

Humanitarian Coalition East Africa Drought Appeal



Final Evaluation Report

Sharon Truelove & Jeff Duncalf
Oct 2012

Table of Contents

1	Executive Summary	5
2	Background	7
2.1	The Humanitarian Coalition (HC)	7
2.2	The Humanitarian Coalition Members in East Africa	7
2.3	Drought 2011	7
3	Evaluation Context	9
3.1	Evaluation Objectives	9
3.2	Evaluation Limitations and Challenge	9
4	Methodology	10
4.1	General Approach	10
4.2	Projects and Sites Selected	11
4.3	Field Methodology	11
5	Findings	12
5.1	General Project Performance Standards	12
5.2	General Impacts	13
5.3	Nutrition, Health and WASH projects	14
5.4	Livelihoods Recovery Projects (includes Livestock, Agriculture and DRR aspects)	15
5.5	Cash Transfer Programs	16
5.5.1	<i>Spending of Project Cash</i>	18
5.6	Gender Impacts	19
5.7	Cross Cutting issues	21
5.7.1	<i>Satisfaction</i>	21
5.7.2	<i>Coordination</i>	21
5.7.3	<i>Communications and Grievance Procedures</i>	21
5.7.4	<i>Capacity Building (CB)</i>	22
5.7.5	<i>Risk and Mitigation Measures</i>	22
5.7.6	<i>Monitoring and Evaluation and the DEC/HC RTE</i>	23
6	Conclusions	23
6.1	Evaluation against the Humanitarian Coalition Benchmarks	23
7	Recommendations	26

Acknowledgements

The evaluation teams would like to express their sincere appreciation to all of those who made this work possible. Specifically the host agencies in each country: Plan International (Ethiopia) and CARE (Kenya). We would also like to thank the stakeholders: government officials, UN agencies, partner NGOs, and especially the local communities, who took the time to talk and meet, and to share their thoughts, experience, and expertise. The hospitality and open dialogue with which we were greeted was most appreciated.

Evaluation Team members

Ethiopia:

Sharon Truelove (*Team Lead for Ethiopia and Somalia*)
Diana Gee-Silverman (*Plan Canada*)
Asfaw Tafesse (*Save the Children, Ethiopia*)
Fasika Waltengus (*Oxfam Canada, Ethiopia*)
Lemassa Ayana (*CARE, Ethiopia*)
Wondwossen Jima (*Plan International Ethiopia*)
Yordanos Kebede (*Data entry clerk*)

Kenya:

Jeff Duncalf (*Team Lead for Kenya*)
Hana Gunn (*Save the Children, Canada*)
Mohamed Farah Gure (*CARE Kenya*)
Edgar Indasi (*CARE Kenya*)
Blandina Bobson (*Oxfam Kenya*)
Clemence Nyamadi (*Oxfam Kenya*)
Sammy Ole Oinyaku (*Save the Children Kenya*)

Abbreviations

CAHW	Community Animal Health Worker
CHW	Community Health Worker
CAD	Canadian Dollars
CaLP	Cash and Learning Partnership
CB	Capacity Building
CBO	Community based organisation
CIDA	Canadian International Development Agency
CPD	The Centre for Peace and Democracy (Save partner Somalia)
CTP	Cash Transfer Programming
CVMG	Cash and Voucher Monitoring Group (Somalia coordination body on cash)
DRR	Disaster Risk Reduction
FEWSNET	Famine Early Warning Systems Network
FGD	Focus Group Discussion
FHH	Female-headed Household
HC	Humanitarian Coalition
HCEP	Host Community Emergency Program
HH	Household
HIJRA	Humanitarian Initiative Just Relief Aid (Oxfam Partner Somalia)
IGA	Income Generating Activity
LH	Livelihood
MFI	Micro Finance Institution
MFB	Minimum Food Basket
MTC	Money Transfer Company (remittance agency or Hawala)
OTP	Outpatient Therapeutic Program
OCHA	UN Office for Co-ordination and Humanitarian Affairs
PDA	Post Distribution Assessments
PDM	Post Distribution Monitoring
PLW	Pregnant and Lactating Women
PWD	People with Disabilities
PLWHA	People Living with HIV/AIDS
SNNPR	Southern Nations, Nationalities and Peoples Region
SV	Smart Vision (Consultants for Save Somalia evaluation)
ToR	Terms of Reference
VSFG	Vétérinaires Sans Frontières – Germany (Save partner Somalia)
WASH	Water, Sanitation and Hygiene

1. Executive Summary

The projects funded by the Humanitarian Coalition (HC) and the Canadian International Development Agency (CIDA) have, without a doubt, contributed to improving the quality of life of beneficiary households, and will impact, to some degree, upon their recovery, through asset building, and livelihoods enhancement. The experienced agencies involved have ensured that very high standards of project design and implementation have been achieved and best practice programming has been largely in evidence throughout. Some areas in need of improvement have been identified, but these largely pertain to areas where specific agencies have limited emergency and cash programming experience.

Strengths:

- Good identification of the principle needs at household and community level, and the design of effective integrated approaches to meet these needs.
- Excellent emergency nutrition programs integrated well with health and WASH project elements and occasionally linked to recovery projects, leading to some multiplier effects upon longer term objectives.
- Cash transfer projects were largely effective¹ and well managed, contributing to a lowering of food insecurity as well as meeting other basic needs, such as education, and, in some of the better and more generously set cash rates cases, livelihoods recovery.
- Good standards of application of best practice principles in communications, grievance procedures, community involvement and monitoring.
- Excellent targeting of women (Female-headed households (FHH) and pregnant and lactating women (PLW) in particular), involvement in planning, decision making and project implementation, and monitoring disaggregated by gender. Results indicate that more could have been done to involve women in beneficiary identification, though this was likely to have been due to the widespread and extremely effective use of targeting by clearly verifiable targeting criteria, often linked to outpatient therapeutic program (OTP) admissions and PLW.
- Very high quality cash and in-kind remote programming through partners in the very challenging environment of Somalia.

Areas for improvement:

On the whole the projects were well designed, well run and highly effective in meeting beneficiary needs and the points below are intended as small areas where improvements could be made.

1 Some of the CFW project pay rates were too low and for too short a time scale to have a significant impact on food security in the medium term. In addition, cash grant amounts tended to be very low set at the minimum food basket, and were thus not able to adequately meet non-food basic needs, particularly amongst households with larger dependency ratios.

- Delays were evident for many projects, largely due to predictable bureaucracies with contractors, negotiations and regulations as well as difficulties in timely recruitment of specialist and technical staff.
- Some high technology water provision and rehabilitation response options may have been over ambitious. Lower technology options could have been preferable.
- Capacity-building aspects of WASH programs sometimes lagged behind the hardware element in that although the equipment was installed and fully operational, the management of the water provided, (i.e. the water user associations) needed more attention.
- More targeting and monitoring is required within projects for wider vulnerability groups with specific needs such as the elderly, people with disabilities (PWD), FHH, child headed households and the chronically sick.
- Real time evaluations need to provide clear recommendations that can be used to improve on-going programming.

Key Recommendations

- Ensure that project designs err on the side of caution when considering higher technology water point provision and rehabilitation requests and cross check through internal feasibility studies by experienced personnel.
- Ensure earlier start up and less ambitious capacity building WASH and DRR projects in short emergency time-frames. Develop strategies for accessing remote cash and WASH technical advice as well as maintaining access to the staff with these experiences at country and field level for future crisis. Health and hygiene training approaches need to be targeted and tailored to men, women and children.
- Ensure that projects look beyond the targeting of women to other vulnerability groups, and ensure their ongoing participation so that projects are designed with the specific access, labour and mobility constraints of these vulnerability groups in mind. Include disaggregated data in M&E.
- Ensure that where cash projects are being designed with the intention of meeting food and non-food basic needs, the rates set are above the minimum food basket, calculated with a local average family size in mind, or adjusted for larger families or those with high dependency ratios such as FHH.
- If cash projects aspire to livelihoods impacts, an amount should also be added to the basic cash transfer amount for this to occur.
- Use direct grants rather than CFW opportunities for those HHs who are not physically able, or who do not have sufficient spare HH labour (typically FHH and elderly or child headed HHs beneficiaries).

- Increase CTP training for staff, partners and government counterparts, as well as contingency planning for cash programs. Cash project trialling should only be undertaken during the recovery rather than the emergency phase.
- Ensure effective grievance systems combined with rapidly analysed post-distribution monitoring so weaknesses are captured and dealt with early enough to avoid disaffection, errors and misuse.

2. Background

2.1 The Humanitarian Coalition (HC)

The HC is a network of Canadian NGOs which coordinate their efforts in Canada to respond to large international humanitarian crises. The HC is made up of five of Canada's leading aid organizations: CARE Canada, Oxfam Canada, Oxfam-Québec, Plan Canada and Save the Children Canada. As a joint Canadian approach to humanitarian response, the HC is a “one-stop-shop” for all Canadians to donate to and learn more about international humanitarian responses. The members of the HC work together to reduce unnecessary competition, inform the public on humanitarian needs, increase the impact of Canadian humanitarian responses and reduce fundraising costs. During humanitarian emergencies, member agencies speak to Canadians with one voice, by providing direct access to disaster and response information, coordinating spokespersons and sharing resources. When disaster strikes, each member agency brings its specific expertise to implementing humanitarian programs. All members of the HC are committed to humanitarian responses and subscribe to internationally agreed humanitarian standards such as the Code of Conduct of the Red Cross and Red Crescent Movement, the Sphere Standards, and the members' own codes of conduct. The HC and its members raised \$14 million CAD for the East Africa Drought Response in 2011.

2.2 The Humanitarian Coalition Members in East Africa

All Humanitarian Coalition member agencies had existing programs in East Africa for decades and so were able to respond quickly to the 2011 drought with a range of programs to assist people and communities in need. They coordinated their efforts through a range of established modalities, such as UN clusters and Humanitarian Country Teams (HCTs). With regards to funds raised by the HC's East Africa Appeal, three member agencies used these for programs in Kenya, two in Ethiopia and two in Somalia.

2.3 Drought 2011

Two consecutive seasons of significantly below average rainfall made 2011 one of the driest years in the Horn of Africa since 1995. Crops failed, substantial livestock mortality occurred and local cereal prices increased.² The ongoing conflict in Somalia aggravated the situation, further deteriorating the situation.

2 FEWSNET East Africa Regional Alert, June 07, 2011.

rating food security in the country and leading to a significant flow of refugees into neighbouring states (particularly Kenya). On June 7, the Famine Early Warning System Network (FEWSNET) declared the drought as the most severe food security emergency in the world.³ At the height of the crisis, famine was declared in 6 regions of Somalia, with large areas of Kenya, Ethiopia, and Djibouti facing severe food insecurity. In all, 13.3 million people were in need of humanitarian assistance in the region.⁴

After the harvests in Somalia, the Food Security and Nutrition Analysis Unit (FSNAU) in June 2011 revised its estimates of the number of people in need of food assistance to 2.85 million people, and warned that crisis levels were likely to remain. The combination of drought and conflict in Somalia constituted a “major constraint to individual, food and livelihood security of poor, market dependent urban households and IDPs in the south and central regions”⁵.

In Ethiopia, in June 2011, the UN Office for Co-ordination and Humanitarian Affairs (OCHA) reported an estimated 3.2 million people were receiving food assistance. Of these people more than 2 million were located in the drought affected parts of the southern and south eastern lowlands, including both Somali Region and lowland areas of Oromiya and Southern Nations, Nationalities and Peoples Region (SNNPR).

The Kenya Food Security Steering Group (KFSSG) 2011 Long Rains Season Food Security Assessment estimated that 3.75 million people in the pastoralist and marginal cropping areas of Kenya were affected by the crisis.⁶ The most vulnerable were the 1.4 million pastoralists in the north and north eastern districts of Wajir, Turkana, Isiolo, Mandera, Marsabit, and Garissa.⁷ In those areas, the failure of short season crops and decreasing livestock productivity (due to water scarcity, increase in livestock disease, and longer trekking distances) caused severe food insecurity. The situation was further complicated by weakened community coping mechanisms, and a highly unstable security situation (particularly in north eastern Kenya and in the Dadaab camps), that was preventing humanitarian assistance from reaching vulnerable populations. In addition, famine and conflict in Somalia were causing an increase in the number of refugees in the Dadaab and other refugee camps and a further strain on resources.

The crisis however, was not unexpected. Early Warning Systems provided forecasts of the impending situation as early as August 2010, when FEWSNET declared a La Niña event and associated it with drier-than-normal conditions during the October-December rainy season in the eastern sector of East Africa.⁸ By November FEWSNET was calling for pre-emptive livelihood support to mitigate La Niña effects.⁹ However, the International Agency community¹⁰ and the Government of Kenya (GoK) did not take decisive action until after the failure of the March-May 2011 rains. On May 30th, 2011 the GoK declared the drought a national disaster.

3 Ibid.

4 OCHA Horn of Africa Humanitarian Snapshot, December 16, 2011.

5 Oxfam Somalia Final report Sept 2012

6 Kenya Food Security Steering Group 2011 Long Rains Season Assessment Report.

7 FEWSNET Kenya Food Security Alert, September 19, 2011.

8 FEWSNET Executive Brief: La Niña and Food Security in East Africa, August 2010.

9 FEWSNET East Africa Food Security Alert, November 02, 2010.

10 The IA community refers to United Nations agencies, intergovernmental organizations, international NGOs and the Red Cross and Red Crescent Movement.

3. Evaluation Context

This report represents the results of a four week evaluation that included approximately nine days travelling in each country and visiting agency projects in villages in Kenya and Ethiopia. For reasons of safety, a remote review of the Somalia intervention was undertaken in Nairobi.

3.1 Evaluation Objectives

The Overall purpose of this evaluation was to:

- Assess the overall impact of member agency interventions that were funded by the Canadian International Development Agency (CIDA) and the Humanitarian Coalition.
- Confirm findings of the RTE conducted jointly with the Disasters Emergency Committee in October-November 2011 and to evaluate to what extent lessons or recommendations from the RTE have been taken into account and applied to programming.
- Assess gender dynamics of program impacts and how gender was factored in all areas of the crisis response.
- Document a comparative analysis of best practices in cash-transfer programming in affected communities, and the appropriateness of cash as a response.

3.2 Evaluation Limitations and Challenges

The evaluation has faced the following limitations:

- **Restricted time** — Even though there was 12 days in each country (Ethiopia & Kenya; and three days for Somalia in Nairobi), it was only possible to spend approximately three to three and a half days of actual field time in each country surveying sites and interviewing beneficiaries, with the remainder of the time spent with briefings and debriefings, stakeholder meetings, and days of long distance travelling between sites (6 days in Ethiopia and 5 in Kenya). As such, it was necessary to limit the number of site visits (only three of the four Ethiopian agency sites were accessible in the time available) and to keep key stakeholder meetings to a minimum.
- **Data limitations** — The number of detailed interviews of beneficiaries and stakeholders could have been increased. Because of the lack of time, the methods adopted favoured smaller, focus group discussions interviewing a larger number of community representatives at the same time. Despite these time limitations, the evaluation team is satisfied that the evaluation provides a detailed ‘snap shot’ in time of the work undertaken. But concerns regarding the quality and quantity of information that was collected from the field remain. Attempts were made to try to collect statistically significant data, but this proved impossible, and thus **all data should be considered as a general guide to findings and not as statistically authoritative.**

- **Agency awareness** — The use of two consultants and their two Canadian Humanitarian Coalition counterparts allowed additional collection of information and more measured and in-depth analysis. The full participation of four Ethiopian counterparts, and 4/5 Kenya counterparts¹¹ from each of the HC agencies improved the level of analysis and degree of understanding of local conditions. However, **more time for linkages with other key documentation and findings from other relevant cash programs, and more opportunity to consult with agency operations and strategy documentation, would have increased opportunities to further draw together lessons learned.**
- **Access to field sites / security** — A number of sites were either too distant to be accessed in the time available (Afar – Ethiopia, Marsabit – Kenya), or the evaluation was only able to send local evaluators into sites due to a lack of available flights or for security reasons¹². The threat of abductions of international staff in North Eastern Kenya restricted access to the communities at times to one expatriate team member and at other times to no expatriate team member, depending on the location.
- Where surveys and FGDs had to be conducted without the independent consultants being on site, the degree of in depth analysis possible and confidence with the data findings were affected.
- Furthermore, ongoing insecurity meant that the Somalia evaluation was conducted remotely from Nairobi, with key stakeholder interviews possible only.
- **Timing of Evaluation** – The program was evaluated between approximately five to fifteen months after the majority of the projects had started, and with some having been completed. An earlier evaluation may have yielded slightly more reliable data, as memories regarding the project would have been fresher. However, in the case of some of the delayed projects and some of the recovery and resilience interventions, a number of the impacts from the programs had not yet come to fruition.
- **Languages** – In some areas it was necessary to have three layers of translation, which slowed down field work and diminished accuracy considerably.

4. Methodology

4.1 General Approach

The evaluation used a highly participative approach for all HC members as it encourages a strong buy-in, cross-agency learning, and findings which are useful to agency operations. As such, the Kenya and Ethiopia evaluations incorporated the participation of 2 consultants (1 each for Kenya and Ethiopia), 2 representatives from HC members in Canada (1 each for Kenya and Ethiopia), and 4 representatives from agencies in each country (1 for each agency in Kenya and Ethiopia)¹³.

11 Save the Children were only able to allocate one experienced staff member to a part of the evaluation.

12 International staff were unable to access Wajir in Kenya due to cancelled flights and security restrictions on road travel.

13 As Plan International did not receive HC or CIDA funding in Kenya and as such was not evaluated, no Plan International staff person was seconded to the Kenya evaluation team.

The evaluation was of HC funded projects primarily, and CIDA projects wherever possible. However any other Canadian based funding was also considered to be within the evaluation's scope¹⁴. Cash and gender aspects of the emergency programming were prioritized.

A range of qualitative and quantitative information was reviewed and collected during the evaluation period. The principal rapid tools and methodologies included:

- Secondary reading and a review of background documents
- Semi-structured interviews with key staff and principle stakeholders
- Field investigations with community visits in Kenya and Ethiopia only, including focus-groups discussions (FGD)s and a household (HH) level questionnaire. All qualitative and quantitative information was disaggregated by gender where relevant, as well as by other vulnerability groupings.

Additional information and data collection included:

- Extensive use of triangulation wherever possible in order to cross check evidence and opinions from varied and potentially biased sources.
- Discussions with field-level staff and country-level staff to identify lessons learned by individuals and partners and the 'way ahead' for future programming, and to provide a feedback opportunity within the evaluation.

4.2 Projects and Sites Selected

Project site selection was based principally on the relevance of the projects to the evaluation's key objectives, most particularly to identify lessons learned from cash and gender perspectives. An additional key factor was the accessibility of projects given the time restraints of the evaluation.

4.3 Field Methodology

In each of the 9 agency field sites visited (4 Ethiopia, 5 Kenya¹⁵), data was collected using a range of methods. Where possible, two different villages were visited:

- Semi structured focus-group discussions including use of quantitative and qualitative participatory techniques (e.g. proportional piling wherever possible).
- Random non-recipient individual interviews.
- On-the-spot case studies were collated with beneficiaries to illuminate pertinent points and for communications purposes.

14 A project funded by a private foundation in Dadaab was included in the evaluation.

15 In Kenya the evaluation team also visited Dadaab, but were unable to question beneficiaries or conduct FGDs.

- Individual beneficiary household interviews based on a structured survey questionnaire tool. The questionnaire was administered to 117 HH (45 in Ethiopia and 72 in Kenya).
- Individual informal interviews with beneficiaries, non-recipients and market actors (shopkeepers and traders).
- A detailed interview guide for the technical design of Cash Transfer Programs.

The Somalia evaluation was conducted remotely. The findings emanate from program reporting and post-distributions monitoring documents, and internal and external evaluations, such as the Smart Vision evaluation for the “Save in Somalia Puntland” project, and from the Cash and Voucher Monitoring Group (CVMG) evaluation in 2011/12¹⁶ (conducted with Oxfam, Save the Children, and 12 other NGOs), as well as from detailed discussions with stakeholders (largely agency staff and partners) in Nairobi and in Somalia (by phone).

5. Findings

The following sections summarize the findings of the field investigation qualitative and quantitative data from Kenya and Ethiopia, as well as the findings from the remote evaluation of the Somalia projects funded by CIDA and the HC¹⁷.

5.1 General Project Performance Standards

All the agencies demonstrated very high standards of project design and implementation. These were evaluated through project documents and interviews with staff and stakeholders and backed up by detailed questions within the FGDs and the survey questionnaire. Some of the key results are summarised below¹⁸:

	Were you asked what your needs were?	Was someone in your community asked about needs?	Did this project meet your main need?	Were you involved in project planning decisions/meetings?	Were you involved in meetings / decisions / identifying beneficiaries?
Yes (M + W)	64.96%	74.36%	70.94%	56.41%	49.57%
No (M + W)	35.04%	23.08%	24.79%	41.88%	47.01%
No answer	0.00%	2.56%	4.27%	1.71%	3.42%

16 The evaluation took place between September 2011 and March 2012.

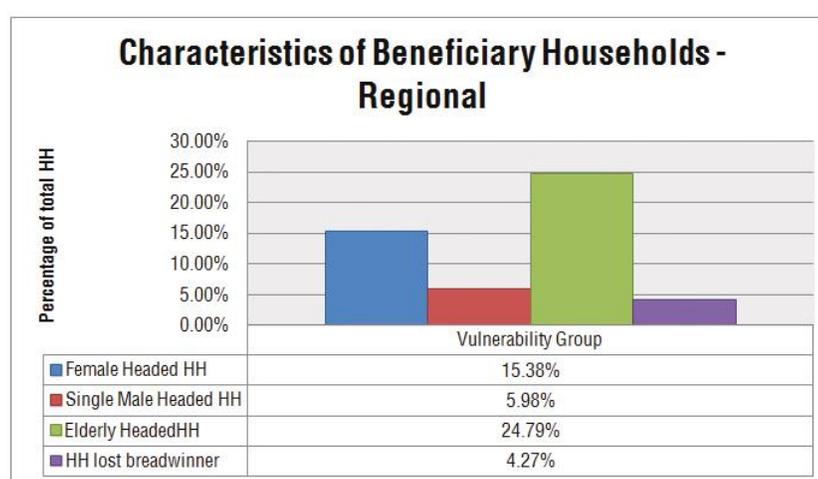
17 A separate cash learning report is included in the annex.

18 The total number of respondents was 117.

Women yes %	62.67% ¹⁹	72.00%	72.00%	49.33%	41.33%
Women No %	69.05% ²⁰	78.57%	69.05%	69.05%	64.29%

The majority of beneficiaries were consulted, if not individually, then through a community representative, with women in particular feeling that their needs were met. Women were less involved in project planning decision and identifying beneficiaries.

The projects were effective in reaching some key vulnerability groups²¹, with elderly (25%) and female headed households (15%) figuring extensively across projects:



5.2 General Impacts

In general, the projects that had a more integrated approach across nutrition, health and WASH, as well as providing food security through cash and the promotion of livelihoods recovery, appeared to be the most successful. Integrated projects saw knock-on benefits from one sector to another and multiplier effects in terms of hygiene promoting health and nutrition, as well as livelihoods and livestock development promoting better nutrition outcomes. Regionally, beneficiary households reported significant improvements in the number of meals per day consumed, although only 50% of 48 HHs report having been able to consume three meals per day by the end of the projects.

HH Meals per day	Prior Project %	During Project %	Now %
1 meal/day	43.75%	16.00%	8.00%
2 meals/day	37.50%	34.00%	42.00%
3 meals/day	18.75%	50.00%	50.00%

19 Out of the 117 interviewed, 76 voted Yes, of which 47 were women.

20 Out of the 117 interviewed, 41 voted No, of which 28 were women

21 Based on the 117 households interviewed.

Improved school attendance through availability of cash to pay fees of both girls (48%) and boys (52%) in approximately equal numbers was recorded by the survey. In addition, there was some anecdotal evidence²² improvement in school performance of these better fed children. Though improved access to education was often quoted by agencies as an unexpected benefit of the programs, it was seldom monitored for consistency (nor disaggregated by gender).

5.3 Nutrition, Health and WASH projects

Nutrition projects across all agencies had in particular met their objectives and in many cases more than surpassed indicators. There was evidence of the use of the latest best practice, particularly in terms of early identification and community referrals and transportation to treatment centres. The provision of meals for caregivers at treatment centres, where utilised, was very effective in reducing drop-out rates and promoting the nutrition of PLW.

Regional WASH findings	Water Cleaner	Water Nearer	Has sanitation improved in your HH/ Community?	Has your HH general health improved as a result of WASH project?	Has incidents of stomach problems & diarrhoeas reduced in HH?	Has incidents of mosquito borne disease reduced in HH? (Malaria, dengue, others?)
Yes	78%	70%	92%	91%	82%	60%
No	17%	18%	8%	9%	18%	30%
No Answer	5%	12%	0%	0%	0%	10%

The capacity building of health education workers (HEWs) and linking this to training of community health volunteers (CHVs) was effective and popular with women in communities and showed some evidence of promoting health seeking behaviours²³.

It would be considered good practice to consistently conduct the types of post distribution assessments (PDAs) that were achieved by some agencies²⁴ and to monitor for changes in habits as a result of capacity building, and to gauge the impact of initial dissemination activities to see if follow up initiatives are required.

Questionnaires consolidated over the region found that 78% of beneficiaries had ‘changed what they do’ as a result of trainings (largely WASH and health). However, the continuing shortage of water supplies and income for purchasing hygiene products was limiting the degree of impact of these intentions. Hygiene promotion activities were mostly effective, but some training started too slowly to be properly embedded within the short project time-frames. More could have been done to promote cascading of hygiene messages within and to neighbouring communities.

22 By school teachers and parents, and recorded in the Save the Children Somalia evaluation by Smart Vision

23 From FGD feedback results.

24 Notably in Somalia

In general, projects tended to target women for hygiene promotion, when a family approach may be more effective in restricting cross-contamination. Though some HHs reported latrine construction, these facilities were still far from ideal and open defecation continues to be a widespread problem. Although some latrines were incorporated into already constructed health and education facilities (Save the Children, Kenya and planned by CARE in Ethiopia and by both Oxfam and Save the Children in Somalia), most villages and settlements lack proper sanitation facilities at a domestic or community level.

Agencies had correctly identified the clear and urgent need for water provision and water quality improvement. Nearly all projects experienced significant early delays, most extensively in Ethiopia, and more particularly amongst the higher technology options. In places where agencies had opted initially for construction or rehabilitation of higher technology boreholes (often at the behest of government), internal specialist advice was sought and the approach shifted to improving existing water resources. Fortunately the HC and CIDA were responsive and flexible enough to accept these changes in approach, which are considered to be more likely to be sustainable in the long term as well as implementable within the timescale of the projects.

In general however, the enhanced quality of water provided, and the improved access to water sources, had been beneficial to the communities not only in terms of the health benefits, but also in terms of time saved travelling to and from distant water sources as indicated in the tables below.

How much time collecting water has the WASH Project Saved?	Number	Regional Percentage
Less than 1 hour	29	56%
1-2 hours	13	25%
2-3 hours	4	8%
3-4 hours	2	4%
4+ hours	4	8%
Total	52	100%

Who saved time because of the WASH Project?	Man	Woman	Man and Woman	Child	Woman and Child
Total	2	46	2	4	5
Percentage	3%	78%	3%	7%	8%

5.4 Livelihoods Recovery Projects (includes Livestock, Agriculture and DRR aspects)

The main and most comprehensive livelihoods recovery approach was trialled by Plan International in Ethiopia which was a commendable attempt to integrate recovery through cash and livestock and agricultural input improvements into emergency nutrition and WASH projects. It experienced quite considerable difficulties because of the restrictive environment for cash within Ethiopia, but is nonetheless likely to be effective in promoting agricultural and livestock recovery within some of the most vulnerable households. This attempt by Plan International to push the

boundaries of cash programming in Ethiopia has already shown considerable benefits in terms of building the capacity of project and support staff and their government counterparts. It has also allowed Plan International to move on to greater success with less restrictive and less conditional projects in other areas.

In general, agencies who had conducted CTPs throughout the region had hoped that more of the cash would be utilised for livelihoods recovery purposes than was eventually proven to be the case (though Oxfam and CARE in Kenya did have greater success). The survey showed that 31% of beneficiaries reported being able to start or restart a livelihood. Much of this was due to the short-term nature and very low rates set for some CFW projects, as well as the setting of cash grant rates at the minimum food basket survival threshold for an average family size of five (WFP standard) rather than a more generous livelihood threshold that would have allowed more potential for livelihood recovery investments.

The livestock provision and allied animal health projects promoted by three agencies (Plan International and Oxfam Ethiopia and Save the Children Somalia) were extremely popular interventions amongst beneficiaries and are likely to have positive livelihood and resiliency implications because of the inherent coping strategy and asset saving aspects of livestock ownership. The Save the Children approach in Somalia of working through and improving existing private animal health care providers, rather than bringing in vaccination treatments that weaken this essential local service, deserves particular praise.

Cash interventions in Kenya (Oxfam in Wajir, CARE in Garissa) have had some beneficial effects not only on the original objective of food security, but also on the recovery activities of the targeted communities. Livestock restocking, as well as communal kitchen gardens and individual small commercial trading initiatives have been positive outcomes of these interventions. Furthermore, self-driven communal initiatives have led to the pooling of funds between neighbours and greater cumulative benefits in terms of improved access to water and educational facilities²⁵. In Ethiopia, though the CFW rates set by Oxfam were too low to stimulate livelihoods, the actual projects selected for the work were considered likely to have longer term livelihoods and resiliency benefits (water point rehabilitation and bush encroachment activities in particular) and had encouraged the communities to do additional community volunteer work to expand the work.

Overall there were some small scale positive DRR aspects and improved resiliency initiatives which have had varied degrees of success. These interventions were popular and showed signs that they would have resiliency implications eventually, but in general these longer term DRR community mobilization approaches will need longer project time frames before they can be effective. In the case of Save the Children in Somalia, further funding has had to be sought to bring DRR activities to fruition.

5.5 Cash Transfer Programs

This section briefly summarizes the regional findings and the empirical and qualitative findings from the FGDs and questionnaire surveys used in Kenya and Ethiopia. A separate document offers additional information and analysis.

25 Beneficiaries in Wajir contributed part of the funds received to pay for the village school teacher.

The CTP approaches adopted were designed well and implemented with best practice and satisfied SPHERE standards²⁶. The CTPs fitted beneficiaries' needs and were appropriate to local circumstances. That said, small percentages of CTP beneficiaries reported having not received the full amount or goods they expected, and 5% of beneficiaries interviewed reported having 'heard of people who had to do a favour' in order to be included in the projects. There is a need to undertake PDM shortly after cash disbursements are made. Data analysis should be done rapidly in order to be able to correct any irregularities.

Beneficiaries of one project reported having to leave small amounts in Micro Finance Institution (MFI) bank books to keep accounts open, and having received goats rather than cash, some of which died soon afterwards. In the case of the CFW project in Ethiopia, a number of unfortunate factors, that were largely beyond the influence of the agency concerned, increased levels of dissatisfaction. Delays and in the opening of partner bank accounts caused a two to three month wait in payments in some communities. In addition, some voluntary bush clearance occurred while some beneficiaries were under the impression that this was paid work. Finally, neighbouring government CFW project caused confusion.

41. Did you get all the goods/ cash you expected?	Regional	%
Yes	66	56%
No	29	25%
Not Answered	22	19%
Total	117	100%

42. How were you dealt with by payment agency?	Total	%
Good	69	59%
OK	16	14%
Bad	2	2%
Kept Some Money	0	0%
Other	0	0%
Not Answered	30	26%
Total	117	100%

On the whole, beneficiaries were satisfied with the way they were dealt with by the payment providers used, and none reported money having been kept, though one person in Ethiopia reported having to do a favour to gain a payment. 75% of respondents were satisfied with the time it took to receive their payments, despite many having to wait considerable amounts of time to get paid.

How long did you have to wait in line to get paid? (ETH & KEN data)	Total	Percentage
less 1 hr	34	52%
1-2 hrs	15	23%
3hrs+	17	26%

26 As outlined in the separate cash document.

A small number of beneficiaries felt insecure collecting cash, which should encourage agencies to do more to select more discreet and safe payment methods and to plan distributions more carefully. Lessons have been learned in this regard in Somalia projects in particular, and better procedures to stagger beneficiaries and reduce waiting in line for those collecting cash at payment points, as well as to switch to mobile phone payments where possible in the future.

Did you feel worried /insecure collecting the goods/ money? (Kenya and Ethiopia data)	Yes	No	Yes %	No %
Male	4	28	12.50%	87.50%
Female	2	59	3.28%	96.72%

In Kenya and Ethiopia (Oxfam CFW), 80% of respondents were satisfied that the work undertaken was of benefit to the community. Overall, cash grants and CFW rates were set at low survival levels that were not always sufficient to support households food and non-food basic needs.

There were exceptions such as the comparatively large cash grant of Plan International in Ethiopia²⁷, and the exemplary Somalia unconditional longer term social safety net programs of Save the Children and Oxfam and their partners. Here bold decisions were made to use unconditional grants in a challenging environment and to make use of the most appropriate payment methods available (traders and Money Transfer companies known locally as ‘Hawalas’). Indeed Oxfam’s and their partners’ Somalia staff were exceptionally well informed ambassadors for cash programming in the most challenging of security and implementation situations.

Similarly, Oxfam in Ethiopia and Kenya and CARE Cash interventions in Kenya were well managed and well received by the target communities where the inherent flexibility of a cash intervention led to a wide range of different usages, all relevant to individual household needs. The majority of cash programs had the positive food security outcomes anticipated and often had positive education, health and livelihood implications.

CTP interventions were highly cost effective, particularly the large scale CTPs in Somalia.

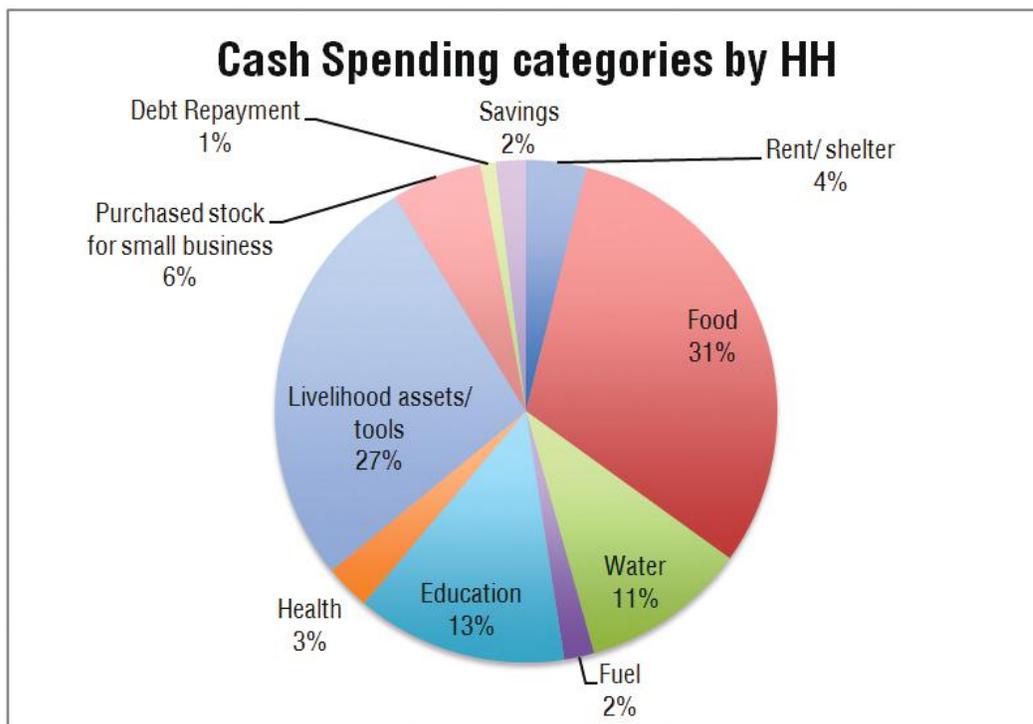
5.5.1 Spending of Project Cash

Methodologically, it is difficult to separate new spending due to an injection of additional cash from baseline spending. Beneficiaries were asked directly to indicate within which categories of spending they had spent the project cash.

Spending patterns can vary significantly depending on many factors such as gender, presence of male labour and location within the project areas. A number of trends are evident when examining beneficiaries’ spending choices: Notably, most beneficiaries spent money on food and livelihood recovery activities. The high importance attributed to education in the mind-set of the communities is evident. The cash used for livelihood asset, tool and the purchase of stock for small business (33%) is a remarkably high figure given that the majority of the projects had purely food

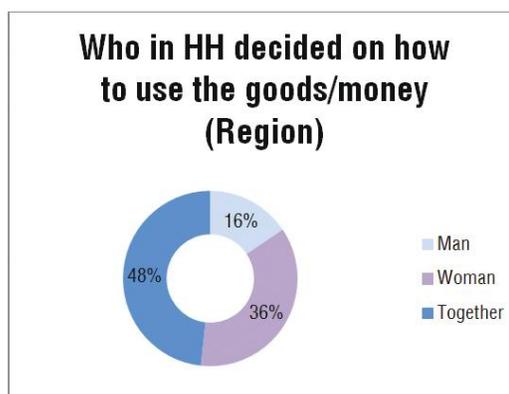
²⁷ Unfortunately the grant was highly conditional and regulated to the purchase of shoats only.

and non-food basic needs provision objectives. It demonstrates how beneficiaries will often go without food and other basic needs in order to invest in their longer term livelihood recovery



5.6 Gender Impacts

In general, agencies were good at disaggregating program involvement data²⁸ by gender but very few agencies did so for other key vulnerability groupings. All programs had very high involvement of women. Cash programs were particularly successful at including very high proportions of women, and the impacts of these projects on women had been above and beyond those of the assets themselves due to increased self-esteem, dignity and involvement in household decision making and other empowerment indicators.



28 Proportion of women involved in relation to men

Use of project resources and spending decisions within households was largely done jointly (48%), unless households were female headed, where decisions were made by women alone. However, women reported that this would not ordinarily have been the case, if they had not been targeted as the recipient of the cash/good. Women specifically wanted to emphasise the additional empowerment and self-esteem that they had gained from being targeted for projects and been involved in these joint household decisions.

Based on questionnaire data, it appears that spending choices are not closely related to either the gender of the decision-maker or any other specific HH characteristic. It was widely reported and confirmed through multiple sources that most decision-making around the use of cash was taken jointly by the woman and man of the HH. Furthermore, it was almost universally acknowledged (in individual interviews, among village leaders, and within FGDs) that it was better to target women and give them the cash, to help ensure that no money is wasted.

In addition, some FGDs indicated that women had been able to increase their control of assets^[1]. This should also increase annual income and savings potential, and provide positive coping mechanisms. Women who were direct recipients of cash grants and CFW payments regularly made decisions jointly with their partners, and reported that this still continued to increase their 'position' and confidence within the household. Four women (7%) and one man reported that project goods and cash had caused some problems and arguments within the family.

Did the goods/cash program cause any problems or arguments in the family? (Ethiopia and Kenya data)	Yes	No	Yes %	No %
Male	1	26	3.70%	96.30%
Female	4	52	7.14%	92.86%
Total	5	78	6.02%	93.98%

With regard to the involvement in the work of the CFW projects, it is evident that women and men were roughly equally involved, and that some elderly and 1 child also took part in work activities. It is recommended that agencies ensure that their communications with communities are clear that children should not be involved in CFW.

29. Who in HH did the work?	Number	Percentage
Male	10	43%
Female	9	39%
Elderly	3	13%
Youth	0	0%
Child	1	4%
Total	23	100%

There is a role for agencies to play in advocating with governments to reduce the belief that cash programs mean dependency, as well designed cash for livelihoods recovery programs can increase economic independence of women and men.

[1] Particularly with the Plan International Ethiopia livestock projects

The WASH interventions have also been particularly supportive towards women and young girls, on whom the responsibility for collection of water and the nurturing of sick children falls. Less time spent collecting water (as shown in the tables in the WASH section), caring for sick children, as better quality water reduces incidences of water borne illnesses, has had a positive effect on their daily work schedules and cleared up time for other activities.

5.7 Cross Cutting issues

5.7.1 Satisfaction

Feedback from the questionnaires (as seen below) highlights the generally high levels of satisfaction with the support provided. This is confirmed by the feedback received within the FGDs where “very successful” was the most common comment to the question of satisfaction regarding program impact.

26. Satisfaction with Implementation	Total Number	Regional Percentage	Ethiopia	Percentage	Kenya	Percentage
Very	51	73.91%	23	57.50%	28	96.55%
Just	10	14.49%	9	22.50%	1	3.45%
Unsatisfied	8	11.59%	8	20.00%	0	0.00%
Total	69	100.00%	40	42.50%	29	3.45%

5.7.2 Coordination

All agencies were found to be coordinating with other stakeholders effectively. Coordination mechanisms in Ethiopia were considered weaker than elsewhere in the region, particularly regarding cash, and much more needs to be done in this regard. Cash coordination in Kenya and Somalia in particular had been extremely effective in ensuring higher standards of CTP understanding and exchange of learning, most markedly in Somalia through joint agency M&E with the Cash and Voucher Monitoring Group (CVMG)²⁹. Coordination with government stakeholders at all levels in Ethiopia and Kenya, though challenging, was found to be to an exceptional standard.

5.7.3 Communications and Grievance Procedures

Some agencies were more successful than others in communicating with beneficiaries. Women in particular were targeted for involvement in project design decisions and were closely involved in project planning and implementation. On the other hand, it was not always evident that agencies were deliberately seeking out the views of and encouraging the involvement of other vulnerable groups such as PWD, the chronically sick or PLWHA, youths and the elderly.

²⁹ Though this was reported as only being present in central and southern Somalia.

Beneficiaries were not always informed early enough in the projects regarding grievance procedures, although most knew where to start if they had a problem. There seemed to be little usage of notice boards for either the dissemination of information or messages, nor for highlighting “hotlines” should problems arise. It did appear that the agency partners in Ethiopia and Somalia were more aware of the importance of communicating the ways and means of complaining for beneficiaries.

It was evident that more widespread and varied means of communications could have been used to share the selection criteria and general rules and regulations regarding the projects with beneficiaries. Had picture posters and community announcements been used more consistently, fewer problems might have arisen later related to appeals and grievance. This was a steep learning curve for all the agencies and their partners operating in Somalia. In general, investing in good communications by many means reduces the load for grievance systems. Grievance systems were implemented slowly in some cases in Ethiopia, and were not initially strong in Somalia. However, the Somalia Oxfam and partner project has learned this lesson well and the current mobile phone transfer project has an innovative and extremely effective hotline grievance system that is well monitored and documented and backed by other non-technological means.

5.7.4 Capacity Building (CB)

The vast majority of training and capacity building was related to Nutrition, WASH and Health.

Class/group sizes on some of these CB trainings were considered too large (50 in one case), and no evidence was found that any of the trainings were monitored for their effectiveness³⁰. In general women were appropriately targeted for trainings, however men, women and children all require hygiene promotion trainings so that cross contamination within the home does not wipe out the benefits of one persons improved habits. More could have been done to build into the training programs aspects of community mobilization i.e. spreading the message to neighbours and neighbouring communities. On occasion, women were not included due to the literacy requirement for the trainings, and ways of avoiding this need to be found. It was evident that across the region, trainings and hygiene promotion trainings for health education workers (and community health volunteers) were welcomed as relevant by beneficiaries.

5.7.5 Risk and Mitigation Measures

Rather surprisingly for such experienced agencies operating in some quite challenging environments and with CTPs, there appeared to be much less risk analysis than would have been expected. The HC has now included risk analysis within its project document requirements. Oxfam’s risk analysis and practical mitigation measure identification for its Somalia Mogadishu CTP was excellent. Across CTPs in particular, small practical measures for increasing the safety and security of beneficiaries were missing despite there being plenty of good practice documented³¹. Risk mitigation practices such as limiting the information about distributions until the last minute, limiting distances travelled to encashment points and waiting in line for beneficiaries were not always considered sufficiently. A simple recommendation is to map out every single step

30 Some limited rapid pre and post testing could have been useful to monitor for improved understanding and assist in improving and adjusting trainings to better meet beneficiary needs.

31 Cash Learning Program (CaLP) website and ACF and Oxfam guidelines in particular.

in the process from the cash leaving agency accounts to its use by beneficiaries and to highlight potential risks and associated mitigating measures along the way.

5.7.6 Monitoring and Evaluation and the DEC/HC RTE

All agencies showed signs of well documented monitoring and evaluation and of lesson learning. Post distribution monitoring within the cash projects was of very good quality. What was less clear was the extent to which monitoring was occurring early enough or was being consistently relayed back into adjusting ongoing programs. This was thought to be good on the Somalia cash programs. Documented lessons were not systematically fed down through the agency staff to the field level.

The DEC/HC RTE was weakened by its limited time to access the field to observe projects and in the opinion of the majority of those senior stakeholders interviewed, as well as the two evaluators, was not of practical use. Some agencies reported having communicated a critique of the final output of the RTE. The main RTE reports, and the gender report were only read at the highest levels of senior management (though staff turnover may have been a factor here), and were not disseminated down to field staff.

It is recommended that all future RTEs have adequate time to access the field and draw clear recommendations of practicable steps to improve projects, and that gender evaluation findings are integrated into the main report.

6. Conclusions

6.1 Evaluation against the Humanitarian Coalition Benchmarks

This section responds to the questions posed of the agencies in the self-assessment benchmarks established by the Humanitarian Coalition summarising conclusions from throughout the report:

1. **An effective management structure is in place” Yes.**

All agencies and their partners were experienced humanitarian organisations³² with excellent management demonstrated, though some improvement could be made in communicating from senior to front line staff and country level down to field office level, particularly regarding learning and results from evaluation exercises.

2. **Key support functions are adequately resourced. Yes, but room for improvement.**

In Ethiopia all agencies experienced difficulties recruiting and holding on to experienced staff particularly with WASH and CTP expertise. It was not always evident that all agencies had done individual risk assessments for the specific projects evaluated,

32 Though some agencies were relatively new to emergency work (Plan) and in Ethiopia at least, most agencies were relatively new to CTP above and beyond CFW programs.

with Oxfam being a notable exception, which showed exemplary risk mitigation analysis particularly for its CTPs in Somalia.

3. **Coordination and collaboration with other actors** **Yes, but room for improvement.**

Coordination mechanisms were reported to be strong in both Somalia and Kenya, particularly around cash with the cash working groups (Kenya) and the Cash Voucher Monitoring Group in Somalia. Coordination in general was felt to be weaker in Ethiopia and most particularly around cash where no coordination exists and few are aware of the regional cash coordination available through the Cash and Learning Partnership (CaLP) in Nairobi. However, all agencies in all countries have invested considerably in coordination to avoid duplication and in ensuring strong coordination and collaboration with government at all levels, even in areas where this has proved extremely challenging.

4. **Accurate self-assessment and reporting** **Yes.**

HC has recently adapted its reporting systems, with the addition of new risk assessment and self-assessment benchmarks that some agencies are in the process of integrating. All agencies showed an exceptional degree of openness and honesty and commitment to this participatory evaluation.

5. **Targeting and coverage** **Yes.**

The evaluation found that in all cases best practice had been used with relation to geographic and beneficiary targeting, although more could have been done to go beyond the targeting of women to the targeting of other specific vulnerability groups.

6. **'Connectedness' between relief and recovery phases** **Yes, but room for improvement.**

Agencies all demonstrated best practice in integrating local capacities. However, only some programs were able to demonstrate advanced efforts at connectedness or promotion of recovery in general or economic or livelihood recovery specifically, although aspects of some of the Somalia animal health and Kenyan cash projects has beneficial recovery elements. Plan International in Ethiopia offered a good example, where despite difficulties, its piloting of an integrated, emergency nutrition, WASH and livelihood recovery program was commendable. Similarly in Kenya, CARE undertaking both WASH and Cash at times had good impacts. Only Oxfam was consistent in its reporting on exit strategies, and in general this issue was not widely addressed. However, those agencies working through partners (and to a lesser extent those in close collaboration with existing government structures) have a greater likelihood of being more sustainable.

7. **Humanitarian Standards** **Yes, but room for improvement.**

Understanding of agreed standards and best practice are evident within project documents and are demonstrated and evident within project implementation. But as reported in the gender report of the DEC/HC RTE, understanding of best practice in

designing gender appropriate programs is imperfect. While programs ensured high numbers of women and their inclusion in project meetings, there was little evidence of integrated understanding of how to ensure programs are designed to meet the specific needs of women (or other vulnerable groups such as PWD, chronically sick and PLWHIV/AIDS, or the elderly). Where the evaluation team was able to gauge performance, agencies appeared to have good protection policies in place. But protection issues could be much more visible within organisations, with regular refreshing of staff practices and more visible communication of rules and regulations. With respect to standards and best practice regarding CTP, it is evident that some agencies are much more advanced than others (largely because some agencies are new to cash) and that cash programming in general is much newer and more restricted in Ethiopia. The Cash programs satisfied most of the key actions of the SPHERE standard guidelines.

8. **Accountability to beneficiaries Yes, but room for improvement.**

Most agencies had good beneficiary communications and involvement and satisfactory grievance systems in place, though some were implemented late. The Somalia projects were very swift to improve accountability systems and beneficiary communications when initial problems exposed the weaknesses.

9. **Appropriateness to local context Yes.**

Local people and women in particular were involved in project design and very satisfied with interventions when they had been satisfactorily completed. The interventions were generally appropriate, though some CFW projects could have been more generous for very little extra cost. Most agencies who were initially considering higher technology WASH approaches later opted for more appropriate scale interventions.

10. **Lessons Learning Yes.** See section on M&E and RTE points above.

7. Recommendations

Below is a summary of the general recommendations related to the Nutrition, WASH, Health and the non-cash recovery aspects identified by this evaluation. Detailed recommendations for the cash project aspects are contained within the separate cash learning report.

Main Recommendations

- Ensure that project designs err on the side of caution when considering higher technology water point provision and rehabilitation requests and cross check through internal feasibility studies by experienced personnel.
- Ensure earlier start up and less ambitious capacity building WASH and DRR projects in short emergency time-frames. Develop strategies for accessing remote cash and WASH technical advice as well as maintaining access to the staff with these experiences at country and field level for future crisis. Health and hygiene training approaches need to be targeted and tailored to men, women and children.
- Ensure that projects look beyond the targeting of women to other vulnerability groups, and ensure their ongoing participation so that projects are designed with the specific access, labour and mobility constraints of these vulnerability groups in mind. Include disaggregated data in M&E.
- Ensure that where cash projects are being designed with the intention of meeting food and non-food basic needs, the rates set are above the minimum food basket, calculated with a local average family size in mind, or adjusted for larger families or those with high dependency ratios such as FHH.
- If cash projects aspire to livelihoods impacts, an amount should also be added to the basic cash transfer amount for this to occur.
- Use direct grants rather than CFW opportunities for those HHs who are not physically able, or who do not have sufficient spare HH labour (typically FHH and elderly or child headed HHs beneficiaries).
- Increase CTP training for staff, partners and government counterparts, as well as contingency planning for cash programs. Cash project trialling should only be undertaken during the recovery rather than the emergency phase.
- Ensure effective grievance systems combined with rapidly analysed post-distribution monitoring so weaknesses are captured and dealt with early enough to avoid disaffection, errors and misuse.