



Closeout Report

Kokeb Kebele/Model Kebele Initiative (KKI) Component

**USAID/Ethiopia
Basic Education Strategic Objective 2:
Community-Government Partnership Program
Cooperative Agreement 663-A-00-02-00320-00**

**WORLD LEARNING ETHIOPIA
Addis Ababa**

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KKI/MKI Final Report

Under Strategic Objective 14, USAID organized a pilot program called the “Kokeb Kebele/Model Kebele Initiative” (KKI). The objective of the initiative has been to link health and education activities in kebeles where there is an overlap between USAID partners working in the health sector including reproductive health, health and sanitation (Health Communications Partnership, ESHE and Pathfinder International), with the education sector, represented by World Learning Ethiopia. KKI in Ethiopia has utilized a model first developed in Madagascar by the Health Communication Partnership (HCP) for USAID. The objective of the Initiative has been to increase the attainment by communities of specific goals in health and education already being conducted by USAID partners significantly more than had been attained by each partner acting alone. Under KKI, this was to be accomplished by the establishment of Kebele Action Committees (KACs), the use of a special Kebele Activity Guide developed by HCP for use by the KACs, quarterly meetings with Woreda Education and Health Officials and a series of community festivals to designate and celebrate the attainment of “Champion” status by numbers of participating kebeles.

Participating communities were expected to reach required and obligatory goals identified by the designers (See Appendix 2) and optional goals to be identified by the communities. All the required goals were to be drawn from the goals already included as goals of the projects being implemented by the USAID partners. Thus, KKI would address the need to decrease the school dropout rate for girls, a goal that was already being pursued under CGPP in the same school and communities. Also, the project design called for the provision of no additional financial or material inputs or incentives to the community as part of KKI/MKI. It was anticipated that the KKI project modalities alone would be sufficient to significantly increase the level of attainment of these goals within the period of project implementation.

As noted above, goals were designated as “required” or “optional.” Required goals were those that were designated by USAID as mandatory attainments by each community. With respect to the selection of “optional” goals that communities hoped to attain, this was intended to stimulate community participation and involvement in the KKI process. Among the optional goals most frequently selected by participating communities was the provision or improvement of potable water or water sources for both the school and the community. Unfortunately, as noted above, KKI was not designed to provide any external funding or other resources for this purpose and consequently water was not initially considered to be part of the KKI/MKI activity. Subsequently, USAID was able to secure limited funding from the Packard Foundation for provision and improvement of water points in a number of participating communities. As a result, World Learning staff were able to coordinate with the Regional and Woreda Water Bureaus and Offices and with UNICEF to dig wells at points previously identified by the Water Offices. It should be noted that not all communities were provided with improved water facilities, either because of insufficient funds or because the Water Bureau was unable to identify appropriate sites for wells.

Beyond this, the original project design called for minimal assistance from USAID partners. Beyond organization of the Woreda Level Quarterly Review Meetings and assistance with organization of training events and KAC follow-up little more was expected of the implementing partners. Furthermore, USAID initially provided no additional funds to partners for their efforts in implementing KKI activities. KKI partners were expected to fund activities including travel, per diem and personnel from existing non-KKI project funds. After considerable time engaged in project start-up, World Learning requested that resources

be provided to allow it to provide basic back-up and support on a monthly basis to each of the communities to promote project goals and activities. This request was made because of the extensive input of staff time and travel to SNNPR for KKI Steering Committee and other meetings. USAID ultimately agreed to this and \$84,460 in additional funds were provided because the CGPP budget had no provision for the substantial inputs required under KKI/MKI in manpower and travel

With respect to the intensity of support given to participating communities by partners, other partners elected to implement KKI by providing quarterly support to communities. World Learning Ethiopia's more intensive support called for at least monthly follow-up with each of the communities where it served as the lead partner. This included monitoring KAC activities, progress and problems and providing reports to KKI staff. Community level support was provided by WLE's CGPP School Development Agents by selected school headmasters who assisted in this process. School headmasters were integrated into this process because delays in the start-up of KKI beyond the beginning of the school year made it impossible to deploy SDAs for this task. The integration of school headmasters into this process was made with the approval of the CTO and Agreements Officer at USAID. The effectiveness of this "heavier" vs. "lighter" support approach is being factored into the KKI/MKI final evaluation being conducted separately through HCP.

World Learning's activities also included organizing the Quarterly Review Meetings at the Woreda level. In areas where World Learning was not the lead partner, Pathfinder or ESHE provided this support.

USAID and Health Communications Partnership organized KKI/MKI Steering Committees chaired by the Head of the Regional State Health Bureau in SNNPR and Amhara as well as a major project launch workshop in Yiragalem, SNNPR, from March 3-4 2005. Senior representatives of the Regional State Health and Education Bureaus attended this project launch workshop to provide input into the design of KKI.

World Learning Ethiopia's senior and regional staff participated in these workshops and attended all Steering Committee meetings and additional meetings to discuss the mid-term and final evaluation of the KKI program. Throughout the life of the intervention WLE participated in all planning meetings held in Addis Ababa, Awassa, Bahir Dar, and in inaugural workshops.

Continuing as an active implementing partner, WLE took part in the intensive discussions among the partners (Health Communications Partnership, ESHE and Pathfinder International) that aimed at revising the implementation strategy which was subsequently approved by USAID. This strategy involved two different modes of implementation, a more intensive and less intensive. World Learning Ethiopia utilized a more intensive approach to community mobilization in the four woredas where it served as lead partner: two each in SNNPR (Aleta Wondo and Arba Minch) and in Amhara (Achefer and Dangla). As per Appendix 1, World Learning Ethiopia served as lead partner for eight schools and supporting partner in twelve schools in each region. At a minimum, this involved at monthly training, facilitation and coordination with the Kebele Action Committee to enhance project effectiveness.

During the life of the initiative WLE was engaged in a number of KKI/MKI activities:

- Partner-led Kebele Orientations in which WLE was the lead partner were held in each of the four Woredas;
- In collaboration with HCP, Kebele Activity Guide training sessions were conducted for participants' from each of the target Kebeles;
- Kebele Action Plan training was conducted;
- After consultation with USAID program staff and with the concurrence of the USAID Agreements Officer, School Directors from the participating schools and kebeles were assigned the responsibility of community liaison and coordination during non-school hours and non - school days;
- To enable the school directors to address the goals of the KKI/MKI, a two-day training program was organized in both regions. Sixteen school directors from the respective Kebeles of Aleta Wondo, Arba Minch, Achefer, and Dangilla Woredas, and SDAs responsible for each Woreda, and Zone Coordinators participated in the training. The training was conducted by WLE Addis Ababa and Regional Office Staff based in Awassa and Bahir Dar;
- In SNNPR after a series of discussions with USAID and UNICEF, it was agreed that shallow wells would be dug with the support of the Regional State Water Bureau and UNICEF. For Aleta Wondo, in consultation with the Water Bureau it was agreed to dig six wells in Debicha, three wells in Leila Womerira, seven wells in Kosoricha and six wells in Gobadamo kebeles. These water wells were dug near schools and health posts. The Water Bureau provided Water, Sanitation and Hygiene (WASH) training to the local WASH committees and the KACs and WLE staff participated in the training. In Arba Minch Zuria Woreda, studies for site selection were conducted and two sites were selected for the digging of wells.
- In Amhara Region, WLE representatives participated actively in the Model Kebele Initiative Steering Committees, including orientation visits to CGPP schools, and the two Woredas (Dangala and Achefer), where WLE served as the lead partner. World Learning collaborated with the same partners in implementing the Model Kebele Initiative in the Amhara Region and linked eight CGPP schools in this initiative.
- WLE conducted Program Development Workshops. Participants in these workshops included representatives of the Regional and Woreda government offices, implementing partners and USAID. Consensus was reached on the packages of the program. During the quarter KAC meetings were conducted at Kebele level and the quarterly review meetings were also conducted once at Woreda level.
- Furthermore WLE organized and conducted series of trainings, workshops and orientation sessions. Noteworthy are Partner, Woreda and Kebele orientation; Community orientation; Activity Guide Training and Action Plan Preparation.
- In the course of implementing KKI/MKI, World Learning's SDAs and Zone Coordinators as well as participating school headmasters played active along with HCP staff.

Accomplishments

USAID and HCP are currently designing a final project evaluation to assess the impact of the KKI/MKI program in attaining the goals of this activity. Therefore, it is not possible to make statements about the overall impact of this project at this time. In particular, it is not possible to assess the effectiveness of the project design in integrating health and education activities at the community level. Furthermore, it is not possible to determine whether any increases in goal attainment at the community level were the result of significant inputs or innovations from the KKI/MKI modality or the result of the continuing efforts of the implementing partners in implementing their basic project s funded by USAID (For WLE this relates to

CGPP) or any other factors yet to be identified. This question of significantly increased value added as a result of KKI/MKI above and beyond the efforts of the participating partners will be central to the final assessment of this activity.

Notwithstanding these caveats, at least with respect to the kebeles where World Learning is serving as a lead partner, we have noted the following:

- Community awareness of the benefits of vaccinating their children has been enhanced
- Community members have actively participated in the cleaning of their surroundings to prevent the spread of malaria;
- Hand washing experience in schools has opened the door to practice hand washing in the community although the impact is limited where no water is available in or near the school grounds or where soap is not available;
- Communities continue to participate actively in constructing chairs and desks for students from local materials consistent with the practices under CGPP;
- Community members in Kosoricha have constructed a health post through their own initiative;
- Hygienic awareness in the communities has increased;
- The number of community members who have constructed pit latrines near their homes has increased.

Impact of goal attainment at community level

- The number of children <1 year old who have been vaccinated has increased
- Awareness of family planning services has increased;
- Dropouts of girls in Grade 1-8 remains low and some previous drop-outs have returned to school;
- Households with functional pit latrine have increased;
- Hand washing at school has increased;
- HIV/AIDS awareness at the community level has increased;
- The number of people using mosquito nets has increased.

Promising Practices

- Community members have actively participated in the cleaning of their surroundings to prevent a malaria outbreak. At least in part as a result of this activity, till now there have been no malaria epidemics in the project areas;
- The hand washing experience in schools has opened the door to this practice in the community with visible results;
- Communities continue active participation in constructing chairs and desks for students from local materials;
- The construction of functional pit latrine and the immunization of children have been significant;
- Numbers of community members have utilized Voluntary Counseling and Testing (VCT) services before marriage;
- Schools can serve as models for a variety of community development and health efforts;
- The variety of shows presented at the festivals by school children and teachers concerning health problems facing the communities and methods for addressing these problems were evidence of integration of health and education;

- Encouraging and involving community women in leadership and in discussions related to community improvement, especially regarding issues related to health, education of their children, was observed and important;
- Social, community and religious institutions such as Idir, churches and mosques, were observed to be assisting the program;
- In both regions, communities have set additional community goals. In this regard communities constructed additional classrooms and health posts; worked on malaria prevention activities; assisted needy children providing shelter, school stationary and legal protection;
- WLE's key role was coordinating the activities of the communities. Staff at regional level and in Addis Ababa served in steering committees at each level and the SDAs and Zone Coordinators served in WAC (Woreda Action Committee);
- As part of the KKI activities, all kebeles celebrated their successes. The festivals evidenced community's interest towards an integrated and participatory intervention.
- The KAC invited all partner offices, and woreda government officials to these festivals to demonstrate government support for this initiative;
- Most of the Kebeles have completed their yearly plans and continuing doing more;
- The communities have started to stop marriages when the husband and wife do not have a HIV/AIDS test;
- Not having pit latrine is being viewed negatively in some communities;
- The number of female and male participants in activities and meetings are approaching equality;
- In almost all schools with water and soap or ash, their use has increased;
- Woreda officials have expressed the need to replicate the KK activities to other kebeles;
- The number and group variety of community members who attended and participated in the festivals has reflected the efforts of all those who participated in mobilizing the community and the community's high interested on intervention involving the two sectors.

Challenges Encountered in Implementing KKI/MKI

- Misconception by some religious leaders about using family planning methods is evident;
- High workload for the KAC creating difficulties in implementing planned activities creates stress on the community process since all members are volunteers;
- Lack of interest by some community members regarding the use or construction of pit latrines remains;
- Unavailability of drugs for family planning services which has a negative impact on adoption of family planning practices weakens the impact of KKI/MKI;
- The difference in approaches of the implementing partners to the communities caused confusion;
- Frequent turnover of the trained staff at the woreda, kebele and school level, placed the entire KKI/MKI community burden on the school principals, kebele and woreda officials;
- The design and implementation of KKI/MKI involved inadequate participation and input from the implementing partners, the regional authorities or the communities;
- Little thought was given to the impact of KKI on communities and implementing partners;

- Sustainability was not adequately addressed in the design of KKI/MKI and it is not possible to assess whether the project impact will continue beyond the life of partner support;
- Lack of financial or material input from KKI/MKI may have served as a disincentive to participate when other USAID partner projects were providing such inputs and incentives;
- It is not possible to determine which accomplishments were the result of KKI/MKI activities and which were the result of the activities of the implementing partners since both projects continued their activities in the same locations at the same time. Hence, it is not clear as to whether there was any value added through the work of KKI/MKI or where and to what extent such value added was achieved.

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Appendix 1: List of KKI and MKI Kebeles/Schools

A. SNNPR KKI Schools

No.	Zone	Woreda	Kebele/School	Status
1	Gamo Gofa	Arba Minch	Gentmaiche	Lead partner
2			Genta Afeze	Lead partner
3			Gerbensadenkele	Lead partner
4			Chanodorga	Lead partner
5	Sidama	Aleta Wondo	Gowadamo	Lead partner
6			Dibicha	Lead partner
7			Kosoricha	Lead partner
8			Lelawomerera	Lead partner
9	Wolayita	Damote Gale	Tomtomemeta	Support partner
10			HartoBurkito	Support partner
11			Gale Buge	Support partner
12			Abiso Olola	Support partner
13	Hadiya	Badewacho	Keranso	Support partner
14			Edo	Support partner
15			Sepira	Support partner
16			Sikedenama	Support partner
17	Alaba Special Woreda	Alaba	Ashoka	Support partner
18			Gurara Bucho	Support partner
19			Hantezo	Support partner
20			Sinbita	Support partner

B. Amhara Region – MKI Schools

No.	Zone	Woreda	Kebele/School	Status
1	W. Gojam	Achefer	Forhie Sankara	Lead Partner
2			Ambeshen Jahina	Lead Partner
3			Kunzila	Lead Partner
4			Quala Baka	Lead Partner
5		Jabi Tehenan	Hodansh Gategon	Support Partner
6			Arbaitu Ensesa	Support Partner
7			Woinma Workma	Support Partner
8			Mender Meter	Support Partner
9		Bure	Denbun	Support Partner
10			TiaTia	Support Partner
11			Zewshun	Support Partner
12			Sertekez	Support Partner
13	Awi	Dangla	Bacha	Lead Partner
14			Abadra	Lead Partner
15			Gult Abshekan	Lead Partner

16			Dubi	Lead Partner
17	South Gondar	Dera	Gelawdios	Support Partner
18			Goha Jehuar	Support Partner
19			Agar Wondegeti	Support Partner
20			Degon Debresine	Support Partner

Appendix 2: KKI/MKI Goals

Fixed Goals
1.1. Number of New immunization diplomas given to children < 1 year of age
2.1. Number of individual and /or group of family planning sessions conducted by CBRHS/HEW's working with community members using new venue/opportunities
3.1. Number of girls who drop out from Grade 1-8
4.1. Number of Households with pit latrines
5.1 Number of days schools had water, soap and/or ash is available for hand washing
5.2 Increase hygiene awareness for students
6.1. Number of sessions coordinated in the community
7.1 Number of households using ITN
8.1 Ensure the availability of chairs in classrooms
8.2 Construction of chairs
8.3. Delivery in health institutions
8.4 Increase the number of children who have received Vitamin A
8.5 Increase the number of mothers who practice exclusive breast feeding for their babies who are under 6 months