

Activity Appraisal Document ODA

I REQUESTED DECISION CONCERNS

Application number	4000003632
Short name application	Healthy Villages
Long name application	Healthy Village Programme in Ethiopia
Description application	The Healthy Village Programme aims by an integrated approach of a Water, Sanitation and Hygiene (WASH), food and nutrition security programme to reduce stunting and water- and faecal-borne diseases in a sustainable manner, jointly with the Government of Ethiopia. The Programme aims to target approximately 300,000 people who are most vulnerable or do not yet have sufficient access to clean water and sanitation, are food insecure and/or have poor nutritional status. By the programme components learning, evidencing and engagement the programme aims to ensure a sustainable exit and scaling up strategy. That supports ongoing and emerging 'tanker' programmes, such as the ONE WASH programme and PSNP.
Budget holder	ADD
Number business partner	30021539
Implementing organisation(s)	Max Foundation
<u>Legal relationship</u>	Grant
<u>Commitment</u> in foreign currency (if applicable)	N.a.
Corporate rate	N.a.
<u>Commitment</u> in euros	€ 12.909.800,00
Funds centre	1702U01010002
Activity start date	15 November 2020
Activity end date	31 December 2026
Contract start date	15 November 2020
Contract end date	31 December 2025
Has an evaluation been planned?	Yes, mandatory (see decisiontree in 5.3.6.)
<u>Aid modality</u>	Other aid
<u>Donor role</u>	Single donor

Technical assistance	25<TA<50 Between 25% and 50% of the activity budget		
Beneficiary's country/region	Ethiopia		
Countries within the region (if applicable)	N.a.		
Allocation country information	100% in Ethiopia		
Location within the country (be as specific as possible)	Territory	Name location(s)	Amhara, Tigray
CRS Code	Sector 311 Agriculture; subsector 31110 Agricultural policy and administrative management; subsector 31120 Agricultural development; Sector 140 Water AND Sanitation; subsector 14030 Basic drinking water supply and basic sanitation; Sector 430 Other Multisector; subsector 43072 Household food security programmes; Sector 122 Basic Health; subsector 12240 Basic nutrition;		
Policy marker weight is 'principal' (no minimum or maximum amount)	VdsZek: Food Security DrwSan: Safe drinking water and sanitation		
Policy marker weight is 'significant' (no minimum or maximum amount)	KlmAdp: Climate Adaptation; KlmMit: Climate Mitigation; In-sOntw: Institutional Development and Capacity Building; GlkhMV: Gender Equality		
Special pledges made by the Minister or State Secretary / and/ or special marks regarding sensitive information	None		

II. ACTIVITY APPRAISAL

2.1 Contribution made by the activity to BZ policy objectives (policy relevance)

2.1.1 Description policy relevance

- Explain the policy markers which have been assigned to the activity in the cover sheet of the BEMO.
- Explain the international policy markers which have been assigned to the activity in the cover sheet of the BEMO.

The specific policy markers mentioned on the cover sheet of the BEMO have been assigned to the Healthy Village programme as the project aims to conduct an integrated approach breaking with sector silos *food & nutrition security* and *WASH* to tackle stunting and improve under-two child health. Furthermore, the project has incorporated climate and gender as crosscutting themes.

The healthy villages aims to contribute to the following SDGs:



The Healthy Village programme also ties in with several (policy) objectives outlined in the policy paper: " Investing in Global prospects" such as that particular attention should be devoted to the 150 million young children who suffer irreversible physical and mental damage (stunting) as a result of malnutrition (pp.42). Furthermore, the paper encourages programmes to apply integrated approaches that focus on providing access of vulnerable groups to basic services: food, drinking water and sanitation, and renewable energy (pp. 39), integrating food & nutrition security with WASH is a central component of the healthy village project. This integrated approach also fits the Dutch ambitions to boost sustainable development in Ethiopia, as set out in the Dutch Multi Annual Country Strategy (MACS) in Ethiopia. As one of the MACS objectives is it to increase synergy between food & nutrition security, water management, and WASH. Therefore, the aim is to better align WASH and Nutrition programmes (MACS pp 18.).

Also, it is essential that EKN funded programmes have clear exit strategies with potential of scaling up, as principles on sustainability, go beyond provision of hardware and need to support local capacity to deliver and maintain products and services. The Healthy Village programme aims to realize upscaling via actively sharing evidence, lessons learned, best practices with the Ethiopian government and via prioritizing migration of ownership to local stakeholders from the start of the programme. Knowledge transfer to the Ethiopian government entails aligning the programme strategy with flagship programmes such as PSNP & ONE WASH. In particular, this programme aims to contribute to the Seqota declaration on combatting child stunting in Ethiopia. The Seqota Declaration aims to address the PSNP woreda's that are worst hit in terms of undernourishment and stunting.

2.1.2 Appraisal

Appraise the policy relevance of the project, using the appraisal table. If the maximum score is not achieved, explain why. If certain criteria do not apply, please indicate this.

No.	Criteria 2.1 Policy relevance	Indicators (score 0, 1, 2)	Score	EXPLANATION/ REFERENCES
2.1.1	The proposed intervention ties in with the operational objectives in the Explanatory Memorandum and the related policy memorandum (policy theory and in-	<input type="checkbox"/> <p>The proposed intervention ties in with both the main objective and the secondary objectives .</p>	2	See explanation below

	tervention logic).			
2.1.2	The proposed intervention ties in with the ODA priorities	<input type="checkbox"/> The proposed intervention ties in with more than one of the result areas of the BH&OS priorities.	2	See explanation below
2.1.3	The proposed intervention ties in with the annual plan and the result chain of the MIB/MASP	<input type="checkbox"/> The intervention is specifically mentioned in the result chain of the MIB/MASP.	2	Alignment MACS addressed in previous chapter. In addition, commitments for contributing to nutrition sensitive WASH were laid down in the EKNs annual plan for 2020.
2.1.4	The relevance of the proposed intervention to the crosscutting themes of women's rights and gender equality / climate / PSD / coherence and strengthening of civil society organisations	<input type="checkbox"/> The proposed intervention is relevant to more than one of the crosscutting themes.	2	See explanation below
Total score (maximum 8 out of 8 points)			8	

2.1.1 explanation:

The Memorandum states that the Netherlands continues to prioritize achieving SDG2 (Zero Hunger) and SDG6 (Clean water and sanitation). Especially, efforts to improve and ensure safe and nutritious food for young children are encouraged. Also, special attention is paid to providing access to safe drinking water and sanitation in the Sahel region and in the Horn of Africa. The project ties in very well with these Dutch foreign trade and development cooperation objectives.

2.1.2 explanation:

The programme is expected to contribute to the following ODA priorities of the FNS result areas:

- Number of people with improved food intake
- Number of people with improved access to healthy/diverse food
- Number of people whose nutritional situation became more resilient to shocks

And the program is expected to contribute to the following ODA priorities of the Water result areas:

- Number of people with safely managed drinking water
- Number of people with safely managed sanitation services
- Number of people living in open defecation free communities

2.1.4 explanation:

Gender

The Programme will conduct a gender and social inclusion analysis during the inception phase as input for implementing the gender transformative approach. The objective of the programme is to create a sustainable gender-transformative change in social norms and behaviours. As in their opinion change in vision and habits in relation to sanitation, hygiene, clean drinking water, food and nutrition will lead to great impact and sustainable changes in food, nutrition and WASH practices.

In order to monitor changes in gender relations the Gender and WASH-Nutrition Monitoring Tool (GWNMT) will be used. The tool is designed to generate data for 4 key indicators:

- 1) Level of shared WASH-nutrition workload in the household
- 2) Level of participation in WASH-nutrition activities in the community
- 3) Level of shared WASH-nutrition decision making in the household
- 4) Level of women's leadership in the community around WASH-nutrition

Climate

Local communities and contingency plans - inception phase of Healthy Village programme

During the inception phase a Climate Vulnerability and Resilience (CVR) analysis will be conducted. The programme will also consider the gender dimensions in this assessment to make sure that gender will be fully considered in the climate adaptation policy response.

Based on the results of the baseline and CVR analysis, a gender focused climate resilient planning will be done at woreda and community level. At community level contingency plans will be developed addressing possible hazards and how to respond to these. During this planning process communities perform a risk analysis to define current- weather related risks but also the hazards that may affect them in the long-term. During this procedures adequate measures are introduced like installing rain water harvesting systems, flood resistant latrines, septic tanks, regular monitoring and maintenance of the WASH infrastructure and install early warning systems to cushion the impact of a natural disaster. The aim of the programme is to go beyond 'just' mapping the vulnerabilities of the WASH infrastructure and therefore it aims to take the local ecosystems and landscapes into account as they play an important role as buffers against hazards like flood and drought.

2.2 Problem analysis and lessons learned

2.2.1 Description

Problem statement as written in the proposal "Healthy Village Programme in Ethiopia – August 2020" submitted by the consortium of Max Foundation and Plan International:

The Healthy Village programme aims to tackle undernutrition in Ethiopia, as despite progress, malnutrition remains a major cause of illness and mortality among children under five in Ethiopia. In fact, undernutrition is the underlying cause of 28% of child deaths. Ethiopia's national stunting rate has been steadily decreasing over the years and is currently at 37%. Even so, Ethiopia is still within the top 20 of countries with the highest number of stunted children in the world.

Furthermore, there is still limited demand for sanitation products and the perception that sanitation is not a viable business in Ethiopia. Sanitation Marketing in Ethiopia is still in its infancy, with challenges in linking to ongoing demand creation and behavior change activities. Supply does not sufficiently meet demand in terms of quality, and appropriate technology. Heavily subsidised latrine programmes undermine the development of a local sanitation industry and limit the effectiveness and success of sanitation marketing. However, research suggests that community motivation alone does not increase hygienic latrine ownership, whilst targeted subsidies can increase ownership in the households of the landless poor by 22%. Subsidies to the ultra-poor in the form of promotional coupons, cash rebates, targeted vouchers, and financial incentives for investing in a latrine can be

used to accelerate uptake without undermining the private sector as long as the amounts are relatively small.

The consortium aims to contribute to solving the problem by creating a healthy living environment for children, we aim for community-wide behaviour change from a WASH and food & nutrition nexus lens. This means facilitating access to nutritious food and use of a diverse diet, improved sanitation, safe drinking water, and good hygiene practices and products. The Programme focuses on approximately 300,000 people that are most vulnerable or do not yet have sufficient access to clean water and sanitation, are food insecure and/or have poor nutritional status. Through learning, evidencing and engagement the Healthy Village Programme aims to be an innovative 'speedboat' that supports ongoing and emerging 'tanker' programmes.

2.2.2 Appraisal

Appraise the [contextual analysis](#) of the project proposal using the appraisal table. If the maximum score is not achieved, explain why and how this is dealt with. If certain criteria do not apply, please indicate this.

No.	Criteria 2.2 Contextual analysis	Indicators (score 0,1,2)	Score	EXPLANATION/ REFERENCES
2.2.1	The proposal is based on a careful and thorough contextual analysis, from which a logical problem definition and objective are generated.	<input type="checkbox"/> <p>The proposal is based on a careful and thorough analysis and results in a logical problem definition and objective.</p>	2	The proposal contains an extensive context analysis which results in a logically formulated project approach. However one of the newly introduced crossing cutting theme "conflict sensitivity" has not been elaborated on in detail. A follow up meeting with EKN on drafting a conflict analysis of relevant stakeholders will be organized.
2.2.2	Based on the problem formulated, the proposal explains in a logical manner why the intervention is aimed at the specified geographical location.	<input type="checkbox"/> <p>The proposal gives a realistic explanation of why the intervention is aimed at the specified geographical location and substantiates this with examples.</p>	2	See explanation below

2.2.3	The proposal justifies the choice of target group .	<input type="checkbox"/> <p>The proposal clearly justifies the choice of target group.</p>	2	The target groups are in particular young children <5 y.o. and women to tackle the root causes of malnutrition
2.2.4	The proposal sets out which relevant actors were involved in formulating the proposal and what influence they had on the content of the proposal.	<input type="checkbox"/> <p>The proposal sets out the involvement of actors, both in formulating the proposal and in the proposed intervention (including its management).</p>	2	The consortium mentions in the proposal to have undertaken several roundtable sessions with the relevant ministries and local implementing partners (ORDA & IDE) including discussions with other multilateral organizations and INGOs (UNICEF, PSI & IRC WASH).
2.2.5	A stakeholder analysis (incl. women and youth) has been carried out and the results incorporated in the proposal.	<input type="checkbox"/> <p>The proposal sets out who has a stake in the programme/project but their relative interests are not set out in detail.</p>	1	The context analysis has addressed women and youth and the interests of other relevant stakeholders. However a full overview of stakeholders/beneficiaries will result from the inception phase
2.2.6	The proposal describes how the results of evaluations and/or studies feed into formulation of the proposal.	<input type="checkbox"/> <p>The proposal clearly sets out how results from evaluations and/or studies contributed to formulation of the proposal.</p>	2	The proposal has made use of several studies and evaluation reports commissioned by WHO, World Bank, Central Statistical Agency of

				Ethiopia, Euro- pean Union, WEF, UNICEF etc.
Total score (maximum ¹² out of 12 points)			11	

Explanation 2.2.2:

The consortium has together with the Ministry of Health, Ministry of Agriculture, Ministry of Water, Irrigation & Energy and the EKN selected four highly food-insecure woredas Amhara (3) & Tirgray (1), which all fall under the Seqota declaration. The first phase of the Seqota Declaration Implementation plan covers 33 woredas (27 in Amhara) and (6 in Tigray) along the Tekeze River Basin, with an aim to scale this up to other woredas with high malnutrition rates between 2020 – 2030.

The following selection criteria for intervention areas was used:

- High prevalence of stunting (need of intervention)
- High population density (reach targets, greater impact and cost-efficiency)
- Development criteria such as ODF status, water coverage, market potential (for sanitation marketing and agricultural products) and linkages with possible partners creating leverage in the Programme
- Areas where other actors are not (yet as much) active
- No conflict area

The ‘Seqota’ Declaration is a commitment by the Government of Ethiopia (lead by MoH) to end all forms of malnutrition among children under the age of 2 years by 2030. Key goals by 2030 of the ‘Seqota Declaration’ are:

1. Zero stunting in children less than 2 years;
2. 100 percent access to adequate food all year round;
3. Transformed smallholder productivity and income;
4. Zero post-harvest food loss through reduced post-harvest loss;
5. Innovation around promotion of sustainable food systems (climate smart);
6. Continue to improve the accessibility and coverage of adequate and safe drinking water supply, 100 percent open defecation free kebeles by 2030 and irrigation for supporting agriculture as well as access to water source;
7. Increase efforts to educate women and girls, especially rural girls, to help prevent the inter-generational transmission of poverty, and implement the school health and nutrition strategy initiatives: school feeding, deworming and nutrition education; and
8. Focus on poverty reduction and resilience building through predictable cash transfer to the most vulnerable group, and in addition, targeted support to school feeding programmes, pregnant and lactating women as well as children under 2 years.

The Healthy Village Programme will be implemented in three Seqota woredas in Amhara region being Lay Gayint, Meket, Sekota woredas, and one Seqota woreda in Tigray region being Ofla woreda.

2.3 Objectives (outcomes), results (outputs), activities and resources, based on the SMART principle

2.3.1 Description

Describe briefly or copy from the project document:

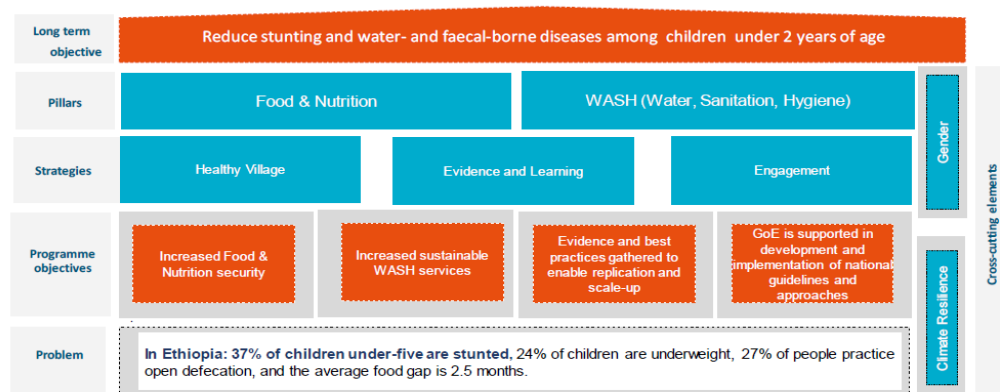
- the objectives at outcome level, including performance indicators;
- for each objective, the results (outputs) to be achieved by the activity and how they will be measured;
- for each output, what activities and resources are needed to achieve the outputs;
- how the sustainability (in the sense of lasting impact) of the intervention is assured.

Add the framework ‘objective-result-activities-resources’ ([logical framework](#)) as an appendix to the BEMO.

Main objectives at outcome level, including performance indicators:

1. Outcome 1.1: Improved food intake by adolescent girls, pregnant and lactating women and by children under 2 years of age. Outcome 1.2: Population has increased access to healthy, diverse food
2. Outcome 1.3: Population has increased resilience situation to shocks related to nutrition
3. Outcome 2.1: Population is making progress towards the use of safely managed drinking water, sanitation services and better hygiene practices
4. Outcome 2.2: Improved hygiene behaviors with a specific focus on the first 1,000 days of a child's life.
5. Outcome 2.3: Sustainable market developed by local entrepreneurs and sales agents for WASH materials
6. Outcome 3.1: Improved gender equality through changed social and gender norms concerning WASH and nutrition
7. Outcome 4.1: Evidence, learning and best practices on the Healthy Village approach gathered, documented and disseminated to enable replication and scale-up in Ethiopia.
 - Outcome 5.1: GoE is supported in developing and implementing national guidelines and approaches to reduce stunting and reach WASH and nutrition targets.
 - for each objective, the results (outputs) to be achieved by the activity and how they will be measured; to be found in Annex 3
 - for each output, what activities and resources are needed to achieve the outputs; to be found in Annex 3

Theory of change Healthy Villages:



2.3.2 Appraisal

Appraise the logical framework using the appraisal table. If the maximum score is not achieved, explain why and how this is dealt with. If certain criteria do not apply, please indicate this.

No.	Criteria 2.3 Outcomes, outputs, activities and resources based on the SMART principle	Explanation of score (1 point per indicator)	Score
2.3.1	The objectives at outcome level are clearly formulated, fall within the proposal's span of influence and are realistic. The outcomes follow logically from the problem formulated.	<input checked="" type="checkbox"/> The outcomes are specifically formulated. <input checked="" type="checkbox"/> The objectives follow logically from the problem formulated. <input checked="" type="checkbox"/> The objectives fall within the proposal's span of influence and are realistic (taking account of its duration and local circumstances).	5

		<p>The objectives are</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> acceptable to the target group and other stakeholders. <p>The objectives formulated are realistic bearing in</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> mind the scope of the activities and the capacity of the (local) organisation(s). 	
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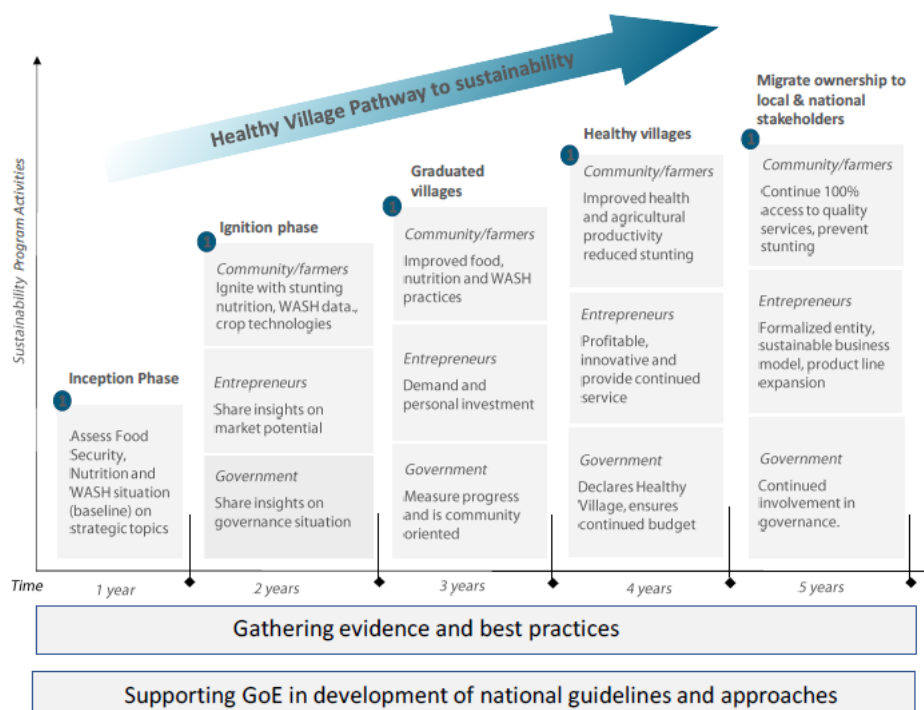
**EXPLANATION/
REFERENCES**

Additional appreciation
gender indicator 3:

The objectives include a explicit reference to women/ men, girls/ boys and gender equality. Please explain.

The Healthy Village programme vision builds upon best practices achieved by Max Foundation in Bangladesh. The programme objectives seem to derive logically from the programme vision: “tackling undernutrition of children under 5 years of age”. Also, the project distinguishes 5 five phases in the pathway to sustainability. As they aim to highly prioritize local involvement throughout the time span of the project, it is expected that the project team will ensure that objectives will be acceptable but also realistic to capacity of local organization, however the EKN is to monitor regularly this by having meetings.

Figure 8. Pathway to Sustainability



The objectives include an explicit reference to women/ men, girls/ boys and gender equality. Please explain.

Via a gender analysis and Gender and WASH-Nutrition Monitoring Tool (GWNMT) the project aims to

<p>monitor changes in social and gender norms. Also, the main target group for reducing undernutrition are besides children, adolescent, pregnant and lactating women/girls.</p> <p>Furthermore, the Climate Vulnerability and Resilience (CVR) analysis that will be conducted will take gender dimensions into account to make sure that gender will be fully considered in the climate adaptation policy response.</p>			
2.3.2	<p>Progress in achieving the outcomes can be determined objectively on the basis of measurable performance indicators.</p>	<p>Relevant performance indicators have been formulated for each outcome.</p> <p><input checked="" type="checkbox"/></p> <p>A baseline measurement and a measurable target (quantitative and/or qualitative) have been formulated for each performance indicator.</p> <p><input type="checkbox"/></p> <p>The verification method (the means by which data is collected and the sources of that data) is realistic and feasible.</p> <p><input checked="" type="checkbox"/></p>	2
<p>EXPLANATION/ REFERENCES</p> <p>Additional appreciation gender indicator 1:</p> <p>For each outcome are relevant, gender specific performance indicators formulated. Please explain. As mentioned earlier a gender analysis will be conducted and the M&E will gather gender relevant data via the Gender and WASH-Nutrition Monitoring Tool (GWNMT). The tool is designed to generate data for 4 key indicators:</p> <ol style="list-style-type: none"> 1) Level of shared WASH-nutrition workload in the household 2) Level of participation in WASH-nutrition activities in the community 3) Level of shared WASH-nutrition decision making in the household 4) Level of women's leadership in the community around WASH-nutrition <p>The baselines and specific targets will be identified during the inception phase.</p>			
2.3.3	<p>The outputs formulated are concrete and fall within the proposal's span of control. The outputs follow logically from the outcomes formulated.</p>	<p>The project proposal is divided into clear phases, each having concretely formulated outputs.</p> <p><input checked="" type="checkbox"/></p> <p>The outputs are specific.</p> <p><input checked="" type="checkbox"/></p> <p>There is a clear link between the outputs and the out-comes, i.e. the outputs can be expected to contribute to achievement of the outcomes.</p> <p><input checked="" type="checkbox"/></p>	5

		<p><input checked="" type="checkbox"/> The outputs are acceptable to the target group and other</p> <p><input checked="" type="checkbox"/> The outputs formulated are realistic bearing in mind the scope of the activities and the capacity of the (local) organisation(s) .</p>		
<p>EXPLANATION/ REFERENCES</p> <p>The project is divided in 5 phases the figure in the previous touches upon these fives phases and how it contributes to a sustainable exit strategy of the project.</p> <p>The figure in annex 1 shows how the outputs support the outcomes into realizing the impact. In total thirteen outputs (A to M) have been distinguished:</p> <p>Output A: Strengthened quality of nutrition services by health professionals</p> <ul style="list-style-type: none"> A. • A.1 # of health professionals, including Health Extension workers (M/F) trained in Maternal, Infant and Young Child health and nutrition topics. B. • A.2 # of people (M/F) reached with gender sensitive awareness raising activities on food and nutrition provided by HEWs. C. • A.3 % of children (M/F) under 2 years of age with growth measured via Growth Monitoring charts to monitor child development D. • A.4 # of people (M/F) including pregnant and lactating women reached in food cooking demonstrations and food hygiene <p>Output B: Improved provided skills for Development Agents, community representatives, and other local actors at cluster level in nutrition sensitive Agriculture and Multiple Use Systems.</p> <ul style="list-style-type: none"> E. • B1. # of DAs, community representatives and other local actors (M/F) trained in nutrition sensitive Agriculture and MUS F. • B2. # of people (M/F) reached with gender sensitive awareness raising activities on food and nutrition provided by DAs <p>Output C: Attention to health, nutrition and agriculture at schools.</p> <ul style="list-style-type: none"> G. • C1. # of teachers and teacher assistants (M/F) trained in Nutrition Sensitive Agriculture and MUS H. • C2. # of children (M/F) received deworming at schools I. • C3. # of school clubs demonstrating gardening <p>Output D: Strengthened agricultural skills</p> <ul style="list-style-type: none"> J. • D1. Amount of provided agricultural inputs and extension services K. • D2. # of crop (including vegetables and field crops) technologies successfully validated, demonstrated and pre-scaled L. • D3 # of animal husbandry and fodder crop practices validated, demonstrated and pre-scaled M. • D4. # of farmers (M/F) reached directly through demonstrations, farmer field days, pre-scaling activities including female headed households N. • D5. # of farmers (M/F) reached indirectly through the Ministry of Agriculture and other government and NGO structures with improved technologies and practices including female headed households. <p>Outputs E: Strengthened quality of hygiene and sanitation awareness raising by Health Extension Workers</p> <ul style="list-style-type: none"> • E1 # of households members (M/F) received training on gender sensitive WASH, personal and food hygiene and baby WASH • E2 # of communities triggered on GESI sensitive hygiene and sanitation • E3 # of trainers (M/F) trained on GESI sensitive hygiene and sanitation <p>Output F: WASH & Menstrual Hygiene Management at schools</p> <ul style="list-style-type: none"> • F1 # of school children(M/F) received training on improved WASH, personal and food hygiene, and MHM • F2 # of active WASH school clubs 				

- F3 # of single sex latrines constructed at schools with MHM facilities
- F4. # of handwashing facilities constructed in schools
- Output G: Multiple Use Systems rehabilitated, repurposed or newly constructed**
- G1 # of rehabilitated and repurposed scheme to integrate MUS (for HH gardening, fishery and Cattle trough)
- G2 # of new constructed scheme that integrate MUS (for HH gardening, fishery and Cattle trough)
- G3 # of people (M/F) including pregnant and lactating women participate in the MUS training
- Output H: Established and functional Water, Sanitation and Hygiene Committees (WASHCOs) and caretakers**
- H1. # of Gender equitable WASHCOs trained and collecting fee
- H2. # of caretakers (M/F) trained in maintenance of the MUS
- Output L: Entrepreneurs & business development**
- L1 # of entrepreneurs and sales agents (M/F) trained **on nutrition products (foodstuffs) and services**
- L2 # of entrepreneurs and sales agents (M/F) trained in production and sales of sanitation products or repairs, maintenance
- Output M: Established and functional Village Saving and Loan Associations**
- M1 # Village Saving and Loan Associations (VSLAs) established
- M2 # of Village Savings and Loan Associations members (M/F) trained in savings, loans bookkeeping, financial and loan management.
- Output N: Awareness raising on gender**
- N1. # of community dialogues on gender and social norms
- N2. # of people (M/F) reached with community dialogues on gender and social norms.
- N3. # of HEW, teachers, DAs and government officials (M/F) reached with gender and social inclusion.
- N4. # of staff and implementing partners (M/F) trained on gender and social norms
- Output O: Gathering of evidence**
- O1. # of best practices documented
- O2. # of research reports available
- Output P: Governance support**
- P1. Support provided to the governance of the Ministry of Health, National Nutrition team (qualitative indicator)
- P2. Support provided to the governance of the Transformation Woreda's (qualitative indicator)
- P3. Learnings and best practices of the Healthy Village program fed into newly developed or updated GoE policies, guidelines, implementation manuals on integrated WASH, Food and Nutrition programming
- P4. Agriculture knowledge base developed together with relevant government ministries and the universities of the implementation areas.

As the project team aims to highly prioritize local involvement throughout the time span of the project, it is expected that they will ensure that outputs will be acceptable but also realistic to the capacity of local stakeholder, however the EKN is to monitor this regularly by organizing meetings with the consortium, especially during the inception phase.

2.3.4	Progress in achieving the outputs can be determined objectively on the basis of measurable performance indicators.	<input checked="" type="checkbox"/> Relevant performance indicators have been formulated for each output. <input type="checkbox"/> A baseline and a measurable target (quantitative and/or qualitative) have been formulated for each performance indicator.	2
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		<input checked="" type="checkbox"/> The verification method (the means by which data is collected and the sources of that data) is realistic and feasible.		
EXPLANATION/ REFERENCES Additional appreciation gender indicator 1 and 2: For each output are relevant, gender specific performance indicators formulated; Baseline, targets and verification methods are put on to collect gender specific information. Please explain. Based on the results of the baseline and CVR analysis (will be gathered during the inception phase), a gender focused climate resilient planning will be done at woreda and community level. The project team finds it important to include the community in decision making to increase its capacity and address gender inequality. The baseline and targets will be identified during the inception phase. They are part of the go / no-go decision to continue with the programme. The verification methods seems to be realistic and feasible, for example: <ul style="list-style-type: none"> • Baseline • Household survey • Diet diversity methodology • Training reports • Key informant interviews with community, government, WASHCOs • Service registrars of HEWs, water-and health posts • FGD with community groups, entrepreneurs, local product dealers and sales agents 				
2.3.5	There is a logical link between the proposed activities and the outputs formulated.	<input checked="" type="checkbox"/> The proposal sets out the nature of the activities and explains how the activities formulated will contribute to achieving the outputs.		1
EXPLANATION/ REFERENCES Yes, all activities under the outputs (A to M) can be found in annex 2.				
2.3.6	There is a logical link between the activities and the project budget (efficiency).	<input type="checkbox"/> The budget is supported by figures on price and quantity (p x q). <input checked="" type="checkbox"/> The budget is broken down by output and/or outcome.		1
EXPLANATION/ REFERENCES The budget is broken down by outputs/outcomes.				
2.3.7	When the activity ends, its envisaged outputs will have a lasting effect for the ultimate target group.	<input checked="" type="checkbox"/> The proposal contains a clear vision (with objectives) as to how the activities will be continued when the intervention comes to an end.		4

		<p><input checked="" type="checkbox"/> To achieve these objectives, specific measures will be taken during implementation of the activities to ensure that the target group will help continue the activities.</p> <p><input checked="" type="checkbox"/> The proposal contains suitable criteria against which progress in continuing the activities can be measured.</p> <p><input checked="" type="checkbox"/> The proposal includes a transition plan or exit strategy, identifying the various actors.</p>		
<p>EXPLANATION/ REFERENCES</p> <p>The consortium's vision on ensuring sustainable exit strategy: In order to achieve lasting social change, they develop interventions that are demand-driven, inclusive, gender equal, culturally sensitive and needs-based. By working closely together with the communities and by doing in depth baseline studies, they aim to establish that appropriate social conditions and prerequisites for change exist and will be sustained so the current and future society is able to create healthy and liveable communities. The interventions foreseen by the project aim to respond to expressed need of the target population, in particular those of women and children. Throughout the Programme the vulnerability will be expected to reduce and women will be empowered to take decisions on WASH, food and nutrition issues.</p> <p>The project team expect that once institutions, business and community stakeholders work together on improved WASH, food and nutrition, local dynamics will strengthen and (vulnerable) group get the sense that their needs are heard.</p>				
2.3.8	At the end of the activity, the envisaged outputs will have a lasting effect on the local partners.	<p><input checked="" type="checkbox"/> The proposal contains a clear vision (with objectives) as to how the quality of the activities and/or financial independence of the local partner will be enhanced.</p> <p><input checked="" type="checkbox"/> To achieve these objectives, specific measures will be taken during implementation of the activity.</p>	4	

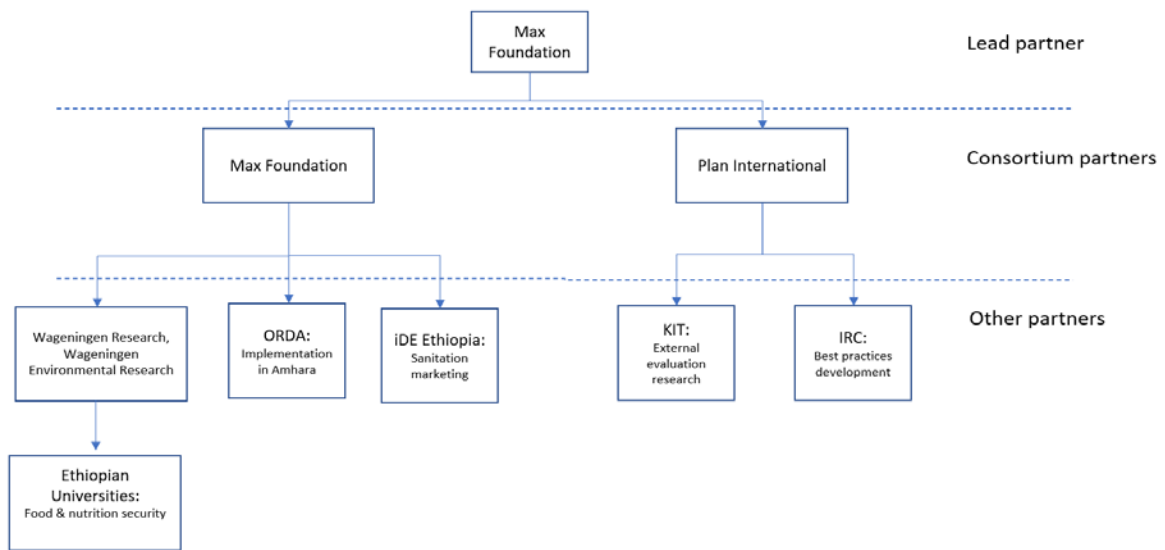
		<input checked="" type="checkbox"/> The proposal devotes attention to the capacity of the local partner to generate income from various sources. <input checked="" type="checkbox"/> The proposal sets out suitable criteria against which progress in regard to institutional sustainability can be measured.			
EXPLANATION/ REFERENCES The Healthy Village programme works closely together with Ethiopian local institutions on ensuring that policies and procedures at the local level are functional and meet the demand of users of WASH, food and nutrition services. Through close engagement with the Ethiopian government partners they aim to ensure that the Healthy Village programme aligns well with existing government and other stakeholders' initiatives. The commitment demonstrated (letter of intent by the 3 relevant ministries) by the Ethiopian government during the development phase of this programme be maintained by a continued engagement with the government and by signing sustainability compact.					
Total score (maximum score 27 points)				2	

2.4 Cooperation, harmonisation and added value

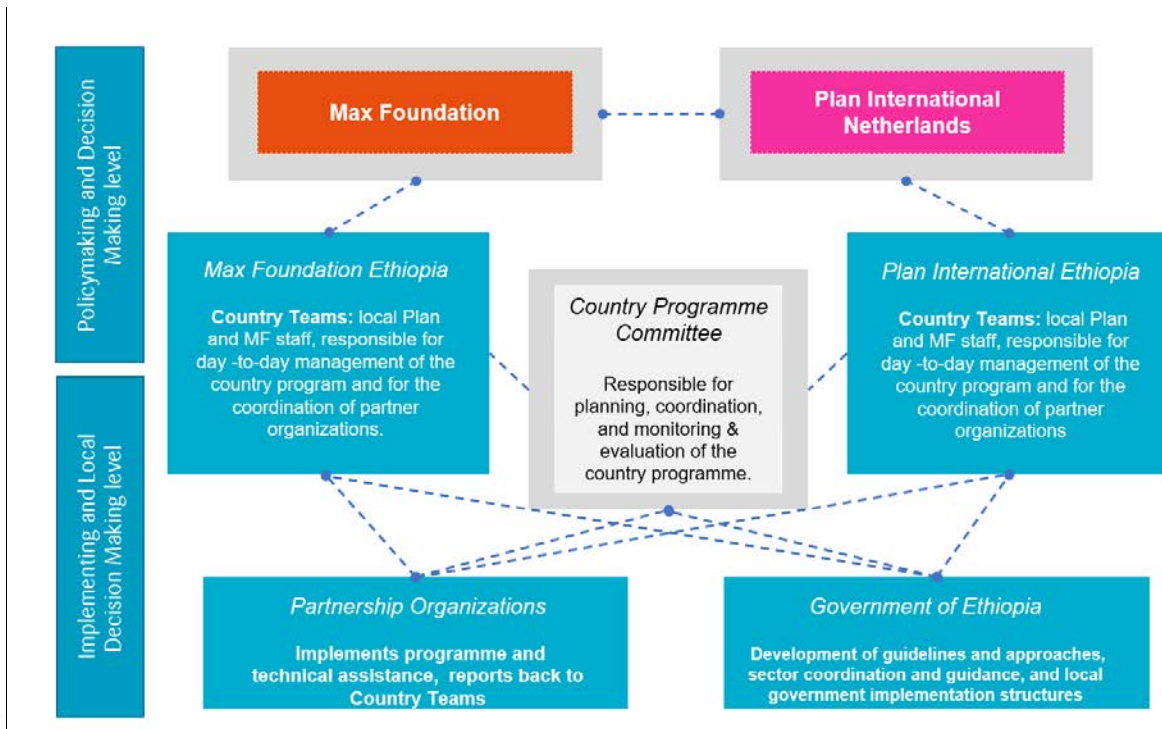
Describe briefly and concisely:

- whether the proposed activity involves cooperation with, for example, Dutch organisations, other donors, local organisations or other parties;
- the extent to which cooperation will be harmonised e.g. complementarity, **joint financing**, **delegated cooperation (silent partnership)**, **multidonor financing**;
- the added value of the activity compared with other activities by BZ, donors, NGOs, businesses, research institutions and local authorities

The proposed partnership diagram:



REST (the Relief Society Tigray) is foreseen to be an implementing partner for the consortium in Tigray. The programme aims to be implemented in close alignment with Ethiopian government partners. The governance structure of the healthy village programme has been visualized in the following figure:



the extent to which cooperation will be harmonised e.g. complementarity, joint financing, delegated cooperation (silent partnership), multidonor financing;

The consortium consists of Max Foundation and Plan International. Max Foundation is the coordinator and lead applicant and will establish a local office in Ethiopia. Plan International will work through Plan International Ethiopia. They foresee to establish an effective governance structure (figure above) for technical input, decision-making, accountability and flexibility. Each consortium partner will work with partners with different expertise. These partners will be sub-granted and were closely involved in the development of the full proposal.

Explanation of the governance structure figure:

The Oversight Board, based in the Netherlands, is responsible for the overall management of the consortium partners and will provide general oversight on programme implementation as per grant agreement, oversight is limited to contractual obligations. The oversight board also serves to address issues that cannot be resolved by the day to day consortium. The Oversight Board will take decisions on the strategic direction of the Programme, and has to approve budgets and annual reports and plans.

The Country Programme Committee, based in Ethiopia, is responsible for planning, coordination, and monitoring and evaluation of the Programme. The Country Programme Committee will be led by a Programme Coordinator who will coordinate the Consortium in Ethiopia. The Country Programme Committee will report to the Oversight Board in the Netherlands.

Added value:

Added value of the healthy village programme is integrating climate adaptation and mitigation with a gender transformative approach, while operating in the WASH & Nutrition nexus. The programme is also one of the few Dutch funded initiatives that solely commits to aligning and formulating an answer to the Segota Declaration, as they aim to implement a sustainable strategy for combatting undernutrition and stunting of young children Segota woredas (Amhara and Tigray).

The consortium partners will jointly implement and operate in the four intervention areas. Tasks and proposed activities are divided in line with each partner's thematic expertise and added value, with intention of shared learning and synergy.

2.5 Channel and aid modality (including alignment)

A bilaterally funded project was the appropriate aid modality for this programme as they aim to implement a unique nutrition sensitive WASH approach in Ethiopia. Max foundation will contribute 1.5 million euro to the programme, the total project amount will be: EUR 14.409.800 as the requested subsidy amount is EUR 12.909.800.

V. IMPLEMENTATION

5.1 Budget

A bilaterally funded project was the appropriate aid modality for this programme as they aim to implement a unique nutrition sensitive WASH approach in Ethiopia. Max foundation will contribute 1.5 million euro to the programme, the total project amount will be: EUR 14.409.800 as the requested subsidy amount is EUR 12.909.800.

5.1.1 Breakdown of costs

State the overall cost of the activity and overheads. Indicate the various cost centres (activities and outputs) in the rows and cost types (e.g. personnel, equipment, etc.) in the columns.

Breakdown of the costs per components and outputs:

Num	Categories/Activies	Own contribution	EKN
1	CP Man&Co	€ 1.500.000	€ -
2	Healthy Village		€ 8.764.714
a	Food and Nutrition Security		€ 2.718.442
	Output A: Strengthened quality of nutrition services by health professionals		€ 1.175.616
	Output B: Improved provided skills for Development Agents, community representatives, and other local actors at cluster level in nutrition sensitive Agriculture and Multiple Use Systems.		€ 679.838
	Output C: Attention to health, nutrition and agriculture at schools.		€ 183.049
	Output D: Strengthened agriculture skills		€ 679.939
b	Hygiene and Sanitation		€ 1.926.005
	Outputs E: Increased access and effective use of hygiene and sanitation facilities		€ 790.617
	Output F: WASH & Menstrual Hygiene Management at schools		€ 366.805
	Output F1: Construction of Latrines		€ 768.583
c	Water and Multiple Use Systems		€ 1.987.055
	Output G.0: Multiple Use Systems rehabilitated, repurposed or newly constructed		€ 347.803
	Output G1: Construction and /or rehabilitation of Waterpoints		€ 1.362.001
	Output H: Established and functional Water, Sanitation and Hygiene Committees and caretakers		€ 277.252
d	Entrepreneurship and Access to finance		€ 1.522.004
	Output L: Entrepreneurs & business development		€ 769.695
	Output M: Established and functional Village Saving and Loan Associations		€ 752.310
e	Gender		€ 353.261
	Output N: Awareness raising on gender		€ 353.261
f	Climate		€ 257.946
3	Engagement		€ 1.416.800
	Output P: Governance support		€ 1.416.800
4	Evidence and learning		€ 1.114.061
	Output O: Gathering of evidence		€ 1.114.061
5	Monitoring and Evaluation		€ 557.940
6	Sustainability		€ 100.000
7	Subtotals	€ 1.500.000	€ 11.953.500
8	ICR 8%		€ 956.300
9	Total	€ 1.500.000	€ 12.909.800

Programme budget per year

		Healthy Village Budget					
Num	Categories/Activies	Budget Year 1	Budget Year 2	Budget Year 3	Budget Year 4	Budget Year 5	Total Budget
1	CP Man&Co	€ 282.513	€ 320.168	€ 382.763	€ 346.685	€ 167.871	€ 1.500.000
2	Healthy Village	€ 942.939	€ 1.871.020	€ 2.236.309	€ 2.025.464	€ 1.688.982	€ 8.764.714
a	Food and Nutrition Security	€ 313.134	€ 580.278	€ 693.584	€ 628.188	€ 503.258	€ 2.718.442
b	Hygiene and Sanitation	€ 205.185	€ 411.178	€ 491.432	€ 445.038	€ 373.173	€ 1.926.005
c	Water and Multiple Use Systems	€ 179.915	€ 424.216	€ 506.998	€ 459.189	€ 416.737	€ 1.987.055
d	Entrepreneurship and Access to finance	€ 157.072	€ 324.859	€ 388.334	€ 351.745	€ 299.994	€ 1.522.004
e	Gender	€ 36.488	€ 75.403	€ 90.160	€ 81.670	€ 69.540	€ 353.261
f	Climate	€ 51.145	€ 55.086	€ 65.801	€ 59.635	€ 26.280	€ 257.946
3	Engagement	€ 132.500	€ 302.400	€ 361.500	€ 327.400	€ 293.000	€ 1.416.800
4	Evidence and learning	€ 177.637	€ 237.763	€ 284.263	€ 257.456	€ 156.927	€ 1.114.046
5	Monitoring and Evaluation	€ 140.091	€ 119.068	€ 142.315	€ 128.973	€ 27.493	€ 557.940
6	Sustainability	€ 20.000	€ 21.300	€ 25.500	€ 23.100	€ 10.100	€ 100.000
7	Subtotals	€ 1.695.680	€ 2.871.718	€ 3.432.650	€ 3.109.078	€ 2.344.373	€ 13.453.500
8	ICR 8%	€ 191.260	€ 191.260	€ 191.260	€ 191.260	€ 191.260	€ 956.300
9	Total	€ 1.886.940	€ 3.062.978	€ 3.623.910	€ 3.300.338	€ 2.535.633	€ 14.409.800

Funding overview

Funding overview	
Total Programm	€ 14,409,800
EKN funding request	€ 12,909,800
Own contribution Consortium	€ 1,500,000
Total Funding	€ 14,409,800

5.3 Monitoring

5.3.1 Narrative and financial reports

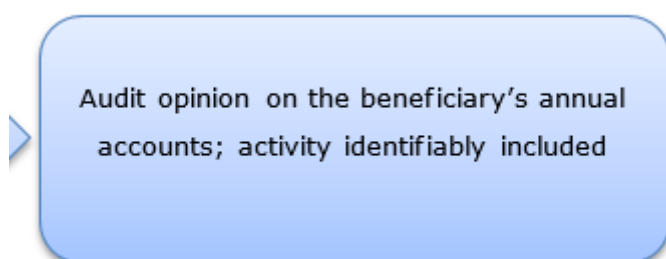
Use [the performance assessment decision tree](#). Give a short explanation with the result of the decision tree.

Outcome 8
Audit opinion
 + report of findings
 + final evaluation of efficiency and effectiveness

Report of findings being annual narrative and financial progress reports.

5.3.2 Audit opinion

Use the [audit certificate decision tree](#) to determine which type of audit opinion is required for the activity. Give a short explanation with the result of the decision tree.



5.3.3 IATI - International Aid transparency Initiative

Max Foundation is capable of reporting in accordance with the IATI standard, as set out in the BZ publication guidelines entitled 'How to use the IATI standard'?

<https://www.government.nl/documents/publications/2015/12/01/open-data-and-development-cooperation>)

The responsible policy departments will coordinate the policy dialogue with the aforementioned organisation to ensure that the IATI standard is implemented in accordance with the BZ/DGIS publication guidelines. These departments will also monitor progress, so the budget holder is not required to take any other action in this matter.

5.3.4 Annual plans and other reports

5.3.5 Monitoring calendar

Set out the reporting requirements in the table below, to ensure they are accurately incorporated in the decision/agreement.

Report type	Any specific requirements*	Period	Submission by
Inception report	<i>Approval from EKN to consortium on 1 October 2021. Refer to criteria below.</i>	15 November 2020 – 30 June 2021	1 August 2021
Annual plan		1 October 2021 – 31 December 2022 1 January 2023 – 31 December 2023 1 January 2024 – 31 December 2024 1 January 2025 – 31 December 2025	1 August 2021 1 November 2022 1 November 2023 1 November 2024
Narrative*		1 July 2021 – 31 December 2021 1 January 2022 – 31 December 2022 1 January 2023 – 31 December 2023 1 January 2024 – 31 December 2024 1 January 2025 – 31 December 2025	1 April 2022 1 April 2023 1 April 2024 1 April 2025 1 April 2026
Narrative IATI *		15 November 2020 – 31 December 2021 1 January 2022 – 31 December 2022 1 January 2023 – 31 December 2023 1 January 2024 – 31 December 2024 1 January 2025 – 31 December 2025	1 April 2022 1 April 2023 1 April 2024 1 April 2025 1 April 2026

Financial	*) For the first report separate 2020 expenditures from 2021.	15 November 2020 – 31 December 2021 *) 1 January 2022 – 31 December 2022 1 January 2023 – 31 December 2023 1 January 2024 – 31 December 2024 1 January 2025 – 31 December 2025	1 April 2022 1 April 2023 1 April 2024 1 April 2025 1 April 2026
Final narrative**	This report should not focus on results achieved in individual years but focus on the entire project period and results that can be assigned to this period.	Entire project period 15 November 2020 – 31 December 2025	1 April 2026
Audit	* Annual accounts MF over 2020	15 November 2020 – 31 December 2020*) 1 January 2021 – 31 December 2021 1 January 2022 – 31 December 2022 1 January 2023 – 31 December 2023 1 January 2024 – 31 December 2024 1 January 2025 – 31 December 2025	1 June 2021 1 June 2022 1 June 2023 1 June 2024 1 June 2025 1 June 2026
Evaluation		15 November 2020 – 30 June 2025	1 October 2025
Mid Term Review		15 November 2020 – 31 December 2022	1 April 2022

The inception report will address the following subjects. The inception report needs to be accepted on all subjects in order to continue with the Healthy Villages programme.

1) Alignment of activities between partners into the Healthy Village Programme (2020 Q4)

The consortium partners will align in more detail which activities are done by who, to ensure full coverage and no gaps occur.

2) Establishing local MoUs and Partnership Agreements (2020 Q4)

With clarity about activities and budget, roles and responsibilities of partners can be formalised. The sustainability compact will be made context specific and discussed with the government. To ensure sufficient coordination and implementation, the consortium partners will be the contract holders and manage the MoUs with the different partners. Contracts will be tailored to Inception Phase (Y1) and the Implementation Phase (Y2-5).

3) Consortium's recruitment of implementing staff & establishment office Max Foundation (2020 Q4)

Plan and Max will assure that their Healthy Village Programme teams are in place as soon as possible after the kick-off of the Inception Phase. Max Foundation will build its Max Country office with local staff. In the inception phase, the office will be set up and staff will be recruited to implement the Programme.

4) Launch of the Healthy Village Programme (2020 Q4)

The Inception Phase will be kicked off with an internal launching of the Programme to more formally and jointly understand and gear up to the programme objective, understand what success looks like, understand what needs to be done, and agree on how to work together effectively. The external launch of the programme is anticipated for Q4 2021.

5) South-to-South Learning (2020 Q4)

Peer learning is used as a key tool at every level, including south to south learning with other programme countries such as the EKN-supported Healthy Village programme in Bangladesh. In the Inception Phase, if possible under the conditions of COVID-19, key staff of the Consortium Partners will visit the Healthy Village Programme in Bangladesh for peer learning on key elements of the approach, and tailor the learnings inspirationally and practically to the Ethiopian context.

6) Final selection of intervention areas and main partners (2020 Q4-2020 Q1)

In close cooperation with the government the final selection of areas will be made. Different steps will be taken to finalize the selection of intervention areas in view of: the Seqota Declaration Programme and National Nutrition Programme; Multi-Sectoral Woreda Transformation Plan; Selection criteria of the Healthy Village Programme; Optimal complementarity with other Nutrition- WASH actors in the woreda; and best use of expertise of consortium and other partners.

The program will select relative more stable Woreda's (not in conflict zones), but is aware of the current situation in Ethiopia, in which political unrest is increasing. Adjustments will be made in case it is needed.

7) Stakeholder mapping and analysis (2020 Q4-2021 Q1)

At the start of the Programme, a stakeholder mapping and analysis signifies key people and (governmental) institutions (e.g. MFI, VSLAs) involved within the Programme, and their key role to success and achieving goals and objectives. This information is used to assess how the interests of those stakeholders should be addressed in a project plan, policy, implementation, or other action.

8) Conducting assessments and baseline (2021 Q1)

For each intervention area, the following assessments will be conducted:

- Baseline assessment: the baseline assessment will provide socio-economic data on the populations of the programme areas, as well as information on current rates of stunting and wasting, and review the Nutrition, Food and WASH status and practices at the start of the intervention. This includes hygiene practices, use of and access to services and products by different income and social groups, and market conditions including current levels of entrepreneurial activity. The baseline will also review the current WASH, Food & Nutrition sector and existing systems (including other stakeholders like local government, CSOs, private sector, etc.) and the status of (likelihood of) sustainability in this. This information will allow us to identify the drives and threats within the current system and act upon accordingly with our interventions aiming for integrated change.
- Gender equality and social inclusion (GESI) assessment: the gender equality and social inclusion assessment will use gender and social inclusion data from the baseline as a starting point. It will deepen the understanding of processes of exclusion at different levels, and draw upon different GESI tools available, such as Plan's Gender and WASH Monitoring toolcviii.
- Climate vulnerability and resilience analysis (CVR): the climate vulnerability and resilience analysis will be done as part of the baseline or as a separate exercise to identify climate change vulnerabilities, risks and water resource management risks of WASH, food & nutrition services and practices in the intervention area. It will include technical-environmental, as well as social, legal and financial aspects of climate vulnerability of services. The consortium will conduct the climate vulnerability and resilience analysis for all WASH, food & nutrition intervention areas, and support WASH, Food & Nutrition sector stakeholders on how to take into account the outcomes into their WASH-Nutrition sector planning. Outcomes of the analysis will also be integrated into the intervention strategy. It should be noted that certain extreme climate change effects and water security issues will go beyond the capacity of the consortium to address. In such cases, sustainability of the services cannot be achieved within significant additional investments and complementary programmes. If the outcomes of the climate vulnerability and resilience analysis present such a situation, the consortium will not select those geographic areas.
- Analysis of existing sustainability compacts: for each intervention area, an analysis will be done on how to align the sustainability compact with already existing compacts and monitoring systems in the country. Also, analysis will be made of the governments monitoring system and capacity to upkeep the sustainability compact during and after the programme duration. Both the compact and the capacity building activities will be designed to respond to the outcomes of the analysis.
- Marketing assessment: in the inception period, sanitation (and agri) marketing assessment using Human Centred Designs (HCD) in the Programme woredas. Robust HCD is an essential component that is undertaken at the outset. The HCD process allows to test assumptions directly with project stakeholders and refine our programme design before we begin implementation of other project activities. HCD is a leading innovation methodology that maximizes the likelihood of adoption, long-term sustainability, and scalability of a market-based solution. It is used to design and deliver holistic offerings – usually a combination of product(s), service(s), marketing, financing, and distribution – and is a best practice amongst the world's largest consumer goods and services firms in private industry. During the inception phase of this Programme, we will undertake a market assessment using an

HCD process to understand project customers in depth and refine our product offerings, services, and business model for scale up.

- PIP approach: the Programme will have a landscape- and community farm planning approach when working with farmers. In doing so, the Programme will accommodate the competing land use claims for crops, fodder and firewood. This so called PIP approach has been developed by WENR in Burundi and has been scaled in Uganda, Rwanda and DRC.

The outcomes of all these assessments mentioned above will feed into the next step: refining of implementation plan.

9) Refining implementation plan and definite target setting and budget (2021 Q2)

Based on findings of the different assessments, the programme intervention emphasis and strategies will be further defined together with key stakeholders. This will result in:

- Implementation plan with definite targets, outcomes and budget: the number of beneficiaries and woredas will be agreed upon and confirmed during the inception phase, depending on baseline assessments in the intervention areas.
- Detailed monitoring frameworks and systems and learning agenda.
-

More or different expert partners may be needed for implementation, learning or monitoring. Partners will be sought from within and outside the consortium to meet needs as they arise, which means that the list of partners might change over time. This flexibility is necessary as not all needs can be anticipated ahead of time.

A communications strategy for the Programme will be developed, to underpin and support the objectives of the programme and create more urgency and awareness on the importance of tackling stunting. All stakeholders: parents, communities, government, private sector, donors, NGOs and community-based groups all have a role to play. Getting others on board is the only way to achieve scale.

10) Development of the Healthy Village Manual (2020 Q4-2021 Q2)

The Ethiopia Healthy Village Manual will be developed to provide the guidance and requirements for streamlined implementation of the Healthy Village Programme. The manual will be jointly developed by the consortium partners, based on the lessons learned of the Bangladesh Healthy Village Programme, tailored to the Ethiopian context (south-to-south learning). The manual identifies and summarizes requirements for the development and implementation for the Programme on Ethiopia.

11) Writing and submitting the Implementation Plan and Budget 2021-2025, (2021 Q3)

At the end of the inception phase based on the assessment and the baseline, an informed Implementation Plan and Budget will be developed. Submission of the inception report will be end September 2021.

12) Secondment of staff to MoH, Seqota Unit/ Nutrition Department (2021 Q3 - 2021 Q4)

Together with MoH we will collaborate on implementation, technical assistance, system & institutional strengthening on WASH-Nutrition programming, supporting the MoH Programme Delivery Units to coordinate implementation of the Seqota Declaration and National Nutrition Programme via secondment of Healthy Village programme staff to MoH. A positive link with MoH is also beneficial as it also supports the Programme objectives, and ambitions for sustainability post-programme and eventual scaling and uptake by government. The alignment with the government and recruitment of staff will be done in Q3 2021. The final staff will start Q4 2021.

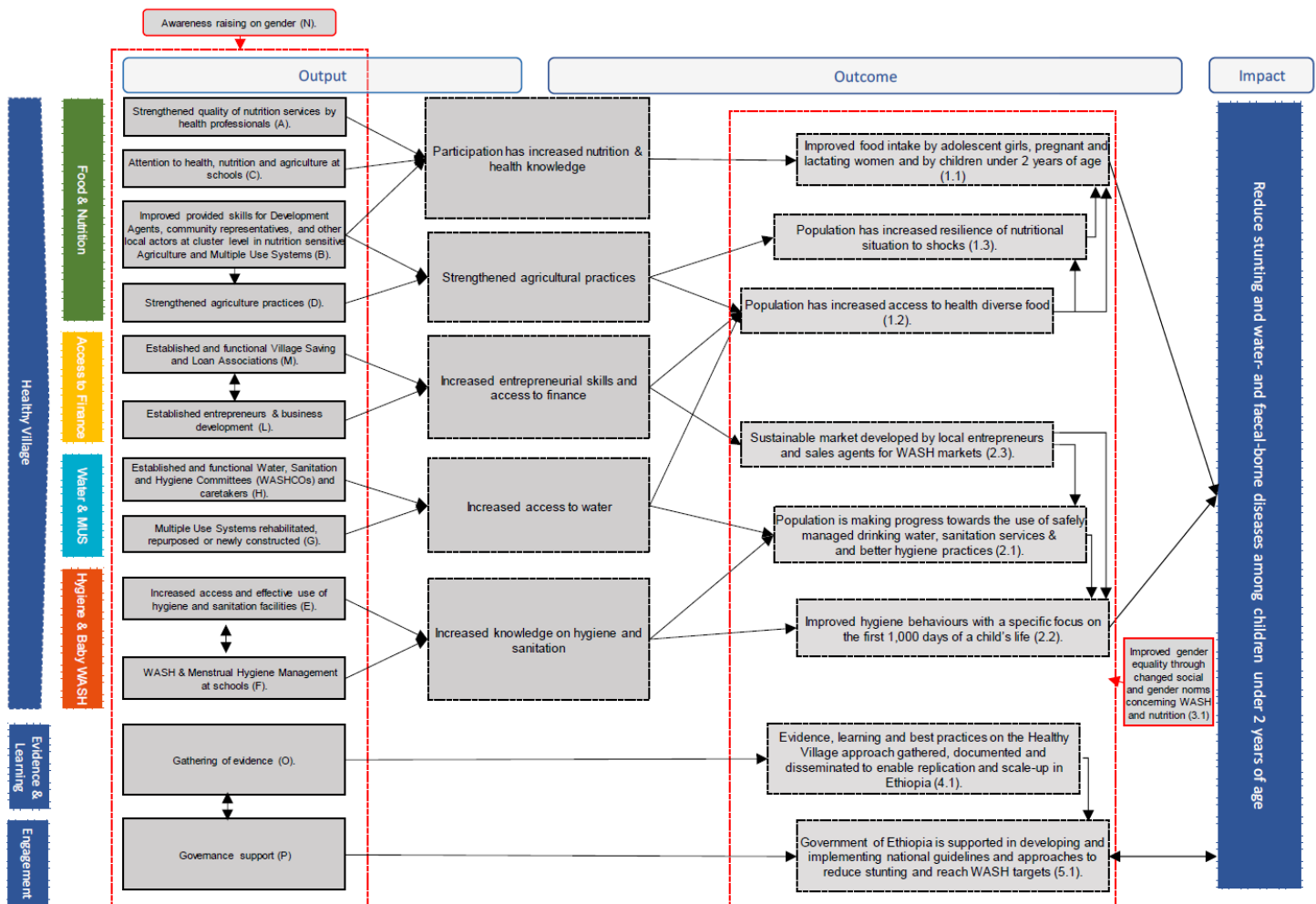
13) Secondment of staff to regional Bureau of Agriculture (2021 Q3 - 2021 Q4)

For the project to be well integrated in the policies of the regional Bureau of Agriculture (BoA), the project will seek secondment of BoA staff to the project. This will cement the relation between the BoA and the Programme. This secondment will be part time. At the woreda level, good relations with the Woreda Agriculture Office will be strengthened through training of staff and joint activities. WENR have had good experiences with similar arrangements. The alignment with the government and recruitment of staff will be done in Q3 2021. The final staff will start Q4 2021.

5.3.6 Evaluations

Evaluation is planned.

Annex 1.



Annex 2. Activities under outputs (A to M)

Main activities under Output A:

1. Promote and support Nutrition Sensitive Food Cooking Demonstration (NSFCD) and food preparation & hygiene practices at community and health facility level including 'reproductive, maternal, new-born and child health', nutrition practices and care-seeking behaviours.
2. Support to health clinics and training of HEWs regarding gender and nutrition, including ENA and Growth Monitoring
 - Training of trainers of HEWs on gender, adequate nutritional intake, meeting minimum dietary diversity for women (particularly pregnant and lactating) and adolescent girls,
 - Linkages to health services where urgent care is needed
 - Support and assist district health facilities in provision of Iron Folic Acid (IFA), Vitamin A & Deworming, iodized salt, Nutrition screening services -
 - Support Health centers for Children under two years of age with growth measured via Growth Monitoring charts to monitor child development
3. Skills training for communities on a.o. feeding practices and nutrition education
 - Improving feeding practices by promoting Essential Nutrition Actions (ENA) following the first 1000 days approach for infants, young children, pregnant and lactating women, including awareness raising work for pregnant women for breastfeeding initiated in the first hour (early initiation of breastfeeding).

- Through nutrition education households and communities will be made aware about what micronutrients can be obtained from which foods.
 - Provide skill training for girls and women in home gardening and dietary diversity practices.
4. Capacity training for project staff on gender and nutrition
 - Capacity building on WASH and nutrition for project staffs and stakeholders
 - Standardize training manual based on the Nutrition sensitive packages of intervention including basic nutrition, WASH, SBCC and Saving
 5. Training on package of nutrition sensitive interventions for AEWs
 6. Social Behaviour Change Communication
 - Update, reproduce and disseminate a prioritized set of SBCC resources
 - Support 1000 Days community mobilization
 - Support woredas to celebrate annual breast feeding weeks
 - Bag and umbrella (printed with WASH and Nutrition SBCC key message) for HEW
 - Demand creation for health promoting products and services
 - Organize awareness and demand creation events for community and religious leaders, Heads of WDAs, Pregnant and Lactating Women and other community members on availability and utilization of RMNCH and Nutrition services.

Main activities under Output B:

3. Capacity building for DA's, community representatives and other local actors in nutrition sensitive agriculture, MUS and gender - Training of trainers of DA's on gender and nutrition
 - Strengthening skills of Development Agents, community representatives, and other local actors at cluster level in nutrition sensitive Agriculture and Multiple Use Systems.
 - Conduct training on NSA and AMIYCN for HEWs & AEWs.
 - Conduct training on package of nutrition-sensitive agriculture for Model Farmers
 - Promote Nutrition Sensitive Agriculture in model demonstration centers FTCs
4. Skills training for communities on nutrition sensitive Agriculture, MUS and gender - Conduct training on nutrition-sensitive agriculture, animal husbandry (chicken, sheep or goat) and saving to MVHH
 - Provide training on nutrition sensitive Agriculture and MUS for community representatives, HEWs, teachers, DAs, and other local level actors at cluster level
 - Promote and provide Nutrition Sensitive Agriculture (NSA) and child care training for most vulnerable households (MVHHS)

Main activities under Output C:

4. Capacity building for teachers on nutrition and school gardening - At schools, teachers will be supported to educate children on nutrition, using the national curriculum. Children are excellent change agents who turn what they learn at school into practice at home.
 - Conduct training on nutrition and school gardening for teachers and woredas office of education staff
5. Establish and strengthen School WASH and Nutrition clubs - Establish/strengthen School WASH and Agricultural clubs and provide training on nutrition sensitive agriculture including provision of mini media material and farming tool
6. Establish School gardens - Establish school gardens
 - Educating students on the production of nutritious food and MUS through school gardening
 - Promote nutrition sensitive agriculture at schools

Main activities under Output D:

5. Support agricultural extension services with skill training on improved farming practices and agricultural inputs, including introduction of crops with high nutritional value and new technologies - Introducing crops of high nutritional value and livestock (chicken and milk goats) for improved home consumption of nutritious food
 - Introduction of new technologies

6. Support farmers with improved farming practices and agricultural inputs, including introduction of crops with high nutritional value and new technologies - Introducing crops of high nutritional value and livestock (chicken and milk goats) for improved home consumption of nutritious food
 - Introduction of new technologies
7. Support homestead (vegetable) gardening, for improved diet diversity and address food gaps.
 - i. Assessing -by participatory rural appraisal - of key factors inhibiting agriculture yields
 - ii. Work with the Ministry of Agriculture at Regional, Zonal and Woreda level to create joined working plans to address the identified issues.
 - iii. A selection of and then on-farm validation of technologies that can address these inhibiting factors and that will contribute to climate-sensitive agricultural productivity (addressing potential);
 - iv. Work with farmers groups in specific areas to define common strategies to best benefit from the selected practices.
 - v. In the next season; (pre-)scaling of those technologies for which there is adequate evidence of performance, typically with around 100 farmers per woreda;
 - vi. Assessment of the performance of the technologies together with local NGOs and government, as part of the development and roll-out during the programme (and beyond) of a scaling strategy.
 - Assess for each of the woredas what the most critical climate change threats are and discuss these with local stakeholders. The analysis will look at feed, fodder and food crops, natural resources conservation and the water balance in the area. Define joint actions that reduce the exposure to these risks. Joint activities may include tree planting, use of compost, reduce water runoff and increase water infiltration, etc. The integrated analysis can also be referred to as a landscape approach.

Process:

8. Strengthening the resilience of communities to Climate Change by defining joint actions

Main activities under Output E:

- Capacity building of HEWs on GESI sensitive hygiene and sanitation, including CLTSH, personal and food hygiene and Baby WASH
- (Inception phase: develop a Healthy Village manual)
- Training of trainers of HEW's on GESI sensitive hygiene and sanitation, including personal and food hygiene and Baby WASH - Supervisory visits, refresher trainings
- Adopt, Print, duplicate and distribute Community Conversation and WASH and Nutrition SBCC Manual for trainers and trainees,
- Conduct WASH and Nutrition SBCC TOT for experts from the target weredas to support cascading of improved sanitation promotion in respective communities – (trainer cost included)
- Cascade the improved WASH and Sanitation promotion training to HEWs, Teachers and others at kebele level
- Conduct refresher trainings to HEWs and teachers (and other government staff) supporting on WASH and Nutrition Demand creation interventions at kebele level
- Promote sanitation through CLTSH approach(TOT training, actual CLTSH implementation-triggering, post triggering, follow up for verification, certification & post ODF follow up) - CLTSH TOT Training
- CLTSH Facilitator Training
- Triggering
- Post triggering follow up
- Review meeting
- ODF Declaration / Certification
- Provide orientation and guidance for HEWs and Kebele WDA team to conduct triggering assessment
- Conduct post-triggering assessment
- Post -Triggering Monitoring and certification
- Familiarize Baby WASH approach through workshops to key regional, Zonal and district government stakeholders.

- Support and promote HH water treatment chemical -powdered Chlorine HTH, tablets (jerry cane, logistics support for water chemical distribution) -etc. to selected HHs
- Promote and use of drinking water at household level-through district level campaigns-supporting CC/application:
- Organize community mobilization and public health campaigns during public holidays (e.g. world health day, world breast feeding week, world toilet day, MHM day etc.).
- Establish Community Radio listening groups and provision of necessary material support (The message focus to HH and compound hygiene promotion and awareness and on services seeking behaviour and knowledge and practices of ENA -Essential Nutrition Action
- Develop and produce WASH BCC materials (posters, leaflets and Flipcharts)
- Introduce Children Protective play and feeding environment and Community work for reducing contact with animal /animal waste with human
- Provide training on impact of malnutrition and WASH on Child growth to pregnant and lactating women
- Mobilize HHs through home to home awareness on Baby WASH, nutrition, household water treatment and safe water handling, safe waste disposal and durable latrine building through HEWs and private agents
- Organize learning and linkage of sanitation producer groups and HEW, VSLG facilitators
- Conduct quarter review and reflection meetings with Health Extension workers at district level to create opportunity for reflection of best practices among project intervention kebeles on sanitation product, Nutrition practice and child care

6. Social Behaviour Change Communication

7. Skills training/capacity building for communities on GESI sensitive hygiene and sanitation, including personal and food hygiene and Baby WASH

Main activities under Output F:

6. Training of trainers (teachers) on improved WASH, personal and food hygiene and MHM - SLTSH TOT Training

- SLTSH Facilitator Training

7. Establishing and supporting School WASH clubs - Training of teachers and pupils in establishing School WASH clubs (seeing children as promoters of good hygiene and sanitation practices in schools and communities)

- Facilitate and provide support to adolescent girls, boys, teachers, and parents to deal about menstrual hygiene management and handwashing with soap at critical times, through training, and campaigns.
- School club organizing and training
- School club material support

8. Construction of single sex school latrines with MHM facilities - Supporting parent- teachers associations whom will mobilize parents to contribute to latrines and maintenance

- Construction of VIP Latrine
- Construction of separate VIP latrine for girls in selected schools with One MHM class for girls (it includes hand Washing facility)

9. Construction of handwashing facilities in schools

10. Social and behaviour change communication on improved WASH, personal and food hygiene menstruation and MHM - Raise awareness among girls and boys, teachers and parents on menstruation and Menstrual Hygiene Management (MHM) (so that knowledge and practices about MHM will

increase, taboos and stigma around menstruation will decrease and girls school enrolment and personal hygiene will increase.)

- Conduct community awareness, demand creation and product promotion campaigns through school WASH clubs and at community level (through district amateur music and cultural club professional) and with coordination of Sanmark producer groups

Main activities under Output G:

4. Rehabilitation and/or construction of Multiple Use Systems
 - Feasibility studies will be done together with Government and (local) implementing partners, to identify existing and potential water sources and water supply needs for drinking water, handwashing facilities, hygiene and sanitation, small scale irrigation, fisheries and livelihood activities. - Feasibility study of water points
 - Support the local government in micro watersheds treatment activities around the water source
 - Based on this 'Multiple Use Systems' will be designed and constructed in line with community capacity and sustainability considerations for operation and maintenance. - Maintenance and repurposing of different water schemes constructed /existed in the communities
 - Creating new water access or construction of new water sources to the target community for MUS (on the Perceptive of Climate resilient WASH) for gardening, fishery water supply, sanitation and hygiene purpose
 - provision of new water lifting pumps for MVHs (pedal pump, dewatering pump, rope and washer etc., depending on the need and availability)
 - Construction of water supply scheme for community , school and health institution
 - Spring development with distribution
 - Shallow well construction
 - Water quality test
5. Training of people, including pregnant and lactating women, on MUS

Main activities under Output H:

4. Establish and strengthen WASHCO's - Per water scheme a Water, Sanitation and Hygiene Committee (WASHCO) will be formed and trained with both men and women as members, encouraging female leadership. The WASHCOs are trained on organizational management and maintenance of the water scheme.
 - # of WASHCO , VHE and care taker organizing and training
 - Establishing, Training and Legalizing WASHCOs on WASH facilities management, operation and maintenance
 - Provision of maintenance toolkits for WASHCOs
5. Link WASHCOs to VSLAs: - WASHCOs are closely linked to the Village Saving and Loan Associations (VSLAs) especially for financial management (user's fees and saving for maintenance costs and investments).
6. Training of caretakers - Organize and train care takers on WASH facilities maintenance

Main activities under Output I:

10. Training of local entrepreneurs to sell micronutrient-rich food items such as vegetables and eggs, to make those more available on the local market.
11. Training of health extension workers to promote healthy diets
12. Reach out to private companies producing nutrition products (essential nutrition elements, micronutrients, fortified foods, etc.) to stimulate them to bring their services to the communities.
13. Sanitation marketing assessment: - to understand project customers in depth and refine our product offerings, services, and business model for scale up.
14. Recruit and train Latrine Business Owners - Select and recruit latrine business owners and sales agents: Rigorous selection and recruitment processes to make sure that only the most competent, skilled, and enthusiastic entrepreneurs are chosen.
 - Train toilet business owners/slab manufacturers and equip them with necessary tools and moulds and build their capacity to easily enter the market.
 - Equip Latrine Business Owners with tools and molds necessary to start business
15. Train sales agents and equip them with necessary promotional tools - (Sales agents are a critical component of our sanitation marketing model because they act as the link between the customer and producer, and are primarily responsible for product sales. Sales agents are paid by

commission by the manufacturer on each latrine sold; commission amount will be negotiated between the sales agent and the latrine producer.)

- Training sanitation marketing group
- Support material for the group

16. One-on-one coaching of latrine business owners and sales agents - to ensure what was taught sticks. After training, coaching will continue in all four project woredas to make sure that both sales agents and manufacturers get the support they need to successfully apply the training and develop their skills and capacity.

17. Engage implementing partners and relevant government actors, such as health departments at different levels, to build support for a market-based approach to sanitation and to increase the capacity to facilitate this. - Building capacity of implementing partners and local government on sanitation marketing

- Training for Implementing partners and health structure (Building capacity of Health Extension workers, Woreda health offices and kebele structure including HDAs on sanitation marketing)
- Training for TVETs on sanitation product options, HCD and mold making

18. Improve access to finance for sanitation: Build support and knowledge among microfinance institutions (MFIs) to furnish loans for sanitation during the project period and beyond. - Creating access to finance for sanitation products

- Capacity building training for MFIs on sanitation financing (including loan product design support)

Main activities under Output J:

4. Establish VSLAs - VSLAs will be established and supported (both for households wanting to purchase WASH and agriculture & nutrition products and services, and also those planning to offer them as a livelihoods/business opportunity, preferably in the domains of WASH, food and nutrition.)

- Conduct an orientation workshop for the community leaders and Kebele/Wereda administration on VSLG methodology and improved sanitation product
- Establish and train VSLGs
- Procure and distribute tool kits for VSLG
- Familiarization Workshop
- Village Economic and Saving Association (VESA) formation
- Incentive for facilitator
- Support VSL toolkit
- Review meeting
- Train VSLG facilitators on VSLG methodology
- Train VSLG on financial literacy and group management
- Support VSLGs transformation/coalition to secondary level
- organize VSLG review meeting to review their performance and undergo experience sharing among each group

5. Training for VSLAs - Interested members from VSLAs are invited to join different types of training on e.g. production of nutritious food, crop diversification, improved storage techniques, and recycling of water, waste and nutrients for increased production. The trainees will share the knowledge with other VSLA members through training or demonstration.

- VESA facilitator and advisor training
- VESA committees training

6. Link VSLAs with networks, sales agents etc. - VSL networks at Kebele level will be facilitated to make business plans, based on local economic and agricultural opportunities. Depending on the business plan cases and composition of members (if women led VSLA or WASHCO) some support will be given as a start-up capital for purchase of equipment or other needs for the implementation of the group business plans.

- Establish VESA network/ Link with RUSACO
- Support network with furniture
- Recruit and train Sales Agents
- Equip sales agents with promotional tools and incentives for best performing sales agents.

Main activities under Output K:

6. GESI analysis in each Woreda (inception phase)

7. Make all manuals GESI sensitive. - For example: Baby WASH manual, MUS manual, School WASH manual

- A gender transformative WASH and nutrition approach will be developed, tested and implemented which aims to go beyond equal access to products and services to empower women and girls and improve gender equality. In accordance, we work with the following principles
- Campaigns and behaviour change materials will be gender transformative, for example avoiding stereotypes of women as sole caregivers to children, and encouraging positive role models for fathers.

8. Plan's Gender and WASH-Nutrition Monitoring tool (GWNMT) will be used to support the community dialogue on the gender division of roles and responsibilities within WASH-Nutrition and to monitor changes.

- Training on the use of the Gender and WASH-Nutrition Monitoring Tool. Provide GWMT training for teachers, students, PTAs on gender equality in WASH at kebele level (including trainer cost)
- Use of the Gender and WASH-Nutrition Monitoring tool to promote gender equality WASH by using GWMT finding through presenting to different National and regional WASH forums, WASH networks and government stakeholders
- The Healthy Village programme will work on improving gender relations, so that mothers are empowered to make decisions that affect the welfare of their children, and fathers are empowered to take up a stronger role in caring for their children.
- The Programme will support and empower parents through the critical first 1000 days of a child's life. We will target where girls and boys learn what tasks are "appropriate" for their gender, for example in "life skills" school curricula.
- Support for mass awareness sessions to disseminate information with regard to importance of women's participation to achieving community health, hygiene, nutrition and sanitation outcomes –
- Develop key messages and SBCC Materials on Gender, Nutrition and WASH with the regional government and disseminate it to target kebeles
- Provide gender and male engagement training on WASH, RMNCH and Nutrition services for targeted community and religious leaders, social group leaders (e.g. idir and Ekub) and model male partners
- Support and promote targeted quarterly Pregnant and Lactating Women's Forums and community dialogue sessions. (Year 2,3,4)
- Engaging stakeholders at local government and community level to open up opportunities for men to listen to the voices of women outside the household
- Provide training on Gender equality in WASH and nutrition for kebele level HEWs, DAs, kebele managers and influential community members
- Provide Using Gender Lens in WASH and Nutrition refresher training and reorganizing existing WASCO members.

9. Community dialogues on gender and social norms with different gender groups

10. Gender trainings and follow up for staff and different stakeholders

Main activities under Output L:

5. Measure impact and cost effectiveness - gather information in the intervention areas about what works in reducing stunting and incidence of water- and faecal-borne diseases in Ethiopia for children under two by working with a specialised research partner measuring impact, cost effectiveness. The evaluation will measure impact as well as provide evidence on cost effectiveness. This information can be used to adapt the Programme where necessary.

6. Peer learning through exchange visits (also South-to-South)

7. Peer reviews within the partnership

8. Development of best practices from learning-by-doing, thematic learning activities and joint reviews and a third-party evaluation.

Main activities under Output P:

8. Together with GoE, Water, Health and Agri sector, identify opportunities to collaborate on implementation, technical assistance, system & institutional strengthening and knowledge sharing & learning

9. Secondment of staff to MoH and MoA departments as to collaborate on implementation, technical assistance, system and institutional strengthening and knowledge sharing & learning

10. Attend relevant GoE programme coordination units and partnership platforms (national, regional, woreda level)

11. Actively share evidence and best practices with the Ethiopian government, existing 'tanker' programmes (existing large-scale governmental programmes), and other major stakeholders at e.g. Multi Stakeholder events, Joint technical reviews, Taskforces and Steering Committees, hold learning sessions

12. Develop communication and capacity development activities for GoE water, health and agri sector

13. Align, make use of and feed into guidelines, approach and practices (e.g. MoH Baby WASH and Sanitation Marketing guidelines) through related (learning) platforms

14. Capacity building for governments/government engagement at local and district level

- Facilitate local government visits to target beneficiaries practice change (MVH, lactating mother and children) per year
- Support the local government to promote Baby WASH and Healthy Village approach in other districts/woreda
- Experience sharing visits to Awramba Community for kebele level Influentials (Elders, Religious leaders, kebele managers, community structure representatives and one selected HEW)
- Conduct experience sharing visits (kebele representative and wereda WASH office representative) to other CBOs, women lead WASH associations/committees
- Organize review meeting for selected WDA at district level for performance review and experience sharing
- Facilitate biannual review meeting sessions between local government and WASHCOs on evaluating progress of women empowerment in participation, decision making and leadership

Annex 3: Result Framework including indicators and means of verification:

An M&E framework linked with EKN's M&E framework will be provided in the inception report. The following indicators have been provided in the proposal.

OBJECTIVES (What we want to achieve)	INDICATORS (How we will measure change)	MEANS OF VERIFICATION (sources of information)	Assumptions
<p>Long-term objective: Healthy Village Programme:</p> <p>Reduce stunting and water- and faecal-borne diseases among children under 2 years of age</p>	<ul style="list-style-type: none"> • % in water and faecal related diseases such as diarrhoea, acute watery diarrhoea, and typhoid among children under 2 years of age at the end of the 5-year programme (M/F) • % Stunting (< undernutrition) among children under 2 years of age (M/F) 	<ul style="list-style-type: none"> • National WASH Inventory • JMP report of Ethiopia • Bureau of Statistics • Records from HEWs, health Centres/primary hospitals, Woreda Water Bureau, Woreda Health Bureau 	
Strategy A: Healthy Village	100% coverage, Woreda approach: an integrated generational change through sustained water, Sanitation and hygiene, and nutritional practices		
OBJECTIVES - What we want to achieve	INDICATORS - How we will measure change	MEANS OF VERIFICATION - sources of information	Assumptions
<p>Programme objective 1: Reduction in undernutrition</p> <p><i>- Reduced undernutrition, particularly among children under 2 years of age, and improved nutrition of adolescent girls, pregnant and lactating women</i></p> <p>Outcome 1.1: Improved food intake by adolescent girls, pregnant and lactating women and by children under 2 years of age.</p>	<p>1.1.1 200.000 people (M/F) with improved food intake measured by average diet diversity score increased by 1</p> <p>1.1.2 Average diet diversity score increased by 1 for adolescent girls and young women (pregnant/lactating)</p> <p>1.1.3 # of women (15-49 years) with children 6-18 months <u>who took iron/folate supplementation</u> during their last pregnancy (80% of targeted women)</p> <p>1.1.4 # of infants (M/F) 0–5 months of age who are fed exclusively with breast milk (80 % of targeted infants)</p> <p>1.1.5 # of children (M/F) aged 12-23 months <u>de-wormed</u> in the previous 6 months (80 % of targeted children)</p> <p>1.1.6 # of children (M/F) under 2 years of age with improved</p>	<ul style="list-style-type: none"> • Baseline • Household survey • Diet diversity methodology • Training reports • Key informant interviews with community, government, WASHCOs, • Service registrars of HEWs, water- and health posts • FGD with community groups, entrepreneurs, local product dealers and sales agents 	

<p>Outcome 1.2 Population has increased access to healthy, diverse food</p> <p>Outcome 1.3: Population has increased resilience of nutritional situation to shocks</p>	<p>nutritional/food intake (70 % of targeted children)</p> <p>1.2.1 280.000 people (M/F) with access to improved home-based nutrition sources (e.g. homestead gardening, vegetable gardens, livestock husbandry) (70% of target population))</p> <p>1.2.2 240.000 people (M/F) with reduced food gap by at least one month (60 % of target population)</p> <p>1.2.3 # of farmers (M/F) that are implementing improved technologies & practices (60% of targeted farmers)</p> <p>1.3.1 200.000 people (M/F) whose nutritional situation became more resilient to shocks (50 % of target population)</p> <p>1.3.2 50 % of yield increase for field crops</p>		
<p>Programme objective 2: Increased use of Sustainable WASH Services <i>- Increased availability of, access to and use of sustainable WASH for all</i></p> <p>Outcome 2.1: Population is making progress towards the use of safely managed drinking water, sanitation services and better hygiene practices</p>	<p>2.1.1 200.000 people (M/F) who reach basic and/or safely managed service levels of drinking water of the JMP ladder</p> <p>2.1.2 300.000 people (M/F) who reach basic and/or safely managed service levels of sanitation of the JMP ladder</p> <p>2.1.3 300.000 people (M/F) who reach basic service levels of handwashing practices of the JMP ladder</p> <p>2.1.4 320.000 people living in declared 'open defecation free villages' (ODF)</p>	<ul style="list-style-type: none"> • Baseline • Household survey • Training reports • Key informant interviews with community, government, WASHCOs, • Service registrars of HEWs, water- and health posts • FGD with community groups, entrepreneurs, local product dealers and sales agents 	

<p>Outcome 2.2: Improved hygiene behaviors with a specific focus on the first 1,000 days of a child's life.</p> <p>Outcome 2.3: Sustainable market developed by local entrepreneurs and sales agents for WASH materials</p>	<p>2.2.1 # of parents/caregivers practicing adequate disposal of children's faeces (70 % of targeted parents/caregivers)</p> <p>2.2.2 # of parents/caregivers practising safe disposal of animal faeces (40 % of targeted parents/caregivers)</p> <p>2.2.3 # of parents/caregivers having safe play areas for children (20 % of targeted parents/caregivers)</p> <p>2.2.4 # of parents/caregivers having clean drinking water containers without risk of contamination (70 % of targeted parents/caregivers)</p> <p>2.3.1. 160 sales agents (M/F) indicating that their sales went up</p> <p>2.3.2. 32 WASH business owners/manufacturers (M/F) indicating that their sales went up</p> <p>2.3.3. # of loans provided by the VSLA</p>		
<p>Programme objective 3 Increased gender equality Changed social & gender norms concerning WASH and nutrition.</p> <p>Outcome 3.1 Improved gender equality through changed social and gender norms concerning WASH and Nutrition</p>	<p>3.1.1 (qualitative) Changes observed in attitudes and practices of parents/caregivers concerning nutrition intake for infants and young children including breastfeeding and equal practices for boys and girls</p> <p>3.1.2 (qualitative) Changes observed in attitudes and practices concerning food intake for adolescent girls and young women, with special attention to norms concerning pregnant and lactating women</p> <p>3.1.3 (qualitative) Changes observed in attitudes and practices</p>	<ul style="list-style-type: none"> • Qualitative research baseline, midterm, end term • Gender and WASH-Nutrition Monitoring Tool • Training reports • Key informant interviews with community, government, WASHCOs, • Service registrars of HEWs, water- and health posts • FGD with community groups, entrepreneurs, local product dealers and sales agents 	

	concerning domestic work including WASH, nutrition and child care		
	3.1.4 (qualitative) Changes observed in attitudes and practices concerning participation in decision making at household & community level		
Strategy B: Evidence and Learning			
OBJECTIVES - What we want to achieve	INDICATORS - How we will measure change	MEANS OF VERIFICATION - sources of information	Assumptions
<p>Programme objective 4: Evidence and best practices gathered - Evidence and best practices gathered to enable replication and scale-up</p> <p>Outcome 4.1: Evidence, learning and best practices on the Healthy Village approach gathered, documented and disseminated to enable replication and scale-up in Ethiopia.</p>	<p><u>4.1.1. Evidence:</u> Scientific research realized on WASH and nutrition programming in the Healthy Village Approach by a recognized research institute</p> <p><u>4.1.2. Best practices:</u> innovations specific to Ethiopia tested in the programme on for example (yet to be confirmed) Growth Monitoring, Innovative low-cost handwashing devices & sanitation, and homestead gardening</p>	<ul style="list-style-type: none"> • Survey • HEW and clinic reports • Healthy village report • Reports on innovations/learning Bangladesh (South to South) • Research studies 	
Strategy C: Engagement			
OBJECTIVES - What we want to achieve	INDICATORS - How we will measure change	MEANS OF VERIFICATION - sources of information	Assumptions
<p>Programme objective 5: GoE is supported in development, and implementation of national guidelines and approaches</p>	<p>5.1.1. The governance of Ethiopia's integrated WASH, Nutrition and Food Security programming is able to upscale the Healthy Village approach based on the research & learning as well as through capacity support.</p>	<ul style="list-style-type: none"> • Qualitative research midterm, end term • Policies, guidelines and regulations • Annual Multi stakeholder forums 	

<p><i>Improved governance of the WASH and nutrition nexus in relation to stunting in collaboration with Government and main stakeholder groups through synergy in sector approaches</i></p> <p>Outcome 5.1: Government of Ethiopia is supported in developing and implementing national guidelines and approaches to reduce stunting and reach WASH and nutrition targets.</p>	<p>5.1.2. Coherent monitoring framework produce credible data to track integrated activities, feeding into the relevant National M&E systems, e.g. National WASH Inventory, Transformation Woreda database.</p>	<p>(MSF) and Joint Stakeholder reviews (JTR- bi-annual)</p> <ul style="list-style-type: none"> • Steering groups and Task forces • Sector meetings and events 	
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<p>Outputs <u>Food and Nutrition Security</u> Output A Strengthened quality of nutrition services by health professionals</p> <p>Output B Improved provided skills for DAs, community representatives, and other local actors at cluster level in nu-</p>	<p>A.1 # of health professionals, including Health Extension workers (M/F) trained in Maternal, Infant and Young Child health and nutrition topics.</p> <p>A.2 # of people (M/F) reached with gender sensitive awareness raising activities on food and nutrition provided by HEWs.</p> <p>A.3 % of children (M/F) under 2 years of age with growth measured via Growth Monitoring charts to monitor child development</p> <p>A.4 # of people (M/F) including pregnant and lactating women reached in food cooking demonstrations and food hygiene</p> <p>B1. # of DAs, community representatives and other local actors (M/F) trained in nutrition sensitive Agriculture and MUS</p>		
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<p>trition sensitive Agriculture and MUS.</p> <p>Output C Attention to Health, Nutrition and Agriculture at schools.</p> <p>Output D Strengthened agricultural skills</p> <p><u>Hygiene and Sanitation</u> Outputs E Strengthened quality of hygiene and sanitation awareness raising by Health Extension Workers</p> <p>Output F WASH & MHM at schools</p>	<p>B2. # of people (M/F) reached with gender sensitive awareness raising activities on food and nutrition provided by DAs</p> <p>C1. # of teachers and teacher assistants (M/F) trained in Nutrition Sensitive Agriculture and MUS</p> <p>C2. # of children (M/F) received deworming at schools</p> <p>C3. # of school clubs demonstrating gardening</p> <p>D1. Amount of provided agricultural inputs and extension services</p> <p>D2. # of crop (including vegetables and field crops) technologies successfully validated, demonstrated and pre-scaled</p> <p>D3 # of animal husbandry and fodder crop practices validated, demonstrated and pre-scaled</p> <p>D4. # of farmers (M/F) reached directly through demonstrations, farmer field days, pre-scaling activities including female headed households</p> <p>D5. # of farmers (M/F) reached indirectly through the Ministry of Agriculture and other government and NGO structures with improved technologies and practices including female headed households.</p> <p>E1 # of households members (M/F) received <u>training</u> on gender sensitive WASH, personal and food hygiene and baby WASH</p> <p>E2 # of communities triggered on GESI sensitive hygiene and sanitation</p> <p>E3 # of trainers (M/F) trained on GESI sensitive hygiene and sanitation</p>		
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<p><u>Water and Multiple Use Systems</u></p> <p>Output G Multiple Use Systems rehabilitated, repurposed or newly constructed</p>	<p>F1 # of school children(M/F) received training on improved WASH, personal and food hygiene, and MHM</p> <p>F2 # of active WASH school clubs</p> <p>F3 # of single sex latrines constructed at schools with MHM facilities</p> <p>F4. # of handwashing facilities constructed in schools</p>		
<p>Output H Established and functional WASHCO's and caretakers</p>	<p>G1 # of rehabilitated and repurposed scheme to integrate MUS (for HH gardening, fishery and Cattle trough)</p> <p>G2 # of new constructed scheme that integrate MUS (for HH gardening, fishery and Cattle trough)</p> <p>G3 # of people (M/F) including pregnant and lactating women participate in the MUS training</p>		
<p><u>Entrepreneurship and Access to finance</u></p> <p>Output L Established Entrepreneurs & business development</p>	<p>H1. # of Gender equitable WASHCOs trained and collecting fee</p> <p>H2. # of caretakers (M/F) trained in maintenance of the MUS</p>		
<p>Output M Established and functional VSLAs</p>	<p>L1 # of entrepreneurs and sales agents (M/F) trained on nutrition products (foodstuffs) and services</p> <p>L2 # of entrepreneurs and sales agents (M/F) trained in production and sales of sanitation products or repairs, maintenance</p>		
<p><u>Gender Equality</u></p> <p>Output N Awareness raising on gender</p>	<p>M1 # Village Saving and Loan Associations (VSLAs) established</p> <p>M2 # of Village Savings and Loan Associations members (M/F) trained in savings, loans bookkeeping, financial and loan management.</p>		
<p><u>Evidence & learning</u></p>	<p>N1. # of community dialogues on gender and social norms</p>		

<p>Output O Gathering of evidence</p>	<p>N2. # of people (M/F) reached with community dialogues on gender and social norms.</p>		
<p><u>Strengthened governance</u></p>	<p>N3. # of HEW, teachers, DAs and government officials (M/F) reached with gender and social inclusion.</p>		
<p>Output P Governance support</p>	<p>N4. # of staff and implementing partners (M/F) trained on gender and social norms</p>		
	<p>O1. # of best practices documented O2. # of research reports available</p>		
	<p>P1. Support provided to the governance of the Ministry of Health, National Nutrition team (qualitative indicator)</p>		
	<p>P2. Support provided to the governance of the Transformation Woreda's (qualitative indicator)</p>		
	<p>P3. Learnings and best practices of the Healthy Village program fed into newly developed or updated GoE policies, guidelines, implementation manuals on integrated WASH, Food and Nutrition programming</p>		
	<p>P4. Agriculture knowledge base developed together with relevant government ministries and the universities of the implementation areas.</p>		