to their children. Generally, this component enabled beneficiaries to give HIV negative infants. Moreover, family planning service and condom users are increased among project beneficiaries.

101. *“Thanks to this project, pregnant women are taking their drug appropriately and the proportion of HIV-free birth is becoming very high.”* – A key informant from Nefas Silk Lafto Sub-city, Addis Ababa.

102. According to the findings from document reviews, a total of 15,018 food insecure pregnant/lactating mothers were provided with food support during the project period. The adherence to PMTCT service by HIV+ pregnant mothers, during the Project period, varied between 89% and almost 100%. During the Project lifetime, 97.8 - 100% of the PMTCT clients of the Project are reported to have given birth at health facilities, and 87.5 - 93.1% of infants born to HIV+ pregnant mothers getting food and nutrition assistance from the Project have achieved at least the minimum expected birth weight of 2.5 kg. Out of the exposed infants born to PMTCT-attending project beneficiaries between year 2 and year 5, more than 99% are reported to be HIV-free.

Economic Strengthening Program (ES)

103. According to the finding from document review, the ES component of Urban HIV and AIDS Nutrition and Food Security Project has the objective to help households impacted by HIV and AIDS promote their livelihood and achieve food security until they are able to live without external assistance. In addition to the achievement of food security, it motivated and encouraged PLHIVs to continue and adhere to their ART which was initiated during NACS and PMTCT follow-up. The project has also provided PLHIV with phase-based trainings on business and financial management.

104. Respondents of key informant interview from *woreda* HAPCO reported that the economic strengthening component of the Project enabled PLHIVs to organize themselves into VSLA groups and start small-scale businesses; build their confidence and increased their interest and willingness to be engaged in small-scale businesses. The component has also created healthy and strong social interaction among group members and with other members of the community.

105. The small-scale businesses, initiated, made PLHIV build their financial capitals and some of them are engaged in petty trades, cattle fattening, poultry production and egg selling, sheep and goat husbandry, fruits and vegetable production and marketing, etc. Some PLHIVs become supplier of food items for the WFP's cash and voucher based food assistance in some project sites e.g. Gambella.

Effectiveness

Key Question 6: To what extent did the revised CP achieve its objectives?

106. This was assessed in terms of nutrition assessment, counselling and support (NACS); food assistance to OVCs; integrating nutrition intervention in PMTCT/EMTCT; improving food security and livelihood at household level (ES), and strategic information generation.

107. The degree to which the Urban HIV/AIDS, Nutrition and Food Security Project has achieved its objectives and the extent to which targeted problems are solved have been assessed by the evaluation. The capacity of service providers to provide quality service to the intended targets and take corrective measures when needed, the behaviour and discipline of the beneficiaries and the enabling environment all contributed to project effectiveness. There are also common denominators across all the components of the Project.

Selection of beneficiaries' and program inclusiveness

108. NACS and PMTCT beneficiaries were mainly referred by health institutions and from the community by the community resource persons (CRPs). The fact that all CRPs are PLHIVs has helped them identify appropriate and none discriminatory approaches and provide services effectively. For community-based food assistance and economic strengthening interventions, the final selection of beneficiaries was decided by the coordination committee (CC) composed of project staff and relevant local government partners. The committee made the final approval based on pre-set criteria. Anyone who fulfils the criteria has access to the project services. A Key informant from regional HAPCO reported that the Project tried to be inclusive within the limits of the resources made available. Whenever there are dropouts from the program for different reasons, replacements were made in the soonest time possible based on the information coming through the UHAIS.

The food assistance

109. Food assistance, in the form of voucher cash or in -kind, had been provided to NACS, OVC and PMTCT beneficiaries; however, the rationale behind has similarities and differences across the different components of the Project. For NACS beneficiaries, the food or cash support is intended to minimize sharing of the specialized food products, Plumpy'Nuts and Plumpy'Sup, by family members in order to facilitate timely recovery of the client. Pregnant or lactating PLHIVs who are food-insecure are provided with food assistance to be compliant to PMTCT services. The household members of these women have also received food assistance to reduce the sharing of the food allocated for the beneficiaries. The food basket of the PMTCT beneficiaries included eggs or milk and vegetables in addition to cereals, pulses and oil that are provided as in the other components of the Project. The addition of eggs or milk and vegetables aim to provide more

nutritious foods that are rich in micronutrients and responded to the increased need for nutrients during these physiological states.

110. Beneficiaries who participated in FGDs were able to describe the purpose the food support was intended for and that their families had also benefited a lot. Families were said to have benefited from the food and cash support they received; however, some FGD participants complained the amount given did not consider family size. The maximum ration for five members of a household has been felt to be insufficient in places like Somali and Afar where extended families are living together. The evaluation team considered a maximum ration size of five family members a reasonable amount which is in line with the average household size of the nation (Population and Housing Census, 2007).

111. The other complaint raised by FGD participants was on the quality of food rations provided. Consumer associations were the suppliers responsible for making available the food items. The quality of grains, vegetables and eggs were said to be poor in some instances. FGD participants indicated change of the supplier could have been the best option but that is reported not to have happened and resulted in the problem to persist. The complaints had been forwarded to responsible authorities in some instances; however, the responses were generally reported to be poor. This indicated that although complaint and feedback mechanisms were in place, its functionality is questionable. Key informants from regional health bureaus indicated program implementation was easier and monitoring was simpler in places where individual clients were given the right to choose their own supplier, from a list of suppliers provided by the Project, and purchase whatever they want through the value of voucher transfer mechanism. This is expected to improve the quality of the food items for the client as they have the right to change the supplier any time and is not under any obligation to stick to one particular supplier as in the case of commodity voucher mechanism. The bidding process was time-consuming and sometimes, result in delays in food distribution. Another key informant from donor partner added that poor infrastructure and management capacity of partners especially in the DRSs, and security concerns in some instances affected program effectiveness. There were complaints on the amount of money which they said did not consider inflation rates and has resulted in significant reduction of the value for money.

112. Others argue that they have been marginalized because of their tribal identity, especially in Somali and Afar regional states across all program components. The service providers were locals and PLHIV from other places were courageous enough to enrol in the program as opposed to the local PLHIV who refrained for fear of stigmatization. However, the locals were not interested to provide services to outsiders.

Nutrition Assessment, Counselling and Support (NACS)

113. PLHIV, both adults and children, were admitted to the program following nutritional assessment with anthropometric measurement done at health facility or community levels. The number of clients assessed at the community was progressively increasing, as indicated in Figure 2 as a percentage of the total number of PLHIVs assessed. This is an outstanding achievement indicating that capacity has been built at the community level for early detection and referral of malnourished individuals.

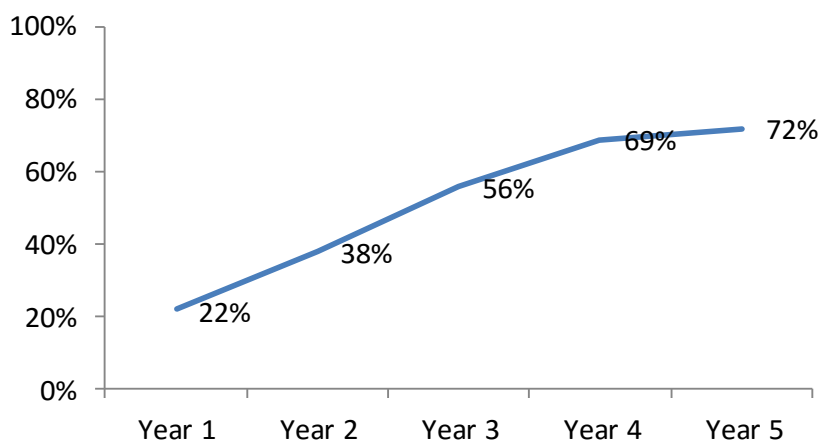


Figure 2: PLHIVs assessed at the community level as a percentage of the total assessed over the Project period

114. NACS component of the project built the capacity of the health system in the target areas to provide nutrition assessment counselling and support services to PLHIV. A total of 764 health workers (420 in NACS and 344 in commodity management) were trained over the Project period. This is well above the Project target of 440. Health workers in all health facilities assessed indicated that the knowledge and skill gained through the Project and the electronic BMI scales provided helped them effectively assess nutritional status and treat malnourished PLHIV.

115. Health workers undertook nutritional assessment using BMI, and every PLHIV, on ART or pre-ART, whose BMI was below 18.5 has been admitted into the program and provided with specialized foods. Those with severe acute malnutrition (SAM), i.e., with a BMI of < 16.0, were prescribed ready-to-use therapeutic food (RUTF or Plumpy'Nuts) for three months, followed by ready-to-use supplementary food (RUSF or Plumpy'Sup) for additional three months, while the moderate acutely malnourished ones (MAM) ($16.0 < \text{BMI} < 18.5$) were prescribed Plumpy'Sup for three months. Counselling was provided depending on the nutritional status of clients. Figure 3 shows the percentage of clients who received specialized food or NACS services as a fraction of the total number of clients who were assessed and counselled (NAC). The percentage decreased progressively from the second year onwards. In year 4 and 5 of the Project, only SAM cases were addressed which resulted in the marked decrease in NACS beneficiaries.

116. A secondary document review indicated that calculating the BMI of clients correctly was the most common data error resulting in inclusion errors. The figures indicated that this had improved over the years through mentoring and close follow-up by WFP staff.

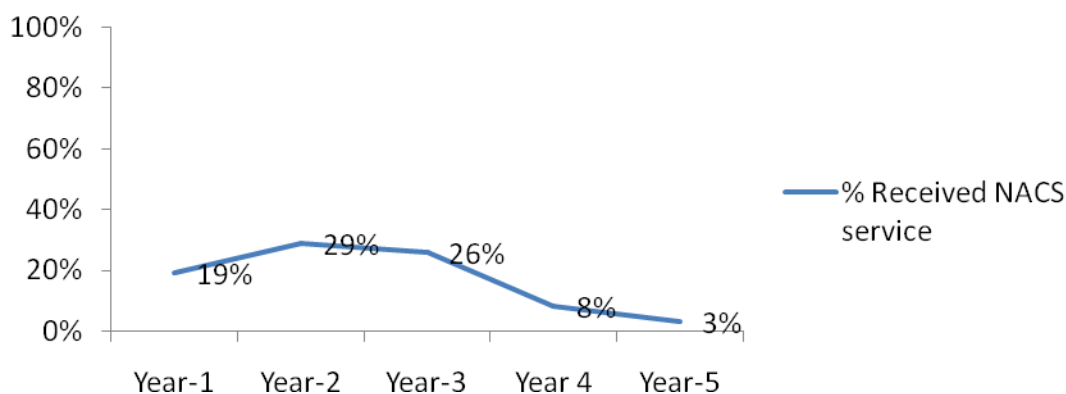


Figure 3. The percentage of clients who received specialized foods or NACS services out of the total assessed and counselled

117. Beneficiaries who participated in the FGDs described the program had resulted in treatment success by way of facilitating treatment initiation and adherence to the ART drugs. The counselling they received and the specialized foods provided helped them improve their health and nutritional status. Data from secondary sources indicated SAM recovery rates were consistently increasing during the years of project implementation. However, MAM recovery rates jumped in the second year and went down thereafter (Figure 4). This might be because many of those with MAM were lost from NACS follow-up.

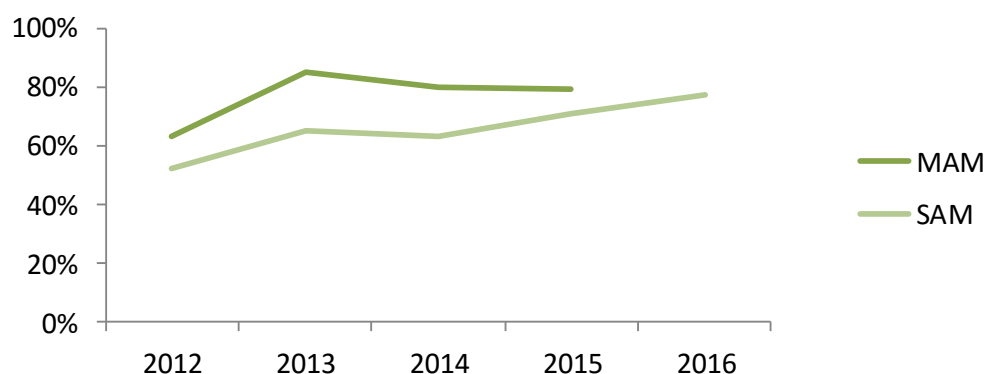


Figure 4: SAM and MAM recovery rates by year of project implementation

118. NACS beneficiaries agreed on the transformation the Project has brought to their lives. They were hopeless, and now became hopeful as a result of the nutritional and food assistance counselling and the positive impact the support had brought through their adherence to treatment. This had made them healthy and regain their strength to be able to work and become self-sufficient. A male FGD participant from Jigjiga, Somali region, said:

119. *“I started a new life when I received the nutrition and counselling support and adhered to the ART drugs. I regained hope, stopped smoking cigarettes and drinking alcohol.”*

120. Key informants indicated that BMI improved among PLHIVs who were malnourished and ART adherence increased significantly.

121. Some FGD participants added that the Project has changed their perception towards HIV/AIDS by making them aware of the fact that people who are infected and affected by the disease could lead a normal life.

122. *“The benefits of the Project to NACS beneficiaries were many. Apart from the initiation and adherence to the ART drugs, household food security is reported to have improved in many of the families”.* A key informant from Federal HAPCO said:

123. *“The project was able to connect the clinical aspect of HIV/AIDS which is managed by the health workers in facilities with the non-clinical aspect of social mobilization and community support through referral linkages. This connection was said to be exemplary, supporting the PLHIVs with the continuum of care required both at institutional and community level.”*

124. FGD participants also amplified the role of community volunteers in linking the PLHIV to the health facilities, thereby ensuring the care and support they needed at all contact points.

125. Beneficiaries of NACS repeatedly mentioned Plumpy’Nuts while Plumpy’Sup has never been indicated. This might be due to lack of creating awareness on the specialized food products given to them and of the long history of Plumpy’Nuts being in use in many emergency nutrition interventions. Key informant interviews indicated that some PLHIVs, although few in number, wanted to remain in the program and get food assistance for longer period of time by deliberately making themselves to stay malnourished. However, having well-established admission and discharge criteria and limiting the duration of stay within the program have solved the problems. Recovery is normally expected to happen within the provided time frame if the client consumed the specialized food items as prescribed and the probability of excluding those in need of longer duration of care and treatment is minimal.

126. Bed-ridden individuals were admitted into the Project. These individuals were not used to adhere to their ART and were not keeping themselves healthy. Because of the Project and the assistance provided, they adhered to the drugs and discussed the adherence, consumption of nutritious diets within the limits of the household capacity, and have significantly improved economically. The services were accessible to those who are legible within the limits of the budget of the Project. The continuous and close follow-up by health service providers has also been mentioned as the reason for this success.

Food Assistance to OVC and HVC

127. OVC who are identified as needing food assistance were supported by WFP with the objective of increasing school enrolment and school attendance and contribute to the development of human capital. For some of the beneficiaries, the assistance is said to be the only source of food covering all their caloric needs. The assistance complemented the psycho-social support provided by PACT through its national OVC project called Yekokeb Birhan. All children, regardless of their age, received food assistance when referred by PACT’s partners as food-insecure after being assessed with the Child Status Index (CSI). This objective assessment is said to have helped standardize the inclusion criteria and avoided unnecessary exclusion from or inclusion into the program. A total of 241,704 OVC/HVC were supported during the five-year period⁵ with a male-to-female ratio of 1:1, indicating the gender sensitiveness of the program.

128. FGD participants indicated that the orphan and vulnerable children (OVC)/highly vulnerable children (HVC) component of the Project enabled care givers to send their school aged children to school. All school aged children receiving food assistance and other psychosocial supports from Yekokeb Birhan Project are expected to enrol and attend school in formal or informal settings. Document reviews indicated a substantial increase in school enrolment from 80.1% at baseline to 97.1% in year 4 of the Project, at the end of which the assistance was stopped following a change in the National HIV/AIDS strategic plan by FHAPCO⁶ that excluded OVC/HVC care and support interventions from using HIV-funds (Figure 5).

⁵Urban HIV/AIDS Nutrition and Food Security Project Close-Out Report (2011-2017)

⁶FHPCO (2015).

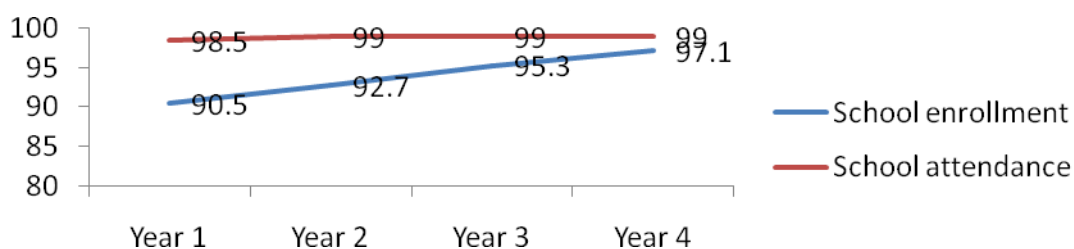


Figure 5: Trends in school enrolment and attendance among OVC/HVC beneficiaries

129. Similarly, document reviews indicated consistently very high level of school attendance rates among OVC/HVC referred to food assistance selected through CSI.

130. A total of 15,018 food-insecure pregnant or lactating women living with HIV received food assistance during the Project period (Project close-out report, March 2017). Key informants from *woreda* health offices and FGD participants all indicated the support has enabled food-insecure clients to have regular follow-up at the health institutions. This has helped the women adhere to the PMTCT services, increased institutional delivery, improved birth outcomes in terms of optimal birth weight and HIV-free child. Review of secondary data revealed that percentages of babies born free of HIV has consistently increased through the years indicating better adherence to PMTCT services and to treatment (Figure 6).

Integrating Nutrition Intervention in PMTCT/EMTCT

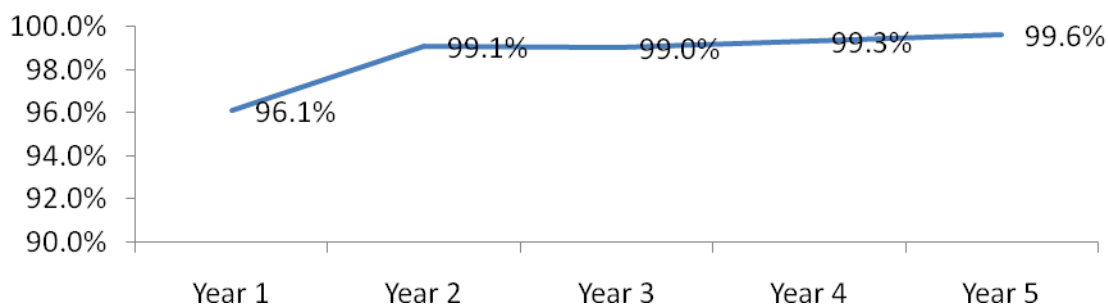


Figure 6: Percentage of HIV-free babies born to HIV positive mothers by year

131. Adherence has improved, food security is ensured by PLHIV who participated in the project and contributed a lot to poverty reduction.

Improving Food Security and Livelihood at household Level (Economic Strengthening)

132. The ES component of the project aims to help households impacted by HIV and AIDS protect and promote their livelihood and achieve food security. PLHIVs identified based on a set of criteria undergo a vulnerability assessment at the time they join the Project. The assessment provided information on the food security status of PLHIV and the mode of economic assistance that should be provided for each target beneficiary. The vulnerability of potential ES participants is assessed using a standard tool and categorized as food-insecure with severe hunger, moderate hunger, and without hunger, and those with severe hunger are provided with food assistance for six months to enable them concentrate on their business.

133. A total of 25,972 food-insecure PLHIVs were targeted and recruited into the ES scheme over the life of the Project, of which 78.4% were women. The targeting was done with full involvement of all project stakeholders at all levels, including PLHIVs associations, health facilities, community

resource persons and sub-city or community care coalitions. Out of the total ES participants who ever engaged in ES, 90% were reported to have businesses still running at end of the Project close-out, although their status varies (UHANFS Project Close-Out Report, 2011–2017).

134. Capacity building and skill development was one critical gap that was identified and met by the Project. All ES participants received a series of training sessions intended to build their business and financial management skills. The first training they received was on village savings and loan associations (VSLAs) methodology. A key informant from regional HAPCO office indicated that the training has enabled the participants to develop their own saving capacity and tradition first:

135. *“The ES program participants save their own money first and take loans from there. This will help them develop their saving culture and their skills on financial management.”*

136. FGD participants indicated the Project has enabled them to save their own money and develop the culture of saving. The project also helped them develop skills, organized them in groups and provided them with different business ideas.

137. This is followed by training on basic financial education, business building/development skills (BDS) and advanced business skills (ABS), which is delivered after some months of engagement in business. Another key informant from regional HAPCO office said:

138. *“The fact that the trainings were given in phases avoided bombardment with lots of information at once and helped participants remember and practice what they have been taught. They were also provided with information when they need it most which contributed to the success of the program.”*

139. Based on the type of business they are engaged in, additional technical training sessions were provided on selected business topics in partnership with government technical vocational and educational training (TVETs).

140. The ES component of the Project was the most effective in terms of bringing the intended results. There had been significant reduction from the baseline results when they first joined the ES scheme in December 2012 in terms of percentages of PLHIVs living under the poverty line, and living with food insecurity. On the other hand, consumption of diversified diets by ES participant households had improved over the 42 months of engagement in economic strengthening activities.

141. The percentage of ES participants living below the poverty line was reduced from 70% at baseline to 23.5%, a reduction of 46.5% points. The pace of annual poverty reduction among ES participants was noted to be 15.2%, implying that ES can be taken as a crucial instrument to effectively accelerate the poverty reduction (Figure 7). Food-insecure households with severe hunger among ES participants was reduced from 69% to just 6% (UHANFS Project Close-out Report, 2011–2017).

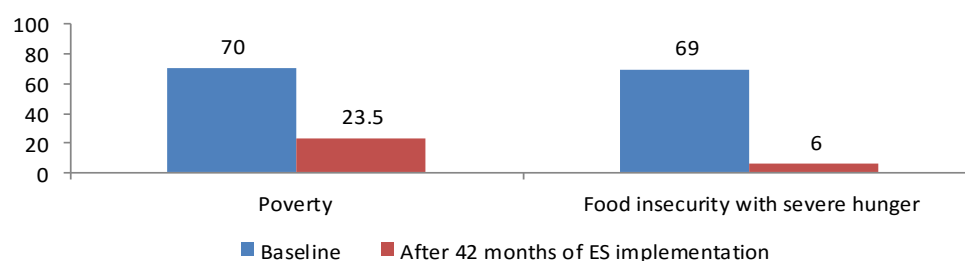


Figure 7: Percentages of ES participants under poverty line and food insecurity before and after engagement in the program

142. On the other hand, there have been significant improvements in the consumption of diversified food among ES participant households that ensured adequate intake of essential nutrients and promote good health as indicated in Figure 8 (UHANFS Project Close-Out Report, 2011–2017).

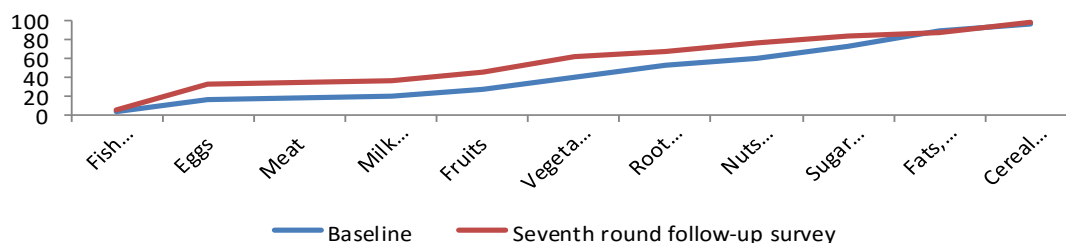


Figure 8: Consumption of diversified foods among ES participant households at baseline and on seventh round of follow-up.

143. A key informant from regional HAPCO indicated the recruitment of beneficiaries based on objective pre-set criteria, the intensive and longer duration of follow-up by ES officers, adequate training given to beneficiaries, the training sessions being in phases and skill-based and not all at once, the six-month food support which prevented them from consuming their savings and the matching fund all contributed positively to the success of the program. There were also manuals and guidelines which they needed to follow. Deployment of human resources in sufficient numbers, i.e., ES experts, IT specialists and volunteers (CRPs), and the majority of the beneficiaries being females all contributed positively. This is because females utilize the financial assistance for the intended purpose.

A key informant from federal HAPCO said:

144. *“The project has resulted in improving survival of individuals and transformation of lives which can’t be described in financial terms. The group formation, apart from the benefit it provided for running business together, the PLHIVs discuss their status and made them psychologically strong and capable which is beyond the original purpose of coming together for business.”*

145. This is because the PLHIVs get food support for the first six months when they join the ES program.

146. A female FGD participant described the situation before and after engagement in the ES program as follows:

147. *“Some of us were living out in the streets, neglected by the community and left alone with no one taking care of us. The project brought together the forgotten ones in a group and now we are living as a family, leading a better life and supporting our families, too.”*

148. The project has directly benefited local communities by ensuring food security to households, creating employment opportunities as the result of expansion of some of the businesses run by the direct beneficiaries and made some products available for sale which were not there before. The community also realized that living a productive life with HIV is possible. .

Strategic Information Generation

149. The UHAIS, a web-based system, enabled to follow the progress of individuals and groups at output and outcome levels. The system generates reports at multiple levels and generates

evidences for informed programing and strategic planning. The transition from paper-based to electronic data management was said to facilitate project implementation through monitoring, timely reporting and information management. A key informant from regional HAPCO said:

150. *“The electronic data generation speeds up the decision making process. Weredas and towns can easily be monitored and corrective measures be taken in the soonest time possible.”*

151. The recruitment and training of data clerks, supply of computers and close monitoring by WFP, regional HAPCO and *woreda* health offices on monthly basis all were indicated to have contributed to the success of the system. On the other hand, problems with internet connectivity, lack of completeness and delays in getting data were affecting the system not to function with full potential.

Gender

152. The evaluation finding has been mixed in terms of ensuring women empowerment in the Project. Although the majority of project participants were women, some FGD participants said it is very difficult to conclude women are empowered in terms of control over resources at household level. Their engagement in the different economic strengthening interventions were said to have helped them own resources, develop confidence and engage in leadership and management of VSLAs, different social affairs and community issues of concern.

153. In conclusion, the Project was effective in improving survival and transforming the lives of many PLHIV. NACS enabled PLHIVs adhere to ART drugs, improved health and nutritional status, brought back hope, and enabled them to go back to work. The food assistance, in addition to the psychosocial support, improved school enrolment and attendance of the OVC/HVC. The food assistance also enabled food-insecure PMTCT/EMTCT clients to have regular follow-ups at health institutions, increased institutional delivery and improved birth outcomes. The ES component made the PLHIVs economically empowered and became self-sufficient. A substantial proportion of ES participants have been extricated from extreme poverty and helped meet their minimal requirements for life, became food-insecure, and were able to eat diversified foods as a result of their engagement in the program. UHAIS facilitated project monitoring so that informed decisions could be made timely. The project contributed to gender empowerment and equality although the findings from the evaluation were mixed on that regard.

Efficiency

Key Question 7: What was the impact of the additionally leveraged funds on achievement of additional results?

154. WFP has mobilized additional resources to leverage and maximize the reach and impacts of the Project⁷. As presented in Figure 9, WFP mobilized more than 13.5 million USD, that is, 24% of the Project resources (68% of the target). The leveraged resources were used to reach additional OVC, provide household food assistance for NACS and PMTCT beneficiaries, complimented ES operations including personnel at partners level, provide food assistance for ES participants who needed provisions, computers for UHAIS, avail internet service for partners, and complemented the e-MRIS support and its scale up.

⁷Urban HIV/AIDS Nutrition and Food Security Project Close-Out Report (2011-2017), Page 11, 2017
Nutrition and Food Security Project: End-Term Evaluation Report, May 2017

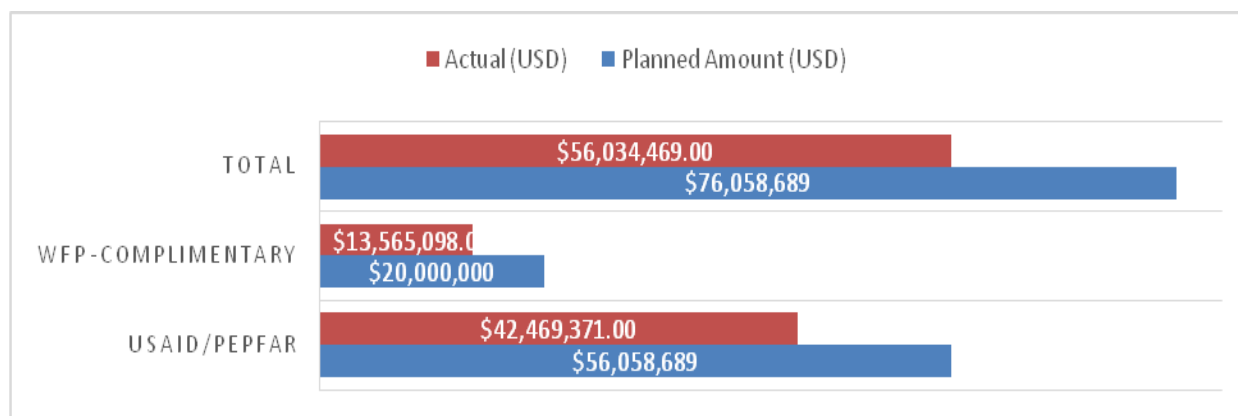


Figure 9: Complementary Resource Mobilized
Data Source: Project Report

155. With the additional budget mobilized by WFP, it was possible to increase the number of beneficiaries addressed through the different component of the Project. As evidenced in the Project report the total number of OVC/HVC who were reached through PEPFAR resources were 161,471 while the remaining 80,233 were reached using the complementary resources mobilized by WFP, which is about 50% additional beneficiaries⁸. In addition to the increased number of beneficiaries, the additional budget mobilized by WFP was used to deploy 58 ES officers at woreda HAPCO/Health office level, and was also used to fill the budget gap created at the time of delay in budget release from donors.

156. Review of available report and discussion with KI showed that the Project has provided more support with the additional resources mobilized by WFP. The support scale and timeliness was enhanced due to the additional resources mobilized. This was confirmed by the donor as follows: “Because of the matching fund coming from WFP, our beneficiaries were getting all the support they need in terms of quality as well as quantity” NEP+. “WFP has resources to utilize if there was any delay from our side” (USAID/PEPFAR).

Key Question 8: Did the Project’s implementation mechanism including targeting, service delivery, M&E institutional arrangements and partnership, permit necessary utilization and shifts of resources among objectives and outputs in a timely and efficient way?

157. **Implementation design:** As indicated in the Project design, the Project implementation follows existing government structures from federal- to local-level operation and collaboration with NGOs, UN agencies, donors, and civil society organization, as well as community-level operations. At town level, in most locations, coordination committees (CCs) were established for the overall coordination. Different members of CCs and local organizations were taking responsibility as per their respective mandates⁹. The engagement of different government sector offices gave opportunities for the overall follow-up and support for smooth implementation. The project setup and coordination mechanism and arrangement is appreciated by KII, FGD, and other respondents. A regional official in Assosa says, “It is a well-designed project with good guidelines and roles of different actors where the CC is making a significant contribution.”

158. **Local actors’ participation and responsiveness:** The engagement of different local actors by the Project was appreciated by the beneficiaries and key informants interviewed. While most of the local sector offices were contributing to the success of the Project, responsiveness of some sector

⁸Urban HIV/AIDS Nutrition and Food Security Project Close-Out Report (2011-2017), Page 19, 2017

⁹Project document and reports (??)

offices was not at the expected level. Municipalities in bigger project towns did not provide individual working premise, MSEDAs did not render close follow-up for the enterprises established, MFIs did not avail required loan amount are the main issues mentioned in several locations during the evaluation. As mentioned during FGD in Woldiya “*the contribution of the Project could have been by far greater if the VSLA members who have started their own business were given a shed/market place.*” As explained by the Project team at country and town level, there were frequent attempts and discussions held with the sector offices to address this issue ; but did not happen as promised. Strong lobbying and follow-up mechanisms are needed at regional and town levels. There are few regional offices that are not happy on their level of engagement and participation. They were looking for more flexibility to adjust the regional plans to their regional context. Involving such regional offices in the project planning phase and all critical milestones will enhance their ownership and participation.

Targeting and selection: Issues of targeting at the initial stage of the Project were faced that was gradually improved as stated by the respondents. All set criteria are used for enrolling beneficiaries for all the services provided. Targeting criteria are well understood and known by all actors beneficiaries.

159. Service delivery and quality: Most of the service delivery mechanism that includes the health facility services and economic strengthening activities and the quality of services provided were appreciated in most areas, except in few instances and locations. Timely service delivery and quality issues were raised in the food assistance mechanism in more than 50% of the locations. Issues related to flexibility in the release of ES matching grant fund instalments and responsiveness of local government support actors were raised during the evaluation. They are described below.

160. Food assistance delivery: With the voucher-based food transfer modality, respondents are found to be happy and confirmed the improvements in the support efficiency. As confirmed by the respondents in many location, the modality provided more food supply point options that include individual traders, consumer associations and enterprises run by PLHIV. The quality of food items and service by the food supplying entities showed improvement with the strict follow up of implementing partners and coordination committees as confirmed during FGD. Despite the improvements confirmed by many respondents, there are still many locations that complained on the timeliness of food assistance and quality. Participants in 1/3rd of the location expressed their dissatisfaction and complained about the efficiency of the support during the final evaluation. Delays in payments of traders and food quality issues were raised where a one-to-three months delay was pointed out to be common. This is argued by both FGD discussants and KII participants. The contributing factors mentioned by the coordination committee for the delay included, budget release, long bidding process, timely settlements of previous payments for food item suppliers, food supply shortage in consumer associations. The national project team mentioned infrastructure and security issues for the payments not to be made on monthly basis for some of the Project locations. Some of the factors mentioned seem manageable with strong commitment and planning of the local team and partners. In some part of the locations visited, the regional sector office/team is making the payment to each town as per the UNDAF PIM which contributed for further delay. In such locations making transfers directly from WFP to the project level implementers is far better than making the transfers through regional offices.

161. Getting equal treatment in some locations, transparency of the local team, not entraining graduation request to ES component and inconsistency and inefficient specialized food (Plumpy’Nuts’) availability in some instances were raised as areas in need of improvement. Some of the issues mentioned boldly in some of the regions include those related to Plumpy’Nuts; “

Plumpy’Nuts, were subjected to expire and dumped out while there was a serious demand from beneficiaries” -- NACS FGD Assosa. Respondents in many locations of Somali and Afar boldly mentioned the gap in follow-up and poor treatment by service providers in different offices.

162. WFP was making strong follow-up to address issues of budget delay. The national partners on the other hand appreciated WFP on the timely reporting, release of funds, execution of activities and its financial burning rate, the option of utilization of own mobilized resources when there was any delay from the donor side.

163. **Economic strengthening:** In the ES component, the key issues that were mentioned by the respondents are limited responsiveness of government counterparts in providing working premise to individual ES participants, facilitation of loan access, other business development support and the project’s matching fund release flexibility.

164. Considering the limitation of VSLA saving size and challenges accessing loan from MFI, the Project allocated a matching fund. As indicated in the Project documents, the size of the maximum matching fund that can be accessed by an individual ES participant was 7,000 birr and was reduced to 4,000 Birr during the final project year. After they become eligible for a loan from the matching fund, transfers were made in three instalments as loans with rigorous assessment. A respondent said, *“The 7,000.00 birr matching fund was not given at one time; rather it was given at three stages, with a breakdown of 3,000, 3,000, and 1,000 birr. That has seriously challenged those who are engaged in livestock production and trading, as this broken-down loan couldn’t purchase even a head of cattle”*. The groups in Axum said *“The business matching fund financial support was not given at once. It could have been better to get the total amount at once to invest it in our business in a meaningful way. When it comes in an instalment of small amounts it does not assist us to buy meaningful input for our business”*. *“The amount of matching fund cash support has reduced to 4000 Birr and the ES participants enrolled recently have faced difficulty to strengthen our business”* Adama FGD.

165. *“We would like to receive the matching fund at one go to start reasonably good businesses.”* Itang FGD.

166. Even though the modality has many benefits in creating financial accesses, business exposure and credit worthiness, as mentioned by the respondents’ lack of flexibility in the arrangement may have contributed for less effectiveness in some project sites. Releasing the budget in instalments has an advantage of assuring the investment and minimizing associated risk of it being used for unintended purposes. In some of the instances, it will be more logical to make mper amount of investment to start and run the business in more effective way. The high working area renting cost and investment capital required for some type of business ventures especially in big towns were stated as the major associated risks prompting ES beneficiaries to use the matching fund for other purposes.. The claim made by the respondents for not using the matching grant fund as intended with breakdown of instalments needs additional evidence to be conclusive.

Key Question 9: Was the program cost-efficient? Was the cost per unit the most cost effective or were there areas where saving could be made to reduce costs?

167. To assess the costs efficiency, the evaluation team reviewed the reports and discussed with important actors who have better link with the cost element of the Project. The donor partners believe ES component of the Project makes the Project costlier with the matching fund provided to the enterprises and coupled with long follow-up of individuals for three years. Most of the

respondents in most locations argued that the matching grant fund has contributed to the easy start of business and expansion of their business activities. *“The major achievements of the Project came from the business skill trainings followed by the matching fund to initiate the business.”*--Bambasi FGD. Even though it is difficult to replicate with the current modality with similar resources, the evaluation team observation and the cases indicated during FGD showed the significant contribution of the matching grant fund for the achieved results in ES component and overall project results.

168. Undertaking full cost benefit analysis (CBA) is not under the evaluation scope of work which needs more detail data and time.

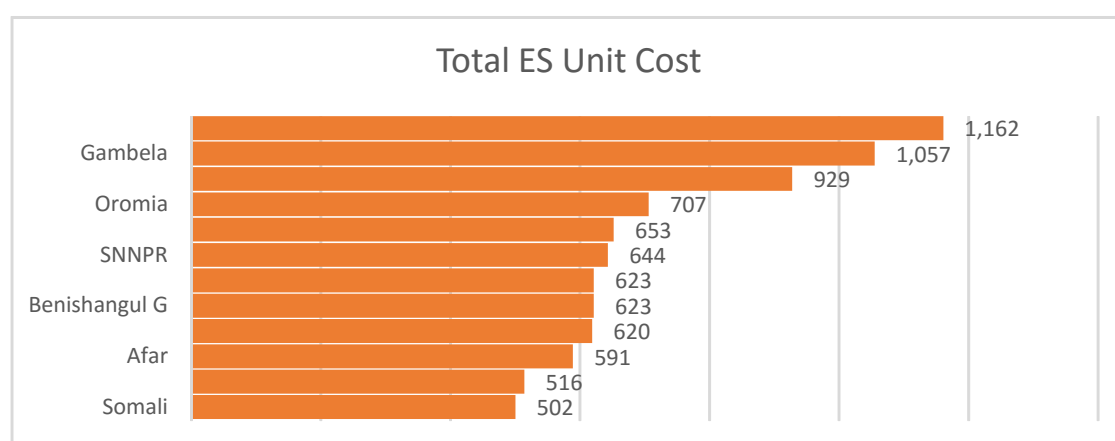


Figure 10: ES Cost per Beneficiary per Region

169. The team made the cost assessment to see the possibility of cost saving option for major cost elements. In the whole project period from the total budget of the Project, 15.17 million USD transferred for ES component and 14.68 USD for food cash and voucher payment and about 0.58 million USD for strategic information to the regions¹⁰. The evaluation team made spending analysis per beneficiary focusing to ES component which triggered the cost efficiency question more strongly.

170. When the evaluation team calculated the cost per beneficiary, the spending per beneficiary was different across the regions that may be related to the outreach size and fixed expenditure amount. Taking the budget transferred for ES component on average 623 USD spent per person in three years ranging from 502 USD in Somali to 1,162 in Harari region (Figure 10). This amount comprises 45% matching grant amount based on the weighted average of 7,000 and 4,000 birr grant transferred to beneficiaries in the first three and four years, respectively. The remaining budget of the ES was expenditure of personnel salary, training and VSLA facilitation costs. In addition to the average 623 USD/person food was provided for some period to help beneficiaries who were categorized as requiring provisions to focus on their business. The spending amount includes the additional resources mobilized by WFP. When divided into 36-month period it is an investment of less than 18 USD/month (USD 0.57/day) to graduate them from a status of food insecurity and assist them to sustainably address their food and nutrition requirements, adhere well to their ART, be retained in care and avoid negative coping mechanisms that makes them vulnerable to HIV reinfection. . As compared to a continues food assistance that provides the minimum Kcal requirement, engaging the food insecure beneficiary in ES component is cost effective.

171. The team made a reflection and review of possible other options of obtaining the same results with less cost options. It was difficult to get very similar project in the same context. The team

¹⁰ Based on Data Shared by National Project Team

reviewed more comparable projects to see the cost saving options. The first option that might have been considered in the ES component modality was bringing the financial institutes on board by expanding their liquidity and developing appropriate loan products for such kind of groups. Sharing the risks and engaging them actively in the Project. Safety net projects like PSNP PLUS, GRAD have worked with MFI to serve the food-insecure households.

172. The most relevant project that was referred for specific modality comparisons is Graduation with Resilience to Achieve Sustainable Development (GRAD) project. GRAD project was working with chronically food-insecure households. For project like this economic return for the groups are usually below average due to the very limited amount of equity capital invested per household and the relatively low productivity of the land in these areas. The main objective of the GRAD project was to increase the annual income of the targeted chronically food-insecure households by 365.00 USD per year to graduate and move them to higher level in the ladder. The Project invested 11.50 million USD to reach 65,000 households with a cost of 176 USD/person having similar components of business training, forming VSLA and loan access by working with financial institutes¹¹. To get a starting loan, the Project invested small amount from 176 USD/person to establish a guarantee fund to make the groups access a loan of 7-8,000 Birr. Taking the GRAD project's experience one can think of minimizing the investment needed to give similar amount of financial capital access through a guarantee fund for food insecure PLHIV. The other option is to look for a revolving fund mechanism in VSLAs. This option makes possible to serve additional new beneficiaries reducing the cost per person. This approach demands installing very clear circulation and management. Considering the revolving fund management challenges observed in the country and associated management costs involved, the evaluation team preferred the cost minimization option by applying a guarantee fund mechanism for beneficiaries to access loans from financial institutes.

Impact:

173. As stated in the preceding section, the ultimate objective of the “Urban HIV/AIDS Nutrition and Food Security project” was to bring lasting change in the lives of food insecure PLHIV and specifically to improve nutritional status and health of malnourished PLHIV; improve food security status of PLHIVs and affected households among others. Accordingly this section explains significant and/or lasting change in the lives of target groups, brought about by the Urban HIV/AIDS Nutrition and Food Security interventions.

Key Question 10: What is the contribution of the program's activities to different intended and unintended positive or negative macro or micro long-term effects on social, economic, environmental, technical, community, institutions, etc., matters?

174. The result from KII and FGD groups in most part of the intervention areas shows that the Urban HIV/AIDS Nutrition and Food Security project has brought about a remarkable improvement. These can be evidenced by outcome markers such as: ART adherence (99.8% in 2016) and nutritional recovery rate for SAM from 54% (2012) to 84% (2015)¹². The project has also contributed towards the improvement of the uptake of prevention of mother to child HIV transmission / PMTC / services from 89% (year 1) to 99.8% (year 5).

175. In another development and with regards to food security, at the start-up of the intervention 100% of the beneficiaries were food-insecure while at present significant proportion (76%) of project beneficiaries were able to ensure food security to their families.

¹¹Cost-Benefit Analysis of USAID/ Ethiopia Selected Value Chains of OF Agricultural Projects in Ethiopia AMDe, GRAD, LMD, AND PRIME Projects, Optimal Solutions Group, LLC and Cambridge Resources International, Inc., August 5, 2013

¹² Urban HIV/AIDS, nutrition and food security project close-out report.

176. In general, PLHIVs life has changed positively; NACS has improved PLHIV's nutritional status, women labour force participation or employment status has improved by economic strengthening component. In addition, the outcome of the skills acquired by health service providers, from different trainings provided by the Project, had brought about an immense progress on the quality of services provided to PLHIV. .

170. The FGD groups, in most project sites, were satisfied and highly impressed with the economic strengthening project activities, which have significantly strengthened their household economy. In this regard, an *FGD participant from Dilla, SNNPR, explained: "It has improved my income that enabled me to feed my family without depending on others, I was able to build my own house and prepare my own business shelter, we got mental satisfaction as we have now started to work and we are now able to fill our basic needs and beyond like household furniture including TV, refrigerator, and a bed to sleep on."*

171. According to a key informant (UHAIS data clerk), documentation has been improved with the advent of UHAIS. It is also the UHAIS clerk's strong belief that different towns could have created close working relationship and better coordination of the Project activities if the regional states had had active roles in the implementation of the Project.

Intended or unintended outcomes

172. One of the intended positive outcomes of the Project was that it has developed strong linkages between the health facilities (the clinical aspect) and the non-clinical component (social mobilization and behavioural change) through referral linkages. As a result, demand for and utilization of health services has increased. Assignment of sufficient number of manpower for the Project; good project coordination and management and organized experience sharing visits with partners and other regions are found to be among the intended factors that facilitated the achievement of results positively.

Economic drivers

173. Economic strengthening component of the Project played major role among the other components. Many VSLA groups were established to run their income generating businesses like fattening, poultry production, sheep and goat husbandry, fruits and vegetables. Such initiative have contributed to an improved food security and subsequently enabled them to send their children to school.

174. Economic empowerment of the beneficiaries was designed to encourage the beneficiaries to save and borrow money from their saving as well as get matching fund from WFP to expand their businesses. In addition to these, they were provided with basic training to add value to their skills set

Social drivers

175. Active community participation, demand-driven capacity development and better acquired skills through trainings in the overall project cycle management enhanced genuine and meaningful community participation that helped VSLA members own small-scaled businesses, developed sense of social belongingness, cohesiveness, and empowerment leading to good project outcomes which would finally lead them to set their own development agenda and determine their own destiny in the long term perspective. As a group, the Project has offered them with opportunity to share their ideas, views, problems and increase social relationships.

Technical drivers

176. In the context of Urban HIV/AIDS Nutrition and Food Security Project, the technical benefits can be explained as individual technical knowledge and capacity to drive livelihood benefit in the business arena. Technical benefit here includes making the community resource persons knowledgeable and skill full in community mobilization and counselling, acquiring technical knowledge and skill by the health provider on nutrition and HIV, business skills and experience, by beneficiaries, to own and manage businesses and lead a better food secured life in consequence. In this regard, major achievement of the Project include: community resource people training, health providers' training, and business skill training to beneficiaries before business start-ups.

Environmental drivers

177. It is widely documented that ensuring the survival of the natural environment and accomplishing human development have to go hand in hand (although often been viewed as conflicting goals). In this regard, WFP has entered environmental compliance obligation of the USAID that requires "the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities." Thus, environmental conservation efforts were paid attention and all activities of the Project have had no direct negative environmental impacts. According to the key informants and discussion with key project staff from most of project sites, PLHIVs clients were advised on how to dispose of Plumpy'Nuts sachets to prevent their impact on the environment. Moreover, all economic strengthening activities were screened for their environmental soundness and strong efforts in all intervention areas were made to adhere to national environmental regulations.

Key Question 11: What were the gender-specific impacts, especially regarding women's empowerment?

178. In this section, women's role in program development, implementation, monitoring and evaluation, whether or not women share the benefits generated out of the program and to what extent women capacities/skills on business management had been improved, will be explained.

179. According to the findings from document reviews, the design, implementation, monitoring and evaluation of the Project gender was mainstreamed to increase women's access to and control of benefits generated from the Project. In this regard, women were given the lion's share proportion (above 80%) in beneficiary selection

180. As mentioned above, most of the beneficiaries of project were women. This is because of the facts that: women are the most affected by HIV/AIDS; the number of women PLHIVs are by far higher than men; economically, women are one of the most disadvantaged, undervalued and whose primary role was confined to reproduction and child care responsibilities. Furthermore, children are most likely dependent on women/mothers. Hence acknowledging that supporting women is supporting the whole family; the recruitment and selection of beneficiaries was based on gender consideration.

181. Key informants in most project towns reported that, WFP's project has ensured women's participation through involving them in economic support; skill development and in business creation and addressing HIV and health problem through NACS, PMTCT, OVC and ART components. In addition, women were included in ES, served as community resource persons and community discussion leaders and deployed to monitor households that receive WFP support. This intern provided an opportunity for women to participate in joint decision-making. On the other hand, women's participation was ensured through participation in business training to be engaged in some form of business creation and work for a living.

182. Many FGD groups reported that in the households women have started participating equally in the process of decision-making on different household matters. Women in the community have control over the income obtained from selling of chicken, egg, dairy products like butter and the like. However, women still have minimal influence over resources which are found at community level for which the decision making power is still in the hands of men.

183. On the other hand, women were involved in beneficiary selection and coordination and constituted 86.4% of the Project management committee which shows the contribution of the Project towards empowering women.

184. Women's participation in urban HIV/AIDS, nutrition and food security project in general and in business in particular ensured their empowerment and enhanced their social acceptance and addressed their social and economic predicaments. Moreover, the evaluation team understood that the Project provided women with the opportunities to participate in matters of their community and to develop their full potentials. The practice, however, has not yet fully ascertained to overcome gender discrimination, so as to achieve equality of wellbeing, and equal access to resources.

Sustainability

Key Question 12: To what extent did the shift from an emergency context under the PRRO to a development context under the CP and the strategic shift of the program contribute to sustainability of results?

185. In this section of the report the move from in kind food transfer to voucher or cash modalities, from community based to nutrition assessment and counseling, initiation of economic strengthening component, from manual to electronic data handling and having wider geographical coverage and other related factors and their effect in sustaining results of the Project will be discussed.

186. According to information obtained from study participants, the shift from in kind food distribution to voucher/cash modality has simplified the food purchase, transport, storage, distribution procedures and has improved quality of food item reaching the beneficiaries. Using voucher/cash has also built the confidence and enhanced the feeling of ownership of the food items compared to food distribution in kind

187. It is worth noting that under PRRO the main purpose of food assistance was considered by the Project as a key opportunity for women living with HIV to access health services and ensure enrollment of pregnant women in PMTCT/EMTCT under emergency context. However, after the strategic shift of the program, and implementation of Nutrition Assessment and Counseling Services (NACS), the Project was able to identify and prioritize the real needy people using criteria (BMI) set by the National HIV/AIDS and Nutrition Guideline and efficiently use the scarce resource. In addition, trainings were provided for health service providers on nutrition assessment and counseling and health faculties were equipped with the necessary medical equipment. These have contributed for sustainability of the Project and its outcomes after the strategic shift.

188. On the other hand, all FGD groups reported that Economic Strengthening (ES) components of the Project were the most contributing factors which allowed beneficiaries to organize themselves in VSLAs and exercise their collective decisions and actions, save their own money and get loan out of it to initiate own businesses which made them food secured and afford to send their children to schools. Consequently, school enrollment and attendance were enhanced and ultimately contributed towards sustainability of the Project mainly because of the shift from an emergency context.

189. According to the information obtained from key informants, the shift from manual data handling and management to the electronic based urban HIV/AIDS Information System (UHAIS) is a break-through regarding data management. This has facilitated data storing, sorting, analysis, and interpretation, in a simple, technically feasible and efficient ways. As a result of these, the implementing partners were able to manage data effectively and efficiently. In confirmation to the aforementioned facts a Key informant from Bahir Dar, Amhara postulated that:

190. *“The capacity and performance of the office progress has become better than the previous. Now, the office can follow all project activities and make timely decision to improve project implementation”.*

191. This has also contributed for the sustainability of the Project as a result of a strategic shift from food distribution in emergency context.

Key Question 13: To what extent are the results and positive changes from the Project likely to continue after the completion of the Project without funding from WFP?

192. Malnourished PLHIV, PMTCT clients and OVCs were promoted, through the community referral system, by the community resource people to go to health facilities for nutrition assessment, counselling and treatment, PNTCT and OVC support services. Through this community referral system established between the community and health facilities, 18,505 PLHIV, in the 5th project lifetime alone, were reached through NACS component. Therefore, the community referral linkage is found to be effective and efficient mechanism to mobilise beneficiaries and to provide community based counselling services. Since most of the community resource people are members of the health development army in the government structure, the community referral linkage and community based counselling services can be handover to health development army. The capacity building to health development armies is the day to day activity of the health extension workers and health professionals operating in the respective areas and this will ensure the continuity of the operate in the absence of the Project and fund from WFP.

193. According to the findings from document reviews, training and refresher training sessions have been provided to 406 health staff from 76 health facilities in order to augment their knowledge and skills of nutrition assessment, counselling and support (NACS) and deliver the services as per the national guideline on clinical nutrition care for PLHIV. In addition to The National Guideline on clinical nutrition care for PLHIVs and its training manual additional materials was developed by WFP on nutrition and HIV, specialized foods to treat severe and moderate malnutrition among clinically malnourished PLHIV, and anthropometric measurement techniques. The documents were used to train the health personnel. In addition to the trainings provided, a total of 70 BMI machines, 70 baby weight scales, 980 SOPs and job aids, 280 BMI charts and 70 computers were distributed to the health facilities in the Project areas. These trained health professionals from the 76 health facilities, having the necessary equipment, are believed to be capable to continue the NACS and other clinical service in the absence of the Project and fund from WFP.

194. In almost all ES FGD groups discussion conducted the respondents confirmed the profitability of the business they are running except in few locations like Togo Wuchale, Hartishek where they mentioned more challenges. The findings from document reviews matches with the qualitative findings. From the business run by ES participants, 86% are rated as improving, only 5% of the enterprises reported discontinuing the business.

195. Because of the business profitability, their food security and the adherence to ART is assured. The food security and adherence to ART ensured, is also complemented with the group's cohesion via VSLAs and confidence built and changed ambition among members. As it was found out from document reviews, while ES participants joined the ES scheme, 69% of them were rated as food-insecure with severe hunger. The prevalence of severe hunger fell to a mere 6% within 42 months of engagement in economic strengthening activities¹³.

196. The most important factors mentioned for ART adherence, food security and confidence can be kept with most of the groups visited and the evaluation team believes it will continue with such groups after the Project completion, by setting good examples for others. For emerging business challenges, like other business operators in the country, they can seek public sector office support and can negotiate for required service from private and other providers. Until they are well linked with those actors and afford paying for business development services, encouragement and linking with the right service providers will minimize risks of downfall and fear. In areas where the business was not that much successful, although they were not doing well in their business with the different factors, they are performing well in terms of their ART adherence. Additional support may be needed for those groups to keep the results. Therefore, the effort that was initiated to link with national safety net program for such kind of groups need to be enhanced by HAPCO office and other actors.

197. The introduction of UHAIS for project-based data management at the start-up of the Project and assisting the government to come up with one reporting system and evolving UHAIS to government owned E-MRIS have contributed to sustainability of the information management at all level.

Key Question 14: To what extent do the beneficiaries and implementing partners show ownership of the Project results and lessons learned and ability to continue with the Project without WFP's interventions?

198. More positive indication of sustainability of achieved project outcomes arises from the human assets and social capital that the program has built. It is obvious that people will continue to use the knowledge, experience and business skills they have acquired, where they deem it appropriate and by replicating.

199. According to the data obtained from FGDs groups, most VSLA group members who initiated their own small-scale businesses showed their strong interest to continue running their business if they get minimal technical support from government sector offices and community care coalitions. A key informant from a *wereda* HAPCO also indicated that the office is ready and capable to continue the coordination and follow up activities. There are experiences in some regions of the country where capacity building activities have been done to the CCC so that they can support themselves.

¹³ Project Close Out Report

Coherence

Key Question 15: To what extent are the Project objectives consistent with WFP policies and normative guidelines?

200. The Urban HIV/AIDS Nutrition and Food Security Project components were well focused on government's priority and overall development strategy. More particularly, the Project was well-integrated into those elements of Ethiopia's overall HIV/IDS policies (National HIV/AIDS Policy, 1998; the Strategic Plan for Intensifying Multi-sectoral HIV/AIDS Response, SPM I (2004-2008); The National Guidelines for HIV/AIDS and Nutrition in Ethiopia). Besides, the Project was implemented in close collaboration with government and other donor organizations.

201. The objectives of "National HIV/AIDS and Nutrition Guideline (MOH, 2008) define the nutrition actions for service providers to take in providing quality care and support to people living with HIV and AIDS (PLHIV) at sites that provide HIV counselling and testing (HCT), maternal and child health (MCH) care, antiretroviral therapy (ART), services for orphans and vulnerable children (OVC), and home-based care (HBC). The guideline seeks to assist the various categories of people infected with and/or affected by HIV: adults, pregnant and lactating women, adolescents, severely malnourished adults and children, and people on medication.

202. The multi-sectoral response to HIV/AIDS in Ethiopia is guided by the National HIV/AIDS Policy, 1998; the Strategic Plan for Intensifying Multi-sectoral HIV/AIDS Response, SPM I (2004–2008); the Plan for Accelerated and Sustained Development to End Poverty, PASDEP (2007–2010); the Road Map for accelerated access to HIV prevention, treatment and care in Ethiopia, (2007–2010); and the Plan of Action for Universal Access to HIV prevention, treatment, care and support in Ethiopia, (2007–2010). This strategic plan (SPM II) is developed as a guide towards universal access to HIV/AIDS services in the Country. Therefore, HIV/AIDS component of the Country Program is aligned to WFP's Strategic Objective and provided support to the national HIV program through nutrition support, provision of nutrition assessment and counselling and provision of specialized nutritious food to support food-insecure households affected by HIV in Urban Areas. Similarly, the 2010WFP HIV/AIDS policy states the same points which clearly show that the current project has been integrated.

Conclusions

203. The fact that beneficiaries are satisfied with the services (training related to ES, savings and credit service, PMTCT, food support and awareness creation) they are getting from the Project; the effectiveness of the Project strategies (creating strategic partnership, creating clear linkage to add value and community capacity building) in implementing the Project components and achieving its outcomes; effective upgrading of manual data management by the government to computer based information management system; the fact that women are both major decision makers and beneficiaries from the different components of the Project and the linkage between communities, health facilities and households in providing care and support to malnourished PLHIV, created by the scale up of the Project, assured that urban HIV/AIDS nutrition and food security projects is aligned with and relevant to the interest and priority of the government and to the needs of vulnerable groups including women, children, malnourished PLHIV, etc.

204. The program built the capacity of the government health system to assess, counsel and treat malnourished PLHIV; manage pregnant and lactating women infected by the virus; and electronic

data management through training of staff, supply of materials such as computers and establishment of the web-based information system.

205. Accomplishments were found to be effective in achieving its objectives which include increasing ART drug adherence, improving livelihoods, ensuring food security, breaking the inter-generational cycle of transmission of HIV from mother to child, increasing school enrolment and attendance and mitigating the social and economic impacts of HIV/AIDS.

206. The matching fund that was mobilized by WFP has contributed for the Project achievement by increasing the number of beneficiaries and assuring the required resources timely availability.

207. The project setup and service quality appreciated very well and contributed for better implementation except in few instances. Food support delay, responsiveness of local actors and expected service can be improved with continuous follow-up and assurance of higher level regional and town leaders' commitment with agreed measurable milestones. The modality installed like the matching grant instalment number, selection criteria like BMI need to be discussed with beneficiary group and flexibility should be created with the necessary care. Including regional health offices in the planning and critical milestones will enhance ownership and participation.

208. The evaluation showed ES component and the matching grant was an important cost component that showed significant contribution to achieved results. As compared to continuous food support, engaging the beneficiary in ES component is more cost effective. Taking other project modality experience, one can think of minimizing the investment needed to give similar amount financial capital access by buying only the risks and making the groups more bankable for financial institutions.

209. The shift from an emergency context under the PRRO to a development context under the CP has made the food purchase, transport and distribution in a more simple, effective and efficient way; targeted food support with clear admission and graduation criteria; ensured food security status of PLHIV; and put in place effective, efficient and feasible information system. However, this shift required detail development plan and allocation of sufficient resource by all stakeholders.

210. The ideas contained in the Project (combining support and development efforts) are innovative and the design to use the government structure and system in implementing the Project is contributor to sustainability of the Project results. Activities initiated to be operated through community resource people can be sustained and continue through the health extension program and health development armies of the government system. All health facility based activities initiated by the Project will continue to be implemented by the health facilities which have trained personnel and the required equipment. MOH has further adapted the UHAIS into electronic multi-sectoral response information system (E-MRIS) which will be used for HIV reporting at all administrative levels. The idea of initiating Community Care Coalition (CCC) by establishing network among key sector offices at all level can be alternative approach to take over the funding and resource mobilization responsibilities of WFP and other donors. On the other hand, the idea of community care coalition requires further activities and investment to capacitate the network until it is capable to take the anticipated responsibilities.

211. Empowerment of women cannot be seen separately from the overall context of socioeconomic situation of a country, therefore, it is worth noting that deep rooted traditions and norms in the community cannot be stopped abruptly through a single and short-term gender sensitive project. To the contrary empowerment of women requires incorporating gender at all community and

institutional levels beyond the preview of the Project. Key informants and focus group discussion participants in this mid-term evaluation indicated that collective actions taken by the beneficiaries through their VSLA enhanced women participation to set their own social agenda, created healthy and strong social interaction among group members and with other members of the community, developed culture of having regular meeting and discussed about positive living and health issues, hygiene and sanitation, stigma and discrimination, new business plans and profitability.

212. Environmental sustainability was one of the main considerations in designing and implementing the Project activities. In addition, appropriate environmental protection mechanism (PLHIVs clients were advised on how to dispose of Plumpy'Nuts sachets to prevent their impact on the environment, all economic strengthening activities were screened for their environmental soundness, and environmental mitigation plans were developed.) were followed during the implementation of the Project and strong efforts in all intervention areas were made to adhere to national environmental regulations. This is a crucial quality of projects that needs to be encouraged.

Lessons Learnt

218. Aligning the objectives, strategies and interventions with that of policy objectives of donors and the interest and priority of the government resulted (in this project) in achievement of outputs and outcomes in a way that addressed beneficiary's requirements. This is a major lesson to be followed in future project and program development by WFP and other development actors.

219. The idea of combining direct support and development (economic strengthening) in project/program development is proven to be effective in facilitating and accelerating the achievement of outputs, outcomes and impacts of the Project/program in general, and brought individuals' and groups' sense of self-support and self-reliance.

220. Entertaining beneficiaries' concerns and suggestions and engaging important stakeholders from all administrative levels in a project/program cycle with clearly defined deliverables is an important decision for better responsiveness of actors and ownership of project/program achievements.

221. Financial support, in the form of grant, in economic strengthening efforts is found to be effective in letting beneficiaries initiate their businesses easily. On the other hand, it is seen in this evaluation that this form of financial support has limitations in taking the service to a wider coverage of beneficiaries.

222. In order to carry out a detailed analysis of the cost effectiveness of a given project, detailed cost-related data collection, data management system and engagement of financial institutes starting from the planning phase are requirement.

223. Incorporating ideas related to combining relief (support) and development (ES) in future project development; the use and upgrading of UHAIS to E-MRIS; integrating NACS into the other health services and sustaining and scaling up of principles used in economic strengthening components into the pre-service curriculum is an effective means to scale up and reach a wider geographical areas.

224. Publishing positive and negative outcomes of projects/programs and sharing to the wider audience locally, across continents and globally, is a proven means to disseminate useful experiences to all people/organizations needing such information.

Recommendations

213. This end term evaluation witnessed that the project is designed and implemented to the highest quality standard and achieved its outputs and outcomes to the maximum. In addition to this, there is an initiative by the implementing partners (HAPCO, MOLSA and the Ministry of Women and Children Affairs (MWCA)) to take the responsibility of assisting food-insecure PLHIVs through CCC. On the other hand, the evaluation team recognized that the uptake of the concept/idea of combining direct support and development (ES) by the government and other development actors, in the effort to protect PLHIVs in the country from food insecurity, is far behind the expected. *Hence the evaluation team recommends the WFP, in the short-term, to advocate the strategy which combines direct support with development for the government and other stakeholders to adapt and scale up in their HIV/AIDS interventions.*

214. The use and upgrading of UHAIS to E-MRIS, integrating NACS into the other health services and incorporating the principles used in ES components into the pre-service curriculum requires further actions.

WPF, in the medium- and long-term, should advocate, lobby, and share experiences to CCC, Ministry of Education, and other stakeholders so as to incorporate the UHAIS/E-MRIS, integrate the NACS approach, and the principles of ES in the pre-service curriculum.

215. The structural, technical and financial capacity of CCC to take the responsibility of mobilizing community resources to address the nutrition, food and food security needs of food-insecure PLHIVs is at its infancy.

Therefore, in the short-term, WFP should continue the technical support (training, experience sharing, coaching in program development, etc.) to CCC in order to sustainably mobilize community resources to address the food and nutrition needs of food-insecure PLHIVs.

216. *The success factors* (community-based mobilization; facility-based nutrition assessment and counselling; facilitation of direct support by coordination committee (CC); cash- and voucher-based delivery system; conducting regular review meetings among beneficiaries and the strategic link between community system, health system, community coordination groups and beneficiaries) are the lessons learned and best practices.

Therefore, WFP should, as a short and long-term approach, publish and share them to the wider audience across Africa and the rest of the world because of their outstanding achievement in extricating people from poverty.

217. The design and development of future projects must ensure the engagement of important stakeholders, from all administrative levels, in important milestones with clear deliverables for better ownership and responsiveness of actors. Entertaining beneficiaries' concerns and suggestions in project modalities need to be strengthened.

In the short and medium terms, when WFP designs projects, it should engage all stakeholders, including communities and beneficiaries, from the design throughout the implementation process. If WFP does not have a plan for a new similar project, it needs at least to provide a clear guideline to its staff and implementing partners to ensure the engagement of important stakeholders and addressing of beneficiaries' concerns.

218. The economic strengthening model, with a slight modification on the matching fund for its revolve to reach a wider coverage, needs to be taken to scale by responsible government ministries, CCC, NGOs and donors as a model for poverty reduction and engaging the poorest of the poor in viable economic activities.

For this, WFP needs to have a well-designed advocacy plan for creating a strong influence on governmental and non-governmental development actors.

219. The matching fund (grant) in this project is designed to support economic strengthening activities initiated by VSLA members. Though it supported PLHIVs to initiate their small-scale businesses, it also made the Project both relatively expensive and hard to take additional new beneficiaries who want to take matching fund to initiate/upgrade/diversify their businesses and to take the service to a wider geographical coverage.

Therefore, the Evaluation Team strongly recommends that WFP in its future planning should provide technical support to CCC or other concerned bodies, specifically on how to use matching funds in a more reusable and sustainable manner.

Annexes

Annex 1: Terms of Reference

Introduction

This Terms of Reference (TOR) is for the final Evaluation of PEPFAR-funded Urban HIV and AIDS Nutrition and Food Security Project, under component 4 (HIV treatment care and support in Urban areas) of the WFP Ethiopia Country Program, CP 200253.

This evaluation is commissioned by WFP Ethiopia Country Office and will cover the period from September 2011 to March 2017. WFP Ethiopia would like to invite the submission of proposals from suitable service providers for the evaluation of the Project as per the details stipulated in this document.

This TOR was prepared by WFP Ethiopia based upon an initial document review and consultation with stakeholders and following a standard template. The purpose of the TOR is twofold. Firstly, it provides key information to the evaluation team and helps guide them throughout the evaluation process; and secondly, it provides key information to stakeholders about the proposed evaluation.

As per the agreement with USAID PEPFAR, this project under the CP was complemented through additional resources from NEP+¹⁴ and other private and bilateral donors and hence this evaluation will also look into all contributions towards the Project.

Reasons for the Evaluation

The reasons for the evaluation being commissioned are presented below.

Rationale

The evaluation is expected to provide strategic and concrete evidence on the relevance, results, processes and resource utilization for the program. The evaluation is timed to precede the successor HIV/AIDS Project that may follow this one. Evidence and lessons from the evaluation will therefore feed into the design of the new.

The expected users of this evaluation will be, primarily, the WFP Country Office in Ethiopia, the Ethiopian Government, donors, and the partners that are involved in its implementation.

Objectives

Evaluations in WFP serve the dual and mutually reinforcing objectives of accountability and learning.

Accountability – The evaluation will assess and report on the performance and results of the HIV/AIDS nutrition and food security intervention.

Learning – The evaluation will determine the reasons why certain results occurred or not to draw lessons, derive good practices and pointers for learning. It will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated and lessons will be incorporated into relevant lesson sharing systems.

The evaluation is expected to put more focus on drawing strategic lessons for important interventions based on objective evidence on what worked or didn't work, why it worked and how

¹⁴Network of networks of HIV positives in Ethiopia – a primary and later on a secondary recipient of the GF that was funding the food assistance to PLHIVs and PMTCT clients in nine project towns.

it should have been improved to optimize on efficiency and achievement of results for the program over the past five years.

Stakeholders and Users

A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and some of these will be asked to play a role in the evaluation process. Table 1 provides a preliminary stakeholder analysis, which should be deepened by the evaluation team of the firm/company to be selected as part of the Inception phase.

Accountability to affected populations, is tied to WFP's commitments to include beneficiaries as key stakeholders in WFP's work. WFP is committed to ensuring gender equality and women's empowerment in the evaluation process, with participation and consultation in the evaluation with women, men, boys and girls from different beneficiary groups.

Table 1: Preliminary stakeholders' analysis

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder
INTERNAL STAKEHOLDERS	
WFP Ethiopia Country Office (CO)	Will be the primary stakeholder responsible for the country level planning and operations implementation, it has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries and partners for performance and results of its operation.
Regional Bureau (RB)	Responsible for both oversight of COs and technical guidance and support, the RB management has an interest in an independent/impartial account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices.
WFP HQ	WFP has an interest in the lessons that emerge from evaluations, particularly as they relate to WFP strategies, policies, thematic areas, or delivery modality with wider relevance to WFP programming.
Office of Evaluation (OEV)	OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralised evaluation stakeholders as identified in the evaluation policy.
WFP Executive Board (EB)	The WFP governing body has an interest in being informed about the effectiveness of WFP operations. This evaluation will not be presented to the EB but its findings may feed into annual syntheses and into corporate learning processes.
EXTERNAL STAKEHOLDERS	

Beneficiaries	As the ultimate recipients of the assistance, beneficiaries are primary stakeholders with a stake, determining whether WFP's assistance is appropriate and effective. The level of participation in the evaluation of women, men, boys and girls from different beneficiary groups will be determined and their respective perspectives will be sought.
Government	The Government is also a primary stakeholder with a direct interest in knowing whether WFP's activities in the country are aligned with its priorities, harmonized with the action of other partners and meet the expected results. Issues related to capacity development, handover and sustainability will be of particular interest. Specifically, FHAPCO and regional Bureaus of Health are interested in the key lessons to be learned from the implementation of the Project.
UN Country team	The UNCT's harmonized action should contribute to the realization of the government's developmental objectives. It has therefore an interest in ensuring that WFP's operation is effective in contributing to the UN concerted efforts. Various agencies are also direct partners of WFP at policy and activity level.
NGOs and community based Organizations	NGOs are WFP's partners for the implementation of some activities. The results of the evaluation might affect future implementation modalities and partnerships.
Donors (PEPFAR and others)	The donors of this project have an interest in knowing whether their funds have been spent efficiently and if WFP's work has been effective and contributed to their own strategies and programs. Evaluation findings might influence future funding decisions and future programs.

The primary users of this evaluation will be:

WFP Ethiopia and its partners in decision-making, notably FHAPCO and regional bureaus of health, were involved in program implementation and/or design, Country Strategy development and partnerships.

Given the core functions of the regional bureaus (RBs), RBs are expected to use the evaluation findings to provide strategic guidance, program support, and oversight.

PEPFAR and other donors may use it for future program adjustment and decision on future funding.

Context and subject of the evaluation

Context

Ethiopia is located in the sub-Saharan region of Africa. The country has a decentralized administrative system that consists of nine national regional states and two city administrations. According to the population projections from the 2007 population and housing census, the total population for year 2015 is estimated to be 90 million, of which 80.6% live in rural areas. The pyramid age structure of the population has remained predominately young with 39.8% under the age of 15, with women of reproductive age constituting 25.1% of the population.

According to Ethiopia's poverty assessment, Ethiopian households have experienced a remarkable reduction in poverty rate from 56% of the population living with below 1.25 USD purchasing power parity (PPP) a day in 2000 to 29% in 2010. Nevertheless, the scale of food insecurity and malnutrition in Ethiopia remains serious. As a land-locked country with high import costs, national food security is highly influenced by domestic production. Despite a steady growth rate, agricultural productivity remains one of the lowest in Africa. Eighty-five percent of the national agricultural output is cultivated on subsistence plots of less than two hectares. Pre- and post-harvest losses (estimated between 30–40%)¹⁵ and the underdeveloped marketing system further undermine incentives to increase productivity.

Ethiopia has one of the highest rates of malnutrition in sub-Saharan Africa, and faces acute and chronic malnutrition and micronutrient deficiencies. Nutrition deficiencies during the first critical 1,000 days (pregnancy to two years) put a child at risk of being stunted. This affects 40% of children in Ethiopia.¹⁶ Twenty-seven percent of women age 15-49 fall below the cut-off of 18.5 for the body mass index (BMI), with 9% are moderately or severely thin. Only 6% of women are overweight or obese (BMI \geq 25 kg/m²).

The Cost of Hunger Africa study (WFP, 2013) estimated that 4.4 million additional clinical episodes are associated with under-nutrition among children aged five years and below incurring an estimated cost of 154 million USD in 2009. In this study, under-nutrition was associated with 24% of all child mortalities with estimated 379,000 deaths in the period 2004–2009. Overall, the study estimated that Ethiopia has lost about 4.7 billion USD as a result of under-nutrition in 2009 alone—an equivalent to 16.5% of the GDP.

The National Nutrition Strategy (NNS) launched in 2008 and Nutrition Program (NNP) for the periods 2008–2012 and 2013–2015 aimed to ensure that all Ethiopians benefit from a secure and adequate nutritional status in a sustainable manner. The strategy addresses the special nutritional needs of people living with HIV and gives priority to children under two years of age, pregnant and lactating women, adolescents and food-insecure households. Nutritional Assessment and Counselling and Support (NACS) is included as one of the key program components in the five-year Nutrition Program (NNP) developed for 2015–2020.

The HIV epidemic remains as one of the public health problems in Ethiopia. The national adult HIV prevalence has remarkably declined from 5.3% in 2003 to 1.5% in 2011. In 2015, the projected national adult HIV prevalence is estimated to be 1.22%, with geographical and gender variations. Prevalence by gender is 0.8% for men and 1.3% for women. Similarly, the HIV prevalence for rural residents is 0.5%, while for urban residents it is 3.2%, and much higher among urban females (4.0%) compared to urban men (2.4%).

Like in many other countries, HIV prevalence is substantially high among most-at-risk populations (MARPs) in Ethiopia. Female sex workers (FSWs) are groups with the highest level of HIV prevalence (23%). Similarly, long distance truck drivers who might be potential clients of FSWs have high prevalence rate of HIV (4.5%). High prevalence rate is also observed in mobile population groups like seasonal/migrant workers of specific areas with large development schemes such as flower plantations, commercial farming, mining areas and others.

According to the 2015 projection, the annual number of new HIV infections in Ethiopia is estimated to be 24,050; of these new infections, 2,834 (12%) are among children aged 0–14 years and the remaining 21,216 are adults of which 13,262 (62.5%) and 7,955 (37.5%) are females and

¹⁵ A recent study conducted by Addis Ababa University and the Swiss Agency for Development and Cooperation (SDC) in two communities in the East Gojam Zone of the Amhara National Regional State showed that, in at least some locations, postharvest losses can be as high as 30% to 50%.

¹⁶ Mini-DHS 2014

males, respectively. The projection also revealed that there are a total of 741,477 people living with HIV, of which 450,063 (61%) are females and 84,218 are children aged 0–14 years.

Previous nutritional assessment carried out in a hospital offering ART treatment in Addis Ababa indicated that 35–40% of registered pre-ART clients had a BMI of less than 18.5, and 20% had a BMI of less than 17. Of ART clients in the same facility, only 15% and 10% had BMI less than 18.5 and 17, respectively.

There is growing awareness that people living with HIV can lead productive lives if treatment is combined with good nutrition. Nevertheless, food insecurity in urban areas has been worsening, especially for non-registered dwellers in urban areas, as income inequality and the cost of living in urban areas increase. Thus, growing urban food insecurity also poses a threat to the collective HIV response in Ethiopia.

Subject of the evaluation

WFP Ethiopia has been directly involved in providing food support to address urban food insecurity since the beginning of the 1990's. HIV/AIDS component was added to this urban facility intervention from 2001 to 2003. As per the recommendations of various evaluation missions, the country program (2003–2006) was designed with a component exclusively focusing on provision of food support to HIV/AIDS-infected/affected individuals and households in urban settings.

Over the years, the response was adjusted several times to respond to lessons learned within the Project as well as within the wider area of the response to the pandemic. In particular, the introduction of ART in 2005 changed the HIV and AIDS landscape in Ethiopia significantly and allowed the Urban HIV/AIDS project to have clearer admission and discharge criteria to and from food and nutrition assistance. This was further refined in 2008 with the issuance of the HIV and nutrition guideline by the Ministry of Health (MOH) where admission criteria are based on nutritional status of PLHIVs measured as BMI.

The scale up of the HIV component of the CP was planned following the roadmap put in place for each region by the Strategic Plan for Multi-sectoral (SPM II 2010/11–2014/15) response of the Federal HIV and AIDS Prevention and Control office (FHAPCO). In line with the recommendations of the 2008–2010 midterm evaluation of the Project and the 2010 WFP HIV policy, major programmatic changes were introduced in 2011/12. The HIV response was moved from a Protracted Relief and Rehabilitation operation (PRRO) to a Country program (CP) that has development objectives. The overall goal of the component was hence to mitigate the impacts of HIV on adults and children, while the specific objectives were to:

- improve nutritional status and health of malnourished PLHIV,
- improve food security status of PLHIVs and affected households, EMTCT clients and orphans and vulnerable children, and
- develop an evidence base for programming, shared learning and policy formulation.

The food and nutrition assistance under these objectives has been a key enabler for accessing health services.

The major programmatic changes made include:

- The move from in kind food transfer to alternate transfer modalities such as food vouchers or cash.
- From community-based food assistance to Nutrition Assessment Counselling and Support (NACS) services at health institutions, with community linkages.
- Form an only-food assistance intervention to engaging PLHIVs in economic strengthening initiatives to improve their livelihoods and food security. Later on,

towards the mid-way of the Project implementation, ES was promoted as an enabler for ART adherence and retention in care.

- From manual data handling and reporting to electronic data handling and web-based reporting

The response was scaled up in 89 urban areas in nine regions and two city administrations. The major partners for implementation are the Project's town-level health/HIV and AIDS prevention and control offices (HAPCOs) and regional health bureaus. The Project has four major areas of activities contained in the log frame with strategic information generation being cross cutting. The major areas of intervention are:

Nutrition Assessment, Counselling and Support (NACS): which includes improving the capacity of the health system to provide nutrition assessment counselling and support services (NACS) to malnourished PLHIV. Partner health facilities provide specialized foods (Plumpy'Nuts and Plumpy'Sup) to PLHIVs with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). Community based basic nutrition counselling and follow up is also part of this component. This component is under implementation in Developing Regional States (DRS) of the country, i.e., Afar, Somali, Gambella, and Benishangul Gumuz. WFP also provides household food assistance for NACS beneficiaries in the form of cash or voucher with the view to decrease the sharing of nutritional products.

Food assistance for OVCs: this component has been under implementation in partnership with a national OVC/ HVC project being led by an international NGO called PACT. While implementers of the PACT OVC project provide other psychosocial support, WFP complemented the intervention with food assistance. The food assistance to individual OVC beneficiaries was provided in the form of in-kind food, voucher or cash. Because of a strategic shift by the federal government in 2015, it was difficult to obtain resources to continue this project component beyond mid 2016 at a larger scale and focus was made to paediatric age groups on ART, to improve their ART access, adherence and retention in care

Integrating nutrition interventions in PMTCT/EMTCT services: Food-insecure PLHIVs who are either pregnant or lactating are provided with food assistance to be compliant to Elimination of Mother to Child Transmission services in addition to community based follow-ups by trained community resource persons. The assistance is in the form of in-kind food, voucher or cash.

Improving food security and livelihood at household level (ES): This project component is implemented to assist food-insecure PLHIVs sustainably meet their food and nutrition requirement as a result of improved livelihood. The component is operational in 37 towns/cities located in all regional states of Ethiopia. All ES participants receive a series of trainings intended to build their business and financial management skills. ES participants organize themselves in Village Saving and Loan Associations (VSLAs) which help them to save, take loans and invest in different business activities. The weekly/bi-weekly VSLA meetings are used as forums to discuss and share experiences on a range of issues including business skills, but also ART adherence, positive living, nutrition, etc. The ES participants are encouraged to start businesses as individuals or by organizing themselves into Production and Marketing Groups (PMG) or Marketing Groups (MG) in accordance with their preferences.

Strategic information generation: a web-based information system called Urban HIV and AIDS information system (UHAIS) was set-up to capture individual level output and outcome data, generate aggregate reports at multiple levels and generate evidences for informed programming and strategic planning. Electronic data are maintained on all services provided at *wereda*¹⁷ health/

¹⁷The smallest administrative units in urban areas

HIV and AIDS prevention and control offices. This system is converted to assist the government establish electronic multi sectoral response information system which is now owned by the federal government and scaled up to all its structures for information generation.

Gender, protection, and environment have been thoroughly analysed and mainstreamed as key cross-cutting issues at the design and throughout the implementation period of the Project.

The major donor for the component is USAID/PEPFAR. Other contributions from Network of Networks of HIV Positives in Ethiopia (NEP+)-primary and later on secondary recipient of the Global Fund and other bilateral and private donors were used as complimentary resources to address more beneficiaries. The total amount of funding received from different sources during the five years project period was nearly 50 million USD (nearly 80% from PEPFAR). The interventions and services delivered in each project area are determined by the respective agreements with the donors and their requirements.

Evaluation Approach

Scope of the Evaluation

The evaluation will cover primarily the PEPFAR-funded Urban HIV/AIDS Nutrition and food security project, from its start in September 2011 until March 2017. Given that the Project was complemented with other donors like NEP+ (primary and later on secondary recipient of the Global Fund), the evaluation will also look into project activities funded by other donors. As mentioned, the activities of this project are continuations of activities supported by WFP under previous interventions and, as such, this evaluation will also take into consideration evaluations of these past interventions.

The HIV/AIDS component is implemented in 89 towns/cities located in all the nine regions and two city administrations of Ethiopia (the list of the towns/cities in Annex 3). Given that the geographic scope is too large to cover in its entirety, the evaluation team, in consultation with the WFP CO HIV/AIDS team, will select a sample of districts and project sites to visit during the field trip, ensuring, to the extent possible, that site visits are as representative as possible. The evaluation team will present, in the pre-mission report, the sampling criteria that the team will use.

Evaluation Criteria and Questions

Evaluation Criteria: The evaluation will apply the international evaluation criteria of relevance, effectiveness, efficiency, impact, sustainability, coherence, and connectedness.¹⁸ Gender equality should be mainstreamed throughout.

Evaluation questions allied to the evaluation criteria, the evaluation will address the following key questions, which will be further developed by the evaluation team during the inception phase. Collectively, the questions aim at highlighting the key lessons and performance of the HIV/AIDS component of the CP, which could inform future strategic and operational decisions.

The evaluation will examine the relevance and appropriateness of the Project design in terms of the objectives of the operation. The evaluation will also examine the internal coherence of the Project objectives with WFP policies. In terms of external coherence, the evaluation will examine the linkages between the objectives of the Project and those of the government, the UN system and other partners and with other interventions in the country. The evaluation will also examine the appropriateness of the planned activities vis-a-vis identified needs.

¹⁸ For more detail see:

<http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm> and <http://www.alnap.org/what-we-do/evaluation/eha>

In terms of results, the evaluation will review and analyse data to determine the degree to which the stated objectives of the program have been achieved, i.e., establish the effectiveness of the program and its outcomes. The evaluation will also aim to determine how outcomes are leading (or are likely to lead) to intended and any unintended (positive or negative) impacts. Gender analysis should be included in the findings, lessons, challenges, conclusions, and recommendations of the evaluation.

Table 2: Criteria and evaluation questions

Criteria	Evaluation Questions
Relevance	<p>To what extent were the operations and objectives of the HIV program consistent with beneficiaries' need, country need, and donors' policies?</p> <p>Were the approaches and strategies used relevant to achieve intended outcomes of the Project/intervention?</p> <p>To what extent were the interventions aligned with the needs of other key stakeholders particularly government and other actors in the sectors?</p> <p>To what extent did the interventions respond to the needs of vulnerable groups and women?</p> <p>To what extent did the scale up of the program lead to enhanced results to intended beneficiaries including women and vulnerable groups?</p>
Effectiveness	<p>To what extent did the strategic revision of the program lead to achievement (or lack of achievement) of the objectives?</p> <p>What were the major cost and efficiency implications of scaling up the HIV components?</p> <p>What were the major factors influencing the achievement or non-achievement of the outcomes/objectives of the intervention?</p> <p>What were the intended or unintended results of the shift from emergency response under the PRRO to a development context under the CP?</p>
Efficiency	<p>What was the outcome of the additional leveraged funds on achievement of additional results?</p> <p>Did the Project's implementation mechanism including targeting, service delivery, M&E, institutional arrangements, partnership, etc permit necessary utilization and shifts of resources among objectives and outputs in a timely and efficient way?</p> <p>Was the program cost efficient? Was the cost per unit the most cost effective or were there areas where savings could be made to reduce costs?</p>
Impact	<p>To what extent did the program's activities contribute to different intended and unintended, positive or negative, macro or micro long-term effects on social, economic, environmental, technical, communities, institutions, etc.?</p> <p>What were the gender-specific impacts, especially regarding women's empowerment?</p>
Sustainability	<p>To what extent did the shift from an emergency context under the PRRO to a development context under the CP and the strategic shift of the program contribute to sustainability of results?</p> <p>To what extent are the results and positive changes from the Project likely to</p>

	<p>continue after the completion of the Project without funding from WFP?</p> <p>To what extent do the beneficiaries and implementing partners show ownership the Project results and lessons learned and ability to continue with the Project without WFP's interventions?</p>
Coherence	<p>To what extent are the Project objectives consistent with WFP policies and normative guidelines?</p> <p>To what extent do linkages exist between the objectives of the Project and those of the government, the UN system, and other partners and with other interventions in the country?</p>

Data Availability

In order to compare planned and actual achievements, the Evaluation Team uses and corroborates information provided by the WFP CO and cooperating partners. These data may include financial records, CP distribution reports, process monitoring, etc.

The individual level data stored in Urban HIV/AIDS information system (UHAIS), reports (including SPR, and reports submitted to donors), studies on the outcome level results of the Project¹⁹ will also be used for the evaluation. UHAIS contains sets of data on (1) the amounts of resources transferred to each beneficiary, (2) baseline and follow-up values for key indicators of ES beneficiaries including changes in standards of living, food security, and poverty status;²⁰ (3) school enrolment and attendance of OVC beneficiaries; and (4) birth outcomes and HIV status of exposed infants, etc.²¹ Finance, procurement and logistics records will also be consulted to obtain additional data on the Project performance. In cases where there is paucity of reliable data, the consulting firm is expected to come up with innovative ways of addressing the problem.

Concerning the quality of data and information, the evaluation team should:

The ET should propose a methodology that will include means of obtaining the missing data to ensure completeness of the data during inception. Every means should be sought to get the required data to answer all evaluation questions.

Assess the effect of data availability and reliability as part of the inception phase expanding on the information provided in section 4.3.

During the evaluation, the ET should systematically check accuracy, consistency and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions using the data.

Methodology

The methodology for the evaluation will be designed in detail by the evaluation team of selected firm/company during the inception phase. However, each bidding consulting company should indicate clearly the methodology it employs for answering the evaluation criteria and questions in

¹⁹There are few operational studies carried out on different interventions including: 1) the effects of ES on ART adherence, retention in care, quality of life 2) Optimal BMI for entry and exit to NACS 3) the effect of household food assistance on clinical outcomes

²⁰Six rounds of follow-up surveys have been carried out covering all first year ES participants to determine the values of these indicators on a bi-annual basis. However, the design has limitation in that it does not have a comparison group.

²¹ Lack of comparison group and in some instances lack of completeness of the available data are the main challenges to make attribution analysis

its respective technical proposal as this will be one of the main criteria for selection of consulting company for this evaluation.

The methodology to be designed by the evaluation team will include but not limited to the following:

- Using mixed methods (quantitative, qualitative, participatory, etc.) and consider developing a theory of change to map the impact pathways and also assess cause-effect relationships;
- The ET should ensure triangulation of information from different sources and methods;
- Develop, agree on and apply an evaluation matrix that clearly links evaluation questions with data collection methods etc and takes proposes data/data collection methods that will address the data availability challenges, the budget and timing constraints; and
- Ensure through the use of mixed methods that women, girls, men and boys from different stakeholder groups participate and that their different voices are heard and used;

The evaluation team should expound the sampling approach and criteria in its respective technical proposals for the evaluation. Whereas an evaluation team of a selected consulting firm/company will present in detail the sampling approach and criteria to be employed during the inception phase. The sampling and data analysis should facilitate gender disaggregated analysis of findings.

Quality Assurance

WFP's Decentralized Evaluation Quality Assurance System (DEQAS) defines the quality standards expected from this evaluation and sets out processes with in-built steps for Quality Assurance, Templates for evaluation products and Checklists for their review. DEQAS is closely aligned to the WFP's evaluation quality assurance system (EQAS) and is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice.

DEQAS will be systematically applied to this evaluation. The WFP Evaluation Manager will be responsible for ensuring that the evaluation progresses as per the DEQAS Step by Step Process Guide and for conducting a rigorous quality control of the evaluation products ahead of their finalization.

WFP has developed a set of Quality Assurance Checklists for its decentralized evaluations. This includes Checklists for feedback on quality for each of the evaluation products. The relevant Checklist will be applied at each stage, to ensure the quality of the evaluation process and outputs.

In addition, to enhance the quality and credibility of this evaluation, an external reviewer directly managed by WFP's Office of Evaluation in Headquarter will provide:

- systematic feedback on the quality of the draft inception and evaluation reports; and
- Recommendations on how to improve the quality of the evaluation.

This quality assurance process does not interfere with the views and independence of the evaluation team, but ensures the report provides the necessary evidence in a clear and convincing way and draws its conclusions on that basis.

The evaluation team will be required to ensure the quality of data (validity, consistency and accuracy) throughout the analytical and reporting phases. The evaluation team should be assured of the accessibility of all relevant documentation within the provisions of the directive on disclosure of information. This is available in WFP's Directive (#CP2010/001) on Information Disclosure. If the expected standards are not met, the evaluation team will, at its own expense, make the necessary amendments to bring the evaluation products to the required quality level.

Phases and Deliverables

The evaluation will proceed through the following phases: preparation, inception, data collection and analysis, report, dissemination and follow-up. The deadlines for each phase are as follows:

- Inception Report – February 08, 2017
- Aide-memoire or debriefing PPT – February 28, 2017
- Evaluation Report – March 24, 2017
- Dissemination and follow-up – March 27, 2017

The following deliverables are expected from the evaluation team:

Technical and financial proposal: the competing firms should prepare and submit technical proposal that includes but not limited to the following components: profile of the firm, proposed methodological approaches, timeline for the evaluation, composition and expertise of the evaluation team (curriculum vitae to be annexed), proposed coordination and management, past performances (proof may be asked if required), etc. A separate financial proposal which clearly puts detailed breakdown of the proposed cost for the evaluation undertaking should also be submitted.

Inception report: This report focuses on methodological and planning aspects and will be considered the operational plan of the evaluation. This report will be prepared by the evaluation team leader before going to the field. It will present the evaluation methodology; the sampling technique; evaluation matrix showing how each question will be answered; data collection tools and sources of data. It will also present the division of tasks amongst team members as well as a detailed timeline for the evaluation mission and for stakeholders' consultation. The inception report will provide the CO and the evaluation team with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset.

Aide-memoire or debriefing power point: The presentation will present the key findings, conclusions and recommendations of the evaluation. The ET will make the presentation to participants from WFP Ethiopia country office, the Government of Ethiopia, PEPFAR and other relevant stakeholders

Evaluation report: The report will present the findings, conclusions and recommendations of the evaluation. Findings should be evidence-based and relevant to the evaluation objectives. Data will be disaggregated by sex and the evaluation findings and conclusions will highlight differences in results of the intervention. There should be a logical flow from findings to conclusions and from conclusions to recommendations. Recommendations will be limited in number, actionable and targeted to the relevant users. These will form the basis of the WFP management response to the evaluation. The draft of the evaluation report will be shared via e-mail and will be worked into the final report to reflect comments provided.

Evaluation brief: A two-page brief of the evaluation will summarize the evaluation report and serve to enhance dissemination of its main findings.

Organization of the Evaluation

Evaluation Conduct

The evaluation team will conduct the evaluation under the direction of its team leader and in close communication with the WFP evaluation manager. The team will be hired following agreement with WFP on its composition.

The evaluation team will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest. Further, they will act impartially and respect the [code of conduct of the evaluation profession](#).

Team composition and competencies

The evaluation team (ET) is expected to include three members (the number may increase or decrease based on the level of expertise the evaluators possess), including the team leader and international (or a mix of national and international) evaluator(s). To the extent possible, the evaluation will be conducted by a gender-balanced with appropriate skills to assess gender dimensions of the subject as specified in the scope, approach and methodology sections of the TOR. It is recommended that at least one team member should have WFP experience.

The team will be multi-disciplinary and include members who together include an appropriate balance of expertise and practical knowledge in the following areas:

- Public health/HIV and AIDS programs
- Nutrition programs in the context of HIV and AIDS
- Social safety nets programs in the context of HIV and AIDS
- Economic strengthening programs in the context of HIV and AIDS
- Evaluation design methodology
- Gender expertise / good knowledge of gender issues
- All team members should have strong analytical and communication skills, evaluation experience and familiarity with Ethiopia
- Familiarity with the approaches, rules, regulations of the donors, particularly that of USAID/PEPFAR
- Proficiency in English is a necessity. The Evaluation Report and the Summary Report will be drafted and finalized in English.

The Team Leader will have technical expertise in one of the technical areas listed above as well as expertise in designing methodology and data collection tools and demonstrated experience in leading similar evaluations. She/he will also have leadership, analytical and communication skills, including a track record of excellent English writing and presentation skills.

Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation mission and representing the evaluation team; iv) drafting and revising, as required, the inception report, the end of field work (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.

The team members will bring together a complementary combination of the technical expertise required and have a track record of written work on similar assignments.

Team members will: i) contribute to the methodology in their area of expertise based on a document review; ii) conduct field work; iii) participate in team meetings and meetings with stakeholders; and iv) contribute to the drafting and revision of the evaluation products in their technical area(s).

Security Considerations

As an 'independent supplier' of evaluation services to WFP, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by the evaluation company do not fall under the UN Department of Safety & Security (UNDSS) system for UN personnel.

However, to avoid any security incidents, the Evaluation Manager is requested to ensure that:

- The WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.
- The team members observe applicable UN security rules and regulations, e.g., curfews.

Ethical Considerations

While conducting the evaluation, the ET should carefully consider any harm that may result from an evaluation, and take steps to reduce it. Everyone who participates in the evaluation should do so willingly (informed consent). Attention should also be made in order to keep the confidentiality and safety of the participants.

Roles and Responsibilities of Stakeholders

The WFP Ethiopia

The Management of WFP Ethiopia (the Director or Deputy Director) will take responsibility to:

- Assign an Evaluation Manager for the evaluation:
- Approve the final TOR, inception and evaluation reports.
- Ensure the independence and impartiality of the evaluation at all stages,
- Participate in discussions with the evaluation team on the evaluation design and the evaluation subject, its performance and results with the Evaluation Manager and the evaluation team
- Organise and participate in two separate debriefings, one internal and one with external stakeholders
- Oversee dissemination and follow-up processes, including the preparation of a Management Response to the evaluation recommendations
- Evaluation Manager:
- Manages the evaluation process through all phases including drafting this TOR
- Ensure quality assurance mechanisms are operational
- Consolidate and share comments on draft TOR, inception and evaluation reports with the evaluation team
- Ensures expected use of quality assurance mechanisms (checklists, quality support
- Ensure that the team has access to all documentation and information necessary to the evaluation; facilitate the team's contacts with local stakeholders; set up meetings, field visits; provide logistic support during the fieldwork; and arrange for interpretation, if required.
- Organise security briefings for the evaluation team and provide any materials as required

Evaluation Committee (EC)

EC will be established comprising members drawn from relevant WFP units and sections (VAM, program, procurement, and logistics).

The EC provides input into the evaluation process and comments on the evaluation products. It is a key mechanism for independence and impartiality

Evaluation Team (ET):

- Carry out desk review.

- Draft inception report (containing the methodology) and share it with the Ethiopia CO evaluation team for comments.
- Finalize inception report, incorporating relevant comments.
- Conduct field visit/research (interviews, observation, etc.).
- Ensure that all aspects of the TOR are fulfilled.
- After approval from evaluation team, submit/present preliminary findings to the members of the evaluation team
- Draft evaluation reports (template report, typographic styles and UN spelling)
- Finalize evaluation report on the basis of comments received

The Regional Bureau, RB management will take responsibility to:

- Assign a focal point for the evaluation.
- Participate in discussions with the evaluation team on the evaluation design and on the evaluation subject as relevant.
- Provide comments on the draft TOR, Inception and Evaluation reports
- Support the Management Response to the evaluation and track the implementation of the recommendations.
- Relevant WFP Headquarters divisions will take responsibility to:
- Discuss WFP strategies, policies or systems in their area of responsibility and subject of evaluation.
- Comment on the evaluation TOR and draft report.

Other stakeholders (the government, NGOs, and UN agencies) will avail themselves to meet with the evaluation team and to provide them with data and information that will further the objectives of this evaluation.

The Office of Evaluation (OEV). OEV will advise the Evaluation Manager and provide support to the evaluation process where appropriate. It is responsible to provide access to independent quality support mechanisms reviewing draft inception and evaluation reports from an evaluation perspective. It also ensure a help desk function upon request from the Regional Bureaus.

Communication and budget

Communication

To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team should place emphasis on transparent and open communication with key stakeholders. These will be achieved by ensuring a clear agreement on channels and frequency of communication with and between key stakeholders.

As part of the international standards for evaluation, WFP requires that all evaluations are made publicly available. Following the approval of the final evaluation report.

Budget

For the purpose of this evaluation, the evaluators will be identified through a tender process, in which case the budget (with detailed breakdown) will be proposed by the applicant using. The budget to be proposed should include all costs including local and international transportation, field work, local translators, etc. Attached is a generic template for submission of the proposed budget which can be modified by the firms, as needed.

Annex 2: Evaluation Matrix

Relevance

Key Question 1: To what extent should the operations and objectives of the HIV program be consistent with beneficiaries' and the country's needs, and donors' policies?				
SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
1.1	What are major actions listed in National HIV/AIDS and Nutrition Guideline?	List of major actions	National HIV/AIDS and nutrition Guideline	Document Review
1.2	How do WFP's project address the actions listed in National HIV/AIDS and Nutrition Guideline?	Components of WFP's project complementing actions listed	Key Informant	Key Informant Interview
1.3	What HIV/AIDS, nutrition and food production related policies you have in supporting HIV/AIDS infected and affected people?	<ul style="list-style-type: none"> Types of policies documents Components of policies 	Key Informant	Key Informant Interview
1.4	How do you think WFP's project address your policies related to HIV/AIDS, nutrition and food production?	<ul style="list-style-type: none"> Components of WFP's Project addressing policy components Methods of addressing each of policy components. 	Key Informant	Key Informant Interview
1.5	What do you think are the needs of HIV/AIDS infected and affected people in your village?	List of needs of infected and affected people in their life	NACS and PMTCT Groups	FGD
1.6	Do you think WFP's project is satisfying their need?	Level of satisfaction (high, indifferent, low)	NACS and PMTCT Groups	FGD
1.7	How do you think the Project is satisfying their need?	Number of needs addressed by components of WFP's project	NACS and PMTCT Groups	FGD

Relevance (Continued)

Key Question 2: Were the approaches and strategies used relevant to achieve intended outcomes of the Project/intervention?				
SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
2.1	Were the approaches and strategies of WFP's project helpful to achieve the intended outcome?	<ul style="list-style-type: none"> • Level of achievement of each of the Project components (high, medium, low) • Components which were not totally addressed 	Key Informant	Key Informant Interview
Key Question 3: To what extent were the interventions aligned with the needs of other key stakeholders particularly government and other actors in the sectors?				
3.1	To what extent were the interventions aligned with the needs of the government?	<ul style="list-style-type: none"> • Level of achievement of each of the actions listed in National HIV/AIDS and Nutrition Guideline (high, medium, low) • Components which were not totally addressed 	Key Informant	Key Informant Interview
3.2	How did you align the interventions with the need of the government? KII Federal	<ul style="list-style-type: none"> • Components of WFP's Project addressing actions listed in National HIV/AIDS and Nutrition Guideline • Methods of addressing each of action listed 	Key Informant	Key Informant Interview
3.3	What were the benefits of aligning the interventions with the need of the government?	List of benefits out of aligning interventions with the need of the government	Key Informant	Key Informant Interview

Relevance (Continued)

Key Question 4: To what extent were the interventions respond to the needs of vulnerable groups and women?				
SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
4.1	How did women benefit from WFP's project?	List of women's benefits from the Project	NACS and PMTCT Groups	FGD
4.2	How did OVCs benefit from WFP's project?	List of OVC's benefits from the Project	NACS and PMTCT Groups	FGD
Key Question 5: To what extent did the scale up of the program lead to enhanced results to intended beneficiaries including women and vulnerable groups?				
5.1	What additional benefit did women get out of the scale up of the program?	Extent of women's benefit compared with the situation before CP (Very good, good, not bad, bad)	NACS and PMTCT Groups	FGD
5.2	What additional benefit did OVCs get out of the scale up of the program?	Extent of OVC's benefit compared with the situation before CP (Very good, good, not bad, bad)	NACS and PMTCT Groups	FGD

Effectiveness

Key Question 6: To what extent did the revised CP achieved or didn't achieve its objectives?				
SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
6.1	<u>Nutrition Assessment, Counseling and Support (NACS)</u>			
6.1.1	Do health facilities have trained personnel on nutritional assessment?	Number/proportion of health facilities having health personnel trained on nutrition assessment	<ul style="list-style-type: none"> • <i>Wereda</i> data base • Reports from Trainings 	Document Review
6.1.2	How many health facilities have trained personnel on nutritional assessment and counselling?	Number/proportion of health facilities having health personnel trained on nutrition assessment and counseling	<ul style="list-style-type: none"> • <i>Wereda</i> data base • Reports from Trainings 	Document Review
6.1.3	How many health facilities have trained personnel on nutritional assessment, counselling and support (NACS)	Number/proportion of health facilities having health personnel trained on nutrition assessment, counseling and support	<ul style="list-style-type: none"> • <i>Wereda</i> data base • Reports from Trainings 	Document Review
6.1.4	How many health facilities are providing specialized food to PLHIVs with SAM and MAM?	Number of health facilities treating PLHIVs with SAM and MAM	<ul style="list-style-type: none"> • <i>Wereda</i> data base • Reports from PHCU/Hospital 	Document Review

Effectiveness (Continued)

SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
6.1.5	How many PLHIVs get NACS service?	Number/proportion of PLHIVs enrolled to NACS services	<ul style="list-style-type: none"> • <i>Wereda</i> database • Reports from PHCU/Hospital 	Document Review
6.1.6	How many PLHIVs are found to be SAM and MAM?	Number/ proportion of PLHIVs found to be SAM and MAM	<ul style="list-style-type: none"> • <i>Wereda</i> database • Reports from PHCU/Hospital 	Document Review
6.1.7	How many PLHIVs with SAM and MAM are provided with specialized food?	<ul style="list-style-type: none"> • Number/ proportion of PLHIVs with SAM and MAM provided with specialized food • Number /proportion of PLHIVs with SAM and MAM provided with specialized food and recovered/graduated 	<ul style="list-style-type: none"> • <i>Wereda</i> database • Reports from PHCU/Hospital 	Document Review
6.1.8	How many health facilities are running community based basic nutrition counseling and follow up	Number/ proportion of health facilities running community based basic nutrition counseling and follow up	<ul style="list-style-type: none"> • <i>Wereda</i> database • Reports from PHCU/Hospital 	Document Review
6.1.9	How many villages are included in community based basic nutrition counselling and follow up program?	Number/ proportion of villages included in community based basic nutrition counselling and follow up program	<ul style="list-style-type: none"> • <i>Wereda</i> database • Reports from PHCU/Hospital 	Document Review
6.1.10	How many people benefited from community based basic nutrition counselling and follow up program?	<ul style="list-style-type: none"> • Number of pregnant women • Number of lactating women • Number of OVCs 	<ul style="list-style-type: none"> • <i>Wereda</i> database • Reports from PHCU/Hospital 	Document Review
6.1.11	How many people from affected household are provided with food assistance?	Number (%) of people from affected households provided with food assistance	<ul style="list-style-type: none"> • <i>Wereda</i> database 	Document Review

Effectiveness (Continued)

SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
6.1.12	How many households have benefited from food assistant program?	Number/ proportion households benefited from food assistant	<ul style="list-style-type: none"> • <i>Wereda</i> database 	Document Review
6.1.13	What are factors positively affecting for the achievement of the outcome of NACS component of the Project?	List of factors positively affecting NACS related services	<ul style="list-style-type: none"> • Key Informant 	Key informant Interview
6.1.14	What are factors negatively affecting for the achievement of the outcome of NACS component of the Project?	List of factors negatively affecting NACS related services	<ul style="list-style-type: none"> • Key Informant 	Key informant Interview
6.1.15	What are the unintended outcomes of NACS component of the Project?	List of unintended outcomes of NACS component	<ul style="list-style-type: none"> • Key Informant 	Key informant Interview
6.2	<u>Food Assistance to OVCs</u>			
6.2.1	How many OVCs have got psychosocial support service from PACT Ethiopia?	Number/ proportion of OVCs who got psychosocial support	<ul style="list-style-type: none"> • <i>Wereda</i> database • PACT Ethiopia 	Document Review
6.2.2	How many OVCs have got food support service from WFP?	Number/ proportion of OVCs who got food support service	<ul style="list-style-type: none"> • <i>Wereda</i> database • Reports from PHCU/Hospital 	Document Review
6.2.3	How many pediatric age group children on ART got food assistance service from WFP? (Since mid of 2016)	Number/proportion of pediatric age group children on ART who got food assistance service	<ul style="list-style-type: none"> • <i>Wereda</i> database • Reports from PHCU/Hospital 	Document Review

Effectiveness (Continued)

SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
6.2.4	How many OVCs have got psychosocial support service from PACT Ethiopia?	Number/proportion of OVCs who got psychosocial support	<ul style="list-style-type: none"> • Wereda database • PACT Ethiopia 	Document Review
6.2.5	How many OVCs have got food support service from WFP?	Number/proportion of OVCs who got food support service	<ul style="list-style-type: none"> • Wereda database 	Document Review
6.2.6	How many pediatric age group children on ART got food assistance service from WFP? (Since mid of 2016)	Number/proportion of pediatric age group children on ART who got food assistance service	<ul style="list-style-type: none"> • Wereda database 	Document Review
6.2.7	What are factors positively affecting for the achievement of the outcome of Food Assistance for OVCs component of the Project?	List of factors positively affecting the achievement of Food Assistance for OVCs	Key Informant	Key informant Interview
6.2.8	What are factors negatively affecting for the achievement of the outcome of Food Assistance for OVCs component of the Project?	List of factors negatively affecting the achievement of Food Assistance for OVCs	Key Informant	Key informant Interview
6.2.9	What are the unintended outcomes of food assistance for OVCs component of the Project?	List of unintended outcomes of OVC's food assistance component	Key Informant	Key informant Interview

Effectiveness (Continued)

SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
6.3	<u>Integrating Nutrition Intervention in PMTCT/EMTCT</u>			
6.3.1	How many community resource people are trained of community based pregnant and lactating mothers follow up?	Number of community resource people trained	<ul style="list-style-type: none"> • <i>Wereda</i> database • Reports from PHCU/Hospital 	Document Review
6.3.2	How many of trained community resource people are currently active?	Number/proportion of trained community resource people currently active	<ul style="list-style-type: none"> • <i>Wereda</i> database • Reports from PHCU/Hospital 	Document Review
6.3.3	How many PLHIVs who are either pregnant or lactating provided with food assistance service?	Number of PLHIVs who are either pregnant or lactating provided with food assistance	<ul style="list-style-type: none"> • <i>Wereda</i> database 	Document Review
6.3.4	How many of PLHIVs who are either pregnant or lactating and getting food assistance are compliant to EMTCT service?	Number of PLHIVs who are either pregnant or lactating and getting food assistance who are compliant to EMTCT	<ul style="list-style-type: none"> • <i>Wereda</i> database • Reports from PHCU/Hospital 	Document Review
6.3.5	What are factors positively affecting for the achievement of the outcome of integrating PMTCT/EMTCT component of the Project?	Lists of factors positively affecting the achievement of the outcome of integrating PMTCT/EMTCT component	Key Informant	Key informant Interview
6.3.6	What are factors negatively affecting for the achievement of the outcome of integrating PMTCT/EMTCT component of the Project?	Lists of factors positively affecting the achievement of the outcome of integrating PMTCT/EMTCT component	Key Informant	Key informant Interview
6.3.7	What are the unintended outcomes of integrating PMTCT/EMTCT component of the Project?	List of unintended outcomes of integrating PMTCT/EMTCT component	Key Informant	Key informant Interview
6.3.8	What are factors which makes community resource people remain active?	List of factors keeping community resource people remain active	Mixed Group	FGD

Effectiveness (Continued)

SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
6.3.9	What other factors played to make pregnant and lactating mothers who are getting food assistance to be compliant to EMCTCT service	List of factors played to keep pregnant and lactating mothers to be compliant to EMCTCT service	NACS and PMTCT Groups	FGD
6.4	Improving Food Security and Livelihood at household Level (Economic Strengthening)			
6.4.1	How many PLHIVs have got training on business and financial management skill?	Number/proportion of PLHIVs trained	• <i>Wereda</i> database	Document Review
6.4.2	How many VSLAs are organized by trained PLHIV?	Number of VSLAs organized	• <i>Wereda</i> database	Document Review
6.4.3	How many of PLHIVs have got loan from their VSLA?	Number/proportion of PLHIVs who have got loan from their VSLA?	• <i>Wereda</i> database	Document Review
6.4.4	How many of PLHIVs who took loan from their VSLA have started business/IGAs individually?	Number/proportion of PLHIVs who took loan from their VSLA and have started business/IGAs individually	• <i>Wereda</i> database	Document Review
6.4.5	How many of PLHIVs who took loan from their VSLA have started business/IGAs as production and marketing groups?	Number/proportion of PLHIVs who took loan from their VSLA have started business/IGAs as production and marketing groups	• <i>Wereda</i> database	Document Review
6.4.6	How many of VSLAS have regular meetings at least bi-weekly?	Number/proportion of VSLAS having regular meetings at least bi-weekly	• <i>Wereda</i> database	Document Review

Effectiveness (Continued)

SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
6.5	<u>Improving Food Security and Livelihood at household Level (Economic Strengthening)</u>			
6.5.1	How many PLHIVs started business sustainably meet their food and nutrition requirement?	Number/proportion of PLHIVs started business who sustainably meet their food and nutrition requirement	• <i>Wereda</i> database	Document Review
6.5.2	What are factors positively affecting for the achievement of the outcome of economic strengthening component of the Project?	List of factors positively affecting the achievement of PLHIVs economic strengthening	Key Informant	Key informant Interview
6.5.3	What are factors negatively affecting for the achievement of the outcome of economic strengthening component of the Project?	List of factors negatively affecting the achievement of PLHIVs economic strengthening	Key Informant	Key informant Interview
6.5.4	What are the unintended outcomes of economic strengthening component of the Project?	List of unintended outcomes of economic strengthening component	Key Informant	Key informant Interview
6.5.5	What are the common agendas discussed during VSLA meetings?	List of common agendas discussed during VSLA meetings	ES Group	FGD

Effectiveness (Continued)

SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
6.6	<u>Strategic Information Generation</u>			
6.6.1	How many of town/ <i>wereda</i> health offices initiated UHAIS?	Number/proportion town/ <i>wereda</i> health offices initiated UHAIS	<ul style="list-style-type: none"> Regional database WFP database 	Document Review
6.6.2	How many <i>wereda</i> HAPCO offices initiated UHAIS?	Number/proportion town/ <i>wereda</i> HAPCO offices initiated UHAIS	<ul style="list-style-type: none"> Regional database WFP database 	Document Review
6.6.3	How many of regional health bureaus initiated MSRIS?	Number/proportion of regional health bureaus initiated MSRIS	<ul style="list-style-type: none"> Regional database WFP database 	Document Review
6.6.4	How many regional HAPC Bureaus initiated MSRIS?	Number/ proportion of regional HAPCO bureaus initiated MSRIS	<ul style="list-style-type: none"> Regional database WFP database 	Document Review
6.6.5	What are the major purposes of setting UHAIS at operation town level?	List of purposes of setting UHAIS at operation town level	Key Informant	Key informant Interview
6.6.6	What are major purposes of having MSRIS at all level?	List major purposes of having MSRIS	Key Informant	Key informant Interview
6.6.7	What are factors positively affecting for the achievement of the outcome of strategic information generation component of the Project?	List of factors positively affecting the strategic information generation	Key Informant	Key informant Interview
6.6.8	What are factors negatively affecting for the achievement of the outcome of strategic information generation component of the Project?	List of factors negatively affecting the strategic information generation	Key Informant	Key informant Interview
6.6.9	What are the unintended outcomes of strategic information generation component of the Project?	List of unintended outcomes of strategic information generation	Key Informant	Key informant Interview

Efficiency

Key Question 7: What was the outcome of the additional leveraged funds on achievement of additional results?				
SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
7.1	How much is the total annual budget (2011-2017) allocated for household food support to NACS beneficiaries?	Budget allocated by WFP	<ul style="list-style-type: none"> • WFP database • <i>Wereda</i> database 	Document Review
7.2	How much is the total annual budget (2011-2017) allocated for food and non-food resources in NEP+ (GF) towns? (This does not include budget allocated to food for PLHIV)?	Budget allocated by WFP	<ul style="list-style-type: none"> • WFP database • <i>Wereda</i> database 	Document Review
7.3	How much is the annual budget (2011-2017) allocated for salaries of the ES officers?	Budget allocated by WFP	<ul style="list-style-type: none"> • WFP database • <i>Wereda</i> database 	Document Review
7.4	How much is the annual budget (2011-2017) allocated for expenses related to infrastructure for UHAIS?	Budget allocated by WFP	<ul style="list-style-type: none"> • WFP database • <i>Wereda</i> database 	Document Review
Key Question 8: Did the Project's implementation mechanism including targeting, service delivery, M& E institutional arrangements, Partnership, etc. permit necessary utilization and shifts of resources among objectives and outputs in a timely and efficient way?				
8.1	Which office(s) is (are) the source of resources for the program?	List of offices from where resources are generated	Key Informant	Key Informant Interview
8.2	How do resources for the program reach to the beneficiaries?	Institutional arrangement to take resources to the beneficiaries	Key Informant	Key Informant Interview
8.3	Do the resources for the program reach the beneficiaries on time? (as planned)	Date registered on the receipt voucher compared to the plan.	Key Informant (Observing the receipt voucher)	Key Informant Interview
8.4	If the resources do not reach the beneficiaries on time, what are major reasons for it?	List of reasons for resources not reaching the beneficiaries on time.	Key Informant	Key Informant Interview
8.5	What do you suggest as coping mechanisms to improve the timely	List of coping mechanisms	Key Informant	Key Informant Interview

	delivery of the resources?			
8.6	What monitoring and evaluation (M&E) mechanisms are in place to follow the process of service delivery?	List of M&E mechanisms	Key Informant	Key Informant Interview
8.7	How do partners support the service delivery?	List of mechanisms through which partners support	Key Informant	Key Informant Interview

Efficiency (Continued)

Key Question 9: Was the program cost efficient? Was the cost per unit the most cost effective or were there areas where saving could be made to reduce costs?				
SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
9.1	What is cost per unit for selected outcomes (total treated with special food, total recovery, school attendance, positive live births, household food security) of the program after strategic revision?	Cost per unit for selected outcomes of the program after strategic revision	Secondary data	Document Review
9.2	What is the difference between costs per unit for selected outcomes (total treated with special food, total recovery, school attendance, positive live births, household food security) of the program after strategic revision compared to the findings of other studies? (if applicable)	Costs per unit difference for selected outcomes of the program compared to other studies	Secondary data	Document Review

Impact

Key Question 10: To what extent did the program's activities contribute to different intended and unintended positive or negative macro or micro long – term effects on social, economic, environmental, technical, communities, institutions etc.?				
SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
10.1	What are the social benefits obtained due to the implementation of CP?	List of social benefits	Key Informant	Key Informant Interview
10.2	What are the economic benefits obtained due to the implementation of CP?	List of economic benefits	Key Informant Documents reviewed	Key Informant Interview; DR
10.3	What are the environmental benefits obtained due to the implementation of CP?	Lists of benefits in protecting environment	Key Informant Policy Documents reviewed	Key Informant Interview; DR
10.4	What are the technical benefits obtained due to the implementation of CP?	Lists of benefits related to technical capacity building component of the Project	Key Informant	Key Informant Interview
Key Question 11: What were the gender- specific impacts, especially regarding women's empowerment?				
11.1	What were women's role in program development, implementation, monitoring and evaluation?	List of women's responsibilities in project cycle management	Key Informant Policy and strategic documents reviewed	Key Informant Interview Document review
11.2	Do women get training on business and finance management?	Number of women trained on business and financial management	Key Informant	Key Informant Interview
11.3	How do women share the benefits out of the program?	List of ways through which women are getting benefit	Key Informant	Key Informant Interview

Sustainability

Key Question 12: To what extent did the shift from an emergency context under the PRRO to a development context under the CP and the strategic shift of the program contribute to sustainability of results?				
SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
12.1	Do you have department in your office handling HIV/AIDS projects?	Organizational structure including HIV/AIDS	Key Informant	Key Informant Interview
12.2	Do you have focal person assigned for this project?	<ul style="list-style-type: none"> • Number of focal persons • Profession of focal persons • Education level of focal persons 	Key Informant	Key Informant Interview
12.3	Do you have department in your office handling Nutrition for PLHIV	Organizational structure including nutrition for PLHUV	Key Informant	Key Informant Interview
12.4	Do you have responsible person assigned for these?	<ul style="list-style-type: none"> • Number of responsible persons • Profession of responsible persons • Education level of responsible persons 	Key Informant	Key Informant Interview
12.5	Do you have department in your office handling economic improvement of PLHIVs for food security?	<ul style="list-style-type: none"> • Organizational structure including ES for PLHIV 	Key Informant	Key Informant Interview
12.6	Do you have professional(s) assigned for this responsibility?	<ul style="list-style-type: none"> • Number of responsible persons • Profession of responsible persons • Education level of responsible persons 	Key Informant	Key Informant Interview
12.7	Do you, as institute, have any mechanism for phasing out from WFP supported project and sustain positive outcomes from the Project?	List of phase out mechanisms	Key Informant	Key Informant Interview
12.8	What is the role of community leaders/groups in managing HIV/AIDS, nutrition and food security project?	List of roles of community in managing WFP's project	Key Informant	Key Informant Interview

Sustainability (Continued)

SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
Key Question 13: To what extent are the results and positive changes from the Project likely to continue after the completion of the Project without funding the WFP?				
13.1	Is there budget allocated by your office or other sources, other than WFP, for HIV/AIDS, nutrition and food security?	<ul style="list-style-type: none"> Amount of annual budget allocated Number of years the allocated budget is serving 	Key Informant	Key Informant Interview
13.2	What is the community level financial/resource contribution for this project?	<ul style="list-style-type: none"> List of resource contributions Amount of contribution 	<ul style="list-style-type: none"> Key Informant NACS and PMTCT Groups 	<ul style="list-style-type: none"> Key Informant Interview FGD
Key Question 14. To what extent do the beneficiaries and implementing partners show ownership the Project results and lessons learned and ability to continue with the Project without WFP's interventions?				
SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
14.1	Are there community/social groups responsible to coordinate and lead the community members in continuing the implementation and maintaining the positive outcomes/lessons of the Project?	<ul style="list-style-type: none"> List of social groups List of responsibilities of social groups 	NACS and PMTCT Groups	FGD
14.2	Are there mechanisms used by PLHIVs to improve the household income for nutrition and food security?	<ul style="list-style-type: none"> Lists of mechanisms to improve household income for food security 	NACS and PMTCT Groups	FGD
14.3	Do you have any plan to sustain the achievements of the Project?	<ul style="list-style-type: none"> Lists of planned activities to sustain the achievements. 	NACS and PMTCT Groups	FGD

Coherence

Key Question 15. To what extent are the Project objectives consistent with WFP policies and normative guidelines				
SN	Sub-Question	Measures/Indicators	Source of Information	Data Collection Methods
15.1	What are the objectives of “National HIV/AIDS and Nutrition guideline (MOH; 2008)?	List of objectives	National HIV/AIDS and Nutrition guideline (MOH; 2008)	Document Review
15.2	What are the objectives of “National Strategic Plan for Multi-sectoral Responses (HAPCO, 2010-2014/15)?	List of Objectives	National Strategic Plan for Multi-sectoral Responses (HAPCO, 2010-2014/15)	Document Review
15.3	What are the objectives of “2010 WFP’s HIV Policy”?	List of objectives	2010 WFP’s HIV Policy	Document Review
15.4	What is the extent of linkage of the objectives of WFP HIV/AIDS, Nutrition and Food Security Project with the objectives of the above listed documents?	Lists of areas where there are strong linkages	All the above documents	Document review

Annex 3: Documents Reviewed

1. Strategic Plan II; For Intensifying Multi-Sectoral HIV and AIDS Respondents in Ethiopia; 2010/11-2014/15; Federal HAPCO/MOH, 2010.
2. World Food Program (WFP) HIV and AIDS Policy. 5 October 2010.
3. The Impact of Nutrition and HIV. WFP, 26, November 2008.
4. National Guideline for HIV and AIDS and Nutrition in Ethiopia, 2006.
5. United Nation Office on Drug and Crime Guideline for Inception Report
6. Term of Reference (ToR): Final Evaluation of PEPFAR Funded Urban HIV and AIDS, Nutrition and Food Security Project Under Component 4 of the WFP Ethiopia Country Program, (CP 200253) September 2011 to March 2017.
7. Need Assessment Knowledge Base; Document Review; WBI Evaluation Group (2007)
8. A recent study conducted by Addis Ababa University and the Swiss Agency for Development and Cooperation (SDC) in two communities in the East Gojam Zone of the Amhara National Regional State
9. Ethiopia Demographic and Health Survey (EDHS) 2011
10. Ethiopia Demographic and Health Survey (EDHS) 2016
11. HIV/AIDS in Ethiopia; An Epidemiological Synthesis 2014 Edition” published by Federal HIV/AIDS Prevention and Control Office,
12. HIV Related Estimates and Projections for Ethiopia–2015; published by Ethiopia Public Health Institute; November 2015,
13. WFP revised HIV policy 2015
14. NACS Programming Guide 2014 by WFP, UNAIDS and PEPFAR

Annex 4: Stakeholders Interviewed

SN	Administrative Level	Methods of DC		
		KII	DR	FGD
1	Federal	F HAPCO, WFP, USAID/PEPFAR, PACT, NEP+	F HAPCO, WFP, PACT	
2	Regional	R HAPCO		
3	Town	Town HAPCO, Beneficiary, CC, PHCU, UHAIS Clerk	Town HAPCO, PHCU, UHAIS Clerk, TVET	NACS beneficiary, PMTCT clients, ES beneficiaries

Annex 5: Data Collection Tools

World Food Program (WFP) Ethiopia; Urban HIV/AIDS nutrition and food security project

End-Term Evaluation

Checklist for Document Review at Federal MOH and HAPCO

Informed Consent

Good morning/afternoon. My name is ; I am part of the team undertaking data collection exercise in this community on behalf of World Food Program (WFP) Ethiopia Office. WFP is implementing a project called “Urban HIV and AIDS, Nutrition and Food Security”. It is about to finalize the Project period and planning to conduct evaluation. The evaluation is designed to look for appropriate answers for a number of questions about HIV and AIDS, Nutrition and household level food security status in Ethiopia and I would be grateful if you allow me to access the following documents from your office. I may also need your physical presence with me if I have some point which need clarification. You are under no obligation to allow me or to answer any of the questions. I also assure that the information collected will be used solely for the purposes of the evaluation and I understand the requirement and necessity of confidentiality in accessing documents.

Your cooperation for the survey will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the survey.

Note to the Document Reviewer: If you are allowed to access the documents, please sign in the space below to show that the contact person is willing.

Name

Signature.....

Date

Documents to be reviewed:

1. HIV/AIDS and nutrition guideline (MOH; 2008)
2. Strategic plan for multi-sectoral responses (HAPCO; 2010- 2014/15)
3. Urban HIV and AIDS Nutrition and Food Security Project Document
4. Monthly, quarter and annual reports

Federal MOH and HAPCO; Checklist for Document Review

Q1. What are the objectives of the National HIV/AIDS and Nutrition guideline?

Q2. What are the major PLHIV-related action points listed in the National HIV/AIDS and nutrition Guideline?

Q3. What are the major women (pregnant/lactating) related actions listed in the National HIV/AIDS and nutrition Guideline?

Q4. What are the major OVC related actions listed in National HIV/AIDS and nutrition Guideline?

Q5. What are the action points listed in the National HIV/AIDS and nutrition Guideline that are related to nutrition and food security for HIV/AIDS infected and affected people?

Q6. What strategies are listed to address HIV/AIDS and nutrition related concerns?

Q7. What are the objectives of the National Strategic Plan for Multi-sectoral Responses (HAPCO, 2010–2014/15)?

Q8. What are the action points listed in the National Strategic plan for MSR that are related to nutrition and food security for HIV/AIDS infected and affected households?

Q9. What implementation modalities and institutional arrangements are listed in the National Strategic plan for MSR to address HIV/AIDS and nutrition related concerns?

Federal: Summary Form for Document Review

QN	Key Outputs	Summarized Description of Key Outputs
Q1	Lists of objectives of National HIV/AIDS and Nutrition guideline	
Q2	List of nutrition and food support related interventions to PLHIVs	
Q3	List of nutrition and food support related interventions to pregnant/lactating women	
Q4	List of nutrition and food support related interventions to OVCs	
Q5	List of food support related interventions to HIV affected households	
Q6	List of HIV/AIDS, nutrition and food support related strategies/approaches	
Q7	List of objectives	
Q8	List of action points on nutrition and food security for HIV/AIDS infected and affected households	
Q9	<ul style="list-style-type: none"> List of implementation modalities Institutional arrangement 	
Q10	List of major outcomes	
Q11	<ul style="list-style-type: none"> List of implementation modalities Institutional arrangement 	
Q12	<ul style="list-style-type: none"> Key points of synergy between the three documents (National Guideline and Strategic plan; WFP's Project) List of major contributions of WFP's project to the realization of the objectives of the Guideline and Strategic Plan. 	

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia; Urban HIV/AIDS nutrition and food security project

End-Term Evaluation

Checklist for Document Review at WFP Ethiopia Country Office

Informed Consent

Good morning/afternoon. My name is I am part of the team undertaking data collection exercise in 9 regional states and 2 city administrations on behalf of your office (World Food Program (WFP) Ethiopia). As you know, WFP is implementing a project called “Urban HIV and AIDS, Nutrition and Food Security”. It is about to finalize the Project period and is undertaking the evaluation. The evaluation is designed to look for appropriate answers for a number of questions about HIV and AIDS, Nutrition and household level food security status of PLHIVs in Ethiopia and I would be grateful if you allow me to access the following documents from your office. I may also need your physical presence with me if I have some point which need clarification. You are under no obligation to allow me or to answer any of the questions. I also assure that the information collected will be used solely for the purposes of this evaluation and I understand the requirement and necessity of confidentiality in accessing documents.

Your cooperation in this evaluation will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the survey.

Note to the Document Reviewer: If you are allowed to access the documents, please sign in the space below to show that the contact person is willing.

Name

Signature.....

Date

Documents to be reviewed:

1. Mid-term evaluation report of this project (2008-2010)
2. Finance, procurement and logistics records
3. CP voucher or cash distribution reports
4. Process monitoring reports
5. Studies of outcome level results
6. WFP's HIV/AIDS Policy
7. Database from Urban HIV/AIDS Information System (UHAIS)
8. NNP

SO3

WFP: Checklist for Document Review

Q1. What are the objectives of “2015 WFP’s HIV Policy”?

Q2. What are the strategy and the institutional arrangements listed in WFP’s HIV Policy?

Q3. What are the major outcomes planned under Urban HIV/AIDS Nutrition and Food security Projects?

- a. Major outcomes of NACS components; implementation modalities;
- b. Major outcomes of OVC support component; implementation modalities;
- c. Major outcome of integrating PMTCT/EMTCT with food support; implementation modalities;
- d. Major outcomes of economic strengthening (ES); implementation modalities;
- e. Major outcomes of strategic information generation component; implementation modalities;

Q4. How are the institutional arrangements for the implementation of:

- a. NACS component;
- b. OVC Support component;
- c. PMTCT/EMTCT component;
- d. ES Components; and
- e. Strategic Information Generation (SIG) component?

Q5. What are the major outcomes of Urban HIV/AIDS Nutrition and Food security Projects? (DR from WFP)

Q6. What are the implementation modalities and institutional arrangements in place in the organization to implement “Urban HIV/AIDS, Nutrition and Food Security Project”? (DR from WFP)

Q7. What is the extent of linkage of the objectives of WFP HIV/AIDS, Nutrition and Food Security Project with the objectives of the guideline and strategic plan WFP’s HIV Policy documents?

Q8. What is the extent of linkage of the objectives of WFP HIV/AIDS, Nutrition and Food Security Project with the objectives of the guideline and strategic plan documents? (DR from WFP)

Q9. How much is the total annual budget (2011-2017) of urban HIV/AIDS nutrition and food security project?

Q10. How much is the total annual budget (2011-2017) allocated for household food support to NACS beneficiaries?

Q11. How much is the total annual budget (2011-2017) allocated for food and non-food resources in NEP+ (GF) towns? (This does not include budget allocated for food to PLHIV)?

Q12. How much is the annual budget (2011-2017) allocated for salaries of the ES officers?

Q13. How much is the annual budget (2011-2017) allocated for expenses related to infrastructure for UHAIS?

WFP: Summary Form for Document Review

QN	Key Outputs of the Document Review	Summarized Description of Key outputs
Q1	List of objectives of WFP's HIV Policy	
Q2	<ul style="list-style-type: none"> Strategies to address HIV/AIDS, Nutrition and Food security Institutional arrangement in addressing HIV/AIDS, Nutrition and Food security concerns 	
Q3	<ul style="list-style-type: none"> List of outcomes expected from implementing NACS List of outcomes expected from implementing OVC Support List of outcomes expected from integrating PMTCT/EMTCT List of outcomes expected from implementing ES List of outcomes expected from implementing SIG 	
Q4	<ul style="list-style-type: none"> Description of institutional arrangements for NACS, OVC, PMTCT, ES and SIG 	
Q5	Explain the synergic effect of WFP's Project to the enhancement of the objectives of WFP and other UN Agency's policies, government guideline and strategic plans.	
6	Tabular presentation of the five-year annual budget allocated for Urban HIV/AIDS nutrition and food security project.	
		Explain the proportion of budgetary contribution of WFP
Q7	Tabular presentation of five years annual budget allocated by WFP for household food support to NACS beneficiaries	
Q8	Tabular presentation of the five-year annual budget allocated by WFP for food and non-food resources in NEP+ (GF) towns	
Q9	Tabular presentation of the five-year annual budget allocated by WFP for salaries of the ES officers	
Q10	Tabular presentation of the five-year annual budget allocated by WFP for expenses related to infrastructure for UHAIS	

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia; Urban HIV/AIDS nutrition and food security project

End-Term Evaluation

Checklist for Document Review at Wereda Health Office, HAPCO and PHCU;

Informed Consent

Good morning/afternoon. My name is I am part of the team undertaking data collection exercise in 9 regional states and 2 city administrations on behalf of World Food Program (WFP). As you know, WFP is implementing a project called “Urban HIV and AIDS, Nutrition and Food Security”. It is about to finalize the Project period and is undertaking the evaluation. The evaluation is designed to look for appropriate answers for a number of questions about HIV and AIDS, Nutrition and household level food security status of PLHIVs in Ethiopia and I would be grateful if you allow me to access the following documents from your office. I may also need your physical presence with me if I have some point which need clarification. You are under no obligation to allow me or to answer any of the questions. I also assure that the information collected will be used solely for the purposes of this evaluation and I understand the requirement and necessity of confidentiality in accessing documents.

Your cooperation in this evaluation will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If you are allowed to access the documents, please sign in the space below to show that the contact person is willing.

Name

Signature.....

Date

Documents to be reviewed:

1. Database from Urban HIV and AIDS Information System (UHAIS)
 2. Registration books
- Annual Reports

Wereda; Nutrition Assessment, Counselling and Support (NACS)

- Q1. Number/proportion of health facilities having trained personnel on nutritional assessment?
- Q2. Number/proportion of health facilities having trained personnel on nutritional assessment, counselling and support (NACS)?
- Q3. Number/proportion of health facilities providing NACS service?
- Q4. Total number of PLHIVs put on ART (Sept. 2011 – March 2017)
- Q5. Number/proportion of PLHIVs enrolled to NACS service? (Sept. 2011 – March 2017)
- Q6. Number/proportion of PLHIVs found to be SAM and MAM? (Sept. 2011 – March 2017)
- Q7. Number/proportion of PLHIVs with SAM and MAM and provided with specialized food? (Sept. 2011 – March 2017)
- Q8. Number/proportion of PLHIVs with SAM and MAM put on specialized food but defaulted
- Q9. Number/proportion of PLHIVs with SAM and MAM put on specialized food and cured/graduated
- Q10. Number/proportion of villages currently having community based basic nutrition counselling and follow up program?
- Q11. Number/proportion of people benefited from community based basic nutrition counselling and follow up program? (Sept. 2011 – March 2017)
- Q12. Number/proportion of households benefited from household food assistant program? (Sept. 2011 – March 2017)

Food Assistance for OVC

- Q13. Number/proportion of children enrolled to OVCs support program
- Q14. Number/proportion of OVCs getting food support service? (Sept. 2011 – March 2017)
- Q15. Number/proportion of OVCs registered to schools (Sept. 2011 – March 2017)
- Q16. Number/proportion of OVCs regularly attending school (Sept. 2011 – March 2017)
- Q17. Number/proportion of paediatric age group children who are on ART getting food assistance service (Since mid of 2016)

Integrating Nutrition Intervention in PMTCT/EMTCT

- Q18. Number of community resource people trained of community based pregnant and lactating mothers follow up? (Sept. 2011 – March 2017)
- Q19. Number/proportion of trained community resource people who are currently active?
- Q20. Number/proportion of PLHIVs who are either pregnant or lactating provided with food assistance service? (Sept. 2011 – March 2017)
- Q21. Number/proportion of PLHIVs who are either pregnant or lactating and getting food assistance who are compliant to EMTCT service for more than 3 months?

Q22. Number/proportion of PLHIVs who are either pregnant or lactating getting food assistance ended up with positive birth outcome

Improving Food Security and Livelihood at household Level (Economic Strengthening)

Q23. Number/proportion of PLHIVs who have got training on business and financial management skill? (Sept. 2011 – March 2017)

Q24. Number of VSLAs organized by trained PLHIV? (Sept. 2011 – March 2017)

Q25. Number/proportion of PLHIVs who have got loan from their VSLA? (Sept. 2011 – March 2017)

Q26. Number/proportion of PLHIVs who took loan from their VSLA and started business/IGAs individually? (Sept. 2011 – March 2017)

Q27. Number/proportion of PLHIVs who took loan from their VSLA and started business/IGAs as production and marketing groups? (Sept. 2011 – March 2017)

Q28. Number/proportion of VSLAs currently having regular meetings at least bi-weekly?

Q29. Number of PLHIVs started business and sustainably meet household level food and nutrition requirement? (Sept. 2011 – March 2017)

Strategic Information Generation

Q30. Number of **wereda** health offices initiated UHAIS?

Q31. Number of *wereda* HAPCO offices initiated UHAIS?

Wereda: Summary Form for Document Review

QN	Key Outputs	Summarized Description of NACS Outputs
Q1	Health facilities with trained personnel on nutrition assessment	
Q2	Health facilities having trained personnel on nutritional assessment, counselling and support (NACS)	
Q3	Health facilities providing NACS services to PLHIVs	
Q4	PLHIVs put on ART (male and female)	
Q5	PLHIVs enrolled to NACS service (male and female)	
Q6	PLHIVs found to be SAM and MAM (male and female)	
Q7	PLHIVs with SAM and MAM and put on specialized food (male and female)	
Q8	PLHIVs with SAM and MAM put on specialized food but defaulted (male and female)	
Q9	PLHIVs with SAM and MAM put on specialized food and cured/graduated (male and female)	
Q10	villages currently having community based basic nutrition counselling and follow up program	
Q11	People benefited from community based basic nutrition counselling and follow up program? (Sept. 2011 – March 2017)	
Q12	Households benefited from food assistant program? (Sept. 2011 – March 2017)	
	Key Outputs	Summarized Description of OVC Outputs
Q13	Children enrolled to OVCs support program (male and female)	
Q14	OVCs getting food support service (Sept. 2011 – March 2017) (male and female)	
Q15	OVCs registered to schools (male and female)	
Q16	OVCs regularly attending school (male and female)	
Q17	Pediatric age group children who are on ART getting food assistance service (Since mid of 2016) (male and female)	
QN	Key Outputs	Summarized Description of PMTCT Outputs
Q18	Community resource people trained (Sept. 2011 – March 2017)	
Q19	trained community resource people	

	currently active	
Q20	PLHIVs who are either pregnant or lactating provided with food assistance service? (Sept. 2011 – March 2017)	
Q21	PLHIVs who are either pregnant or lactating and getting food assistance who are compliant to EMTCT service for more than 3 months	
Q22	PLHIVs who are either pregnant or lactating getting food assistance ended up with positive birth outcome	
	Key Outputs	Summarized Description of ES Outputs
Q23	PLHIVs who have got training on business and financial management skill? (Sept. 2011 – March 2017) (male and female)	
Q24	VSLAs organized by trained PLHIV? (Sept. 2011 – March 2017)	
Q25	PLHIVs who have got loan from their VSLA? (Sept. 2011 – March 2017) (male and female)	
Q26	PLHIVs who took loan from their VSLA and started business/IGAs individually? (Sept. 2011 – March 2017) (male and female)	
Q27	PLHIVs who took loan from their VSLA and started business/IGAs as production and marketing groups? (Sept. 2011 – March 2017) (male and female)	
Q28	VSLAs currently having regular meetings at least bi-weekly	
Q29	PLHIVs started business sustainably meet their food and nutrition requirement? (Sept. 2011 – March 2017) (male and female)	
	Key Outputs	Summarized Description of SIG Outputs
Q30	<i>Wereda</i> health offices initiated UHAIS	
Q31	<i>Wereda</i> HAPCO offices initiated UHAIS	

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia; Urban HIV/AIDS nutrition and food security project

End-Term Evaluation

Checklist for Document Review at PACT Ethiopia Office:

Informed Consent

Good morning/afternoon. My name is I am part of the team undertaking data collection exercise in 9 regional states and 2 city administrations on behalf of World Food Program (WFP). As you know, WFP is implementing a project called “Urban HIV and AIDS, Nutrition and Food Security”. It is about to finalize the Project period and is undertaking the evaluation. The evaluation is designed to look for appropriate answers for a number of questions about HIV and AIDS, Nutrition and household level food security status of PLHIVs in Ethiopia and I would be grateful if you allow me to access the following documents from your office. I may also need your physical presence with me if I have some point which need clarification. You are under no obligation to allow me or to answer any of the questions. I also assure that the information collected will be used solely for the purposes of this evaluation and I understand the requirement and necessity of confidentiality in accessing documents.

Your cooperation in this evaluation will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If you are allowed to access the documents, please sign in the space below to show that the contact person is willing.

Name

Signature.....

Date

Documents to be reviewed:

3. Organizational Database
4. Quarterly Reports
5. Annual Reports

PACT: Food Assistance for OVC

- Q1. Total number of OVCs getting psychosocial support from PACT Ethiopia? (male and female)
- Q2. Total number of OVCs getting food support from WFP's Project? (male and female) (Sept. 2011 – June 2016)
- Q3. Total number of OVCs registered at the beginning of each academic year to started attending school? (male and female) (Sept. 2011 – June 2016)
- Q4. Total number of OVCs attended their school to the end of each academic year? (male and female) (Sept. 2011 – June 2016)
- Q5. Number of paediatric age group children who were on ART at the beginning of WFP's food assistance service? (male and female) (June 2016)
- Q6. Number of paediatric age group children on ART who started getting food assistance service from WFP? (male and female) (June 2016)
- Q7. Number of paediatric age group children on ART and currently getting WFP's food assistance service? (male and female) (During this data collection)

PACT: Summary Form for Document Review

QN	Key Outputs	Summarized Description of OVCs outputs
Q1	OVCs getting psychosocial support (male and female)	
Q2	OVCs getting food support from WFP's Project (male and female)	
Q3	OVCs registered at the beginning of each academic year and started attending school (2011 to 2017) (male and female)	
Q4	OVCs attended their school to the end of each academic year (male and female)	
Q5	Pediatric age group children who were on ART just before WFP's program (June 2016) (male and female)	
Q6	Pediatric age group children on ART who started getting food assistance service from WFP? (male and female) (June 2016)	
Q7	Pediatric age group children on ART and currently getting WFP's food assistance service? (male and female)	

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia, Urban HIV/AIDS nutrition and food security Project End-Term Evaluation

Guideline for ES Focus Group Discussion

Informed Consent

My name is -----and my team members -----. We came from WFP. WFP is conducting a final evaluation of the Urban HIV and AIDS Nutrition and Food Security Project in all of its operational areas. WFP is seeking views and information in relation to the Project from beneficiaries in this community. The reason for your coming here is to get your views and ideas related to the Project. Your views will be of great help for the future fate of the Project and to capture main lessons in the country. You are under no obligation to allow me or to answer any of the questions. I also assure that the information you gave us will be used solely for the purposes of this evaluation and I understand the requirement and necessity of confidentiality of your views.

Your Participation in this discussion will significantly contribute to improvement of HIV and AIDS, nutrition and food security status of your community. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If participants are willing to take part in the discussion, please sign in the space below to show that participants are willing.

Name

Signature.....

Date

Q1. Would you please explain about what WFP project had been doing in your community in the last seven years? What were the main activities carried out in relation to economic strengthening of PLHIVs and VSLAs?

Q2. What benefits have you or your community received from WFP project? What challenges does the Project have? What are the solutions for tackling the challenges? Are all beneficiaries' (men, women, male and female children) get the service equally? What needs to be done differently to achieve and maximize a positive impact from the Project?

Q3. Why do you organize yourselves under VSLA? What is the gender composition of the VSLA group in your village? What are the personal and social benefits of being member of VSLA?

Q4. Do members of VSLA have regular meeting? What are the common agendas discussed during VSLA meetings? What are the things that you like most about belonging to the group?

Q5. How much is the contribution per person per month? How many percent of the members ever got loan from VSLA? For what purpose? Are there IGAs/businesses initiated individually/in group using loan from VSLA? What kind of businesses/IGAs are these? What are the purposes of initiating these businesses/IGAs? How do you explain the change brought out by being a member of the VSLA Group in your village?

Q6. Are you satisfied with the business trainings you participated? Was it relevant to run your micro enterprise? Are there improvements in business running capacity, experience and confidence? If yes, what kind of changes?

Q7. What is the main reason for initiating business individually? How about working in group? (If applicable)

Q8. Did you prepare your business plan before implementing the business? Do you calculate your profit and loss? Is the business/enterprise profitable? Did you observe individuals that started scale up or diversifying their business from your VSLA group? What are the major problems you encountered while running your micro enterprise? (Input, market, service for getting loan, matching fund, legal certificate, etc)

Q.9 Are there changes in ES participating household level income, assets and food security status in your village? Are there changes in ES participants' adherence to ART and retention in care? What kind of change? Why?

Q10. What do you think are the major achievements /success of the WFP Project ES component in your community?

Q11. Are there changes in women participation and decision making in the household and community level? What kind of changes? Why?

QN	Key Outputs	Striking/Impressive Statements
Q1	<ul style="list-style-type: none"> • List of things what WFP project had been doing • List of main activities carried out in relation to economic strengthening of PLHIVs and VSLAs 	
Q2	<ul style="list-style-type: none"> • List of major achievements/success of the WFP Project in your community • List of benefits received from WFP project • Presence of equity of services • List of challenges faced • List of solutions given • List of things to be done differently to achieve and maximize a positive impact of the Project 	
Q3	<ul style="list-style-type: none"> • List of reasons to organize under VSLA • Gender composition • List of personal benefits of being member of VSLA • List of social benefits 	
Q4	<ul style="list-style-type: none"> • Presence of regular meeting • List of reasons of having regular meeting • List of common agendas for VSLA review meetings • List of things that you like most about belonging to the group • Current functionality of VSLA groups 	
Q6	<ul style="list-style-type: none"> • Satisfaction with the business trainings • Relevancy to run own business • Convenience to women; Convenience to PLHIV • List of changes in ES business running capacity, • List of changes in ES business running experience • List of changes in ES business running confidence • List of reasons for all these changes 	
Q7	<ul style="list-style-type: none"> • List of reason for working individually • List of reasons for working in group 	
Q8	<ul style="list-style-type: none"> • Presence of business plan before implementing the business • Profitability of the businesses • Presence of diversification of business from VSLA group • List of major problems encountered while running micro enterprise 	
Q9	<ul style="list-style-type: none"> • List of changes in personal asset/capital • Reasons for these changes • Presence of change in household food security • List of changes in the household food security 	

	status <ul style="list-style-type: none"> • Presence of changes in ES participants' adherence to ART and retention • List of changes in ART adherence and retention • Reasons for these changes 	
Q10	<ul style="list-style-type: none"> • List of major achievements of ES component 	
Q11	<ul style="list-style-type: none"> • Presence of changes in women participation and decision making • List of changes in women participation and decision making • Reasons for these changes 	

Summary Form for Economic Strengthening - FGD

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia; Urban HIV/AIDS nutrition and food security project; End-Term Evaluation

Guideline for PMTCT/EMTCT Focus Group Discussion

Informed Consent

My name is -----and my team members -----. We came from WFP. WFP is conducting a final evaluation of the Urban HIV and AIDS Nutrition and Food Security Project in all of its operational areas. WFP is seeking views and information in relation to the Project from beneficiaries in this community. The reason for your coming here is to get your views and ideas related to the Project. Your views will be of great help for the future fate of the Project and to capture main lessons in the country. You are under no obligation to allow me or to answer any of the questions. I also assure that the information you gave us will be used solely for the purposes of this evaluation and I understand the requirement and necessity of confidentiality of your views.

Your Participation in this discussion will significantly contribute to improvement of HIV and AIDS, nutrition and food security status of your community. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If participants are willing to take part in the discussion, please sign in the space below to show that participants are willing.

Name

Signature.....

Date

Q1. Would you please explain about what WFP project had been doing in your community in the last seven years? What were the main activities carried out in relation to economic strengthening of pregnant and lactating mothers and OVCs? What were the main critical needs of pregnant and lactating and OVCs in your village? In your opinion, has WFP's project satisfied your needs in the best way? How?

Q2. What type of services are provided by WFP project for pregnant, lactating mothers, orphans and vulnerable children in your village? Can you tell us the most impressive thing about the Project which brought change in your life?

Q3. What are the benefits your community received from Urban HIV and AIDS nutrition and food security project? How did OVCs benefit from WFP's project? How did pregnant and lactating women benefit from the Project? What were the challenges of the Project? What solutions were put in practice to tackle the challenges?

Q4. Was the issue of women empowerment ensured throughout the program cycle? How?

Q5. How is the referral linkage between the community and service providers working? Any gap? Are the community resource people active in your village? If yes or no, what are the main factors which makes them active? If no, what are the main factors which makes them inactive?

Q6. Are you aware of the selection criteria to include individuals in the program? Are there people who left out despite fulfilling the criteria?

Q7. What is the quality of services provided? Any compliant? To whom/where are you taking your compliant? Did the services provided reached on time in your village? If not, what were the reasons for delay? Did the service provided in a transparent and accountable manner?

Q8. In your opinion, what are the major achievements /success of the WFP's Project? What factors made pregnant and lactating mothers to be compliant to PMTCT/ECTCT service? What needs to be done differently to achieve and maximize a positive impact on the community/from the Project?

Q9. What is the role of community leaders/groups in managing HIV/AIDS, nutrition and food security project? Are there community/social groups capable to lead the community members to harness the positive outcomes/benefit of the Project?

Q10. Is there any mechanism to build household level economic capacity to secure nutrition and food supply to PLHIV? Did the Project helped HIV/AIDS infected and affected people to lead their life independently? Are there mechanisms used by PLHIVs to improve the household income? Do you have any plan to sustain the achievements of the Project in the absence of WFP?

Q11. Do you have strong relation/linkage with TVET/micro and small enterprise development/agency?

Summary Sheet for PMTCT/EMTCT FGD

QN	Key Outputs	Striking/Impressive Statements
Q1	<ul style="list-style-type: none"> • List of things done by WFP project in the last 7 years. • List of main activities carried out in relation to economic strengthening of pregnant and lactating mothers and OVCs • List of critical needs of pregnant and lactating mothers and OVCs in your village • Client's satisfaction in addressing their needs 	
Q2	Types of services provided by WFP project for: <ul style="list-style-type: none"> • Pregnant and lactating mothers, • Orphans and vulnerable children and • HIV/AIDS infected and affected people/households in your village? • List of impressive changes brought 	
Q3	<ul style="list-style-type: none"> • List of benefits your community received from WFP's project • Ways of OVCs benefiting from WFP's project • Ways of OVCs pregnant and lactating women benefiting from WFP's project • List of challenges related to the Project • List of coping mechanisms put in place 	
Q4	<ul style="list-style-type: none"> • Realization of women empowerment by WFP's project • List of ways of women empowerment 	
Q5	<ul style="list-style-type: none"> • Presence of referral linkage • Explanation of the referral linkage • List of gaps in the referral linkage • Presence of active community resource people • List of factors which makes active community resource people • List of factors which makes absence of active community resource people 	
Q6	<ul style="list-style-type: none"> • Awareness of the selection criteria to include individuals in the program • Presence of people who left out despite fulfilling the criteria? • Reasons for exclusion 	
Q7	<ul style="list-style-type: none"> • Community need satisfaction by the Project • List of ways of satisfying community needs • Satisfaction to the service quality • Lists of complains, if any • List of Bodies/places where complaints are taken • Timeliness of the services • Lists of reasons for delay, if there is any. • Presence of transparency and accountability 	
Q8	<ul style="list-style-type: none"> • List of major achievements /success of the WFP's Project • List of factors made pregnant and lactating mothers to be compliant to PMTCT/ECTCT service • List of things to be done differently to maximize a positive impact 	

Q9	<ul style="list-style-type: none"> • List of the roles of community leaders/groups in managing WFP's project • Presence of social groups capable of leading community members to sustain the positive outcome of WFP's project? • List of social groups 	
Q10	<ul style="list-style-type: none"> • List of mechanism to build household level capacity to ensure food security for PLHIV • Presence of assistance from WFP's project to HIV/AIDS infected and affected people to lead their life independently • List of ways of assistance • List of mechanisms used by PLHIVs to improve household income • Presence of plan to sustain the achievements of the Project in the absence of WFP • List of actions planned 	
Q11	<ul style="list-style-type: none"> • Presence of relation/linkage with TVET/Micro and small enterprise development/Agency • List of purposes of relation/linkage with TVET/Micro and small enterprise development/Agency 	

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia; Urban HIV/AIDS nutrition and food security project; End-Term Evaluation

Guideline for NACS Focus Group Discussion

Informed Consent

My name is -----and my team members -----. We came from WFP. WFP is conducting a final evaluation of the Urban HIV and AIDS Nutrition and Food Security Project in all of its operational areas. WFP is seeking views and information in relation to the Project from beneficiaries in this community. The reason for your coming here is to get your views and ideas related to the Project. Your views will be of great help for the future fate of the Project and to capture main lessons in the country. You are under no obligation to allow me or to answer any of the questions. I also assure that the information you gave us will be used solely for the purposes of this evaluation and I understand the requirement and necessity of confidentiality of your views.

Your Participation in this discussion will significantly contribute to improvement of HIV and AIDS, nutrition and food security status of your community. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If participants are willing to take part in the discussion, please sign in the space below to show that participants are willing.

Name

Signature.....

Date

Q1. Would you please explain about what WFP project had been doing in your community in the last seven years? What were the main activities carried out in relation to economic strengthening of NACS beneficiaries? What were the main critical needs of NACS beneficiaries in your village? In your opinion, has WFP's project satisfied your needs in the best way? How?

Q2. What type of services are provided by WFP project for NACS beneficiaries in your village? Can you tell us the most impressive thing about the Project which brought change in your life?

Q3. What are the benefits your community received from Urban HIV and AIDS nutrition and food security project? How did PLHIVs benefit from WFP's project? How did PLHIV's families benefited from the Project? What were the challenges of the Project? What solutions were put in practice to tackle the challenges?

Q4. Was the issue of women empowerment ensured throughout the program cycle? How?

Q5. How is the referral linkage between the community and service providers working? Any gap? Are the community resource people active in your village? If yes or no, what are the main factors which makes them active? If no, what are the main factors which makes them inactive?

Q6. Are you aware of the selection criteria to include individuals in the program? Are there people who left out despite fulfilling the criteria?

Q7. How is the quality of services provided? Any compliant? To whom/where are you taking your compliant? Did the services provided reached on time in your village? If not, what were the reasons for delay? Did the service provided in a transparent and accountable manner?

Q8. In your opinion, what are the major achievements /success of the WFP's Project? What factors made PLHIVs to be compliant to NACS service? What needs to be done differently to achieve and maximize a positive impact on the community /from the Project?

Q9. What is the role of community leaders/groups in managing HIV/AIDS, nutrition and food security project? Are there community/social groups capable to lead the community members to harness the positive outcomes/ benefit of the Project?

Q10. Is there any mechanism to build household level economic capacity to secure nutrition and food supply to PLHIV? Did the Project helped HIV/AIDS infected and affected people to lead their life independently? Are there mechanisms used by PLHIVs to improve the household income? Do you have any plan to sustain the achievements of the Project in the absence of WFP?

Q11. Do you have strong relation/linkage with TVET/Micro and small enterprise development/Agency?

Summary Sheet for PMTCT/EMTCT FGD

QN	Key Outputs	Striking/Impressive Statements
Q1	<ul style="list-style-type: none"> • List of things done by WFP project in the last 7 years. • List of main activities carried out in relation to economic strengthening of PLHIV • List of critical needs of OLHIV in your village • Client's satisfaction in addressing their needs 	
Q2	Types of services provided by WFP project for: <ul style="list-style-type: none"> • PLHIV, • HIV/AIDS affected people/households in your village? • List of impressive changes brought 	
Q3	<ul style="list-style-type: none"> • List of benefits your community received from WFP's project • Ways of PLHIVs benefiting from WFP's project • Ways of affected people/households benefiting from WFP's project • List of challenges related to the Project • List of coping mechanisms put in place 	
Q4	<ul style="list-style-type: none"> • Realization of women empowerment by WFP's project • List of ways of women empowerment 	
Q5	<ul style="list-style-type: none"> • Presence of referral linkage • Explanation of the referral linkage • List of gaps in the referral linkage • Presence of active community resource people • List of factors which makes active community resource people • List of factors which makes absence of active community resource people 	
Q6	<ul style="list-style-type: none"> • Awareness of the selection criteria to include individuals in the program • Presence of people who left out despite fulfilling the criteria? • Reasons for exclusion 	
Q7	<ul style="list-style-type: none"> • Community need satisfaction by the Project • List of ways of satisfying community needs • Satisfaction to the service quality • Lists of complains, if any • List of Bodies/places where complaints are taken • Timeliness of the services • Lists of reasons for delay, if there is any. • Presence of transparency and accountability 	
Q8	<ul style="list-style-type: none"> • List of major achievements /success of the WFP's Project • List of factors made PLHIVs to be compliant to PMTCT/ECTCT service • List of things to be done differently to maximize a positive impact 	
Q9	<ul style="list-style-type: none"> • List of the roles of community leaders/groups in managing 	

	WFP's project <ul style="list-style-type: none"> • Presence of social groups capable of leading community members to sustain the positive outcome of WFP's project? • List of social groups 	
Q10	<ul style="list-style-type: none"> • List of mechanism to build household level capacity to ensure food security for PLHIV • Presence of assistance from WFP's project to HIV/AIDS infected and affected people to lead their life independently • List of ways of assistance • List of mechanisms used by PLHIVs to improve household income • Presence of plan to sustain the achievements of the Project in the absence of WFP • List of actions planned 	
Q11	<ul style="list-style-type: none"> • Presence of relation/linkage with TVET/Micro and small enterprise development/Agency • List of purposes of relation/linkage with TVET/Micro and small enterprise development/Agency 	

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia; Urban HIV/AIDS nutrition and food security project; End-Term Evaluation

Checklist for Key Informant Interview for Federal and Regional MOH and HAPCO,

Informed Consent

Good morning/afternoon. My name is I am part of the team undertaking data collection exercise in nine regional states and two city administrations on behalf of World Food Program Ethiopia Office (WFP). WFP is implementing a project called “Urban HIV and AIDS, Nutrition and Food Security” which is at the end-term of its project life and under evaluation. I would like to ask you a number of questions about the HIV/AIDS, nutritional status of PLHIVs and household level food security concerns. For this purpose, I would be grateful if you can take some time to answer these questions. You are under no obligation to answer any of the questions. If you choose to participate, nothing you say will be used against you under any circumstances. I also assure that the information you give will be used solely for the purposes of the evaluation and your identity will be kept confidential.

Your cooperation in this evaluation will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If the respondent accepts you, please sign in the space below to show that the respondent is willing)

Name of town

Position of interviewee

Level of education

Name of interviewer

Signature.....

Date

Name

Signature.....

Date

Checklist for Key Informant Interview for Federal and Regional MOH and HAPCO,

Q1. How do you describe the WFP's Urban HIV and AIDS, Nutrition and Food Security project? Who were the partners involved in the Project implementation? How transparent were the partners in terms of service delivery (cash or food distribution, selection of beneficiaries)?

Q2. What HIV/AIDS, nutrition and food security related policies you have in supporting HIV/AIDS infected and affected people? When was it released? (Ask for copies of guidelines or policy documents to share if any). Do WFP's project approaches and strategies aligned with that of HIV/AIDS and Nutrition policy/guideline? To what extent were the interventions aligned with the needs of the government priorities?

Q3. Were the approaches and strategies employed by the Project appropriate to achieve the intended outcomes? In your opinion, what were the contributions of WFP's project in general? Regarding nutritional care and support for PLHIV? Food security? Any unintended outcomes? What were these outcomes if any?

Q4. What are the positive/intended or negative/unintended outcomes as a result of:

- Linking NACS with food support and ES programs?
- Integrating PMTCT/EMTCT beneficiaries with food security components of the Project?

Q5. How do you describe the relevance and contribution of the NACS component to care of PLHIV? How can it be sustained? Any financial source? Any department handling this activity? Any focal person?

Q6. Was the ES component relevant to achieve the Project overall objective? How?

Q7. How do linking PMTCT and food security components help in the betterment of the individuals' health? How can it be sustained? Any financial source? Any department handling this activity? Any focal person?

Q8. How is the M&E system of the Project looks like? Have the activities been carried out regularly? How did the M&E influence program implementation? Is there any area that the M&E system needs improvement? Could you describe how the UHAIS is functioning? Has the information generated ever been utilized to review or modify program implementation? Which component of the program? How?

Q9. Has the system been aligned with the government health management information system (HMIS) and other information systems? How is it going to be utilized or managed beyond the life of the Project? In your opinion, how differently the Project could have been done to achieve better results? Any recommendations for future implementation of similar programs?

Summary Form for Federal and Regional KII

QN	Key Outputs	Striking/Impressive Statements
Q1	<ul style="list-style-type: none"> Describe of the WFP's Urban HIV and AIDS, Nutrition and Food Security project List of partners involved in the Project implementation Perception of respondent on transparency of partners in terms of service delivery (cash or food distribution, selection of beneficiaries)? 	
Q2	<ul style="list-style-type: none"> Presence of HIV/AIDS, nutrition and food security related policies supporting HIV/AIDS infected and affected people Year released Presence of copies of guidelines or policy documents in the office). Opinion of respondent on the alignment of the strategies and approaches of the Project with that of HIV/AIDS and Nutrition policy/guideline List of alignment points between project approaches and strategies and that of HIV/AIDS and Nutrition policy/guideline Opinion of respondent on the alignment of the strategies and approaches of the Project with that of the priorities of the government List of alignment points between project approaches and strategies and that of the priorities of the government 	
Q3	<ul style="list-style-type: none"> Opinion of respondent on the appropriateness of strategies and approaches of the Project to achieve the intended outcomes List of major outcomes achieved due to the strategies and approaches of the Project <p>Opinion of the respondent:</p> <ul style="list-style-type: none"> About the contributions of WFP's project in general Regarding nutritional care and support for PLHIVs About Food security List of unintended outcomes; if there are 	
Q4	<ul style="list-style-type: none"> List of unintended outcomes due to linking NACS with food support and ES programs List of unintended outcomes due to Integrating PMTCT/EMTCT beneficiaries with food security components of the Project 	
Q5	<ul style="list-style-type: none"> Opinion of respondent on the relevance and contribution of the NACS component to care of PLHIVs List of ways of sustaining these outcomes in the absence of WFP Presence of alternative financial sources List of alternative financial sources Presence of department handling this activity Presence of focal person to handle this activity 	
Q6	<ul style="list-style-type: none"> Opinion of respondent on the relevancy of ES component relevant to achieve the Project overall objective? 	

Q7	<ul style="list-style-type: none"> • List of ways in which linking PMTCT and food security components help in the betterment of the individuals' health • List of mechanisms to sustain this linkage • Presence of department handling this activity • Presence of focal person to handle this activity 	
Q8	<ul style="list-style-type: none"> • Opinion of respondent on the M&E system of the Project looks like • Regularity role out of M&E • List of ways in which the M&E influence program implementation • List of areas where the M&E system needs improvement? • Description on how the UHAIS is functioning • Utilization of information generated to review or modify program implementation • List of component of the program reviewed • List of ways of modification 	
Q9	<ul style="list-style-type: none"> • Alignment of UHAIS with the government HMIS and other systems • List of areas of alignment • List of mechanisms of managing UHAIS beyond the life of the Project • Opinion of respondent on how differently the Project could have been done to achieve better results • List of recommendations for future implementation of similar programs 	

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia, Urban HIV/AIDS Nutrition and Food Security Project, End-Term Evaluation.

Checklists for Wereda/Town Health and HAPCO Offices KII

Informed Consent

Good morning/afternoon. My name is I am part of the team undertaking data collection exercise in nine regional states and two city administrations on behalf of World Food Program Ethiopia Office (WFP). WFP is implementing a project called “Urban HIV and AIDS, Nutrition and Food Security” which is at the end-term of its project life and under evaluation. I would like to ask you a number of questions about the HIV/AIDS, nutritional status of PLHIVs and household level food security concerns. For this purpose, I would be grateful if you can take some time to answer these questions. You are under no obligation to answer any of the questions. If you choose to participate, nothing you say will be used against you under any circumstances. I also assure that the information you give will be used solely for the purposes of the evaluation and your identity will be kept confidential.

Your cooperation in this evaluation will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If the respondent accepts you, please sign in the space below to show that the respondent is willing)

Name of town

Position of interviewee

Level of education

Name of interviewer

Signature.....

Date

Checklist for Wereda/Town Health and HAPCO Offices KII

Q1. How do you describe the WFP's Urban HIV and AIDS, Nutrition and Food Security project? Who were the partners involved in the Project implementation? How transparent were the partners in terms of service delivery (cash or food distribution, selection of beneficiaries)?

Q2. Who are the members of the *Wereda*/town level coordination committee? What is the role of the coordination committee?

Q3. How is the referral system functioning among partners, community and health facility?

Q4. How do resources for the program reach to the beneficiaries? Who are the partners involved? (Describe the role of each partners) (Probe: Any delays? Why if there is any? How can it be improved?)

Q5. How is the participation of woman in every committee overseeing project activities (selection of beneficiaries, food or cash distribution, VSLA formation, community resource persons...etc)?

Q6. How do you describe achievements of the program? (Probe: for all program components: NACS, PMTCT, ES, UHAIS).

Q7. What is the source for electronic data entry? Any issues with data quality? Completeness?

Q8. How do you store the data collected? Can you show me your data store? (Registration book, computerized spread sheet, etc.) How do you report the data (NACS and PMTCT/EMTCT) collected to the *wereda* health/HAPCO office or other partners? Can you show me your reporting format?

Q9. Has the information generated ever been utilized to review or modify program implementation? Which component of the program? How?

Q10. In your opinion, how differently the Project could have been done to achieve better results? Any recommendations for future implementation of similar programs?

Wereda/Town Level Checklist for KII

QN	Key Outputs	Striking/Impressive Statements
Q1	<ul style="list-style-type: none"> • Description of WFP's Urban HIV and AIDS, Nutrition and Food Security project • List of partners involved in the Project implementation • Respondent's opinion on how transparent were the partners in terms of service delivery (cash or food distribution, selection of beneficiaries)? 	
Q2	<ul style="list-style-type: none"> • List of members of the <i>wereda</i>/town level coordination committee • List of roles of the coordination committee 	
Q3	<ul style="list-style-type: none"> • Explanation on how the referral system among partners, community and health facility is functioning 	
Q4	<ul style="list-style-type: none"> • Rout and mechanism through which resources reach to the beneficiaries • List of partners involved • Roles of each partner • Presence of delay in resources reach to beneficiaries • List of reasons for delay • List of mechanisms to improve delay 	
Q5	<ul style="list-style-type: none"> • List of ways of women participation in: • In committees overseeing project activities • In selection of beneficiaries, • In food or cash distribution, • In VSLA formation, • As member of community resource person 	
Q6	<ul style="list-style-type: none"> • Participant's description on the achievements of the program • NACS, PMTCT, ES, UHAIS 	
Q7	<ul style="list-style-type: none"> • List of source for electronic data entry • List of issues with data quality (Completeness, etc.) 	
Q8	<ul style="list-style-type: none"> • List of mechanisms of storing data collected • Observation of data source (the way it is handled) • Types of data source (registration book, computerized spread sheet, etc.) • Explanation of ways of reporting the data (NACS and PMTCT/EMTCT) collected to the <i>wereda</i> health/HAPCO office or other partners? • Observation of the reporting format? (Inclusion of NACS; PMTCT/EMTCT) 	
Q9	<ul style="list-style-type: none"> • Utilization of the information generated ever been utilized to review or modify program implementation • List of component of the program modified • List of ways of modification 	
Q10	<ul style="list-style-type: none"> • Respondent's opinion on how differently the Project could have been done to achieve better results • List of recommendations for future implementation of 	

	similar programs	
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Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia; Urban HIV/AIDS nutrition and food security project; End-Term Evaluation
PHCU/Hospitals Checklist for Key Informant Interview

Informed Consent

Good morning/afternoon. My name is I am part of the team undertaking data collection exercise in nine regional states and two city administrations on behalf of World Food Program Ethiopia Office (WFP). WFP is implementing a project called “Urban HIV and AIDS, Nutrition and Food Security” which is at the end-term of its project life and under evaluation. I would like to ask you a number of questions about the HIV/AIDS, nutritional status of PLHIVs and household level food security concerns. For this purpose, I would be grateful if you can take some time to answer these questions. You are under no obligation to answer any of the questions. If you choose to participate, nothing you say will be used against you under any circumstances. I also assure that the information you give will be used solely for the purposes of the evaluation and your identity will be kept confidential.

Your cooperation in this evaluation will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If the respondent accepts you, please sign in the space below to show that the respondent is willing)

Name of town

Position of interviewee

Level of education

Name of interviewer

Signature.....

Date

Name

Signature.....

Date

PHCU/Hospitals Checklist for Key Informant Interview

Q1. What are the supports your facility is getting from the Project?

Q2. How is your facility integrating NACS into the existing routine activities of the institutes?

Q3. What are impacts of NACS into the lives of the PLHIV? Anything positive? Negative?

Q4. How do you link PMTCT beneficiaries with the program? Any challenges?

Q5. What is the source for electronic data entry? Any issues with data quality? Completeness?

Q6. How do you store the data collected? Can you show me your data store? (Registration book, computerized spread sheet, etc.) How do you report the data (NACS and PMTCT/EMTCT) collected to the *wereda* health/HAPCO office or other partners? Can you show me your reporting format?

Q7. Has the information generated ever been utilized to review or modify program implementation? Which component of the program? How?

Q8. Has the system been aligned with the government health management information system (HMIS) and other information systems? How is it going to be utilized or managed beyond the life of the Project?

PHCU/Hospitals Checklist for Key Informant Interview

QN	Key Outputs	Striking/Impressive Statements
Q1	List of supports the facility is getting from the Project	
Q2	List of ways through which NACS is integrated into the existing routine activities of the institutes	
Q3	List of impacts of NACS into the lives of the PLHIVs (Anything positive or negative)	
Q4	<ul style="list-style-type: none"> • Lists of ways of linking PMTCT beneficiaries with the program • List of challenges faced 	
Q5	<ul style="list-style-type: none"> • List of sources for electronic data entry • Explanation about quality of data (Completeness) 	
Q6	<ul style="list-style-type: none"> • List of mechanisms of storing data collected • Observation of data source (the way it is handled) • Types of data source (Registration book, computerized spread sheet, etc.) • Explanation of ways of reporting the data (NACS and PMTCT/EMTCT) collected to the <i>wereda</i> health/HAPCO office or other partners? • Observation of the reporting format? (Inclusion of NACS; PMTCT/EMTCT) 	
Q7	<ul style="list-style-type: none"> • Use of information generated to review or modify program implementation • List of modified component of the program • List of ways of modification 	
Q8	<ul style="list-style-type: none"> • Alignment of UHAIS with the HMIS and other information systems • List of mechanisms of continuing the utilization and management of UHAIS beyond the life of the Project? 	

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesize

World Food Program (WFP) Ethiopia, Urban HIV/AIDS nutrition and food security Project End-Term Evaluation

PVET Checklist for Key Informant Interview

Informed Consent

Good morning/afternoon. My name is I am part of the team undertaking data collection exercise in nine regional states and two city administrations on behalf of World Food Program Ethiopia Office (WFP). WFP is implementing a project called “Urban HIV and AIDS, Nutrition and Food Security” which is at the end-term of its project life and under evaluation. I would like to ask you a number of questions about the HIV/AIDS, nutritional status of PLHIVs and household level food security concerns. For this purpose, I would be grateful if you can take some time to answer these questions. You are under no obligation to answer any of the questions. If you choose to participate, nothing you say will be used against you under any circumstances. I also assure that the information you give will be used solely for the purposes of the evaluation and your identity will be kept confidential.

Your cooperation in this evaluation will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If the respondent accepts you, please sign in the space below to show that the respondent is willing)

Name of town

Position of interviewee

Level of education

Name of interviewer

Signature.....

Date

Name

Signature.....

Date

TVET Checklist for Key Informant Interview

- Q1. Do you know WFP urban HIVAIDS Nutrition and Food Security project?
- Q2. What is your institutions role in the Urban HIV/AIDS nutrition and food security project?
- Q3. How do you provide these services? What is different in this project?
- Q4. Do you have any strategy and support program to enterprises owned by PLHIV?
- Q5. If yes, what kind of support you are currently providing?
- Q6. Do you have personnel with the skill to support business owned by PLHIV?
- Q7. How it is aligned with your support activities?
- Q8. What kind of business training provided by the Project?
- Q9. What kinds of IGAs/businesses are started in the area with the support of the Project (if you are aware)?
- Q10. How is the business prospect and opportunities?
- Q11. What are the main challenges for such kind of businesses in the area?
- Q12. What kind of inputs and other technical support provided by the Project (if you are aware)?
- Q13. Is there any production and marketing or marketing group formed in the area from the Project targets?
- Q14. Are you engaged in organizing and supporting VSLA or Production/Marketing groups?
- Q15. What are the main changes observed in food security and livelihood in PLHIVs at household level?

PVET Checklist for Key Informant Interview

QN	Key Outputs	Striking/Impressive Statements
Q1	<ul style="list-style-type: none"> • Knowledge to WFP's Project; List of key components 	
Q2	List of roles of the TVET in the WFP's project?	
Q3	<ul style="list-style-type: none"> • List of ways of providing these services • List of unique characters of this project 	
Q4	<ul style="list-style-type: none"> • Presence strategy and support program to enterprises owned by PLHIV • Lists of strategies 	
Q5	List of types of support you are currently providing	
Q6	Presence of personnel with the skill to support business owned by PLHIVs	
Q7	Ways of alignment of WFP's project with institution's support activities	
Q8	List of types of business training provided by the Project	
Q9	List of IGAs/businesses started with the support of the Project (if you are aware)	
Q10	Opinion of respondent on the business prospect and opportunities	
Q11	List of main challenges for such kind of businesses in the area	
Q12	<ul style="list-style-type: none"> • List of inputs provided by the Project • List of technical support provided by the Project (if you are aware) 	
Q13	<ul style="list-style-type: none"> • Presence of production and marketing group formed in the area from the Project targets • List of purposes of the formation of the group 	
Q14	<ul style="list-style-type: none"> • Engagement of TVET in organizing and supporting VSLA or Production/Marketing groups; List of ways of engagement 	
Q15	List of main changes observed in food security and livelihood in PLHIVs at household level	

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia; Urban HIV/AIDS nutrition and food security project; End-Term Evaluation

PEPFAR/NEP+; Checklist for Key Informant Interview

Informed Consent

Good morning/afternoon. My name is I am part of the team undertaking data collection exercise in nine regional states and two city administrations on behalf of World Food Program Ethiopia Office (WFP). WFP is implementing a project called “Urban HIV and AIDS, Nutrition and Food Security” which is at the end-term of its project life and under evaluation. I would like to ask you a number of questions about the HIV/AIDS, nutritional status of PLHIVs and household level food security concerns. For this purpose, I would be grateful if you can take some time to answer these questions. You are under no obligation to answer any of the questions. If you choose to participate, nothing you say will be used against you under any circumstances. I also assure that the information you give will be used solely for the purposes of the evaluation and your identity will be kept confidential.

Your cooperation in this evaluation will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If the respondent accepts you, please sign in the space below to show that the respondent is willing)

Name of town

Position of interviewee

Level of education

Name of interviewer

Signature.....

Date

Name

Signature.....

Date

PEPFAR/NEP+; Checklist for Key Informant Interview

Q1. How much was the total budget of the Project your agency has contributed?

Q2. Do you think that the resources allocated from your office have reached to the beneficiaries? How? Was it reaching to the beneficiaries timely? How do you monitor this happen? What do you suggest to improve the timely delivery of the resources?

Q3. What were the major challenges your agency observed with regards to implementation of the Project? (Probe: timely reporting, release of funds, execution of activities, burning rate)

Q4. How do you evaluate the efficiency of WFP's project in reaching and serving the beneficiaries?

Q5. How do you evaluate the contribution of this project to the need of the government?

Q6. Do you think this project was aligned with the vision and mission of your organization? How?

PEPFAR/NEP+; Checklist for Key Informant Interview

QN	Key Outputs	Striking/Impressive Statements
Q1	Total budget of the Project the agency has contributed?	
Q2	<ul style="list-style-type: none">• Opinion of the respondent that the resources allocated have reached to the beneficiaries• Routs of resource distribution• List of ways of monitoring the resource distribution• Timely reaching of resources to the beneficiaries• List of suggestions to improve the timely delivery of the resources?	
Q3	List of major challenges the agency observed with regards to implementation of the Project. <ul style="list-style-type: none">• Related to timely reporting,• Release of funds,• Execution of activities,• burning rate and liquidation	
Q4	List of mechanisms to evaluate the efficiency of WFP's project in reaching and serving the beneficiaries	
Q5	List of mechanisms to evaluate the contribution of WFP's project to the need of the government	
Q6	<ul style="list-style-type: none">• Opinion of the respondent on the alignment of WFP's project with the vision and mission of the organization• List of mechanisms of alignment	

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia; Urban HIV/AIDS nutrition and food security project; End-Term Evaluation

Beneficiary's Checklist for Key Informant Interview

Informed Consent

Good morning/afternoon. My name is I am part of the team undertaking data collection exercise in nine regional states and two city administrations on behalf of World Food Program Ethiopia Office (WFP). WFP is implementing a project called "Urban HIV and AIDS, Nutrition and Food Security" which is at the end-term of its project life and under evaluation. I would like to ask you a number of questions about the HIV/AIDS, nutritional status of PLHIVs and household level food security concerns. For this purpose, I would be grateful if you can take some time to answer these questions. You are under no obligation to answer any of the questions. If you choose to participate, nothing you say will be used against you under any circumstances. I also assure that the information you give will be used solely for the purposes of the evaluation and your identity will be kept confidential.

Your cooperation in this evaluation will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If the respondent accepts you, please sign in the space below to show that the respondent is willing)

Name of town

Position of interviewee

Level of education

Name of interviewer

Signature.....

Date

Beneficiary's Checklist for Key Informant Interview

Q1. How efficient is the food/voucher/cash distribution service provided by the Urban HIV and AIDS Nutrition and Food Security Project in your community? To what degree were inputs (food/voucher/cash) provided /made available on time? Were all inputs (food/voucher/cash) managed in a transparent and accountable manner? How were the implementing parties' (implementing partners, coordination committees, food distribution centres) capacities in in providing services?

Q2. How do you rate the effectiveness of the inputs (food/voucher/cash) distribution IPS? How is the quality and quality of the food available? Are there gaps?

Q3. Do you know the admission and graduation criteria to and from the program? What are the criteria that were applied for your selection? Are you aware if WFP or implementing partner verified beneficiaries' conformity to selection criteria? Do you think all planned target groups accessed project services? If not, where is the problem?

Q4. Was the food in kind you received adequate for your family in terms of quality and quantity? Do you know the size and composition of the food you are entitled to? Are you receiving the same amount regularly? If 'No', what are the gaps? What do you do with the food/voucher? If you sell the food, why do you sell it? Are you satisfied with the food distribution service?

Q 5. Are there appropriate grievance/complaint structures or channels in place for cases of abuse or misuse of food/voucher assistance? What is the degree of responsiveness of grievance structures? Did the right people get the right food at the expected time?

Q6. Were there any unplanned positive/negative effects on target groups? If 'yes', what was it? To what extent did the Project management take appropriate measures on the negative effects?

Q7. Does the Project respond to your needs? Have the Project activities been the best way to achieve your needs? If not, which were the alternative options?

Q8. Have you heard of any gender-based violence/sexual exploitation among the beneficiaries? If 'yes' what was it? Was it brought to the attention of the management? What action was taken?

Q9. Are there challenges in this program? What are they? How best can it be improved?

Beneficiary's Checklist for Key Informant Interview

QN	Key Indicators	Striking/Impressive Statements
1	<ul style="list-style-type: none"> • efficient of food/voucher/ Cash distribution service • Timely of inputs (food/voucher/cash) • Transparency and accountability of food/voucher/cash distribution • Implementing parties' (implementing partners, coordination committees, food distribution centres) capacities in in providing services 	
2	<ul style="list-style-type: none"> • Effectiveness of the inputs (food/voucher/cash) distribution mechanism • Quality of the food available • Adequacy of the food for the family • List of gaps (if there are) 	
3	<ul style="list-style-type: none"> • Knowledge about admission and graduation criteria to and from the program • List of criteria applied for the selection • Ensuring that all planned target groups accessed project services • If not, list of problems noticed 	
4	<ul style="list-style-type: none"> • Adequacy of food/voucher/cash received for your family in terms of quality and • Adequacy of food/voucher/cash received for your family in terms of quality • Knowledge about size and composition of the food you are entitled to Regularity of receiving same amount and quality • If 'No', list of gaps • List of things beneficiaries are doing with the food/voucher • If they sell the food/voucher list of reasons • Satisfaction with the food distribution service 	
5	<ul style="list-style-type: none"> • Presence of grievance/complaint structures or channels in place for cases of abuse or misuse of food/voucher assistance • Degree of responsiveness of grievance structures 	
6	<ul style="list-style-type: none"> • Presence of unplanned positive/negative effects on target groups • If 'yes', List of unplanned positive/negative effects • List of measures taken on the negative effects 	
7	<ul style="list-style-type: none"> • Responsiveness of the Project to beneficiary's needs • Achievement of beneficiary's need to the maximum 	

	<ul style="list-style-type: none"> • If not, list of alternative approaches 	
8	<ul style="list-style-type: none"> • Presence of any gender-based violence/sexual exploitation among the beneficiaries • If 'yes' list of violence • Awareness of the management about the violence • List of actions taken 	
9	<ul style="list-style-type: none"> • Presence of challenges in this program • If yes, list of challenges • List of way on how to improve these challenges 	

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia; Urban HIV/AIDS nutrition and food security project; End-Term Evaluation

Coordination Committee's Checklist for Key Informant Interview

Informed Consent

Good morning/afternoon. My name is I am part of the team undertaking data collection exercise in nine regional states and two city administrations on behalf of World Food Program Ethiopia Office (WFP). WFP is implementing a project called “Urban HIV and AIDS, Nutrition and Food Security” which is at the end-term of its project life and under evaluation. I would like to ask you a number of questions about the HIV/AIDS, nutritional status of PLHIVs and household level food security concerns. For this purpose, I would be grateful if you can take some time to answer these questions. You are under no obligation to answer any of the questions. If you choose to participate, nothing you say will be used against you under any circumstances. I also assure that the information you give will be used solely for the purposes of the evaluation and your identity will be kept confidential.

Your cooperation in this evaluation will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If the respondent accepts you, please sign in the space below to show that the respondent is willing)

Name of town

Position of interviewee

Level of education

Name of interviewer

Signature.....

Coordination Committee's Checklist for Key Informant Interview

Q1. How efficient is the food/voucher/ Cash distribution service provided by the Urban HIV and AIDS Nutrition and Food Security Project in your community? To what degree were inputs (food/voucher/ Cash) provided/made available on time? Were all inputs (food/voucher/cash) managed in a transparent and accountable manner? How were the implementing parties' (implementing partners, coordination committees, food distribution centres) capacities in providing services?

Q2. How do you rate the effectiveness of the inputs (food/voucher/cash) distribution? How is the quality and quantity of the food available? Are there gaps?

Q3. Do you know the admission and graduation criteria to and from the program? What are the criteria that were applied for beneficiary selection? Are you aware if WFP or implementing partner verified beneficiaries' conformity to selection criteria? Do you think all planned target groups accessed project services? If not, where is the problem?

Q4. Was the food in kind or voucher beneficiaries received adequate for their family in terms of quality and quantity? Do you know the size and composition of the food beneficiaries are entitled to? Are beneficiaries receiving the same amount regularly? If 'No', what are the gaps? What do beneficiaries do with the food/voucher? If they sell the food/voucher, why do they sell it? Are you, as coordinating body, satisfied with the food distribution service?

Q5. Are there appropriate grievance/complaint structures or channels in place for cases of abuse or misuse of food/voucher assistance? What is the degree of responsiveness of grievance structures? Did the right people get the right food at the expected time?

Q6. Were there any unplanned positive/negative effects on target groups? If 'yes', what was it? To what extent did the Project management take appropriate measures on the negative effects?

Q7. Does the Project respond to beneficiary's needs? Have the Project activities been the best way to achieve their needs? If not, which were the alternative options?

Q8. Have you heard of any gender-based violence/sexual exploitation among the beneficiaries? If 'yes' what was it? Was it brought to the attention of the management? What action was taken?

Q9. Are there challenges in this program? What are they? How best can it be improved?

QN	Key Indicators	Striking/Impressive Statements
1	<ul style="list-style-type: none"> • efficient of food/voucher/ Cash distribution service • Timely of inputs (food/voucher/cash) • Transparency and accountability of food/voucher/cash distribution • Implementing parties' (implementing partners, coordination committees, food distribution centres) capacities in in providing services 	
2	<ul style="list-style-type: none"> • Effectiveness of the inputs (food/voucher/cash) distribution mechanism • Quality of the food available • Adequacy of the food for the family • List of gaps (if there are) 	
3	<ul style="list-style-type: none"> • Knowledge about admission and graduation criteria to and from the program • List of criteria applied for the selection • Ensuring that all planned target groups accessed project services • If not, list of problems noticed 	
4	<ul style="list-style-type: none"> • Adequacy of food/voucher/cash received for your family in terms of quality and • Adequacy of food/voucher/cash received for your family in terms of quality • Knowledge about size and composition of the food you are entitled to Regularity of receiving same amount and quality • If 'No', list of gaps • List of things beneficiaries are doing with the food/voucher • If they sell the food/voucher list of reasons • Satisfaction with the food distribution service 	
5	<ul style="list-style-type: none"> • Presence of grievance/complaint structures or channels in place for cases of abuse or misuse of food/voucher assistance • Degree of responsiveness of grievance structures 	
6	<ul style="list-style-type: none"> • Presence of unplanned positive/negative effects on target groups • If 'yes', List of unplanned positive/negative effects • List of measures taken on the negative effects 	
7	<ul style="list-style-type: none"> • Responsiveness of the Project to beneficiary's needs • Achievement of beneficiary's need to the maximum • If not, list of alternative approaches 	
8	<ul style="list-style-type: none"> • Presence of any gender-based violence/sexual 	

	exploitation among the beneficiaries <ul style="list-style-type: none"> • If 'yes' list of violence • Awareness of the management about the violence • List of actions taken 	
9	<ul style="list-style-type: none"> • Presence of challenges in this program • If yes, list of challenges • List of way on how to improve these challenges 	

Coordinating Committee's Checklist for Key Informant Interview

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia; Urban HIV/AIDS nutrition and food security project; End-Term Evaluation

UHAIS Clerk's Checklist for Key Informant Interview

Informed Consent

Good morning/afternoon. My name is I am part of the team undertaking data collection exercise in nine regional states and two city administrations on behalf of World Food Program Ethiopia Office (WFP). WFP is implementing a project called "Urban HIV and AIDS, Nutrition and Food Security" which is at the end-term of its project life and under evaluation. I would like to ask you a number of questions about the HIV/AIDS, nutritional status of PLHIVs and household level food security concerns. For this purpose, I would be grateful if you can take some time to answer these questions. You are under no obligation to answer any of the questions. If you choose to participate, nothing you say will be used against you under any circumstances. I also assure that the information you give will be used solely for the purposes of the evaluation and your identity will be kept confidential.

Your cooperation in this evaluation will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If the respondent accepts you, please sign in the space below to show that the respondent is willing)

Name of town

Position of interviewee

Level of education

Name of interviewer

Signature.....

Date

UHAIS Clerk's Checklist for Key Informant Interview

Q1. To what extent were the resources (i.e., financial, human, supplies, etc.) referred to UHAIS utilized appropriately? Were project resources managed in a transparent and accountable manner? Is the hardware assigned for the UHAIS being utilized solely for the Project activities?

Q2. How is the capacity of your office in managing and utilizing the IT based information?

Q3. How frequently is the program being monitored and supervised? Who monitors? How is the quality of the information entered to the system checked?

Q4. What were the factors for effectively organizing and controlling the data management system?

Q5. How well partners fulfilled the tasks expected of them? What was the performance of each partner in relation to data transfer and the role they are supposed to discharge? Were the activities carried out timely and effectively?

Q6. What are the probability of UHAIS project will continue after project closure, and what factors militate in favour of or against maintaining benefits? Are adopted approaches technically viable? Do the Health office staffs get access to adequate training for maintenance of the Project activities UHAIS after closure?

Q7. Does UHAIS activities benefit from the engagement, participation and ownership of the Health Office?

Q8. Are there lessons learned that should be shared?

UHAIS Clerk's Checklist for Key Informant Interview

QN	Key Indicators	Striking/Impressive Statements
Q1	<ul style="list-style-type: none"> • Explanation on how resources (i.e., financial, human, supplies, etc) referred to UHAIS is utilized • Transparency and accountability in using the resource • Utilization of the hardware assigned for the Project only 	
Q2	Level of capacity of the office in managing and utilizing the IT based information	
Q3	<ul style="list-style-type: none"> • Frequency of monitoring and supervision of UHAIS program • Responsible person to monitor • Quality of the information entered to the system. <ul style="list-style-type: none"> ○ Completeness ○ Accuracy 	
Q4	List of factors contributing for effectively organizing and controlling the data management system	
Q5	<ul style="list-style-type: none"> • Partner's fulfilment of the tasks expected of them • List of performance are of each partner in relation to data transfer and the role they supposed to discharge • Timeliness and effectiveness of these performances 	
Q6	<ul style="list-style-type: none"> • Probability of continuity of UHAIS after project closure, • List of factors militate in favour of or against continuing benefits? • Technical viability of UHAIS • Adequacy of the training provided for UHAIS clerks 	
Q7	List of benefits from the engagement, participation and ownership of the Health Office	
Q8	List of lessons learned from UHAIS program that should be shared	

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

World Food Program (WFP) Ethiopia, Urban HIV/AIDS nutrition and food security Project End-Term Evaluation

RHB and HAPCO Checklist for Key Informant Interview

Informed Consent

Good morning/afternoon. My name is I am part of the team undertaking data collection exercise in nine regional states and two city administrations on behalf of World Food Program Ethiopia Office (WFP). WFP is implementing a project called “Urban HIV and AIDS, Nutrition and Food Security” which is at the end-term of its project life and under evaluation. I would like to ask you a number of questions about the HIV/AIDS, nutritional status of PLHIVs and household level food security concerns. For this purpose, I would be grateful if you can take some time to answer these questions. You are under no obligation to answer any of the questions. If you choose to participate, nothing you say will be used against you under any circumstances. I also assure that the information you give will be used solely for the purposes of the evaluation and your identity will be kept confidential.

Your cooperation in this evaluation will significantly contribute to improvement of HIV and AIDS, nutrition and food security programs, strategy and policies. I sincerely appreciate your time and efforts invested in the evaluation.

Note to the Document Reviewer: If the respondent accepts you, please sign in the space below to show that the respondent is willing.

Name of town

Position of interviewee

Level of education

Name of interviewer

Signature.....

Date

RHB and HAPCO Check List for Key Informant Interview

Q1. In your opinion, what have been the major achievements of the WFP's project? How did service(s) provided under this project met community needs? How accessible were these services? What activities worked best? How? What went wrong? How? What factors facilitated the achievement of results positively? What factors inhibited the achievement of results? What were their effects on project implementation? What were the major challenges/risks. How were these risks mitigated?

Q2. In your opinion, what components of the Project design and/or implementation were the most effective and why? What have been the effects of these components on the Project outcomes? How adequate was the implementation of the planned interventions? What components of the Project management were the most effective and why? What are the lessons learned on project design, implementation, and management and their effects in accomplishing the Projects targets and outcomes? What were the innovative activities implemented by WFP? Explain?

Q3. To what extent did the Project influence strategy, programming, and policy at the national, sub-national and community levels? To what extent have WFP project indicators been integrated within health facilities and government reporting formats? To what extent did the Project build the organizational and technical capacity of local implementing partners, regional health bureaus and health facilities? Do you think that the facilities supported by WFP will continue to provide NACS services? Will they be able to do so without the need for more capacity building? To what extent has WFP's project been integrated into in-service training programs for nurses, midwives and medical doctors in targeted universities?

Q4. To what extent did WFP's project meet the needs of the beneficiaries in the communities in which the Project operated? Why? How relevant is the WFP's project to your own work? Have you received any training/capacity building from WFP/HAPCO/implementing partner/? How relevant were the interventions to the achievement of the planned outcomes? How relevant was the Project partnership to the achievement of the planned outcomes?

Q5. Does the WFP/HAPCO/Implementing partner provide guidance concerning gender sensitive HIV and/or nutrition programming? Has the Project followed these guidelines? To what extent has the Project integrated gender considerations into its activities? If yes, how? Did activities of WFP's project have any influence on the status of women and men? To what extent did WFP/HAPCO/Implementing partners develop measures to enhance women's participation in the Project?

Q6. How did data from UHAIS were used to inform the planning, implementation and monitoring of WFP's project? To what extent was the UHAIS used for program improvement? Was the data from UHAIS in a timely manner to inform project decision-making at regional level? Explain. How useful and appropriate was the data from UHAIS to WFP project implementers, government and health facility staff? In what ways?

RHB and HAPCO Checklist for Key Informant Interview

QN	Key Indicators	Striking/Impressive Statements
Q1	<ul style="list-style-type: none"> • Lists major achievements of the WFP project • Lists of ways in which service(s) provided under this project met community needs • Accessibility of these services • List of activities worked best • List of activities went wrong. • List of factors facilitated the achievement of results positively • List of factors inhibited the achievement of results • List of their effects on project implementation • List of major challenges/risks. • List of ways of risks mitigation 	<ul style="list-style-type: none"> •
Q2	<ul style="list-style-type: none"> • List of components of the Project design and/or implementation were the most effective • List of reasons for effectiveness • List of effects of these components on the Project outcomes • Adequacy of the implementation of the planned interventions • Lists of the Project management components which were most effective • List of reasons for their effectiveness • List of lessons learned on project design, implementation, and management and • List of the effects of lessons learned in accomplishing the Projects targets and outcomes • List of innovative activities implemented by WFP 	<ul style="list-style-type: none"> •
Q3	<ul style="list-style-type: none"> • WFP's project influence on strategy, programming, and policy at the national, sub-national and community levels • Extent in which WFP project indicators been integrated within health facilities and government reporting formats • The extent to which the Project built the organizational and technical capacity of local implementing partners, Regional Health Bureaus and health facilities • Respondent's opinion about facilities supported by WFP will continue to provide HIV/AIDS, nutrition and food security services without the need for more capacity building • The extent to which WFP's project been integrated into in-service training programs for nurses, midwives and medical doctors in targeted universities 	<ul style="list-style-type: none"> •
Q4	<ul style="list-style-type: none"> • The extent to which WFP's project meet the needs of the beneficiaries • Relevance of WFP's project to work of RHB/HAPCO • List of training capacity building sessions 	<ul style="list-style-type: none"> •

	WFP/HAPCO/implementing partner <ul style="list-style-type: none"> • Relevancy of WFP's project to the achievement of the planned outcomes • Relevancy of project partnership to the achievement of the planned outcomes 	
Q5	<ul style="list-style-type: none"> • Presence of guidance concerning gender provided by WFP/HAPCO/Implementing partner • Presence of guidance concerning nutrition provided by WFP/HAPCO/Implementing partner • Commitment from RHB/HAPCO to follow these guidelines • Extent to which the Project integrated gender considerations into its activities • If yes, list of ways through which gender is integrated • List of activities of WFP's project which has influence on the status of women and men • List of measures developed by WFP/HAPCO/Implementing partners to enhance women's participation in the Project 	•
Q6	<ul style="list-style-type: none"> • List of ways of data from UHAIS were used to inform the planning, implementation and monitoring of WFP's project • The extent to which UHAIS used for program improvement • Timeliness of data generated from UHAIS to inform project decision-making at regional level • Lists of importance of the data from UHAIS to WFP project implementers, government and health facility staff 	•

Note: Key outputs of the documents reviewed should be recorded in a separate notebook from which the summarized description will be synthesized.

Annexes 6: Others

List of Towns/Cities/*Weredas* Selected for the Evaluation

SN	Name of Regions	Selected Towns	
		NEP+	PEPFAR
1	Amhara	Woldiya	Bahir Dar
		Kombolcha	Gondar
2	Tigray	Axum	Mekele
3	Oromia	Jima	Mojo
		Nekemte	Adama
4	SNNPR	Arbaminch	Hawassa Dilla
5	Harari	Harar	-
6	Somali		Ayisha
			Jigjiga
			Deghabour
			Kebribeyah
7	Afar		Mille
			Asyita
			Gewane
			Logiya
8	Benishangul Gumuz		Homashi
			Assosa
			Bambasi
			Kemashi
9	Gambella		Gambella
			Itang
			Lare
8	Addis Ababa		Lideta Sub-City
			Arada Sub-City
			Akaki Sub-City
			Nefas-Silk Lafto
9	Dire Dawa		Urban Dire Dawa

List of Acronyms

ABS	Advanced Business Skill
AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti Retro-virus Therapy
AWD	Acute Watery Diarrhea
BMI	Body Mass Index
CBA	Cost Benefit Analysis
CC	Coordinating Committee
CCC	Community Care Coalition
CP	Country Program
CPR	Community Resource People
CSI	Child Status Index
DB-PHC	Dawit Belew Public Health Consulting
DHS	Demographic and Health Survey
DRS	Developing Regional States
EMTCT	Eradication of Mother to Child Transmission
ES	Economic Strengthening
FGD	Focus Group Discussion
GRAD	Graduation Resilience Achievement Sustainable Development
HAPCO	HIV/AIDS Prevention and Control Office
HBC	Home Based Care
HIV	Human Immuno-Deficiency Virus
HMIS	Health Management Information System
HVC	Highly Vulnerable Children
IGA	Income Generating Activity
IT	Information Technology
KII	Key Informant Interview
MAM	Moderate Acute Malnutrition
MFI	Micro-Finance Institute
MOFED	Ministry of Finance and Economy Development
MOH	Ministry of Health
MOLSA	Ministry of Labor and Social Affairs
MOU	Memorandum of Understanding
MUAC	Mid-Upper Arm Circumference
MWCA	Ministry of Women and Children Affairs
NACS	Nutrition Assessment and Counseling Service
NEP+	Network of Network of HIV Positive in Ethiopia
NNS	National Nutrition Strategy
OVC	Orphan and Vulnerable Children
PEPFAR	Presidential Emergency plan for AIDS Relief
PHCU	Primary Health Care Unit
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PRRO	Protracted Relief and Rehabilitation Operation
SAM	Severe Acute Malnutrition

SD	Standard Deviation
SNNPR	Southern Nations Nationalities People Region
SPM	Strategic Plan Manual
TV	Television
TVET	Technical and Vocational Education and Training
UHAIS	Urban HIV and AIDS Information System
UNAIDS	United Nations Program on HIV/AIDS
UNANFS	Urban HIV/AIDS, Nutrition and Food Security Project
UNFP	United Nation Fund for Population
UNHCR	United Nation Higher Commission for Refugees
UNICEF	United Nation Children's Fund
USAID	United State Aid for International Development
USD	Unite Stats Dollar
VSLA	Village Saving and Credit Association
WFP	World Food Program
WHO	World Health Organization

[Place, Month and Year, Report number]

**[Name of commissioning Office]
[Link to the web site]**

