

KENYA DROUGHT RESPONSE EVALUATION REPORT
FOCUS ON MARSABIT AND BARINGO COUNTIES

26 JULY TO 1 AUGUST, 2015



Focus group discussion on CTP in Gas, North Horr- Photo: Ruwaydah/IFRC/2015

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Abbreviations/ Acronyms

CTP- Cash Transfer Program

ECD- Early Childhood Development

FGDs –Focus Group Discussion

IFRC – International Federation of Red Cross and Red Crescent Societies

KRCS- Kenya Red Cross Society

KII- Key Informant Interview

SFP- School Feeding Program

WFP- World Food Program

WASH- Water, Sanitation and Hygiene Promotion

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EXECUTIVE SUMMARY

The poor performance of the long rains between the months of March - May 2014 in the Arid and Semi-Arid Lands in Kenya resulted in the drought that affected both pastoral and marginal agriculture livelihood zones (the North Western, Northern, North Eastern, South Eastern and parts of Coast) in turn affecting household food availability as well as livestock productivity. The situation continued to worsen with the increase in food prices which continually eroded household purchasing power driven by increase in fuel costs and general inflation.

To support affected populations, IFRC launched an appeal on 29 August, 2014 intended to enable the IFRC to support the Kenya Red Cross Society to assist 649,175 beneficiaries for a period of 9 months. The overall objective of the appeal was to contribute to the reduction of high rates of acute malnutrition through provision of humanitarian assistance to the affected population in the priority counties in Kenya.

A final evaluation of the drought operation was undertaken from 26 July to 1 August, 2015 in Marsabit and Baringo counties. The objectives of the evaluation were; to measure the appropriateness/relevance of the objectives and strategy, to assess the effectiveness and coverage of program implementation (programme quality) and to assess the extent to which lessons learned and recommendations from previous operations were incorporated within the operation and also draw more lessons for future disaster management and operational coordination support for national societies. A cross sectional study was used, adopting a mix of both primary and secondary data collection approaches. This included both quantitative (beneficiary satisfaction survey) and qualitative (focus group discussions and key informant interviews) data collection, and literature review.

KRCS implemented School Feeding Programme (SFP), Cash Transfer Programme (CTP) and health and nutrition outreaches in both counties. SFP targeted ECD learners as they were not supported by the WFP feeding programme. CTP targeted households with malnourished children under the age of five years whereas outreach activities targeted all community members. In addition to improving the nutritional status of learners, SFP also led to increase in enrolment and retention of learners in schools. The health and nutrition outreach activities also made it possible for affected communities to access basic health services. The CTP increased the purchasing power of households, enabling them to provide balanced meals and improving nutritional statuses. In some cases however, the cash was diverted and used for payment of medical bills, school fees and start-up of IGAs among others.

Despite the limited financial resources due to low appeal coverage, KRCS managed to implement activities in a professional manner. KRCS was however forced to prioritize activities and this led to cancellation of some activities related to WASH and food production.

To ensure sustainability and reduce vulnerability, there is need for linkage to longer term recovery and resilience projects. Integrating community engagement and accountability in future operations is all necessary to ensure community participation as well as enhance programme quality. Strengthening M&E systems in emergencies is also vital, allowing focus on measurement at outcome and result level and not only output level.

1.0 INTRODUCTION

1.1 Background

Summary:

January 2014 the Government of Kenya declared an impending drought with an estimated 1.6 million people affected.

March – May 2014: Poor performance of the long rains.

Ongoing: Increasing food prices and general.

June - July 2014: According to SMART survey results from the Nutrition Information Working Group (NIWG) the nutritional status in the target counties has deteriorated as compared to June 2013.

29 August 2014: IFRC launches Emergency Appeal.

The Kenya Food Security Steering Group 2013 short rains assessment report conducted in February 2014 indicated that poor performance of the 2013 short rains had resulted in more people becoming food insecure. The National Disaster Management Authority (NDMA), through its routine early warning system bulletins, January - June 2014, issued drought alerts in Mandera, Turkana, Baringo, Samburu, Wajir and Marsabit Counties indicating either a worsening or deteriorating trend. Earlier during the year in January 2014, the Government of Kenya (GoK) had declared an impending drought with an estimated 1.6 Million Kenyans being highlighted as requiring emergency food assistance. Short term food assistance was provided by the government to the affected counties with an anticipation that the conditions will improve with the long rains season. Based on the short rains assessment report carried out, WFP increased the affected communities to benefit on food assistance from 800,000 to 1.3 million.

The poor performance of the long rains between the months of March–May 2014 in the Arid and Semi-Arid Lands in Kenya led to a drought situation that affected both pastoral and marginal agricultural livelihood zones (the North Western, Northern, North Eastern, South Eastern and parts of Coast regions) affecting household food availability as well as livestock productivity. The situation was worsened by increased food prices which eroded household purchasing power as a result of increase in costs of fuel, and general inflation. Following the launch of the appeal, IFRC supported the Kenya Red Cross Society (KRCS) to assist 649,175 affected communities for a period of 9 months.

1.2 Overview of Operational Implementation

KRCS in the target counties further prioritized sub counties for intervention based on;

- Affected population needs (Health and Nutrition, Food Insecurity, WASH)
- Counties where KRCS takes a lead role
- Existing KRCS long term programmes
- Existing partners in the thematic areas and

- Hard to reach areas due to insecurity, and infrastructure.

The sub-counties with respective 10-14.9 GAM rates were; Marsabit-Loiyangalani (29.2%), North Horr (29.2%), Marsabit (20%), Turkana Central (28.7%), Turkana North (27.2%), Turkana South (24.5%), Wajir West (20.7%), Wajir East (16.8%), Samburu (17.3%), Mandera North (23.6%), Mandera West (27.3%), Mandera South 22.3%, and Baringo – East Pokot (21.1%). KRCS integrated programme implementation incorporating Nutrition, Emergency Health, WASH and Peace Building in the target counties on scalable basis depending on the availability of funding beginning with Marsabit, Mandera, Baringo, Wajir, Turkana and finally Samburu. The counties had high levels of insecurity, which led to reduced humanitarian space.

Interventions supported

Both WFP and the Kenya Government (County and Central) supported the counties mainly on the food assistance programmes. Since school feeding was still a gap among most implementing partners, KRCS provided interventions in schools not targeted by WFP. Cash transfer programming was integrated in nutrition interventions targeting households presenting under-five year old children with malnutrition.

On WASH, the main focus by the Government was on fuel subsidy in order to ease water trucking which was very expensive. KRCS proposed rehabilitation of strategic boreholes to increase safe water access in the stressed areas. Provision of integrated community based health outreaches to reach more population far away from the health facilities was also done.

The primary affected population consisted of the most vulnerable groups in the society including children both under the age of five years and school going especially those in ECDs and lower primary, pregnant and lactating women and the elderly. Other prioritized population were the displaced either in displaced camps or integrated as IDPs within the host population.

The National Society conducted intensive resource mobilization initiatives targeting various potential partners to support in the operation.

2.0 OBJECTIVES OF THE RESPONSE

2.1 Objective of the Appeal:

To contribute to the reduction of high rates of acute malnutrition through provision of humanitarian assistance to the affected population in the priority counties in Kenya.

2.2 Outcomes

The main outcomes of the emergency appeal were related to quality programming, food security and nutrition, and water, sanitation & hygiene promotion and included:-

- Immediate reduction in risk of waterborne and water related diseases in targeted communities through water, sanitation and hygiene promotion programming which meets SPHERE standards in terms of quantity and quality to the target population.
- Reduced food insecurity among affected households through providing productive assets/inputs for primary production in accordance with the seasonal calendar, via in-kind distribution, cash grants or vouchers.

3.0 DROUGHT RESPONSE EVALUATION

3.1 Review Objectives

The Kenya drought response evaluation was conducted from 26 July to 1 August, 2015. The overall purpose of the evaluation was to measure the outcomes of the response to find out if there have been any positive or negative changes to the lives and livelihoods of the affected communities and to learn how KRCS/IFRC can in the future, deliver appropriate aid more effectively covering the most affected population. The objectives of the evaluation were as follows;

1. To measure the appropriateness/relevance of the objectives and strategy.
2. To assess the effectiveness and coverage of program implementation (programme quality).
3. To assess the extent to which lessons learned and recommendations from previous operations were incorporated within this operation and also draw more lessons from the operation for future disaster management and operational coordination support for national societies.

3.2 Methodology

3.2.1 Design

This was a cross sectional study that adopted a mix of both primary and secondary data collection approaches. This included both quantitative and qualitative data collection methods, and a literature review.

3.2.2 Data collection methods

Different methods of data collection were used as follows:

Household survey (Beneficiary Satisfaction Survey – BSS): A household survey targeting the affected populations was conducted, using the ODK mobile application. One day training was conducted for all enumerators in both Baringo and Marsabit counties to familiarize them with the tools and use of the ODK mobile application as well as mapping of targeted areas and households. Systematic random sampling was used to select a sample of 421 households from the supported households. Thus, 223 households were covered in Baringo and 198 in Marsabit.



Planning session on data collection, Marsabit town - Photo: James/KRCS/2015

Key Informant Interviews were conducted in the two counties as follows:

- i. Marsabit county - NDMA County Drought Information Officer; 3 head teachers; Gas dispensary nurse; 2 cash transfer traders.
- ii. Baringo county – 2 chiefs; 2 health facility staff; head of Chemolingot hospital (ministry of health); sub county nutrition coordinator; county nutrition coordinator; sub county Early Childhood Development (ECD) coordinator; 4 heads of ECD schools.

Focus Group Discussions were conducted with affected communities and volunteers. This included adult community members (separated by gender), ECD learners and KRCS volunteers. A total of 19 FGDs were held; 10 in Marsabit and 9 in Baringo.

Desk review and review of secondary data included the review of the operations emergency plan of action (EPoA), monitoring reports, operational updates and case study reports.

3.3 Limitations

- Although the evaluation was successfully conducted with the team reaching all selected areas, the target number of 400 BSS interviews in each county could not be met due to the very sparse settlement patterns in the target counties. The Marsabit team reached 360 households, however data from only 198 households could be uploaded and analysed.
- The high temperatures in Marsabit resulted in phones malfunctioning and this slowed down the data collection process. In both counties as well the battery charge could only last up to 5 hours. This was however remedied by switching off the phones after every interview to save on the energy.

- In Baringo, the evaluation process was interrupted on the last day due to limited resources. The vehicle which the evaluation team used had to be recalled for use in other activities. This posed a logistical challenge for the team.

4.0 KEY FINDINGS

4.1 Socio Demography

The table below summarizes the socio demographic characteristics of the respondents.

Table 1: Socio demographic characteristics of respondents

Total number of respondents (n) = 421 (Marsabit= 198 and Baringo= 223)	
Gender of the respondents	
Male respondents	31% ¹
Female respondents	61%
Age of respondents	
Respondents aged below 24 years	7%
Respondents aged between 25 and 44 years	56%
Respondent aged between 46 and 64 years	26%
Respondents over 65years	11%
Household with children between 0-5years	60%
Marital status of the respondents	
Married	64%
Widowed/widower	16%
Single	13%
Divorced	7%
Size of the Households	
With 1- 3 members	30%
With 4 – 6 members	41%
With 7 – 10 members	24%
With over 10 members	5%

4.2 Effects of drought

Overall, all those interviewed were in one way or another affected by the drought. 80% of respondents did not have food and in addition stated that their sources of food had been destroyed as a result of the prolonged drought. More than two thirds (65%) of the affected population did not have enough water. Related to these effects, the respondents reported travelling for long distances in search of food and water, reduction in household income and loss of family members through death.

4.3 Assistance needed

When asked about the type of assistance needed, 78% of the respondents stated that they needed food, 63% needed medical assistance, 49% were in need of cash and 51% were in need of input supports such as seeds. Some of the respondents felt they needed assistance that was not provided. Almost half of the respondents (45%) reported that they needed food stuff (distribution) and was not provided for while 14% of the respondents needed clean and safe water sources. Although provision of water, sanitation and hygiene services was part of the EPoA, these activities had to be listed in the

¹ During the survey most men were already out taking care of animals.

second level of priority due to low appeal coverage and as such were not implemented through the drought operation. Funding received from CERF supported WatSan activities in conflict related interventions

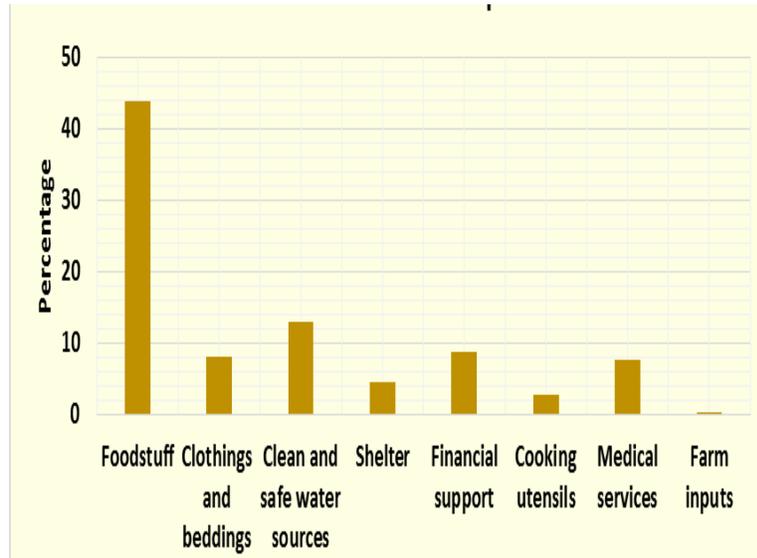


Figure 1: Assistance needed but not provided

4.4 Beneficiary Consultation

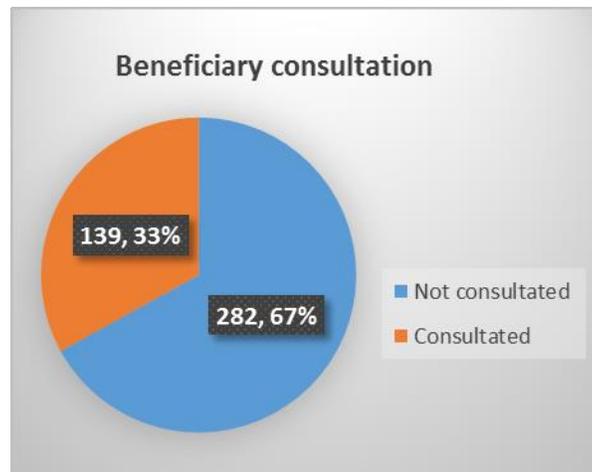


Figure 2: Beneficiary consultation on their needs

67% of the respondents reported not having been consulted on their preferred needs prior to the drought operation while 33% stated that they were consulted. When also asked as to whether they had been consulted on their preferred assistance, 73% reported that they were not consulted on their preference while 27% stated that they were consulted. The focus group discussions with community members revealed that they were not fully involved in the needs assessment and were even not aware of any having being done. To them, they believe KRCS/IFRC designed the program on their own.

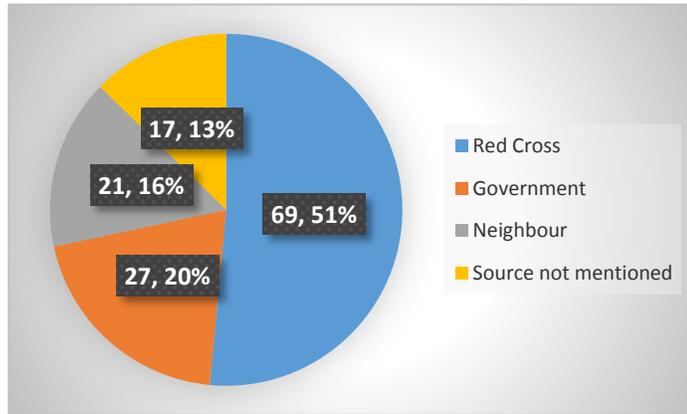


Figure 3: Entity that consulted about needs

Out of the 33% who stated that they were consulted about their needs, 51% were consulted by KRCS, 20% were consulted by the government while the other were consulted by the neighbours (16%) and other sources (13%).

Beneficiary consultation on their preference

When asked as to whether they had been consulted on their preference, 73% reported that they were not consulted on their preference while 27% were consulted. It was observed that men were left out throughout the entire program cycle (needs assessment, planning, implementation, monitoring) as most are pastoralists and hardly around.

In a different discussion, the school children recommended a balanced meal as some children relied entirely on the food provided in schools. The food provided during the operation mainly consisted of carbohydrates and proteins. *‘Angalau tupewe mboga na nyama na mchele. Lakini mboga sana sana, hatupati nyumbani’* (at least we should be provided with rice and meat. But we prefer vegetables as we do not get this at all at home) – learner, Kargi Muslim ECD centre

4.5 Beneficiary selection criteria

219 (52%) of the respondents stated that they did not understand the selection criteria while 202 (48%) understood it. Below table shows the reasons respondents thought they were selected as beneficiaries.

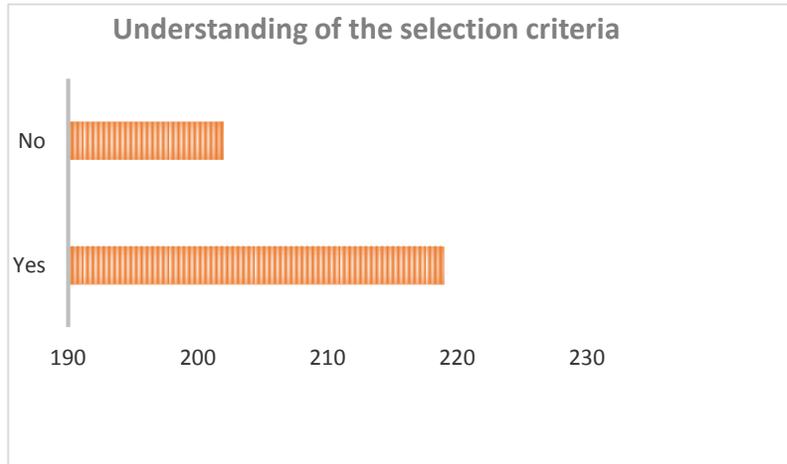


Figure 4: Beneficiaries’ understanding of the selection criteria

Table 2: Reasons respondents thought they were selected

Reasons	Response in %
Affected by drought	4%
Fit the criteria	10%
Has been a project beneficiary	4%
Lost livestock to drought and property destroyed	3%
Poverty	2%
Malnourished child	24%
Very vulnerable: Elderly, widowed, orphaned, needy, person living with disability	53%

4.6 Information on assistance

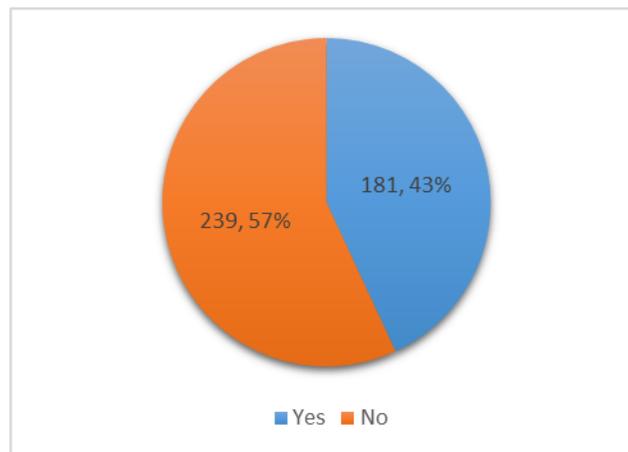


Figure 5: Respondents’ access to information on assistance

43% of the respondents reported to have had prior information on when and where the assistance will be provided while 57% did not have any information. Out of the 43% of the respondents who stated to have had information on assistance, majority (47%) received the information from neighbours and friends, 34% from Red Cross, 14% from the government and 5% from others.

The focus group discussions with communities revealed that they felt the information was not adequate and clear. For example, in cash transfer program, KRCS did not inform them on why the third round of cash distribution was not done. On medical and nutrition outreaches, the community FGD participants stated that they received information through the nurse and in turn those who received the information shared with other community members. KRCS volunteers during household visits also provided information on outreach activities.

4.7 School Feeding Program

63% of those interviewed had knowledge on the school feeding program whereas 37% did not have knowledge on the same.

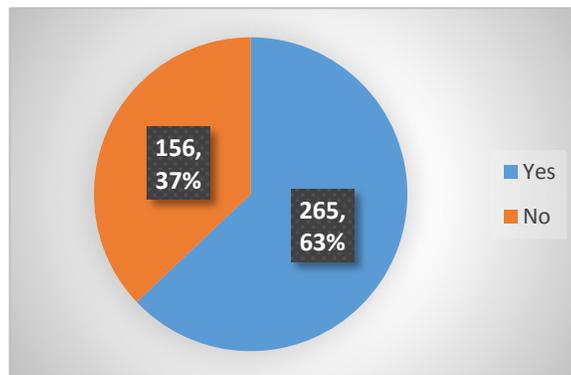


Figure 6: Knowledge about school feeding programs

When asked as to whether their children benefitted from the school feeding program, 265 (63%) stated that their children benefitted from the program while 156 (37%) reported that their children did not benefit from the school feeding program. 312 (74%) added that they would still send their children to school even if the SFP was not being implemented whereas 109 (26%) stated that they would not send their children to school.

FGDs conducted in Marsabit with ECD learners (Gas ECD, Kargi Muslim ECD and Ruso ECD) revealed that learners were aware of the school feeding program, although they were not aware who provided the food. Most of them thought the food was provided by the teachers and the government. This was done until closure of term 1, in April, 2015.

Learners in all schools stated they received food on a daily basis. On the food portions, learners from Gas and Kargi Muslim schools felt it was enough as they ate to their fill. In Ruso ECD however, the learners felt the portion was not enough. On the quality of food, the learners reported

the food being well cooked and had good taste. Follow up discussions with the ECD teacher showed that there were however leftovers, which were given to learners from extremely poor families to carry home, as most did not eat at home as well.



Focus group discussion with ECD learners on SFP, Gas, North Horr sub-county – Photo: Cornelius/IFRC/2015

Following the closure of the operation, the ECD learners were forced to share whatever little food was available with primary school pupils whose feeding program is provided by WFP. The food comprises of maize and beans, something that ECD learners stated as being difficult for them to chew.

During the key informant interviews with the head teachers from Ruso, Kargi Muslim and Gas primary schools, head teachers reported having being involved in the assessment of needs and planning as well as monitoring of the feeding programme. This was done jointly with the school administration and the ministry of education. Other joint monitoring visits were conducted with KRCS. The head teachers also provided regular updates/reports to KRCS during the SFP implementation period.

On coordination, this was done through regular planning sessions and progress update meetings with KRCS. Information was shared through emails, one on one communication as well as through the county steering group meetings. This was effective in ensuring that information on KRCS interventions reached the right audience and in time. The school administration was responsible for storage of food commodities, food preparation, and information sharing to learners and parents.

At the time of the evaluation, the response program was not sustainable as the community fully relied on KRCS to provide food. As the ECD centres were not considered in the WFP feeding programme for primary schools, the food they received was very little as it had to be shared with primary school learners. In Baringo County, WFP excluded 10 ECD centres from lists submitted for

food deliveries claiming the ECD centres should be supported by KRCS. This was however later resolved.

KIIs with head teachers pointed out that, school feeding program had led to increased enrolment of learners and attendance in ECD centres. In Kargi Muslim ECD centre, the enrolment increased from 41 to 85 following introduction of SFP. In Ruso ECD and Gas ECD enrolment increased from 54 to 71 and 17 to 60 respectively. This was the same in Baringo County where the number of learners in Tobererwa ECD increased from 15 to 64 when SFP commenced. However, following the closure of the operation the number of learners slightly dropped to 45. In Gas ECD centre, due to the increase in enrolment following the introduction of SFP, the county government built ECD classrooms, and provided furniture and other learning materials. The head teachers added that the nutritional status of learners also improved as well as concentration in the classrooms.

Increased awareness on KRCS and its mandate as well as acceptance within the community was achieved through the SFP sensitization meetings with communities.

4.8 Cash Transfer Program

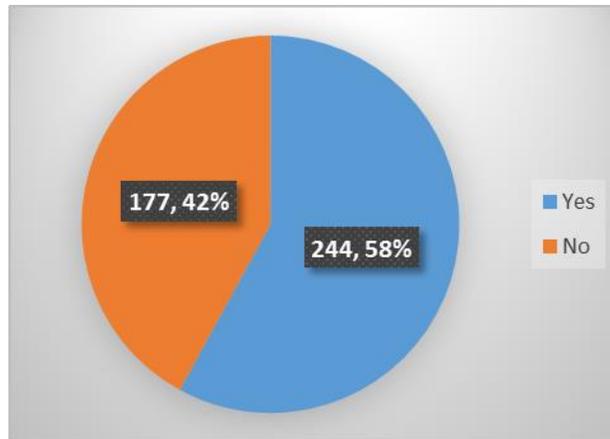


Figure 7: Knowledge of Red Cross Cash Transfer Program

244 (58%) respondents were aware of the cash transfer program while 177(42%) stated that they did not have any knowledge on Red Cross' CTP. 248 (59%) of the respondents were beneficiaries of CTP while 173 (41%) were not. The CTP targeted households with malnourished children. 60% (253) of the respondents were aware of the selection criteria while 40% (168) reported that they were not aware of the selection criteria.

19% of respondents perceived the selection criteria to be unfair whereas 81% perceived it to be fair. The reason given behind the perception of unfairness by the non-recipients of the cash transfer program was that the system was discriminatory and did not feel satisfied with the system because they were not considered for the CTP. On the flip side, the affected communities who had benefitted from the CTP thought that the system was fair in that it had targeted needy households. This information (on targeted) was supported by the FGD with women that revealed that affected communities were aware of the selection criteria and confirmed that households with children who

were malnourished benefitted from cash transfer programme and felt that it was a fair way of targeting considering the limited resources. However, as culturally the women were the only ones expected to take the children to hospital, some children were left out of the program. Some of the community members also felt some children were also left out as the time allocated for screening and needs assessment was limited.

When asked as to whether the cash transfer duration was sufficient, 77% of those who had benefitted from the program stated that the duration was sufficient with 23% not satisfied with the duration of the CTP. During the period, 93% of the respondents reported to have received cash thrice and the remaining 7% receiving cash twice. Focus group discussions with communities and KIIs with vendors and KRCS indicated that cash distribution was only done twice and not thrice as mentioned by some respondents during the BSS. Triangulation with data from literature review (progress and monitoring reports) confirmed that the cash was distributed twice. This was due to the increase in number of targeted beneficiaries from 1,000 to 1,400 and low appeal coverage.

Below figure indicates how the cash was used by the respondents

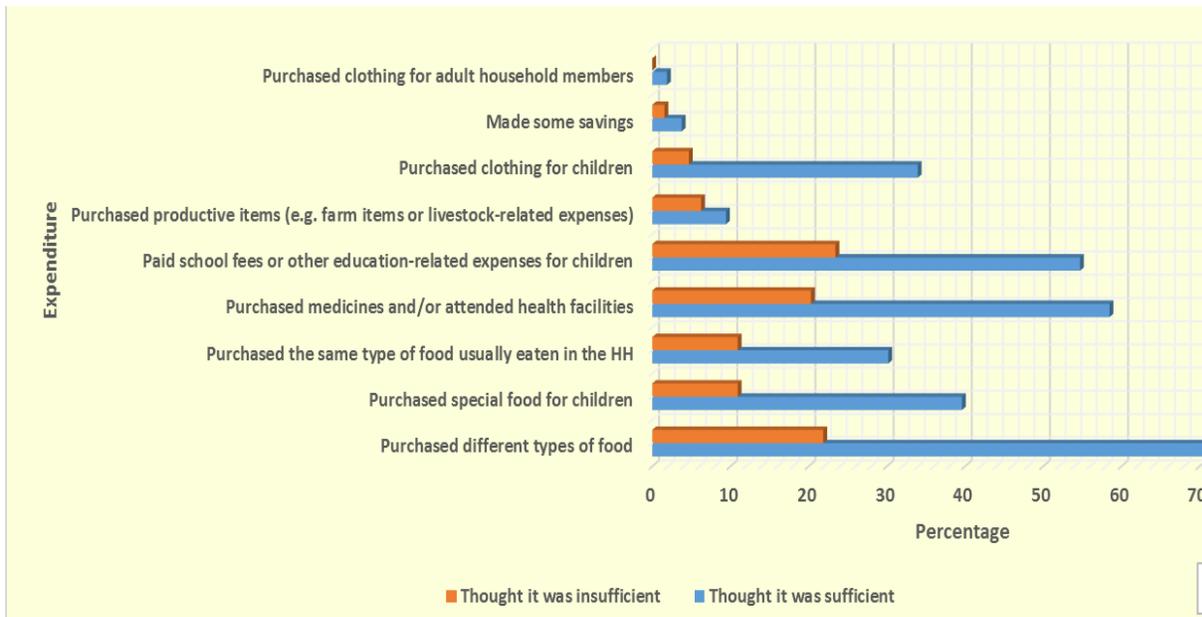


Figure 8: Expenditure by CTP beneficiaries

In Kargi, Marsabit county, the beneficiaries reported having spent the money on buying food, medical services and in some cases school fees. In Gas, Marsabit however, the money was purely used in purchasing food for the malnourished children.

Further probing showed that this was because the community believed that KRCS had in a way placed tracking devices on the money, and could detect any other 'unauthorised use' had they not spent the money on food for the malnourished children. During the discussions, the community had stated that before the cash transfer program, domestic violence was high. Cash transfer program in

a way contributed to decrease in violence within households as the money was received and collectively used by the members without any disagreements.

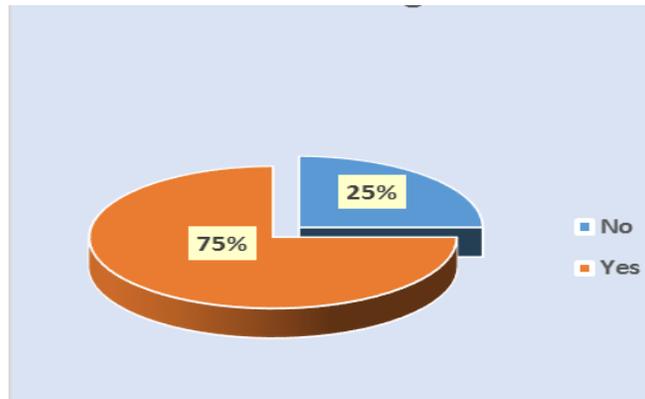


Figure 9: Perception on safety when receiving cash

75% of the respondents reported that they felt safe when receiving cash whereas 25% felt that it was unsafe to receive the cash. Out of the ones who felt unsafe, 53% cited insecurity in the region as one of the reasons.

All affected communities felt using the vendor/trader to disburse funds was the best way to do it as there were no delays and they trusted them.

The money was however not enough to cater for all their needs. The cash transfer program did not, in any way, lead to increase in prices of food commodities in the market. Community reported that there were no insecurity incidences as a result of the cash transfer and neither was there misuse of cash. The alternate collectors of cash also had an easy time collecting the cash. The targeted households were satisfied with the process. Communities believed that cash transfer was the best option in comparison to food aid as it gave them purchasing power, enabled them to prioritize the items they felt were of immediate need and did not allow for abuse and theft by staff.

Indeed, discussions with the community members further revealed that households were able to afford balanced diet unlike before when they only could purchase rice. As a result, some households, for instance, in Kargi, had their children who had been enrolled in OTP and SFP recovered and their children removed from the programs. In addition, among others, some households initiated income generating activities such as those of selling 'mandazi' in schools, others were able to access health services ultimately leading into an increase in household income. Considering that drought occurs frequently in the region, the community emphasized on the need to build their capacity on resilience, minimizing the effects.

4.9 Health and Nutrition

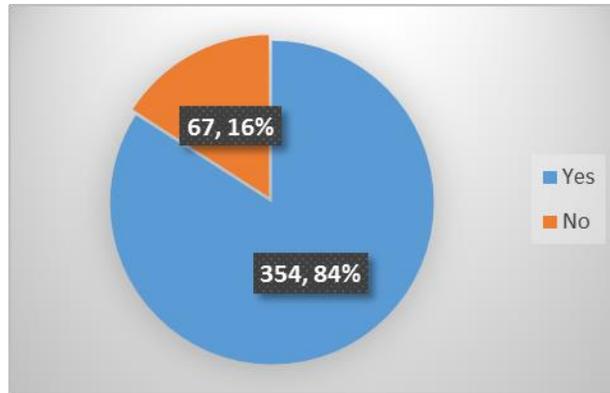


Figure 10: Beneficiaries of health and nutrition outreaches

Community based health and nutrition outreaches were conducted in the sampled areas. 84% of the respondents were beneficiaries of the mentioned outreaches whereas 16% reported that they did not benefit from the outreaches.

Usefulness of health and nutrition outreaches

Of those who benefitted from the outreaches (attended), 81% of the respondents found the nutrition outreaches to be useful. Below box show the reasons as to why the respondents found the nutrition outreaches to be useful as highlighted in the community FGDs.

- | Usefulness of nutritional outreaches |
|---|
| • Child gained weight |
| • Nutrition supplements for children made available |
| • Malnutrition screening for children |
| • Deworming |
| • General health improvement |
| • Improved hygiene and sanitation |
| • Improved maternal care |

Box 2: Usefulness of nutritional outreaches

During the nutrition sessions, the children were able to get food and at the same time be treated for identified ailments. A large section of the community were normally left out in government projects due to limited financial resources, these interventions therefore helped bridge the gap. Thus, health seeking behaviour of the community improved. Community members reported that they could attend health and medical sessions conducted by KRCS. They also reported increased knowledge on their health as a result of health education sessions conducted.

‘Medical outreaches were the most relevant and appropriate interventions that KRCS could have prioritized. I saw many people in the manyattas that I had not been able to attend to during my over

3 years at the dispensary. Medical outreaches had made it possible to reach out to these people that had been in dire need of medical assistance’ - Nurse, Gas dispensary

Coping Mechanism

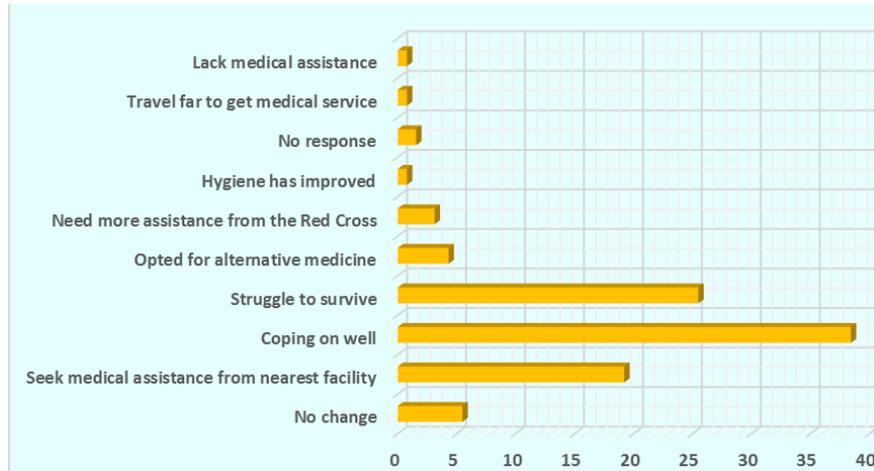


Figure 11: Coping mechanism

Respondents were asked as to how they are coping (if they have access to health services) following the closure of the drought operation. 38% stated that they are coping on well, 25% stated that are struggling to survive, 17% stated that they seek medical assistance from the nearest facilities, with 12% still needing more assistance from KRCS. Others stated they are now opting for alternative medicine, lack medical assistance, and have to travel long distances to seek medical services.

Two focus group discussions were conducted with the community in Gas town as well as 2 key informant interviews with the Nurse (Gas dispensary) and County Nutrition Officer. The community members acknowledged that 2 medical outreaches were conducted where all members who were ill received treatment. The health problems that were treated during outreaches included headaches, chest problems, skin diseases as well as diarrheal diseases. They reported to have received quality treatment at the time.

The beneficiaries of the medical outreaches included children, the elderly, expectant mothers and persons living with disabilities within the community. The adult men mostly did not attend the medical outreaches. Information on the outreach activities was shared by the nurse, and in turn the community members shared the information with the rest at the household level. KRCS volunteers through household visits also shared information on outreach activities.

According to the community FGDs, the main benefit of the medical outreaches was that the programme saved lives as most of the sick normally do not seek treatment until it is too late. These outreaches however minimal prompted communities to seek medical attention in good time.

Men were left out throughout the entire program cycle (needs assessment, planning, implementation, monitoring) as most are pastoralists and hardly around. They recommended in future, for such information to be shared through community meetings (specifically chief barazas) as this will enable them understand what programmes are being implemented and how they can be involved.

Health personnel interviewed stated that the time allocated for screening and needs assessment was also not enough to allow all vulnerable groups to be targeted. As such some were left out.

4.10 Accountability to affected communities

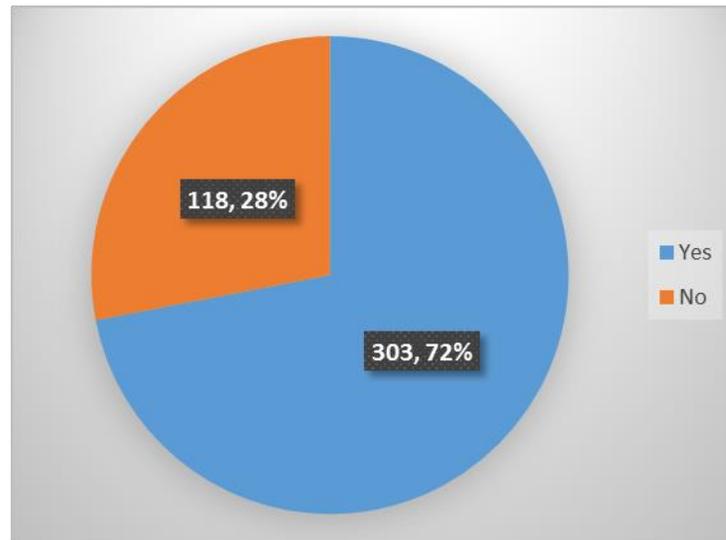


Figure 12: Knowledge of KRCS work during disaster response

72% of respondents stated that they were aware of the work KRCS was doing in response to the drought whereas 28% were not. Of those who were aware, 50% received information from neighbours or friend, 47% from KRCS volunteers whereas 3% received information through IEC materials such as pamphlets, flyers & banners.

Knowledge on how to make complaints

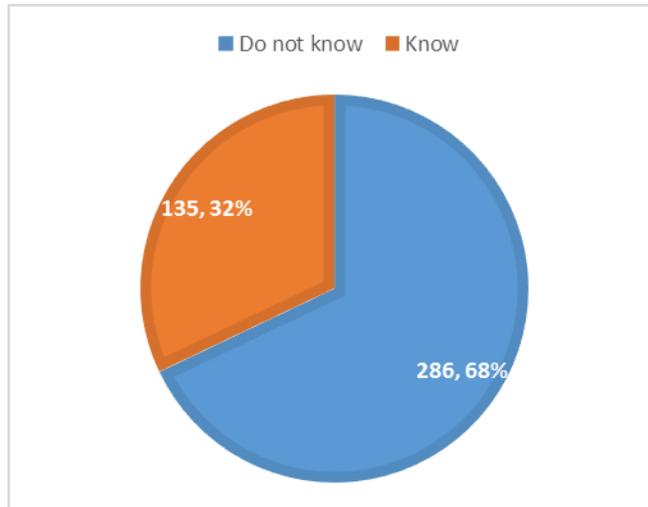


Figure 13: Respondents' knowledge of how to make complaints

68% of the respondents did not have knowledge on how to make complaints whereas 32% reported being aware of how to make a complaint in case of any concerns on goods and services received from KRCS. Of those who are aware of how to report complaints, 45% said they would report to local/provincial administration, 37% to KRCS committee/volunteer / staff, 7% make complaints to village committees /village elders, 2% to the neighbours while 9% were not sure of where to make complaints.

In health and nutrition intervention, there was no official feedback mechanism in place hence the communities opted to provide feedback or seek assistance through the nurse and local administration (chief). In cash transfer program, although KRCS had put in place a feedback mechanism (use of feedback form), affected communities preferred raising queries directly through the vendor and KRCS volunteers. The most common complaint was the lack of clear communication on why the 3rd disbursement was not done as had been initially communicated to the affected communities and the non-inclusion of other households the community felt were vulnerable. In future operations, the community recommended the use of a focal point person as a feedback mechanism.

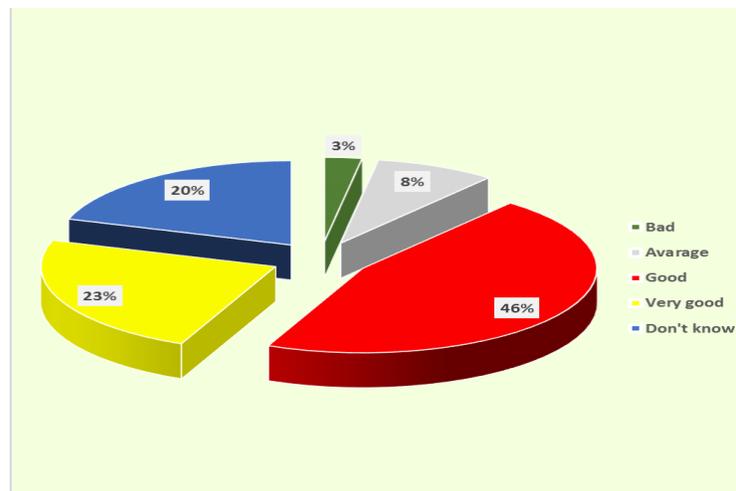


Figure 14: Perception on KRCS staff and volunteers' behaviour during the response

On staff and volunteers' behaviour during the drought response, 23% reported that the behaviour of KRCS staff and volunteers was very good, 46% said the behaviour was good, 8% felt it was average, 3% reported that the behaviour of staff and volunteers was bad whereas 20% did not know.

4.11 Volunteer involvement in the drought response

Focus group discussions held with volunteers revealed that volunteers were involved in ECD monitoring, CTP post distribution monitoring, mass screening during nutrition outreach and during payment and registration of CTP affected communities. However, they lamented that they were never involved in the planning of the operation.

The volunteers were aware of the beneficiary selection criteria for all interventions. They however felt that on medical and nutrition outreaches, some villages were left out in the response despite high malnutrition rates and vulnerability. This was attributed to limited resources.

The discussions revealed that there was no clear information sharing channel between volunteers at branch level and HQ. Hence they could not properly feed into the operation. Channel of communication for volunteers is through branch coordinators/managers.

Majority of the volunteers did not receive any training to facilitate implementation of the operation. However, few have been trained on first aid and monitoring. The volunteers expressed the following trainings as crucial in their work: Code of Conduct; Monitoring and Evaluation; Community Engagement; Behaviour Change; and Peer education. Responding to the needs of the communities during the drought operation has built the volunteers' capacity on responding to such disasters.

On the challenges volunteers faced during the operation, they mentioned that they did not receive any IEC materials, visibility items nor protective equipment. Thus, this made them to be less visible. They also mentioned that for CTP, the cash distribution took long to be done hence affected communities were unhappy. Lack of clear communication channels between HQ and branch level as well as delayed payment of per diems during field work needed to be addressed in future operations.

The best practices mentioned by volunteers was teamwork within RCRC and other stakeholders as well as flexibility in programming (For CTP, where people did not have to walk for long distances to receive the cash).

4.12 Coordination

According to the literature review, the Kenya Red Cross Society continuously worked closely with the county and the central governments in monitoring of the drought and food security situation in the affected counties. In this regard, KRCS worked with the Ministry of Special Programmes, The National Drought Management Authority, the county governments, and the County Disaster Steering Group among others. In particular, KRCS participated in County and National Coordination

Forums and Technical Working Groups which included the County and National Nutrition Technical Forum (NNTF), the Water and Environmental Sanitation Coordination forums among others. In addition, there was participation by the NS in the Kenya and East Africa cash technical working groups coordinated by Cash Learning Partnership (CaLP) in Nairobi. KRCS also worked in partnership with Humanitarian Organizations supporting similar humanitarian interventions.

IFRC led the Early Warning Early action agenda at the regional level with a number of partners including FAO, WFP, Save the Children and OXFAM and actively supported inter-governmental authority on development resilience agenda together with Kenya Red Cross Society.

Medical and nutrition outreaches were conducted in partnership with the MoH staff and the County Nutrition Officer. The MoH staff prescribed treatment as well as conducted the health education sessions and monitoring of the outreaches. The county nutrition officer worked with KRCS in planning, assessment and monitoring of nutrition outreaches.

During the KII, the interview revealed that the emergency response meetings held resulted into effective information sharing and coordination among the partners. This also led to fewer cases of duplication of activities since partners were able to share responsibilities by mapping out their areas of interventions.

Nutritional technical forums that KRCS supported provided platform for sharing nutritional intervention progress.

According to the volunteers, coordination between KRCS and other NGOs and government ministries went well. This helped in avoiding duplication of activities and ensured wider coverage in response. This involved community mobilization, sharing of resources such as transport, beneficiary identification and targeting.

5.0 DISCUSSION

Impact

There was no long-term impact as the drought operation was only implemented for a few months due to the low appeal coverage of only 10%. Cash transfer was only done twice (target households receiving Kshs. 3,000 monthly), whereas school feeding for ECDs was only done during the first school term in 2015.

The drought operation realized some impact on the lives of the targeted community members as was evidently reported. The cash transfer program saved lives enabling communities to have some purchasing power during the drought. In some areas like Kargi, the CTP and health and nutrition outreaches improved the health of children enrolled in OTP and SFP, who fully recovered from malnutrition following these interventions. The relief response delivered by this intervention have a definite impact on protecting livelihoods from the worst effects of drought, enabling a better starting point for households after the disaster. The cash transfer program in no way resulted in domestic dispute due to proper community sensitization and recognition of socio-economic roles in the pastoralists communities that were affected by the drought. Some of the money diverted from CTP intended objective of providing balanced diet to malnourished children/households, was used in starting up income generating activities. In Marsabit, for example, some members had used the money for start-up of IGAs where they sold snacks in schools and dispensaries, further increasing their purchasing power and coping mechanism during the disaster.

Solid evidence from FGDs on the impact of school feeding programmes on educational outcomes proves that school feeding increases school enrolment and attendance by reducing drop-out rates and enhancing retention. Enhanced nutrition and health of early childhood education school children leads to improved learning and decreased morbidity, paving the way for healthier lives. School feeding programmes not only alleviate child hunger in schools, but also enhances nutrition, particularly when the food is fortified with micronutrients. This raises the potential to improve a child's health, school performance and educational attainment.

Effectiveness

Cash transfer program, school feeding program, health and nutrition outreach activities achieved the immediate planned outputs but not at result level. Immediate outputs achieved were as follows: Sufficient nutritious food accessed by children at schools; Cash transfers are provided to households to purchase food; Critical nutritional status of the targeted community is improved. The overall results on immediate reduction in risk of waterborne and water related diseases in targeted communities as well as reduced food insecurity among affected households could not be met as there was limited financial and human resources. As a result, most planned activities had to be cancelled.

The health services were effective in improving the health status of the communities served by the scaling up of the integrated medical outreaches. The effectiveness of this component is reinforced by the fact that these communities were initially unable to access health services as they had to

walk long distances to access health services prior to the introduction of the mobile clinic services. Health education also increased the effectiveness of health services by increasing awareness on communicable diseases. Control of moderate malnutrition was very effective and has helped reduce the number of cases progressing to severe malnutrition status. The school feeding programme also improved the nutrition status of ECD learners. The SFP also had an unintended outcome of increasing enrolment and school retention as reported in the findings.

Cash transfer program enabled households to have greater dietary diversity. Affected communities spent cash on food and often consumed more and better-quality food, contributing to improved diet for their children too. The CTP had an income transfer effect where households have initiated income generating activities. It is anticipated that this will in future improve resilience and reduce shock for these households. Some households however diverted the money and used it for paying school fees and medical bills.

Relevance and appropriateness

The KRCS response was relevant and appropriate to the needs of the beneficiaries. In consideration to the challenges affected populations faced during the drought, the cash transfer program enabled them to purchase other items they needed that were not being provided by other relief organizations that were also operational in these areas at the same time. Due to the drought and long distance to the health care facilities, medical and health outreach activities were key in enabling access to health services by affected populations during a time they needed it most. The drought had greatly resulted in malnutrition especially among children and as such the SFP played an important role in ensuring learners received a balanced meal, with meals well prepared and of good quality. The goods and services provided greatly took into consideration the cultural and religious beliefs of affected populations and there was great acceptance from the communities. There is however still need to consider the economic activities of the pastoralists communities and social roles when sharing information on operations. In the drought operation, most men were left out since they were out taking care of the livestock.

Coverage

IFRC/KRCS interventions reached targeted groups as planned (school feeding targeted ECD learners, CTP targeted households with malnourished children under the age of 5 years and integrated medical outreaches targeted the general population in selected locations). There were however other vulnerable groups that were not considered and were greatly affected by the drought. These included elderly, persons living with disabilities, children out of school, and pregnant and lactating mothers. Although this is greatly attributed to limited resources, that also led to cancellation of some activities including WASH and food production, future interventions therefore need to also consider these groups.

Connectedness and sustainability

The drought operation mainly focused on providing immediate life-saving services. In both Baringo and Marsabit counties for example, the SFP for the ECD learners was not sustainable as they had not been planned for in the WFP school feeding program. Overall, the response did not have

recovery plans thus the affected populations proposed that KRCS needed to consider recovery plans as well as focus on resilience building activities. There is therefore need to put in place clear exit strategies and linkage to other programs as well as building resilient communities. Resilience activities will aid to minimize the effects of droughts in future and reducing community vulnerability to drought exacerbated by climate variability and change.

Coordination

Coordination of the response during the drought operation was generally well done by IFRC and KRCS with all partners within the RCRC movement, INGOs and government institutions/organs. IFRC, KRCS and other PNS worked together on resource mobilization and prioritization of activities to be implemented depending on available resources. KRCS worked with the Ministry of Education on implementation of school feeding programme as well as with WFP. However, there is need for discussion on exit strategies and handover to other organizations in future operations to avoid cases of some affected populations missing out on services/goods. The ECD learners in both Baringo and Marsabit counties were not included in the WFP implemented SFP following the exit of KRCS after one term. The MoH was particularly instrumental in mapping areas where KRCS outreach interventions would focus on and this greatly contributed in ensuring access to areas most in need of the services.

Accountability

There were efforts to ensure beneficiary participation in the drought response through information sharing and provision of feedback for continuous improvement. However, accountability to beneficiaries was not fully considered in terms of community involvement in planning, design, monitoring and implementation of the drought response. Sensitization on complaints and feedback mechanisms needed to be emphasized as well as designing of the CFM in consultation with the community. There was therefore limited participation of affected populations throughout the project cycle, and were only involved in receiving the assistance. The project closure and exit strategy was also not communicated to the communities and at the time of conducting the evaluation, most beneficiaries were not aware the operation had ended.

6.0 CONCLUSION AND RECOMMENDATIONS

The Kenya drought operation was generally well implemented and realized some outcomes in light of the limited financial resources that KRCS/IFRC had to support the operation as well other challenges at field level such as insecurity and inaccessibility. The KRCS staff and volunteers showed professionalism and commitment in undertaking the operation. To ensure greater impact in future operations, the evaluation team recommends the following:

- Programme design should be informed through comprehensive needs assessments considering all vulnerable groups.
- To increase coverage of health and nutrition outreaches, there is need to also target ECD centres and schools as learners are sometimes left out during mass screenings when they are in school. Involving more youth as well as increasing frequency of outreaches helps to reach more people.
- KRCS/IFRC should seize opportunities to educate affected communities on health and nutrition such as cash distribution to ensure greater impact on cash transfer programming. This will help in also avoiding diversion of cash as was reported in some cases.
- There is need to investigate inclusion of longer term recovery aspects such as livelihoods support in future disasters interventions as well as resilience building programmes in areas prone to recurring drought. As much as possible early recovery activities should try to address the underlying causes of crises and strengthen the capacities of communities as well as local authorities to not only recover but also cope with future risks and vulnerabilities.
- Integration of community engagement and accountability in operation is important for fostering accountability through increasing community participation throughout the programme cycle and not only in implementation.
- There is need for KRCS/IFRC monitoring to also focus on outcome and impact as opposed to outputs in future drought operations.
- Exit strategies should be clearly communicated to affected populations as well as linkage to long term programming implemented by other actors (government, INGOs, CBOs) to ensure sustainability.

7.0 ANNEXES

7.1 Terms of Reference

Terms of Reference (TOR) for:

Kenya Drought Emergency appeal internal review and lessons learnt

1. Summary:

- 1.1. Purpose:** The overall purpose of this evaluation is to measure the outcomes of programme to find out if there have been any positive or negative changes to the lives and livelihoods of the affected communities and to learn how we can in the future, deliver appropriate aid more effectively covering the most affected populations.
- 1.2. Audience:** The results will be used by RCRC senior management to plan future drought emergency operations and to share good practices with local, national and international humanitarian actors
- 1.3. Commissioners:** This internal review and lessons learnt is being commissioned by IFRC and KRCS in compliance with its Evaluation framework.
- 1.4. Reports to:** The team tasked with this evaluation work will report to operation Drought focal persons both at IFRC and KRCS.
- 1.5. Duration:** The two Team will be engaged for 7 days. One team will be in Baringo and the other team Marsabit.
- 1.6. Timeframe:** 26th July to 1st August 2015
- 1.7. Methodology summary:** It is expected that the team will use a mixed methods approach which will include: Desk reviews, individual interviews (Key Informant Interviews), focus group discussions and a household survey. The team is expected to be well versed in vulnerability and capacity assessment, programme management, statistical analysis and good in collecting and analysing both qualitative and quantitative data.
- 1.8. Location:** The Internal review and lessons learnt will take place at two levels: HQ and field. The two field sites will be Marsabit and Baringo.
- 1.9. Requirements:** The team should be well versed with the OECD-DAC criteria for evaluation and must have strong writing skills in English.

2. Background

In January 2014, the Government of Kenya declared an impending drought with an estimated 1.6 million people affected. The poor performance of the long rains March – May 2014 in the Arid and Semi-Arid Lands (ASAL) both in pastoral and marginal agriculture livelihood zones (the North Western, Northern, North Eastern, South Eastern and parts of Coast) affected household food availability as well as livestock productivity. The situation worsened by increasing food prices (which continually erode household purchasing power)) driven by increase in costs of fuel and general inflation.

As a result an emergency drought appeal was launched on 29th August 2014 to enable the Kenya Red Cross Society (KRCS) to seek CHF (8,512,016) to assist 649,175 beneficiaries for 9 months (up to May 2015). Based on the levels of malnutrition, KRCS prioritized 6 counties out of the 15 drought affected counties named by the government) namely Marsabit (Loiyangalani sub county(GAM 29.2%), North Horr sub county (GAM 29.2%), Turkana Central (GAM 28.7%), Turkana North (GAM 27.2%), Turkana South (GAM 24.5%), Wajir West (GAM 20.7%), Wajir East (GAM 16.8%), Samburu (GAM 17.3%), Mandera North (GAM 23.6%), Mandera West (GAM 27.3%), Mandera South (GAM 22.3%, and Baringo - East Pokot sub county with GAM of 21.1%). Other factors considered besides the high rates of Acute Malnutrition included general food insecurity/food scarcity, increased distances to sources of water for domestic and livestock use and difficulties in accessing markets, reduced food purchasing power and inaccessibility difficulties by a majority of other humanitarian actors due to insecurity (including conflict) and poor road network.

Of the 649,175, the primary beneficiaries identified included the most vulnerable groups, including children under the age of five years, pregnant and lactating women, the elderly, and children of school going age, especially those in Early Childhood Development Centres and lower primary schools. Other priority beneficiaries were identified as the displaced populations away from their normal settlements either in displaced camps or integrated as internally displaced persons within the host population. The activities done and to be evaluated in the operation include:

1. Medical outreaches in Marsabit County (Loiyangalani and North Horr as well as in Baringo (Kapedo and East Pokot).
2. Screening for malnutrition and linking of beneficiaries to medical outreach sites or to nearby health facilities.
3. School feeding targeting schools in Baringo, Turkana, Mandera and Samburu and Marsabit counties
4. Use of non-conditional cash transfer to improve purchasing power of the most vulnerable households (mainly those with more than two children under the age of five with acute malnutrition). This was done in Loiyangalani and North Horr in Marsabit County.

These approaches enabled KRCS and its partners to scale up access to essential lifesaving interventions to the affected populations. KRCS prioritized integrated health and nutrition outreaches, linking with the Ministry of health in target sub counties to enhance coordination, support access to

services and ensure reporting of the data as part of system strengthening efforts. Understanding that socio economic vulnerability also relates with poor nutritional outcomes, the KRCS team also targeted households that have more than malnourished children less than 5 years by providing these households with 2 monthly (January and February) tranches of Kshs. 3000 to increase their power to purchase nutritious food to address malnutrition, thereby improving the malnourished child's health status.

Objective of the Appeal: To contribute to the reduction of high rates of acute malnutrition through provision of humanitarian assistance to the affected population in the priority counties in Kenya.

The main outcomes for the emergency appeal were in water, sanitation & hygiene promotion and food security & nutrition

Water, sanitation and hygiene promotion

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities through water, sanitation and hygiene promotion programming which meets Sphere standards in terms of quantity and quality to the target population

Food security, nutrition, and livelihoods

Outcome 2: Reduced food insecurity among affected households through providing productive assets/inputs for primary production in accordance with the seasonal calendar, via in-kind distribution, cash grants or vouchers

Due to the specific security situation the two targeted counties namely Baringo and Marsabit, the Kenya Red Cross Society was to initiate and continue the peace building activities for safe access in order to undertake the proposed interventions. These activities would allow sustainability of the implemented activities within the operation. As well as allowing the National Society to continue implementing activities in these counties for the future.

The Appeal has been supported by multilateral contributions and assistance from the American Red Cross, British Red Cross, Danish Red cross (from Danish Government), Finnish Red Cross, Japanese Red cross, Red Crescent Society of Islamic Republic of Iran, Red Cross of Monaco and Voluntary Emergency Relief Fund (VERF/ WHO). To date, the Appeal coverage stands at 10% of the total requested amount.

3. Evaluation Purpose & Scope

This section presents the overall aim and parameters of the evaluation.

3.1 Purpose

The overall purpose of this evaluation is to measure the outcomes of the programme to find out if there have been any positive or negative changes to the lives and livelihoods of the affected communities and to learn how to appropriately deliver aid more effectively while covering the most affected populations.

The evaluation should also inform on how accountable we have been to both the beneficiaries and to the donors. The main audience for the results of the evaluation will be the national society, partner national societies, IFRC zone, regional.

3.2 Scope

It is intended that this evaluation will cover two counties i.e. Baringo and Marsabit. The interventions to be included are Cash transfer programming, School feeding program and Integrated health outreach. The evaluation will target the key stakeholders (Government of Kenya- County Governments and Local leadership) and beneficiaries (the most vulnerable groups, including children under the age of five years, pregnant and lactating women, the elderly, and children of school going age, especially those in Early Childhood Development Centres and lower primary schools and the displaced persons in camps or integrated within host communities) in its assessment of effectiveness, relevance, sustainability, accountability, sustainability, coverage, coherence and impact. The scope of the evaluation also covers accountability to both beneficiaries and to donors. The evaluation shall also consider the outcomes achieved with the funds expended at the time of evaluation versus the total amount allocated.

The project time frame to be evaluated will be from August 2014 to May 2015.

4. Evaluation Criteria – Objectives - Questions

The objectives of the evaluation will be:

1. To measure the appropriateness/relevance of the objectives and strategy
2. To assess the effectiveness and coverage of program implementation (programme quality)
3. The evaluation will highlight good practice, lessons learnt and areas of improvement to inform future response.

4.2 Evaluation criteria and Questions

This evaluation will focus on eight evaluation criteria as well as on coordination, accountability and lessons learned.

IFRC Fundamental Principles and code of conduct

The extent to which the operation's objectives and activities have considered to the IFRC's fundamental principles and code of conduct. The KRCS/IFRC internal evaluation team will be expected to consider:

- The extent to which the objectives and activities adhere to the IFRC fundamental principles and code of conduct.

Relevance/Appropriateness

The extent to which the operation's objectives and activities have been suited to the priorities of the target community as well as conform to the Red Cross Movement principles and code of conduct. The KRCS/ IFRC internal evaluation team is expected to consider the following questions in measuring relevance/appropriateness:

- To what extent are the objectives of this programme still valid?
- Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?
- Are the activities and outputs of the programme consistent with the intended impacts and effects?
- Are the resources or support provided appropriate to the beneficiaries (culture, religion)?

Connectedness/ Sustainability

This refers to the need to ensure that activities of a short-term emergency nature are carried out in a context that takes longer-term consideration into account. Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. The KRCS/ IFRC evaluation team is expected to consider the following questions in measuring Connectedness:

- To what extent are the outputs and outcomes of the project linked

- What are the major factors which would influence the achievement or non-achievement of sustainability of the programme or project?
- To what extent is the local capacity supported and developed (socially, economically)
- Are there any partnerships that have come up and how were they supported, and how can others learn from this experience?
- Are the benefits of these interventions likely to continue once donor input has been withdrawn?
- Did the support provided strengthen and complement the response of local communities and coping mechanisms, or hinder them?

Effectiveness

To what extent are the interventions likely to achieve their intended results? The KRCS/ IFRC internal evaluation team is expected to consider the following questions in measuring effectiveness.

- Are the operational objectives likely to be achieved?
- Were objectives achieved on time?
- To what extent have the program objectives been achieved?
- What were the major factors influencing the achievement or non-achievement of these objectives?
- Were there adequate resources (financial, human, physical and informational) available and were they utilized effectively.

Coordination

One of the important roles of the IFRC secretariat is to coordinate the activities of Red Cross Red Crescent partners. In order to measure if this role was fully satisfied the KRCS/ IFRC internal evaluation team will be guided but not limited by the following questions:

- To what extent was this role been fulfilled and was it adequate and constructive
- How adequate was the coordination with non-Red Cross Red Crescent actors, i.e. clusters, in terms of both the information contributed and the information received through the available mechanisms?
- How adequate was the coordination within the RCRC movement?
- What can we learn from this experience?

Coverage

The extent to which the operation was able to reach the populations/areas who are most affected; how the criteria for reaching them were identified/implemented. Thus the KRCS/ IFRC internal evaluation team will be guided but not limited by the following question in measuring coverage:

- To what extent were the most vulnerable identified and supported by this operation
- To what extent were there inclusion and exclusion errors
- Were there exclusions or differential impact between groups based on their location? How could the coverage be improved?

Coherence

The extent to which the operation was in accordance with the policies and strategies agreed on by key stakeholders within and outside Red Cross Movement. Thus the KRCS/IFRC internal evaluation team will be guided but not limited by the following question in measuring our coherence.

- To what extent was the operation was in accordance with the policies and strategies agreed by key stakeholders for the response.
- To what extent do these policies and guidelines take into account humanitarian considerations

Impact

These are the positive and negative changes produced by the intervention, directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the activity on the local social, economic, environmental and other development indicators. The examination must also include the positive and negative impact of external factors. The KRCS/ IFRC evaluation team is expected to consider the following questions in measuring impact:

- What has happened as a result of the programme or project?
- What real difference has the programme made to the beneficiaries?
- What if any were the unintended positive or negative changes in the lives of the affected populations.

Accountability

The IFRC is bound by enabling action 3 of strategy 2020 to commit to a culture of transparent accountability to our stakeholders. Thus the KRCS/ IFRC evaluation team will be guided but not limited by the following question in measuring our accountability:

- To what extent were beneficiaries involved in the planning, design and implementation of the project/?
- To what extent to was there meaningful participation of beneficiaries/project participants?

Lessons learned

The KRCS/IFRC evaluation team should consider the following areas to measure whether the issues listed were effective and discuss what worked well, what didn't work well, and what could be done to improve in the future.

1. Operational decision making, communication and coordination among internal and external national, regional and zonal actors
2. Use of Disaster Response resources: CBDRT, NDRT.
3. Use of Disaster Response mechanisms: early warning systems, SOPs, Contingency plans, etc.
4. Participation in National coordination mechanisms (EOCs)
5. Needs Assessment
6. Advocacy and communication
7. Logistics (warehousing, transportation and supply chain) and procurement
8. Movement communication that goes beyond media only but also covers HD, advocacy and social media.
9. Response reporting
10. HR in emergencies process and procedures
11. Finance in emergencies process and procedures

5. Evaluation Methodology

The methodology for this evaluation will be developed by the KRCS/ IFRC internal review team including the sampling techniques to be used. The evaluation team at a minimum is expected to conduct:

- Desk review of all the Kenya Drought Appeal, operational updates, Monitoring reports, and Surveys conducted, other related documents of the IFRC and KRCS and any other relevant documents from other partners
- Conduct site visits with clearly explained sampling criteria.
- Conduct beneficiary and volunteer survey and focus group discussions and other forms of quantitative and qualitative data collection and analysis methods. The quantitative data collection will be done using mobile technology of which KRCS volunteers and staff are well versed in having undertaken similar studies.

- Conduct Stakeholder interviews: KRCS counties, HQ, IFRC regional office and Zone-based staff, PNS staff, and other external stakeholders, such as local government authorities.
- Ensure data is well triangulated to obtain objective feedback

6. Deliverables (or Outputs)

- **Debriefings:** The KRCS/IFRC internal evaluation team will present initial findings in a debrief meeting with IFRC and KRCS key personnel.
- **Report:** The IFRC/KRCS internal review team will prepare a first draft report off site which shall be reviewed by the Evaluation management team. After receiving feedback, they will then prepare a final report for submission to IFRC and KRCS,
- **Any additional deliverables.** In case of any other outputs identified from the evaluation, they shall be documented as case studies, photographic records or presentations for conferences, etc.

The final report shall adopt the headings below:

- 1. Executive summary
- 2. Abbreviations/acronyms
- 3. Introduction
- 4. Review aims and objectives
- 5. Methodology
- 6. Findings (sub headings to include but not limited to appropriateness, efficiency and effectiveness, impact)
- 7. Recommendations
- 8. Lessons learnt
- 9. Conclusion
- 10. Appendices

7. Proposed Timeline (or Schedule)

Time Schedule	Activities	Deliverables
Week 0 (01-08 July) Week 1 (20-24 July 2015)	1. Review of methodology development of detailed schedule and revision of tools. Finalisation of team composition. 2. Desktop study: review intervention documentation, and related primary/secondary resources for the evaluation.	1. Inception report, data collection/analysis plan and schedule, draft methodology, and data collection tools. 2. Piloted data collection instruments
Week 2 (27-02 Aug 2015)	1. Data collection in target communities according to data collection schedule 2. Prepare draft evaluation report	1. Communities and individuals completed according to data collection plan. 2. Draft version of evaluation report
Week 3 (3-7 Aug 2015)	1. Present Lessons Learnt Workshop of initial findings, conclusions, and recommendations before revision and final approval of the final report. 2. Address feedback with revisions in report where appropriate.	1. Lessons Learnt Workshop. 2. Final draft of evaluation report.

	3. Revise and submit final evaluation report.	
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8. Evaluation Quality & Ethical Standards

The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of people and the communities of which they are members, and to ensure that the evaluation is technically accurate, reliable, and legitimate, conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the evaluation team should adhere to the evaluation standards and specific, applicable process outlined in the [IFRC Framework for Evaluation](#). The **IFRC Evaluation Standards** are:

1. **Utility:** Evaluations must be useful and used.
2. **Feasibility:** Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner.
3. **Ethics & Legality:** Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
4. **Impartiality & Independence:** Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.
5. **Transparency:** Evaluation activities should reflect an attitude of openness and transparency.
6. **Accuracy:** Evaluations should be technical accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
7. **Participation:** Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
8. **Collaboration:** Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

*It is also expected that the evaluation will respect the seven **Fundamental Principles of the Red Cross and Red Crescent**: 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) voluntary service, 6) unity, and 7) universality. Further information can be obtained about these principles at: www.ifrc.org/what/values/principles/index.asp*

9. Appendices

The Appendix provides additional information relevant to the TOR. Depending on the evaluation and TOR, contents for the Appendix can include:

- Bibliography of documents (secondary sources) to be reviewed.
- Maps of project & intervention location(s).
- List of persons/organizations to be interviewed.
- Evaluation schedule (if felt more appropriate to presented here rather than the section above).
- Suggested report outline (see example below).
- Etc.

7.2 Beneficiary satisfaction survey tool

Drought Emergency Appeal Operational Review

Title of Exercise: Beneficiary Satisfaction Survey

Date:

Name of operation: Kenya Drought

Appeal number: MDRKE030

Interviewer name:

Start time:

End time:

County: Marsabit

Baringo

Sub County:.....

Location:.....

Purpose: Survey questions are intended to help understand the level of satisfaction with the project – in particular, relevance and quality - from the perspective of the people served by IFRC and the National Society.

Answers are “Yes/No”, or scored as follows:

- “Excellent” - shown with a very happy face;
- “Good” – shown with a happy face;
- “Fair” – shown with an ok face;
- “Poor” – shown with an unhappy face.

Directions

Introduce yourself, explaining who you are working for and that you would like to ask a few questions about the Red Cross activities that have been carried out in their community. Ask them if they are happy to participate, and explain that the answers are confidential, and information will be used to improve future activities that support people affected by disasters both in this country, and also the rest of the world.

Timeframe 30 min per survey

A. Household Details	
A1 Gender of respondent	A2 Additional factor of vulnerability (target group)

<p>[1] Male</p> <p>[2] Female</p>	<p>[1] Older people over 60 living alone.</p> <p>[2] People with disabilities</p> <p>[3] Persons with very young children (0-5 years)</p> <p>[4] Self-supporting mothers</p> <p>[5] Orphaned or Child headed family</p> <p>[6] Other {specify}.....</p>
A3 Marital Status of HH head	A4 Age of HH head
<p>[1] Single (Never Married.)</p> <p>[2] Married</p> <p>[3] Widowed/widower</p> <p>[4] Divorced</p>	
B. Background	
B1 How many people are in your household?	
B2 How were you affected by the drought? (circle all that apply)	
<p>[1] I didn't have enough water</p> <p>[3] My household income reduced</p> <p>[5] My Livestock/crops destroyed</p> <p>[7] Other (specify)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>[2] There was no food</p> <p>[4] A family member died</p> <p>[6] I was forced to travel long distance.</p>
B3 What was the type of assistance that you needed? (circle all that apply)	
<p>[1] Food.</p> <p>[3] School Feeding.</p> <p>[5] Inputs Support</p> <p>[6] Other (specify).</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>[2] Cash Transfer.</p> <p>[4] Medical assistance.</p>

B4 Could you rate the quality of the assistance given? <i>(all that apply)</i>				
	Excellent	Good	Average	Poor
[1] Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[2] Cash Transfer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[3] School Feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[4] Medical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[5] Other <i>(specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5. Could you rate the quantity of the assistance given? <i>(all that apply)</i>				
	Excellent	Good	Average	Poor
[1] Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[2] Cash Transfer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[3] School Feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[4] Medical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[5] Inputs Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[5] Other <i>(specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6. What type of assistance did you receive from the following?	Items			
[1] Government				
[2] Red Cross				
[3] Other 1 <i>(specify)</i>				
[4] Other 2 <i>(specify)</i>				
B7 What assistance did you need that was not provided? <i>(specify)</i>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			

B8.1. Were you asked about your needs?	
[1] Yes	[2] No
B8.2. If yes, asked by who? <i>(circle all that apply)</i>	
[1] Red Cross	[2] Government
[3] Neighbour	[4] Other 1.....
[5] Other 2.....	
B9.1 Did you know you had been selected for assistance (from the Red Cross)?	
B9.2. Were you aware of why you had been selected?	
[1] Yes	[2] No
<i>If yes, why?</i>	
.....	
.....	
.....	
.....	
B9.3 Were you asked about what assistance you preferred? (items etc.)	
[1] Yes	[2] No
B9.4 Did you know when the assistance was going to be provided (date, time and place of the distributions etc.)	
[1] Yes	[2] No
B9.5 Where did you hear about the assistance provided by the Red Cross? <i>(circle all that apply)</i>	
[1] From a neighbour/friend	[2] Red Cross volunteers
[3] Government officials	[4] Other (specify).....
C. School Feeding Programme and Nutrition Interventions	
C1.1 Do you know about the School Feeding Programme? <i>(circle all that apply)</i>	
[1] Yes	[2] No

C1.2 Do you have a child benefitting from School Feeding Programme in 2014 and 2015?

[1] Yes

[2] No

If yes, how many of your children benefitted from this programme and in which school(s)?

.....
.....

C2.1. How did your child/children benefitted from School Feeding Programme?

.....
.....
.....
.....

C2.2 If this program did not exist, would your child still attend school?

[1] Yes

[2] No

If no, why? And if no what would they be doing?

.....
.....
.....
.....
.....

C3.1 What recommendations would you provide for improving School Feeding Programme in future?

.....
.....
.....
.....

D. Cash Transfer Programme

.....

D 1.8 What was the exact amount of the first transfer?

.....

If more than one transfer, what was the exact amount of the second transfer?

.....

D 1.9 Was the amount given sufficient for the intended purpose?

[1] Yes [2] No

If not, why?

.....

D 1.10 Were you or your alternate beneficiary disadvantaged by the cash payment system?

(1) Yes (2) No

If yes, explain.....

D 1.11 How did you use the money of the transfers (3 main uses)

- 1=Purchased the same type of food usually eaten in the HH
- 2=Purchased different types of food
- 3=Purchased special food for children
- 4=Purchased medicines and/or attended health facilities
- 5=Paid school fees or other education-related expenses for children

6=Purchased clothing for children
 7=Purchased clothing for adult household members
 8=Purchased productive items (e.g. farm items or livestock-related expenses)
 9=Made some savings

D 1.12 Coping strategies: In your view, had you not received the transfers, would you have done (more of) the following:

Reduced the frequency of the meals (1) Yes (2) No
 Borrowed more food (1) Yes (2) No
 Reduced portion size (1) Yes (2) No
 Purchased less food (1) Yes (2) No
 Purchase less diverse food (1) Yes (2) No
 Spend more time away from the children searching for food/income (1) Yes (2) No
 Fed the whole family with supplementary food meant for the malnourished child (1) Yes (2) No

E. Community based Health and Nutrition outreaches

E1 Did you or/and your immediate family members benefit from Health and nutrition outreaches?

(1) Yes (2) No

If yes, who and what services did they receive?

<i>Member of HH</i>	<i>Age in years</i>	<i>Services benefitted from (enable to select more than one service)</i>
<i>e.g. son</i>	<i>e.g. 3 years</i>	<ul style="list-style-type: none"> • Vaccination, • Screening for malnutrition, • Supplementation, • Deworming, • Treatment of ailments • Messaging on hygiene, infant and young child care • Maternal health services.
<i>e.g. self</i>	<i>e.g. 30 years</i>	

E2. Were the services useful?
<p>E2.1 Health (1) Yes (2) No</p> <p><i>With either answer please explain</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>E2.2 Nutrition (1) Yes (2) No</p> <p>.....</p> <p><i>With either answer please explain</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
E3. How are you or your family members coping after the Red Cross project (Health and nutritional outreaches) ended?
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....(please write details, mention project name and organization if covered)</p>
E4. What recommendations would you provide for improving Health and Nutrition outreaches in future?
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
F. Accountability to Beneficiaries

F1 Did you receive any information about the work of the Red Cross since the disaster (drought) happened?					
[1] Yes [2] No					
F2 Where did you receive this information from? <i>(circle all that apply)</i>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">[1] From a neighbour/friend</td> <td style="width: 50%; padding: 5px;">[2] Red Cross volunteers</td> </tr> <tr> <td style="padding: 5px;">[3] Pamphlets/flyers/banners</td> <td style="padding: 5px;">[4] Other (specify).....</td> </tr> </table>	[1] From a neighbour/friend	[2] Red Cross volunteers	[3] Pamphlets/flyers/banners	[4] Other (specify).....	
[1] From a neighbour/friend	[2] Red Cross volunteers				
[3] Pamphlets/flyers/banners	[4] Other (specify).....				
F3 How was the behaviour of the Red Cross staff and volunteers during the response?					
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; padding: 5px;">[1] Very good</td> <td style="width: 20%; padding: 5px;">[2] Good</td> <td style="width: 20%; padding: 5px;">[3] Average</td> <td style="width: 20%; padding: 5px;">[4] Bad</td> <td style="width: 20%; padding: 5px;">[4] Don't know</td> </tr> </table> <p style="margin-top: 10px;"><i>Why do you think that (use example)?</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	[1] Very good	[2] Good	[3] Average	[4] Bad	[4] Don't know
[1] Very good	[2] Good	[3] Average	[4] Bad	[4] Don't know	
F4 Did you know how to make a complaint about the goods/services you received?					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">[1] Yes</td> <td style="width: 50%; padding: 5px;">[2] No</td> </tr> </table> <p style="margin-top: 10px;">If yes, who would you contact?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	[1] Yes	[2] No			
[1] Yes	[2] No				
F5 What changes would you would like to see in regard to the process?					
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>					
G. Other					
G1 Do you have any questions for us?					
<p>.....</p>					

.....
.....
.....

Thank you for your time and sharing your views

7.3 Focus Group Discussion Tools

Kenya drought operation after action review

Title of Exercise: Focus Group Discussion Guide for beneficiaries of Cash Transfer Programme Component of the 2014 Red Cross drought operation

Date of Interview:

Name of Operation:

Purpose: Focus group discussions are intended to collect information from volunteers, by providing a setting in which they can discuss their involvement in the activities planned, and what support they received from the National Society, which can then inform lessons learned and recommendations. Questions have been prepared to help guide the focus group discussion.

Directions: Introduce yourself, explaining who you are working for and that you would like to ask a few questions about Kenya Red Cross activities that have been carried out, and their involvement. Ask them if they are happy to participate, and explain that the answers are confidential, and information will be used to improve future activities that support people affected by disasters both in this country, and also the rest of the world. Please note that efforts should be made to ensure that participants of the focus groups discussions are representative of the beneficiaries of 2014 Drought operations Cash Transfer Programme.

Start by asking the group to narrate their humanitarian situation prior to being enrolled into the camp. Encourage the group to talk about their status as it were at individual, family and community level. (this should be very brief)

Interview Duration: 45 - 60 Minutes

Sub county:	
Location:	
Areas of Operation	
<p>Targeting and Coverage</p> <ul style="list-style-type: none"> • Can you explain to us how the targeting was done for the programme? • What do you think about how the targeting was carried out? • Was the selection criteria fair, adequate and appropriate for your community? • Who was involved in the selection process? • Do you feel that people included in the programme deserved to be included? If there is disagreement, participants should be probed to explain why • Do you feel that some people were not included in the programme that should have been included? Explain why. 	

Use of Cash

- Do you think the cash was distributed/disbursed in the correct manner?
- Was use of traders the best way to disburse the cash?
- What was the cash received mainly used for?
- Who made the decision about how the cash was spent?
- Was the cash sufficient to buy intended commodities?
- For some beneficiary households, women received the cash. How does the community feel about this? Explain

Impacts of the programme

- What were the impacts of the programme at the community level/What changes did you see in the community or at an individual as a result of the project? These can be both positive and negative
- Thinking about the markets, did the cash based intervention have any effect on the market? Did you observe price changes between February, March and April? List commodities and their price changes
- Were there any effects of the intervention on social and community dynamics or relationships? (this bit tries to find out if there were any HH violence/separation etc. due to CTP)

Complaints and feedback mechanism

- What did people think about the complaints and feedback mechanism set up for the cash transfer project?
- Which were the most common issues raised by beneficiaries concerning the project and how were they addressed?
- Were you satisfied with how your complaints were handled?
- In case of any cash transfer programme in future, what are your suggestions as to how complaints from you and feedback to you should be handled in future in this community?

Safety and Security

- Was cash delivered safely and spent safely?
- Were any security issues reported as a result of the distribution itself or increased cash on the market?
- Did you notice any abuse of the cash by staff, or other authorities involved in targeting or distribution? Explain the specific incidents and at which stage e.g. registration, distribution etc.
- Were any recipients disadvantaged by the cash payment system? (try to understand if the payment system discriminated particular groups)

Perception of the Programme:

- What do you think about the programme?
- Do you think that a cash based intervention was the right and relevant option? Explain. *Participants should especially be probed to explain why they do not think a cash based intervention was the right or relevant option.*
- Do you feel you were provided with sufficient information about the programme prior to receiving the first cash transfer? Explain why or why not.
- In general, what do you think about the implementation of the CT programme? *Participants should be probed to discuss communication from KRCS, selection of beneficiaries, cash distribution methods etc.*
- What are some of the positive things about the programme?
- What are some of the negative things about the programme?
- What could be improved?
- Are there any specific recommendations for future interventions?
- How did non recipients of cash perceive the CTP?

Any questions/concerns for us?

Thank you for your time and sharing your views

Title of exercise: Focus group discussion – Community Members (SFP, Health and Nutrition Outreach)

Date:

Name of operation: Kenya Drought

Appeal number: MDRKE030

Interviewer name:

Start time:

End time:

Sub-county:

Village:

Purpose: Focus group discussions are intended to collect information from the people served by IFRC and the National Society, by providing a setting in that they can discuss the assistance they received, which can then inform lessons learned and recommendations. Questions have been prepared to help guide the focus group discussion.

Directions Introduce yourself, explaining who you are working for and that you would like to ask a few questions about the Red Cross activities that have been carried out in their community. Ask them if they are happy to participate, and explain that the answers are confidential, and information will be used to improve future activities that support people

affected by disasters both in this country, and also the rest of the world.

Please note that efforts should be made to ensure that attendees of the focus groups discussion are representative of the people served by IFRC and the National Society.

Timeframe 1 hour per discussion

1. Please can you tell us about how the Red Cross assisted you following the drought?

From the responses, probe to establish if the parents are aware of the School Feeding Programme and Health and Nutrition Outreach activities

2. Please can you tell us how you heard about the assistance being provided by the Red Cross? Probe to establish if they received information on when assistance was being provided (date, time and place); and what the preferred means of communication would have been.

3. Please can you tell us how you were involved in the activities that the Red Cross carried out? Probe to establish if they participated in any of the activities (needs assessment, planning, implementing, monitoring etc.), as well as how women, men, youth & vulnerable groups were involved (and if this was equal). Probe to establish whether any participant had children who benefitted from SFP and whether they benefitted from the medical outreaches.

<p>4. Please can you tell us how people were identified to receive assistance from the Red Cross? <i>Probe to establish if they were involved in selection process, and if these were those that were worst affected by the drought, and if it was adapted to the needs of the most vulnerable.</i></p>
<p>5. Please tell us if your child has benefited from the school feeding? <i>Probe to establish whether the child benefits from the feeding program daily, whether the program has provided any benefits (nutrition/health and education). Also probe to determine whether the child would continue attending school whenever the feeding program ends. What do you think are results of the school feeding programme? Who benefited from SFP? Are there any negative impacts of SFP?</i></p>
<p>6. Please tell us whether any staff from the health centres visited your facility, and do you know how many times this happened? <i>Probe to establish the activities that took place during these visits. Were they satisfied with the type of services provided? Did these outreach activities help or do they know anyone who benefited from this? What do you think can be done to improve health services? What were the results of these health outreach activities; benefits and/or any harm caused? Who benefited?</i></p>
<p>7. Please tell us what your immediate needs were during and after the drought; and if what you received from the Red Cross satisfied them? <i>Probe to establish whether SFP and medical outreach services received versus what they required, how quickly</i></p>

following the onset of the drought this was provided, as well as what else would have been useful.

8. Please tell us if there were any problems that you experienced when the Red Cross provided assistance? Probe to establish how staff and volunteers responded to this.

9. Please tell us who you would speak to if you needed to reach the Red Cross? Probe to establish if mechanisms were put in place to provide and receive information from people being assisted.

10. Please tell us if you any stories of how people were assisted by the Red Cross; and how this helped them following the drought? Probe to establish two things that you liked most about the assistance, and two things that you did not like.

11. Please tell us what the community can/will do to ensure benefits gained are not lost once the SFP and medical outreach activities end?
12. Please tell us what could have been done to improve the programmes and/or what type of assistance do you think would be most beneficial to the community in the future?
13. Please....do you have any questions for us?

Thank you for your time and sharing your views

Title of exercise: Focus Group Discussion – Pupils (School Feeding Programme)

Date:

Name of operation: Kenya Drought

Appeal number: MDRKE030

Interviewer name:

Start time:

End time:

Sub-county:

School:

Purpose: Focus group discussions are intended to collect information from the people served by IFRC and the National Society, by providing a setting in that they can discuss the assistance they received, which can then inform lessons learned and recommendations. Questions have been prepared to help guide the focus group discussion.

Directions Introduce yourself, explaining who you are working for and that you would like to ask a few questions about the Red Cross activities that have been carried out in their community. Ask them if they are happy to participate, and explain that the answers are confidential, and information will be used to improve future activities that support people affected by disasters both in this country, and also the rest of the world.

Please note that efforts should be made to ensure that attendees of the focus groups discussion are representative of the people served by IFRC and the National Society.

Timeframe 45 min per discussion

14. Please can you tell us about the feeding program in your school? Probe to establish whether they are aware of the school feeding program.

--

15. Please can you tell us if you know who provides the food?
16. Please can you tell us whether you benefit from the school feeding program? <i>Probe to establish how many times a week they eat and the type and portion of food they are given in school.</i>
17. Please can you tell us what you like about the food and what you do not like about the food you are given in school? Probe to establish whether the food is well prepared and if the pupils like the type and taste of food given.
18. Please tell us whether the school feeding should continue? <i>Probe to establish whether the school attendance is based on the feeding program and how many times the pupils eat at home.</i>

19. Please....do you have any questions for us?

Thank you for your time and sharing your views

Title of Exercise: Focus Group Discussion Guide for Volunteers

Date of Interview:

Name of Operation:

Purpose: Focus group discussions are intended to collect information from volunteers, by providing a setting in which they can discuss their involvement in the activities planned, and what support they received from the National Society, which can then inform lessons learned and recommendations. Questions have been prepared to help guide the focus group discussion.

Directions: Introduce yourself, explaining who you are working for and that you would like to ask a few questions about Kenya Red Cross activities that have been carried out, and their involvement. Ask them if they are happy to participate, and explain that the answers are confidential, and information will be used to improve future activities that support people affected by disasters both in this country, and also the rest of the world.

Please note that efforts should be made to ensure that participants of the focus groups discussions are representative of the volunteers involved in the drought operation.

Interview Duration: 45 - 60 Minutes

Branch:	
Location:	
Areas of Operation	
1. Please tell us how you were involved; and what was your role in the drought operation? (Probe to establish how they were involved in planning, monitoring and implementation of the activities planned; how the activities planned were decided on; and what their roles and responsibilities were.)	
2. Please tell us how the beneficiaries for the drought operation were selected? (Probe to establish who selected them, if this process was appropriate and how it could have been improved, as well as how they engaged with the community.)	
3. Did you receive any information from KRCS HQ and/or Branch concerning the drought operation? (Probe to establish if received any situation reports, Security protocols, standby guidelines etc., what mechanisms were put in place to provide and receive information from volunteers to the headquarter and/or Branch, and what information would have been useful.)	

<p>4. Please tell us what training you received to assist with carrying out the activities planned in the drought operation? <i>(Probe to establish if they received orientation on Red Cross & Red Crescent movement, Code of Conduct, FPs, Safer Access Framework etc.); as well as training relevant to the Emergency Plan of Action (ECV, First Aid etc.); what was useful, what wasn't useful, and if any other training should have been provided.)</i></p>
<p>5. Please tell us what materials you received to assist you with carrying out the activities planned in the drought operation? <i>(Probe to establish the type materials received (IECs, protective equipment, visibility items, tools etc.); what was useful, what wasn't useful, and if any other materials should have been provided.)</i></p>
<p>6. Please tell us what skills and knowledge you have received from carrying out the activities planned in the drought operation? <i>(Probe to establish how volunteers have improved their capacity, in what areas, and how they will use these skills and knowledge in the future.)</i></p>

7. Please tell us which other organizations were involved in the response to the drought? (*Probe to establish how the volunteers coordinated with them when carrying out the activities planned in the drought operation*)

8. Please tell us what went well in the drought operation? (*Probe to establish any successes, good practices and what contributed to this.*)

9. Please tell us what didn't go well in the drought operation? (*Probe to establish any challenges, limitations that were experienced, and what contributed to this and how you went about overcoming the challenges.*)

10. Please tell us what you would do differently, if you had to do it all over again? (*Probe to establish lessons learnt.*)

11. Please tell us what recommendations you have for future drought operations? (Probe to establish recommendations for Kenya Red Cross HQ / Branch, and also IFRC (if relevant)).			
12. Please from your perspective (as a volunteer) how do you feel the drought operation went basing it on the three interventions; cash transfer, medical outreaches and school feeding? – (Tick appropriate box)			
			
Excellent	Good	Average	Poor
13. Please tell us if you are involved in any follow up activities now that the DROUGHT operation has ended? (Probe for examples, and if any intervention during the drought operation has been sustained.)			
14. Any questions/concerns for us?			



Thank you for your time and sharing your views

7.4 Key Informant Interviews Tools

Kenya Drought After Action Review

Title of Exercise: Key Informant Interview Schedule for Partners - (NDMA, SCPHO/DMOH/District Public Health Nurse, Head-teachers/sub county ECD coordinator, County Nutrition Officer)

Date of Interview:

Name of Operation:

Purpose: Key informant interviews are intended to collect information from people that were involved in some capacity in the drought operation; and therefore have particular knowledge and understanding, which can inform lessons learned and recommendations. Questions have been prepared; and prompts provided to help guide the conversation

with the interviewee.

Directions

Introduce yourself, explaining who you are working for and that you would like to ask a few questions about the Kenya Red Cross interventions. Ask them if they are happy to participate, and explain that the answers are confidential, and information will be used to improve future interventions. Interviewees should be prompted to indicate any successes, challenges, lessons learned and recommendations for what should have been done differently in future drought response operations.

Duration of Interview 45 – 60 Minutes

Title of Interviewee:	
Department/Institution/Location:	
1. Please tell us how you or your organization/institution was involved; and what was your role in the Red Cross drought operation? (<i>Probe to establish if involved in joint assessments, implementation of activities, monitoring of activities planned, mobilization of resources etc.</i>)	
Empty space for the interviewee's response	

2. Do you think you have played your role as expected and/or are there instances you were not able to? If not, what instance and why?

3. Please tell us how effective you feel the Red Cross drought operation was meeting the immediate needs of the affected population? (*Probe to establish if the activities planned were appropriate to the needs of the affected population (quantity / quality / type / timing); supported the most vulnerable (geographic/beneficiary selection) etc.*)

4 Please tell us how you and your organization coordinated with the Kenya Red Cross Society during the response? (*Probe to establish how information on the drought operation was shared; if KRCS participated in coordination mechanisms); and if the activities planned were in accordance with international/national standards that were agreed.*)

5. What is your perception of The Kenya Red Cross Society; and the response through the drought operation? (*Probe to establish the reputation of KRCS with partners, and if the drought operation has had implications for this, improved visibility etc.*)

6. In your opinion, do you think the various interventions adopted were appropriate in response to drought? (Probe to establish the appropriateness of the three interventions (whichever they were involved in); school feeding, medical outreaches and cash transfer.)

7. Please from your perspective (as a partner) how do you feel the entire drought operation went in terms of school feeding program, medical outreaches and cash transfer? – (Tick appropriate box)

			
Excellent	Good	Average	Poor

8. Are there successes you can mention which are directly attributed to the current partnership arrangements? If yes, probe for specifics.

9. In your own opinion, what should be done to improve service provision and ensure sustainability in future regarding the the various interventions undertaken during the drought operation ie. School feeding, cash transfer programming and health and nutrition outreaches?(ask based on the component the key informant was involved in.)

10. What questions/concerns do you have for us?

Thank you for your time and sharing your view

Title of Exercise: Key Informant Interview Schedule - Traders

Date of Interview:

Name of Operation:

Purpose: Key informant interviews are intended to collect information from people that were involved in some capacity in the drought operation; and therefore have particular knowledge and understanding, which can inform lessons learned and recommendations. Questions have been prepared; and prompts provided to help guide the conversation with the interviewee.

Directions Introduce yourself, explaining who you are working for and that you

would like to ask a few questions about the Kenya Red Cross interventions. Ask them if they are happy to participate, and explain that the answers are confidential, and information will be used to improve future interventions. Interviewees should be prompted to indicate any successes, challenges, lessons learned and recommendations for what should have been done differently in future drought response operations.

Duration of 45 – 60 Minutes
Interview

Title of Interviewee:	
Gender of the respondent	
Department/Institution/Location:	
1. What is the name of the market? 	
2. For how long have you carried out business in this market? A. Less than 1 year 1 B. 1-3 years 2 C. More than 3 years 3 D. No answer	
3. What business do you do/ in what type of trading activities are you involved? A. Purchase from traders, sell to consumers (retailing) B. Purchase from traders, sell to traders (wholesaling) C. Purchase from farmers, sell to traders (collecting) D. Purchase from farmers, sell to traders (collecting) E. Other(specify) 	

<i>Demand Situation</i>
4. Thinking about February, March and April 2015 period, how would you evaluate the number of customers you had? A. Same as usual B. Higher than usual C. Lower than usual D. Don't know
5. In the past months of February, March and April 2015, have you noticed any changes in requests from your customers? A. Yes 1 B. No 2 C. Don't know 3
6. If yes, what were these new requests?
7. What were the items mostly bought by customers?
8. Were those requests normal? A. Yes B. No C. Don't know
9. If no, can you explain why these new requests arose or why people were requesting different items?

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Supply situation
10. Did you see an increase in demand during the months of February, March and April 2015? A. Yes B. No C. Don't know
11. In the past months of February, March and April 2015, did you have to refuse customers because of shortages? A. Yes, often B. Yes, but rarely C. No
12. If there was an increase in food commodity prices, specifically for which items did you do so and why?
11. What questions/concerns do you have for us?

Thank you for your time and sharing your views