

Summative Evaluation of UNICEF CP-WASH Integrated Project on Resilience, Peace and Protection for Children Affected by Conflict and Displacement in Ethiopia (July 2021- December 2024)



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Commissioned by: UNICEF Ethiopia Country Office

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Summative Evaluation of CP-WASH Integrated Project on Resilience, Peace, and Protection for Children Affected by Conflict and Displacement in Ethiopia (July 2021- December 2024)

Final Evaluation Report

UNICEF Ethiopia

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ABBREVIATIONS

BoFED	Bureau of Finance and Economic Development
BoWSA	Bureau of Women and Social Affairs
CBCP	Community-Based Child Protection
CCC	Community Care Coalition
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CERS	Central Ethiopia Regional State
CLTS	Community-Led Total Sanitation
CP	Child Protection
CPIMS+	Child Protection Information Management System Plus
CP-WASH	Child Protection and Water, Sanitation and Hygiene
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSA	Central Statistical Agency
CWA	Consolidated WASH Account
ERG	Evaluation Reference Group
EPRI	Economic Policy Research Institute
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
FSM	Faecal Sludge Management
GBV	Gender-Based Violence
GWOPA	Global Water Operators' Partnerships Alliance
GIS	Geographic Information System
HDP	Humanitarian-Development-Peace
HML IRB	Health Media Lab Institutional Review Board
HRBA	Human Rights-Based Approach
HTP	Harmful Traditional Practice
ICT4D	Information and communication technologies for development
IDP	Internally Displaced Person
IT	Information Technology
KAP	Knowledge, Attitudes and Practices
KIIs	Key Informant Interviews
KOICA	Korea International Cooperation Agency
LNOB	Leave No One Behind
M&E	Monitoring and Evaluation
MHH	Menstrual Health and Hygiene
MHPSS	Mental Health and Psychosocial Support
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
MoIC	Ministry of Information and Communications
MoUs	Memorandum of Understandings
MoWE	Ministry of Water and Energy
MoWSA	Ministry of Women and Social Affairs

NRW	Non-Revenue Water
NWSC	National Water and Sewerage Corporation of Uganda
ODF	Open Defecation Free
OECD-DAC	Development Assistance Committee of the Organisation for Economic Co-operation and Development
OWNP	One WASH National Programme
OWNP II	One WASH National Programme Phase II
O&M	Operations and Maintenance
PMC	Population Media Centre
PPPs	Public Private Partnerships
PSEA	Prevention of Sexual Exploitation and Abuse
PSU	Primary Sampling Unit
RRS	Refugees and Returnees Service
SBC	Social and Behaviour Change
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
SMART	Specific, Measurable, Achievable, Relevant and Time-bound
SMC	Sanitation Marketing Centre
SNNPR	Southern Nations, Nationalities and Peoples
SPSS	Statistical Package for the Social Sciences
ToC	Theory of Change
TSEDU	Total Sanitation to End Open Defecation and Urination
TVETs	Technical and Vocational Education and Training
UCO	Umbrella Community Organization
UNICEF	United Nations Children's Fund
UNEG	United Nations Evaluation Group
USD	United States Dollar
VAC	Violence Against Children
WASH	Water, Sanitation, and Hygiene
WASHCO	WASH Committee
WOP	Water Operators' Partnership

GLOSSARY OF KEY TERMS

Terms	Description
Accountability	The obligation of implementing agencies and partners to demonstrate results, transparency and responsible use of resources to stakeholders including KOICA, UNICEF, government and communities.
Baseline	The initial status or value of indicators at the beginning of a project against which progress, or change is measured during and after implementation.
Child Protection (CP)	All measures aimed at preventing and responding to violence, exploitation, abuse and neglect of children, ensuring their rights to safety and wellbeing are upheld.
Community-Based Child Protection (CBCP)	A locally driven mechanism that involves community members and structures in identifying, preventing and responding to child protection risks, linked to formal service delivery systems.
Community-Led Total Sanitation (CLTS)	An approach that mobilizes communities to eliminate open defecation and improve hygiene by constructing and maintaining their own sanitation facilities without external subsidies.
Coherence	An OECD-DAC evaluation criterion assessing the compatibility of an intervention with other interventions in the same context, ensuring alignment and complementarity across sectors and actors.
Disability Inclusion	The process of ensuring that persons with disabilities participate fully and equitably in all activities, policies and services, including WASH and child protection systems.
Effectiveness	The extent to which an intervention achieved its stated objectives and results, including intended outcomes and impacts.
Efficiency	The measure of how economically resources (funds, expertise, time) are converted into results and outputs.
Evaluation Reference Group (ERG)	A multi-stakeholder group established to provide technical guidance, quality assurance, and oversight during the evaluation process.
Faecal Sludge Management (FSM)	The collection, transport, treatment and safe disposal or reuse of faecal sludge from onsite sanitation systems.
Focus Group Discussion (FGD)	A qualitative data collection method that gathers insights from a group of participants sharing common characteristics or experiences related to the evaluation topic.
Gender-Based Violence (GBV)	Any harmful act directed against an individual based on their gender, including physical, sexual, psychological or economic abuse.
Humanitarian-Development-Peace (HDP) Nexus	An integrated programming framework connecting humanitarian assistance, development interventions and peacebuilding to strengthen resilience and social cohesion.
Impact	The broader and long-term effects, positive or negative, intended or unintended, resulting from an intervention.

Terms	Description
Inclusiveness	The principle of ensuring that interventions benefit all population groups equitably, particularly those who are marginalized or disadvantaged (e.g., women, children with disabilities, refugees).
Key Informant Interview (KII)	A qualitative research method involving in-depth interviews with individuals who have expert knowledge about the intervention or context.
Leave No One Behind (LNOB)	A global development principle committing to equitable service delivery that ensures inclusion of marginalized populations, including children, women and persons with disabilities.
Menstrual Health and Hygiene (MHH)	Access to menstrual materials, facilities and education that enable women and girls to manage menstruation with dignity, safety and confidence.
Monitoring and Evaluation (M&E)	A continuous process of collecting, analysing and using information to assess progress, measure outcomes and inform decisions for improved effectiveness.
One WASH National Programme (OWNP)	Ethiopia's national framework for achieving universal access to safe, sustainable and climate-resilient WASH services, implemented in phases (OWNP I and OWNP II).
Open Defecation Free (ODF)	A status achieved when all members of a community consistently use improved sanitation facilities, eliminating open defecation.
Relevance	The degree to which an intervention aligns with the priorities and needs of target groups, national policies and donor strategies.
Resilience	The ability of individuals, households and systems to anticipate, withstand, adapt to, and recover from shocks, stresses, and crises without compromising long-term development gains.
Sanitation Marketing Centres (SMCs)	Community-based enterprises promoting and selling sanitation products and services to sustain hygiene practices and generate local employment.
Sustainability	The likelihood that benefits and results achieved by the project will continue after external support has ended.
Theory of Change (ToC)	A visual and narrative description of how and why desired change is expected to occur, outlining causal linkages between inputs, activities, outputs, outcomes, and impact.
Water, Sanitation and Hygiene (WASH)	An integrated approach to ensure access to safe water, adequate sanitation and hygiene promotion for health and wellbeing.
Water Operators' Partnership (WOP)	A peer-to-peer, non-profit partnership between water utilities designed to strengthen operational performance and sustainability.
Ministry of Women and Social Affairs (MoWSA)	The Ethiopian government ministry responsible for gender equality, child protection and social welfare programming.

EXECUTIVE SUMMARY

Introduction

The object of the evaluation is the Korea International Cooperation Agency (KOICA)-funded Child Protection and Water, Sanitation and Hygiene (CP-WASH) Integrated Project on Resilience, Peace and Protection for Children Affected by Conflict and Displacement in Ethiopia, implemented between July 2021 and July 2025 in Gambella, Oromia and Central Ethiopia Regional State (CERS). UNICEF Ethiopia with its three implementing partners i.e., Save the Children, Plan International and Population Media Centre (PMC) facilitated its execution in collaboration with regional governments, woreda administrations, civil society organizations, UN-Habitat/ Global Water Operator's Partnerships Alliance (GWOPA) and community structures. The project aimed to improve the safety, dignity and resilience of children and their communities through an integrated approach combining climate-resilient water, sanitation and hygiene (WASH), community-based child protection (CBCP) and social and behaviour change communication (SBCC) interventions. The project targeted refugees, internally displaced persons (IDPs) and host communities in high-vulnerability settings, addressing both humanitarian and development priorities within the Humanitarian-Development-Peace (HDP) Nexus.

Purpose, Objectives, Scope and Use

The evaluation assessed the project's performance against Development Assistance Committee of the Organisation for Economic Co-operation and Development – Development Assistance Committee (OECD-DAC) Evaluation criteria of relevance, coherence, efficiency, effectiveness, sustainability and impact, while integrating cross-cutting dimensions of gender equality, disability inclusion, equity and climate resilience. The evaluation had two primary purposes: first, accountability to KOICA, UNICEF, and the Government of Ethiopia; and second, learning to inform the design and implementation of future integrated CP-WASH interventions in fragile and emergency contexts. The evaluation covered the implementation period (July 2021 to December 2024), and geographic scope of three woredas, including two refugee camps where project interventions took place, and aimed at improving policy, programming and delivery models for other multi-sector interventions in displacement-affected areas. Findings are intended to inform the design of future KOICA programmes, guide UNICEF in refining cross-sectoral strategies, support government planning and service delivery, help implementing partners adapt delivery models for sustainability and inclusion, and provide evidence for community structures to validate service relevance and contribute to global learning on integrated CP-WASH and HDP projects.

Design, Methodology, Limitations and Ethical Considerations

The evaluation applied a theory-based, mixed-methods design, guided by a purpose-built Theory of Change linking integrated child protection and WASH interventions with service delivery strengthening, community engagement, and resilience outcomes. Quantitative and qualitative methods were combined to assess results, implementation pathways, and contextual factors across refugee, internally displaced, and host community settings. Quantitative data were collected through a stratified random household survey with proportional allocation across population groups. The sample size was calculated using a 95 per cent confidence level, a ± 5 per cent margin of error, a 1.5 design effect, and a 9 per cent non-response adjustment, accounting for clustered sampling across three regions and population heterogeneity. The survey covered 640 households across three programme woredas, randomly selected from 19 kebeles and camp blocks. In addition, six of the 23 supported schools were purposively selected to assess WASH and menstrual health and hygiene (MHH) conditions.

Qualitative evidence was generated through 23 focus group discussions and 36 key informant interviews with government officials, UNICEF staff, implementing partners, community leaders, service providers, caregivers, and adolescents. Systems-level analysis was supported through assessments of two water utilities, three sanitation markets, four case studies, and a desk review of 32 policy and programme documents. Findings were triangulated across methods and population

groups. Enumerators received three days of training on data collection tools, ethics, safeguarding, and engagement with vulnerable groups. Key limitations included the absence of a project baseline, which constrained measurement of change over time and required reliance on secondary data and stakeholder recall. Access constraints due to insecurity and flooding led to minor sample adjustments, while gaps in gender and disability-disaggregated data limited quantitative equity analysis. These limitations were mitigated through adaptive sampling, qualitative triangulation, and systematic validation, ensuring the credibility of findings. The evaluation was conducted in full compliance with UNICEF's Ethical Standards by applying transparency, confidentiality and anonymity and disclosing limitations openly. Also, the principles of integrity, respect, beneficence and accountability guided all stages of the process. Ethical approval was received from the Health and Media Lab (an independent IRB) through their certificate 2983.

Key Findings

Relevance: The project demonstrated strong relevance, aligning with Ethiopia's One WASH National programme (OWNP) Phase II, the National Children's Policy, the Costed Roadmap to End Child Marriage and Female Genital Mutilation (FGM/C), the National Strategy on Harmful Traditional Practices (HTPs) and humanitarian priorities in displacement-affected regions. Its integrated design addressed interconnected WASH and CP needs in Oromia, Gambella and CERS, enhancing access to safe water, sanitation, MHH and protection services while contributing to the HDP Nexus. The constructed ToC was contextually relevant and nationally aligned, though several underlying assumptions were only partially met. The results framework provided a logical link between outputs and outcomes but lacked baseline data, disaggregated indicators and adaptive target-setting after start-up delays, limiting monitoring utility. Beneficiary feedback confirmed WASH and CP as priority needs, with household survey data showing 87.2 per cent overall satisfaction, slightly higher among refugees. However, equity for children with disabilities and out-of-school adolescents was not systematically embedded in design or monitoring, leading to uneven outcomes for these groups.

Coherence: Strategic coherence was strong. The integration of WASH and CP within UNICEF operations and alignment with government systems such as the CP Case Management System and OWNP reinforced policy and institutional linkages. Partnerships with Plan International, Save the Children, PMC, UN-Habitat/GWOPA and regional bureaus further anchored the programme within national frameworks and strategies. Operational coherence was evident but varied by context. In woredas where regional bureaus jointly facilitated planning, cross-sector integration was stronger, demonstrating the value of governance alignment for sustained delivery. Joint monitoring missions and SBCC messaging across sectors enhanced internal coordination, while collaboration with water utilities and social workers proved effective in targeted towns. However, operational coherence was less consistent in remote areas, where fragmented implementation reduced synergies.

Efficiency: The project achieved 89 per cent budget utilization of the USD 5.94 million allocation by December 2024, within the evaluation timeframe, with the remaining 11 per cent spent between January and June 2025 outside scope. Efficiency in WASH was supported through existing structures such as WASHCO and school clubs, combined with community mobilization that enabled households to construct latrines and achieve ODF status. The Water Operators' Partnership (WOP) model in Bidre and Doyogena enhanced utility billing efficiency and water quality without proportional cost increases, demonstrating cost-effectiveness. In CP, efficiency gains were achieved by mobilizing community-based structures, including community care coalitions (CCCs), CP/child rights committees, gender clubs and school hygiene clubs, to complement formal case management systems. Coordination between social workers, CP officers and community actors facilitated case identification and referral at low cost, while joint awareness campaigns reduced duplication. Monitoring remained output-focused, but corrective measures i.e., resource reallocation, intensified training to address staff turnover, and adaptive planning to mitigate delays and procurement bottlenecks sustained delivery despite a compressed timeframe.

Effectiveness: The project exceeded its direct beneficiary target of 69,919, reaching 76,763 people (109 per cent) and indirectly benefiting 279,676. WASH interventions achieved significant improvements: 96 per cent of households had latrines, 66.1 per cent received MHH products, and open defecation was curtailed with 27 of 35 kebeles declared Open Defecation Free (ODF) by December 2024 and all 35 certified by June 2025. In schools, 100 per cent reported improved hygiene and safety, and 83 per cent had MHH safe spaces and supplies, reducing menstruation-related absenteeism. CP outcomes were also notable: 96 per cent of respondents were aware of CP structures, 81.5 per cent had knowledge of harmful practices such as child marriage and FGM/C, and 65.2 per cent of households reported delaying child marriage due to increased awareness and services. CCCs, CP/child rights committees and gender clubs strengthened case identification, referral, and awareness-raising. Adolescent girls in focus groups highlighted increased confidence and reduced menstruation stigma. All these achievements were made possible by supported by awareness and mobilization for parenting, mental health and psychosocial support (MPHSS), and capacity building in gender-based violence (GBV). awareness campaigns as key interventions. The project delivered its planned WASH and CP outputs within scope, finalizing inclusive school and community facilities, including disability-friendly toilets and ramps. Service gaps reflected lack of systemic woreda-level financing and infrastructure challenges beyond the project's scope of work.

Sustainability: Institutional and community structures established under the project provide a foundation for long-term results. WASHCO and school clubs mobilized resources for operation and maintenance and fostered community ownerships. The WOP model showed strong potential for durable utility strengthening by improving operational systems and billing efficiency. Risks remain where government integration is weak, operations and maintenance (O&M) financing unstable and technical capacity limited. Sanitation marketing centres (SMCs) are promising but require stronger private sector links, viable business models and consumer demand to function without donor support. In child protection, the project advanced Ethiopia's national case management system through CPIMS+, enabling trained case workers to deliver structured, rights-based services with referral pathways with the support of CP/ child rights committees, and enhancing accountability at community and woreda levels. Sustaining these gains will depend on greater government ownership, recurrent financing for the social service workforce, and continued integration of CPIMS+ into national protection planning and monitoring systems.

Cross-Cutting Themes (Gender, Social Inclusion and Climate Resilience): The project incorporated gender-responsive elements such as MHH facilities, dignity kits, and girl-led school clubs, which were valued by beneficiaries. Women-driven sanitation enterprises and marketing centres also created opportunities for economic empowerment, providing income-generating avenues while strengthening community ownership of improved sanitation practices. Disability inclusion measures included accessible latrines and ramps, subsidies for WASH and addressing the protection needs of persons and children with disabilities, though these were not consistently implemented. Climate resilience was integrated in some WASH services especially by promoting energy efficient systems in utilities, however systematic climate risk assessments and adaptation planning need further attention. Data gaps in disaggregation limited the ability to measure outcomes for the disadvantaged groups.

Conclusion

The KOICA CP-WASH Project significantly improved the safety, dignity and resilience of vulnerable populations in Gambella, Oromia and the CERS through integrated WASH and CP interventions. It achieved or exceeded most planned outputs within a shortened 2.5-year period and demonstrated strong alignment with Ethiopia's national priorities, the HDP Nexus and Sustainable Development Goals (SDGs) 3, 4, 5 and 6. The evaluation finds that the project was highly relevant and coherent, effectively addressing critical service deficits through participatory planning and cross-sector collaboration. It was largely effective, achieving substantial gains in MHH access, ODF certification, CPIMS+ roll-out and community-based protection, though equity gaps for persons with disabilities

and remote populations persisted. Efficiency was high, with strong financial management and adaptive resource use, despite some early contracting and supply chain delays. Sustainability and impact were evident where local structures and institutions assumed ownership, but incomplete exit planning and limited recurrent financing reduced long-term resilience. Overall, the project illustrates the potential of integrated, locally owned service delivery to drive measurable progress in WASH and CP. Consolidating inclusion, institutionalization and resilience within future programming will be key to sustaining and scaling these gains across Ethiopia’s humanitarian-development continuum.

Lessons Learnt

- 1) Integrated planning delivers stronger results: Joint design and coordination between WASH, CP, Education and Health sectors led to more coherent, efficient and sustainable outcomes than fragmented approaches.
- 2) Community structures sustain impact when formally supported: WASHCO, CP/ child rights committees and CCCs were most effective when recognized by local authorities and linked to woreda or kebele systems, ensuring continued functionality beyond project closure.
- 3) Institutionalized capacity-building ensures lasting service quality: Embedding capacity development within government systems, such as through CPIMS+ and Water Operators’ Partnerships, maintained staff motivation, technical standards and operational resilience.
- 4) Inclusion and accountability drive equitable access: Programmes were most inclusive where feedback and grievance mechanisms were accessible and responsive, enabling women, children and persons with disabilities to participate and benefit equitably.
- 5) Climate and digital resilience improve service reliability: Climate-adaptive infrastructure and digital tools, including CPIMS+, helped sustain water, sanitation and protection services during environmental and operational disruptions.
- 6) Culturally grounded social mobilization strengthens behaviour change: Working through trusted community networks i.e., religious leaders, youth clubs and parent groups, helped shift harmful norms, reduce child marriage and reinforce positive hygiene and protection practices.

Recommendations

Description	Priority	Responsible
1. Institutionalize integrated CP-WASH programming by adopting a unified ToC and Results Framework, aligning funding flows, planning cycles and monitoring systems, and operationalizing integration through joint workplans and dashboards at woreda level.	High	UNICEF, Ministry of Health (MoH), Ministry of Women and Social Affairs (MoWSA), Bureau of Finance and Economic Development (BoFED), Regional Bureaus
2. Deepen equity and inclusion in design and delivery through universal design standards, accessibility audits and participatory planning involving women, refugees, children with disabilities and marginalized groups, while expanding CP service packages to include medical, legal and shelter support.	High	MoWSA, MoF, UNICEF, UNHCR
3. Expand and sustain digital case management systems by scaling CPIMS+ as the national case management platform, linking CP and WASH dashboards, and ensuring digital infrastructure, IT support and local digital champions in fragile and remote areas.	High	UNICEF ICT4D, MoWSA, MoE

Description	Priority	Responsible
4. Formalize and resource community-based structures by consolidating WASHCOs, hygiene clubs, CP/child rights committees and youth groups into kebele-level umbrella community organizations (UCOs), supported through woreda-level Memorandum of Understandings (MoUs), recurrent budgets and structured handover mechanisms.	Medium to High	MoWSA, Regional Education Bureaus, Woreda Administrations, MoE
5. Mainstream climate resilience and predictive planning tools by embedding climate-resilient standards in all CP-WASH investments, promoting solar-powered and drought-resilient systems, and using GIS/AI for risk mapping, equity tracking and adaptive resource allocation.	Medium	UNICEF Innovation, CSA, Ministry of Water and Energy (MoWE), MoWSA, Regional Governments
6. Embed capacity strengthening into institutional systems by integrating CP-WASH training into human resources and professional structures, scaling the mentor-mentee Water Operators' model, and introducing refresher training, peer learning and supervision to sustain performance.	Medium	MoWSA, Regional Bureaus, UNICEF, TVETs
7. Strengthen sanitation systems and market-based delivery by integrating ODF sustainability, faecal sludge management (FSM) and sewerage into utility portfolios, defining institutional mandates, and supporting women- and youth-led sanitation enterprises and Public Private Partnerships (PPPs).	Medium	MoWE, Water Boards, Regional Bureaus, MoF, Development Partners
8. Consolidate behaviour change and advocacy platforms by institutionalizing school-community coalitions, youth clubs, and religious leader engagement for social norm change, and establishing a national advocacy platform to influence policy, financing, inclusion, and climate resilience.	Medium	MoE, MoWSA, MoWE, MoH, BoFED, UNICEF, KOICA, CSOs, Development Partners



1 INTRODUCTION, CONTEXT AND OBJECT OF EVALUATION

1.1 Introduction

This final evaluation report presents the findings, conclusions, and lessons learnt from the independent summative evaluation of the Korea International Cooperation Agency (KOICA)-funded Child Protection and Water, Sanitation and Hygiene (CP-WASH) Integrated Project on Resilience, Peace and Protection for Children Affected by Conflict and Displacement in Ethiopia (2021–2024). The evaluation was commissioned by UNICEF and KOICA and independently conducted by the Economic Policy Research Institute Ethiopia, in technical partnership with AWF (Pvt) Ltd, in collaboration with regional government counterparts and implementing partners.

The evaluation was undertaken between May and September 2025, following the completion of the project, to fulfil accountability requirements and to inform strategic and programmatic decision-making beyond project closure. Its timing enabled a summative assessment of achieved results, implementation performance, and integration outcomes, at a point when programme systems, partnerships, and service delivery models had sufficiently matured. The evaluation therefore provides evidence on the relevance and added value of the integrated CP-WASH approach, including its effectiveness in fragile, conflict- and displacement-affected contexts and its potential for scale-up or replication. It also responds to institutional learning needs related to the design, implementation, and results of integrated child protection and WASH programming, particularly in relation to resilience, peace, and protection outcomes for children and other vulnerable groups.

The KOICA CP-WASH Project was a multi-sectoral initiative designed to strengthen child protection systems, expand access to climate-resilient WASH services, and promote gender equality in humanitarian and development settings. Implemented by UNICEF with regional governments and

civil society organizations, it operated in Gambella, Oromia and the Central Ethiopia Regional State (CERS), targeting refugee and host communities.

The purpose of this evaluation is to assess the project's relevance, coherence, effectiveness, efficiency, sustainability and impact, with particular attention to equity, inclusion and climate resilience. It examines both system-level and service delivery results, analysing how the integrated CP-WASH approach responded to the needs of marginalized groups, including children, adolescent girls and persons with disabilities. Evidence was triangulated from project documentation, household and school surveys, key informant interviews (KIIs), utility assessments, sanitation marketing centre reviews, and focus group discussions (FGDs) conducted across the three regions.

This report is structured into five main sections: (i) Introduction and Background; (ii) evaluation purpose, objectives, scope and framework; (iii) design and methodology; (iv) key findings under each OECD-DAC/UNEG evaluation criterion including cross-cutting issues (i.e., gender, disability and climate resilience); and (v) conclusions, lessons learnt and recommendations for future programming. The evaluation was conducted in line with UNEG Norms and Standards for Evaluation (2016), UNEG Ethical Guidelines (2020), and the GEROS Quality Review System (2020), ensuring methodological rigour, independence and accountability.

1.2 Intervention Context

1.2.1 Geography and Administrative Structure

Ethiopia, located in the Horn of Africa, spans over 1.1 million km² encompassing highland plateaus, deep gorges, and lowland plains with contrasting climates and agricultural potential (FAO, 2016). Its federal system comprises twelve regional states and two chartered city administrations (Addis Ababa and Dire Dawa), subdivided into zones, woredas and kebeles (Gemechu, 2017). While designed to promote decentralized governance, disparities in institutional maturity, conflict exposure and public investment have led to uneven service delivery. Recurrent droughts and floods continue to threaten rural livelihoods (Tora, Degaga, & Utallo, 2021). The KOICA CP-WASH project operates in three distinct contexts:

Gambella: The region is sparsely populated, flood-prone and hosts nearly 400,000 South Sudanese refugees across seven camps, creating intense pressure on limited WASH and CP infrastructure. Dual governance between national authorities and humanitarian actors complicates coordination, while entrenched harmful practices and weak law enforcement exacerbate protection risks (National Costed Roadmap to End Child Marriage and FGM/C 2020–2024, 2019), (RRS, OXFAM, UNHCR, 2023), (IRC, KFW, UNHCR, UNICEF, 2023).

Oromia: Ethiopia's largest region (40 million people) with fertile highlands and drought-prone lowlands. Conflict-affected zones face recurrent service disruptions, high staff turnover and weak WASH/CP systems, while urban areas benefit from better infrastructure (Deines, 2025), (Ethiopia: Access Snapshot, Oromia region (south-west), 2022).

Central Ethiopia Regional State: The region was established in 2023 from the former Southern Nations, Nationalities and Peoples (SNNPR) (Debelo & Hidoto), with a population of 7.2 million in 2017 (Ethiopian Calendar).¹ Stronger community structures and institutional frameworks exist, but administrative transition has created coordination gaps.

1.2.2 Socio-Economic Context

Ethiopia remains one of Sub-Saharan Africa's fastest-growing economies, but 22 per cent of the population lives below the monetary poverty line, and 68.7 per cent experiences multidimensional

¹ Central Ethiopia Regional Health Bureau: <https://cerhb.gov.et/about/#:~:text=The%20region%20has%20an%20area,are%20women%20of%20reproductive%20age.>

poverty (UNDP, 2024). Currently, 21.4 million people require humanitarian assistance, including 16.7 million children and women (UNICEF, Ethiopia: Humanitarian Action for Children, 2025), and 4 million internally displaced persons (IDPs) (The Freedom Fund, 2024). Regional disparities shape project delivery.

Gambella: Households in Gambella average 4.6 persons, with 26.1 per cent of the population in monetary poverty. This number is higher in rural areas, with 26 per cent of the population living in monetary poverty in contrast to 17 per cent in urban areas. Food insecurity persists: 14.7 per cent of households receive free food support and 9.4 per cent reported shortages in the past year. Despite fertile land, recurrent floods and droughts, combined with hosting over 337,000 South Sudanese refugees, place heavy strain on services. Literacy stands at 71.4 per cent of men and 57.8 per cent of women, but school enrolment drops sharply from 73.4 per cent in primary to 8.6 per cent in secondary for boys, and from 71.6 to 5.8 per cent for girls. Health outcomes show progress, with antenatal care rising from 54 to 86 per cent (2011-2019) and skilled birth attendance from 27 to 70 per cent. However, vaccination coverage remains low (38 per cent in 2019). Mortality rates are still high: infant 56/1,000, neonatal 36/1,000 and under-five 88/1,000. Malnutrition is acute, with wasting affecting 48 per cent of children aged 9-12 months. Around 23 per cent of children experience multidimensional poverty, lower than the national average (43 per cent), but systemic gaps in education, health and infrastructure remain.

Oromia: The region has an average household size of 4.9, with 26.1 per cent of people below the poverty line. Food poverty fell from 33 per cent in 2010 to 21 per cent in 2015/16, yet 21 per cent of households still reported shortages in 2018/19, and only 4.9 per cent receive free food support. The region is highly exposed to recurrent droughts, floods, epidemics and intercommunal violence. Literacy rates are 54.1 per cent for men and 38.8 per cent for women, with enrolment falling from 60.6 per cent in primary to 3.7 per cent in secondary for boys, and from 58 to 6.3 per cent for girls. Health indicators remain concerning: under-five mortality 79/1,000, infant 60/1,000, neonatal 37/1,000, and 56 per cent of women give birth without skilled assistance. Vaccination coverage is low, but nutrition services are improving. Over 90 per cent of malnutrition cases are now managed in communities, with recovery rates for severe acute malnutrition rising from 85 to 91 per cent (2019-2020). Child deprivation is severe: 90 per cent of children (about 15 million) are deprived in an average of 4.5 basic needs, mainly housing, sanitation and health services.

Central Ethiopia Regional State (CERS): CERS has an average household size of 5.0. Food insecurity affects many: 5.4 per cent of households receive free food support and 20.7 per cent reported shortages in the past year. Literacy remains low at 57.8 per cent of men and 42.4 per cent of women, with enrolment declining from 59.8 per cent in primary to 5.6 per cent in secondary for boys, and from 57.4 to 6.2 per cent for girls. Maternal and child health shows progress, with infant mortality falling from 78/1,000 in 2011 to 65/1,000 in 2016; however, neonatal mortality (35/1,000) and under-five mortality (88/1,000) remain high, with diarrhoeal disease still a leading cause of child deaths. Nutrition outcomes are mixed: wasting declined from 8 per cent (2011) to 6 per cent (2019), underweight prevalence is 20 per cent and child anaemia is 50 per cent, all lower than national averages. Yet stunting remains high at 36 per cent, linked to sanitation gaps, poor diet and social taboos. CERS records the highest child deprivation nationally: 91 per cent of children (over 8 million) are deprived in an average of 4.5 needs, particularly sanitation and housing.

1.2.3 WASH Access and Inequalities

Despite investments under the One WASH National Programme (OWNP), substantial access gaps persist, especially in rural, pastoralist and conflict-affected areas. According to the Joint Monitoring Programme² (JMP), in 2022, only 13.2 per cent of the population accessed safely managed drinking water (38.58 per cent urban vs. 5.81 per cent rural). Basic water services reach 38.28 per cent nationally, but 28 per cent rely on limited services and 16.03 per cent on unimproved sources.

² <https://washdata.org/data/household#/eth>.

Sanitation access remains critically low i.e., only 7.22 per cent have safely managed sanitation, while 65 per cent use unimproved facilities and 18 per cent practise open defecation. Hygiene services are similarly constrained, with basic handwashing facilities available to only 8 per cent of the population. Project regions show sharp disparities: Oromia records 60 per cent piped water access but 25 per cent open defecation; CERS has 50 per cent piped water and only 7 per cent open defecation; Gambella has 52 per cent piped water but 31 per cent open defecation.

1.2.4 Child Protection and Harmful Traditional Practices (HTPs)

Ethiopia's child protection landscape reflects progress in legal and policy frameworks but persistent structural challenges. The Revised Family Code (2000), Criminal Code (2005) and National Children's Policy (2017) are reinforced by the National Costed Roadmap to End Child Marriage and FGM/C (2020-2024) and the National Strategy on Harmful Traditional Practices (2013). Further, the National Child Protection Case Management Framework (MoWSA, 2023) establishes a unified system for identifying, referring and managing child protection cases across government and partner services in Ethiopia.

Despite this, harmful practices remain widespread (as evidenced by Ethiopia Demographic Health Survey 2016 and 2019): 40.3 per cent of women aged 20-24 were married before 18 and 8 per cent before 15, while 65 per cent of women aged 15-49 have undergone female genital mutilation/cutting (FGM/C), though prevalence among girls 15-19 has declined to 47 per cent. Birth registration is critically low, with only 3 per cent of children under five registered; two in three of these children hold certificates. Gender-based violence (GBV) remains pervasive, with 23 per cent of women reporting physical violence since age 15 (10 per cent sexual violence and 34 per cent spousal violence). These figures highlight that, despite gradual decline, the overall protection environment for women and children remains fragile. See below for a regional breakdown of disparities based on the 2016 and 2019 Demographic and Health Surveys.

Oromia: Child marriage remains widespread, with a median age at first marriage of 17.4 years. FGM/C prevalence is among the highest nationally at 76 per cent, exposing adolescent girls to significant risks. Birth registration is only 2 per cent. GBV is prevalent, with 27.7 per cent of women reporting physical violence since age 15 and 38 per cent experiencing spousal violence, reflecting entrenched power imbalances.

Central Ethiopia Regional State (CERS): Child marriage persists, with a median age at first marriage of 18.2 years. FGM/C prevalence is 62 per cent. Birth registration stands at 3 per cent. GBV is also significant: 17 per cent of women have experienced physical violence since age 15 and 29 per cent spousal violence, underscoring gaps in prevention and survivor support.

Gambella: Child marriage remains a concern, with a median age at first marriage of 17.3 years. FGM/C prevalence is lower at 33 per cent but remains concerning. Birth registration is only 3 per cent. Spousal violence affects 34 per cent of women and 25.3 per cent have experienced physical violence since age 15.

1.2.5 Gender Inequality

Gender disparities are deeply entrenched in Ethiopia, reinforced by patriarchal norms that restrict women's and girls' roles to domestic and reproductive duties (Jones, Pincock, Emirie, Gebeyehu, & Yadete, 2021). Women and girls bear a disproportionate burden of water collection, often from unsafe or distant sources, limiting time for education and economic activities. Adolescent girls face barriers to menstrual health and hygiene (MHH) due to lack of products, inadequate facilities, and stigma factors linked to absenteeism, dropout and reduced confidence in school (Issue Brief: Gender Equality in the 2030 Agenda, 2018). Girls are at heightened risk of child marriage, FGM/C, domestic servitude and sexual violence, particularly in humanitarian and rural settings. While the Child

Protection Information Management System Plus (CPIMS+) allows for gender-disaggregated data, underreporting due to stigma and impunity remains a major barrier. The KOICA CP-WASH project's integration of school-based MHH facilities, gender-sensitive infrastructure, and social and behaviour change communication (SBCC) represents a strategic response, but systemic gender inequality requires deeper institutional reforms and sustained community engagement.

1.2.6 Disability Profile and Inclusion

Evidence on disability prevalence in Ethiopia is fragmented and inconsistent. For example, the 2007 Population and Housing Census reported that approximately 1.2 per cent of the population had some form of disability (Abebe, et al., 2025). Persons with disabilities, especially children, face multiple barriers to WASH and CP services, including physically inaccessible infrastructure, lack of adapted communication materials, stigma and low representation in governance structures (Wilbur, Dreibelbis, & Mactaggart, 2024). In the KOICA CP-WASH project areas, WASH facilities in Gambella's refugee and host settings often lack adaptations for physical or sensory impairments, with the absence of assistive products and staff training further excluding children with disabilities. In Oromia, disability inclusion is limited, particularly in conflict-affected areas, where cultural stigma can result in children being hidden from services. In CERS, some progress has been made in mainstreaming inclusion through school clubs and WASH committees (WASHCO); however, efforts are constrained by limited financing and the absence of regional guidance.

1.2.7 Climate Vulnerability and Resilience

Ethiopia is highly vulnerable to climate variability, facing recurrent droughts, floods and temperature extremes that threaten WASH infrastructure and disrupt CP services. Drought reduces groundwater recharge, while floods damage facilities, displace communities and interrupt education and service delivery. Climate shocks often drive child marriage and school dropout (Country Climate and Development Report, 2024), (Policy Brief: Ethiopian Children in an Escalating Climate Crisis, 2024). Regional vulnerabilities include seasonal flooding in Gambella, recurrent drought in Oromia and flash floods in CERS. The KOICA CP-WASH project incorporated resilience measures, including climate-resilient WASH systems and SBCC against harmful coping strategies, but requires further mainstreaming into emergency preparedness and anticipatory action frameworks.

1.2.8 Alignment with SDGs and Human Rights Commitments

The KOICA CP-WASH project aligns with Ethiopia's commitments to the Sustainable Development Goals (SDGs), specifically: Gender Equality (5), Clean Water and Sanitation (6) and Peace, Justice and Strong Institutions (16). Additionally, KOICA CP-WASH contributes to the following SDGs: Good Health and Well-being (3), Quality Education (4), Decent Work and Economic Growth (8), Climate Action (13) and Partnerships for the Goals (17). Ethiopia has ratified the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD), together with national legal frameworks including the Family Code (2000), the Criminal Code (2005), the National Children's Policy (2017), the National Costed Roadmap to End Child Marriage and Female Genital Mutilation/Cutting (2020-2024) and the National Strategy on Harmful Traditional Practices (2013), which collectively provide the normative basis for rights-based and inclusive development. Progress towards these commitments remains uneven in conflict-affected and marginalized regions, highlighting the urgency of integrated, equity-focused approaches as gaps highlighted earlier section of socio-economic context, and CP and HTPs.

1.3 Object of the Evaluation

1.3.1 Overview of the Project

The object of this summative evaluation is the KOICA-funded project CP-WASH Integrated Project on Resilience, Peace and Protection for Children Affected by Conflict and Displacement in Ethiopia,

implemented between July 2021 and June 2025 by UNICEF and its implementing partners in the regions of Gambella, Oromia and CERS. The project was financed through a KOICA grant of USD 5.94 million, with UNICEF mobilizing an additional USD 6.8 million for WASH infrastructure and USD 0.3 million in staff time from complementary sources. The project aimed to improve the wellbeing, dignity and protection of vulnerable children, particularly girls, in humanitarian and fragile settings affected by displacement, violence and climate shocks, while contributing to Ethiopia's progress towards the SDGs as mentioned in section 2.8. The project's design and implementation were directly informed by Ethiopia's socio-economic and political context, as outlined in section 2, and aligned with national frameworks and commitments to the SDGs, with particular emphasis on the rights and needs of marginalized children, women and persons with disabilities. The project adopted a multi-sectoral and integrated approach, combining climate-resilient WASH service delivery, community-based child protection (CBCP) mechanisms and SBCC strategies. Interventions were grounded in the principles of the Humanitarian-Development-Peace (HDP) Nexus, with a focus on durable solutions that promote resilience, social cohesion and community ownership.

1.3.2 Core Intervention Components

The core interventions of the KOICA CP-WASH project in Ethiopia were designed as an integrated package addressing both WASH and CP priorities for resilience, social cohesion and improved protection outcomes for vulnerable populations in displacement-affected areas.

WASH Interventions Included: Community-Led Total Sanitation (CLTS) and behaviour change campaigns to eliminate open defecation; construction and rehabilitation of safe, gender-segregated and disability-inclusive WASH facilities in schools and establishment of MHH safe spaces, including school-based rest areas and provision of dignity kits; development of sanitation markets to expand access to affordable and locally available products and services; capacity strengthening of town water utilities to improve operational efficiency, billing systems and service delivery through training, mentoring and coaching; and community mobilization through religious leaders, school clubs, peer educators and local media to promote hygiene and climate-resilient sanitation practices.

Child Protection Interventions Included: Strengthening of CP committees, referral pathways and case management systems, including rollout of CPIMS+; training and capacity-building of frontline service providers (social workers, police, courts and health workers) on child rights, GBV and inclusive safeguarding; prevention of harmful practices such as child marriage, FGM/C and GBV through community dialogue and engagement of religious leaders; linking of community-based protection mechanisms with statutory services to improve accountability and survivor-centred responses; and youth and adolescent empowerment through school clubs, peer networks and community platforms to promote positive social norm change.

1.3.3 Beneficiaries

The project was designed to reach 69,919 direct beneficiaries and exceeded this target by reaching 76,763 individuals by the end of 2024. Direct beneficiaries included refugee and internally displaced children in Itang (Gambella), Meda Welabu (Oromia) and Doyogena (CERS); adolescent girls supported through MHH services, psychosocial assistance and case management; and community members engaged in SBCC sessions, positive parenting initiatives and GBV prevention activities. In addition, over 279,676 indirect beneficiaries were reached through improved infrastructure, community platforms and strengthened social service systems. Girls represented at least 60 per cent of all child beneficiaries, with targeted support extended to female-headed households, children with disabilities, survivors of GBV, unaccompanied and separated children, and those experiencing psychosocial distress. Below is summary of cumulative achievements of the project intervention on regional basis from July 2021 to December 2024.

Table 1: Overall Achievements of Key Indicators on Regional Basis 2021-2024

Key Indicators	SNNP/CERS	Oromia	Gambella	Total
Number of girls and boys reached by services for CP	1,000	4,537	684	6,221
Number of boys and girls provided with psychosocial support	3,364	6,832	2,700	12,896
Number of partners trained on gender-based violence in emergencies (GBVIE)	665	631	699	1,995
Number of people oriented in CP & GBV prevention	17,260	15,128	10,796	43,184
Number of adolescent girls receiving orientation on CM prevention	10,372	9,749	13,458	33,579
Number of ODF kebeles	11	13	3	27
HH constructed latrines	9,763	14,773	2,252	26,788
Public toilets constructed	5	9	-	14
HH subsidized for sanitation	281	442	34	757
Number of schools benefitting from MHH/WASH	7	11	5	23
Number of girls benefitting from MHH/WASH	2,961	4,464	2,037	9,462
Total students benefitting from MHH/WASH	5,590	8,928	3,249	17,767

1.3.4 Stakeholders

The KOICA CP-WASH Project was implemented through a multi-stakeholder partnership framework involving government institutions, development partners, international NGOs, specialized agencies and community structures. The table below summarizes the key stakeholder categories, their primary roles and responsibilities, levels of engagement, and contributions to project implementation and oversight.

Table 2: List of Key Stakeholders, Role and Engagement Level

Category	Stakeholder(s)	Roles and Responsibilities	Level of Engagement / Contribution
Development Partner	- Korea International Cooperation Agency (KOICA)	Provided financial support, strategic guidance and oversight of programme implementation.	High: Funding agency and co-chair of steering arrangements with UNICEF.
Lead Implementing Agency	- UNICEF Ethiopia	Led overall programme coordination, technical design, monitoring and evaluation, capacity-building, and reporting.	High: Direct implementation, oversight, and partnership management.
International NGOs	- Plan International Ethiopia (Gambella) - Save the Children International (Oromia, CERS)	Led field implementation of CP-WASH activities, facilitated community mobilization, service delivery and reporting.	High: Direct operational partners at regional and woreda levels.

Category	Stakeholder(s)	Roles and Responsibilities	Level of Engagement / Contribution
Specialized Technical Partners	<ul style="list-style-type: none"> - Population Media Centre - UN-Habitat - Global Water Operators' Partnerships Alliance 	Supported SBCC, water utilities mentoring and technical capacity-building.	High: Thematic technical support and training delivery.
Government Institutions	<ul style="list-style-type: none"> - Regional and woreda-level offices of women, children and social affairs - Water, health and education bureaus - Water utilities (Bidre, Doyogena, Bule) 	Ensured alignment with government policies, participated in planning, monitoring and service delivery coordination.	High: Institutional co-owners ensuring sustainability and policy linkage.
Refugee Management Authorities	<ul style="list-style-type: none"> - Refugees and Returnees Service (RRS) - Camp Administrators (Gambella) 	Coordinated implementation in refugee camps and ensured service continuity in displacement settings.	High: Operational facilitation and coordination.
Civil Society and Special Interest Groups	<ul style="list-style-type: none"> - Federation of Disability Associations - Faith-based organizations 	Promoted disability inclusion, social norm change, and advocacy at community level.	Medium: Advocacy, inclusion and social mobilization.
Community Structures and Beneficiaries	WASHCO, community care coalitions (CCCs), school clubs, youth and women's groups, persons with disabilities	Supported implementation, hygiene promotion, protection referral and local oversight of facilities.	High: Community ownership, participation, and feedback

1.3.5 Budget and Expenditure Analysis

The KOICA-funded CP-WASH Integrated Programme in Ethiopia was implemented over a 3.5-year period (July 2021–December 2024) with a total agreement value of USD 5,940,594. According to UNICEF financial records and the DFAMDash Donor Statement by Activity (uncertified, December 2024), the full allocation was received, with no refunds, cancellations, or outstanding receivables. As of project closure, total expenditure amounted to USD 5,275,677, reflecting an overall budget utilisation rate of 88.8 per cent. This comprised USD 4,884,886 in direct programme costs across WASH, Child Protection, monitoring and evaluation, visibility, and cross-sectoral interventions, alongside USD 390,791 in indirect support costs (8 per cent), consistent with UNICEF cost recovery policies. The unspent balance at closure was USD 664,917. A review of sectoral allocations and expenditures, triangulated with the Fourth KOICA Financial Performance Report (December 2024), is presented below.

Table 3: Financial Spendings of KOICA Funded CP WASH 2021-2024

Component	Allocated (USD)	Spent (USD) Including commitment
WASH	2,260,499.36	2,291,197.39
Child Protection	2,299,195.23	2,331,171.08
Other Costs	798,652	735,978
Total	5,358,346.59	5,358,346.47

Both WASH and Child Protection marginally exceeded their initial allocations, indicating strong absorptive capacity and operational flexibility in responding to evolving implementation needs, particularly in fragile and displacement-affected contexts. The remaining unspent balance is attributable to cost efficiencies and the timing of selected monitoring, learning, and cross-sectoral activities. All expenditures were incurred within the approved implementation period.

1.3.6 Implementation Arrangements and Framework

The KOICA CP-WASH Project was implemented through a partnership-based, multi-tiered framework that combined central oversight, decentralized delivery and alignment with national systems. UNICEF Ethiopia served as the lead agency, responsible for coordination, quality assurance, technical support and donor reporting, while KOICA provided strategic oversight and funding. Delivery was undertaken by Plan International Ethiopia in Gambella, Save the Children International in Oromia and CERS, and PMC across Oromia and CERS under Partnership Cooperation Agreements. UN-Habitat and the Global Water Operators' Partnerships Alliance (GWOPA) supported small-town utilities in Bidre, Doyogena and Bule through the Water Operators' Partnership (WOP) model.

Regional bureaus of Water, Health, Education and Women and Children Affairs coordinated and supervised activities, integrating them within existing structures. Woreda-level offices oversaw operations, provided technical inputs and mobilized communities, while the Refugees and Returnees Service (RRS) managed refugee operations in Gambella. Community structures including WASHCOs, school WASH clubs and CP committees played a key role in facility management, behaviour change and monitoring, with attention to gender and disability inclusion. Coordination was facilitated through quarterly inter-sectoral meetings at national and regional levels, complemented by joint monitoring missions with KOICA, UNICEF, government and partners. Alignment with the OWP and CPIMS+ ensured integration within national systems. Cross-sectoral linkages under the HDP Nexus further enhanced efficiency, integration and sustainability.



2 PURPOSE, OBJECTIVES, SCOPE AND USES OF EVALUATION

This chapter outlines the overall intent, scope and parameters of the summative evaluation of the KOICA-funded CP-WASH Project. It explains why the evaluation was undertaken, what specific objectives it sought to achieve and how its findings will be used by KOICA, UNICEF, the Government of Ethiopia and implementing partners. The chapter also defines the temporal, geographic and thematic boundaries of the assessment and clarifies the primary users and intended applications of the results. Finally, it presents the constructed Theory of Change (ToC) that guided the evaluation design and analysis, linking the project's logic model to the OECD-DAC criteria and the overarching objectives of learning, accountability and future programme improvement.

2.1 Evaluation Purpose

The purpose of this summative evaluation was to assess the performance, results and sustainability of the KOICA CP-WASH Project on Resilience, Peace and Protection for Children Affected by Conflict and Displacement in Ethiopia, implemented from July 2021 to December 2024. The evaluation had two interlinked purposes: (i) to support accountability to KOICA, UNICEF, and national and regional authorities; and (ii) to promote organizational learning to inform the design, adaptation and scale-up of integrated CP-WASH programming in fragile, conflict-affected and displacement-affected contexts. Conducted at the end of the project, the evaluation was timed to capture cumulative results, assess sustainability prospects and generate lessons to inform KOICA's forthcoming multi-year cooperation framework (2026-2028) and UNICEF's new Country Programme Cycle (2025-2030). The findings will inform joint planning, resource prioritization, and policy dialogue processes between KOICA, UNICEF and the Government of Ethiopia. The evaluation also examined the project's contributions to

Ethiopia's national and global commitments, including the OOWNP II, the National Children's Policy, the Costed Roadmap to End Child Marriage and FGM/C (2020-2024), KOICA's sectoral priorities, UNICEF's Core Commitments for Children and the SDGs. It provides evidence to guide future strategic decision-making for KOICA, UNICEF, regional governments and implementing partners.

2.2 Evaluation Objectives

The evaluation addresses the following objectives, as outlined in the Terms of Reference (ToRs):

1. Assess the extent to which the project achieved its primary objectives and intended and unintended outcomes, with focus on measurable changes in knowledge, attitudes and practices (KAP) related to WASH, MHH and CP behaviours, especially among marginalized girls, boys and children with disabilities.
2. Evaluate the cultural relevance, effectiveness, efficiency and sustainability of local market solutions for MHH and inclusive hygiene products, and their impact on social norms, attitudes and access, particularly for girls with disabilities.
3. Examine the coherence and multiplier effects of multisectoral collaboration across WASH, CP, and social and behaviour change, and the contribution of this integration to enhanced outcomes for marginalized groups.
4. Analyse the sustainability of project outcomes, identifying community-based approaches and structures most likely to sustain impact with minimal external support.
5. Review and refine the ToC based on evaluation findings and stakeholder perspectives, identifying gaps and preconditions to strengthen resilience, peace and protection for children in conflict and displacement contexts.
6. Document lessons, challenges and mitigation strategies, producing actionable recommendations for KOICA, UNICEF and stakeholders to strengthen future humanitarian and development interventions.
7. Assess how gender, disability inclusion and the needs of marginalized children were addressed, and the effectiveness of these measures in ensuring equitable access, participation and outcomes.

The detailed ToRs are provided in [Annex 18](#).

2.3 Evaluation Scope

Timeframe: Covers the full project period from July 2021 to December 2024, including inception, core implementation and no-cost extension phases.

Geographic Scope: Focuses on Gambella (Itang Woreda: refugee and host communities), Oromia (Meda Welabu Woreda: displacement-affected lowlands), and CERS (Doyogena Woreda: highland systems-strengthening context). It is important to highlight that the WASH component did not target entire woredas. Instead, interventions were concentrated in Bidre (Oromia) and Doyogena (CERS) towns, together with selected surrounding satellite villages. Notably, these WASH interventions did not extend to internally displaced populations, whose needs were addressed primarily through CP and behaviour change components. Areas outside the target regions and non-project interventions were not covered.

Thematic Scope: The evaluation encompasses community and institutional WASH infrastructure; MHH promotion; Open Defecation Free (ODF) campaigns and sanitation governance; social worker deployment and supervision; CPIMS+ for case management; CP and GBV prevention and response; and SBCC interventions. It also reviews the mainstreaming of gender, disability, child rights and

climate resilience across programme components. The evaluation did not assess sectors outside the project’s mandate, such as health, nutrition, livelihoods and shelter, which were supported under other UNICEF-led initiatives. These sectors were excluded to maintain focus on the integrated WASH-CP framework and to ensure that the analysis remained within the boundaries defined in the ToRs and agreed during the inception phase. This delineation ensured depth and methodological rigour in examining results, efficiency and sustainability within the project’s defined intervention areas.

2.4 Intended Use and Users of the Evaluation

Table 4: Intended Users and Intended Use

Intended Users	Intended Use
KOICA	Apply findings and recommendations within donor accountability and cost-efficiency frameworks to strengthen oversight, enhance learning and improve resource efficiency in funded programmes.
UNICEF	Use findings to inform future programme design and advocacy with development partners, ensuring continued investment in services for displaced and migrant communities in the Horn of Africa.
Government entities (MoWSA, MoWE, MoH, utilities and regional bureaus)	Integrate lessons into planning, policy dialogue and service delivery to enhance sustainability, accountability and sectoral coordination for improved services.
Implementing partners (Save the Children, Plan International, UN-Habitat and PMC)	Adapt programme delivery models using evaluation evidence to improve sustainability, inclusiveness and effectiveness of interventions.
Partner agencies (e.g., UNHCR)	Align HDP programming with evaluation learning to strengthen collaboration and impact for displaced and migrant communities.
Rights holders and community structures (children, WASHCOs, school WASH clubs, CP committees)	Validate service relevance, accessibility and safety to advance children’s rights to clean water, protection and safe environments under the CRC.

2.5 Theory of Change

2.5.1 Construction of the Theory of Change (ToC)

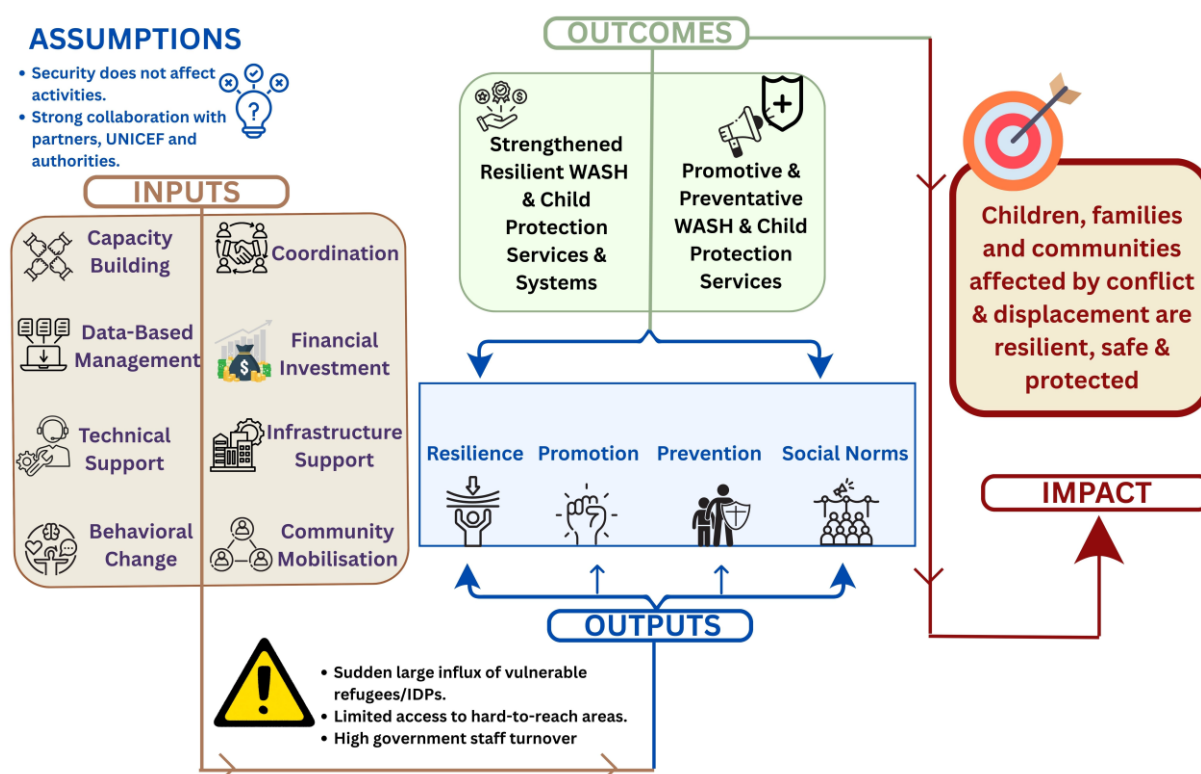
Although the KOICA CP-WASH Project was guided by a comprehensive logical framework, no explicit ToC was developed at the design stage. For this evaluation, a ToC was constructed to articulate the project’s underlying causal logic in a more explicit, visual and narrative form. This process drew on multiple sources, including the approved project proposal and logframe, annual and final progress reports, monitoring data, and detailed inputs from stakeholders at national, regional and woreda levels. It was further informed by global and national evidence on integrated WASH and CP programming in humanitarian and fragile contexts, as well as Ethiopian policy frameworks such as the OWP, the national case management framework/CPIMS+ and the National Costed Roadmap to End Child Marriage and FGM/C.

Beyond its descriptive function, the constructed TOC was used as a central analytical framework for the evaluation. It informed the formulation of evaluation questions by focusing inquiry on the key causal pathways linking integrated CP and WASH interventions to resilience, peace and protection

outcomes for children. The ToC also guided the evaluation's theory-based analysis by providing a structured basis for examining causal linkages, testing underlying assumptions, and assessing how and under what conditions change occurred. This approach enabled the evaluation to move beyond assessing whether results were achieved, to understanding why certain outcomes were realised or not across different contexts.

The constructed ToC identifies the pathways through which integrated interventions combining climate-resilient WASH service delivery, strengthened institutional and CBCP mechanisms, and targeted SBCC were expected to contribute to the overarching goal: children, families and communities affected by conflict and displacement are resilient, safe and protected. A visual diagram of the constructed ToC is presented in figure 01. A detailed ToC is provided in Annex 1. Below is a summary of key components:

Figure 1: Visual Diagram of Theory of Change



The constructed ToC sets out the project's pathways from inputs to impact. Inputs and activities included the rehabilitation and construction of inclusive WASH infrastructure, operationalization of sanitation marketing centres, establishment of CP committees, capacity-building for frontline workers, MHH programming, and joint social and behaviour change campaigns. These were expected to generate outputs such as strengthened resilient services, infrastructure and systems; enhanced resilience among children and communities; prevention of violence against children (VAC) and women; and the promotion of positive social norms. In terms of outcomes, by 2024, the project aimed to ensure that refugees, IDPs, and host communities would have access to stronger and more resilient WASH and CP systems and services, supported by both preventive and promotive measures to safeguard well-being and reduce future risks. The long-term impact sought was that children, families and communities affected by conflict and displacement are safe, protected and resilient. The ToC incorporated critical assumptions, including the availability of trained personnel, political and institutional stability, community willingness to adopt positive norms, and the existence of viable

sanitation markets, while also recognizing risks such as climate shocks, population influxes and conflict-related access restrictions.

2.5.2 Validation of the Theory of Change

The ToC was validated through a participatory, triangulated process. Stakeholder engagement at national, regional and woreda levels involved implementing partners and community representatives in verifying whether causal pathways reflected implementation realities and in identifying missing linkages or enablers. Field-based evidence from household surveys, school assessments, sanitation market studies and direct observation in Gambella, Oromia and CERS were used to test the pathways. Assumption testing assessed which assumptions held true, which were only partially met and which were not realized, as well as their influence on performance and sustainability. Validation was treated as an iterative process, with findings from consultations and fieldwork feeding back into refinements of the ToC. More detailed analysis of the ToC's validity and its reflection in actual project performance is presented in sections 4.4.1 and 4.4.2 of Chapter 4, where outcome-level results on systems strengthening and service delivery are discussed. This cross-referencing provides a clear line of sight between the ToC's intended change pathways and the empirical evidence of what worked, what did not, and why ensuring that conclusions and recommendations are grounded in a robust understanding of causal mechanisms and lessons for future integrated, inclusive and climate-resilient programming in Ethiopia.



3 EVALUATION CRITERIA, DESIGN, METHODOLOGY, QUALITY ASSURANCE AND ETHICS

This chapter explains how the evaluation was designed and implemented to answer the OECD-DAC/UNEG questions set out in Chapter 2. It outlines the criteria and refined key questions; the theory-based, mixed-methods design and utilization-focused approach; and the specific methods, sampling and analysis used to generate credible, triangulated evidence across Gambella, Oromia and CERS. This chapter describes how human rights, gender equality, disability inclusion, climate resilience, Leave No One Behind (LNOB) and Prevention of Sexual Exploitation and Abuse (PSEA) were integrated throughout the evaluation matrix and tools. The chapter also details quality assurance measures, ethical compliance (including IRB approval), limitations and mitigation, and the governance and management arrangements (timeline, ERG and team roles) that safeguarded rigour and independence. Together, these elements establish the methodological foundation linking the evaluation purpose and scope to the findings and conclusions presented in Chapter 4.

3.1 Evaluation Criteria and Key Questions

The evaluation applies the Development Assistance Committee (DAC) criteria of the Organization for Economic Co-operation and Development (OECD) and the United Nations Evaluation Group (UNEG) namely, relevance, coherence, effectiveness, efficiency, impact, and sustainability integrated with the cross-cutting principles of gender equality, equity, disability inclusion, and a human rights-based approach (HRBA). The evaluation questions were refined, revised, and structured in alignment with

the constructed Theory of Change (ToC) and the project's logical framework. The rationale and process used for revising and merging the evaluation questions are detailed in Annex 2. The evaluation address following key questions:

1. **Relevance:** To what extent were WASH and CP interventions designed and implemented in response to the needs of IDPs, refugees and host communities? Were child protection interventions contextually appropriate and responsive to the underlying drivers of VAC, GBV and harmful practices? To what extent were the needs and perspectives of girls, children with disabilities, and other marginalized groups reflected in project design and implementation?
2. **Coherence:** To what extent did coordination across UNICEF sectors and implementing partners enhance coherence and delivery of integrated WASH and CP interventions?
3. **Efficiency:** Were financial, human and logistical resources effectively and efficiently utilized to deliver timely WASH and CP services at appropriate scale? How efficient and sustainable were the supply chains and local production systems for MHH and inclusive hygiene products? To what extent were CP and WASH infrastructure referral mechanisms delivered efficiently, equitably and according to quality standards?
4. **Effectiveness:** To what extent did the project achieve its intended outputs and outcomes in WASH and CP, particularly in inclusive infrastructure and capacity-building? What were the key enabling or hindering factors affecting successful implementation, and how were challenges addressed? To what extent were WASH and CP services inclusive and accessible for children with disabilities and other marginalized populations? To what extent did the project enhance the ability of girls and families in resisting or delaying marriage and abandoning FGM despite social pressure?
5. **Impact:** What lasting changes in well-being, resilience and gender equity were observed among children, families and communities? To what extent did capacity-building activities improve the institutional competencies and technical delivery of implementing partners?
6. **Sustainability:** To what extent are the project's results, behaviours and practices likely to be sustained through community ownership and institutional integration? To what extent did the project build practical technical skills and competencies from capacity-building activities? How have these skills been used to contribute to efficiency in resource utilization, operational improvement and impact achievement in this project? How well did the established SMCs function to ensure community impact and sustainability?

3.2 Evaluation Design and Approach

The evaluation of the KOICA CP-WASH Project adopted a theory-based, mixed-methods design to systematically assess how and why change occurred across multiple intervention pathways. This design was chosen to reflect the project's complexity as a multi-sector, multi-region initiative integrating CP, WASH and SBCC in fragile, displacement-affected contexts. By reconstructing and validating the project's ToC, the design enabled testing of causal linkages between inputs, outputs and outcomes, as well as verification of underlying assumptions regarding institutional strengthening, social norm change and resilience building. The theory-based design was therefore essential for evaluating both results and the mechanisms through which integration influenced effectiveness, efficiency and sustainability.

The evaluation also employed a participatory and utilization-focused approach, ensuring that findings were relevant, credible and actionable for KOICA, UNICEF, regional governments and implementing partners. This approach was justified by the evaluation's dual objectives i.e., to promote accountability and facilitate organizational learning, and by the need to contextualize evidence in local realities. Stakeholder engagement was integrated throughout the process, involving national, regional and woreda-level actors, community representatives, and implementing

partners through inception consultations, validation workshops and participatory field assessments. Engagement with WASHCOs, CP committees and community groups ensured inclusion of marginalized voices, enhancing both credibility and ownership of findings.

This participatory approach strengthened the validity and practical use of evidence, ensuring that results would inform KOICA's future cooperation framework (2025-2028) and UNICEF's Country Programme (2025-2030). It also enhanced triangulation and transparency, key GEROS quality indicators for methodological rigour. The subsequent section outlines the evaluation methodology, detailing the data sources, sampling framework, tools and analytical techniques used to triangulate quantitative and qualitative findings across the three programme regions.

3.3 Evaluation Methodology, Methods and Data Collection

A mixed-methods design combined quantitative data, measuring service access, infrastructure quality and behavioural outcomes with qualitative insights on community perceptions, institutional capacities and inclusion. This enabled assessment of both results and the processes and contextual dynamics influencing them. Stakeholder engagement was integral, involving national, regional and woreda-level authorities, service providers, community leaders and implementing partners through consultations, validation workshops and focused engagement with WASHCOs and CP committees. This ensured findings reflected local realities and strengthened ownership of recommendations.

3.3.1 Evaluation Matrix

The evaluation was structured around the OECD-DAC criteria of relevance, coherence, effectiveness, efficiency, sustainability and impact with the addition of cross-cutting considerations including gender, disability, CP and climate resilience. The evaluation matrix was developed in the inception phase, linking each key evaluation question to data sources, methods and indicators, and was consistently applied to guide methodological rigour and analytical depth throughout the assignment. This matrix drew directly from the constructed ToC and project-specific results framework. The Detailed Evaluation Matrix is provided in Annex 3.

3.3.2 Data Collection Methods

A comprehensive mixed-methods approach was applied to capture both quantitative and qualitative evidence on results, processes and perceptions across the three project regions i.e., Gambella, Oromia and CERS. The design combined structured surveys, institutional assessments and participatory consultations to ensure inclusivity and triangulation across stakeholder levels. All data were collected using validated tools (questionnaires, checklists, interview guides and observation templates) aligned with the evaluation matrix and pre-tested during enumerator training.

Document Review: A systematic review of 32 project and policy documents was conducted, including proposals, results frameworks, progress reports, monitoring data and national strategies. The review provided the strategic and operational context for the evaluation, informed refinement of the evaluation matrix, and guided the design of data collection tools. Documents were purposively selected to represent the project's full implementation period (2021-2024) and cross-sectoral components. A list of key documents is provided in Annex 6.

Household Survey: A two-stage cluster sampling design was applied. In Stage 1, 19 kebeles or refugee camp blocks were purposively selected as Primary Sampling Units (PSUs) to reflect population diversity across refugee, IDP, and host communities. In Stage 2, systematic random sampling was used to select 30–35 households per PSU, based on random starts and fixed intervals.

Stage 1: Purposive selection of 19 kebeles or refugee camp blocks as Primary Sampling Units (PSUs) reflecting population diversity (refugee, IDP, host).

Stage 2: Systematic random sampling of 30-35 households per PSU using random starts and fixed intervals.

Sampling parameters included a 95 per cent confidence level, a ± 5 per cent margin of error, a 1.5 design effect, and a 9 per cent non-response adjustment. The design effect accounted for clustering across three regions and heterogeneity between refugee, IDP, and host populations, where differing settlement patterns and intra-cluster similarity reduce statistical independence. This adjustment ensured adequate precision and analytical power for subgroup analysis, in line with UNICEF household survey and disability-inclusive evaluation standards.

The quantitative household survey was conducted with 640 households: 215 in Central Ethiopia Regional State (CERS), 214 in Gambella, and 211 in Oromia to capture outcome-level data on WASH access, menstrual health and hygiene (MHH), child protection outcomes, community participation, and climate resilience. While the original sampling plan targeted 630 households, an additional ten households were surveyed due to the availability of eligible households within selected clusters, without altering the sampling framework or proportional regional distribution. Enumerators ensured the inclusion of female-headed households, adolescents, and persons with disabilities. Data were collected digitally using Kobo Toolbox tablets with built-in validation checks for quality assurance. The regional sampling distribution is presented in Annex 4.

School Profiling: Six schools, two per region, were purposively selected to represent urban, peri-urban and displacement contexts, and to capture variation in infrastructure type, management and accessibility. Structured checklists assessed WASH facilities, MHH services, safe spaces and school-based protection mechanisms, including accessibility for children with disabilities. Respondents included school heads, teachers and student hygiene club members (57 per cent female). This method enabled triangulation of household and institutional data on hygiene practices, inclusion and behaviour change.

Sanitation Market Survey: Three sanitation markets (two in Oromia and one in CERS) were assessed to understand the functionality, affordability and accessibility of sanitation products and services, with attention to women's and youth-led enterprises. Vendors, consumers and health extension workers were interviewed using semi-structured guides to analyse demand, pricing and supply-chain resilience. This method provided insights into sustainability and equity in sanitation marketing models. Details are in See Annex 12.

Facility Assessments: Ten community WASH facilities (four in Oromia, three in Gambella, three in CERS) were evaluated for functionality, inclusiveness and climate resilience using observation checklists and interviews with caretakers and WASHCO members. The sample was purposively selected to cover different facility types (school, communal, household). Observation templates assessed accessibility, gender responsiveness and maintenance mechanisms. Results informed infrastructure quality and sustainability analysis. See Annex 12.

Water Utility Assessments: Two water utilities i.e., Bidre (Oromia) and Doyogena (CERS) were purposively selected as they received structured mentoring under the WOP. Assessments used key performance indicators (billing efficiency, operations and maintenance (O&M), customer service) and semi-structured interviews with utility managers, engineers and community users (43 per cent female). The method captured institutional performance and system-strengthening outcomes. See Annex 13.

Key Informant Interviews (KIIs): A total of 36 KIIs were conducted with 47 individuals comprising of government officials, UNICEF staff, implementing partners, service providers and civil society

actors at federal, regional and woreda levels. Respondents were purposively selected for their technical or managerial roles in WASH, CP or cross-sector coordination. Interview guides aligned with the evaluation matrix (Annex 10b) explored relevance, effectiveness and sustainability. KIIs ensured triangulation of quantitative findings with institutional perspectives and lessons learnt. Distribution of KIIs is detailed in Annex 5.

Focus Group Discussions (FGDs): Twenty-three FGDs were conducted across all regions with 210 individuals comprising of women, caregivers, adolescent girls and boys, persons with disabilities, teachers and community committee members, using participatory facilitation techniques. Discussions captured perceptions of service quality, inclusiveness and behavioural change. Female participation in KIIs and FGDs was 56 per cent overall. This is 65 per cent in FGDs and 15 per cent in KIIs. Dedicated FGDs were held with persons with disabilities that represented 9 per cent of overall FGD participants. FGD distribution and composition are detailed in Annex 5 and facilitation guidelines are provided in Annex 11.

Case Studies: Two case studies (one each from Oromia and Gambella) documented good practices in community mobilization and gender-inclusive programming. The cases were selected to demonstrate replicable models, sanitation marketing and community-based protection coalitions and to illustrate the project’s tangible effects on children and families. Field observations and stakeholder testimonies were triangulated with quantitative findings. See Annex 14.

Figure 2: Summary of Data Sources and Respondents by Region

Method	Respondents / Units	Gambella	Oromia	CERS	Total / Purpose
Household Survey	640 individuals (caregivers, adolescents, PWDs)	214	211	215	Quantitative outcome data on WASH, MHH, CP
Key Informant Interviews (KIIs)	47 officials and partners	15	17	15	Institutional and policy perspectives
Focus Group Discussions (FGDs)	22 groups (women, youth, CCCs, PWDs)	7	8	7	Perceptions of service quality and inclusion
School Profiles	6 schools	2	2	2	Institutional WASH, MHH and protection data
Facility Assessments	10 WASH facilities	3	4	3	Infrastructure functionality and inclusiveness
Sanitation Markets	3 markets	0	2	1	Supply chain, access, affordability
Utilities	2 utilities	0	1	1	Systems strengthening and O&M performance
Case Studies	2 communities	1	1	0	Good practices and learning

3.3.3 Data Analysis

A mixed-methods approach was adopted for data management and analysis, integrating both quantitative and qualitative techniques. Quantitative data collected through household and school survey, sanitation market assessment and facility observation was administered using Kobo Toolbox. The analysis of household survey was done with SPSS. However, for school sanitation

market assessment and facility observation, MS Excel was used for data analysis. For the qualitative component, data was manually transcribed and thematically coded in accordance with the evaluation matrix. Triangulation was applied throughout, with cross-validation of evidence from multiple methods to strengthen the reliability and robustness of findings. Where possible, findings were benchmarked against project targets and national/regional standards. Analysed HH data is provided as Annex 16.

3.4 Integration of HRBA, Gender Equality and Equity in CP-WASH Evaluation

The evaluation systematically integrated gender equality, disability inclusion, climate resilience, human rights, PSEA and LNOB principles into its evaluation matrix, data collection tools and analysis framework. Each criterion included sub-questions and indicators assessing equity, participation, accessibility and resilience outcomes. In the evaluation matrix, gender, disability and climate dimensions were explicitly mapped to OECD-DAC criteria particularly relevance, effectiveness and sustainability ensuring systematic inquiry into inclusion and risk mitigation.

All data collection tools were designed to collect sex and disability-disaggregated data. Enumerators applied the Washington Group Short Set of Questions to identify persons with functional limitations, ensuring their inclusion in both quantitative and qualitative samples. Gender-sensitive questions explored women's decision-making roles, access to MHH facilities and participation in WASH and CP committees. Climate-related questions examined exposure to floods and droughts, adaptive measures in service delivery and resilience planning by local authorities. PSEA considerations were embedded in both KIIs and FGDs, focusing on safeguarding protocols, referral mechanisms, and awareness of reporting channels among community members and service providers.

The evaluation prioritized participation of marginalized and high-vulnerability groups, including female-headed households, adolescents (both in and out of school), refugees, IDPs and persons with disabilities. Representation was achieved across all three regions. Overall, nine per cent of the surveyed households included at least one person with a disability, comprising 6.7 per cent adults and 2.3 per cent children. Of the total 22 FGDs and 47 KIIs respondents, 145 were female and 112 were male, and 10 per cent of qualitative interviews were done with persons with disabilities. Of persons with disabilities interviewed, 43 per cent were female and 57 per cent were male. The respondent pool included both duty-bearers (government officials, teachers, health and social workers, implementing partners) and rights-holders (women, children, adolescents, community members), as detailed in Annex 5.

3.5 Quality Assurance Approach

A multi-layered quality assurance framework was implemented to ensure that all evaluation processes and deliverables adhered to UNICEF-adapted UNEG Evaluation Report Standards and the GEROS Quality Assessment Criteria. The approach upheld the UNEG principles of credibility, integrity, transparency and accountability, ensuring that data, analysis and reporting met the highest professional and ethical standards. The collected quantitative and qualitative data were subjected to continuous verification and systematic rechecking, with every individual survey question reviewed for internal consistency and logical accuracy. Geographic verification of sampled locations was conducted to confirm that data collection accurately reflected field realities. Peer review of data collection instruments, daily debriefings with field teams, close technical supervision, and rigorous data cleaning and validation procedures ensured methodological consistency and reliability throughout the evaluation cycle.

A two-day enumerator training followed by a one-day pre-test in comparable non-sample sites further strengthened data quality. Training combined virtual sessions led by international evaluation specialists with in-person facilitation by national technical leads, reinforcing understanding of evaluation objectives, tool content, ethical engagement, and disability-inclusive approaches. Feedback from the pre-test informed refinements to question wording, sequencing and contextual appropriateness. This blended training model enhanced enumerators' competence in accurate sampling application, data integrity and respondent protection.

Quality assurance was maintained through independent peer review and iterative validation. All deliverables, including tools, datasets and report drafts, underwent structured review by UNICEF and the Evaluation Reference Group (ERG). Their feedback was systematically incorporated, ensuring alignment with evaluation standards and reinforcing impartiality and accountability. The cleaned dataset and coded transcripts were submitted to UNICEF, providing a transparent audit trail and supporting future learning and evidence use.

3.6 Compliance with Ethical Considerations, Norms and Standards.

The evaluation was conducted in full compliance with the UNEG Ethical Guidelines (2020) and UNICEF's Ethical Standards for Research, Evaluation, Data Collection and Analysis (2015). The evaluation team upheld UNEG's core standards of independence, impartiality, credibility and accountability, by maintaining full separation from both the funder and implementers, applying transparent and systematic criteria for data collection and analysis, ensuring balanced representation of stakeholder perspectives, and disclosing limitations in an open and transparent manner. The evaluation adhered to the UNEG ethical principles of integrity, respect, beneficence and accountability, which guided all stages of the process:

1. **Integrity and Impartiality:** The team acted with professional integrity and independence, ensuring objectivity and avoidance of bias or conflict of interest in the collection, interpretation and presentation of evidence. Evaluation findings were derived from verifiable data and subjected to systematic triangulation across sources to preserve credibility.
2. **Ethical Clearance:** The evaluation protocol was submitted by the evaluation team to the Health Media Lab Institutional Review Board (HML IRB), Washington D.C., and formally approved on 27 May 2025. The approval certificate (2983) is attached as Annex 7.
3. **Informed Consent and Respect for Participants:** All participants were informed of the evaluation's purpose, voluntary nature, confidentiality and right to withdraw at any stage. Written or verbal consent (depending on literacy levels) was obtained prior to participation, with additional consent for audio or photographic documentation. Consent forms are provided in Annex 8.
4. **Beneficence and Protection of Vulnerable Groups:** Consistent with UNEG's principle of beneficence, special measures were implemented to ensure that participation did not cause harm or distress. Safeguards included gender- and age-appropriate facilitation, accessible formats for persons with disabilities and adherence to Ethical Research Involving Children (ERIC) protocols. These ensured respect, safety and inclusion of children, women, persons with disabilities and other vulnerable participants.
5. **Data Confidentiality and Accountability:** All data were anonymized at source, securely stored and reported only in aggregate form. Accountability mechanisms were built into the process through transparent documentation, peer review of findings and secure data handling consistent with UNICEF's data protection procedures.

6. Cultural Sensitivity and Local Protocols: Field teams received orientation in ethical and culturally sensitive engagement, adhering to local approval processes and community protocols. This reinforced mutual respect and trust between evaluators and participants.
7. Do No Harm Principle and Safeguarding: The evaluation applied a 'do no harm' approach throughout, with established referral mechanisms for any identified CP, GBV or safeguarding concerns. Enumerators were trained in PSEA procedures to ensure immediate reporting and mitigation.

Through adherence to these UNEG obligations and ethical principles, the evaluation upheld the highest standards of integrity, respect, beneficence and accountability, ensuring that processes and outputs were methodologically credible, ethically sound and contextually appropriate to fragile, displacement-affected settings in Ethiopia.

3.7 Evaluation Limitations and Challenges with Mitigation Measures

Despite the adoption of stringent quality assurance measures, several limitations were acknowledged. The evaluation team adapted its approach as needed, ensuring that constraints were systematically addressed and transparently reported in the final outputs. Below is summary of key limitations and mitigation measures.

Table 5: Evaluation Limitations and Mitigation Measures

Key Limitation	Mitigation Measures
Absence of a Project-Specific Baseline	The KOICA CP-WASH project did not include a dedicated baseline at inception, constraining the evaluation's ability to measure change quantitatively over time. To mitigate this, the evaluation relied on stakeholder recall, secondary datasets and perception-based indicators. It is recognized that this approach may introduce recall bias. However, it is worth mentioning that while the overall CP-WASH project lacked a unified baseline, targeted interventions such as the WASH programme implemented with the PMC did capture both baseline and endline data. These datasets, though limited in scope, were referred as secondary sources to complement evaluation findings.
Non-Experimental Design	The evaluation did not employ experimental or quasi-experimental designs (e.g., randomized controlled trials or matched comparison groups), thereby limiting the ability to directly attribute observed changes to the project. Instead, contribution analysis and theory-based inquiry were utilized to assess impact-level results.
Reliance on Self-Reported Data	Much of the primary data was collected from surveys and qualitative interviews relying on participants' perceptions and recollections. This introduces potential biases, including social desirability and recall inaccuracies, particularly with regards to sensitive subjects such as MHH, child marriage, GBV and service quality.
Variability in Secondary Data Quality	In several sites, the quality and completeness of administrative data pertaining to WASH infrastructure, CP referrals and school-level MHH indicators were inconsistent, limiting the reliability of secondary source triangulation.
Accessibility and Security Constraints:	Severe weather conditions, particularly heavy rainfall and associated flood risks in Itang, resulted in the postponement of scheduled field visits, thereby affecting data collection timelines.

Results Representative of Refugees or Regions	The household survey and FGDs were conducted in intervention kebeles and refugee camps agreed with UNICEF and the ERG. Results therefore reflect conditions in these targeted sites and should not be interpreted as representative of all refugee camps in Ethiopia
Consent Documentation Issues	In a limited number of cases, photographs of respondents were uploaded in place of signed consent forms. These instances were identified through the quality assurance process, the data were rejected and field teams were instructed to recollect data in accordance with ethical protocols.

3.8 Evaluation Management and Oversight

3.8.1 Evaluation Timeline

The evaluation was implemented in phased stages and started on 5 May 2025 and ended on 30 September 2025. The inception phase (5 May-30 May 2025) involved framework development, tool design and ethical approval. Field data collection was carried out from 27 May to 10 July 2025, followed by analysis and synthesis from 10 July to 5 August 2025, and the first draft was completed by 11 August 2025 for review and feedback by the programme team and members of ERG. This was followed by an online presentation to key stakeholders for validation on 18 August 2025. A revised submission of the report was made on 29 September 2025, based on integrating feedback received on the draft and in the validation workshop.

3.8.2 Evaluation Reference Group

An ERG was established to provide strategic oversight, technical guidance and ensure alignment with UNICEF's Evaluation Policy, UNEG Norms and Standards, and national sector priorities. The ERG reviewed and endorsed evaluation tools, facilitated access to key stakeholders and documentation, and provided substantive feedback during data analysis and validation workshops. It was chaired by Dr. Mussarrat Youssuf, Evaluation Manager at UNICEF Ethiopia, with operational and technical support from Ms. Maryamawit Solomon Assefa, Evaluation Officer (see [Annex 17](#)). In addition, the Evaluation Management Team under the supervision of the Evaluation Manager supported the coordination and management activities related to the evaluation process.

3.9 Evaluation Team and Roles

The external evaluation team was led by Mr. Niaz Ullah Khan (Team Leader) responsible for evaluation design, methodological rigour, and quality assurance along with WASH and safeguarding. He was supported by Mr. Sajid Zaman (WASH and Data Management Specialist), Mr. Amer Habib (Child Protection Expert), Dr. Mussie Alemayehu (Sociologist and Public Health), Ms. Maham Faraz Abbasi (Young Evaluator) and Ms Eman Fatima (Young Evaluator) who led qualitative research design, social inclusion analysis, contextual interpretation and support in drafting the report.

Field data collection was undertaken by locally recruited enumerators and young evaluators trained in ethical, inclusive and culturally appropriate data collection. This field team operated under the close supervision of Dr. Mussie Alemayehu, ensuring adherence to ethical standards and real-time quality control. UNICEF Ethiopia's WASH and CP Sections provided management and logistical coordination, facilitated field permissions, and supported stakeholder engagement and dissemination.

3.10 Dissemination and Communication

After completion of initial data analysis, a virtual preliminary findings meeting was held with UNICEF Ethiopia and federal and regional government stakeholders, followed by an in-person validation workshop in Addis Ababa. Participants from government, UN agencies, NGOs and community representatives reviewed and validated the draft findings. Final deliverables included a comprehensive evaluation report, executive summary, evaluation brief and presentation slides, all disseminated to support learning and inform future projects for WASH and CP in Ethiopia.



4 KEY FINDINGS

This chapter presents the core evidence and analytical findings of the summative evaluation of the KOICA-funded CP-WASH Project. It addresses performance against the OECD-DAC and UNEG evaluation criteria i.e., relevance, coherence, efficiency, effectiveness, impact and sustainability while integrating cross-cutting dimensions of gender equality, equity, disability inclusion, climate resilience and human rights. Drawing on triangulated quantitative and qualitative data from household and school surveys, FGDs, KIIs, facility and market assessments and case studies across the three target regions (Gambella, Oromia and CERS), the chapter analyses how the integrated CP-WASH model performed in fragile, displacement-affected settings. It explains what worked well, what challenges limited progress, and which contextual and institutional factors influenced results. Together, these findings form the evidence base for the conclusions and strategic recommendations presented in Chapter 5.

4.1 Relevance

This section examines how well the CP-WASH integrated project aligned with Ethiopia's national priorities, sectoral strategies and the HDP Nexus, and how effectively it responded to the needs of target populations. It assesses relevance to IDPs, refugees and host communities (EQ1-R1), responsiveness to CP risks and harmful practices (EQ2-R2), and the extent to which the needs of girls, children with disabilities and marginalized groups were reflected (EQ3-R3). Primary data were drawn from surveys, FGDs and KIIs, and secondary data were drawn from national frameworks, UN reports and project documents.

4.1.1 Responsiveness to the Needs of IDPs, Refugees, and Host Communities

Refined EQ1-R1: To what extent were WASH and CP interventions designed and implemented in response to the needs of IDPs, refugees and host communities?

Finding 1: The project demonstrated strong alignment with Ethiopia's WASH and CP policies, sectoral strategies and the HDP Nexus. It effectively integrated CP and WASH interventions that linked service delivery with systems strengthening and resilience objectives of enhancing community and institutional capacity to manage shocks such as conflict, displacement and climate impacts. However, resilience planning was not fully embedded; structured climate risk assessments and clear links between emergency preparedness and long-term systems strengthening were limited.

The project responded to urgent humanitarian and development needs in Gambella, Oromia and CERS, areas long affected by fragile infrastructure, displacement and recurrent climate shocks. A joint needs assessment conducted by UNICEF and implementing partners in 2021, complemented by woreda-level and community consultations, informed the selection of locations and intervention priorities. Communities identified safe water access, improved sanitation and CP services as their most pressing needs, guiding the project's integrated design.

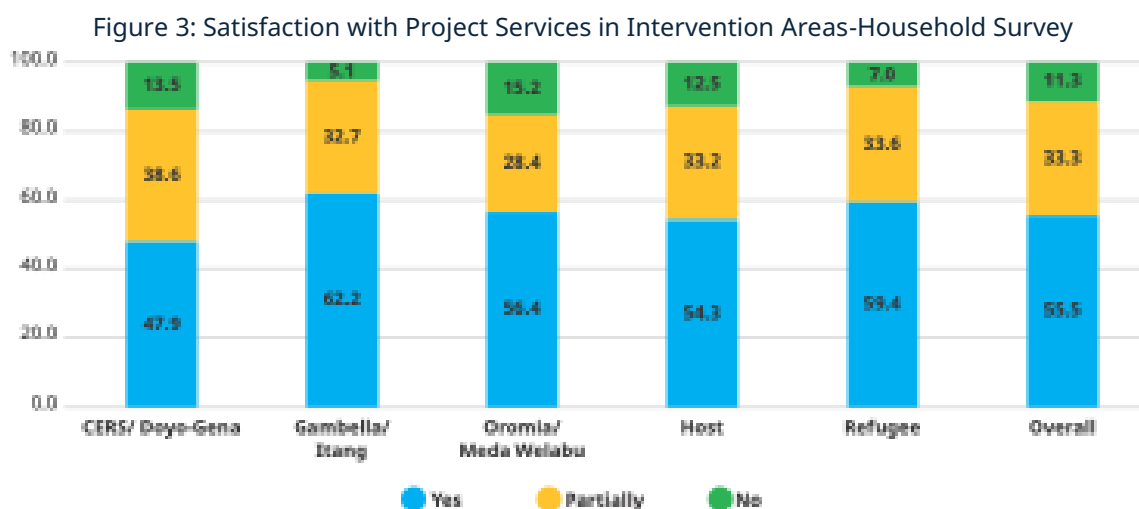
In Gambella, where over 395,000 refugees and 26,000 IDPs reside (UNHCR, 2025), these participatory findings underscored the need for interventions that both met immediate humanitarian demands and strengthened local systems for continuity. The project focused on ODF initiatives, school WASH, and MHH through dignity kits and sanitation marketing, addressing urgent health and dignity concerns. It did not include construction of water points or communal toilets in Gambella, concentrating instead on school-based and household-level sanitation and hygiene promotion that could be maintained at community and school levels, and deliver rapid health and dignity benefits.

In Oromia and CERS, implementation was confined to selected towns and kebeles i.e., Bidre, Doyogena, and their satellite villages identified during consultations with regional bureaus, woreda administrations and community representatives. This participatory targeting ensured focus on areas where access gaps were greatest and where local structures could sustain results. Within these areas, reported improvements included sanitation marketing centres, improved toilets, school MHH rooms and large-scale hygiene campaigns. As a community coalition member in Bidre stated: *"The project's commitment to public health is evident... they supported public toilets in key areas of our town and mobilized communities to reduce open defecation."*

Bridging service delivery, systems strengthening and resilience was particularly relevant in these displacement-affected settings because short-term humanitarian support alone could not ensure sustained access to safe WASH and protection services. By linking immediate service provision to local capacity-building and behaviour change, the project enabled woreda administrations, schools and community coalitions to manage and maintain facilities. This approach increased ownership, reduced dependency on external aid, and enhanced the ability of both host and refugee communities to withstand future shocks such as flooding, drought or population influxes.

Household survey data, triangulated with FGDs and field observations, confirmed these results. Only 11.3 per cent of respondents reported dissatisfaction with services, while 60 per cent were fully satisfied and 30 per cent partially satisfied (see figure 03). Refugees expressed higher satisfaction (90.9 per cent) than host communities (61.0 per cent), reflecting that integrated delivery and active coordination between UNICEF, implementing partners and RRS ensured more consistent service quality in camp settings. Lower satisfaction in CERS was largely due to incomplete water infrastructure reliant on KfW (German Development Bank) investments expected to be operational in 2025. Adolescent girls in Gambella valued MHH rooms and dignity kits, while persons with disabilities

in Oromia and Gambella cited accessibility barriers in public latrines due to lack of water for hand hygiene. These findings demonstrate responsiveness to priority needs but also reveal persistent gaps in inclusion and service continuity.



At the school level, WASH interventions i.e., construction of gender-segregated toilets, installation of handwashing stations and establishment of MHH safe spaces, etc. improved attendance and reduced menstruation-related absenteeism, particularly in Gambella and Oromia, where all surveyed schools reported enhanced hygiene and safety. Child-protection interventions in Oromia and CERS further reduced child marriage and improved caregiver awareness of child rights; 65.2 per cent of households reported delaying marriage due to increased awareness and service access. Activation of referral pathways, Community Care Coalitions (CCCs) and psychosocial-support mechanisms strengthened local protection systems, enhancing coordination between schools, social workers and woreda administrations.

At the strategic level, the project operationalized UNICEF's Strategic Plan (2022-2025) Goal Areas by improving school WASH, embedding child-protection mechanisms in community structures and promoting gender-responsive MHH facilities. It contributed to Ethiopia's progress toward SDGs 3, 4, 5 and 6 through measurable gains in school WASH coverage, reductions in child marriage and community-level ODF certification. The project also supported implementation of the National Children's Policy (2017), the Costed Roadmap to End Child Marriage and FGM/C (2020-2024), and the National Strategy on Harmful Traditional Practices (2013) by reinforcing referral pathways, community dialogues, and the role of women and social affairs offices in prevention and response. Its consistency with OWNPs II was reflected in promotion of climate-resilient sanitation models, community-led ODF approaches, and strengthened coordination between regional water bureaus and woreda administrations.

Despite this strong alignment, gaps persisted in equity and inclusion. The absence of gender, disability and adolescent-specific indicators, highlighted in UNICEF's Strategic Plan results framework and the National Child Policy, constrained the measurement of differential outcomes and constrained learning on how interventions affected the most marginalized groups. These omissions reduced the project's ability to systematically track progress toward equitable resilience, particularly for persons with disabilities and out-of-school adolescents.

Finding 2: The intervention was well-targeted to vulnerable, conflict- and displacement-affected populations and effectively integrated WASH and CP. Participatory design and local consultations guided targeting and ensured contextual relevance, but systematic inclusion of persons with disabilities and out-of-school adolescents remained limited, highlighting the need for continuous accessibility and engagement mechanisms.

The project's design drew on preparatory assessments and consultations with regional bureaus, woreda administrations and community representatives, which identified women, children and persons with disabilities in displacement-affected areas as priority groups. Mobilization of youth groups, women's associations, and school clubs fostered local ownership and ensured relevance. However, participation of disadvantaged groups was uneven. Accessibility barriers limited adaptive planning, and absence of inclusion focal points constrained their involvement. A participant with disability in Oromia observed: *"The new toilets are there, but they are hard to use without nearby water points."* Although water points were outside the project scope, this highlights the importance of applying universal-design principles in all facilities.

Government engagement showed mixed results. At the national level, UNICEF and MoWSA jointly developed inclusive WASH guidance, strengthening policy coherence and impact (see section 7.5.3). At subnational levels, woreda Technical Working Groups (TWGs) facilitated participatory planning and coordination, but frequent staff turnover and lack of handover protocols weakened institutional memory and delayed ownership.

Community ownership was strongest where engagement was continuous. In Bidre Town, residents pooled resources to maintain sanitation facilities and continued hygiene-promotion activities beyond project funding, demonstrating readiness to sustain results when clear roles and resources were in place. Conversely, limited community involvement in other sites led to delayed operationalization and minor vandalism, underscoring the need for ongoing engagement and maintenance planning to safeguard investments.

4.1.2 Responsiveness to Child Protection Risks and Harmful Practices

Refined EQ2-R2: Were child protection interventions contextually appropriate and responsive to the underlying drivers of VAC, GBV and harmful practices?

Finding 3: Child protection interventions were well-targeted and contextually responsive to entrenched drivers of violence, abuse, and harmful traditional practices (HTPs). The project effectively combined prevention and response mechanisms that addressed both immediate risks and structural causes, particularly child marriage, FGM/C and child labour.

The project adopted a multi-layered approach, combining service delivery, awareness-raising, psychosocial support and referral mechanisms, aligned with key protection risks in Gambella, Oromia and CERS. These risks were driven by poverty, displacement, gender inequality and harmful norms, which the project addressed through school-based gender clubs, community dialogues and case management services. As one CP officer explained: *"The project provided case management services, which included identification, referral and facilitating services according to the child's needs."*

In Oromia, school gender clubs trained female students to report suspected child marriages: *"We have established gender clubs... active female students are trained to report any rumours or suspected cases of child marriage."* This empowerment model directly targeted underlying drivers of silence and stigma around child marriage. Locally adapted mechanisms also addressed FGM/C. In Bidre, focus groups described use of a symbolic "green flag" to celebrate progress in FGM reduction, while in CERS, women reported voluntarily abandoning child marriage after community awareness sessions.

Across regions, CP committees were formed, frontline workers trained, and foster-care networks introduced for unaccompanied children. Deployment of community social workers improved early identification and referrals. A Doyogena officer confirmed: *"The major intervention area was*

prevention, risk mitigation and referrals... including deployment of community-level social workers and strengthening the referral system."

WASH infrastructure reinforced CP outcomes by promoting safe, inclusive learning environments. School-based MHH rooms and hygiene clubs supported dignity, retention and psychosocial well-being of girls. An officer in Gambella highlighted the intersection: *"Without water, I can't do anything... hygiene is mandatory, including child protection."* In Bidre, children formerly engaged in informal labour were reintegrated into schools and supported through family counselling.

The project also promoted survivor-centred legal redress. In Oromia, officers reported that survivors of violence received case management, psychosocial counselling and reintegration into schools. Legal enforcement improved community accountability: *"Now, individuals have been legally punished for committing rape under the pretext of marriage. This is a positive change."* These actions reinforced Ethiopia's Family Code (2000)³ and the National Strategy on Harmful Traditional Practices (2013)⁴, strengthening the institutional and legal response framework.

Box R1: Community-Based Child Protection (CBCP) Action Preventing FGM in Doyogena
CBCP committees in Doyogena delivered rapid, locally grounded responses to harmful practices. During regular meetings in Serera, Zeraro and Mare kebeles, the CBCP identified girls at immediate risk and intervened through parent mediation, kebele dialogues with women's groups, and engagement of religious leaders to halt planned procedures. Referrals were facilitated through community social workers, while emergency food and non-food assistance was mobilized for vulnerable children. This community-owned mechanism demonstrated how strengthening frontline committees enabled timely protection and culturally resonant action in fragile contexts, reducing reliance on external interventions and contributing to sustainable prevention of FGM/C.

Finding 4: Despite strong contextual alignment, coverage limitations, referral bottlenecks and barriers to disability inclusion constrained service reach, especially in remote or underserved areas.

The project's design aligned with national priorities, but operational continuity was affected by logistical and resource constraints. Social workers reported challenges in reaching rural households: *"Families cannot afford repeated trips... some abandon the case."* Weak transport systems and lack of accommodation or per diem support limited equitable access to medical and legal services, particularly for survivors of GBV.

School-based CP mechanisms improved identification of vulnerable children, yet integration of formal tools such as CPIMS+ for case management remained uneven. In Gambella, teachers collected health and disability data but rarely shared it with protection services. In Bidre, caregivers expressed partial satisfaction: *"There are still restrictions and mistreatment... we need further assistance."* In CERS, a child-protection officer noted that while awareness had increased, "the problem of child marriage still prevails." These gaps directly affect responsiveness: limited data sharing and weak intersectoral coordination can delay referral, hinder follow-up and prevent vulnerable children from receiving timely protection and support. As a result, risks such as early marriage, abuse or neglect may persist undetected despite increased community awareness and reporting mechanisms.

Referral pathways functioned more effectively in towns than in rural areas. Serious cases, including rape or GBV, often required transport to urban centres, which families could not afford. These gaps

³ <https://www.refworld.org/legal/legislation/natlegbod/2000/en/73176>
⁴ https://ctr.africanchildforum.org/policy%20per%20country/2015%20Update/Ethiopia/ethiopia_http_2013_en.pdf

reflect capacity and financing constraints at the woreda level and highlight disparities between urban and rural service delivery systems. Nevertheless, community actors widely recognized the project's transformative role. One caregiver observed: *"Before the project, it was common to see children consuming soil due to lack of hygiene... now everything has changed."* Such testimonies revealed the improved awareness and behaviour, though uneven institutional capacity still limits systemic responsiveness.

Overall, CP interventions demonstrated strong contextual relevance and multi-pronged approaches to addressing child marriage, FGM/C and child labour through institutional and community-based mechanisms. However, service continuity and inclusion gaps reduced coverage for disadvantaged groups, particularly children with disabilities. These challenges were linked to the project's limited geographic scope and the surge in IDP populations after its design phase, which increased demand beyond available resources. Strengthening follow-up mechanisms, integrating school-level data into woreda protection systems, and improving transport and resource support for social workers are essential to sustain responsiveness and inclusion.

4.1.3 Reflecting the Needs of Girls, Children with Disabilities and Marginalized Groups

Refined EQ3-R3: To what extent were the needs and perspectives of girls, children with disabilities and other marginalized groups reflected in project design and implementation?

Finding 5: The project addressed gender- and disability-related barriers through adaptive implementation measures, including girl-centred infrastructure, provision of dignity kits and disability-friendly facilities especially accessible WASH in schools and public places. However, the absence of systematically integrated equity objectives and indicators at the design stage limited the ability to monitor and track inclusion outcomes over time.

The CP-WASH project enhanced participation of girls through school-based MHH rooms, safe spaces and the distribution of dignity kits in targeted schools. Adolescent girls in Bidre reported that improved menstrual health facilities allowed them to manage their needs comfortably at school, which helped reduce stigma and absenteeism. Teachers and radio listening groups confirmed that girls acted as peer educators, sharing hygiene and protection messages with classmates and families. These initiatives addressed the social and practical barriers that often prevent girls from fully participating in education and community life.

Women's empowerment was further promoted through pilot SMCs managed by women's groups. These centres strengthened ownership of sanitation practices and provided modest income-generating opportunities by training women to produce, market and sell latrine slabs and hygiene products within their communities. FGDs in Oromia and CERS noted increased confidence and visibility of women in local decision-making. Nevertheless, their reach remained limited, with weak links to wider markets and supply chains. The model's potential lies in its demonstration value: with continued technical support and integration into woreda development plans, such enterprises could support sustainable livelihoods while expanding sanitation coverage.

Disability inclusion, however, was less systematic. The project did not include a disability-specific baseline or functional limitation assessment. As a result, strategies for persons with disabilities were largely reactive, and design adaptations such as ramps, handrails, or child-friendly features were not standardized across all facilities. Endline data indicated that 6.7 per cent of households had adults and 2.3 per cent had children with functional limitations, with higher prevalence among refugees (11.9 per cent of adults and 1.4 per cent of children) compared with host communities (5.2 per cent and 2.6 per cent respectively). The absence of disability-disaggregated data reduced the project's ability to measure inclusion outcomes or tailor responses to varying contexts. This gap limited responsiveness, as programme teams could not accurately identify or compare the specific

accessibility needs of refugee and host populations, resulting in uneven provision of adapted facilities and support services across sites.

Nonetheless, infrastructure adaptations addressed some accessibility gaps. Disability-friendly toilets with ramps, wide doors and handrails were introduced in schools and public facilities in Gambella, Oromia and CERS. In Bidre Town, community funds were mobilized for maintenance, although water shortages in schools such as Murasa reduced usability. Health officers confirmed that *“latrine designs considered female students and persons with disabilities.”* Door-to-door identification of children with disabilities enabled targeted psychosocial and educational support, and CP officers reported adherence to informed consent procedures to prevent stigma. However, these actions were mostly ad hoc, initiated during implementation rather than planned from inception. Without gender- and disability-disaggregated indicators or targets, systematic monitoring of equity outcomes was not possible. As one key informant in Oromia reflected: *“There is no one to give them education... there is a deficiency in case of disability.”*

Finding 6: While inclusive participation platforms were established in many sites, systemic barriers, inconsistent outreach and local gatekeeping undermined equitable access particularly for children with disabilities and socially disadvantaged households in remote areas.

Participatory structures such as school clubs, youth councils and WASHCOs created opportunities for adolescent girls, children with disabilities and other marginalized groups to engage in community activities. A CP focal person in CERS observed: *“Currently, they are the main part of awareness creation... youth and girls teach about the advantage of education and avoiding violence.”* In Gambella and Oromia, refugee adolescents described receiving dignity kits and school materials, calling the project *“useful for adolescent refugees.”*

Despite these advances, barriers to inclusion persisted, particularly in CERS and Oromia. FGDs with communities indicated that participation in planning and implementation was not always consistent, and that beneficiary lists for subsidies were occasionally adjusted in ways perceived to favour less vulnerable households. These challenges reflect systemic factors i.e., resource constraints, local power dynamics, and high demand within limited target areas rather than design weaknesses alone. Woreda officials acknowledged that staff turnover and logistical limitations sometimes created mismatches between community expectations and service capacity.

The project nonetheless contributed to policy and practice innovations. It supported the development of national guidance on disability and inclusion and piloted a Community Feedback and Response Mechanism in Bidre and Doyogena, which improved participatory monitoring and strengthened accountability in WASH service delivery.

Persistent barriers, however, continued to affect children with disabilities. Many schools lacked adapted infrastructure or trained teachers, especially for children with hearing or mobility impairments. Some caregivers withdrew their children from child protection or psychosocial sessions because of transport costs to urban centres. Adolescents facing multiple vulnerabilities such as those from pastoralist households or born out of wedlock, received inconsistent support. While some were reintegrated into school or reached with dignity kits, others remained excluded. A caregiver commented: *“They prepared the supporters and provided them a chance on our behalf... they replaced the poor person with someone who wasn't poor.”*

At the same time, visible positive change was observed. Women caregivers valued locally produced sanitary pads and safer school environments. Boys in Bidimo Horokore described *“cleaner surroundings and better health,”* though flood damage hindered the use of some facilities. In Bidre, community groups mobilized resources to maintain sanitation services and advocated for continued

support. These examples demonstrate that inclusion was operationalized through gender-responsive infrastructure, community mobilization and adaptive implementation, even if systemic equity monitoring remained limited. Embedding equity strategies more formally into project design, planning and results frameworks would help ensure greater consistency, accountability and sustainability.

4.1.4 Theory of Change (ToC): Assessment and Updates

In the absence of a programme-level ToC at inception, the evaluation team developed a ToC to assess the project's logic, assumptions and pathways to results. This constructed ToC was used as the analytical framework for examining the project's design, implementation and achievements in the Ethiopian context.

4.1.4.1 Assessment and Findings of the Constructed ToC (2021-2024)

The constructed ToC for the KOICA CP-WASH Project proved highly relevant and closely aligned with Ethiopia's national priorities, including the OOWNP II and the National Children's Policy. Its relevance lay in linking safe WASH and CP, which are core objectives of OOWNP II and the National Children's Policy, within a single integrated framework. The ToC reinforced national strategies by emphasizing systems strengthening, decentralized service delivery, and community ownership. It provided a practical framework for integration and clarified how project interventions contributed to service delivery, including utility strengthening through the WOP, the rollout of the CPIMS+ tool for case management, and the revitalization of community-based WASH and CP structures. These achievements validate the ToC's central pathway, which links capacity development and institutional strengthening with improved WASH access and CP outcomes.

However, several assumptions were only partially realized. Government ownership and financing remained weaker than envisaged, particularly in refugee-hosting and remote areas where institutional capacity and resource allocation were limited. Inclusive coverage for persons with disabilities and out-of-school adolescents was inconsistent due to the absence of clear operational guidance on accessibility and targeted monitoring. Feedback and accountability mechanisms were underutilized, constraining adaptive management and timely response to emerging needs. In addition, climate resilience and sanitation marketing strategies remained underdeveloped, largely due to limited technical capacity, absence of dedicated funding and competing priorities that placed greater emphasis on short-term service delivery over long-term adaptation and market development.

Overall, the constructed ToC provided a coherent and credible framework but requires clearer causal pathways on institutionalization, inclusion and resilience. Strengthening these dimensions would enhance its utility as a guiding framework for future programming, ensuring that system-level gains are sustained and equitably delivered across humanitarian and development contexts.

4.1.4.2 Suggestions for the Next Phase (2026-2029) and New Projects

The constructed ToC confirmed its validity but highlighted the need for stronger pathways on institutionalization, inclusion and resilience. For the next phase, CP-WASH project should embed resilience, equity and inclusion into woreda and regional plans, institutionalize CPIMS+ tool and WOP through policy and recurrent budgets, strengthen inclusive outreach for marginalized groups, expand resilient infrastructure and digital systems, and formalize community platforms within kebele and woreda structures. Standards for MHH and GBV services in schools, sustained SBCC efforts, and institutionalized professional development are also critical. Assumptions on security, collaboration and staffing will require flexible delivery models, surge protocols and risk-informed planning. The detailed assessment and next-phase recommendations are provided in the ToC table below.

Table 6: Assessment of Constructed ToC 2021-2024 and Suggestions for Next Phase

ToC Element	Findings	Analysis	Suggestions
Impact Children, families, and communities affected by conflict and displacement are safe, protected, and resilient.	Progressing towards achievements but fragile in some locations	WASH and CP services improved resilience, dignity and inclusion, particularly for refugees and host communities. Household survey data show 90.9% satisfaction among refugees and 61.0% among hosts with project-supported services. However, fragility persists in CERS and remote areas where institutionalization and resource continuity remain limited.	Integrate CP-WASH into woreda/regional plans and budgets. Institutionalize climate- and displacement-resilient services, equity audits and contingency financing to safeguard gains in fragile settings.
Outcome 1 Strengthened resilient WASH and CP systems and services	Achieved with gaps	The CPIMS+ rollout and WOP mentoring were operational in all target regions, with 65.2% of households reporting delayed child marriage due to awareness initiatives. However, uptake was uneven due to staffing shortages, weak digital connectivity and recurrent financing gaps at woreda level, as per social workers and utility officials.	Institutionalize CPIMS+ and WOP through policy, HR structures and recurrent budgets. Create regional support units to ensure continuity, equity and accountability.
Outcome 2 Promotive and preventive WASH and CP services in target communities	Achieved with gaps	School clubs, CCCs and youth groups increased prevention of GBV and harmful practices. Focus groups in Oromia and CERS reported fewer child marriage cases and stronger caregiver awareness. However, coverage remained weak for persons with disabilities and out-of-school adolescents.	Strengthen inclusive outreach via universal design, assistive technologies and equity-tagged budgets. Expand CP packages to include legal, medical and psychosocial services.
Output 1.1 Resilient services and systems strengthening	Achieved with gaps	Three utilities and frontline staff were trained under WOP mentoring, improving billing efficiency and service quality. However, incomplete KfW-financed water schemes reduced operational coverage. Woreda utilities in Doyogena and Bidre confirmed better cost recovery but limited service expansion.	Expand resilient infrastructure, accelerate lagging schemes and invest in digitized systems (AI/GIS dashboards, mobile CPIMS+). Secure recurrent O&M financing.
Output 1.2 Promote resilience among	Achieved	Community initiatives, including school clubs, CCCs, CP committees and radio groups, strengthened participation and social cohesion. Qualitative	Create Umbrella Community Organizations (UCOs) with sub committees and groups of WASH, CP, gender, etc. and links to kebele and

ToC Element	Findings	Analysis	Suggestions
children and communities		evidence from Bidre and Doyogena indicates increased trust between schools, parents and social workers, improving reporting of CP issues.	woreda level planning and cohesion.
Output 2.1 Prevent violence against children (VAC) and women	Achieved with gaps	CP/GBV training and MHH services improved awareness and reporting: 71.7% of households upgraded toilets and 86.1% reported access to MHH products. However, continuity of school WASH and MHH services varied by region due to inconsistent supplies and maintenance funding.	Institutionalize MHH and GBV standards in schools, backed by recurrent budgets and cross-sector referral systems.
Output 2.2 Promote positive social norms	Achieved with gaps	ODF certification achieved in targeted kebeles and awareness of child marriage and FGM increased, evidenced by reduced cases reported by CBCPs in Doyogena. However, behavioural change was slower in pastoral and refugee areas, where harmful norms remain more entrenched.	Scale up SBCC through faith leaders, tailored dialogues and sanitation marketing. Link ODF verification to incentive-based monitoring.
Activities 1.1.1-2.2.3 Integrated service delivery and engagement	Achieved with gaps	Capacity-building and infrastructure targets largely met, with over 12,896 individuals receiving psychosocial support and 4,687 children reached with integrated WASH-CP services. Sustainability was constrained by staff turnover and inconsistent digital reporting through CPIMS+.	Institutionalize continuous professional development, accredited refresher training, mentoring and participatory feedback systems.
Assumptions Security & stakeholder collaboration sustained	Partially Held	Collaboration between UNICEF, MoWSA and regional bureaus was strong during implementation, enabling joint supervision in 80% of woredas. However, frequent staff turnover disrupted continuity and institutional memory.	Integrate flexible delivery models, mandatory handover protocols and local continuity mechanisms.
Risks IDP influx, insecurity, staff turnover	Partially Materialized	Increased IDP inflows in Gambella and CERS placed pressure on existing facilities and stretched case management capacity. High turnover of trained staff in utilities and social services affected consistency of	Institutionalize surge protocols, contingency HR pools and risk-informed planning at design stage.

ToC Element	Findings	Analysis	Suggestions
		service delivery and referral follow-up.	

Overall Assessment: Relevance

The KOICA CP-WASH integrated project was well aligned with Ethiopia’s national WASH and CP frameworks, including OWNP Phase II, the Costed Roadmap to End Child Marriage and FGM/C, the National Strategy on HTPs, and humanitarian priorities in displacement-affected regions. Its integrated design addressed interconnected WASH and CP needs in Oromia, Gambella and the CRS, improving access to drinking water, sanitation, MHH and CP services, while fostering social cohesion and contributing to the HDP Nexus. The project addressed risks such as child marriage, FGM/C and child labour through locally adapted mechanisms that strengthened community-based protection and referral pathways. While measures benefited girls, children with disabilities and disadvantaged households, equity strategies were not systematically embedded at the design stage. The ToC was relevant and nationally aligned, but several assumptions were only partially met, highlighting the need to reinforce pathways for equity, resilience and institutionalization. The results framework provided a logical link between outputs and outcomes, but it lacked baselines, disaggregated indicators and adaptive target-setting after a delayed start, limiting its monitoring value. Addressing gaps in participation, outreach to remote areas and systematic equity monitoring, alongside strengthening the results framework and extending project timeframes, would improve prospects for sustained, system-integrated results.

4.2 Coherence

This section examines the extent to which coordination across UNICEF sectors, implementing partners and government structures enhanced the coherence and delivery of integrated WASH and CP interventions (EQ4-C1). It assesses how well the project aligned with national policies and frameworks, and the effectiveness of vertical coherence (linkages between community, woreda, regional and national systems) and horizontal coherence (cross-sector and partner collaboration). Evidence has been drawn from KIIs, FGDs, project monitoring data and national policy documents.

4.2.1 Leveraging Multi-Stakeholder Coordination for CP-WASH

Refined EQ4-C1: To what extent did coordination across UNICEF sectors and implementing partners enhance coherence and delivery of integrated WASH and CP interventions?

Finding 1: Coordination between UNICEF, implementing partners and government structures at regional and woreda levels significantly enhanced operational coherence, joint ownership and complementarity in WASH and CP delivery by aligning workplans, pooling technical resources and ensuring that hygiene promotion and protection activities reinforced each other across communities and schools, despite some early-stage planning gaps and fragmented integration between sectors.

Coordination was consistently identified as a strength of the KOICA CP-WASH project. Government stakeholders including regional health bureaus, women and social affairs offices, woreda administrators, social workers and utility staff highlighted effective collaboration with UNICEF, Save the Children, Plan International and other partners. Joint planning, supervision and referral management created synergies that improved efficiency and accountability, while also enhancing service delivery outcomes by synchronizing community outreach, harmonizing messaging and ensuring that WASH and CP services reached the same households and schools. A WASH officer in Gambella observed: *“The hygiene promotion activities, CLTSH and efforts to improve water systems*

complemented our government programmes... SBCC messaging and community engagement supported our work in improving hygiene practices at household and school levels."

This collaboration enhanced coherence by aligning CP-WASH activities under shared work plans, reducing duplication and ensuring that hygiene promotion reinforced CP outcomes. These synergies were consistent with Ethiopia's Total Sanitation to End Open Defecation and Urination (TSEDU) Social and Behaviour Change Strategy (2022), which emphasizes multi-sectoral coordination for sustained behaviour change. Similarly, referral mechanisms established in CERS and Gambella brought together social workers, teachers, health staff, religious leaders and community police ("Shurta"), enabling early identification of vulnerable children and faster response to protection cases. These approaches directly supported implementation of the National Child Policy (2017) and CCC Strategic Framework (2022), both of which promote integrated protection systems at community level.

In Oromia, periodic review meetings and multi-sectoral monitoring enhanced transparency and adaptive management. A key informant noted: *"We used to have joint assessments, planning and monitoring... even including with country teams. Complementary learning helped both WASH and CP sectors adapt and improve."* These collaborative practices reflected the *"One Plan, One Budget, One Report"* principle of the One WASH National Programme Phase II (OWNP II, 2020-2024), improving coherence between partners and government structures.

However, early-stage design coordination was weakened by the separation of WASH and CP mandates across government offices, which limited integrated planning for adolescent and gender-based interventions. For example, early school WASH designs did not fully incorporate CP messaging or MHH, leading to missed opportunities for joint outreach. Some health officials in Gambella reported that they were *"not fully involved in the planning stage,"* which reduced initial ownership. Later alignment improved as joint platforms matured, but incomplete early integration prevented fuller cross-sector efficiency gains.

Finding 2: Coordination platforms established under the project were well aligned with national frameworks, particularly OWNP II and the child protection referral system. However fragmented implementation responsibilities constrained full institutionalization, as parallel reporting lines and differing sector mandates occasionally delayed joint decisions and reduced consistency in follow-up across regions.

Stakeholders across all regions confirmed that project coordination mechanisms aligned closely with national and regional policies, including Ethiopia's Ten-Year Development Plan (2021-2030), OWNP II (2020-2024) and the Water Sector Policy (draft, 2025). Behavioural messaging and school-based interventions, especially around MHH and CP, were consistent with the TSEDU SBC Strategy (2022) and the National Strategy and Action Plan on Harmful Traditional Practices (2013).

Financing and reporting arrangements under OWNP II include three recognized modalities: pooled financing through the Consolidated WASH Account (CWA), direct implementation by partners such as UNICEF, and government-managed annual work plans. The KOICA CP-WASH project operated through the direct implementation modality, which is an established and legitimate channel under OWNP II. This modality provided flexibility and alignment with government priorities, with results reported as contributions to OWNP indicators.

CP referral systems demonstrated stronger institutionalization. In all three regions, CP caseworkers and focal points described systematic identification, documentation and referral procedures for children facing abuse, neglect or child marriage. Referrals were made to various sector partners for health, GBV and government police and courts, often using standardized forms developed by the Child Protection Working Group. These practices reflect the procedural guidance outlined in Ethiopia's Revised Criminal Code (2005) and Revised Family Code (2000), as well as the National

Costed Roadmap to End Child Marriage and FGM (2020-2024). Nonetheless, bureaucratic hurdles and gatekeeping were occasionally cited as barriers to timely referral, particularly in remote kebeles where transportation and institutional access remain a key challenge.

Box C1: Multi-Sector CP Coordination Strengthening Referral Pathways in Meda Welabu

In Meda Welabu, monthly CP coordination meetings convened over 25 service providers, including MoWSA, WASH, Education, Health, Police/Justice, Disaster Risk Management, Civil Registration, and both national and international NGOs. This inclusive platform addressed interconnected issues such as child neglect, child marriage, school enrolment and birth registration. By linking kebele-level CBCP committees with statutory services, the meetings ensured that community alerts triggered timely institutional responses. Joint actions with education and health actors further reinforced the HDP Nexus by aligning immediate protection interventions with longer-term service delivery goals. Evidence from Save the Children reporting confirms that the platform strengthened the quality, timeliness, and completeness of prevention and response measures. Case management referrals became more effective, duplication was reduced and transaction costs were lowered. Institutionalizing regular information sharing also enhanced vertical coherence (between community and district systems) and horizontal coherence (across sectors), while embedding CP functions within broader district service systems.

Vertical and horizontal coordination was also supported through joint field visits by UNICEF, KOICA and implementing partners, collaborative planning with regional and woreda teams, and use of the CPIMS+ platform for data sharing and performance tracking. These coordination mechanisms enabled peer learning, standardization of reporting and capacity-building. As one respondent remarked, *“Integration improved near the end of the project but should have been built in from the design stage.”* While one-stop service centres and coordination meetings strengthened integration, the project’s reliance on parallel implementation modalities without embedded government-led delivery limited institutionalization and long-term sustainability.

Overall Assessment: Coherence

The KOICA CP-WASH project demonstrated strong internal and external coherence through coordinated partnerships across UNICEF sectors, implementing partners and decentralized government systems. Multi-sector platforms, such as CP coordination and CBCP committees, effectively linked community-level alerts with statutory services, improving case management quality and timeliness while reducing duplication. Cross-sector collaboration at the woreda level enabled joint planning, referral management and monitoring, enhancing operational synergies between WASH and CP delivery. The project’s alignment with national frameworks, including OWNP II, the National Child Policy, and the National Strategy to End Child Marriage and FGM/C, strengthened policy coherence and supported integration within government priorities. However, cross-sector integration was not fully embedded at the design stage. Limited early engagement of health officials, fragmented implementation responsibilities and inconsistent institutional ownership constrained the systemic integration. Strengthening cross-sector integration through harmonised planning, coordinated resource use within national financing frameworks, and institutionalised government-led coordination platforms at all levels would enhance vertical and horizontal coherence.

4.3 Efficiency

This section examines the extent to which the KOICA-funded CP-WASH integrated project utilized financial, human, and logistical resources efficiently to deliver timely and scaled WASH and CP services (EQ5-E1 to EQ7-E3). It assesses cost-effectiveness, resource mobilization, supply chain performance and operational synergies, while identifying constraints that influenced delivery quality,

equity and sustainability. Evidence has been drawn from financial records, household surveys, KIIs, FGDs and project monitoring data, with analysis benchmarked against national service standards and UNICEF efficiency principles.

4.3.1 Efficient Use of Resources for Timely and Scaled Delivery

Refined EQ5-E1: Were financial, human and logistical resources effectively and efficiently utilized to deliver timely WASH and CP services at appropriate scale?

Finding 1: Efficient mobilization and deployment of financial, human and logistical resources enabled timely delivery of large-scale services of integrated WASH and CP across most target areas, with operational synergies from joint platforms; however, service quality, reach and disability inclusion varied significantly between regions, particularly in remote kebeles and refugee settings.

The KOICA CP-WASH project efficiently mobilized financial, human and logistical resources, enabling timely delivery of integrated WASH and CP services across most target areas. Communities in Oromia and CERS reported tangible improvements in access to WASH services. Adolescents in Oromia noted, *“Our issues were quickly resolved by this project,”* describing shorter travel distances and reduced dependency on unsafe water sources. These outcomes were facilitated by coordinated planning and KfW-funded infrastructure investments in locations such as Bidre and Doyogena, though they have not yet been fully operationalized.

The project’s MHH interventions portrayed effective logistical coordination. Women in CERS confirmed, *“Services like MHH kits are available on time, and the spaces are also available,”* while girls in Doyogena appreciated consistent access to supplies and private well-equipped facilities. Hygiene clubs conducted activities two to three times on a weekly basis, reflecting sustained human resource deployment and regular community engagement. Human resources were strategically deployed, particularly in CP. Social workers recruited through the Bureau of Women and Social Affairs (BoWSA) were prioritized for high-need areas. In Gambella, where over 12,000 refugee children reside, vulnerability assessments informed targeted case management. A woreda official noted, *“There are about 10 social workers in our Woreda... delivering different services... and we believe the project is using the resources efficiently.”* In the WASH component, efforts concentrated on strengthening the capacities of existing staff within water utilities and promoting sanitation marketing by engaging local communities, with a particular focus on women.

While some turnover and training gaps were reported, the project mitigated these through mentoring, joint supervision, and on-the-job coaching, helping to maintain efficiency and service continuity.

Operational efficiency was further reinforced by partnerships with regional education, health and social affairs offices. UNICEF coordinated with stakeholders from planning to budget allocation, enabling synergy and cost-saving. Integration of WASH and CP allowed for joint implementation. For example, WASHCO training included CP messaging, and joint distributions of dignity kits addressed both hygiene and safeguarding concerns. Supply chains, facilitated through UNICEF’s logistics systems and digital tracking, ensured timely delivery of dignity kits and WASH supplies; however, procurement bottlenecks delayed some interventions, especially under WASH. As noted by a UNICEF WASH Specialist, *“Most procurements or local sourcing were affected by price escalation, but the government’s commitment reduced its impact through a speedy procurement process.”*

Implementing partners i.e., Plan International, Save the Children, and PMC brought context-specific expertise, technical leadership, and community linkages. The involvement of these partners

enhanced responsiveness, particularly in refugee-hosting and hard-to-reach areas. For example, Save the Children led CP and community led WASH including schools in Oromia and CERS, while Plan International coordinated WASH and CP with referral services in Gambella. PMC contributed to behavioural change communication through radio and community dialogues that reinforced hygiene and safeguarding messages. As noted by an Education Office Head in CERS, *“Everything has been conducted by coordination.”*

Despite these successes, inconsistencies were observed. In Gambella, community groups cited delays in training and incomplete outreach: *“Services were not on time and did not reach the whole community.”* Adolescent girls in Serera kebele reported inadequate MHH provision, including shortages of sanitary pads, water and privacy. Persons with disabilities in Oromia and CERS reported being overlooked in material distributions. One participant stated, *“All of this is taking place elsewhere, but it never reaches our group.”* In summary, efficient delivery was achieved through joint planning, integrated platforms and strong logistics. However, sustaining quality and ensuring equity will require longer programme cycles and built-in flexibility to adapt resources to remote, high-need or displacement-affected contexts.

Box E1: Leveraging the WOP Model for Cost-Effective Utility Strengthening

The project demonstrated process efficiency through the WOP approach to strengthen Bidre (Oromia) and Doyogena (CERS) water utilities. Instead of creating parallel structures, UNICEF worked with UN-Habitat’s GWOPA to pair these utilities with high-performing mentors i.e., the National Water and Sewerage Corporation of Uganda (NWSC) internationally, and Ambo and Wolaita Sodo utilities locally. This mentor-to-mentee model leveraged existing technical expertise and avoided costly consultancy. A five-day visit to NWSC in Uganda built capacity in customer relations, revenue management, non-revenue water (NRW) reduction, asset management and water quality monitoring. Embedding these skills in local teams reduced reliance on external inputs and supported lasting operational improvements. Joint planning and training for all mentee utilities reduced per-unit costs, with local mentors providing translation, contextualization and follow-up support. Early results show improved billing efficiency, customer responsiveness and operational performance without proportional cost increases. Integrating WOP activities into the government led OWNPP ensured system alignment, avoided duplication and enabled pooling of resources from other initiatives. This case demonstrates how strategic partnerships and targeted peer learning can deliver high returns on investment in service delivery capacity, offering a replicable model for Ethiopia’s secondary towns.

Finding 2: High budget absorption and adaptive reallocation maximized outputs and leveraged significant additional investments for WASH and CP, though delays in partner onboarding compressed the implementation period and reduced opportunities for institutionalization and behaviour change consolidation.

The KOICA CP-WASH project achieved a strong financial performance, with an overall execution rate of 89 per cent and no refunds or receivables outstanding (DFAMDash Donor Statement, December 2024). Outcome-level delivery was robust: WASH and CP both reached 100 per cent utilization of allocated funds, while project support costs remained within approved ceilings, in line with UNICEF’s 8 per cent indirect cost recovery policy.

Table 7: Financial Performance Summary 2021-2024

Component	Allocation (USD)	Spent (USD)	Delivery Rate
Outcome 1	2,664,039.01	2,493,412.02	94%

Outcome 2	2,034,501.93	1,871,784.49	92%
Project Support Cost (M&E, cross-sectoral, visibility, Korean Hire Fund)	1,242,053.07	933,744.39	75%
1% coordination levy	59,406.00	59,406.00	100%
Grand Total	6,000,000.01	5,358,346.90	89%

Adaptive reallocation and absorptive capacity enabled the project to exceed several output-level indicators without additional KOICA financing. High absorption rates were directly linked to accelerated implementation of school WASH facilities, expansion of sanitation marketing centres, and timely distribution of dignity kits that reached over 33,000 adolescent girls. Strategic reprioritization and mobilization of complementary resources (USD 6.8 million for WASH infrastructure and USD 300,000 in staff time) also ensured rehabilitation of key water systems and continuity of psychosocial support in high-need woredas. Efficient reprogramming of carry-over amounts (USD 1.29 million in 2022 and USD 1.6 million in 2023) allowed the project to maintain service delivery momentum and scale up hygiene promotion campaigns. Peak expenditure in 2024 (USD 2.77 million) reflected the project's capacity to convert financial resources into tangible results across both sectors, particularly in water system rehabilitation, sanitation marketing and CP case management.

However, early delays in finalizing sub-agreements with implementing partners shortened the effective implementation period to around 2.5 years. These delays were primarily due to joint consultations with communities and stakeholders in planning activities, extended negotiations on budget revisions, alignment of implementation plans with government priorities, and the time required for legal and administrative clearances. This constrained the time available to consolidate institutionalization and behaviour change gains. As one government official observed: *"Projects like these need more time to build systems and change mindsets."* Overall, the project demonstrated strong budget management, adaptive resource use and financial accountability. Future programming would benefit from earlier partner onboarding to ensure that systems strengthening and behaviour change components are given sufficient time to mature and deliver sustainable outcomes.

4.3.2 Availability and Efficiency of MHH Supply Chains

Refined EQ6-E2: How efficient and sustainable were the supply chains and local production systems for MHH and inclusive hygiene products?

Finding 3: Strengthened MHH supply chains through local production, school-based distribution and community engagement improved access and reduced stigma for adolescent girls; yet, supply continuity, affordability and equity of provision remained uneven, with persistent gaps in refugee and rural communities.

The KOICA CP-WASH project enhanced local access to MHH products through a combination of school-based distribution, skills training and community engagement in its targeted sites. Data from the household survey indicated that 40.8 per cent of respondents across intervention areas reported accessing locally produced MHH products, with roughly equal proportions supplied through schools (20.0 per cent) and community channels (20.8 per cent). Oromia recorded the highest level of community-based production (32.4 per cent). Patterns of access varied between host and refugee households within project sites. Among host communities, 22.8 per cent reported school-based access to MHH supplies, compared with 10.5 per cent of refugee respondents, although levels of community-based supply were similar. These findings were corroborated by school-level data, where 50 per cent of surveyed schools in intervention areas reported availability of MHH products, with Oromia again the best-performing region. These results demonstrate effective integration of MHH

delivery through both education and community platforms, reflecting the project's strength in adaptive implementation. Higher coverage in Oromia suggests that capacity-building of local producers and school-community collaboration contributed to stronger sustainability.

Field-level voices confirmed strong engagement and ownership. Caregivers in Bidre Town described availability of dignity kits and well-equipped facilities: *"Sanitary pads were supplied for them, along with clean soap and a shower area... I have witnessed this fact firsthand with my children."* Girls' clubs helped reduce menstruation-related stigma and absenteeism. One participant affirmed, *"Menstrual blood on our female adolescents' educational clothes is no longer visible."* These testimonies confirm tangible behavioural and social change resulting from community mobilization and consistent supply. The establishment of gender clubs and safe facilities effectively addressed stigma and absenteeism, validating the project's SBC approach.

Local production was integrated into schools, with teachers and students trained in reusable pad making. Hygiene clubs led peer education efforts and promoted awareness within families. These efforts significantly reduced dependency on external supply chains and promoted community-based behavioural change. Integration of MHH production into school systems represents a promising model for sustainability, as it embedded life skills and supply continuity within existing educational structures. While locally produced pads were more cost-effective and timely in delivery, avoiding procurement delays and transport costs, they remained limited in scale due to variable material quality and lack of standardized production oversight. The participatory design nonetheless strengthened local ownership and reduced operational costs, showing how system-based interventions can enhance long-term resilience and self-reliance in MHH provision.

The evaluation noted some gaps in terms of quality assurance, continuity and inequitable access. Product availability and affordability were affected by inflation, weak supply chains and partner withdrawal. In Bidre and Murasa schools, limited water availability undermined the usability of MHH facilities. Adolescents in Gambella refugee camps stated: *"Services used to be available... but now there is no more such like services."* These gaps were driven largely by external factors such as inflation and partner turnover, though limited internal contingency planning and resource flexibility constrained the project's ability to fully mitigate their effects. They highlight the fragility of locally driven systems when not backed by structured supply-chain support and consistent partner engagement. Sustained government leadership, quality monitoring and integration of MHH components into long-term education and WASH budgets remain essential to ensure equitable and resilient outcomes.

Finding 4: Sustained availability of MHH interventions was strengthened through school-based systems and skills training for adolescent girls, but affordability and accessibility challenges remained outside the direct scope of the project.

The KOICA CP-WASH project focused on ensuring continuity of MHH interventions primarily at the school level. Dedicated MHH rooms, dignity kits and training supported adolescent girls' participation and reduced absenteeism. In several schools, skills training was introduced to enable adolescents to produce their own pads and underwear, representing a sustainable model with potential for replication. Teachers and girls reported that these initiatives improved confidence and created opportunities for peer-to-peer learning. These approaches also enhanced efficiency by reducing reliance on externally procured supplies, lowering distribution costs and embedding MHH delivery within existing school systems, thereby sustaining outcomes with minimal additional resources.

Household survey data revealed uneven affordability, with only 42.4 per cent of respondents considering MHH products affordable and 47.4 per cent reporting them unaffordable. Regional

variation was notable: 60.9 per cent in CERS found products affordable compared to just 20 per cent in Oromia. While these figures highlight broader challenges, they reflect systemic affordability gaps beyond the project's direct remit. The programme's focus was instead on establishing school-based systems that could catalyse longer-term supply and awareness. These findings indicate that affordability constraints stemmed primarily from external economic factors, particularly inflation and limited local production scale, rather than project inefficiency. By embedding MHH access within school systems, the project effectively mitigated short-term cost barriers for girls and demonstrated a feasible model for sustainable, low-cost distribution in future programming.

Inclusion of persons with disabilities in MHH interventions was more limited. While some schools provided adapted facilities such as toilets with seats and accessible safe spaces, these were not consistently available across intervention sites. A participant explained: *"Persons with disabilities desires to walk to the toilet, but they cannot without wheelchairs or crutches."* Another added: *"There are no special facilities built in or supplied for persons with disabilities in the community,"* reflecting wider systemic gaps outside the project's mandate. Inflation increased construction costs, and the withdrawal of implementing partners in some locations created service disruptions, both of which affected delivery efficiency. Nonetheless, the project optimized available resources by integrating disability-friendly designs into existing school infrastructure rather than creating parallel systems, ensuring cost-efficiency while establishing a foundation for sustainability through school-based and adolescent-led MHH production models.

4.3.3 Efficiency and Equity in Referral Mechanisms and WASH Infrastructure

Refined EQ7-E3: To what extent were referral mechanisms of child protection and WASH infrastructure delivered efficiently, equitably and according to quality standards?

Finding 5: Delivery of gender-responsive WASH infrastructure and operational CP referral mechanisms enhanced service quality and protection outcomes, but coordination gaps, reliance on externally funded capital works, and inequitable access for persons with disabilities and some host communities constrained efficiency and system-wide uptake.

The KOICA CP-WASH project achieved notable improvements in WASH infrastructure and CP referral systems across all three regions. Among surveyed schools, 67 per cent reported publicly displaying referral pathways and 50 per cent maintained functional complaint boxes—indicating adherence to basic quality standards. Menstrual hygiene rooms further enabled safe and dignified access for adolescent girls. As shared in Bidre Town: *"No males or teachers are using the female toilet... We lock it on the weekend. No other person can use it."* A caregiver in Doyogena added: *"The menstrual health and hygiene room is easily accessible... and the girls can use it at any time."*

Significant strides were made in CP case management through the rollout of the CPIMS+, which established a standardized digital platform for recording, tracking and referring CP and GBV cases. The system was supported by over 400 trained social workers across eight regions, equipped with uniform referral tools and data protocols to ensure confidentiality and improve coordination between social affairs, education and health offices. This strengthened the consistency and traceability of case management processes, allowing timely follow-up and improved data-driven decision-making. However, implementation gaps remained. Only 17 per cent of visited schools reported making formal referrals for CP or GBV cases over the past year, with no referrals recorded in CERS and Gambella, and only 50 per cent in Oromia, suggesting limited awareness or application of school-based referral protocols.

Challenges in service delivery were compounded by resource constraints. In Gambella and CERS, social workers cited limited transport allowances and unpaid workloads. As one respondent noted: *"We work for free... no payment or transport."* Others described delays due to bottlenecks and staff

availability: *“There is a delay to get the services needed... partners become busy or may not be found at the state to perform that case.”* The absence of financial incentives and transport support reduced productivity by limiting caseworkers' ability to conduct timely field visits, follow up on referrals and coordinate with service providers, resulting in slower response times and occasional case backlogs

Delays in water supply infrastructure were also reported, particularly in Bidre Town and surrounding kebeles. However, these delays were primarily attributed to incomplete or ongoing works under the KfW-funded water network expansion, not failures of the KOICA project itself. As one informant clarified: *“Everything is being constructed, but the water is not there... connections have now been made, but this was a challenge.”* These constraints point to interdependency between WASH infrastructure delivery and broader capital investment timelines, which must be better synchronized during joint programming. A health official in Gambella observed, *“Many implementing organizations conduct WASH projects in the same area at the same time... there should be plan alignment and verification.”* Another officer added that local departments were not informed of budget details or technical team deployments, limiting coordinated use of available resources.

In relation to sanitation services, only 14 per cent of surveyed households in the intervention sites reported desludging their pit latrines or septic tanks. Uptake was highest in Gambella (50 per cent), compared to 11.7 per cent in Oromia and none in CERS. However, this higher rate in Gambella largely reflected reliance on communal latrines in refugee camps, where desludging needs are more frequent. These patterns do not necessarily reflect poor access or low coverage alone. In many rural and low-density areas, pit latrines are commonly managed through abandonment and relocation, particularly in dry soil conditions where desludging is not frequently required. Nevertheless, institutional engagement in faecal sludge management (FSM) within the intervention areas remained limited. Households carried out 81.4 per cent of desludging themselves, while the government (5.7 per cent), private actors (11.4 per cent) and NGOs (1.4 per cent) played only marginal roles. While project activities delivered all planned sanitation outputs in the targeted sites, the survey results underline ongoing challenges in building structured FSM systems, pointing to an area for strengthening in the next phase.

Equity challenges persisted. A CP officer in Gambella shared: *“Most projects give more emphasis to refugees... oftentimes complaints and disappointments were raised in woreda council meetings.”* Persons with disabilities in CERS and Gambella repeatedly reported exclusion from service access: *“All of this is taking place elsewhere, but it never reaches our group.”* Nonetheless, integrated delivery models proved efficient where WASH and CP were jointly implemented. MHH services, psychosocial support and life skills training improved outcomes for school retention and child well-being. One CP officer remarked: *“The convergence of WASH into more kebeles enabled us to provide comprehensive services to targeted children... the number of dropouts reduced significantly due to better MHH access.”*

Overall Assessment: Efficiency

The KOICA CP-WASH project demonstrated strong operational efficiency, achieving an 89 per cent financial execution rate and leveraging over USD 6.8 million in complementary funding to expand service reach and quality. Strategic deployment of social workers, integration of WASH and CP delivery in high-need areas and adaptive reallocation of funds optimized resource use. The WOP model and local MHH production further enhanced cost-effectiveness. However, efficiency was constrained by delayed partner contracting, compressed implementation timelines, incomplete infrastructure of KfW-supported water network, and uneven inclusion of remote communities and persons with disabilities. While supply chain performance was generally robust, last-mile access and post-partner phase-out continuity varied across regions, particularly in refugee settings. Referral mechanisms improved through CPIMS+ and standardized tools, but uptake at school level remained limited. Future projects should embed early partner mobilization, integrate equity strategies into efficiency planning, align infrastructure timelines with utility delivery, and strengthen last-mile supply chains to sustain results and maximize return on investment.

4.4 Effectiveness

This section examines the extent to which the KOICA CP-WASH project achieved its intended outputs and outcomes across WASH and CP, as set out in the project's logical framework and the constructed ToC. The ToC articulated pathways from strengthened systems, inclusive infrastructure, and preventive services towards improved well-being, resilience, and protection of children and communities in humanitarian and high-risk settings. The analysis is structured around four evaluation questions. EQ8 assesses progress against planned results in infrastructure, service delivery and capacity-building. EQ9 identifies key enabling and hindering factors influencing implementation in a humanitarian-development context. EQ10 evaluates the inclusivity and accessibility of services for marginalized and vulnerable groups. EQ11 reviews progress in strengthening norms and systems to prevent child marriage and FGM/C. The assessment draws on multiple data sources, including performance monitoring reports, household and school surveys, KIIs and FGDs. Findings are presented with attention to both the achievement and equity of results, and to the extent that the underlying ToC assumptions were validated.

4.4.1 Progress in Achieving WASH and Child Protection Outcomes

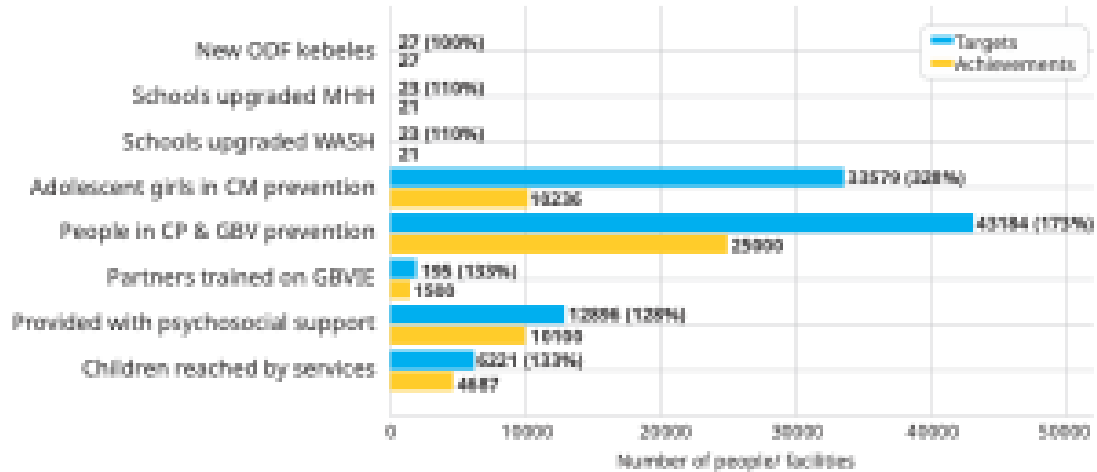
Refined EQ8-F1: To what extent did the project achieve its intended outputs and outcomes in WASH and CP, particularly in inclusive infrastructure and capacity-building?

Finding 1: The project exceeded most output targets and delivered significant service gains in WASH and child protection, but inequities in disability inclusion, limited institutional uptake and dependencies on external financing for water network, etc, reduced the consistency and sustainability of outcomes.

4.4.1.1 Achievement of Results against the Logical Framework (2021-2024):

By December 2024, the project had surpassed many of its logframe targets (see Figure 3). Output-level progress was strong: over 76,000 adults and children were reached through awareness campaigns, 27 kebeles were certified ODF (rising to all 35 by June 2025), and school-based MHH rooms and SMCs were established across the three regions. These figures are based on data collected from progress reports of the project teams. A detailed logframe analysis is presented in Annex 9.

Figure 4: Achievements Vs Targets – KOICA CP-WASH Project Reports/Data



Outcome 1 (Systems strengthening): Significant progress was achieved in utility mentoring through the WOP, rollout of the CPIMS+ tool and revitalization of CBCP structures. These interventions enhanced coordination, accountability and technical efficiency across regional systems. However, integration of CPIMS+ for case management in CERS was hindered by poor connectivity and staffing constraints, while uptake in refugee contexts was limited by financing gaps. In Oromia and CERS, delays in KfW-financed water schemes reduced water reliability, affecting the consistency of service delivery. Evidence from field consultations confirmed that reporting and coordination improved under CPIMS+ in Oromia, where social workers demonstrated stronger case-tracking and follow-up. These challenges highlight the need for sustained government investment in digital infrastructure, recurrent financing, and staff retention to institutionalize gains in system functionality and ensure that digital case management and utility mentoring are fully embedded within regional service delivery frameworks.

Outcome 2 (Service expansion): Targets for school-based MHH rooms and community awareness were exceeded. Across project areas, 71.7 per cent of households with toilets reported facility upgrades, and 86.1 per cent of girls reported access to MHH products through schools and community channels. In Oromia and Gambella, community platforms strengthened prevention and reporting systems, contributing to delayed child marriages reported by 65.2 per cent of households and increased GBV case reporting through schools and CCCs. However, outreach to children with disabilities and out-of-school adolescents remained below expectations, particularly in CERS, where accessibility barriers and limited follow-up capacity constrained equitable service coverage.

Box F1: Adequacy of the Results Framework and Performance of the M&E System

The KOICA CP-WASH project's results framework was conceptually aligned with the constructed ToC, linking integrated WASH and CP interventions to improved safety, wellbeing and resilience. The results framework reflected national priorities and provided a credible foundation for measuring impact. However, operational weaknesses reduced its utility. Baseline data were absent, indicators were mainly output-focused, and disaggregation by gender, disability, or displacement status was limited. Intermediate outcomes such as behaviour change and institutional adoption were insufficiently tracked, and several indicators did not meet SMART criteria. Though field visits were conducted jointly and individually, routine monitoring relied heavily on partner reports and school records, with weak integration between WASH and CP systems. While CPIMS+ supported CP case management, it was not linked with WASH monitoring, limiting joint analysis. Feedback loops were inconsistent, adaptive actions ad hoc, and woreda-level capacity gaps undermined data quality and verification, creating risks of over- or under-reporting. Overall, the framework and M&E system offered a logical base but lacked robustness for accountability, adaptive management and outcome measurement. Strengthening disaggregate indicators, verification and integrated platforms will be essential for future programmes.

4.4.2 Strengthening Systems for WASH Access

Finding 2: The project strengthened institutional capacity and promoted positive behaviour change, particularly through water utility mentoring and school–community engagement platforms. Community mobilization was central to achieving ODF status and improving school retention, with evidence of reduced absenteeism and child marriages. However, institutional uptake was uneven, and disadvantaged or remote communities continued to face barriers, limiting equitable and sustainable systems change.

Access to Water

The project's contribution to water access focused on institutional strengthening rather than direct infrastructure provision. In Oromia and CERS, utilities benefitted from mentoring under the WOP, which improved billing efficiency, reduced NRW, and strengthened operations and maintenance (O&M) planning. These measures enhanced system performance by addressing internal management gaps and building local technical capacity. A member of water utility mentioned, *"we now supply the water on a rotational basis by closing gate valves at different places to make it accessible for the community. That is why our income started increasing."* However, delays in KfW-financed schemes in both regions weakened service reliability, as households continued to report interruptions and dissatisfaction with water quality.

Household survey data showed that access to improved water sources increased from 63.7 per cent to 78.5 per cent across project areas; however, only 45.2 per cent met SDG 6.1 standards for basic water services. Water quality and reliability also remained problematic, particularly in Oromia, where 28.3 per cent of households expressed dissatisfaction with taste or colour, and fewer than half reported having water available when needed as the network of water supply is under construction. As a health officer in Itang explained, *"Before the community used to use the river, but now they have moved beyond the common tap and installed taps in each house.... yet ongoing maintenance and capacity support are still needed to ensure reliability."* Schools performed better, with all surveyed schools accessing improved water, though only half had piped systems and just one in six enjoyed uninterrupted weekly supply. These findings demonstrate that the project's institutional approach effectively improved operational efficiency and expanded basic coverage by leveraging existing systems and mentoring utilities. The experience underscores that systems strengthening must be complemented by synchronized infrastructure development and stable recurrent funding to translate institutional gains into consistent, equitable water access.

Ending Open Defecation and Access to Sanitation

Community mobilization was central to sanitation progress. According to project reports, by December 2024, 27 kebeles had been certified ODF, and all 35 targeted kebeles were certified by June 2025, supported by school clubs, WASHCOs and health extension workers. This reflects strong effectiveness in community engagement and behaviour change, as collective action and local leadership proved critical to triggering and sustaining latrine construction. In Doyogena (CERS), households reported near-universal toilet access, while in Gambella refugee camps, communal latrines remained the primary option, raising concerns about functionality and maintenance. As one health official cautioned: *"ODF status is achieved, but without maintenance, people may return to open defecation."*

Regional disparities also influenced results. In Achewa (Gambella), 24 per cent of households still lacked toilets, and in camps such as Kule and Nguenyiel, communal facilities were often insufficient, poorly desludged or lacked water. Despite these constraints, more than 70 per cent of surveyed households acknowledged reductions in open defecation, and 71 per cent reported constructing latrines in the past three years. These results demonstrate that the project's ODF interventions were effective in mobilizing communities and reducing open defecation through consistent hygiene

promotion, school-based campaigns and community-led sanitation initiatives. However, effectiveness was uneven across regions due to limited post-triggering support, weak monitoring systems and inconsistent verification processes, which at times prioritized certification over behavioural reinforcement. Strengthening verification mechanisms, ensuring transparent reporting, and linking ODF progress to incremental improvements such as improved latrine designs, handwashing facilities, and structured FSM would further enhance effectiveness and help consolidate sanitation outcomes.

School WASH

School-level outcomes were comparatively stronger than at community level. Ninety-five per cent of targeted schools received full WASH packages comprising water supply, sex-segregated toilets and handwashing stations. However, standards related to student to toilet ratios were not met, as none of the schools achieved the recommended student-to-toilet ratios, with instances of severe overcrowding, for example, one toilet serving 373 girls at Waduma Primary School. Despite these shortfalls, access to improved facilities contributed to safer and more inclusive learning environments, particularly for adolescent girls.

In Bidre Town (Oromia) and Doyogena (CERS), school WASH interventions were integrated with CP structures, creating a seamless safety net for adolescent girls. School gender clubs worked in tandem with CCCs and CP committees to identify at-risk girls, reduce absenteeism linked to menstruation and refer cases of child marriages or GBV. Girls reported consistent access to MHH rooms equipped with dignity kits, rest areas and disposal facilities, while community actors ensured follow-up and parental engagement. As one adolescent in Bidre explained, *“Before UNICEF, when we experienced menstruation in school, we panicked and went home because we didn’t have a place to rest and sanitary pads... But after UNICEF provided us the education, bought us sanitary pads and constructed this MHH centre, we go to this MHH class, take a rest, wear our sanitary pads and go back to the school.”* This reflects the tangible effectiveness of integrated school–community platforms in improving attendance, confidence and protection outcomes for adolescent girls.

This combined school–community platform proved effective because it leveraged existing institutional systems and community networks to reinforce protection and inclusion. Evidence from field consultations indicates reduced child marriage cases, improved attendance and greater confidence among girls to voice concerns and report abuse. The model demonstrates how convergence across education, WASH and CP systems can generate multiple, mutually reinforcing outcomes, particularly in displacement-affected settings. It offers a scalable and cost-effective approach for future programming, showing that integrated delivery enhances both efficiency and impact.

4.4.3 Advancing Social Norm Change and Protection Outcomes

Finding 3: The project contributed to measurable shifts in social norms around MHH and child protection, strengthening resilience, confidence and well-being among adolescents and caregivers. Progress was underpinned by structured awareness campaigns and targeted infrastructure investments. However, equity and sustainability challenges persisted, particularly in refugee camps and remote rural areas, limiting consistency and long-term impact.

Basic hygiene practices

Household survey results show modest progress. Forty-eight per cent of households had a designated handwashing facility, but only 31 per cent met the JMP definition of basic hygiene (a facility with both water and soap). FGDs confirmed that behaviour change was most evident among adolescents, who attributed new practices to peer-to-peer promotion and youth-led hygiene clubs. As one student in Oromia shared, *“We discuss hygiene at our club meetings and remind each other to wash hands before eating or after the toilet... now even our parents follow what we do.”* This

demonstrates how youth engagement acted as a catalyst for improved hygiene behaviours at both school and household levels. However, overall progress remained modest due to affordability constraints for soap, intermittent water supply and limited community follow-up, indicating that while awareness has improved, consistent practice requires stronger system support and sustained behaviour reinforcement.

MHH results

Gains were strongest at school level, where direct investments created safe and inclusive spaces. Twenty-three schools were rehabilitated or constructed with WASH facilities, of which 12 new MHH rooms were established (six in Bidre, three in Doyogena and three in Itang). The remaining schools upgraded toilets to be gender-sensitive and disability-accessible. Field observations and interviews confirmed that 83 per cent of visited schools (five out of six) had functional MHH safe spaces. Progress reports also confirmed that 90 per cent of targeted schools received MHH facility upgrades alongside teacher and hygiene club training.

Household-level data confirmed these improvements, with 71.4 per cent of women and girls reporting increased confidence in managing menstruation, and 82.3 per cent indicating they had adequate privacy to wash and change. The availability of MHH rooms in schools contributed to enhance school attendance and improved comfort for adolescent girls during menstruation. However, gaps persisted: communal MHH facilities were only 67.4 per cent private and usable, 48.2 per cent had visible hygiene supplies and 42.9 per cent had functional disposal mechanisms such as bins or incinerators. CERS performed weakest, with irregular maintenance and understocking, indicating that while MHH interventions effectively improved dignity and participation for most girls, inconsistent upkeep and supply management reduced overall functionality and equity of access.

Box F2: Insights from UNICEF-PMC Mixed Methods Evaluation on WASH Behaviour Change
A mixed-methods evaluation by UNICEF and the PMC (2022-2024) assessed behaviour-centred WASH interventions in eight woredas across Oromia, Gambella, Sidama and CERS, using surveys (n=750), FGDs, KIIs, school profiling and document review. The programme combined radio, interpersonal communication and community mobilization, reaching over 367,500 people (51.2 per cent women). Forty-two radio episodes in five languages achieved wide reach, with 73 per cent of surveyed households reporting exposure and higher likelihood of adopting promoted behaviours. Significant gains were observed: handwashing with soap at critical times rose from 52 to 76 per cent, safe disposal of child faeces from 41 to 68 per cent and water treatment from 38 to 61 per cent. Households in intervention areas were nearly three times more likely to express confidence in their handwashing ability than controls. MHH interventions in schools reduced stigma and increased girls' confidence, though gaps persisted in affordability of soap, irregular water supply and cultural taboos. Sustainability was weakened by the absence of structured handover and maintenance mechanisms. The evaluation recommended institutionalizing follow-up systems and expanding multi-platform social and behaviour change approaches.
Source: UNICEF-PMC Mixed Methods Evaluation of the WASH Behaviour Change Programme in Ethiopia (2024). Internal Evaluation Report. UNICEF Ethiopia, Final Draft 2024.

Child protection outcomes

Awareness and services expanded significantly. All surveyed schools had trained CP committees, though only 67 per cent adopted safety protocols and 50 per cent established formal referral linkages. Nearly 96 per cent of respondents were aware of CP structures, 81.5 per cent had knowledge of harmful practices such as child marriage and FGM/C, and 65.2 per cent of households reported delaying child marriage due to increased awareness through community dialogues and project services. Community participation was high, with 62.4 per cent of households reporting involvement in WASH or CP-related groups, highest in Gambella (79.1 per cent) and lowest in Oromia

(45.2 per cent). Psychosocial support reached 62.8 per cent of adolescent girls, with highest coverage in Gambella (69.2 per cent) and lowest in CERS (58.6 per cent).

Qualitative evidence suggests that the CPIMS+ tool contributed to strengthening case management, but adoption of this tool remained inconsistent due to connectivity issues and continued reliance on paper-based reporting. This limited real-time monitoring and reduced the quality of evidence available for case tracking and decision-making at woreda and regional levels. The structured dialogues with different groups including adolescent, parents and community groups resulted in enhanced knowledge and actions around child protection. Adolescents in Oromia and Gambella reported greater confidence to resist child marriage and harmful practices, while caregivers highlighted improved protection: *“Now, children are safe from rape... child labour has lessened... girls go to school regardless of wealth.”* However, refugees and marginalized groups, including children with disabilities, continued to face barriers. In Gambella camps, soap and dignity kits were often unavailable, and communal facilities were overcrowded. The sustainability of these behavioural gains remained uncertain in the absence of clear handover mechanisms to woreda governments and recurrent financing for supplies and maintenance.

4.4.4 Enablers and Barriers to Effective Implementation in a Humanitarian-Development Context

Refined EQ9-F2: What were the key enabling or hindering factors affecting the successful implementation, and how were challenges addressed?

Finding 4: Implemented in a complex humanitarian-development context, the KOICA CP-WASH project's effectiveness was shaped by both enabling and constraining factors. Community platforms, climate-responsive interventions and strong inter-agency coordination enhanced delivery and local accountability. However, limited local government involvement in planning, funding and infrastructure gaps, and incomplete digitalization of monitoring systems constrained consistency and equity across regions, particularly in displacement-affected areas.

4.4.4.1 Enabling Factors

Community participation and ownership: The project effectively leveraged community structures, including WASHCOs (48.9 per cent participation), youth clubs (40.5 per cent), CP committees (28.1 per cent) and gender clubs (28.9 per cent), with Oromia reporting the highest WASHCO engagement (91.5 per cent). Participation levels were broadly comparable between host and refugee communities: while host communities engaged more actively in WASH, CP structures and sanitation committees, refugee households demonstrated stronger involvement in CP and youth platforms, particularly in Gambella camps. As one regional informant observed, *“Stakeholders at the community and school level were fully engaged and participated from planning to implementation phase... this is the reason for the success of our project.”* These results show that inclusive community engagement enhanced both programme effectiveness and sustainability by embedding behavioural change within local systems

Climate messaging and technical adaptation: Outreach on climate risk and resilience reached 68.9 per cent of households overall and 81.8 per cent of refugee households through community meetings, school clubs and radio programmes that linked safe WASH practices with disaster preparedness. In Bidre, solar-powered water systems demonstrated adaptability during frequent power outages, ensuring uninterrupted access to safe water. At the same time, UNICEF's training of CP officers on emergency preparedness strengthened GBV and CP case management during climate-related shocks such as flooding and drought. These efforts illustrate that integrating climate messaging and technical adaptation into service delivery enhanced community awareness, continuity of services and institutional readiness to manage climate risks.

Inter-agency collaboration and systems strengthening: Partnerships with regional utilities, CP offices and sector bureaus helped institutionalize operational practices and improve coordination across service delivery levels. The rollout of CPIMS+ enhanced data sharing and case management, while mentoring under the WOP built technical capacity and standardized O&M planning within utilities. These collaborations strengthened decentralized service delivery systems, enabling faster response in fragile zones and greater accountability across WASH and CP sectors.

4.4.4.2 Hindering Factors

Incomplete local planning inclusion: Despite woreda-level engagement, kebele representatives reported limited involvement in decision-making. As one participant in Doyogena stated: *“They came and discussed with woreda administrations... but they didn’t discuss it with kebele representatives... We didn’t give any opinion on what we need.”* This exclusion reduced ownership, particularly in remote sites, and weakened the alignment of interventions with community priorities.

Inequitable access to feedback mechanisms: Community feedback channels, including phone lines and local site offices, were in place, but awareness and utilization were inconsistent. Only 47.5 per cent of households knew how to submit feedback, with lower awareness among refugees (39.9 per cent) than host communities (49.7 per cent). Just 51.8 per cent of reported cases were addressed, while refugee households experienced higher rates of unaddressed complaints (8.3 per cent compared with 0.8 per cent among hosts). The higher proportion among refugees partly reflected the nature of complaints, many of which required responses or resources beyond the project’s scope. These gaps limited accountability and timely problem resolution, revealing weak communication and staff responsiveness despite the existence of formal mechanisms.

Financial and logistical constraints: Limited resources undermined service quality and continuity, particularly for training and supervision. A CP officer in CERS explained: *“Budget is the major problem... social workers perform these activities using systems created... but the major problem here is lack of budget for training.”* Regional officials in Gambella also highlighted challenges in sustaining high-demand refugee services under constrained aid budgets. This restricted the project’s ability to maintain capacity-building momentum and ensure consistent field support.

Infrastructure resilience and equity gaps: Nearly half (48.5 per cent) of households reported climate-related water service interruptions, with resilience lowest in CERS (27.9 per cent). Women-headed households and persons with disabilities faced disproportionate barriers. A woman with a disability in Gambella stated: *“No one built a path I could use. Now the toilet is there, but not for us.”* These inequities, combined with frequent interruptions in UNHCR-managed water provision due to fuel shortages and delayed payments, constrained service continuity and equitable access as factors largely beyond the project’s control.

Partial adoption of digital systems: Uptake of the CPIMS+ data system remained uneven, particularly in rural and displacement-affected areas. Connectivity and hardware gaps limited data entry and information sharing. One social worker noted: *“The system is still not fully digitalized... few case workers are actively using it.”* This reduced efficiency in case tracking and inter-agency referrals, weakening evidence-based decision-making and real-time coordination.

Overall, the project demonstrated strong potential through community engagement, adaptive measures and systems strengthening, with notable gains in Oromia and Gambella. However, gaps in kebele-level participation, financing, digital adoption and grievance resolution limited equity and inclusiveness. Assumptions in the ToC regarding institutional participation and systems uptake were only partly realized. Future phases should prioritize deeper local engagement, enhanced accountability mechanisms, resilient infrastructure and expanded digital monitoring to ensure sustained and equitable outcomes.

4.4.5 Inclusivity and Accessibility of WASH and Child Protection Services for Marginalized and Vulnerable Groups

Refined EQ10-F3: To what extent were WASH and CP services inclusive and accessible for children with disabilities and other marginalized populations?

Finding 5: The project enhanced inclusive access to WASH and child protection through school-based outreach, infrastructure upgrades and community awareness that improved participation of women, girls and vulnerable households. However, disparities across regions and population groups particularly among persons with disabilities and refugees persisted due to uneven infrastructure adaptation and resource constraints, limiting universal accessibility and equitable service use.

4.4.5.1 Accessibility of Infrastructure and Services

The project invested in disability-sensitive infrastructure, with all public toilets constructed under KOICA support equipped with ramps and handrails, and MHH rooms and safe spaces located in accessible proximity. Observation data confirmed that 100 per cent of communal MHH and safe space facilities were physically accessible in terms of location. However, only 60 per cent of communal toilets had adapted features, and just one-third of associated handwashing stations were usable by persons with disabilities. Similarly, only half of communal water points were deemed accessible for older people or those with mobility challenges. Compliance and accessibility were assessed through structured field observations, household survey questions and specific KIIs with persons with disabilities, conducted in line with Disability-Inclusive Evaluations in UNICEF: Guideline for Achieving UNDIS Standards (UNICEF, 2022). Community testimonies reinforced these gaps. A participant with disabilities in Kule Camp stated: *“Asking help in private places such as toilet is too difficult... if the organization builds accessibility, it will minimize our dependency.”* Others pointed to high water prices and unsafe terrain as compounding barriers, particularly in refugee contexts.

4.4.5.2 Menstrual Health and Hygiene (MHH) for Adolescent Girls

School-based MHH interventions were central to improving inclusivity for adolescent girls. In Bidre Town and other sites, girls reported reduced stigma and greater confidence in managing menstruation, with some clubs extending support to out-of-school peers. One girl noted: *“We can now rest, use pads, and return to class without shame.”* These qualitative findings aligned with household survey data showing that 86.1 per cent of girls in intervention areas accessed MHH products through schools and communities, and 71.4 per cent reported increased confidence in managing menstruation. However, service continuity varied i.e., MHH rooms and clubs were absent in parts of CERS, and distributions of dignity kits and soap had ceased by late 2024 in Gambella and Oromia. These inconsistencies were largely due to partner phase-out, delayed procurement and limited recurrent funding. While the interventions effectively enhanced girls’ confidence and participation, the continuation will require integrating MHH provision into school WASH budgets and ensuring local procurement mechanisms to maintain continuous access.

Box F3: Digital and Community-Based Innovations for MHH Learning and Behaviour Change In Meda Welabu (Oromia), Doyogena (CERS) and Itang (Gambella), the project combined digital tools with community engagement to improve MHH behaviours. Adolescent girls accessed mobile apps and virtual reality simulations on menstrual health, complemented by audio-van campaigns and peer clubs. This multi-platform approach reached over 250,000 people, helping normalize MHH discussions in rural and displacement-affected areas.

4.4.5.3 Child Protection and Disability Inclusion

Household survey data indicated that 56.5 per cent of respondents believed children with disabilities had access to CP services, with lower access among refugee households (46.9 per cent) compared to hosts (59.3 per cent). Among children aged 5-17, fewer than half (46.0 per cent) were reported to have full access. School surveys found that 67 per cent of schools enabled participation of children with disabilities, with Oromia showing full inclusion but Gambella and CERS only 50 per cent.

However, provision of assistive devices essential for equitable participation was outside the project's scope, as noted in one KII: *"Providing assistive or educational-related devices was not part of the project."*

Box F4: Resisting Child Marriage in Oromia

At 14, a Grade 7 student was told by her family she would marry in 15 days. *"I told my family, 'I don't want to marry now, I want to continue studying.' But they insisted."* She sought help from her uncle, a strong advocate for girls' education, who secured her relocation to a nearby town, enrolled her in Grade 9, and facilitated school materials and 6,400 birrs in emergency cash support. Her case was reported to the Women and Child Protection Office, which provided ongoing protection despite family pressure and threats. She reflected: *"Engaging in child marriage could have made me drop out of school. I want to finish my education and come back here to help others who are in need."*

4.4.5.4 Service Continuity and Capacity for Inclusion

The project strengthened institutional mechanisms through CP committees and the rollout of CPIMS+, replacing fragmented paper-based systems. However, uptake remained inconsistent in rural and displacement-affected areas due to hardware shortages, poor connectivity and limited refresher training. FGDs in refugee camps also highlighted challenges in maintaining accessible infrastructure, with households unable to afford repairs. A caregiver in Gambella explained, *"My toilet has toppled down... we want to fix it, but we cannot afford cement or bamboo."* Radio listening groups also noted that non-Amharic speakers were excluded from some awareness campaigns.

Box F5: Restoring Dignity Through Accessible Sanitation in Kule Refugee Camp

For over nine years, a woman with a lower limb disability in Kule Camp lacked access to a safe toilet. Her family resorted to an unsafe shallow pit, contributing to illness and distress. *"What was intolerable was being unable to use a toilet because of inaccessibility,"* she recalled. A turning point came when the project constructed one of only two accessible toilets in her zone, and provided a walking frame, hygiene kits and awareness sessions. *"They didn't just build a toilet, they restored our dignity,"* she reflected. This experience underscores the transformative value of inclusive design and complementary support for the most marginalized.

4.4.5.5 Strengthening Norms and Systems to Prevent Child Marriage and FGM/C

Refined EQ11-F4: To what extent did the project enhance the ability of girls and families to resist or delay marriage and abandon FGM/C despite social pressure?

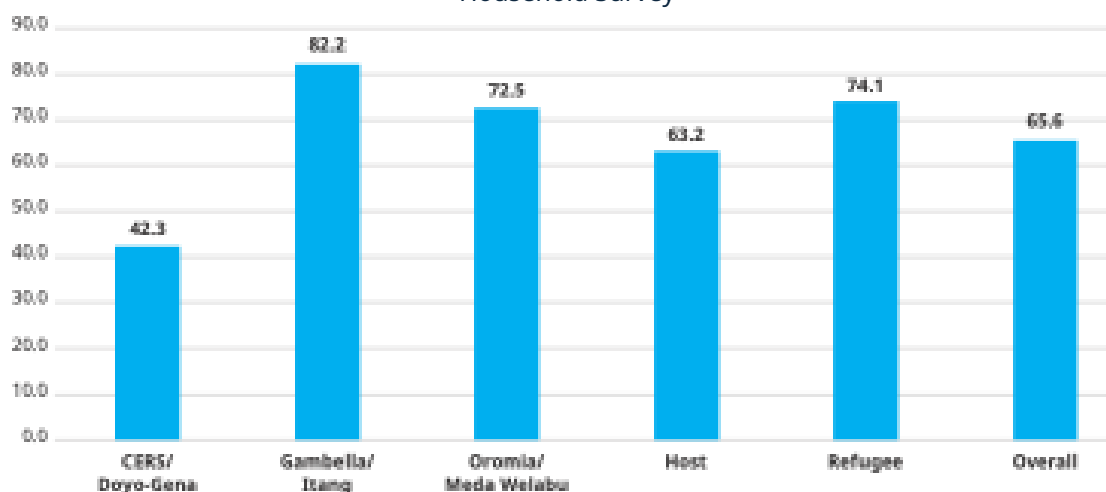
Finding 6: The project significantly contributed to changing social norms and strengthening protection systems to prevent child marriage and FGM/C, achieving notable gains in refugee and high-risk communities. However, regional disparities, operational constraints and follow-up gaps limited the depth, coverage and sustainability of these results.

4.4.5.6 Change in Social Norms and Protective Behaviour

Household survey data showed that 65.6 per cent of respondents believed the project helped girls remain in school or resist child marriage, with refugee households reporting higher impact (74.1 per cent) than hosts (63.2 per cent), suggesting greater returns in areas with more intensive community mobilization (see figure 05). Regional variation was marked i.e., Gambella achieved the strongest results (82.2 per cent), Oromia 72.5 per cent and CERS only 42.3 per cent reflecting entrenched cultural practices and weaker outreach. Qualitative evidence reinforced these findings: community coalitions and gender clubs in Oromia and Gambella reported that *"several adolescent girls have*

been saved from child marriage,” while adolescent girls described feeling “more confident to speak up and continue school.”

Figure 5: Percentage of HHs with Children Delayed Marriage/ Stay in School due to Project-Household Survey



Perceptions of change in attitudes toward FGM/C and child marriage were also high, with 81.5 per cent of households reporting improvement, particularly in CERS (96.7 per cent) and Gambella (87.9 per cent). These results demonstrate that sustained social mobilization and local enforcement mechanisms were critical drivers of change, while weaker institutional coordination in CERS constrained impact. Continued investment in community structures and life-skills education is essential to consolidate these behavioural gains and ensure equitable protection outcomes.

4.4.5.7 Enabling Factors

- School-based platforms and peer clubs created safe spaces for girls to discuss rights, build confidence and resist harmful practices. In Bidre (Oromia), girls reported, “A girl should not marry unless she is mature and should not be circumcised. We report if such things happen.” A caregiver added, “Now, children are safe from rape... girls go to school regardless of wealth.”
- Parenting education and radio listening groups spread messages in local languages, improving referral practices. One informant confirmed: “Previously, rape cases were settled informally. Now we refer them to appropriate services.”
- Multi-sectoral coordination with women and social affairs, health, education and police enhanced referrals and institutional responses. A CP officer noted: “Girls were considered a source of income... now mothers protect them and prioritize education.”
- Community engagement with religious leaders and elders fostered culturally sensitive prevention of child marriage and dowry-driven practices.

4.4.5.8 Barriers and Gaps

Among the main barriers, regional disparities, particularly in CERS, had the most significant effect on outcomes. Limited outreach and ingrained social norms constrained the project’s effectiveness in addressing harmful practices. As one out-of-school adolescent in Hawora (CERS) explained: “We see the projects when they were at the final stage of providing the services... we don’t know about the coverage and accessibility of the services in our community.” Operational constraints, including a lack of training, materials and logistical support, further weakened follow-up. A community committee member in Doyogena (CERS) stated: “There is no training, materials or tools support for committee members.” Language barriers also limited inclusivity of radio messaging. Radio listeners in Mare (CERS) noted that “it would be better to transmit by local language (both in Kambatigna and

Hadiyigna)... otherwise the radio talks, but all the community is busy with daily work. These barriers collectively reduced the timeliness and reach of awareness campaigns, community mobilization and service uptake, underpinning the need for earlier community engagement, tailored communication in local languages, and strengthened capacity-building at kebele level to ensure equitable outcomes.

Overall Assessment: Effectiveness

The KOICA CP-WASH project delivered substantial and, in some areas, transformative progress towards its intended outputs and outcomes, particularly in refugee and high-risk contexts. Several logframe targets were exceeded, and the core ToC assumptions linking systems strengthening, inclusive service delivery and social norms change to improved child well-being were largely validated in practice. The project expanded WASH and CP coverage, strengthened institutional capacity through platforms such as CPIMS+ and WOPs, and achieved measurable shifts in attitudes towards child marriage and FGM/C. However, some ToC assumptions were only partially realized. The expectation that government systems would fully integrate and sustain new approaches was constrained by weak institutional uptake and financing gaps for recurrent costs. Similarly, the assumption that infrastructure and digital tools would be fully operational did not hold, with delays in water network completion, uneven CPIMS+ adoption and persistent inequities for persons with disabilities and marginalized groups. These limitations affected both depth and sustainability of results. Future phases should reinforce institutional ownership, invest in disability- and climate-resilient service delivery, integrate referral and case management within local systems and embed equity-focused monitoring to ensure that outcomes are sustained and equitably distributed.

4.5 Impact

The impact section examines the extent to which the KOICA CP-WASH project contributed to sustained changes in household well-being, gender equity, community resilience and institutional capacity, as outlined in the ToC. It addresses three evaluation questions: EQ12 assesses lasting improvements in well-being, resilience and gender equity; EQ13 evaluates the extent to which capacity-building strengthened institutional competencies and service delivery; and EQ14 examines progress in consolidating governance, systems and community structures for long-term WASH and CP outcomes. The analysis draws on household and school surveys, FGDs, KIIs and comparative utility assessments, triangulated with project monitoring data, to assess both direct project attributions and broader contributions to sectoral change across regional and population contexts.

4.5.1 Sustained Well-being and Gender Equity Gains

Refined EQ12-I1: What lasting changes in well-being, resilience and gender equity were observed among children, families and communities?

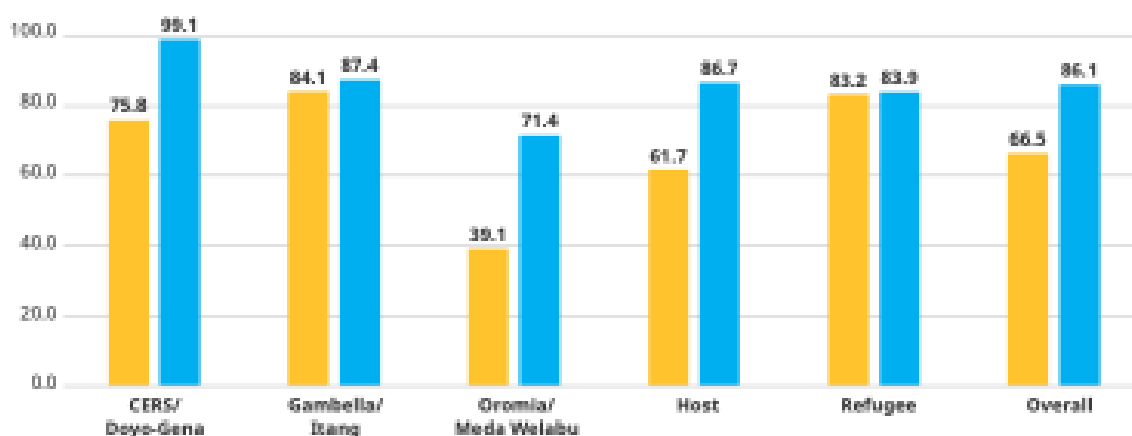
Finding 1: The project contributed to sustained improvements in household well-being, community health and gender equity, particularly in refugee and high-intensity contexts. Expanded access to WASH and MHH services enhanced dignity, reduced disease risk and increased girls' school attendance. These outcomes validated the ToC pathways on improved well-being, although continuity varied in CERS and Gambella, and inequities persisted for persons with disabilities and marginalized households.

Household survey data confirm these shifts: 85.3 per cent of respondents reported using project-supported water systems, 72.7 per cent accessed project-supported toilets and 66.1 per cent received hygiene products. Overall, 67.7 per cent perceived improved water services in their area, with attribution highest in Gambella (93.5 per cent), followed by CERS (56.7 per cent) and Oromia

(52.6 per cent). Refugees reported greater benefit (90.9 per cent) compared to host communities (61.0 per cent), highlighting the project’s impact in displacement settings. These results reflect strong coordination between UNICEF, implementing partners and woreda administrations in ensuring reliable service provision, particularly in refugee-hosting areas where joint planning facilitated rapid operationalization. The higher satisfaction among refugees indicates that humanitarian delivery systems were more structured, whereas variability in host communities highlight the need for consistent local management and follow-up.

Improvements in sanitation were also evident: 71.7 per cent of households with toilets reported upgrades, with the highest rates in CERS (80.9 per cent). Host households benefited more than refugees (74.1 per cent versus 46.5 per cent), reflecting uneven service continuity. At school level, 100 per cent of surveyed institutions confirmed improved hygiene and safety, with reductions in menstruation-related absenteeism reported in Gambella and Oromia, though only half of schools in CERS observed such change. The disparity between host and refugee communities suggests that while regional bureaus and woreda WASH teams effectively mobilized local labour and materials, camp-based systems relied heavily on external maintenance support. This uneven ownership affects long-term sustainability, pointing to the importance of transferring maintenance responsibilities gradually to local government structures and community committees.

Figure 6: Access to MHH Products Before and After Project-Household Survey



MHH access showed marked gains (see figure 06). Availability of products increased from 66.5 per cent before the project to 86.1 per cent afterwards, with CERS recording near universal coverage (99.1 per cent). Girls highlighted greater dignity and participation, with one focal person in Bidre noting: *“Menstruation was previously seen as a curse. Now, boys and even religious leaders acknowledge that without menstruation, there would be no life.”* Progress in MHH was driven by strong collaboration between schools, teachers and community coalitions, supported by UNICEF and implementing partners. Social norms changing around menstruation indicates that SBCC interventions successfully engaged both genders. The implication is that continued investment in school-led hygiene education and locally produced dignity kits can sustain positive attitudes and participation among adolescents.

Qualitative evidence reinforced health and safety gains. A caregiver in CERS observed: *“The family health and safety were highly improved... toilets built around the road helped to improve sanitation and created a good and attractive environment.”* Another in Doyogena added: *“Previously, people were getting sick with typhoid due to open defecation... lately, these diseases have decreased.”* These testimonies confirm the health co-benefits of improved sanitation, reflecting effective collaboration among health extension workers, WASHCOs and community groups.

Service systems for MHH and WASH were established in targeted schools, towns, and refugee sites, laying the foundation for sustained delivery. However, continuity depends on government follow-up and local resource mobilization. Adolescents in Serera and Hawora (CERS) still reported limited improvements, and some refugee facilities remained non-functional, pointing to gaps in ownership and maintenance. This indicates that institutionalization of services is uneven, with regional bureaus and woreda offices requiring stronger technical supervision and recurrent budget support to maintain functionality. Sustained government commitment and systematic capacity-building of school WASH clubs and community structures remain central to ensuring service resilience.

4.5.2 Resilience, Norm Change and Social Inclusion

Finding 2: The project strengthened community resilience and contributed to shifts in social norms on gender equality, child protection and inclusion of marginalized groups through safe spaces, coalition-based action and awareness-raising. These pathways reflected the ToC assumptions on mobilization and behavioural change. Gains were most evident in Oromia and Gambella, while persons with disabilities in CERS and adolescent girls in refugee camps continued to experience exclusion. High population mobility also limited full community ownership of outcomes.

Community resilience was supported through safe spaces, parenting sessions, care coalitions and awareness activities. Household survey data indicated that 35.2 per cent of respondents participated in parenting sessions, 48.0 per cent were exposed to awareness-raising and 35.0 per cent accessed safe spaces. Improvements in CP were widely acknowledged: 44.8 per cent of households reported significant improvement, and a further 52.7 per cent noted some progress. Oromia performed strongest, with 61.1 per cent of households citing substantial change. All surveyed schools in CERS and Gambella confirmed higher CP awareness, although only half of schools in Oromia did so.

Qualitative testimonies highlighted how these changes translated into practice. A CP officer in CERS explained: *“Children and families learnt how to manage child protection problems... even IDPs who were previously discriminated against are now included in social activities.”* Boys in Doyogena described their advocacy for gender equality: *“Most of the time I talk directly to my classmate girls. I inform the community about the equality of boys and girls.”* Parents in several sites were reported to engage more actively with schools, and one key informant confirmed: *“Parents now report child protection concerns immediately, including child marriage and violence.”* These accounts illustrate a gradual shift in social norms and accountability mechanisms at the community level, where increased awareness and engagement have strengthened protective environments for children. They also reflect growing trust between families, schools and community structures which is an important indicator of behavioural and institutional change beyond service delivery.

Gender equity improvements were particularly visible in Oromia and CERS, where community vigilance and legal enforcement helped reduce child marriage. A coalition member in Bidre noted: *“Through our committee’s work, several adolescent girls have been saved from child marriage.”* In contrast, girls in refugee camps such as Nguenyiel described higher dropout rates linked to child marriage and limited hygiene support: *“I dropped out of school after marriage and having a child. We don’t feel safe or supported here.”* This variation underlines both the potential and the limits of the integrated CP-WASH approach: where community systems and legal enforcement were strong, tangible protection outcomes were achieved, but in more fragile and displacement-affected contexts, structural and resource constraints continue to hinder equitable progress.

Disability inclusion showed mixed progress. In Gambella, one participant shared: *“Now I develop confidence with the support of my white cane... I share social issues and attend community events.”* In CERS, however, exclusion persisted: *“Nobody gives you a chair; nobody takes your issue into account. I am a college graduate and still jobless.”*

Resilience was further reinforced in areas with strong community structures. In Bidre Town, coalitions mobilized local resources, opened bank accounts and supported children with scholastic materials. A coalition leader explained: *"This longevity and consistent functionality highlights a significant strength of this organization."* Mass media and religious leaders also contributed to norm change. A regional health officer observed: *"Open defecation has dropped from 72 per cent to under 20 per cent in supported kebeles."*

Despite these achievements, gaps remained in ownership and convergence. One implementing partner reflected: *"Due to the in-and-out movement of refugees, child protection interventions are not yet fully owned by the community."* Other informants reported uneven coordination and service gaps, particularly in kebeles not regularly reached by infrastructure or outreach support.

4.5.3 Building Institutional Competence for WASH and Protection

Refined EQ13-I2: To what extent did capacity-building activities improve the institutional competencies and technical delivery of implementing partners?

Finding 3: Capacity-building improved the ability of schools, community structures and WASHCOs to deliver inclusive WASH and CP services, supporting girls' retention and strengthening community trust in service providers. Training on MHH, the establishment of safe spaces, and the engagement of local leaders reduced menstruation-related absenteeism and enhanced protection work, in line with the ToC pathways for institutional strengthening. However, coverage and resources were uneven, with CERS reporting lower training rates, limited outreach to out-of-school adolescents, and challenges in sustaining inclusive practices, which threaten long-term institutionalization.

Capacity-strengthening efforts under the project contributed to tangible improvements in the technical delivery capacity of school personnel, community volunteers and WASHCOs. Eighty-three per cent of schools overall had staff trained on MHH and indicated club leaders had received orientation. One of the key informants described the project's MHH work as *"exemplary,"* highlighting reductions in school absenteeism and dropout among girls due to improved access to safe spaces, sanitary pads and behaviour change interventions. He emphasized, *"We're able to obtain a positive result in terms of school absenteeism... voice engagement was highly effective."* Likewise, CCCs in Bidre Town praised the project's training approach, stating it *"fostered a remarkable level of trust... and led to significant positive changes."* Some disparities also emerged: *"No improvement, we feel the same as before the project,"* observed one out-of-school girl in CERS.

Capacity-building also strengthened the role of religious leaders in norm change. As part of the Inclusive WASH Religious Toolkit, faith leaders incorporated messages on WASH, MHH and CP into sermons and madrasa lessons, bridging cultural barriers and supporting abandonment of HTPs. One respondent noted that aligning messages with Sharia interpretations reduced female circumcision cases in Gambella by *"around 70 per cent."* These adaptations increased acceptance and sustainability, embedding behaviour change messages in trusted institutions.

Box I1: Leveraging Faith Leadership to Institutionalize WASH and Child Protection Messaging

The project co-developed an Inclusive WASH Religious Toolkit with Islamic Affairs councils, faith leaders, and technical teams. By embedding MHH, sanitation and protection messages in weekly sermons, madrasa lessons and community meetings, faith leaders became advocates for ending open defecation, discouraging harmful practices and promoting menstrual hygiene as a matter of dignity. This approach institutionalized knowledge transfer, increased acceptance in conservative communities and reinforced the ToC pathways for systems integration.

While positive shifts were widely observed, several limitations were also reported. Adolescents and households in resource-poor settings emphasized gaps in material support, noting: *“We don’t have the capacity to support those who need material support... the support provided by NGOs is not enough.”* Such feedback underlines that capacity-building should be paired with resourcing and equitable coverage across all regions.

4.5.4 Strengthening WASH Utility Performance and Governance

Finding 4: Support to water utilities and WASHCOs improved service coverage, billing efficiency and equity-focused infrastructure. Gains in operational protocols, revenue collection and disability-friendly infrastructure reflected ToC pathways for systems strengthening. Some external challenges such as electricity outages, transport limitations and spare part shortages continue to affect resilience and expansion but fell largely outside the project’s scope.

The project contributed to demonstrable improvements in the operational and institutional capacity of local water utilities and decentralized WASH governance structures, particularly in Doyogena and Bidre towns. The mentor-mentee approach through the Water Operators’ Network at global and national levels (see Box E1 in the Efficiency section and improvement in billing under Effectiveness) enabled peer learning and adaptive problem-solving. Both utilities were actively engaged in the design and planning of interventions and confirmed that technical support was well aligned with their policies, performance gaps and contextual needs. Capacity-building inputs included mentoring, structured training and provision of basic operational tools. This multifaceted approach translated into enhanced billing efficiency, reduced NRW, improved cost recovery and stronger accountability to consumers. The experience demonstrates that continuous institutional mentoring and performance-linked capacity-building can embed efficiency gains and foster longer-term service sustainability within small-town utilities. The following table 07 synthesizes the comparative findings:

Table 8: Comparison of Two Utilities

Comparison Area	Bidre Town	Doyogena Town
Water utility engagement in project design	Engaged in design stage	Engaged in design stage
O&M system	Formal O&M protocols; swift responses	Occasional maintenance; reactive model
Billing system	Mixed manual-digital system and monthly billing	Manual system and irregular billing
Metering & payment discipline	Full metering coverage, strong discipline	No metering and 50% regular payment
Revenue improvement due to NRW reduction	Reported improved income	Reported improved income
NRW monitoring	Estimated at 11%	Estimated at 10%

Comparison Area	Bidre Town	Doyogena Town
Asset management	Maintains asset register and routine infrastructure assessment	Maintains asset register and assessments done occasionally
Insurance coverage	Assets not insured	Assets fully insured
Staff qualifications	Staff trained and no major qualification gaps noted	Staff lack formal qualifications for roles
Equipment and tools	Shortages in technical tools and transport	Acute shortages in IT, testing kits, and transport
Digital systems	Partial digitization	Fully manual systems
Community service expansion	Water reach expanded and improved access	91% output achievement and 58,000 unserved
Service interruptions	Electricity outages; dirty gauges and tool shortages	Electricity outages, poor road access and lack of leak detection equipment
Equity and inclusion practices	Disability-friendly infrastructure, affordability reviews and hygiene promotion	Disability-friendly infrastructure, affordability reviews and hygiene promotion

These gains were reinforced by stakeholder observations. A female participant in Bidre Town affirmed, *“Now we have this water close to our house. Even I can carry the line to my compound.”* In Doyogena, the water utility reported that approximately 91 per cent of its planned project outputs had been achieved. However, the utility remains constrained by a significant supply-demand gap, with over 58,000 residents still unserved. Both utilities also cited electricity outages, limited transport and shortages of spare parts as persistent bottleneck though beyond the project scope.

Community-level governance was enhanced through revitalized WASHCOs, strengthened linkages with youth groups and religious leaders, and engagement of municipal actors. These structures played a critical role in promoting hygiene practices, collecting maintenance fees and reporting service disruptions. A WASHCO member in CERS stated, *“Even if it breaks in the middle, now the people of our community feel responsible to fix it.”*

4.5.5 Institutionalizing Child Protection Case Management

Finding 5: The rollout of CPIMS+ and grassroots capacity-building enhanced case management, early identification and referral of CP risks. Schools, CCCs and religious leaders mobilized resources, reported cases and introduced disability-sensitive screening, advancing decentralized protection systems in line with the ToC. However, adoption was partial, integration with WASH and education systems limited, and sustainable financing mechanisms absent.

A key achievement of the project was the digitization and institutionalization of CP case management through the rollout of CPIMS+. Stakeholders described this as a transformative shift: *“We transformed from paperwork to a database system... now local elders and religious leaders mobilize resources and support their communities,”* said one implementing partner. CP officers confirmed that communities now report directly to women and social affairs offices, marking a cultural change in referral practices. CCCs, and religious leaders became key entry points for early alerts. A CP officer noted, *“Now, when child protection cases happen at schools or out of school, the community reports to women and social affairs immediately... this is really a change”.* Some coalitions reportedly mobilized funds for dignity kits, supported unaccompanied children, and conducted home visits for psychosocial follow-up.

Box I2: Evidence Uptake Beyond the Project

Data generated through CPIMS+ in Gambella has been used by Plan International and the MoWSA to design new partnerships with ECHO and UNICEF, and to inform national CPIMS+ scale-up. This demonstrates how project-level investments in institutionalization can generate wider policy uptake and sectoral benefits, contributing to sustainability and replication beyond the immediate project.

Inclusive practices were also strengthened. Disability-sensitive screening was introduced in training, enabling CCCs and schools to identify children requiring support more systematically. A CP Officer mentioned: *“This strategy was learnt from implementing partner... now we screen children for support by including disability as a criterion.”* However, some areas particularly in CERS and refugee camps continued to face weak connectivity, lack of hardware and resource constraints that limited consistent application. These gaps suggest that inclusive practices are most effective when accompanied by adequate digital infrastructure, continuous capacity support and resource allocation that ensures uniform implementation across diverse operational contexts.

Overall Assessment: Impact

The KOICA CP-WASH project delivered measurable and, in some areas, transformative impacts across WASH and CP in humanitarian and development contexts. Access to safe water, sanitation, MHH services and CP systems improved, contributing to enhanced dignity, reduced health risks, and strengthened social norms against harmful practices. Institutional capacity was reinforced through targeted training, operational mentoring and community engagement, creating foundations for more inclusive and accountable service delivery. These outcomes validated the constructed ToC, demonstrating the relevance and effectiveness of integrated, multi-sector approaches in fragile settings. At the same time, uneven service continuity, resource constraints, partial adoption of digital systems, and persistent inequities for persons with disabilities and marginalized refugee groups constrained the depth and universality of impact. Future efforts will need to embed resilience, expand inclusive design and secure sustainable financing to translate these gains into lasting, system-wide outcomes.

4.6 Sustainability

The sustainability analysis examines the likelihood that the KOICA CP-WASH project’s results, behaviours and practices will be maintained and scaled beyond the project period, in line with the project’s ToC pathways for community ownership, institutional integration and systems strengthening. It addresses three evaluation questions: EQ14 assesses the extent to which community structures, school-led platforms and institutional mechanisms have continued to operate and embed behaviour change after project closure; EQ15 examines whether the technical skills and competencies developed through capacity-building have been applied and institutionalized to enhance operational efficiency and long-term impact; and EQ16 reviews the functionality and sustainability of SMCs as local supply mechanisms for WASH and MHH products. The analysis draws on household and school survey data, KIIs, FGDs and case studies from Bidre, Meda Welabu, Doyogena and Itang, with attention to differences between host and refugee settings, urban and rural contexts, and marginalized population groups.

4.6.1 Community Ownership and Institutional Integration

Refined EQ14-S1: To what extent are the project’s results, behaviours and practices likely to be sustained through community ownership and institutional integration?

Finding 1: The project created a visible sustainability in selected locations by establishing active community structures, embedding behaviour change and promoting school-led initiatives that have continued beyond project closure. However, the lack of systematic institutional integration, recurrent financing and inclusive service continuity, particularly in displacement-affected and marginalized communities, undermines the potential for sustaining outcomes at scale.

In Bidre and Meda Welabu, hygiene clubs, WASHCO and CCCs remained functional beyond closure, maintaining safe spaces, promoting hygiene and addressing CP cases without external facilitation. As one CCCs member in Meda Welabu observed, *"We are still meeting and resolving cases... the community sees us as their first point of contact."* In Doyogena, WASHCOs continued to operate water systems using household fees and small fundraising events, while households in Gambella pooled 15 Birr per family to maintain communal toilets. These examples show local ownership and willingness to sustain services where systems were well embedded.

The institutional integration remained inconsistent. Some CBCPs were linked to woreda women and social affairs offices, but formalized connections across all sites were lacking. Officials confirmed that WASH and MHH supply budgets were not institutionalized, leaving committees and schools dependent on external inputs. Refugee settings and remote kebeles were especially vulnerable due to weak handover processes, exclusionary infrastructure designs and reliance on externally procured supplies. Persons with disabilities and women-headed households reported reduced or no access post-project. A disabled woman in Gambella explained, *"No one built a path I could use. Now the toilet is there, but not for us."*

A critical gap was the absence of a structured exit strategy. While community groups such as WASHCOs, hygiene clubs and CP committees were established, no maturity index or benchmarks were applied to assess readiness for sustained functionality. This omission limited the project's ability to ensure long-term resilience and accountability. As highlighted by a camp coordinator in Nguenyiel Refugee Camp, *"Most of the time when projects resign from refugee camps, we attempt to continue the activities sustainably; however, the social workers search for other opportunities and abandon the activities of the previous organization... we try to do this by voluntary workers, but it was not effective."* This evidence illustrates that in the absence of a clear transition plan, community structures relied on voluntary efforts that were not financially or institutionally sustainable. The implication is that future programming must embed phased exit strategies with defined maturity benchmarks, transition milestones and resourcing mechanisms to maintain continuity, institutional accountability and community ownership after external support concludes.

Box S1: Sustaining WASH and Child Protection Systems in Doyogena and Meda Welabu

In both Doyogena and Meda Welabu, community structures have remained functional more than six months after project closure. In Meda Welabu, the CBCP continues to meet monthly, referring child marriage and GBV cases to the woreda women and social affairs office, with local leaders contributing resources for urgent interventions. In Doyogena, WASHCOs operate water systems through household fees and apply skills gained during project training to carry out repairs. Schools have integrated MHH sessions into weekly timetables, reducing absenteeism and improving community attitudes towards menstrual health. These examples illustrate that when community structures are linked to government systems and embedded in school routines, results can be sustained without continuous donor support.

4.6.2 Technical Skills and Institutional Competence

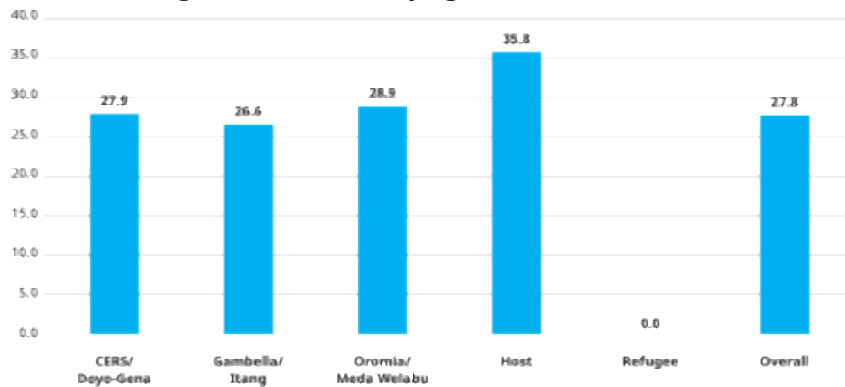
Refined EQ15-S2: To what extent did the project build practical technical skills and competencies from capacity-building activities? How have they been using these skills to contribute to efficiency in resource utilization, operational improvement and impact achievement in these programmes?

Finding 2: Capacity-building strengthened the technical skills of water utilities, schools and CP actors, improving operations, service delivery and local problem-solving. However, resource constraints, incomplete institutional absorption of trained personnel and weak system readiness in refugee and resource-poor settings limit prospects for sustained efficiency and impact.

Capacity-building was central to the KOICA CP-WASH project. Across Gambella, Oromia and CERS, structured training, mentoring and on-the-job support targeted water utilities, schools, WASHCO and CBCP structures.

At the institutional level, the Ethiopian WOP (see also Efficiency, Box E1; Effectiveness, EQ8) paired local utilities with international and national mentors. As one informant explained, *“Local mentee utilities are now supporting smaller utilities by visiting them regularly... this is one of the big achievements of the project.”* Bidre and Doyogena utilities reported improved billing discipline, asset management and reduced NRW. Trained staff demonstrated autonomy in diagnosing and repairing breakdowns, supported by user fees and small fundraising. A resident in Bidre noted, *“We save money for this purpose and use it to maintain any breakage or non-functional part.”*

Figure 7: Percentage of Household Paying for Water Services-Household Survey



Despite these gains, systemic barriers constrained utilization. In refugee camps, trained staff often lacked the logistical, financial and technical resources needed to apply their skills effectively. Limited access to transport, fuel, maintenance funds and digital equipment restricted follow-up visits and case documentation. Only 27.8 per cent of households reported paying for water services, with 0 per cent among refugees as UNHCR made payment for them (see Figure 07). A caregiver in CERS remarked, *“We know how to build the toilet, but we’re waiting for the tin and other materials... we don’t have the money.”* In CP, weak connectivity, staff turnover and lack of refresher training reduced CPIMS+ functionality. As one social worker explained, *“Since UNICEF’s exit, we’ve had technical difficulties... it was active before, but now it’s less functional.”*

In schools, teachers, hygiene club leaders and WASH technicians were trained in MHH, water point upkeep and hygiene education. Education bureaus in CERS and Oromia confirmed that trained maintenance personnel continue to repair water systems and toilets, while hygiene promotion has been integrated into school routines.

In CP, the rollout of CPIMS+ was supported by training for CP officers, social workers and MoWSA focal points. Many reported using the system for referrals and tracking: *“The introduction of CPIMS+ facilitates our work well... we share information when needed,”* said an officer in Gambella. The MoWSA now hosts the national server, signalling institutional ownership. CCCs were also capacitated to act as multi-sectoral platforms; as one CP focal person noted, *“We have a committee with 13 members from all sectors... they have a plan to continue after the project’s removal.”*

Overall, capacity-building demonstrably enhanced technical competence, institutional capacity and behavioural impact. However, sustained application will require embedding trained personnel into government systems, aligning with woreda plans and creating mechanisms for recurrent financing. Without this, skills risk erosion, particularly in displacement and resource-constrained settings.

Box S2: Women-led Sanitation Marketing in Itang

In Itang Special Woreda (Gambella), the project supported a women's cooperative to expand sanitation marketing. Members were trained in reusable pad production, bookkeeping and marketing, enabling them to diversify income beyond subsistence farming and aid. *"Before this, we depended only on small farming and aid. Now we have an income... and we help other women to get sanitary pads at a low price,"* said one cooperative member.

Partnering with school hygiene clubs, the cooperative ensured free or subsidized products for vulnerable girls, reducing menstruation-related absenteeism and stigma. It now supplies products to neighbouring kebeles and refugee camps, reducing dependency on external procurement and creating local economic empowerment. This model illustrates how targeted, women-led capacity-building can embed sustainability, improve access and strengthen ownership of MHH supply chains.

4.6.3 Functionality of Sanitation Marketing Centres (SMCs)

Refined EQ16-S3: How well did the established sanitation marketing centres (SMCs) function to ensure community impact and sustainability?

Finding 3: The SMCs enhanced local access to affordable WASH and MHH products and encouraged community engagement in service delivery. However, reliance on externally sourced goods, limited integration into government systems, and gaps in inclusive management reduce their long-term viability and scalability.

The SMCs functioned as decentralized hubs supplying reusable sanitary pads, soap, underwear, water containers and concrete toilet slabs. Affordable prices and flexible payment arrangements enabled access for women-headed households and low-income groups. In Oromia, collaboration between SMCs and school hygiene clubs created a revolving fund for MHH supplies, ensuring reliable access for girls in need. In CERS, households purchased toilet slabs and hygiene items on instalments, supporting gradual sanitation upgrades. These approaches align with sustainability principles by embedding affordability and local engagement into service models.

Box S3: School-SMC Partnership Sustaining MHH Access in Bidre Town

In Bidre Town, an SMC partnered with a school hygiene club to maintain continuous MHH supply for girls. A storeroom stocked with sanitary pads, soap and underwear, purchased from the SMC at subsidized rates, ensured that girls from refugee and low-income households could discreetly access supplies at no cost. As one club leader explained: *"We keep a small budget for sanitary pads. When the SMC delivers, we restock and make sure no girl has to miss class because of her period."* This arrangement created both supply continuity and demand for SMC products, reinforcing financial sustainability while reducing stigma and absenteeism.

With all these successes, systemic weaknesses constrained sustainability. Most goods except toilet slabs were externally sourced, exposing centres to price volatility and transport delays. Neither centre was integrated into kebele or woreda WASH plans, and both relied heavily on implementing partner oversight for procurement and management. Without a formal handover or co-financing arrangements, continuity remains uncertain.

Inclusivity also lagged. Although women and youth constituted the majority of service users, their involvement in governance, management and decision-making processes was minimal. Persons with disabilities were not actively engaged in employment or product design, limiting opportunities for inclusive economic participation. Greater inclusion is created when representation of women, youth and persons with disabilities is ensured in leadership structures, when products are designed to meet diverse needs, and when targeted capacity-building supports their meaningful participation across the WASH and CP value chain.

Overall, the SMCs demonstrated strong potential as community-level supply mechanisms for WASH and MHH goods. To sustain and scale their impact, integration into local government systems, diversification into locally produced goods and inclusive governance models will be essential.

Overall Assessment: Sustainability

The sustainability of the KOICA CP-WASH project's results is strongest where community structures, school-led platforms and local financing mechanisms have continued to operate beyond project closure, especially in Bidre, Meda Welabu and Doyogena. In these locations, hygiene clubs, WASHCO, CCCs and school-SMC partnerships have maintained WASH, menstrual health and CP activities, reflecting local ownership and embedded behaviour change. These examples align with the ToC pathway that assumed community-driven capacity and institutional linkages would underpin continuity beyond donor funding. At scale, however, sustainability is less assured. Key constraints include the absence of recurrent budget lines, limited formal handover agreements, inconsistent application of inclusive infrastructure standards, and only partial embedding of outcomes into sectoral plans and budgets. Although regional bureaus were active in delivery, institutionalization of results into government systems remains incomplete. Future prospects will depend on consolidating locally driven mechanisms such as sanitation marketing, CPIMS+ rollout and SBCC toolkits within woreda-level systems. SMCs expanded access to affordable WASH and MHH goods, but their reliance on external supply chains, limited government oversight, and weak inclusive governance present risks. In Ethiopia's fiscal decentralization context, full integration into national financial systems is unlikely in the short term. A more feasible approach will be to strengthen links with woreda-level planning, secure recurrent resource allocations where possible, and reinforce government oversight of community structures to enhance durability and scalability of results.



5 CONCLUSIONS, LESSONS LEARNT AND RECOMMENDATIONS

This chapter presents the main conclusions, lessons, and recommendations from the summative evaluation of the KOICA CP-WASH Project (2021–2024). It brings together evidence across all evaluation criteria, showing what worked well and what limited effectiveness and sustainability. The conclusions are based on findings from Chapter 4. The lessons capture key insights for system-wide learning. The recommendations outline practical actions for government, UNICEF, KOICA, and partners to embed integrated, inclusive, and climate-resilient CP-WASH approaches within Ethiopia’s decentralized systems.

5.1 Conclusions

The KOICA CP-WASH Project delivered an integrated package of WASH and CP interventions that significantly enhanced the safety, dignity and resilience of vulnerable populations, particularly refugees, IDPs and host communities in Gambella, Oromia and the CERS. The project demonstrated strong alignment with Ethiopia’s national priorities, sectoral strategies and HDP Nexus objectives, achieving or exceeding most planned outputs within a compressed 2.5-year implementation period. Its design effectively bridged service delivery and systems strengthening, contributing directly to SDGs 3, 4, 5 and 6. However, sustainability and equity gaps, particularly regarding persons with disabilities, out-of-school adolescents and remote communities, require targeted action to ensure that the project’s gains are institutionalized, scalable and resilient in the long term.

5.1.1 Relevance

The project demonstrated strong contextual and strategic relevance by addressing critical WASH and protection needs in displacement-affected areas and aligning with national priorities such as OWNP

II and the National Children's Policy. Participatory consultations ensured responsiveness to local priorities and needs. However, equity considerations, particularly for persons with disabilities and other marginalized groups, were insufficiently embedded during design, constraining universal accessibility. The evaluation concludes that future phases should operationalize equity objectives from inception through clear targets, indicators and inclusive design frameworks to ensure that all groups are reached equitably.

5.1.2 Coherence

The project exhibited strong internal and external coherence through joint delivery platforms, coordinated planning and alignment with regional development plans. Effective collaboration among UNICEF, implementing partners and regional authorities fostered synergy across sectors and improved operational coordination. However, fragmentation in financing and delayed integration of WASH and CP interventions initially limited complementarity. The evaluation finds that fully harmonized planning, pooled funding arrangements and early cross-sectoral integration would strengthen coherence and promote institutional ownership in subsequent programming cycles.

5.1.3 Efficiency

The project demonstrated high absorptive and adaptive capacity, with an overall delivery rate of 89 per cent and strong financial accountability. Strategic resource reallocation, complemented by mobilization of additional funds, enabled the project to meet or exceed targets within the approved budget. The WOP mentoring, CPIMS+ strengthening, and local MHH production initiatives improved cost-effectiveness by optimizing existing systems. However, delayed partner contracting, intermittent supply chain bottlenecks and the absence of an integrated performance data platform constrained full operational efficiency. The evaluation concludes that early partner onboarding, streamlined logistics and unified data systems are essential to enhance cost-efficiency and real-time decision-making in future multi-sector programmes.

5.1.4 Effectiveness

The project achieved over 80 per cent of its planned outputs, reflecting robust performance and tangible service gains. Key results included establishment of MHH rooms, certification of ODF kebeles, roll-out of CPIMS+ for case management, strengthening of water utilities through the WOP and revitalization of community-based protection structures. These achievements improved safety, participation and well-being for children and adolescents, especially girls. Nonetheless, service continuity in refugee settings, delays in infrastructure completion and uneven CPIMS+ adoption limited the consolidation of results. The evidence suggests that integrated, locally owned delivery models are effective in achieving rapid progress but require longer implementation horizons and consistent government engagement to embed institutional and behavioural change.

5.1.5 Sustainability

Evidence of sustainability emerged through continued activity of community structures such as WASHCOs, school hygiene clubs and CCCs beyond project closure. These demonstrate emerging ownership and capacity for continuity. However, the absence of a structured exit strategy, weak recurrent financing and incomplete institutional integration reduced the likelihood of durable results. Sustainability will depend on embedding recurrent budget lines, formalizing handover mechanisms, and aligning community structures with woreda governance frameworks to ensure continuity and resilience of service delivery. The evaluation finds that institutional embedding, rather than community reliance alone, is critical for maintaining gains post-project

5.1.6 Impact

The project contributed to transformative changes in child well-being, gender equality and resilience. It improved school attendance among girls, strengthened local protection mechanisms, and enhanced dignity and safety in WASH access. Impacts were most pronounced in regions where community mobilization and institutional collaboration were strongest, such as Gambella and Bidre.

In areas with weak infrastructure and limited institutional participation, results were less sustained. The evaluation concludes that integrated programming has strong potential to deliver lasting impact, but systemic resilience and equitable coverage must be prioritized to scale transformative outcomes nationally.

5.1.7 Cross-Cutting Issues and ToC Validation

Gender equality and CP were effectively mainstreamed throughout implementation, while disability inclusion and climate resilience remained only partially realized. Validation of the reconstructed ToC confirmed its relevance and explanatory strength, particularly in linking systems strengthening with improved service access. However, assumptions regarding government ownership, financial sustainability and inclusion were only partially met. Future ToCs should explicitly integrate pathways for institutionalization, inclusion and resilience to enhance programme logic, coherence and sustainability in subsequent phases.

5.2 Lessons Learnt

1. **Integrated and Jointly Planned Delivery Enhances Coherence and Results:** Integrated CP-WASH interventions achieved stronger and more sustainable outcomes when design, planning and monitoring were coordinated across sectors from the outset. Joint mechanisms aligned WASH investments with CP outcomes, such as gender-segregated toilets, MHH facilities and safe spaces, enhancing coherence and shared ownership. Early fragmentation between WASH, CP, Education and Health sectors reduced complementarity, but later coordination platforms built improved alignment and accountability. This experience demonstrates that coherence in multi-sector programmes depends on early joint planning, consistent coordination and shared monitoring system.
2. **Institutionalizing Community Structures Ensures Sustainability and Local Ownership:** Community-based organizations, including WASHCOs, gender clubs and CCCs, played a central role in sustaining hygiene promotion, protection monitoring and behaviour change. Their contribution was strongest where they were recognized by local authorities and linked to existing governance processes. Where mandates or resources were unclear, functionality declined over time. This shows that institutional recognition and administrative linkage are key determinants of the long-term sustainability of community structures.
3. **Embedding Capacity Development Within Institutional Systems Strengthens Service Quality:** Capacity development embedded within institutional systems proved more enduring than stand-alone training. Initiatives such as WOP mentoring for utilities and CPIMS+ integration within MoWSA workflows maintained staff motivation, technical consistency and service quality by linking training to supervision and performance frameworks. This underlined that institutional embedding, rather than ad hoc training, creates continuity and resilience in technical and administrative capacities.
4. **Strengthening Inclusion and Accountability Mechanisms Enhances Equity and Responsiveness:** Efforts to promote inclusion were most effective when linked with accessible feedback and accountability systems. Universal design and inclusive communication increased participation among women, children and persons with disabilities, but limited awareness and uneven responsiveness reduced equitable outcomes. The evaluation showed that where feedback mechanisms were inclusive and acted upon, service quality and trust improved, confirming that accountability systems are critical enablers of equity and responsiveness.
5. **Building Climate and Digital Resilience Strengthens Service Reliability:** Service reliability improved in areas where climate and digital resilience were embedded within programme operations. Climate-adaptive WASH infrastructure and community-led ODF campaigns helped sustain services during floods and droughts, while digital tools such as CPIMS+ enhanced coordination and real-time monitoring. These experiences demonstrate that resilience in WASH

and CP systems depends on adaptive design, robust data use and the capacity to anticipate environmental and operational disruptions.

6. Culturally Grounded Social Mobilization Drives Sustainable Behaviour Change: Social and behavioural change was most effective when interventions were grounded in trusted community systems and culturally resonant communication. Collaboration with religious leaders, youth clubs and parent groups had built acceptance of positive hygiene and protection practices and reduced child marriage and harmful behaviours. The experience illustrates that sustained behaviour change emerges when social mobilization builds on existing community trust, shared values and multi-tiered participation.

Overall, the lessons derived from this evaluation demonstrate that integration, institutionalization, inclusion, accountability and adaptive capacity are critical drivers of sustainable CP-WASH outcomes. Collectively, they provide evidence on how coordinated planning, integrated capacity-building, inclusive systems and culturally grounded mobilization can create resilient and equitable services in fragile and displacement-affected contexts. These insights hold wider relevance for KOICA's cooperation frameworks and UNICEF's programming in similar multi-sector humanitarian and development settings.

5.3 Recommendations

The recommendations in this summative evaluation are based on the key findings, conclusions, and lessons drawn from the evaluation process. Initial recommendations were shared during a virtual consultation with the Project ERG and UNICEF Ethiopia. They were refined following inputs from technical discussions with UNICEF Ethiopia's senior management. The final set was validated at a consultative meeting held on 18th August 2025 with representatives from federal and regional government institutions, development partners including implementing partners, UNICEF and KOICA. The recommendations outlined in the matrix below aim to guide the strategic and operational direction of future CP-WASH initiatives in Ethiopia. They also provide reference for similar integrated programmes in other regions where UNICEF operates, particularly in displacement-affected, remote, and climate-vulnerable settings. Each recommendation promotes inclusive, accountable, and climate-resilient CP-WASH services, integrated within government systems and aligned with Ethiopia's national development priorities.

Recommendation	Priority	Responsible & Timeframe	Linked Findings from Reporting Section
<p>1. Institutionalize integrated CP-WASH programming within national and regional systems by adopting a unified ToC and Results Framework that aligns planning, financing, and monitoring across sectors.</p> <p>This includes:</p> <ul style="list-style-type: none"> - Develop a unified ToC and Results Framework linking CP, WASH, Education and Health outcomes and indicators while harmonizing with financing and planning cycles. - Establish woreda-level convergence platforms for joint supervision, data review and adaptive management. 	High	<p>Responsible: UNICEF, MoWSA, MoWE, MoH, MoE, BoFED, Regional Bureaus</p> <p>Timeframe: 2025-2028</p>	<p>Relevance EQ10-F3, EQ11-F4: Integration gaps at design stage limited synergy.</p> <p>Coherence EQ8: Misaligned sectoral financing/planning cycles.</p> <p>Efficiency</p>

Recommendation	Priority	Responsible & Timeframe	Linked Findings from Reporting Section
<ul style="list-style-type: none"> - Align reporting and data systems through interoperable dashboards and joint accountability tools. - Prioritize woredas with established mentor-mentee Water Operator models for national scale-up. 			<p>EQ9-F2: Parallel systems created duplication.</p> <p>Sustainability EQ14-S1: Absence of structured exit and maturity benchmarks.</p>
<p>2. Deepen equity and inclusion across all stages of programme design and delivery to ensure no one is left behind in access to CP-WASH services.</p> <p>This includes:</p> <ul style="list-style-type: none"> - Engage women, refugees, IDPs and persons and children with disabilities in participatory planning and monitoring. - Apply universal design standards and conduct regular accessibility and equity audits. - Introduce equity budget tagging to ensure resources reach marginalized populations. - Expand CP packages to include legal, medical and shelter support for survivors of violence. - Strengthen inclusive complaints mechanisms through multi-language, disability-accessible feedback tools. - Conduct annual equity reviews using disaggregated data to inform adaptive programming. 	High	<p>Responsible: MoWSA, MoF, UNICEF, UNHCR</p> <p>Timeframe: 2026-2028</p>	<p>Effectiveness EQ10-F3: Persistent access gaps for marginalized groups.</p> <p>Impact EQ14-S2: Limited structural embedding of inclusive design.</p> <p>Efficiency EQ6-E2: supply chain, affordability, and equitable access challenging.</p>
<p>3. Expand and sustain digital case management and accountability systems to enhance real-time coordination and inclusive reporting.</p> <p>This includes:</p> <ul style="list-style-type: none"> - Scale up CPIMS+ as the national case management platform and ensure connectivity in fragile regions. - Provide hardware, software and IT support to social workers and teachers in refugee and remote areas. - Develop interoperable CP-WASH dashboards for real-time data sharing across kebele and woreda levels. 	High	<p>Responsible: UNICEF ICT4D, MoWSA, MoE, MoWE, BoFED</p> <p>Timeframe: 2026-2027</p>	<p>Sustainability EQ14-S2, EQ15-S2: Uneven adoption of digital tools in rural and refugee areas.</p> <p>Efficiency EQ9-F2: Limited technical support and weak local ownership of digital platforms.</p> <p>Effectiveness</p>

Recommendation	Priority	Responsible & Timeframe	Linked Findings from Reporting Section
<ul style="list-style-type: none"> - Deploy inclusive feedback channels (SMS, hotlines, Braille, sign language, pictorial tools) for grievance reporting. - Establish data verification and escalation protocols to improve case resolution and accountability. - Build a cadre of local IT champions with refresher training and supervision for sustainability. 			EQ10-F3: Limited access to feedback by PWD and refugees.
<p>4. Formalize and resource community-based structures for sustained service delivery by institutionalizing and financing local organizations that support CP-WASH outcomes.</p> <p>This includes:</p> <ul style="list-style-type: none"> - Consolidate WASHCOs, hygiene clubs, CCCs and CP committees under kebele UCO. - Adopt woreda-level MoUs to formalize the roles of community structures and embed them into woreda development plans and performance reporting frameworks. - Allocate recurrent budgets for operational support and routine monitoring. - Introduce maturity indices and structured handover mechanisms to measure readiness for independent operation. - Facilitate technical mentoring between high-performing and emerging community structures. 	Medium to High	<p>Responsible: MoWSA, Regional Education Bureaus, Woreda Administrations, MoE</p> <p>Timeframe: 2026-2027</p>	<p>Sustainability EQ14-S1: Community groups lacked institutional anchoring.</p> <p>Effectiveness EQ11-F4: Weak linkages with sectoral staff.</p> <p>Efficiency EQ9-F2: Fragmented structures reduced coordination.</p>
<p>5. Mainstream climate resilience and predictive analytics into CP-WASH systems to enhance preparedness and service continuity.</p> <p>This includes:</p> <ul style="list-style-type: none"> - Integrate GIS- and AI-based risk mapping and equity overlays into regional and woreda dashboards - Link early-warning systems for floods, droughts and displacement to contingency funding. - Train woreda and regional staff in GIS/AI tools for targeting, budgeting, and performance monitoring. 	Medium	<p>Responsible: UNICEF Innovation, CSA, MoWE, MoWSA, Regional Governments</p> <p>Timeframe: 2026-2028</p>	<p>Effectiveness EQ9-F2: Targeting precision limited.</p> <p>Learning L5: Adaptive designs and robust data use.</p> <p>Sustainability EQ14-S1: Climate disruptions affect nearly half of households.</p>

Recommendation	Priority	Responsible & Timeframe	Linked Findings from Reporting Section
<ul style="list-style-type: none"> - Institutionalize climate-resilient facility standards (e.g., flood-proof latrines, drought-resistant water systems). - Develop climate-adapted MHH and sanitation designs for schools and community facilities. - Establish multi-sector resilience taskforces for coordinated risk management and response. 			
<p>6. Embed capacity development within institutional systems to strengthen service quality and staff retention.</p> <p>This includes:</p> <ul style="list-style-type: none"> - Integrate CP-WASH training modules into government systems for induction and professional development. - Scale up mentor-mentee Water Operator models to include sanitation, FSM, and MHH services. - Establish accredited refresher training and peer-learning networks to prevent skill attrition. - Link capacity-building outcomes to institutional performance evaluation and promotion criteria. - Include training and mentoring costs in woreda annual budgets for sustained implementation. - Facilitate south-south exchanges to strengthen professional networks across regions. 	Medium	<p>Responsible: MoWSA, Regional Bureaus, UNICEF, TVETs</p> <p>Timeframe: 2027-2029</p>	<p>Effectiveness EQ9-F2: Stand-alone training without follow-up undermined retention.</p> <p>Sustainability EQ15-S2: Weak HR integration of skills and limited peer mentoring uptake.</p>
<p>7. Strengthen sanitation systems and market-based service delivery to sustain ODF gains and expand equitable access to sanitation and FSM services.</p> <p>This includes:</p> <ul style="list-style-type: none"> - Define clear institutional mandates for FSM and sewerage between utilities, municipalities, and health offices. - Pilot integration of sanitation services within water utilities using the WOP mentoring model. - Develop tariff structures, licensing frameworks, and business models to support cost recovery. - Support women- and youth-led enterprises and PPPs for sanitation product supply and FSM operations. 	Medium	<p>Responsible: MoWE, Water Boards, Municipalities, MoF, Investors, UNICEF, Development Partners</p> <p>Timeframe: 2026-2028</p>	<p>Sustainability EQ16-S3: Utilities lack mandates and capacity. EQ14-S2: Weak market integration. Learning L3: Peer-to-peer learning through utility networks showed early results.</p> <p>Effectiveness: EQ8-F1: ODF reporting and sustainability Efficiency</p>

Recommendation	Priority	Responsible & Timeframe	Linked Findings from Reporting Section
<ul style="list-style-type: none"> - Link ODF progress with incentives for households to upgrade facilities and establish re-verification systems to control slippage. - Conduct regular desludging and sustainability monitoring through local government and private sector partnerships. 			<p>EQ5-E1: Leveraging water operators' model</p> <p>EQ15-S2: Low private sector participation.</p>
<p>8. Consolidate behaviour change communication and culturally grounded mobilization to consolidate norm change and sustain inclusion.</p> <p>This includes:</p> <ul style="list-style-type: none"> - Combine school-community coalitions, youth clubs, parenting sessions, and community dialogues for layered SBCC delivery. - Engage religious and traditional leaders using adapted SBCC toolkits and local-language materials. - Integrate behaviour change metrics (e.g., hygiene practices, GBV reporting) into monitoring frameworks. - Promote peer-to-peer education through girls' clubs and youth networks for ongoing awareness. - Use participatory feedback tools such as community scorecards and Most Significant Change to track social outcomes. - Institutionalize joint CP-WASH social mobilization platforms at woreda level for sustained engagement. 	<p>Medium</p>	<p>Responsible: MoE, MoWSA, MoIC, CSOs</p> <p>Timeframe: 2026-2027</p>	<p>Effectiveness</p> <p>EQ11-F4: Multi-layered interventions influenced social norms,</p> <p>Sustainability</p> <p>EQ14-S1: Behaviour change at risk without convergence and institutional anchoring.</p>



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7 ANNEXURES (Attached as a separate document)

The following annexes are included in Volume 2: Annexes of the Final Summative Evaluation of the KOICA CP-WASH Project for clarity and ease of reference.

- 7.1 Annex 1: Constructed Theory of Change
- 7.2 Annex 2: Evaluation Questions and Suggested Refinements
- 7.3 Annex 3: Evaluation Matrix
- 7.4 Annex 4: Distribution of Sampling
- 7.5 Annex 5: Distribution of KIIs and FGDs
- 7.6 Annex 6: List of Key Documents
- 7.7 Annex 7: Ethical Clearance Submission to HML
- 7.8 Annex 8: Consent Forms
- 7.9 Annex 9: Detailed Analysis of Log Frame
- 7.10 Annex 10A: Questionnaires
- 7.11 Annex 10B: Key Informant Interviews Guidelines
- 7.12 Annex 11: Focus Group Discussions (FGDs) Guidelines
- 7.13 Annex 12: Sanitation Market Survey
- 7.14 Annex 13: Utility System Assessment
- 7.15 Annex 14: CP-WASH Case Study Checklist
- 7.16 Annex 15: Facility Observation Checklist
- 7.17 Annex 16: Analysed Household Data
- 7.18 Annex 17: Evaluation Reference Group
- 7.19 Annex 18: Terms of Reference (ToR)

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