



Australian Humanitarian Partnership's Activations on Food Security and Livelihoods in Ethiopia and Kenya

Final Report

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Disclaimer

The views and opinions expressed in this evaluation report do not necessarily represent the official policy or position of the Australian Government or Australian Humanitarian Partnership partners.

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ACRONYMS

AAP	Accountability to Affected Persons
AHN	ASAL Humanitarian Network
AHP	Australian Humanitarian Partnership
ANE	Action for Needy Ethiopia
APDA	Afar Pastoralist Development Association
ASAL	Arid and Semi-Arid Lands
AUD	Australian Dollars
CFRM	Complaints Feedback and Response Mechanism
CHV	Community Health Volunteers
CLTS	Community-led Total Sanitation
CMAM	Community Management of Acute Malnutrition
DAC	Development Assistance Committee
DFAT	Department of Foreign Affairs and Trade
FAO	Food and Agriculture Organisation
FCS	Food Consumption Score
FEWS NET	Famine Early Warning Systems Network
FGD	Facilitated Group Discussion
FSL	Food Security and Livelihoods
GBV	Gender Based Violence
HDDS	Household Dietary Diversity Score
ICT	Information and Communication Technology
IDMC	Internal Displacement Monitoring Centre
IPC	Integrated Food Security Phase Classification
KPIs	Key Performance Indicator
MAM	Moderate Acute Malnutrition
MEB	Minimum Expenditure Basket
MHM	Menstrual Hygiene Management
MPCA	Multi-purpose Cash Assistance
NDMA	National Drought Management Authority
NDOC	National Disaster Operations Centre
NDRMC	National Disaster Risk Management Commission
NFIs	Non-Food Items
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODF	Open Defecation Free
OECD	Organisation for Economic Co-operation and Development
OTP	Outpatient Therapeutic Programme
PDM	Post Distribution Monitoring
PIA	Plan International Australia
PIADO	Pastoralist in Action Development Organisation
PACIDA	Pastoralist Community Initiative and Development Assistance
PIE	Plan International Ethiopia
PRI	Policy Research Institute
PSS	Psychosocial Support
QA	Quality Assurance
rCSI	Reduced Coping Strategies Index
REST	Relief Society of Tigray
RBM	Result Based Management
SAM	Severe Acute Malnutrition
SCIE	Save the Children International Ethiopia
SND	Strategies for Northern Development
TUPADO	Turkana Pastoralist Development Organisation
UFE	Utilisation Focused Evaluation
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water Sanitation and Hygiene
WE-Action	Women Empowerment – Action



EXECUTIVE SUMMARY

Introduction

This is a report of the Australian Humanitarian Partnership (AHP) Horn of Africa Food Security and Livelihood (FSL) Activations evaluation of the three FSL projects in Ethiopia and Kenya. The FSL activations interventions were funded by the Australian Government through the Department of Foreign Affairs and Trade (DFAT). The implementation of the three activations projects in Ethiopia and Kenya was done through three consortia led by Plan International Australia (PIA) and Oxfam Australia and each working in partnership with local organisations. The evaluation was conducted by Policy Research Institute (PRI), Sarl from December 2023 to May 2024. It aims to develop cross-cutting lessons, including success stories, on food security and livelihoods in order to innovate and feed into AHP and broader sector learning for specific responses and broader strategies.

The evaluation's primary objectives are to:

- ① Assess the relevance, coherence, effectiveness, efficiency, and impact as well as the long-term viability of the FSL interventions;
- ① Analyse how successful the Water, Sanitation and Hygiene (WASH) and protection interventions complemented the FSL interventions;
- ① Determine the extent to which interventions have effectively addressed the needs of marginalised groups, such as people with disabilities;
- ① Evaluate how much the planning and implementation processes have been shaped by the target beneficiaries (accountability);
- ① Determine the extent to which implementation partners have utilised local systems for planning, coordination, and implementation of FSL interventions (localisation);
- ① Analyse the extent to which FSL interventions have improved the resilience of target populations in relation to climate change.

Overview of the AHP Activations in the Horn of Africa

The AHP activations in the Horn of Africa focused on providing emergency nutrition services and food security and livelihoods support to affected populations in Ethiopia and Kenya. Protection was a cross-cutting outcome for each activation. However, each of the three projects had distinct intended outcomes:

Oxfam Australia Consortium in Ethiopia

- ① **Increased Access to Quality Emergency Nutrition Services:** Prevent, identify, and treat acute malnutrition among infants, children, and pregnant and lactating mothers in Tigray, Afar, and Amhara Regions.
- ① **Improved Food Security and Livelihoods:** Enhance access to food security and livelihoods for conflict and drought-affected households in Tigray, Afar, and Amhara Regions.
- ① **Enhanced Protection:** Provide improved protection for conflict and drought-affected women, men, boys, and girls in Tigray, Afar, and Amhara Regions.

Plan International Australia Consortium in Ethiopia



- ② **Increased Access to Emergency Nutrition Services:** Deliver emergency curative and preventive nutrition services for children under five, pregnant and lactating women, elders, and caretakers in Yabello and Gomole woredas,¹ Borena Zone, Oromia Region.
- ② **Enhanced Resilience for At-Risk Groups:** Support women, adolescent girls, women-headed households, people with disabilities, and the elderly in meeting immediate needs and improving food security and livelihoods in Borena Zone, Oromia Region, and Tigray Region.
- ② **Improved Purchasing Power and Nutritional Outcomes:** Enhance the purchasing power and nutritional outcomes of chronically food-insecure households to meet immediate needs and avoid negative coping strategies in Somali Region.

Oxfam Australia Consortium in Kenya

- ② **Improved Food Security:** Provide multi-purpose cash assistance to improve food security for 1,500 households (9,800 participants, including 3,080 women, 2,590 girls, 980 men, and 3,150 boys).
- ② **Enhanced WASH Access:** Improve access to safe water and WASH-related information to prevent diseases for 6,100 households (41,600 participants: 12,957 women, 10,059 girls, 6,763 men, and 11,821 boys) in Marsabit and Turkana Counties.
- ② **Protection Against Gender-Based Violence:** Protect 2,917 households (5,090 women, 4,033 girls, 4,303 men, and 4,074 boys) against gender-based violence and drought-induced protection risks, and support survivors in accessing protection services.
- ② **Effective Coordination and Localisation:** Ensure effective coordination, complementarity, and localisation of the humanitarian response.

Methodology

The evaluation employed a combination of Utilisation Focused Evaluation (UFE) and Result Based Management (RBM), particularly the Logframe Analysis approaches. The former, in particular, ensured participation (in the evaluation process) of the client (DFAT) and the grantee partner organisations in Australia (Plan International and Oxfam), and lead implementing organisations in the AHP Consortiums in Kenya and Ethiopia.

Data collection methods included key informant interviews with diverse stakeholders, facilitated group discussions, surveys for beneficiaries and duty bearers, and document reviews.

Several challenges, including language barriers, limited respondent availability, and logistical constraints impacted data collection in certain instances. However, efforts were made to mitigate these challenges and ensure comprehensive insights into the projects' performance.

Key Findings

The evaluation uncovered several key findings that shed light on the success and areas for improvement in the FSL interventions:

Relevance: The evaluation of FSL interventions in Ethiopia and Kenya reveals a tailored approach to meet community needs. In Ethiopia, interventions addressed food insecurity and livelihood challenges among pastoralist and agro-pastoralist communities in drought and conflict-affected regions. In Kenya, similar efforts targeted communities facing prolonged drought and conflict in Marsabit and Turkana. Rigorous consultations and participatory processes ensured alignment with local needs, emphasising vulnerable groups' inclusion. Flexibility was evident in adjusting interventions to changing contexts, such as hyperinflation, water scarcity, and climate challenges. Stakeholder collaboration enhanced program relevance, exemplified by initiatives like kitchen

¹ A woreda is an administrative division in Ethiopia, similar to a sub county in Kenya. It is a third-level administrative unit below the regional states and zones, often comprising several kebeles (neighbourhoods or localities). Like a sub county in Kenya, the woreda is governed by a local administration responsible for various public services and development activities.



gardening and livestock support. Overall, the FSL interventions demonstrated adaptability and responsiveness, vital for addressing complex humanitarian challenges.

Coherence: The AHP FSL interventions in Ethiopia and Kenya were localised and aligned with regional and county-level government-led coordination mechanisms such as inter-sectoral committees and technical working groups. Despite the absence of traditional humanitarian coordination platforms, these structures ensured efficient resource use and prevented duplication. This adaptability and alignment with existing coordination structures enhanced the FSL interventions' relevance and impact on targeted beneficiaries and communities.

Effectiveness: The AHP FSL interventions generated expected results across diverse groups, including women, men, girls and boys. Particularly for marginalised groups like women, girls, and people with disabilities, the outcomes were significant, showcasing improved livelihood opportunities, access to resources, and socioeconomic empowerment.

Transparency and accountability, local presence of implementing staff, community participation in planning, stakeholder involvement with feedback mechanisms, experienced and committed implementation partners, use of technology like Mobile Money Platforms, a needs-based approach, and community-government collaboration for sustainability played a key role in the success of the intervention as they fostered trust, participation, responsiveness to community needs, and efficient implementation, contributing to positive outcomes in FSL interventions.

However, in some areas, various factors hindered the progress of some of the FSL interventions, particularly agriculture and protection. These include limited staff presence on the ground in Borena, Ethiopia, cultural barriers like elders' authority in handling of gender-based violence (GBV) cases in Turkana, hostile climates affecting agriculture in all target regions, untimely distribution of resources in Borena, and poor infrastructure causing transportation and communication challenges in most of the target areas.

In terms of protection for drought-affected individuals, the interventions were effective in providing immediate assistance and establishing robust referral pathways. Psychosocial support mechanisms were also in place, enhancing resilience and coping strategies among the affected populations. However, challenges remain, such as lack of trust in the formal structures like the police, underreporting of cases of GBV, lack of availability and accessibility of psychosocial and mental health services in remote areas, and non-supportive cultural norms that discourage formal reporting, amongst others.

Efficiency: The evaluation found that the FSL interventions in Ethiopia and Kenya were, by and large, managed efficiently. The evaluation has noted factors contributing to this success, to include transparent procurement practices, timely supply of items and cash assistance, and efficient budget utilisation, ensuring resources were directed appropriately. However, challenges such as delays in seed distribution, limited community engagement in planning, logistical barriers affecting transportation and project outcomes, and delays in delivering WASH activities, specifically in Borena area, were identified as areas for improvement.

Impact: Tailored interventions, especially cash assistance, have been pivotal in driving positive change across diverse areas, such as livelihoods, community stability, and psychosocial well-being. These tailored approaches not only have the potential to foster economic stability and resilience but also restore dignity and promote self-sufficiency among beneficiaries.

Sustainability: The FSL interventions have taken a two-pronged approach: addressing the immediate emergency needs, while also promoting sustainable strategies to build resilience. The multi-purpose cash transfer intervention has allowed beneficiaries to meet immediate needs and to invest in long-term livelihoods. This includes restocking herds, diversifying livelihoods with drought-resistant seeds and livestock, starting small businesses, and investing in kitchen gardens. All three FSL projects have largely engaged communities in planning and implementation of the FSL response, which promotes community buy-in. However, challenges such as ongoing drought in water-stressed areas raise concerns about long-term sustainability. This is because most of the agricultural related interventions initiated as part of the FSL intervention are affected by drought



conditions, and other initiatives to promote economic empowerment at household level are still in their infancy. Therefore, once the cash transfers cease, the affected populations are likely to recede to the same vulnerable situation they were in. Hence the need for follow-on interventions to consolidate the gains of the current initiatives while at the same time addressing the longer-term development needs of these communities amidst the persistent harsh climatic conditions.

Synergy: The FSL-integrated and coordinated approaches enhanced outcomes. For example, the multi-purpose cash transfers allowed beneficiaries to address immediate needs while investing in future livelihoods. Promotion of WASH activities not only improved health outcomes but also supported FSL sustainability, as healthier individuals are more productive. Protection interventions focused on awareness-raising and psychosocial support, contributing to reduced incidents of violence and improved well-being. Challenges include limited coordination among interventions, especially in remote areas, and resource allocation discrepancies, emphasising the need for strategic planning and collaboration for sustained impact.

Inclusion and Diversity: Although FSL has a strong inclusion focus, the evaluation found that the intervention did not include specific strategies or practices to address the unique needs of people with disabilities to ensure effective inclusion. For example, even when such individuals were included, equity principles and adaptations were not applied in multi-purpose cash transfer calculations, or in the procurement and distribution of non-food items.

Accountability to Affected Persons: Communication and feedback mechanisms played a crucial role in ensuring accountability to affected people with disabilities throughout the intervention design and implementation process.

Localisation: The FSL interventions effectively utilised local systems and leadership structures for planning, coordination and implementation, ensuring community engagement and ownership. This has facilitated trust, transparency and community buy-in. Collaboration with government sectors at various levels provided technical expertise in implementation of most of the activities, such as WASH, agriculture and protection, enhancing project sustainability, integration and ownership. However, the participation of government staff is contingent on availability of funding for the implementing organisations to pay their allowances.

Climate Resilience: The FSL interventions aimed to enhance community resilience in the face of climate change through various strategies. Diversifying livelihoods beyond traditional agriculture and improving water management are good examples of reducing vulnerability to climate shocks; they also contribute to building resilience. Increased climate change awareness was noted.

Recommendations

1. For AHP partners and country-level consortium leads, explore how to connect local and regional-level coordination mechanisms with national-level humanitarian coordination efforts so that they can learn from the field and influence national-level humanitarian policy.
2. For DFAT, if resources permit, consider extending the implementation period of future FSL interventions to a longer term, such as 5 years, to optimise the opportunity to consolidate the sustainability of results.
3. For implementing partners, whenever possible, identify local solutions and suppliers to ensure improved efficiency and to mitigate logistical challenges.
4. For implementation partners and consortium leads, strengthen collaboration with organisations of people with disabilities while at the same time strengthening capacity of implementing organisations staff to plan and implement strategies that can ensure meaningful inclusion of people with disabilities.
5. For DFAT and implementing partners, consider supporting the government to integrate relevant FSL interventions, such as kitchen gardening in Kenya and the provision of drought resistant seeds in Ethiopia, into ongoing government programmes that aim to promote sustainable development and improved resilience.



6. For AHP, to improve consistency in data collection, monitoring and evaluation, reporting, and learning, establish a centralised digital platform that integrates data from all implementing partners and stakeholders. This platform should include standardised data collection tools, real-time monitoring dashboards, and automated reporting functionalities.



1.0 INTRODUCTION AND BACKGROUND

1.1 Introduction

This is a report for a real-time evaluation of the Australian Humanitarian Partnership (AHP) Horn of Africa Food Security and Livelihood (FSL) Activations, commissioned by the AHP Support Unit and conducted by Policy Research Institute (PRI), Sarl between the months of December 2023 and May 2024. This evaluation covers three FSL projects implemented in Ethiopia and Kenya funded by the Department of Foreign Affairs and Trade (DFAT) of the Australian Government. In Ethiopia, Plan International Australia (PIA) leads one consortium including Plan International Ethiopia (PIE), Action for Needy Ethiopia (ANE), Save the Children International Ethiopia (SCIE) (supported by Save the Children Australia), and Pastoralist in Action Development Organisation (PIADO). Oxfam Australia leads the other consortium in Ethiopia including Relief Society of Tigray (REST), Afar Pastoralist Development Association (APDA) and Women Empowerment – Action (WE-Action). In Kenya, Oxfam Australia through its national affiliate (Oxfam in Kenya) leads the other consortium involving three independent national organisations including Strategies for Northern Development (SND), Pastoralist Community Initiative and Development Assistance (PACIDA), and Turkana Pastoralist Development Organisation (TUPADO) working under the umbrella of the Arid and Semi-arid Lands Humanitarian Network (AHN).

The evaluation team was composed of two core team members, twelve research assistants (including eight from Ethiopia and two from Kenya) and a quality assurer. Field data collection took place between 5 and 24 March, 2024.

This report is organised in five sections, namely, 1. Introduction and Background; 2. Methods and Limitations; 3. Findings; 4. Emerging Lessons; and 5. Conclusion and Recommendations. These sections are followed by five annexes: Annex 1: Terms of Reference; Annex 2: Thematic Case Studies; Annex 3: Evaluation Schedule; Annex 4: Data Collection Tools; and Annex 5: Lists of names of participants.

1.2 Brief Background on the project context

Ethiopia has been grappling with a severe and multifaceted humanitarian crisis, encompassing conflict in the North, prolonged drought in the South, a refugee crisis in the West, and widespread displacements, impacting over 21 million people. Economic vulnerabilities, exacerbated by devalued currency, foreign currency deficits, hyperinflation, and fuel shortages, have plunged the country into a precarious political, social, and economic crisis². As a result, there was severe food insecurity, extensive crop losses, malnutrition, and an increase in gender-based violence, especially in Tigray. Classified as a 'very high risk' country by the INFORM Risk 2023 index,³ Ethiopia has required assistance, particularly in conflict-affected regions like Tigray, Afar, and Amhara, where 9.4 million people have been in immediate need⁴.

Kenya has been experiencing its worst drought in over 40 years, affecting 4.4 million people in Arid and Semi-Arid Lands (ASALs). Food insecurity has been driven by consecutive below-average rainy seasons and compounded by conflict and insecurity in ASAL counties. The Integrated Food Security Phase Classification (IPC) report anticipated an increase in food-insecure individuals to 5.4 million between March and June 2023. Marsabit County is highly susceptible, with more than half of its population experiencing severe food insecurity and 15% in emergency situations.⁵ Nutrition levels are critical in various sub-counties, emphasising the urgent need for comprehensive intervention.

² OCHA, 2024. Situation Report. Ethiopia. Updated on March 25, 2024.4.24. <https://reports.unocha.org/en/country/ethiopia/>

³ The INFORM Risk Index is a global, open-source risk assessment for humanitarian crises and disasters. It can support decisions about prevention, preparedness and response. <https://drmkc.jrc.ec.europa.eu/inform-index>

⁴ OCHA, Situation Report - North Ethiopia Humanitarian Update. Dec 02, 2021.

⁵ <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156542/?iso3=KEN>



1.3 The AHP Horn of Africa FSL Interventions

This subsection provides briefs on each of the three projects that constitute the AHP Horn of Africa FSL Interventions and what each planned to accomplish.

Multi-sectoral Emergency Response in Conflict and Drought-affected areas of Tigray, Afar and Amhara Regions, Ethiopia (Oxfam Ethiopia Consortium)

In Ethiopia, the Oxfam project, with a budget of AUD 5 million, commenced in April 2023 and was due to end by 30 March 2024. The project has been implemented through several partners working in specific woredas in Tigray, Afar and Amhara regions. In Adigrat Town of Eastern-Tigray Region activities have been implemented by REST, while in Kilaalu and Sibeeba districts of Zone-6 activities have been implemented by APDA. In Waghimra Zone of Amhara, activities have been implemented by Women Empowerment – Action (WE-Action).

The project has aimed to identify and address immediate needs through nutritional screening, treatment, and immediate food/cash assistance. The project also includes early recovery interventions, such as livelihood restoration, aimed at promoting resilience and sustaining the long-term needs of the communities. Protection activities aimed to ensure that the most vulnerable and hard-to-reach communities secured access to lifesaving services and enjoyed safety, dignity and human rights. The project targeted the most vulnerable segments of the population, particularly women, children, the elderly, and people with disabilities. Table 1 below shows the planned project outcomes and activities pursued by the Oxfam Consortium in Ethiopia.

Table 1: Oxfam Ethiopia Consortium expected Project Outcomes and Corresponding Activities

Outcome	Activities
Outcome 1: Increased access to quality emergency nutrition services to prevent, identify and treat acute malnourished cases among infants, children, pregnant and lactating mothers in Tigray, Afar and Amhara Regions, Ethiopia.	<ul style="list-style-type: none"> ① Screen children, pregnant and lactating mothers for malnutrition in Afar. ① Raise awareness about improved nutritional and dietary practices in targeted households. ① Provide drought resilient vegetable seeds to improve their dietary diversity in targeted households in Amhara. ① Provide food and/or cash assistance for 3 months to targeted households in Tigray and Afar.
Outcome 2: Conflict and drought affected households in Tigray, Afar and Amhara have improved access to food security and livelihoods.	<ul style="list-style-type: none"> ① Supply targeted households with small ruminants in Amhara. ① Rehabilitate of agricultural infrastructure and facilities in Afar. ① Provide support to Cooperatives with capacity-building and input provisions in Afar and Tigray.
Outcome 3: Improved protection for conflict and drought-affected women, men, boys and girls in Tigray, Afar and Amhara.	<ul style="list-style-type: none"> ① Identify and refer protection cases. ① Conduct community awareness sessions on protection issues. ① Provide dignity kits to women and adolescent girls. ① Train individuals (e.g. protection actors, service providers, leaders, etc.) on various protection, prevention and response issues.



AHP Food Crisis Activation - Ethiopia (Plan International Ethiopia Consortium)

Plan International Australia's project in Ethiopia, with a budget of AUD 5 million, commenced in July 2023 and was expected to conclude in June 2024. The project activities have been implemented by several organisations, including PIE⁶, ANE, SCIE, and PIADO. The project has been implemented in Ganta-Afeshum, Gulomekeda, Borena Zone (Yabello and Gomole districts) Moyale, and Qadaduma districts. The project focused on food security through the provision of improved crop seeds, dairy goat restocking, pullet support, pasture enclosure, pond rehabilitation, nutrition support, and cash programming to address income gaps for vulnerable households, with a focus on child protection. Table 2 below shows the project planned outcomes and activities pursued by the Plan International consortium in Ethiopia.

Table 2: Plan International Ethiopia Consortium Expected Project Outcomes and Corresponding Activities

Outcomes	Activities
<p>Outcome 1: Increased access to emergency curative and preventive nutrition services for drought-affected children under five years of age, pregnant and lactating women, elders, and mothers/caretakers of children under two years of age in Yabello and Gomole woredas of Borena Zone, Oromia Region.</p>	<ul style="list-style-type: none"> ① Identify and treat the Under-5s and pregnant and lactating women suffering from acute malnutrition. ② Enhance the capacity of the local health system for sustainable community-based management of acute malnutrition. ③ Increase access to preventive nutrition services through the provision of micro-nutrient supplementation to Under-5s and pregnant and lactating women, and promotion of Maternal and Infant and Young Children Feeding practices. ④ Support routine nutrition screening. ⑤ Orient mothers/caretakers on nutrition screening. ⑥ Establish and support Mother-to-Mother and Father-to-Father Support Groups.
<p>Outcome 2: Enhanced resilience of at-risk groups -- including women, pregnant and lactating women (which may include adolescent girls), and women-headed households, girls and boys, adolescent girls and boys, people with disabilities and the elderly impacted by the food crisis -- through meeting their immediate needs, food security and livelihoods support (Borena zone, Oromia</p>	<ul style="list-style-type: none"> ① Support vulnerable households and individuals, such as pregnant and lactating women, internally displaced persons, households fostering unaccompanied children and children with special needs, separated children, people with disabilities, female-headed households with U5 children, and the elderly with multi-purpose cash transfers for household and livelihoods support. ② Support vulnerable households with conditional cash support for implementation of cash-for-work activities that focus on rehabilitation of community assets and resources - such as ponds and pasture enclosures/Kallo. ③ Restock small ruminants, specifically dairy goats and pullets, in vulnerable households, particularly those headed by females and families/households which included people with disabilities. ④ Support farming communities and agro-pastoralist households with early maturing and drought-resistant improved crop and vegetable seeds.

⁶ Throughout the document, acronyms to reference organisations are generally not used, to ease readership for readers unfamiliar with the organisational constellation.



<p>region, and Tigray Region).</p>	<ul style="list-style-type: none"> ① Build capacity on agronomic practices, animal feeding and cash management, Early Warning Systems, Disaster Risk Reduction and Drought Cycle Management concepts, etc.
<p>Outcome 3: Improved purchasing power and nutritional outcomes, and reduced negative coping strategies, for chronically food-insecure drought-affected households through meeting their immediate needs in two woredas in Somali Region.</p>	<ul style="list-style-type: none"> ① Orientation training on Cash and Voucher Assistance for local implementing partner (IP), and local government staff. ① Cash transfer feasibility & risk assessment. ① Community mobilisation and project information communication and targeting (village relief committee, MPCA beneficiary selection, verification, registration). ① Know-your-customer documentation requirements for MPCA beneficiaries: verification of beneficiary eligibility for MPCA to ensure that a legitimate Identification card, accepted by local administration and financial service provider, is issued. ① Unconditional MPCA distribution to beneficiaries. ① Create complaints and response mechanism. ① Community conversation and dialogue sessions are held in target communities who have received MPCA to improve nutritional outcomes for pregnant and lactating women and children using Resourcing Families for Better Nutrition Common Approach.

Integrated Drought Response in Marsabit and Turkana-Kenya (2023/2024) (Oxfam Australia – Kenya Consortium)

In Kenya, Oxfam, in partnership with SND, PACIDA, and TUPADO, and AHN, implements an AUD 3 million project in Marsabit and Turkana counties. The project started in April 2023 and is due to end in August 2024. The intervention addresses food security, malnutrition, acute water stress, and public health risks through a multi-purpose cash assistance programme, tailored WASH infrastructure, and public health measures. Additionally, the project prioritises addressing gender and protection concerns, and deepening localisation of humanitarian response efforts. Table 3 below shows the expected project outcomes and activities pursued by the Oxfam Consortium in Kenya.

Table 3: Oxfam Kenya Consortium expected Project Outcomes and Corresponding Activities

Outcomes	Activities
<p>Outcome 1: Improved food security for 1500 households (9,800 Programme participants, including 3,080 women, 2,590 girls, 980 men and 3,150 boys) through five cycles of multi-purpose cash assistance.</p>	<ul style="list-style-type: none"> ① Conduct a gender-disaggregated baseline assessment of food insecurity using FCS, CSI, and HDDS. ① Identify, register, and verify households at risk, including those with malnourished children, women-headed households, and vulnerable groups. ① Strengthen Complaint and Feedback Mechanism (CFM) and community sensitisation. ① Provide five monthly MPCA transfers to 1500 households in IPC 3/4 via M-Pesa at 50% of the Minimum Expenditure Basket (MEB). ① Train Community Health Volunteers (CHVs) on nutrition campaigns and SBCC for improved maternal and child nutrition.



	<ul style="list-style-type: none"> ① Facilitate CHVs in referrals, malnutrition monitoring, and promoting health, sanitation, and hygiene. ① Conduct gender-disaggregated Post Distribution Monitoring (PDM) and market monitoring. ① Train community committees on Complaints, Feedback, and Response Mechanism (CFRM). ① Establish kitchen gardens with local communities for sustainable nutrition.
<p>Outcome 2: WASH: Improved access to safe and adequate water and WASH-related information for the prevention of diseases for 6,100 households (including 41,600 people, of which 12,957 are women; 10,059 girls; 6,763 men; and 11,821 boys) in Marsabit (Laisamis and Farakoren), and Turkana (Nerengewoi and Nariokotome) counties.</p>	<ul style="list-style-type: none"> ① Rehabilitate and solarise three community water systems. ① Install water storage tanks at remote schools and health facilities. ① Provide handwashing facilities with soap at health facilities and schools. ① Train 70 CHVs on WASH and Social Behavioural Change and Communication (SBCC) using Ministry of Health (MOH) guidelines. ① Engage CHVs in promoting hygiene and nutrition at household and community levels. ① Train school health clubs on Menstrual Hygiene Management (MHM). ① Distribute WASH Non-Food Items (NFIs) to 1400 targeted households. ① Train water management committees for rehabilitated projects. ① Support 20 villages to achieve Open Defecation Free (ODF) status.
<p>Outcome 3: Protection against GBV and drought-induced risks, and improved access to support services for 2917 drought-affected households (5090 women; 4033 girls; 4303 men; 4074 boys).</p>	<ul style="list-style-type: none"> ① Conduct a rapid gender analysis and protection risk assessment in Marsabit county. ① Identify those at risk of GBV and harmful practices for targeted MPCA and GBV response. ① Map protection referral pathways and services for GBV care. ① Raise awareness on GBV, harmful practices, and protection issues in the community. ① Provide safe spaces and nutrition initiatives for lactating mothers from malnourished households. ① Support skills training for 250 individuals, including GBV survivors and households with malnourished children. ① Develop and distribute IEC materials on GBV prevention and response. ① Train GBV survivors in Turkana on safeguarding and abuse reporting channels.
<p>Outcome 4: Effective coordination,</p>	<ul style="list-style-type: none"> ① Support participation in County Steering Groups and national drought response forums.



<p>complementarity, and localisation of humanitarian response.</p>	<ul style="list-style-type: none"> ① Facilitate three Sub-County coordination meetings on Cash & Food Security, Nutrition, Gender, and WASH. ① Identify and address capacity gaps and strengthen institutions (AHN, SND, PACIDA, TUPADO). ① Conduct feasibility studies for local response funds and pooled funding mechanisms. ① Conduct a feasibility study for establishing an AHN Secretariat and explore legal registration. ① Develop SOPs and provide technical training for the AHN Rapid Response Team.
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Figures 1 and 2 show the project locations in Ethiopia and Kenya.

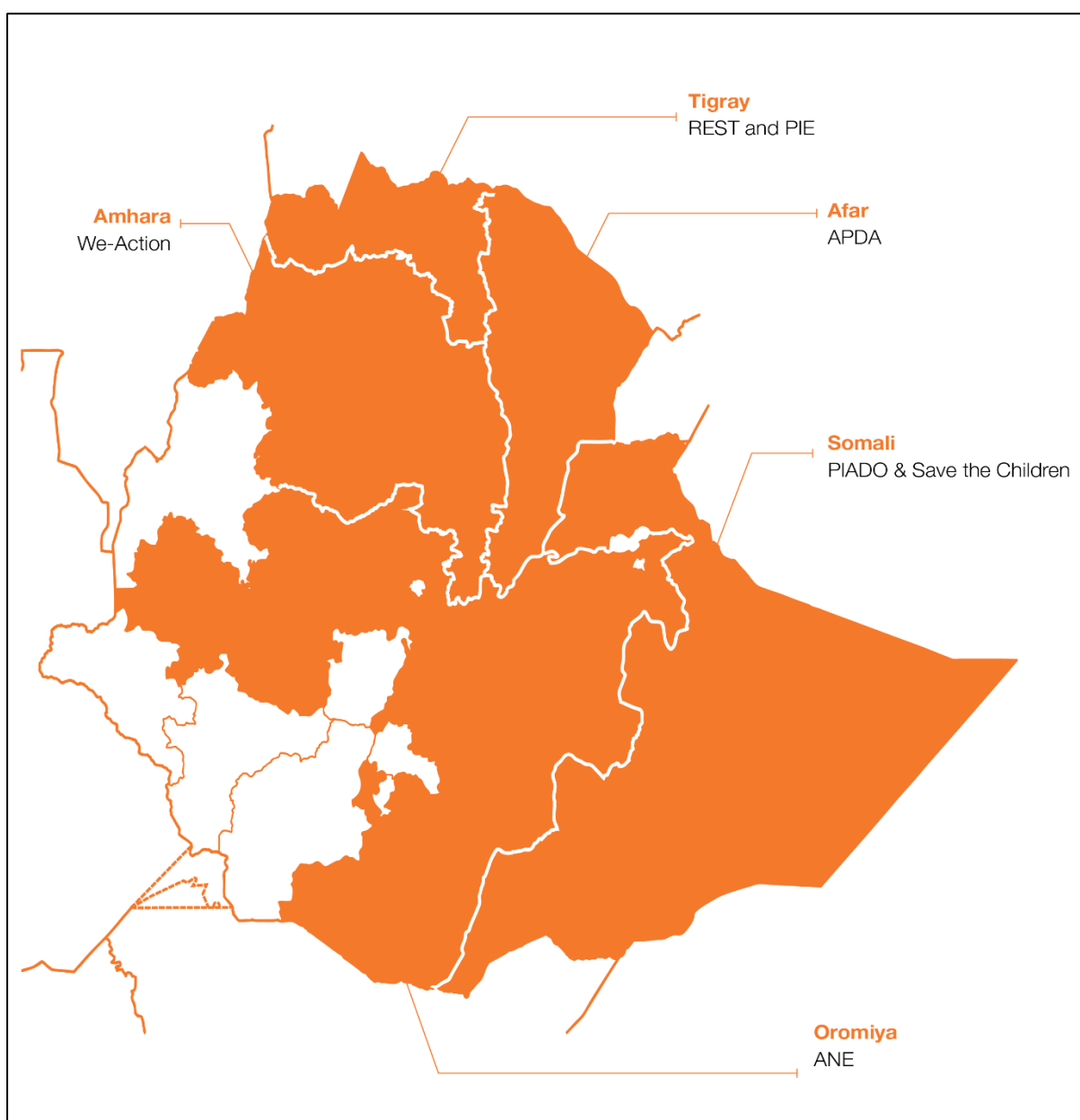


Figure 1: Map of Ethiopia showing target regions and implementing organisations

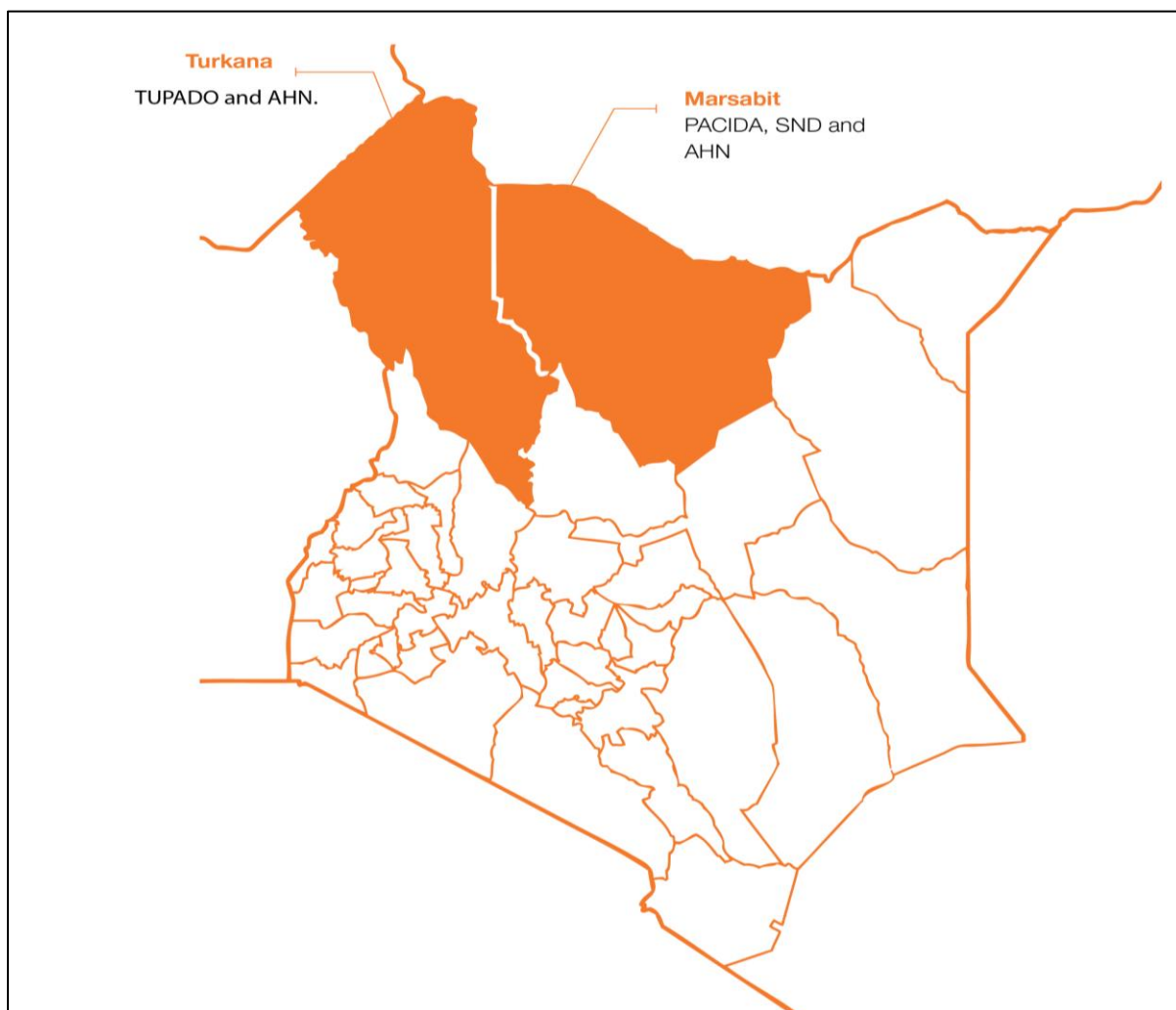


Figure 2: Map of Kenya showing intervention sites

1.4 Objectives of the evaluation

The overarching goal of this evaluation was to assess the interventions of the AHP FSL Programme in Ethiopia and Kenya. It also aimed to identify cross-cutting lessons, success stories, and insights that can contribute to both the AHP's strategic learning and the broader humanitarian sector's understanding of effective responses to global food insecurity, intensified by climate change.

More specifically, this evaluation pursued four key objectives:

- a) To determine the reasons behind the occurrence or absence of specific results in the AHP interventions related to food security and livelihoods (Learning).
- b) Provide a high-level assessment of the results achieved through the AHP's approaches to food security and livelihoods in Ethiopia and Kenya (Accountability).
- c) Directly assess specific components related to food security and livelihoods shared by AHP responses in Ethiopia and Kenya (Thematic).
- d) Use the thematic evaluation as a benchmark to highlight challenges, provide insights, and offer valuable recommendations (Systematic Addressing of Challenges).

In addressing the aforementioned objectives, this evaluation report responds to 19 questions which correspond to the following 11 evaluation criteria, namely, relevance, coherence, effectiveness, efficiency, impact, sustainability, synergies, inclusion and diversity, accountability, localisation, and climate change.



2.0. METHODOLOGY

2.1. Approach and methodology

The evaluation adopted a Utilisation-Focused Evaluation (UFE) approach to ensure that the findings met the expectations of key stakeholders, including DFAT, the AHP partners, and the in-country Implementing organisations in AHP Consortiums in Ethiopia and Kenya. Active engagement of end users in briefings and meetings during the inception stage and at the end of the field data collection maximised the value of the findings and recommendations. The UFE approach facilitated learning during the evaluation, providing timely clarification on complex issues. Using the Results-Based Management Framework, particularly the Logframe Analysis approach, the team systematically addressed questions of relevance, coherence, effectiveness, efficiency, impact, and sustainability, in accordance with the Organisation for Economic Cooperation and Development Assistance Committee (OECD DAC) criteria. The effectiveness of FSL activities was evaluated using contribution analysis, drawing on data from beneficiary surveys, project documents, facilitated group discussions (FGDs), and key informant interviews (KIIs).

2.2 Evaluation Questions

The evaluation sought to answer 19 specific questions, covering the relevance, adaptability, coordination, outcomes, integration, influencing factors, protection, efficiency, medium-term effects, unintended outcomes, integration with other interventions, community satisfaction, communication mechanisms, utilisation of local systems, benefits of localisation, and resilience to climate change.

2.3 Sampling Strategy

The evaluation employed a multi-faceted sampling strategy to ensure comprehensive and representative data from diverse beneficiary groups and stakeholders. The sampling methodology incorporated Multistage Stratified Random Sampling, Random Sampling and Purposive Sampling and convenience sampling. See Table 4 for an overview of the sample across different respondent categories.



Table 4: AHP Evaluation Sample Matrix

AHP Consortium Project	Region / County	District / Sub county	Men with disabilities	Non-disabled men	women with disabilities	Non-disabled women	Girls with disabilities	Non-disabled girls	Boys with disabilities	Non-disabled boys	Total HH interview	FGD(5*12)	Total beneficiaries	Govt staff	IP staff
Oxfam Kenya Consortium	Marsabit	Laisamis	2	4	2	4	2	8	2	7	31	60	91	8	4
	Turkana	Turkana North	2	1	4	2	4	2	4	2	22	60	82	8	4
Oxfam Ethiopia Consortium	Amhara	Wagihimira	2	3	2	32	0	0	0	0	39	60	99	4	2
	Tigray/REST	Adigrat town	2	6	2	15	0	0	0	0	25	60	85	4	2
	Afar	Kilalo	2	5	2	18	1	2	1	3	34	60	94	4	2
		Sibayba	2	4	2	15	1	2	2	2	31	60	91	4	2
Plan International Consortium	Tigray/Eastern Zone	Ganta Afeshum	2	5	2	8	0	0	0	0	17	60	77	4	2
		Gulo Mekeda	2	6	2	7	0	0	0	0	17	60	77	4	2
	Oromia/Borana Zone	Yabelo	2	7	2	13	0	50	2	51	126	60	186	4	2
	Somali/Dawa Zone	Moyale	2	6	2	9	2	12	2	15	50	60	110	4	2
		Qada Duma	2	5	2	6	2	8	2	10	37	60	97	4	2
Total			22	52	24	128	12	84	15	91	429	660	1089	52	26



Key Informants: A purposive sampling strategy was used to select key informants. These were selected based on their in-depth knowledge, diverse experiences related to AHP interventions, involvement in the project, and expertise in relevant areas, ensuring a broad range of viewpoints and valuable insights into the implementation and outcomes of the interventions. See Table 5 for the key informants that participated in the evaluation by category and region.

Table 5: Key informants Interviews by category, by region

Project	Region	Implementing organisations	Government staff	Total
Plan International (Ethiopia)	Oromia Region	1	2	3
	Somali Region	1	5	6
	Tigray region	2	5	7
Oxfam (Ethiopia)	Afar Region	0	2	2
	Amhara Region	1	2	3
	Adigrat town (Tigray)	4	1	5
Oxfam (Kenya)	Marsabit Region	4	8	12
	Turkana Region	6	8	14
		19	33	52

FGD Participants: A multistage stratified random sampling strategy was used to select participants for facilitated group discussions (FGDs). Participants were first stratified by location, age, gender, and disability status to ensure diverse representation. Then, within each stratum, participants were randomly selected to maintain objectivity. To be included in the FGD sample, one needed to have been involved in AHP interventions. To guarantee diversity, each FGD consisted of at least two participants with disabilities, and provisions were made to accommodate any communication challenges. See Table 6 for numbers of participants by category, region and project.

Table 6: Number of participants in FGDs and number of FGDs conducted by project region in parenthesis⁷

Project	Region	Women (18+1 day or Older)	Men (18+1 day or Older)	Boys (15-18)	Girls (15-18)	Children (both sexes)	Total
Plan Intl. (Ethiopia)	Oromia	12 (1)	12 (1)	12 (1)	12 (1)	12 (1)	60 (5)
	Somali	24 (2)	24 (2)	24 (2)	24 (2)	24 (2)	120 (10)
	Tigray	24 (2)	24 (2)	22 (2)	22 (2)	24 (2)	116 (10)
Oxfam (Ethiopia)	Afar	24 (2)	24 (2)	24 (2)	24 (2)	24 (2)	120 (10)
	Amhara	12 (1)	10 (1)	12 (1)	12 (1)	12 (1)	58 (5)
	Adigrat Town	12 (1)	12 (1)	12 (1)	12 (1)	12 (1)	60 (5)
Oxfam (Kenya)	Marsabit	12 (1)	12 (1)	12 (1)	12 (1)	12 (1)	60 (5)
	Turkana	12 (1)	12 (1)	12 (1)	12 (1)	12 (1)	60 (5)
Total		132 (11)	130 (11)	130 (11)	130 (11)	132 (11)	654 (55)

⁷ Numbers in parenthesis denote number of FGDs



Beneficiary Survey Participants: To ensure representative data collection from beneficiaries, a multistage stratified random sampling strategy was employed. Beneficiaries were divided into clusters based on the three projects, then further stratified by location, age, gender, and disability status. Random selection within each stratum ensured balanced representation. Using Cochran’s formula and an online sample size calculator, the target was set at 382 participants across the three projects, ensuring a 95% confidence level, a 5% margin of error, and 50% population variability. The sample was then randomly selected from beneficiary lists provided by the consortia lead organisations to capture diverse experiences and perspectives. See Table 7 for the beneficiaries that participated in the survey by region and category.

Table 7: Survey for Beneficiaries

Project	Region	Total Respondents		People with disabilities		Total
		Males	Females	Males	Females	
Plan Intl. (Ethiopia)	Oromia	63	63	3	2	126
	Somali	20	68	3	5	88
	Tigray	15	20	7	1	35
Oxfam (Ethiopia)	Afar	13	52	0	0	65
	Amhara	3	36	0	0	39
	Adigrat Town	9	16	2	1	25
Oxfam (Kenya)	Marsabit	19	15	2	0	34
	Turkana	12	12	6	3	24
Total		154	282	23	12	436

2.4 Data Collection Methods

Document Reviews: Document reviews were crucial for gaining insights into the AHP programme's planning, implementation, and outcomes. This involved examining programme-related documents such as project proposals, implementation plans, progress reports, financial records, and M&E reports. Reviews assessed project design, objectives, activities, timelines, resource allocation, and financial efficiency. Implementation documents were scrutinised to understand challenges, strategies, and data validity. Records of meetings and stakeholder engagements evaluated project adaptability and involvement, while compliance records ensured adherence to regulations. Unexpected outcomes and their implications were also identified.

Key Informant Interviews (45-60 mins): Interviews with technical experts, government officials, and representatives from implementing partner organisations provided a comprehensive understanding of the projects' implementation, impact, and context. Participants were chosen for their expertise in food security and livelihoods and their involvement in the AHP programme. Separate interviews in Ethiopia and Kenya accounted for unique contextual factors, allowing for localised findings and tailored recommendations.

Facilitated Group Discussions (1-2 hours): FGDs were conducted in-person by consultants with support from in-country research assistants. FGDs were tailored to specific groups: men, women, boys, girls, and children aged 10-14 years. Accommodations for participants with disabilities were ensured. For children's FGDs, age-appropriate tools and environments were used. Trained research assistants led FGDs, focusing on evaluation objectives and encouraging open dialogue. Detailed notes captured key insights and participant voices.



Beneficiary Survey (20-30 mins): A beneficiary survey questionnaire was administered face-to-face by trained research assistants using Mobile Data Collection Devices (Tablets, Smartphones). A pilot test ensured the survey tool's effectiveness. The survey captured diverse perspectives within beneficiary groups on most of the evaluation questions.

2.5 Data Analysis

Data was analysed globally and disaggregated by country, age group, and gender. Qualitative data from FGDs and interviews were thematically analysed to highlight key issues and perspectives. Contribution analysis evaluated the effectiveness of FSL activities, using criteria such as certainty, robustness, range, and prevalence.

2.6 Diversity and Inclusivity

The evaluation considered gender, age, socioeconomic status, and other demographics. Marginalised groups and people with disabilities were included in every cohort. FGDs included at least two participants with disabilities, with equitable participation ensured using family members as interpreters when necessary.

2.7 Ethical Considerations

Participants' consent was obtained via signed or thumb printed consent forms, with interpretation provided if necessary. Emphasis was placed on confidentiality and privacy.

2.8 Logistics

The country team leads, supported by local field research assistants familiar with local languages and cultures, conducted the data collection. Evaluation tools were shared in advance, and research assistants participated in training sessions. Implementing organisations coordinated meeting schedules, and ensured safe returns home, without providing incentives. Venues for FGDs and interviews were selected by implementing partner staff, often in open spaces used for project activities.

2.9 Quality Assurance

A quality assurer reviewed the evaluation plan, draft reports, and final report to ensure compliance with AHP and DFAT Evaluation Standards, as well as PRI independent evaluation standards. The quality assurer also engaged with the core team to address expected challenges and resolutions.

2.10 Limitations and Responses

1. Language: Our recruitment of research assistants took place before inception, and during inception we found that Swahili, the main language spoken by the research team, was not widely used at the community level in Kenya (Marsabit and Turkana). To address this limitation, we recruited local personnel in the target areas, who PACIDA/SND and TUPADO had been using in the communities, to act as interpreters for the research assistants. The interpreters were trained to ensure they had a good understanding of the tools and how to interpret them correctly. Their task was to interpret verbatim, not to engage in the discussion, and not to provide any input to the discussion. In almost all the FGDs, there were always some participants who understood Kiswahili, and the facilitators checked with them to verify what they had understood from the question asked. This reduced the chances of interpretation bias but increased the length of time taken for interviews.

2. Availability of respondents: The availability of respondents -- especially people with disabilities, girls, boys and government officials -- to participate on short notice was a challenge. For example, out-of-school boys in Marsabit and Turkana were already in the fields looking after livestock, and people with disabilities, especially those with mobility issues, could not travel to reach the designated venues for the interviews when these were a long distance from their home. Effort was made to reach and interview girls, boys and people with disabilities in the



neighbourhoods that could be reached without too much time expenditure, since the team had specific timelines for each data collection site. For the out-of-school boys and girls, in most cases the team had to wait longer and conduct interviews late in the evenings. For government officials that could not be reached for in-person face to face interviews, the team opted for on-line interviews. For people with disabilities, the team chose to interview those who were nearby (in the neighbourhood).

The evaluation team believes that these limitations did not have a significant effect on the quality and reliability of the evaluation's findings.

3.0 FINDINGS

3.1 Relevance

The OCED DAC defines relevance as being concerned with assessing whether the intervention "is in line with local needs and priorities (as well as donor policy)." Relevance also addresses the "tailoring of humanitarian activities to local needs, increasing ownership, accountability, and cost-effectiveness accordingly."⁸ In this subsection, therefore, we shall assess how the needs of the individuals in the target communities were established and whether the activities implemented support the attainment of the intended outcomes ([See Sub-section 1.3](#)). This subsection focuses on responding to two key questions:

EQ 1. Were the FSL interventions tailored to the specific needs of the intended participants?

Finding: Overall, based on the data from both Kenya and Ethiopia, the evaluation found that generally the FSL intervention was tailored to the needs of the target beneficiaries. However, the specific needs of some groups, including youth and people with disabilities, were not consistently met.

We understand this question as exploring whether food security and livelihoods, WASH and Protection interventions were aligned with or responsive to the needs of the intended participants and, specifically, those communities affected by long-term drought and conflict in the targeted regions of Ethiopia and Kenya ([see Sub-section 1.2](#)).

The evaluation found that the FSL interventions were tailored to the needs of the target beneficiaries in Kenya and Ethiopia. At the overarching level the AHP FSL interventions supported government effort led by the National Drought Management Authority – Kenya (NDMA),⁹ and the National Disaster Risk Management Commission - Ethiopia (NDRMC),¹⁰ which focused on food, water, and livestock support in drought-hit areas by providing food, nutrition, agricultural, and livestock assistance to improve food security and resilience.

Additionally, FSL interventions also provided mental health and psychosocial support (MHPSS), especially in relation to child protection and gender-based violence (GBV) which were needed by beneficiary group. For example, the Tigray conflict left many individuals, including children and adults, grappling with trauma, stress, and mental disorders. Therefore, integrating MHPSS with FSL efforts was essential to support the beneficiary group.

Data from FGDs with men and women and surveys in both Ethiopia and Kenya revealed that, for the most part, by focusing on food security and improving livelihoods, as well as WASH and Protection activities in the target communities, the AHP FSL interventions were aligned with the identified specific needs of the target populations. Survey data in both Kenya and Ethiopia showed that the beneficiaries felt the FSL support received was relevant to their needs. Data from beneficiary surveys shows that 93% (n=54) of Kenyan respondents, and 55.5% (n=210) of

⁸ [https://one.oecd.org/document/DCD/DAC\(2019\)58/FINAL/En/pdf](https://one.oecd.org/document/DCD/DAC(2019)58/FINAL/En/pdf)

⁹ NDMA. (2023). National Drought Management Authority - Kenya.

¹⁰ NDRMC. (2023). National Disaster Risk Management Commission - Ethiopia.



Ethiopian respondents, rated the FSL intervention to be relevant to both their emergency and long-term development needs.

However, data from interviews with community leaders and schoolteachers, and FGDs with boys and girls in both Kenya and Ethiopia suggests that the FSL interventions failed to engage boys and girls in the project activities. In most cases, apart from being listed among the target beneficiaries, there were no youth centred activities. In addition, data from people with disabilities suggests that, in as much as they were targeted among the beneficiary groups, the interventions were not tailored to their specific disability-related needs.

To the degree that activities were relevant, interviews with beneficiaries, project staff and government officials suggest that this was a result of the extensive consultations and baseline surveys carried out by implementing organisations prior to starting activities, which aimed to identify the needs of would-be beneficiaries and to ensure that the response was tailored to those needs. Government officials responsible for the target regions, sub counties/woreda, and community leaders were engaged in conducting assessments while also ensuring that the planned interventions were aligned with government plans.

EQ 2. How did the interventions adapt to changes in the context?

Finding: FSL interventions were adapted and responsive to changing contexts, and deliverables adapted to new conditions.

Data from interviews with government representatives and community leaders highlighted that implementing organisations have demonstrated adaptability and sensitivity to the shifting contexts in both Kenya and Ethiopia. Changes such as raising cash transfer rates in response to hyperinflation in Ethiopia, joining sanitation campaigns at the request of local authorities, providing freshwater resources, and changing agricultural interventions to suit drought conditions illustrate their flexible approach. These changes, guided by ongoing feedback from beneficiaries and stakeholders, ensured that the FSL interventions remained relevant and effective in meeting the changing needs of the communities.

A review of the Project Progress Report from the Plan International Ethiopia Consortium supports this view. For example, in response to the hyperinflation in Tigray, a joint cash and market feasibility assessment was conducted by various partners, including Oxfam, and led to a 30% increase in the cash transfer rate, to “9200 birr per round for up to three rounds per household”.¹¹

In Marsabit, Kenya, at the request of the Public Health Department, SND was invited to participate in the on-going Open Defecation Free (ODF) Campaign, by supporting the Community-Led Total Sanitation (CLTS) initiative in the target sub-counties of Laisamis and Namarie, Kenya. As these objectives were aligned with the objectives of the FSL intervention, SND adjusted their interventions and participated in the campaign. Interviews with officials from the Public Health Department in Laisamis, Kenya, highlighted the important role that SND played as a campaign-leading organisation.

In Turkana, the absence of fresh water in the target communities of Narengerwoi sub-county led to discussions between the Turkana County Government and TUPADO about how to resolve the issue. Discussions identified opportunities to secure fresh water, but also increased costs associated with these. TUPADO noted that they responded to the issue by approaching Oxfam in Kenya, which provided additional resources to invest in water works. Data from interviews with beneficiaries and government officials showed other examples of modification made to interventions. In Ethiopia, for example, almost all farming activities stopped due to extreme drought. In response, the project provided chickpea seeds, which require a short time to grow and can mature with minimal irrigation. (See Recommendation 6).

¹¹ Oxfam Project Progress Report, October 2023.



3.2 Coherence

The OECD DAC defines coherence as the alignment and coordination of policies, strategies, and actions among different humanitarian actors to ensure an effective, timely, and comprehensive response to crises and emergencies.¹² This includes coordination between governments, international organisations, NGOs, and other stakeholders involved in humanitarian assistance. This sub-section focuses on responding to the question:

EQ 3. How well did the interventions coordinate with humanitarian platforms and relevant clusters?

Finding: FSL interventions in Ethiopia and Kenya were well-coordinated with national and sub-national humanitarian platforms and relevant clusters.

This question requires (a) the identification of humanitarian coordination platforms in the target regions/counties in both countries, and (b) exploring how the implementing partner organisations participated in these platforms to enhance coordination and learning.

Both Kenya and Ethiopia have an elaborate humanitarian coordination mechanism. In Ethiopia, the National Disaster Risk Management Coordination Commission (NDRMCC) leads humanitarian coordination, supported by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA). These mechanisms aim to ensure collaboration between the Ethiopian government, UN agencies, NGOs, and other humanitarian actors. The cluster aims to ensure sector-specific coordination in areas such as food security, health, protection, and WASH, with designated lead agencies overseeing activities within each cluster. At the sub-national level in Ethiopia, regional and zonal Disaster Risk Management (DRM) offices collaborate with clusters to implement and coordinate humanitarian activities. Local government entities and community leaders are involved in planning and execution, ensuring alignment with regional priorities.

In Kenya, the National Disaster Operations Centre (NDOC) is the central coordination point, managed by the National Disaster Management Authority (NDMA). NDOC coordinates with County Disaster Management Committees, the Humanitarian Country Team (HCT), and various clusters to streamline disaster response. The Kenya Interagency Rapid Assessment (KIRA) mechanism provides a coordinated approach to multi-sector assessments during emergencies.

In Kenya, County Disaster Management Committees coordinate disaster response at the county level, work with clusters and the NDMA. Regional coordination mechanisms facilitate collaboration among stakeholders, including NGOs and local government departments.

The evaluation found that the FSL interventions implemented by Oxfam and Plan International in Ethiopia, and by Oxfam in Kenya, have effectively utilised these coordination mechanisms to enhance their interventions. In Ethiopia, Oxfam and Plan International participate in national and sub-national clusters, ensuring their activities align with broader humanitarian strategies. They collaborate with regional and woreda-level stakeholders for joint planning and activity scheduling, ensuring interventions are responsive to local needs. For instance, data from interviews with implementing partners in Ethiopia shows that this coordination helped inform the decision on revising cash transfer values due to the hyperinflation experienced in the country.

In Kenya, Oxfam engages with national coordination structures like the NDOC, the HCT, and relevant clusters. Data from interviews with implementing partners in Kenya shows that at the county level, partners (SND, PACIDA, and TUPADO) work with local disaster management committees and other stakeholders to ensure targeted and effective interventions. These collaborations prevent duplication and ensure that assistance reaches the most vulnerable populations.

Despite the usefulness of the mechanisms, the evidence gathered indicates that the coordination mechanisms in Kenya were not well connected to facilitate consistent exchange of lessons learned across the local and national levels. The purposeful sharing of lessons learned from project

¹² [https://one.oecd.org/document/DCD/DAC\(2019\)58/FINAL/En/pdf](https://one.oecd.org/document/DCD/DAC(2019)58/FINAL/En/pdf)



implementation of humanitarian interventions with national-level coordination mechanisms is crucial for influencing policy change and planning, and thus requires deliberate reporting. (See Recommendation 1)

3.3 Effectiveness

The OECD DAC defines effectiveness as a measure of the extent to which the intervention achieved, or is expected to achieve, its objectives and its results, including any differential results across groups.¹³ Here we focus on specific aspects of efficiency in answering five specific questions.

EQ 4. Did the FSL interventions yield results for women, men, girls, and boys?

Finding: Women, men, girls, boys, and children have all benefited from the FSL interventions. However, results vary. The principal reasons for these variations include differences in how activities were implemented by different partners, level of participation of local community, follow-up mechanism in place, and readiness and capacity to execute activities in a timely manner.

The findings below are based on project reports, beneficiary surveys, FGDs, and interviews with implementing partners' staff and government staff involved in the implementation of various FSL interventions in different sub-counties and woredas in Kenya and Ethiopia, respectively.

Results of FSL Interventions for Different Demographics

Results for Women: In the Afar and Tigray regions of Ethiopia, women's groups were established, providing platforms for women to address daily and community-wide challenges through awareness campaigns, counselling, and access to supportive assistance. These initiatives have empowered women, increased solidarity among them, and contributed to their overall well-being. In Marsabit, Kenya, WASH initiatives, Gender, Protection, and Nutrition engaged women as CHVs. This role empowered women to lead nutrition campaigns and promote hygiene practices, enhancing their leadership and health advocacy roles. In Turkana and Marsabit, women participated in community mobilization and sensitization efforts, contributing to the targeting and verification of households for MPCA and WASH NFIs, thus enhancing their participation in decision-making processes. Women who took part in FGDs for FSL interventions felt empowered as a result of their selection and participation. This was manifested in their ability to take decisions and plan for use of the cash transfers in their interest of their families, participation in the community meetings and expressing their concerns. In some instances, women are now stepping forward to report domestic violence, a change from the past. Data from FGDs with women in Tigray and Marsabit who received capacity-building training on livestock and agronomic practices such as kitchen gardening felt the training had enhanced their skills in agriculture and livestock management, leading to improved agricultural productivity and livelihoods, thus fostering economic resilience, but also contributing to their household food and nutritional security.

Results for Men: Men also experienced significant benefits from FSL interventions. In Tigray, men received capacity-building training on livestock and agronomic practices. This training enhanced their skills in agriculture and livestock management, leading to improved agricultural productivity and livelihoods, thus fostering economic resilience. In Marsabit and Turkana, Kenya, men benefited from cash transfers through the MPCA initiative, which contributed to household income and financial stability. Male participants in FGDs and interviews revealed that some utilised the cash transfers to restock their livestock, while others initiated small businesses. In Turkana, the evidence suggests that some men used the money to buy canoes and fishing gear to improve their fishing businesses.

Results for Girls: Girls in the Afar and Tigray regions received essential nutrition assistance and benefited from the establishment of women's groups, which addressed their specific needs and

¹³ <https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&csp=535d2f2a848b7727d35502d7f36e4885&itemIGO=oe.cd&itemContentType=book#section-d1e3395>



provided platforms for empowerment and support. This has improved the well-being of girls and ensured their voices are heard in community matters. For instance, girls that participated in FGDs conducted in Afar and Tigray revealed that the girls protection training they had received equipped them with the skills to resist harmful traditional practices. In the Somali regions, girls received multipurpose cash assistance, which addressed their families' immediate needs and supported their overall welfare. Girls who participated in FGDs expressed that the dignity kits received were useful in making them confident and enabling participation in their school activities even when menstruating. Girls in Marsabit and Turkana, Kenya, experienced improved health and well-being through increased awareness of nutrition practices and hygiene management. Additionally, girls in schools formed health clubs to promote menstrual health management and hygiene practices, fostering a supportive environment for health education and empowerment. Girls that participated in the FGDs felt the training received enabled them to have a voice and resist harmful cultural practices, such as early marriage.

Results for Boys: Boys, particularly in Tigray, experienced improvements in nutritional status, as indicated by increased Mid-Upper Arm Circumference (MUAC) measurements among under-five children. This improvement suggests better access to diverse food groups and improved feeding practices, ensuring the health and well-being of boys in the targeted areas. In the Somali regions, boys also received multipurpose cash assistance, which addressed their families' immediate needs and supported their overall welfare. Boys in Marsabit and Turkana benefited from improved hygiene practices and awareness, contributing to their overall health and well-being. Boys who participated in interviews revealed that they were familiar with safe WASH activities and that they were participating in community WASH interventions such as CLT. This demonstrates increased knowledge as well as adoption of safe WASH practices.

Factors Influencing the Variation in Results

Differences in Implementation by Different Partners: The variation in results can be attributed to different implementation approaches by partners. For instance, in some regions, partners focused on comprehensive community mobilization, while others prioritized direct assistance. These differences led to varied levels of community engagement and outcomes.

Level of Participation of Local Community: The level of local community participation significantly impacted the results. In areas where community participation was high, such as through active involvement in planning and execution, the interventions were more effective. For example, in Marsabit, the engagement of women as CHVs led to greater acceptance and success of health initiatives. In beneficiary interviews and FGDs, women expressed that their participation in health and nutrition programmes led to improved acceptance and success. This is because these topics are important to them at the family level, allowing them to effectively convey messages to other women. In Turkana interviews with men revealed that men were actively involved in planning and executing agricultural projects leading to a strong sense of ownership and commitment even if the project was perceived primarily as a women-targeted intervention. However, boys who participated in FGDs expressed their apathy towards the project and perceived it as a women and girls only intervention. People with disabilities who participated in FGDs revealed that they were given a platform to participate like any other beneficiary, but their unique mobility challenges were not considered.

Follow-up Mechanisms: Effective follow-up mechanisms played a crucial role in sustaining the benefits of the interventions. In regions with robust follow-up systems, such as regular monitoring and feedback loops, the results were more consistent and impactful. These mechanisms ensured that any issues were promptly addressed, enhancing the overall effectiveness of the interventions.

Readiness and Capacity to Execute Activities: The readiness and capacity of local implementing partners to execute activities also influenced the results. In areas where partners had better resources, training, and infrastructure, the interventions were more successful. For instance, in Tigray, well-trained staff and adequate resources contributed to the successful implementation of capacity-building training for men and women.



The FSL interventions have had a positive impact on all demographics, though the extent of the benefits varies. Women have been empowered through leadership roles and support systems, men have gained valuable skills and financial stability, girls have received essential nutrition and health education, and boys have improved nutritional and hygiene practices. The differences in outcomes highlight the importance of tailored implementation strategies, community involvement, effective follow-up mechanisms, and the readiness and capacity of implementing partners in ensuring the success of such interventions.

EQ 5. How were the outcomes for women, girls, and people with disabilities achieved?

Finding: Each consortium partner approached the activities they were responsible for implementing differently. However, a common thread across partners has been the use of mechanisms and approaches to ensure the engagement of key stakeholders, including beneficiaries, government officials and community members, as a way of ensuring that outcomes were attained.

Plan International Consortium

- ① **Strengthening Collaboration and Community Engagement:** As mentioned in several sections of this report, community engagement was a key approach in the implementation of the different FSL interventions. Collaborative efforts among project staffs, selected committees and community representatives from targeted communities ensured that interventions were tailored to local needs, responsive to challenges, such as conflict and drought, and sustainable in the long term. This increased the opportunity for the project to listen and respond to the needs, opinions and difficulties of women, girls and people with disabilities. In some cases, women also participated in the committees.
- ① **Creating and strengthening complaints, feedback and appeal mechanisms:** A committee was established as a mechanism to ensure accountability, transparency and participation of the target population. The members of the beneficiary targeting committee were selected based on criteria that included voluntarism, neutrality, honesty, impartiality, as well as people of good standing in their communities. Each committee consists of 7 members (female, male, people with disabilities). This enabled women, girls, and people with disabilities to voice their grievances, and enhanced the identification and documentation of GBV incidents.
- ① **Following a Social and Behaviour Change Communication Approach (SBCC):** The SBCC approach, particularly utilised in Borena zone, influenced household decision-making to enhance children's wellbeing. SBCC focused on optimal infant and young child feeding, sanitation, cleanliness, and understanding the use of locally available nutritious food. Positive parenting skills training provided by SCI covered effective child communication, fostering positive parent-child connections, and fulfilling children's rights and needs. This approach resulted in significant changes in household practices, especially in improving the health and nutrition of mothers and children.

Oxfam in Ethiopia Consortium

- ① **Post Distribution Monitoring:** Efforts to capture the process, satisfaction, effectiveness, and appropriateness of the non-food items (WASH kits, dignity kits, etc.) saw improved fair distribution of NFIs to the intended targets. This enabled women and people with disabilities who qualified for assistance but were previously left out to receive it.
- ① **Community Feedback and Response Mechanism:** The mechanism included suggestion boxes and feedback desks, which have created more accountability of project staff and key partners. This gave women, girls, and people with disabilities a chance to voice their complaints; it also helped the organisations that carried out the project to find tailored solutions.
- ① **Learning and Experience Sharing:** Start-up workshops were held in all three regions to sensitise key stakeholders to the project's objectives and targets. Biannual review exercises and experience-sharing events were conducted with government staff and community representatives, while community-level project progress review and feedback meetings were

secured quarterly. This facilitated sharing useful lessons with other partners who had similar projects, and helped to improve the way that women, girls and people with disabilities were supported.

Oxfam in Kenya Consortium

- ② **Use of Community Health Promoters:** Using Community Health Promoters in the project implementations has contributed to the effectiveness of FSL interventions. This has made it easier for women, girls, and people with disabilities to access health information.
- ② **Collaboration with sub-county structures:** Collaborating with sub-county structures and personnel in the implementation of AHP project activities has contributed to the timely delivery of NFIs. This enabled faster resolution of logistical and other challenges, leading to more prompt provision of vital NFIs for groups in need, especially women and people with disabilities.
- ② **Strengthening the capacity of local partners:** Oxfam technical staff conducted field-based support supervision visits for monitoring progress, collected learning, and provided on-job-training for partner staff to ensure skills transfer and capacity-strengthening for local partners working on the ground, all of which contributed to the effectiveness of the project. This initiative improved staff performance and productivity in carrying out the project activities for women, girls, and people with disabilities.
- ② **Community Feedback and Response Mechanism:** The Community Feedback and Response Mechanism, which consisted of suggestion boxes, feedback desks, and hotlines, facilitated tangible actions. These actions encompassed the development of acceleration plans involving government stakeholders and target communities, conducting consultations and discussions to improve delivery status, and fostering accountability and transparency among project staff and key partners. Therefore, women, girls, and people with disabilities enjoyed improved service delivery and benefits from more accurate targeting, and a more adaptive support system that suited their needs.
- ② **Sharing updates with the community and stakeholders:** Social media (tweets/ Facebook posts) have been used to share information about the project and keep the public informed about upcoming activities. This enabled more efficient information exchange, occasionally eliminating the need for lengthy travel to obtain updates. Moreover, Oxfam and partners collected case stories and materials in Marsabit in October 2023 were supposed to be published in early 2024. This proactive communication also benefited women, girls, and people with disabilities by providing them with updated information on resources and support they could access, increasing their participation in community activities, and ensuring they were aware of ongoing and future project initiatives tailored for their needs.

EQ 6. Were there varied outcomes for marginalised groups, including women, girls, and people with disabilities?

Finding: Although the types of support were similar for all beneficiaries, specific marginalised groups were able to benefit in specific ways. For instance, some interventions gave marginalised groups more agency (women and girls) and, in other cases, a stronger position within their own communities (people with disabilities).

Despite similar approaches across target areas, outcomes varied among marginalised groups. The interventions aimed to address food security, healthcare, hygiene, and protection needs of vulnerable communities. In Ethiopia, 72% of respondents felt these needs were adequately met, and discussions with women's groups in both Ethiopia and Kenya confirmed that marginalised people, including those with disabilities, benefited. Many individuals with disabilities used cash transfers to purchase assistive devices or seek specialised rehabilitation, while parents of children with disabilities used the funds for special schooling or medical services.

Cash transfers were limited to individuals who had registered bank accounts (in the case of Ethiopia) and registered mobile phone numbers (in the case of Kenya), and, in the case of children, the caretaker needed to meet the aforementioned criteria. In the case of women who traditionally had limited or no power over the economic resources of the family, this intervention



enabled them to gain or increase their bargaining and decision-making power and control over the economic resources at the disposal of the household. Therefore, the intervention not only provided resources for the family, but also helped to change the power dynamics in the household. Data from interviews with women beneficiaries in Kenya and Ethiopia shows that receiving and managing the cash had given them autonomy and the ability to use the money without having to ask their husbands. For example, many of them reported using part of the grant to purchase items like shoes, dresses and bags that they wanted without having to discuss it with their spouses. Others used the money to invest in small businesses, goats or poultry to boost their own incomes.

Cash transfers have enabled people with disabilities to be more visible at the community level and more actively engaged in local activities. In turn, people with disabilities have gained a stronger voice at the community level, which may, in time, help reduce the stigma often associated with disabilities. Cash transfers have also allowed people with disabilities to secure items that facilitate their day-to-day life.

Community awareness sessions and support for the referral pathways as part of the protection response led to an increase in community knowledge regarding the dangers and consequences of GBV, early marriage and female genital mutilation. Interviews with government staff (working in the area of gender and social welfare and sexual reproductive health), community leaders, and FGDs with women and girls suggest that following the support, more women have sought counselling and treatment for GBV-related problems; girls are more knowledgeable about the dangers associated with GBV and harmful traditional practices, and are better aware of their rights. Indeed, FGDs with girls showed that many of them are better positioned to assert themselves and resist cultural practices such as early marriage.

EQ 7. Were the project components integrated with each other in a way that supported the achievement of desired outcomes for women, girls and people with disabilities?

Finding: When implemented, the integration of Food Security and Livelihoods (FSL), Water, Sanitation, and Hygiene (WASH), and Protection activities helped generate improved outcomes. (See Subsection 1.3).

The interventions implemented to support drought-affected individuals in both countries took an integrated approach. These interventions combined WASH and Protection measures with food security support, creating a comprehensive intervention to address the needs of vulnerable populations. The FSL interventions played a role in providing tangible assistance, particularly through multi-purpose cash transfers that enabled beneficiaries, including those in need of protection (e.g. victims of GBV, orphans, the elderly, and people with disabilities), to access basic needs, as well as linking them to psychosocial services.

However, integration was not consistent and systematic. Based on the survey result, only 29%, 23% and 25% of beneficiaries from Oxfam Kenya, Oxfam Ethiopia and Plan International, respectively, labelled the integration with other interventions as effective. How each consortium partner integrated different activities with each other, and the outcomes that are associated with doing so, is explored next.

Oxfam Kenya and Plan International

Integration between FSL and WASH components: Data from beneficiary surveys, FGDs, and key informant interviews with government staff and community leaders in both Kenya and Ethiopia shows that the integration of FSL and WASH components has been instrumental in improving livelihoods and overall well-being. For example, beneficiaries in both countries highlighted that access to clean water and sanitation facilities has improved health and freed up time for productive activities, such as farming and income-generating ventures.

Integration between WASH, Cash-Based Support and Protection: Integrating these activities was instrumental in reducing Gender-Based Vulnerabilities. Women and girls' beneficiaries emphasised the value of access to safe water and sanitation, especially in conflict-affected areas. The Multi-Purpose Cash Assistance Program primarily covered emergency needs,



underlying vulnerabilities, and risks through the provision of cash transfers. Beneficiary surveys and FGD results shows that beneficiaries in Ethiopia, for example, allocated a certain amount of cash received to improve their access to water, sanitation, health care and education.

Oxfam Ethiopia

Protection and Safety: By integrating protection components with FSL and WASH, a more inclusive and protective community has been created. This integration has made people with disabilities feel safer and reduced their vulnerability to exploitation, abuse, and discrimination. The data collected from FGDs in Kenya and Ethiopia indicates a positive shift towards acceptance and involvement of people with disabilities in community activities.

Plan International

Integration of FSL with Outpatient therapeutic programme (OTP): Through this project, children under-five were screened for nutrition during the previous six months. Malnourished children were admitted to both the stabilisation centre and the OTP of the health facilities. Among these, the Severe Acute Malnutrition (SAM) cases were referred to different FSL supports, such as mental health and psychosocial support, and protection services, provision of food assistance, provision of early maturing seeds, and multipurpose cash transfer assistance and breeding shoats.

Oxfam Ethiopia, Oxfam Kenya and Plan International

Synergistic Outcomes: Data from interviews with key informants, especially participating government staff and community leaders in the intervention areas in Kenya and Ethiopia, highlighted that combining FSL, WASH, and Protection have not only improved individual well-being but also strengthened community resilience. For instance, improved hygiene practices coupled with livelihood diversification initiatives have resulted in better health outcomes, such as being protected from waterborne diseases. This has not only reduced costs for treatment but also improved the availability of human capital for new income-earning opportunities.

Despite the benefits of integrating FSL, WASH and Protection components, the data also shows challenges and gaps that have hindered seamless integration across all consortia partners.

Fragmentation of Approaches: Although integration was noted in many interventions, fragmentation was an issue in certain instances. Specifically, it was visible in places like Amhara and Tigray. Fragmentation resulted in disjointed service delivery. For example, in some instances beneficiaries received FSL support without complementary WASH interventions, impacting the sustainability and effectiveness of outcomes.

Capacity and Training Needs: Data from survey interviews suggests that limited knowledge competences in disability inclusion hindered project staff's ability to effectively integrate inclusion activities, hence leaving some gaps in meeting the unique or specific needs of people with disabilities. (See Recommendation 4).

Limited Resources: Data from interviews with implementing partner organisation staff in Kenya highlighted resource constraints as a key reason for non-integration of activities.

EQ 8. What factors, such as socio-cultural aspects and government policies, influenced or hindered progress in achieving FSL outcomes?

Finding: Several socio-cultural aspects and government policies have influenced the interventions under evaluation. By and large, cultural norms have hindered project achievement, while government policies and programmes have promoted the attainment of results.

Socio-Cultural Practices: In both countries, traditional gender roles and cultural norms negatively impact women's and girls' access to resources, decision-making power, and participation in economic activities. Indeed, these factors were a hindrance to achieving results. For example, in Turkana, Kenya, interviews with implementing staff, government representatives and FGDs confirmed that cases of rape, defilement, and physical abuse were made worse by



traditional leaders who insisted that they should be the gatekeepers to finding a resolution to these types of issues.

Government policies and programmes: AHP FSL interventions collaborate with governments to provide a coordinated and effective response, enhance local capacities, and address the needs of vulnerable individuals. In Ethiopia and Kenya, the coordination mechanisms at the local government level, such as Technical Working Groups and Cash Transfer Committees, were instrumental in facilitating the planning and clearance of FSL interventions.

Positive initiatives like the government of Kenya's campaign on CLTS and ODF certification processes reinforced the WASH activities, particularly the community awareness about handwashing and hygiene, thus contributing to improved sanitation practices and health outcomes in the target areas in Marsabit Kenya, which served to reinforce the activities under evaluation.

Political goodwill from local leadership in both Kenya and Ethiopia was also a facilitating factor. For example, in Kenya, the FSL programme was embraced by the Community Chiefs and Sub-Chiefs. In Kenya, local chiefs are staff of the Office of the President and hence their positions garner considerable respect. Their willingness to get involved in community mobilisation, selection of beneficiaries and follow-up, facilitated a quick buy-in by the communities. In Ethiopia and Kenya the involvement and support from kebele leadership, and in Kenya traditional structures such as clan elders, were also facilitating factors.

Economic factors: In Ethiopia, market inflation during the intervention period affected the costs of implementing the project. As an example, the cash transfer amounts per cycle needed to be increased, and the costs for fuel and other supplies provided to the beneficiaries went up. This led to adjustments in workplan schedules and budget.

EQ 9. To what extent did the interventions provide protection for drought-affected individuals, and how effective were referral pathways and psychosocial support?

Finding: **Providing cash support to beneficiaries that are victims of, or at risk of violence, to access protection services, as well as referrals, community awareness and training for health and social workers constituted the major activities under the protection theme of the FSL interventions. The referral pathway showed good results, but also experienced some important challenges.**

This question explores the degree to which implemented activities provided protection for individuals; and how successful the referral pathways and psychosocial support have been for the affected individuals.

PIE's FSL protection component in Ethiopia encompassed various services such as cash assistance, protection referrals, community awareness, capacity building, and psychosocial support for all genders and ages. PIE and SCIE have strengthened health systems, provided training for health workers, and set up support groups to ensure mental health and psychosocial support. They have also put in place measures to protect children, including community-based case management and referral pathways to address gender-based violence and ensure comprehensive care.

Oxfam's services in Ethiopia included community awareness, dignity kits distribution, emergency cash aid, psychosocial support, and gender-responsive protection mechanisms for conflict and drought-affected communities. In Kenya, Oxfam conducted gender analysis, identified and supported GBV survivors, mapped protection pathways, raised community awareness on GBV, provided safe spaces, and offered skills training for vulnerable households, as well as for selected staff such as social welfare officers and healthcare service providers. These initiatives were intended to protect vulnerable populations and assist survivors in accessing essential protection services in both countries.

The effectiveness of the referral pathways in FSL interventions can be attributed to deliberate capacity-building, community engagement, and strategic coordination. Oxfam Ethiopia, for example, empowered participants with training on protection and rights, updated referral systems,



and facilitated workshops to ensure well-coordinated responses. PIE integrated child-sensitive MPCA with nutrition and protection interventions, reinforcing community-based case management and ensuring comprehensive support for children. Oxfam Kenya mapped and coordinated protection services in Marsabit County, created service directories, and addressed access challenges through community and service provider collaboration. These elements collectively ensured that protection services were accessible, well-coordinated, and responsive to the needs of vulnerable populations, maximising the impact of the interventions.

However, limited availability and accessibility of psychosocial support services, particularly in remote and hard to reach communities where there is a scarcity of mental health professionals, counsellors, and support structures, hinder healing and long-term recovery for survivors of trauma and violence.

Despite notable steps forward, some challenges persisted. Specifically, in some areas, like Turkana, beneficiaries highlighted that underreporting of GBV cases remained a significant issue, primarily due to cultural barriers, particularly local customs and traditional dispute resolution mechanisms, which are opposed to women and girls reporting GBV to police and other formal protection mechanisms, due to fear of reprisal, stigma, and lack of trust in formal reporting systems. The majority of key informants' interviews in Kenya raised the issue of remoteness of intervention sites and the absence of public servants like social workers, clinical and other health workers, counsellors, etc., resulting in ineffective GBV and protection referral pathways. In Ethiopia, despite the achievements mentioned above, gaps remain in consistently reaching the majority of remote areas and expanding mental health services to meet the high demand, particularly in the Tigray region, resulting from post-conflict trauma, stress and other mental health issues.

3.4 Efficiency

Efficiency measures the outputs -- qualitative and quantitative -- in relation to the inputs. It is an economic term which signifies that the aid uses the least costly resources possible in order to achieve the desired results. This generally requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted.¹⁴ This sub-section focuses on responding to the question below.

EQ 10: How efficiently and promptly were the FSL interventions delivered?

Finding: While the project demonstrated efficiency in certain aspects, like procurement, budget utilisation, and prompt supply of items and cash assistance, there were notable challenges in timely and efficient seed distribution, community engagement in Borena Zone, and logistical barriers in some areas like Afar region.

The FSL interventions across these projects have shown a strategic approach to fund utilisation, ensuring resources are deployed to maximise impact. By aligning expenditures with critical milestones and conducting continuous performance evaluations, the projects have used budget resources efficiently, supporting both immediate needs and long-term improvements in food security, livelihoods, nutrition, and protection.

Plan International and its partners in Ethiopia effectively managed project funds to achieve impactful outcomes:

- ① PIE & ANE: Initial underspending by PIE and ANE was addressed through enhanced capacity to liquidate expenses promptly, achieved via regular discussions and acceleration plans. By January 2024, ANE improved operational efficiency, ensuring timely activity implementation and fund utilisation to support targeted beneficiaries.
- ① SCI & PIADO: Major spending was strategically scheduled from January to March 2024, aligning with critical activities like cash distributions. This timing ensured optimal resource utilisation. For example, providing early maturing, drought-resistant chickpea seeds and

¹⁴ <https://www.oecd.org/dac/evaluation/49756382.pdf>

poultry to vulnerable households addressed immediate food security needs and promoted long-term agricultural sustainability.

- ② The Plan International-led consortium's MPCA interventions allocated resources more effectively by selecting beneficiaries transparently and impartially. An independent party first made a master list based on agreed criteria, which the MEAL team checked through a 10% door-to-door survey of the 1,611 target households. The project only included the most vulnerable households by restarting the process if 3% of the sample did not meet the criteria. This rigorous validation process minimized errors, guaranteed impartial evaluation of potential beneficiaries, and streamlined the intervention, ultimately resulting in a more effective use of resources.

Oxfam Ethiopia

Oxfam Ethiopia's expenditure reflects a targeted approach, ensuring efficient use of funds to generate significant results:

- ② Nutrition: High spending on nutritional activities resulted in substantial benefits, including nutritional screening, treatment, and food distribution. Planned MPCA distributions for November and December further enhanced outcomes, improving nutritional status and empowering households through dietary diversity training.
- ② Livelihoods: Initial spending focused on preparatory activities, with substantial expenditures planned for early 2024. This included agricultural inputs and SACCOs transfers, ensuring resources were used at critical times to maximise livelihood impact, supporting agricultural activities during optimal planting seasons.
- ② Protection: Early spending on preparation and capacity strengthening set the stage for significant upcoming activities, like dignity kit distribution and community awareness sessions. This ensured efficient use of resources to build protection capacity and respond to community needs, safeguarding vulnerable groups.
- ② MEAL: Comprehensive baseline and endline surveys, along with continuous monitoring and feedback mechanisms, guided resource allocation by real-time data and community input. This approach enhanced spending efficiency and effectiveness, ensuring responsiveness to evolving community needs.

Oxfam Kenya

Oxfam Kenya's project spending reflects a deliberate, strategic approach to maximise resource effectiveness:

- ② Food Security: Initial spending delays were due to thorough registration and verification processes, crucial for accurate targeting. Upcoming cash transfers in November and December 2024 were expected to significantly increase spending, enhancing food security for targeted households.
- ② WASH: Payments for major infrastructure projects, like Kubi Dibayu and Narengerwoi Water works, were planned after completion, guaranteeing that funds were used for sustainable water, sanitation, and hygiene improvements. Additionally, by utilising Community Health volunteers to promote health and nutrition, project resources were primarily allocated to service provision rather than administrative processes, creating an efficient and sustainable use of resources.
- ② Gender and Protection: Training and awareness-raising activities were strategically planned, ensuring the bulk of expenditures occurred after consultant assessments. This targeted spending addressed identified needs effectively, supporting vulnerable populations.
- ② Localisation and MEAL: Strategic use of other budgets prevented funding loss. Despite delays due to strategy changes and weather conditions, baseline and light post-distribution monitoring informed ongoing assessments, optimising subsequent spending effectiveness.
- ② Some adjustments in the selection and planning of activities were required in Kenya, due to issues with the beneficiary lists, such as low trust from community members, missing or

mismatched ID numbers, or some groups being excluded. More inclusive strategies were adopted to reach and assist the most vulnerable, avoiding future grievances and enhancing project efficiency.

In summary, the FSL interventions across these projects have demonstrated a robust and strategic approach to fund utilisation, maximising impact. The alignment of expenditures with project milestones and continuous evaluations ensured efficient use of resources, resulting in sustainable improvements in food security, livelihoods, nutrition, and protection for targeted communities. Every dollar spent contributed effectively to project goals, supporting immediate needs while fostering resilience and recovery.

3.5 Impact

OECD DAC defines impact as the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.¹⁵ This subsection focuses on the following two questions:

EQ 11: What medium-term effects (outcomes) have the FSL interventions had on participants' lives?

Finding: Although the FSL interventions have been of short duration (mainly one year) and this evaluation took place before the end of activities, there are notable outcomes, which include enhanced food security and nutrition; improved health outcomes and hygiene practices; the empowerment and improved resilience of specific groups and the strengthening of protection mechanisms.

Enhanced food security and nutrition: Despite challenges posed by harsh climatic conditions, the FSL interventions have shown promising signs of improving food security and nutrition. While it is too early to fully assess impact, mindset shifts are evident, with households transitioning from livestock dependence to embracing crop agriculture, evidenced by increased kitchen gardens and crop cultivation. Emergency support, like cash transfers, ensured food access during crises, yielding positive results, such as improved nutrition, which was specifically noted in Turkana, where 100% of beneficiaries reported life-changing effects. More specifically, reported results included improved dietary diversity, access to nutritious foods, and enhanced resilience during food shortages.¹⁶ In Ethiopia, all surveyed beneficiaries reported that they filled their food gaps during the crises (arising from drought and conflict) at the family level because of the interventions. (See Recommendation 5). In addition, all surveyed cash assistance recipients reported that cash assistance transfers filled their food gap.

Improved health outcomes and hygiene practices: Data shows positive shifts, including enhanced access to safe water and sanitation facilities, leading to improved hygiene behaviours, and reduced waterborne disease. More specifically, data from interviews with community leaders and government staffs in Laisamis sub-county, Kenya, revealed that that almost 100% of the community homesteads in the target communities had adopted safe sanitation practices through the Community-Led Total Sanitation (CLTS) programme. Although work on the two large, solarised water borehole projects in Kubi Dibayu and Narengerwoi in Kenya were not yet completed, the communities were anticipating that, once finalised, these water projects would provide access to safe water, and had high expectations for the impacts associated with this. FGDs with women and girls' groups in Ethiopia revealed that women and girls faced challenges around menstruation. They would cover themselves in animal skin and sit in one place; everyone was aware they were menstruating. The soap, water, panties and sanitary pads provided through FSL interventions have greatly improved their menstrual hygiene while also reducing the stigma surrounding menstruation.

Empowerment and resilience: Findings indicate increased self-reliance among beneficiaries, evidenced by improved livelihood diversification, such as the adoption of kitchen gardens and

¹⁵ <https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&csp=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#section-d1e4269>

¹⁶ TUPADO Shared statistics at the time of evaluation



other income-generating activities. Kenyan key informants and Ethiopian FGD participants revealed that households are selling produce from their kitchen gardens, while beneficiaries in Ethiopia are starting small petty trades by buying chicken, sheep, and goats for livestock breeding.

Strengthened protection mechanisms: The FSL interventions have contributed to strengthening of protection mechanisms in both countries. The data collected through interviews with government staff and community leaders, and through FGDs with women, shows improved access to essential services, including psychosocial support and referral pathways for vulnerable individuals, such as GBV victims. It is expected that these results will lead to a reduction in risk for vulnerable groups but the data to confirm this is not yet available.

EQ 12. Were there any unintended positive or negative outcomes from the interventions?

Finding: The interventions led to positive outcomes such as forming seed grower cooperatives and women's groups in Ethiopia and boosting local businesses via Kenya's E-voucher system. However, in Marsabit, cash transfers drew business speculators, leading to unplanned spending and highlighting a need for better financial literacy.

The following unintended positive outcomes were identified:

- ① In Afar, the project established a women's group in each sub-district mainly as a strategy for raising awareness and addressing the daily and community-wide issues they face, while counselling and connecting them to supportive assistance. These groups have unified women and increased solidarity among them.
- ① The implementation of the E-voucher system in Kenya for managing the procurement and distribution of non-food items has significantly boosted local businesses and enhanced local economic growth by fostering partnerships with businesses. (See Recommendation 3).
- ① Data from interviews with community leaders and government officials such as public health officials and gender officers corroborated by women beneficiaries suggests that the provision of dignity kits with awareness sessions, although intended to improve menstrual hygiene, also helped raise women's self-esteem in some areas of Ethiopia, like Afar region.
- ① The need for Mobile Money-based multi-purpose cash transfers prompted TUPADO to engage in negotiations with Airtel company to enhance connectivity in the project's target regions that had poor connectivity. This strategic collaboration resulted in improved communication infrastructure, benefiting not only the project's operations but also enhancing connectivity for the broader community.

The following unintended negative outcomes were identified:

- ① Community leaders in Marsabit noted that the multi-purpose cash transfer led to the influx of business speculators into communities, enticing beneficiaries to spend on items they had not planned for, such as shoes, clothes, handbags, etc., highlighting the lack of financial literacy amongst beneficiaries and the threat this causes.

3.6 Sustainability

The OCED DAC defines sustainability as "the extent to which the net benefits of the intervention continue or are likely to continue".¹⁷ This subsection focuses on responding to the following question:

EQ 13. How successfully have the interventions integrated emergency response with long-term livelihood and capacity-building efforts?

Finding: The FSL interventions in Ethiopia and Kenya effectively integrated emergency response with long-term livelihood and capacity-building initiatives. This strategic integration has significantly contributed to enhancing the resilience of beneficiaries and

¹⁷ [https://one.oecd.org/document/DCD/DAC\(2019\)58/FINAL/En/pdf](https://one.oecd.org/document/DCD/DAC(2019)58/FINAL/En/pdf)



promoting sustainable recovery in drought-affected regions, but in some instances not so successfully.

PIE and ANE's efforts in Ethiopia's Oromia Region (Borena Zone) tackled child hunger and SAM while improving local health systems. They provided logistical support for delivering medical supplies to remote areas and trained health workers (capacity-building). Project support for the creation and training of parent-to-parent support groups enabled these groups to address both short-term and long-term needs related to child nutrition and community health in their communities. Similarly, the strategy included screening children under five, identifying and treating cases of SAM and MAM, and connecting children to healthcare, psychosocial support, and protection services. The objective was to provide food assistance and cash transfers to meet immediate needs and promote resilience in the targeted households and communities. However, although SAM cases were linked to mental health and psychosocial support, data from beneficiaries and community leaders shows that the lack of specialised mental health services and trained professionals in remote areas remained a challenge. Likewise, while the provision of early maturing seeds and breeding shoats was a positive step, data from beneficiaries showed there was limited follow-up support for sustainable agricultural practices and livestock management.

In the Dawa Zone of the Somali Region, MPCA was given to households to tackle food security and enhance long-term economic stability. Likewise, the SBCC initiatives promoted optimal infant and young child feeding, sanitation, and hygiene practices, while positive parenting skills training was conducted to enhance childcare and well-being. However, while SBCC initiatives were in place, data from interviews with beneficiaries and community leaders pointed to insufficient follow-up to ensure that communities were adopting and maintaining improved nutritional practices. Similarly, data from technical professionals in child protection revealed that, although referral systems for children with protection concerns were established, there was still a need for more comprehensive support services and safe spaces for vulnerable children.

The Oxfam consortium in Amhara Region, Ethiopia, also integrated both short and long-term benefits into their FSL interventions. Providing nutrition diversification training and food cooking demonstrations aimed to address emergency nutritional needs and empower mothers to meet long-term nutritional needs.

In the Afar Region, the FSL intervention prioritised providing food rations to targeted households, especially malnourished children and Pregnant and Lactating Women. Simultaneously, the project supported communities by initiating land preparation for food crop cultivation, enabling them to enhance food security. However, data from interviews with community leaders suggests that while community groups were established through the intervention, there was limited community ownership and participation in decision-making processes to ensure the sustainability of the interventions.

In Kenya, the Oxfam-led consortium project integrated immediate emergency and long-term development needs to some extent. As a case in point, the provision of MPCA to vulnerable households in Marsabit and Turkana, including people with disabilities, malnourished children, and those with chronic illnesses was integrated with training in climate smart agriculture practices, particularly kitchen farming. Although MPCA provided short-term relief, its long-term economic stability and resilience effects are not well substantiated. Indeed, only a few beneficiaries made small-scale investments in businesses and animal restocking with the cash assistance. Data from interviews with beneficiaries shows that most of them spent on their immediate basic needs, particularly food, health care, education for their children and, in the case of people with disabilities, on acquiring assistive devices or rehabilitation therapy. The intervention did not effectively equip the recipients with the necessary financial literacy skills to deliberately engage in alternative economic strengthening endeavours.

A second case in point was the training of CHVs on WASH promotion and their participation in household visits and community events, with the objective of tackling waterborne diseases, immediate nutritional challenges, and long-term health outcomes for the target communities. However, despite the presence of trained and involved CHVs, inadequate infrastructure for WASH in certain areas hampered the impact of health promotion efforts. For instance, the promised



water trucking services by the county government to areas of Namarie and Laisamis, Kenya had not yet materialised by the time of the evaluation.

Likewise, even though Oxfam's activities in Marsabit and Turkana included setting up hand washing facilities and water storage tanks in schools, they only interacted with school children to raise awareness about protection, especially GBV, and did not involve them in environmental protection and climate change issues that were the root cause of the crisis that triggered the FSL interventions.

3.7 Synergies

In the context of this evaluation, synergy refers to the complementarity between the different thematic interventions in leveraging the success of the FSL interventions. This subsection focuses on responding to the following question:

EQ 14. How have other interventions (WASH, protection) complemented the FSL interventions in Ethiopia and Kenya?

Finding: The team found in general WASH interventions and FSL complemented each other better than protection interventions and FSL.

The WASH interventions, including installing rainwater harvesting tanks, drilling solar-powered boreholes, building water kiosks and pipelines, supplying household water-handling equipment, and conducting hygiene promotion training, complemented FSL efforts by ensuring a healthy environment that supports productive activities, reducing disease prevalence, and freeing up time for farming and income-generating ventures. A review of project progress reports and interviews with project staff, community leaders and government officials highlighted the complementarity of these interventions. For example, in the Ethiopian regions of Borena, Tigray and Afar, as well as in the Marsabit and Turkana regions of Kenya, the installation of water tanks for rainwater harvesting enabled the establishment of kitchen gardens, which in turn helped improve health and nutrition. Beneficiaries used cash transfers to enhance water and sanitation access which in turn has led to better health outcomes.

Protection measures focused on safeguarding vulnerable populations, such as women, children, people with disabilities, and GBV survivors. Activities included raising awareness on GBV and harmful cultural practices, providing psychosocial support and counselling, training social workers and health staff, offering cash support for victims to access specialised services, and establishing school clubs to

educate children on GBV and harmful traditional practices. These protection interventions complemented FSL goals by ensuring vulnerable populations were safe and supported, enabling fuller participation in livelihood activities and creating a more inclusive community. However, while protection measures aimed at safeguarding vulnerable populations generally complemented FSL interventions, there were notable challenges in some areas. In Turkana and Tigray, inadequate coordination led to gaps in ensuring the safety of women participating in FSL activities. In Afar and Marsabit, culturally driven community resistance hindered the acceptance of GBV awareness efforts, limiting women's participation. Additionally, resource constraints in Marsabit and Turkana affected the provision of essential psychosocial support and counselling, reducing the effectiveness of protection services. Competing priorities in Afar and Marsabit often led beneficiaries to prioritise immediate survival needs over engaging in protection and livelihood programs, further impeding the integration of these initiatives.

Perspectives from Beneficiaries

From interviews with women and men in Ethiopia and Kenya, the overall perspective was that the combination of these interventions, particularly WASH and FSL, led to improved health and economic outcomes for vulnerable populations.



3.8 Inclusion and Diversity

In the context of this assignment, inclusion refers to efforts made to ensure inclusion of marginalised populations, such as women, people with disabilities, SOGIESC communities and those affected by other social disadvantages (e.g. the elderly and members of ethnic minorities).¹⁸ Inclusion should ensure that all beneficiary groups have equal access to goods and services, and that efforts are made to ensure that the specific needs of more vulnerable or often marginalised groups are not overlooked.

EQ 15. Were affected communities content with the targeting of intervention participants?

Finding: In general, communities were satisfied with how beneficiaries were identified and targeted. The targeting criteria in all three projects was clear and helped in identifying and selecting the most critically vulnerable as beneficiaries, including women, girls, children, the elderly, survivors of GBV, malnourished children, pregnant and lactating women, people with disabilities, etc. However, some groups, such as people with disabilities and people living in IDP camps, were not fully considered.

The selection and targeting of beneficiaries followed a structured and transparent process to ensure fairness and inclusiveness.

In Ethiopia, targeting was community-based, involving a committee of local leaders and community representatives, ensuring transparency and local buy-in. Criteria prioritised vulnerable groups, including female-headed households, pregnant and lactating women, households with children under five, people with disabilities, and those with chronic diseases. The verification processes were comprised of public meetings and a door-to-door survey with a 10% sample of beneficiaries. In Kenya, the Oxfam-led consortium utilised a similar community-based targeting approach, ensuring a four-step process of identifying, registering, and verifying vulnerable households. Criteria focused on households affected by drought and conflict, with special attention to women-headed households, people with disabilities, and those with malnourished children.

In both countries, the implementing partners emphasised transparency and community involvement. The involvement of local leaders and committees in the selection process was crucial for gaining community trust and ensuring accurate targeting. While the Plan International consortium partners in Ethiopia focused principally on vulnerable groups such as women and children, the Oxfam consortium partners in Kenya adopted a broader GEDSI (Gender, Equity, Diversity, and Social Inclusion) framework, ensuring the inclusion of marginalised groups, like ethnic minorities and those without national identification documents.

Data from interviews and FGDs with beneficiaries and community leaders suggest that beneficiaries appreciated the transparency and the involvement of local committees. For example, in Tigray, Ethiopia, Marsabit and Turkana, Kenya, the selection lists were publicly posted.

However, there were some gaps. In Ethiopia, for example, the initial targeting missed vulnerable people living in IDP camps, which was later rectified by establishing specific committees in the camps to aid the process.

In addition, insufficient youth engagement was reported, primarily attributed to community power dynamics. The selections were done mainly during community meetings where the youth tend to have less say.

Despite targeting marginalised groups, including people with disabilities, the support provided did not fully consider their specific needs, such as access to assistive devices and specialised rehabilitation. During field evaluations, participants revealed they often used cash transfers to purchase assistive devices or send children to distant special needs schools, leaving insufficient funds for other livelihood needs. This highlights the need for more tailored support to address the unique challenges faced by individuals with disabilities.

¹⁸ AHP Activations for Horn of Africa Terms of Reference



3.9 Accountability to Affected People

EQ 16. How did communication and feedback mechanisms influence the design and implementation of the interventions?

Finding: Communication and feedback mechanisms significantly influenced the implementation of interventions by facilitating active stakeholder involvement, transparency, and timely decision-making, although beneficiaries were largely not engaged in the intervention design process except for beneficiary selection.

All three projects had clear communication and feedback mechanisms to enable different stakeholders at various levels to participate and influence the implementation of the interventions to a large extent. Data from stakeholders at the County/Region and Sub County/woreda levels shows that consultation during the design of the interventions was limited, however.

Data from interviews with key informants and community leaders revealed that frequent visits by implementing organisation staff to target communities facilitated **direct interaction with community members**. This close engagement enabled staff to gather first-hand insights into community needs, preferences, and challenges, which in turn informed decision-making processes. Likewise, community engagement played an important role in beneficiary selection.

Transparency also appeared to have positively influenced decision-making in project implementation planning. For example, in both countries, beneficiary selection criteria as well as the lists of beneficiaries selected were displayed in a public location, which allowed all community members to understand the process and its conclusion and enabled community feedback and complaints. Interviews and FGD data suggest that this approach fostered community buy-in.

The establishment of **hotlines** by implementing organisations like SND and PACIDA and clear Complaint Feedback Mechanisms in Ethiopia for PIE and Oxfam partners enhanced decision-making processes during implementation. Data from key informant interviews and beneficiary surveys suggest that these hotlines provided a platform for community members to voice concerns and that concerns raised were promptly addressed.

Joint monitoring among local implementing organisations' staff and government staff and report preparation ensured comprehensive oversight and identified gaps that required adjustments. This collaborative approach contributed to the streamlining of the projects' implementation efforts and facilitated timely decision-making to address implementation challenges.

3.10 Localisation

Localisation refers to recognising, respecting, and strengthening leadership and decision-making by national and local actors in humanitarian action to better address the needs of affected populations.¹⁹ This subsection focuses on answering the following two questions:

EQ 17. To what extent have the interventions utilised local systems and enhanced local leadership, coordination, and capacity?

Finding: The interventions made consistent use of local and regional governance structures, as well as local capacity (government technical staff), and local resources (vendors and systems).

To answer this question, it is important to understand what local systems and structures exist in the project target areas. The evaluation team found that in areas where FSL activities were implemented there are several levels of government/leadership that need to be considered.

At the sub-county/woreda level, the government consists of administrative staff and subject specialists like public health workers, agriculture officers, water engineers, and gender and child protection officers. In this structure, multiple committees and taskforces work together to enhance

¹⁹ [Localisation and the Australian NGO Cooperation Program \(ANCP\) 2019-20 \(dfat.gov.au\)](https://dfat.gov.au)



coordination of service delivery. Both the county/regional and sub-county/woreda structures were actively engaged in the planning and execution of the FSL interventions.

During implementation of the interventions, the local partners utilised local government and community leadership structures at the subcounty/woreda and county/regional levels. Collaborations with local government staff across sectors, including Health, Water, ICT, Gender and Culture, Sexual Reproductive Health, Irrigation, and Agriculture, provided technical advice, training, monitoring, and supervision. Government offices were represented in Technical Working Groups, playing significant roles in planning and overseeing project interventions.

Community leaders, chiefs, sub-chiefs, and committees from schools and health facilities were instrumental in planning, beneficiary selection, monitoring, and community engagement. In Marsabit and Turkana, local leadership mobilised communities, selected beneficiaries, and managed follow-up activities like water management and non-food item distribution. In Afar, APDA employed local experts and established community committees to address GBV, ensuring cultural appropriateness and sustainability.

Table 8: Effectiveness of FSL project supporting and using local systems

Did the project use local systems and support local leadership, coordination, and strengthen capacity effectively?			
Country		Number	%
Ethiopia	No	112	29.6
	Yes	266	70.4
	Total	378	100.0
Kenya	Yes	58	100.0

Table 8 above shows the views of the beneficiaries on whether the projects effectively utilised local systems and structures. The beneficiaries expressed satisfaction with the projects' utilisation of local systems and the assistance given to local leadership and capacity development. Data collected from interviews with various stakeholders, including government officials, implementing partners' staff, community leaders, and project beneficiaries in FGDs, reinforces this positive feedback.

The FSL interventions achieved positive results thanks to the strong collaboration between Australian NGOs and local organisations. In Ethiopia, for instance, Oxfam allocated 88% of its project funds to local partners (APDA, We-Action, REST), and in Kenya, 75% went to local partners (ASAL, AHN, SND, PACIDA, TUPADO). These local partners, with their existing ability, required little guidance, enabling local ownership of the implementation. In the same way, in the Plan International-led consortium, PIE and SCIE, which were locally incorporated, directly oversaw activities in Tigray and Somali Regions, in partnership with REST and PIADO respectively, and ANE in Oromia. This approach is consistent with the Grand Bargain commitments, supporting localisation, increasing efficiency, and ensuring that aid is more suitable and responsive to local needs. By enabling local organisations, the interventions leveraged their contextual knowledge and long-term presence, ultimately leading to more sustainable and effective outcomes.

EQ 18. What are the anticipated benefits of localisation, the likely risks and possible intersection/clash with other outcomes?

Finding: Localisation can bring significant benefits, such as community ownership, economic empowerment, and sustainability. However, it requires careful risk management to avoid dependency, financial challenges, and integrity issues.

Anticipated benefits of localisation



The evaluation found several benefits associated with localisation of the planning, coordination and delivering of the project activities.

Leveraging local systems, such as local leadership and administrative structures, served to foster community ownership and engagement from the planning stage, enhancing the project's relevance and effectiveness. Additionally, close collaboration with government technical staff has provided the government with an opportunity to become better versed with different implementation modalities.

Utilising an E-Voucher system through local vendors served to strengthen the local economy and relationships within the community. Fostering local competition amongst vendors also served to improve the quality of available products, according to FGD respondents.

Engaging Plan International Ethiopia and Oxfam in Ethiopia and Kenya as local (country) partners enabled successful mobilisation of additional resources to address funding gaps in their FSL projects. Plan International partnered with WFP to provide nutritional supplements and malnutrition support in Tigray, enhancing the project's impact. Oxfam Kenya secured internal funds to expand water borehole capacities in Kubi Dibayu and Narengerwoi, thereby increasing the reach and scale of the AHP interventions in both countries.

Potential risks and clashes

Alongside the aforementioned benefits, there are potential risks and contradictions that require careful consideration.

One primary risk identified is the possibility of dependency on external funding and resources, which could undermine local sustainability if not managed effectively, as exemplified by the involvement of government officials seeking and receiving allowances to engage in project activities (technical support, monitoring visits, etc.). This means that when funding ends, their involvement cannot be counted on. In addition, the engagement of government staff can also lead to conflicts of interest or perceptions of bias in resource allocation. For example, they may influence procurement processes, or other actions that may undermine the principles of fairness and impartiality.

3.11 Climate Change

Climate change adaptation refers to the adaptations made to the intervention to minimise potential climate impacts, take advantage of opportunities or to cope with the consequences of climate change.²⁰ This subsection answers the following question:

EQ 19. How have the interventions contributed to increased resilience in the face of climate change?

Finding: The interventions implemented have contributed to (or will contribute to) enhancing resilience in the face of climate change challenges in numerous ways.

To respond to this question, community resilience is understood as improved community capacity to adapt, recover, and thrive despite environmental challenges. Several activities have promoted improved resilience:

Diversifying livelihoods has been an important contributor to resilience building. By enabling communities to engage in income-generating activities beyond traditional agriculture and livestock rearing, the projects reduced their vulnerability to climate fluctuations. Data from key informant interviews, surveys and FGDs highlighted that shifts towards selling vegetables, and towards other activities that are less susceptible to climate impacts than livestock farming, had made their income base more stable. The expansion in activities has served to promote alternative income sources while spreading the risks, thus making communities more resilient to climate shocks affecting specific sectors. (See Recommendation 6). However, since the intervention has been

²⁰ <https://www.dfat.gov.au/sites/default/files/development-cooperation-fact-sheet-climate-change.pdf>



short, it is not possible to know with certainty if the benefits can be maintained in the longer term. (See Recommendation 2).

Improved water management has contributed to the building of community resilience. The provision of storage tanks and water-related interventions are expected to help communities access water during dry seasons. However, in some areas the enduring drought has meant that communities have yet to benefit from water storage. For example, the water tanks provided to schools in the project areas of Namarie and Farokeren have remained empty due to lack of water with which to fill them.

Increased awareness of climate change issues within the community. Although efforts were limited, some participants are now better informed about climate change impacts and preventive measures, such as tree planting. This awareness is crucial for fostering proactive responses to climate challenges and promoting more sustainable practices that can serve to mitigate environmental degradation. However, the communities did not use the knowledge they acquired to participate in activities that would reduce climate change, which is essential for dealing with its harmful effects. The main focus of the interventions was to enhance livelihoods and ensure food security, with a strong emphasis on climate change adaptation. Data from interviews with local implementing organisations' staff attribute this to the short time span of the project whose focus was mainly on addressing the humanitarian crisis. (See Recommendation 2).

4.0. EMERGING LESSONS

In this section, the evaluation focuses on lessons learnt by each of the three consortia.

Plan International Ethiopia

- ① **Market Monitoring and Adaptation:** The importance of continuously monitoring market conditions and adapting strategies accordingly. For example, they adjusted their approach to shoaat restocking in Borena based on market inflation, ensuring cost-effectiveness and sustainability.
- ① **Robust Emergency Planning:** Through experience with disease outbreaks, rainfall shortages, and other emergencies, Plan International Ethiopia realised the importance of robust emergency response plans. These plans allowed them to contain and mitigate the impact of emergencies swiftly and effectively.
- ① **Diversification for Resilience:** The challenges faced in Tigray highlighted the necessity of diversifying food sources and building resilience against climate-related challenges. This approach helped them avoid dependency on vulnerable resources, ensuring food security in unpredictable conditions.
- ① **Efficient Supply Chain and Partnership Management:** Recognising the importance of efficient supply chain management and proactive partnership management. Clear communication and timely action were crucial in maintaining uninterrupted service delivery and addressing partnership challenges promptly.
- ① **Capacity Building and Fair Compensation:** Through addressing issues like trained staff turnover and inadequate compensation in Tigray, Plan International Ethiopia prioritised ongoing capacity-building, fair compensation practices, and streamlined financial processes. These efforts ensured project continuity, stakeholder engagement, and efficient financial management.
- ① **Security and Community Engagement:** Security concerns and challenges in implementing and monitoring the interventions in Tigray emphasised the importance of addressing security risks proactively while maintaining community engagement and trust through transparent communication and collaboration.

Oxfam Kenya

- ① **Building a fund reserve:** Delays in navigating through contracting processes for TUPADO highlighted the importance of building fund reserves and establishing contingency plans to



avoid interruptions in project implementation. Since funding for Turkana was supplementary to what was originally secured for Marsabit, TUPADO was under pressure to start implementing the project interventions while the contracting process was on-going but the organisation did not have the resources to do so. In addition, realising the magnitude of the need for safe water for domestic use in Marsabit and Turkana, as expressed by the people and the county government authorities, Oxfam had to raise more funds to invest in two large-scale water projects in Marsabit and Turkana. Hence, having reserve funds and/or having ways to access additional funds is an important lesson.

- ② **Strategic Partnerships:** Engaging with telecommunications companies like Airtel to address internet connectivity challenges in Turkana North showed the value of strategic partnerships in overcoming logistical barriers. Collaborating with businesses that stand to benefit can lead to mutually beneficial solutions.
- ② **Innovative Solutions for Environmental Challenges:** Addressing challenges like loose soil structure in Turkana North which affected the implementation of WASH activities -- particularly the CLTS -- required adopting innovative approaches. The lesson learned is the importance of finding creative solutions to environmental obstacles that impact project implementation.
- ② **Cultural Sensitivity and engagement:** Dealing with cultural traditions affecting protection practices underscored the need for cultural sensitivity and community engagement. Understanding and respecting local customs while promoting protective measures is essential for effective program implementation.
- ② **Adaptive Project Management:** Anticipating delays in contracting extensive works like the Narengerwoi and Kubi Dibayu borehole works highlighted the importance of adaptive project management. Breaking down tasks into smaller, manageable lots by TUPADO in Turkana allowed for more efficient implementation within tight timelines, demonstrating the value of flexibility and adaptability in project planning.

Oxfam Ethiopia

- ② **Challenges of Remote Areas:** The need for strong logistical planning and infrastructure development was highlighted by the difficulties encountered in isolated regions such as Afar. Addressing transportation issues is crucial for the timely delivery of aid and the implementation of various project activities in remote regions.
- ② **Cultural Sensitivity and Community Engagement:** Tackling deeply ingrained cultural traditions like FGM and early child marriages in regions like Afar required culturally sensitive approaches and strong community engagement. Oxfam and its partners learned the value of working closely with communities to understand local contexts and develop tailored interventions that respect cultural norms while promoting positive change.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

The evaluation of the FSL interventions in Kenya and Ethiopia reveals a multi-faceted and impactful approach towards addressing food security, livelihoods, WASH, and protection needs in communities affected by drought and conflict. Here are the key conclusions derived from the analysis:

1. **Relevance:** The FSL interventions were generally well-tailored to the needs of the target beneficiaries, aligning with local priorities and government efforts. However, there were notable gaps in addressing the specific needs of youth and people with disabilities, indicating room for improvement in inclusivity and comprehensive support.
2. **Adaptability:** The interventions demonstrated a high level of adaptability to changing contexts, such as adjusting cash transfer rates in response to hyperinflation and participating in local sanitation campaigns. This responsiveness ensured that the support remained relevant and effective despite evolving challenges.



3. **Coherence:** The interventions were well-coordinated with national and sub-national humanitarian platforms, enhancing collaboration and learning. However, there were missed opportunities in systematically collecting and sharing lessons learned, which could have further improved coordination efforts.

4. **Effectiveness:** The FSL interventions yielded positive results across different beneficiary groups, though the extent of benefits varied. Key factors influencing these variations included the implementation approach, community participation, and follow-up mechanisms. While some groups, particularly women and girls, gained more agency and improved their positions within communities, youth and children were less engaged in the decision-making processes affecting them.

5. **Integration:** Integrating FSL, WASH, and protection activities generally led to improved outcomes. However, the integration was not consistent across all consortia partners, with some instances of fragmentation impacting the sustainability and effectiveness of outcomes.

6. **Inclusion and Diversity:** The targeting and inclusion mechanisms were generally effective in identifying and supporting the most vulnerable groups. However, certain groups, such as people with disabilities and residents of IDP camps, were not fully considered, indicating a need for more comprehensive inclusion strategies.

7. **Accountability:** Communication and feedback mechanisms significantly influenced the implementation of interventions, promoting transparency and community involvement. However, the design phase lacked sufficient engagement with beneficiaries, highlighting an area for improvement in future interventions.

8. **Localisation:** Utilising local systems and enhancing local leadership were effective in fostering community ownership and sustainability. However, there is a need to manage risks associated with dependency on external funding and potential conflicts of interest involving local government staff.

9. **Climate Change Resilience:** The interventions contributed to increased resilience in the face of climate change through diversified livelihoods, improved water management, and enhanced community awareness. Nonetheless, the short duration of the projects limits the ability to fully assess long-term sustainability and resilience.

5.2. Recommendations

Based on the analysis and the above conclusions, the team recommends the following:

1. For AHP partners and country-level consortium leads, explore how to connect local and regional-level coordination mechanisms with national-level humanitarian coordination efforts so that they can learn from the field and influence national-level humanitarian policy.
2. For DFAT, if resources permit, consider extending the implementation period of future FSL interventions to a longer term, such as 5 years, to optimise the opportunity to consolidate the sustainability of results.
3. For implementing partners, whenever possible, identify local solutions and suppliers to ensure improved efficiency and to mitigate logistical challenges.
4. For implementation partners and consortium leads, strengthen collaboration with organisations of people with disabilities while at the same time strengthening capacity of implementing organisations staff to plan and implement strategies that can ensure meaningful inclusion of people with disabilities.
5. For DFAT and implementing partners, consider supporting the government to integrate relevant FSL interventions, such as kitchen gardening in Kenya and the provision of drought resistant seeds in Ethiopia, into ongoing government programmes that aim to promote sustainable development and improved resilience.
6. For AHP, to improve consistency in data collection, monitoring and evaluation, reporting, and learning, establish a centralised digital platform that integrates data from all implementing



partners and stakeholders. This platform should include standardised data collection tools, real-time monitoring dashboards, and automated reporting functionalities.



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6.0 ANNEXES

Annex 1 Terms of Reference

SUMMARY

Evaluation: Evaluation of the Australian Humanitarian Partnership's Activations on Food Security and Livelihoods in Ethiopia and Kenya

Start Date: November 2023

End Date: April 2024

Submissions due: COB Wednesday, November 1st 2023

INTRODUCTION

Global food insecurity is rising due to the increasing frequency and severity of climate shocks and regional conflicts. Russia's illegal war in Ukraine has exacerbated this situation. Higher food prices disproportionately impact poor households and net food importing countries. Australia is responding to growing global food insecurity through a variety of measures including humanitarian assistance.

The Australian Humanitarian Partnership (AHP), a partnership between the Australian Government and six AHP Partners (Australian non-government organisations), is responding to food crises and severe droughts in Ethiopia and Kenya. AHP Partners - Plan International (Ethiopia) and Oxfam Australia (Ethiopia and Kenya) - are leading Consortiums to deliver these responses alongside their national and local partners. The responses will be the subject of a thematic evaluation on food security and livelihood. The purpose of the evaluation is to inform future programming by the AHP, the Australian Government's Department of Foreign Affairs and Trade (DFAT) and the broader humanitarian sector.

Country Contexts

Both Ethiopia and Kenya face similar challenges from conflict, displacement, climate-related shocks and persistent disease outbreak, including cholera. Despite some recent rains in Kenya, malnutrition persists in both countries. The scale of need is somewhat different however, with UN OCHA estimating around 20 million people require some form of assistance in Ethiopia and 6.4 million in need in Kenya (UN OCHA, *Ethiopia Situation Report*, Updated 7 Sept 2023; *UN OCHA Kenya Drought Response Dashboard*, January to June 2023). Food assistance is the most primary need.

Ethiopia is highly vulnerable to climatic shocks and the country is currently in severe drought. The drought situation has severely impacted pastoralist and agro-pastoralist communities, aggravating food insecurity, malnutrition, access to water and a worsening health situation. Oromia, Somali and Tigray regions are amongst the worst affected locations. These parts of Ethiopia have been critically affected by both drought and conflict simultaneously, with additional implications for internal displacement and gender and protection concerns. 15.1 million people require emergency food assistance as of July 2023 (UN OCHA, *Ethiopia Cluster Status: Food*, Updated 23 August 2023).

Kenya has recently experienced severe drought of historic levels, compounded by conflict and insecurity in the Arid and Semi-Arid Lands counties (UNICEF, *Humanitarian Situation Report No. 5*, July 2023). Rainfall in March to May 2023 has brought some recovery from the severe drought, however, they have also brought floods and heightened risk of cholera outbreaks. There is a lag between drought recovery and food availability. The number of acutely food insecure people in Kenya is 4.4 million, with over 970,000 children under 5-years old requiring treatment for



malnutrition. The drought has also caused resource-based conflicts and made women and children more vulnerable.

BACKGROUND

Overview - AHP Horn of Africa Food Security and Livelihood (FSL) Activations

The AHP Responses in the Horn of Africa are being led by Oxfam and Plan International in Ethiopia and Oxfam in Kenya. This section provides an overview of the consortium partners, locations, timeframes and overall objectives of these activations. Annex One to this ToR provides further details about the outcomes included in the logframes for each of the three activations in Ethiopia (2) and Kenya (1).

In Ethiopia, the Oxfam project is being implemented with long-standing partners: Mission for Community Development Programme (MCDP), Afar Pastoralist Development Association (APDA) and Women Empowerment – Action (WE-Action). It commenced in April 2023 with a budget of AUD 5 million and will be completed by 30 March 2024. The response is focused on Kilaalu and Sibeeba districts of Zone-6 (ADPA), the Waghimra Zone of Amhara (WE-Action) and Adigrat Town of Eastern-Tigray Region (MCDP). Immediate needs will be addressed through nutritional screening, treatment, and immediate food/cash assistance in Tigray, Afar and Amhara. The project will also implement early recovery interventions, such as livelihood restoration, that will promote resilience and sustain the long-term needs of the communities. Protection activities will ensure that vulnerable and hard-to-reach communities have access to lifesaving services and are able to restore safety, dignity and human rights. The project also targets the most vulnerable segments of the communities that it works in, particularly women, children, the elderly, and people with disabilities.

The Plan International Australia project in Ethiopia is being delivered by a consortium including Plan International Ethiopia (PIE), Action for Needy Ethiopia (ANE), Save the Children International Ethiopia (SCIE) (supported by Save the Children Australia), and Pastoralist in Action Development Organisation (PIADO). The AUD 5 million response commenced in July 2023 and will finish at end-June 2024. PIE will deliver assistance in Ganta-Afeshum and Gulomekeda district (Tigray region), ANE will provide support to participants in Borena district (Oromia region), and SCIE and its partner PIADO will deliver assistance in Moyale and Qadaduma district (Somali region). The interventions will focus on: 1) Food security and livelihoods including improved crop seeds, restocked dairy goats, pasture enclosure and pond rehabilitation; 2) Nutrition: support to community management of acute malnutrition and maternal infant and young children feeding in emergencies, and; 3) Cash Programming: to help overcome income gaps and mitigate against negative coping mechanisms, particularly for vulnerable households (e.g. female-headed households, adolescent girls, or those with severe acutely malnourished children). Child protection will be an inter-sectoral theme.

The project in Kenya is being implemented by Oxfam Australia through its national affiliate (Oxfam in Kenya) and three independent national organisations including Strategies for Northern Development (SND), Pastoralist Community Initiative and Development Assistance (PACIDA), and Turkana Pastoralist Development Organisation (TUPADO) working under the umbrella of the Arid and Semi-arid Lands Humanitarian Network (AHN). The AUD 3 million project is located in Marsabit and Turkana Counties and will run from April 2023 to August 2024. It will address food security and malnutrition through multi-purpose cash assistance and assist with acute water stress and public health risks exacerbated by the drought through tailored Water, Sanitation and Hygiene (WASH) infrastructure and public health measures. The project is also focused on addressing gender and protection concerns facing drought-affected communities and deepening localisation of humanitarian response.



SCOPE

Evaluation purpose

Rising global food insecurity will be a long-term challenge with climate change exerting increasing pressure on already stressed food systems. The main purpose of this thematic evaluation is to develop cross-cutting lessons, including success stories, on food security and livelihoods to innovate and feed into AHP and broader sector learning for specific responses and broader strategies.

This evaluation will assess the AHP partners' approach to addressing food security and livelihoods during activations in Ethiopia and Kenya. Objectives of the evaluation include:

- **Learning** - The evaluation will determine the reasons why certain results occurred, or did not occur, to draw lessons, derive good practices and develop pointers for learning about food security and livelihood responses. Findings will be actively disseminated to inform operational and strategic decision-making by DFAT and the ANGOs, and lessons will be incorporated into future AHP responses.
- **Accountability** – The evaluation will provide a high-level assessment on the results of approaches to food security and livelihoods under the Ethiopia and Kenya activations. There will be some limitations connected to timeframes, noting that only one project will be finished and two will still be underway when the evaluation is completed. It is not expected that this evaluation will provide an overall evaluative assessment of each of the three AHP projects in Ethiopia and Kenya as they also involve broader sectors that will not be evaluated (i.e. WASH, protection). Within these limitations, the evaluation will help AHP present high quality and credible evidence of realised and likely impacts on FSL to DFAT and stakeholders.

The thematic evaluation will provide a touchstone of AHP work on food security and livelihoods, shining a spotlight on the challenges, as well as useful insights and valuable recommendations to address challenges more systematically.

The AHP Ethiopia and Kenya responses share the following components on FSL, which will be the focus of this evaluation:

- Emergency nutrition interventions to targeted affected populations including children under five years of age and pregnant and lactating women.
- Cash assistance transfers to support immediate needs, food security and livelihoods.
- The provision of agricultural inputs and cash for work activities to enhance incomes and improve families access to nutritious food in drought-affected areas.

Evaluation users

Primary users will include the Australian Government's Department of Foreign Affairs and Trade (DFAT) and the six AHP ANGO partners. Secondary users include the broader humanitarian sector.

EVALUATION CRITERIA

The evaluation will assess the impact, relevance, coherence, effectiveness and efficiency and sustainability of the activations in Ethiopia and Kenya.

Impact and effectiveness criteria will be dealt with in the greatest depth due to the thematic nature of the evaluation and its cross-cutting focus. The evaluation will use a food security and livelihoods lens, putting more focus on strategic lessons for future interventions and developing evidence of what worked and what didn't work and why. It will however touch upon the synergies between the FSL interventions and other interventions (i.e. WASH, protection) in the activations.

All AHP evaluations also investigate four common cross-cutting issues:



- **inclusion** – the inclusion of marginalised populations including women, people with a disability, SOGIESC communities and those affected by other social disadvantage including related to age and ethnic minority
- **accountability to affected populations (AAP)** – including safe and responsive feedback mechanisms, the sharing of information and the genuine participation of affected populations in activity design, implementation and review.
- **localisation** – defined as recognising, respecting and strengthening leadership and decision-making by national and local actors in humanitarian action, in order to better address the needs of affected populations²¹
- **climate change** – climate change adaptation is the ability to adjust to climate change to minimise potential impacts, take advantage of opportunities or to cope with the consequences²².

EVALUATION QUESTIONS

The following key questions provide a guide for the evaluation. They will be further developed/revised by the evaluation team during the inception phase.

Criteria	Key Evaluation Questions
Relevance	<p>Were the intended participants of the FSL interventions reached with the right mix of assistance to meet their needs?</p> <ul style="list-style-type: none"> • In what ways were the interventions able to adapt to any changes in context?
Coherence	<p>To what extent did the interventions coordinate with relevant actors such as humanitarian coordination platforms and relevant clusters?</p>
Effectiveness	<p>Did the FSL interventions deliver results for women and girls, men and boys?</p> <ul style="list-style-type: none"> • To what extent were there differential results for marginalised groups, including women and girls and people with disabilities? • What barriers and enablers influenced progress in achieving the FSL outcomes/objectives of the intervention (for example socio-cultural factors, Programme implementation approaches, government policy)? • To what extent did the interventions provide adequate protection for drought-affected girls, women, boys and men through actions such as referral pathways, psycho-social support and other assistance?
Efficiency	<p>To what extent were the FSL interventions delivered in an economic and timely way?</p>
Impact	<p>What are the medium-term effects of the FSL interventions on participants' lives?</p> <ul style="list-style-type: none"> • Have there been any unintended outcomes, either positive or negative, from the interventions?
Sustainability	<p>To what extent did the interventions successfully blend emergency response with livelihood and capacity building interventions to sustain impacts in the longer term?</p>
Synergies	<p>How well did the other interventions in the Ethiopia and Kenya activations (i.e. WASH, protection) complement the FSL interventions?</p>
Inclusion	<p>Were affected communities satisfied with the targeting of participants for the interventions?</p>

²¹ [Localisation and the Australian NGO Cooperation Program \(ANCP\) 2019-20 \(dfat.gov.au\)](https://www.dfat.gov.au/sites/default/files/development-cooperation-program-2019-20.pdf)

²² <https://www.dfat.gov.au/sites/default/files/development-cooperation-fact-sheet-climate-change.pdf>



AAP	To what extent did communication and feedback mechanisms for affected peoples and communities influence the design and implementation of the interventions?
Localisation	To what extent did the interventions use local systems and strengthen local leadership, coordination and capacity?
Climate Change	To what extent did the interventions increase resilience in the face of climate change?

METHODOLOGY

The evaluation team will develop a comprehensive and rigorous evaluation methodology. The methodology for the evaluation will be designed in detail by the evaluation team of the selected company during the inception phase. However, each bidding consulting company should indicate the methodology it employs for answering the evaluation criteria and questions in its technical proposal as this will be one of the main criteria for selection of the consulting company for this evaluation.

The evaluation will assess the food security and livelihood components of the three responses (led by Oxfam and Plan International) in Ethiopia and Kenya. Subject to discussions with the evaluation team, it is proposed that data collection in Ethiopia should take place in-country but data in Kenya may be collected remotely if necessary to keep the evaluation scope commensurate with the available resources. The two Ethiopia interventions should thus be the primary focus of the evaluation, with the Kenya response a secondary focus.

The methodology will be documented in an Evaluation Plan that includes the relevant data collection and analysis tools. The evaluation methodology will address the requirements of DFAT's Monitoring and Evaluation Standards ([DFAT Design and Monitoring and Evaluation Standards | Australian Government Department of Foreign Affairs and Trade](#)). The evaluation approach should take full account of the Programme's focus on inclusivity.

The approach to data collection will involve several different methods to triangulate data. It should also use tested frameworks and data collection tools. While the consulting company will design the data collection methodology, it should involve:

- Desk Review and Context Analysis
- Quantitative data collection
- Qualitative primary data collection
- A data quality assurance plan that sets out the systems and processes for quality assuring the evaluation process and deliverables.

The approach to ethics and safeguarding will be documented in the Evaluation Plan and must include high standards of ethical conduct. The evaluation process must be conducted in line with DFAT's Environmental and Social Safeguard Policy³ and DFAT's Ethical Research and Evaluation Guidance⁴. The following points should be addressed:

- child protection and safeguarding protection policies
- informed consent practices for evaluation participants
- the management of confidentiality and privacy considerations
- the management of expectations of evaluation participants
- data protection and data sharing practices
- training of data collectors on the above

Key steps in the evaluation will include:

1. Developing a detailed evaluation plan, including methodologies, evaluation question matrix, data collection tools, interview guides, a framework for data analysis, and timeline. The evaluation team should ensure that the perspectives of the affected peoples



are central to the evaluation plan. The evaluation plan will be updated and finalised based on feedback from the AHP NGOs, DFAT and the AHPSU.

2. Developing a rubric with input from key stakeholders identifying clear standards for each of the evaluation questions to enable the evaluation team to make a transparent judgement.
3. A desk review of background document and development of data collection tools.
4. Collect data through key informant interviews, focus groups, surveys, direct observation and/or other appropriate data collection techniques. Ensure all sectors of the community are reached, including people with disabilities. Other stakeholders to include are government, civil society organisations and humanitarian coordination platforms and clusters.
5. Analyse and triangulate data against the evaluation questions and rubric.
6. Present preliminary findings for sense checking with ANGO consortium stakeholders, relevant DFAT representatives and the AHP staff and partners. It will be important for partners to see how input from various stakeholders (e.g., local communities, project beneficiaries, and implementing partners) have informed the findings through an evidence matrix or similar.
7. Write an evaluation report suitable for publication, which may be published on DFAT's official website, the AHP website and elsewhere.
8. Communicate key findings through a verbal report to the Evaluation Review Committee members and AHP NGOs.

This may be delivered remotely.

Notes:

- Data collection will need to be culturally appropriate and consider issues of language and literacy.
- Data collected will be disaggregated by gender, disability, and other relevant attributes.

EVALUATION GOVERNANCE

Evaluation Utilisation

The evaluation is intended to demonstrate results to communities, stakeholders, AHP partners and donors. The evaluation will also demonstrate ways that Australian humanitarian assistance on food security and livelihoods can be best delivered in the context of increasing humanitarian needs and global climate change.

The evaluation process, and the report produced, must be suitable for circulation as DFAT may publish the evaluation report. The report should also provide the basis for partners to share findings with affected communities and to generate wider learning through the AHP. To facilitate this, the Evaluation Report summary document should be suitable for wider circulation through the AHP NGOs.

Evaluation Review Committee

The AHPSU will set up an Evaluation Review Committee to oversee the evaluation. The Review Committee will include representatives from the AHP Partners delivering the response, DFAT and AHPSU. The role of the Review Committee will include:

- reviewing the evaluation plan and coordinating feedback
- reviewing the draft evaluation report and coordinating feedback
- reviewing and endorsing the final evaluation report
- participating in other ad hoc meetings and discussions on the evaluation as required.



Some members of the Evaluation Review Committee may also have a role in collating key documents for the evaluation team, assisting with contacts, scheduling in-country data collection and supporting other coordination activities. The AHPSU will facilitate this process and support the Review Committee to fulfil its role.

Regular Partner Feedback

AHP partners and their consortiums consider regular feedback throughout the evaluation process essential to ensure that any challenges in their programming or in the evaluation can be addressed in real time. A mechanism to promote regular engagement between the evaluation team and the AHP and local partners will be discussed as part of the process of developing the evaluation plan. This may involve regular briefings to the AHPSU MEL Manager, DFAT, AHP partners, and in-country partners as required.

Dissemination

The findings of the evaluation will be disseminated to AHP partners, the broader consortium and wider networks to promote broad learning and uptake of lessons.

KEY DOCUMENTS

Some documents that will be useful for the evaluation are included below. The NGO partners, the AHPSU and DFAT will also make available to the Team Leader other information and documents relating to the project and the AHP as required. The evaluation team is expected to independently source other relevant material and literature.

The key documents will include:

- Project documents including project proposals and annexes (e.g. MEL logframes, Gender Equality, Disability and Social Inclusion (GEDSI) plans, activity plans, risk register)
- *Australia's International Development Policy: For a Peaceful, Stable and Prosperous Indo-Pacific*, Commonwealth of Australia, August 2023 [Australia's International Development Policy | Australian Government Department of Foreign Affairs and Trade \(dfat.gov.au\)](https://www.dfat.gov.au/australias-international-development-policy)

3 [Environmental and social safeguards | Australian Government Department of Foreign Affairs and Trade \(dfat.gov.au\)](https://www.dfat.gov.au/environmental-and-social-safeguards)

4 [Ethical Research and Evaluation Guidance Note \(dfat.gov.au\)](https://www.dfat.gov.au/ethical-research-and-evaluation-guidance-note)

- *Food Security as a Modality for Change*, Plan International research [Food Security as a Modality for Change - Plan International Australia](https://www.plan-international.org/food-security-as-a-modality-for-change)
- *Resourcing Families for Better Nutrition Common Approach*, Save the Children International [Resourcing Families for Better Nutrition: Common Approach | Save the Children's Resource Centre](https://www.savethechildren.org/resources/resourcing-families-for-better-nutrition-common-approach)
- *Covid-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership: Final Evaluation Report*, February 2023 – relevant for other AHP food security and livelihoods interventions
- Other reports examining food security and livelihoods approaches and gaps in current humanitarian assistance, in the Horn of Africa and more broadly, to ensure a broad evidence base for the evaluation.
- *DFAT Monitoring and Evaluation Standards* [dfat-design-monitoring-evaluation-learning-standards.docx \(live.com\)](https://www.dfat.gov.au/design-monitoring-evaluation-learning-standards.docx) including *DFAT's Ethical Research and Evaluation Guidance*
- Australasian Evaluation Society *Guidelines for the Ethical Conduct of Evaluations*, [AES Guidelines_web_v2.pdf](https://www.aes.org.au/guidelines-web-v2.pdf) and the *AES Code of Ethics* [AES Code of Ethics_web.pdf](https://www.aes.org.au/code-of-ethics-web.pdf)

EVALUATION DELIVERABLES

The following deliverables will be expected from the evaluation team.



- Draft evaluation plan
- Final evaluation plan
- Validation workshop to stakeholders with preliminary findings
- Aide memoire presentation
- Draft evaluation report
- Final evaluation report
 - maximum 35-page report plus annexes
 - Including visuals and thematic case studies
 - 3-page infographic summary version for ease of accessibility by stakeholders.

EVALUATION TEAM

The evaluation will be conducted by a team of consultants. The evaluation team will include:

- Evaluation Team Leader – a senior evaluation specialist with thematic experience in food security and livelihoods, including in evaluations in complex humanitarian responses. The Team Leader is responsible for producing the Evaluation Plan and ensuring the team delivers on the plan, including delivery of a good quality final report.
- Team Members – with experience in evaluations or social research and a strong knowledge of the local languages and context in Ethiopia, and preferably Kenya.

It is expected that the team will have diverse gender representation. Additionally, all team members must have at least an awareness level knowledge of gender equality and social inclusion with one team member having more substantial gender expertise. This should be able to be demonstrated through the inclusion of GEDSI considerations in previous work or roles, preferably in relation to the implementation of humanitarian Programmes.

The consultants will be engaged by the AHP Support Unit (AHPSU).

EVALUATION TIMELINE

The evaluation is expected to commence in November 2023 and to be completed by March 2024.

BUDGET

The budget for the evaluation will be structured according to the following:

- The total budget for the evaluation (all inclusive) is up to AUD 100,000.
- Milestone payments will be released in tranches against the high quality and timely delivery of specific key deliverables (i.e. evaluation plan, validation workshop/aide memoire, and the evaluation report).
- The proposals will be assessed according to technical and financial criteria. Companies are encouraged to submit realistic, but competitive financial proposals.
- The budget is inclusive of all travel, subsistence and other expenses, any workshops or communication products that need to be delivered.

Milestone payments

Milestone #	Deliverable	Tranche payment (%)
1.	Signature of contract	20%
2.	Final evaluation plan approved	20%
3.	Validation workshop and aide memoire delivered	20%
4.	Final evaluation report	40%



SELECTION CRITERIA

Team Leader

Required skills, qualifications and experience.

- Significant demonstrated experience undertaking evaluations in the humanitarian sector.
- Advanced academic degree in Evaluation, International Development, Food Security and Nutrition, Humanitarian Action, or a related field
- Relevant subject matter knowledge and experience regarding food security and livelihoods and the crosscutting themes (i.e. inclusion, accountability to affected populations, localisation, climate change).
- High level skills with quantitative and qualitative research and analysis and report writing.
- Highly developed communication skills, including advanced English speaking and writing skills, and proven record of communicating with beneficiaries, including through interpreters.
- Experience in working with international organisations or NGOs, including abiding by their child protection and prevention of sexual harassment, exploitation and abuse policies.
- Demonstrated experience in humanitarian response, knowledge of humanitarian standards (Core Humanitarian Standards, Sphere, Code of Conduct), and understanding and commitment to humanitarian and evaluation ethics.
- Experience of implementing evaluations of Australian Government Department of Foreign Affairs and Trade (DFAT) funded Programmes or ability to quickly develop an understanding of DFAT evaluation processes.

Desirable skills, qualifications and experience

- Demonstrated experience of working in Ethiopia or Kenya.
- Demonstrated experience undertaking a thematic evaluation of a food security and livelihoods project.
- Expertise in one or more of the following areas: Gender equality; Disability inclusion; Climate Change; Accountability to Affected Populations, Localisation.

Team Members

Required skills, qualifications and experience.

- Academic degree in International Development, Humanitarian Action, GEDSI or a related field.
- Thorough understanding of data collection methods.
- Knowledge of Core Humanitarian Standards, a strong understanding of humanitarian and evaluation ethics and a commitment to ethical working practices
- Demonstrated experience of working in Ethiopia or Kenya
- Proven record of communicating with beneficiaries, including through interpreters, and with children using child friendly methods.
- Fluency in English.
- Strong interpersonal and communication skills.

Desirable skills, qualifications and experience

- Previous experience conducting evaluations for large-scale projects.
- Experience in food security and livelihoods projects.

SUBMISSIONS

Submissions are due by COB AEST 1 November 2023. Late submissions will not be considered.



A submission from a company provider is the preferred approach for this evaluation. The team will include a Team Leader with some international and food security and livelihoods experience and proven experience in leading large, complex evaluations, as well as team members, potentially Ethiopian or Kenyan nationals, or specialists with appropriate cultural, linguistic and contextual understanding.

Applicants must submit four items as per the table below:

ITEM	DETAILS	CRITERIA
Cover letter addressing criteria	Maximum 2 pages	Quality of relevant experience
Resumes of the Team members	Maximum of 3 pages (each)	Quality of relevant experience
Proposed Methodology	Maximum of 4 pages	Quality in terms of the technical methodology and approach
Indicative budget	Maximum of 1 page	Budget represents value for money

CONTACT

Please send any queries to:

Laura Holbeck, Monitoring, Evaluation and Learning Manager, Australian Humanitarian Partnership Support Unit Email: Laura.Holbeck@ahpsu.com, Mobile: +61 413 682 367

ANNEX 1. OUTCOMES OF FOOD SECURITY AND LIVELIHOOD ACTIVATIONS IN ETHIOPIA AND KENYA

Each of the three AHP activations in Horn of Africa has distinct intended outcomes, but all focus on providing emergency nutrition services and food security and livelihoods support to affected populations in Ethiopia and Kenya. Protection is also an outcome cross-cutting each of these activations.

The Oxfam Australia consortium has the following Intended Outcomes for their Ethiopia activation:

- Outcome 1. Increased access to quality emergency nutrition services to prevent, identify and treat acute malnourished cases among infants, children, pregnant and lactating mothers in Tigray, Afar and Amhara Regions, Ethiopia.
- Outcome 2. Conflict and drought affected households in Tigray, Afar and Amhara have improved access to food security and livelihoods.
- Outcome 3. Improved protection for conflict and drought affected women, men, boys and girls in Tigray, Afar and Amhara

The Plan International Australia consortium in Ethiopia has the following outcomes for their activation:

- Outcome 1. Increased access to emergency curative and preventive nutrition services for drought -affected children under five years of age, pregnant and lactating women, elders, and mothers/caretakers of children under two years in Yabello and Gomole woredas of Borena Zone, Oromia Region.
- Outcome 2: At risk groups including women, pregnant and lactating women (which may include adolescent girls), and women headed households, girls and boys, adolescent girls and boys, people with disabilities and the elderly impacted by the food crisis have enhanced resilience through meeting their immediate needs, food security and livelihoods support. (Borena zone, Oromia region, and Tigray Region)



- Outcome 3: Chronically food insecure drought-affected households' purchasing power and nutritional outcomes improved to meet their immediate needs and avoid negative coping strategies for two woredas in Somali Region.

The Oxfam Australia consortium in Kenya has the following outcomes for their activation:

- Outcome 1: The food security of 1500 households (9,800 Programme participants, including 3,080 women, 2,590 girls, 980 men and 3,150 boys) will be improved through five cycles of multi-purpose cash assistance.
- Outcome 2: WASH: Improved access to safe and adequate water and WASH related information for the prevention of diseases for 6,100 Households (41,600: -Women 12,957, girls 10,059, Men 6,763 and boys 11,821) in Marsabit (Laisamis), and Turkana (Nerengewoi and Nariokotome) Counties.
- Outcome 3: Drought affected 2917 households (Women 5090, Girls 4033, Men 4303, Boys 4074) are protected against gender-based violence and drought induced protection risks and survivors supported to access protection services.



Annex 2 Thematic case studies

Case Study 1: Food Security in the Horn of Africa

Introduction

Food security, nutrition, and livelihoods are interconnected elements essential for the well-being and resilience of communities, particularly in areas affected by conflict, drought, and climate change. This case study examines the food security, nutrition, and livelihood components of the Australian Humanitarian Partnership (AHP) Horn of Africa Food Security and Livelihood (FSL) Activations in Ethiopia and Kenya.

Context and Project Overview

In both Ethiopia and Kenya, communities faced challenges related to food insecurity, malnutrition, and limited livelihood opportunities, exacerbated by factors such as conflict, displacement, and environmental degradation. Under the AHP activations, interventions aimed to enhance food security, improve nutritional outcomes, and build sustainable livelihoods for vulnerable populations. Activities included cash transfers, agricultural support, and income-generating projects targeting households affected by drought and conflict.

Implementation

Local partners, in collaboration with international NGOs and government agencies, implemented food security and livelihood interventions. Cash transfers were provided to vulnerable households, while agricultural training and support were offered to improve agricultural productivity and diversify livelihoods.

Achievements and Impact

The FSL interventions in Ethiopia and Kenya have registered achievements regarding food security and nutrition, and livelihoods:

Improved Dietary Diversity and Nutrition: In Kenya, the provision of emergency support, such as cash transfers, ensured immediate access to food during crises, leading to improved dietary diversity and better nutrition. In Turkana, almost 100% of beneficiaries reported life-changing effects, such as improved access to nutritious foods and enhanced resilience during food shortages. In Ethiopia, beneficiaries noted that the interventions helped fill their food gaps during crises, with significant improvements in dietary diversity and nutritional intake observed across the community. A beneficiary in Kenya, remarked that "*The MPCA intervention has restored dignity to target beneficiaries, preventing starvation.*" (FGD Participant from Kenya). The distribution of dairy goats, pullets, and improved crop seeds by Plan International helped households enhance their nutritional intake and food diversity. Additionally, emergency nutrition interventions have been highly effective in addressing malnutrition, particularly in children. Participants from Ethiopia and Kenya noted:

"We are now able to have three meals a day. Before we used to eat one meal in 24 hours or even 48 hours. This has changed our lives, and the children are now healthy"
(Beneficiary participant, Ethiopia)

"Some beneficiaries have managed to access food, preventing them from hunger and malnutrition ... some have bought some animals. The project restored people's (especially the most vulnerable) hope for survival. Others could have died probably, had it not been for the intervention." (Community leader, Kenya)

Adoption of Sustainable Agricultural Practices: In both Ethiopia and Kenya, households have shown a mindset shift from relying solely on livestock to embracing crop agriculture. This is evidenced by the increased adoption of kitchen gardens and crop cultivation, promoting household-level food production and self-sufficiency. In Ethiopia, beneficiaries have started cultivating drought-resistant crops, contributing to long-term food security and resilience against



climate change. Both in Ethiopia and Kenya, recipients of cash transfers have used part of the cash to buy livestock and other farming inputs.

Regarding improved livelihoods, the FSL interventions have improved the livelihoods of the targeted communities by diversifying income sources and enhancing economic resilience through:

Livelihood Diversification: The introduction of kitchen gardens and other income-generating activities has empowered households to diversify their livelihoods. Beneficiaries are selling produce from their kitchen gardens and engaging in small-scale petty trades, such as buying and breeding livestock. This diversification has increased household income and economic stability. A participant in Ethiopia acknowledged the importance of distribution of inputs for restocking and improved agronomical practices.

"Some beneficiaries were also provided inputs to restock their lost shoats and poultry during the war. Quick-maturing and drought-resistant chickpea seeds were also important for beneficiaries" (Participant, Ethiopia)

Empowerment of Marginalised Groups: The FSL interventions included training programs that equipped beneficiaries with skills to improve their livelihoods. Community members received training on agricultural practices, financial literacy, and business management, enhancing their ability to sustain their livelihoods and improve economic resilience. Specific interventions have targeted marginalised groups, including women and people with disabilities, providing them with economic opportunities and enhancing their agency. Cash transfers have enabled women to gain decision-making power and control over household economic resources, shifting power dynamics within families. People with disabilities have become more visible and engaged in community activities, improving their social and economic standing.

Challenges and Recommendations

While the FSL interventions have yielded significant achievements, certain challenges remain. These include:

- In some regions, there was a lack of integration between FSL and other components, leading to disjointed service delivery.
- Resource constraints and inadequate training for project staff hindered the effective integration of activities.
- Traditional gender roles and cultural norms often restricted women's participation in economic activities.

Lessons Learned:

Targeted Assistance: Tailoring interventions to the specific needs and capacities of households enhanced effectiveness and ensured maximum impact on food security and livelihoods.

Sustainable Practices: Promoting sustainable agricultural practices and livelihood strategies contributed to building resilience to climate change and fostering long-term food security.

Conclusion

In conclusion, the AHP FSL interventions have made substantial progress in enhancing food security, nutrition, and livelihoods in the targeted communities of Kenya and Ethiopia. Continued efforts to integrate activities, build capacity, and address sociocultural barriers will be essential for sustaining these achievements and further improving the well-being of vulnerable populations.



Case Study 2: Water, Sanitation, and Hygiene (WASH) Intervention in the Horn of Africa

Introduction

The Water, Sanitation, and Hygiene (WASH) component of the Australian Humanitarian Partnership (AHP) Horn of Africa Food Security and Livelihood (FSL) Activations aimed to improve access to safe water and sanitation facilities, promote hygiene practices, and prevent diseases among vulnerable populations in Ethiopia and Kenya.

Context

Ethiopia and Kenya, like many countries in the Horn of Africa, face challenges related to inadequate access to clean water and sanitation, particularly in rural and conflict-affected areas. Poor WASH infrastructure contributes to waterborne diseases, malnutrition, and other health issues, exacerbating food insecurity and livelihood challenges.

Project Overview

The AHP activations in Ethiopia and Kenya included WASH interventions as a critical component of the broader FSL response. Key activities under the WASH component included:

- **Infrastructure Development:** Construction and rehabilitation of water sources such as boreholes, wells, and water points to increase access to safe drinking water for households and communities.
- **Hygiene Promotion:** Community-based hygiene education and awareness campaigns to promote safe sanitation practices, handwashing, and proper hygiene behaviours.
- **Sanitation Improvement:** Distribution of hygiene kits, latrine construction, and improvement of sanitation facilities in households, schools, and health centres to ensure proper waste disposal and sanitation.

Implementation

The WASH interventions were implemented through partnerships with local organizations, government agencies, and community leaders. Community engagement and participation were central to the project's success, with communities actively involved in decision-making, planning, and implementation of WASH activities. Technical expertise and support were provided to ensure the sustainability and effectiveness of WASH infrastructure and interventions.

Achievements

The AHP FSL interventions in Ethiopia and Kenya have overall contributed to improved access to clean water, sanitation facilities, and hygiene practices in targeted communities in Ethiopia and Kenya.

In Ethiopia, the Plan International Consortium supported the provision of water for production in Afar region while the Oxfam consortium supported provision of WASH kits, contributing to improved hygiene practices. Meanwhile, in Kenya, the Oxfam-led consortium emphasised community health promoters and collaboration with sub-county structures, ensuring effective implementation of WASH interventions. Robust community feedback mechanisms and public relations efforts facilitated accountability and awareness. Integration of WASH with cash-based support and protection measures enhanced resilience and reduced gender-based vulnerabilities.

All the three consortia projects integrated FSL and WASH components which are instrumental in improving livelihoods and overall well-being, as one beneficiary in Ethiopia observed:

"We grateful to Oxfam and our local partner APDA (Afar Pastoral Development Association). Their assistance was invaluable, providing us with life's essentials especially food and water. Food and water are essential for our survival, and thanks to the FSL interventions, we received these vital necessities." (A beneficiary in Afar)



The synergistic outcomes, such as improved health outcomes and strengthened protection mechanisms, underscored the holistic approach adopted in addressing the WASH needs of vulnerable populations.

Despite challenges like fragmentation of approaches and limited resources, the interventions showcased notable achievements in enhancing WASH outcomes, paving the way for sustainable improvements in water access, sanitation, and hygiene practices in Ethiopia and Kenya's drought-affected communities.

Impact

The WASH interventions had a notable impact on the well-being and livelihoods of vulnerable populations in Ethiopia and Kenya:

Improved Health Outcomes: Access to safe water and sanitation facilities led to a reduction in waterborne diseases, improving overall health and well-being. Hygiene promotion activities contributed to the adoption of safer hygiene practices, further reducing the risk of disease transmission. A community leader, noted:

".. supply of female underpants, sanitary pads, water filters has played a major role in improvement the health condition in the community. They can drink clean water and free from diseases. Girls and women are able to attend their menses in a hygienic way." (a participant, Kenya)

Enhanced Livelihoods: Improved access to water for irrigation and livestock watering supported agricultural productivity and livelihood diversification, particularly for women and marginalised groups. Reduced time spent fetching water allowed women and girls to engage in income-generating activities and pursue education. One female participant noted:

"The supplied jerricans and water tanks have increased the amount of water stored for future use. This also helps animals to drink. It has also reduced the distance we have walk daily since we can have more water for more days." (a Participant in Ethiopia)

Community Empowerment: Participation in WASH activities fostered a sense of ownership and empowerment within communities, as they took charge of managing and maintaining water sources and sanitation facilities. Community-led initiatives, such as water user committees, ensured the sustainability of WASH infrastructure beyond the project duration.

Lessons Learned

The WASH interventions yielded valuable lessons for future programming:

Community Participation: Meaningful engagement of communities in decision-making and implementation processes was essential for the success and sustainability of WASH interventions. Empowering communities to take ownership of WASH infrastructure enhances accountability and ensures long-term functionality.

"The community members have been instrumental in working with our contractors to ensure that the works on the ground are done properly; we are now planning with communities to have a water user management committee in place that will manage and operate the system." (Staff of Implementing Partner, Kenya)

Behaviour Change Communication: Effective behaviour change communication strategies are crucial for promoting hygiene practices and sustaining behaviour change. Tailoring messaging to local contexts and cultural norms improves the uptake of hygienic behaviours. A public health officer in Kenya, noted:

"Out of the 10 villages that were assigned to SND to participate in the CLTS Open Defecation Free (ODF) activities SDN has managed to achieve results ... 8 out of 10 have been certified Open Defecation Free (ODF) which is a tremendous result in such a short time. This is total behavioural change. When I interact with the health facilities, I see fewer cases of diarrheal infections reported from those villages." (a Public Health Official, Kenya)



Integrated Approaches: Integrating WASH interventions with broader FSL initiatives maximised impact and promoted synergies between health, nutrition, and livelihood outcomes. Holistic approaches address the underlying determinants of poor health and livelihoods, contributing to sustainable development.

Conclusion

The WASH interventions under the AHP Horn of Africa FSL Activations have demonstrated the importance of access to safe water, sanitation, and hygiene for improving health, enhancing livelihoods, and building resilient communities in Ethiopia and Kenya. By prioritizing WASH interventions and adopting community-led approaches, humanitarian actors can address the root causes of poverty and food insecurity, contributing to sustainable development and positive social change. The case study emphasises the importance of integrated approaches, community engagement, capacity building, and ongoing support for sustainable WASH interventions in vulnerable regions.



Case Study 3: Gender-Based Violence (GBV) and Protection in the Horn of Africa

Introduction

Protection interventions are crucial in humanitarian settings to safeguard the rights and dignity of vulnerable populations, including women, children, and refugees. This case study examines the protection components of the Australian Humanitarian Partnership (AHP) Horn of Africa Food Security and Livelihood (FSL) Activations in Ethiopia and Kenya.

Context

In both Ethiopia and Kenya, conflict, displacement, and natural disasters expose populations to various protection risks, including gender-based violence (GBV), exploitation, and abuse.

Project Overview

Under the AHP activations, protection interventions aimed to mitigate protection risks and support survivors of violence and exploitation. In Ethiopia, projects focused on GBV prevention, survivor assistance, and awareness-raising activities. In Kenya, efforts were made to protect vulnerable households from GBV and drought-induced protection risks.

Implementation

Local partner organisations in Ethiopia and Kenya working under the consortia projects led by Plan International Australia and Oxfam Australia implemented protection interventions in close collaboration with government agencies. The protection interventions under the FSL aimed to safeguard vulnerable populations, particularly women, girls, and people with disabilities, from gender-based violence (GBV) and other protection risks. The interventions included cash assistance, psychosocial support for survivors, community awareness, capacity building, and the establishment of referral pathways.

Key Achievements

Emergency Cash Assistance and Protection Referrals: In Ethiopia, Plan International provided emergency cash assistance to individuals at risk of violence, enabling them to access protection services. This support included referrals to health care and psychosocial services. Oxfam Ethiopia's efforts included the distribution of dignity kits, emergency cash aid, and the establishment of gender-responsive protection mechanisms for conflict and drought-affected communities. In Kenya, Oxfam identified and supported GBV survivors through gender analysis, mapping protection pathways, and raising community awareness about GBV. A participant, in Kenya, noted:

"... protective measures, including referral pathways and psychosocial support, have been effective in aiding chronically ill, disabled, and vulnerable households. Establishment of safe places and hotlines for reporting GBV cases have provided critical support to victims and survivors." (FGD participant female beneficiary, Kenya).

Community Awareness and Training: Extensive community awareness campaigns were conducted to educate the population on the dangers and consequences of GBV, early marriage, and female genital mutilation (FGM). Training for health and social workers, as well as community leaders, was integral in ensuring that protection measures were effectively communicated and implemented.

Psychosocial Support: Plan International and Save the Children International (SCIE) in Ethiopia strengthened health systems and trained health workers to provide psychosocial support. Community-based case management and referral pathways were established to address GBV comprehensively. In Kenya, safe spaces and skills training were provided for vulnerable households, along with psychosocial support to assist survivors in accessing essential services. One community leader observed:

"Because of the psychosocial support and counselling provided under the project, beneficiaries have started to believe they can improve their lives after the conflict and severe drought." (community leader, Ethiopia)



Strengthening Protection Mechanisms: The FSL interventions have strengthened protection mechanisms, resulting in improved access to essential services, including psychosocial support and referral pathways for vulnerable individuals. There was increased community knowledge and support for victims of GBV, with more women seeking counselling and treatment for GBV-related problems.

Increased Agency and Visibility:

Cash transfers enabled women and people with disabilities to gain increased agency within their households and communities. This shift in power dynamics has allowed for better decision-making and control over economic resources. People with disabilities became more visible and actively engaged in local activities, reducing stigma and promoting inclusivity.

Community Feedback and Response Mechanisms: Mechanisms such as suggestion boxes, feedback desks, and hotlines were established to create accountability and ensure that the needs and concerns of beneficiaries were addressed promptly and effectively.

Challenges

Despite the successes, several challenges hindered the full effectiveness of the protection components:

- Cultural barriers and traditional dispute resolution mechanisms often discouraged women and girls from reporting GBV cases.
- Resource constraints affected the integration and implementation of protection activities.
- Limited availability and accessibility of psychosocial support services, particularly in remote areas, posed significant hurdles.

"The insecurity and remoteness of the area makes most public servants not available in the community, the distance to the health facility being more than 25 kms away."
(community leader, Kenya)

Impact

The protection interventions had a significant impact on vulnerable populations:

GBV prevention training and awareness-raising campaigns led to increased knowledge and awareness among communities, reducing the incidence of GBV and exploitation. One beneficiary in Ethiopia noted:

Trained social workers and women volunteers have raised awareness about women's rights and harmful practices, aiming to eradicate FGM, early marriage, forced marriages, and GBV. As a result, the majority of girls now speak openly about their needs and report GBV incidents publicly. (female beneficiary, Ethiopia)

Survivors of GBV received timely and appropriate support, including medical care, counselling, and legal assistance, empowering them to seek justice and recovery.

"The project's referral pathways and psychosocial support have been instrumental in transforming mindsets and behaviours. Children in schools have formed clubs to address gender-based violence, and women have safe places for counselling on GBV without further exposure to danger." (Key informant, Ethiopia)

Lessons Learned

Sensitising communities about protection issues was crucial for changing attitudes and behaviours towards GBV and exploitation.

Integration of protection interventions with other sectors such as health, livelihoods, and education enhanced overall impact and addresses the root causes of vulnerability.

Building the capacity of local actors to identify, prevent, and respond to protection risks strengthened community resilience and response mechanisms.

Conclusion



The FSL interventions in Ethiopia and Kenya have made notable strides in enhancing protection for vulnerable populations. The integrated approach, involving cash assistance, community awareness, training, and psychosocial support, has contributed to the empowerment and safety of women, girls, and people with disabilities. However, ongoing efforts are needed to address the challenges and ensure sustainable and inclusive protection mechanisms for all beneficiaries. The case study underscores the importance of multi-sectoral collaboration, sustained investment, and evidence-based approaches in addressing GBV and protecting the rights of vulnerable groups in humanitarian contexts.



Annex 3. Contribution analysis

Activities under analysis	Implementing partners	Degree of Contribution to impact				
		Certainty	Robustness	Range	Prevalence	Aggregate
Reduction of acute malnutrition amongst children under five years of age (U-5s) and PREGANANT AND LACTATING WOMEN	PIE, Oxfam Eth	High	High	High	High	High
Provide training for mothers/care takers on nutrition screening	PIE, Oxfam Eth	High	High	High	High	High
Provide multi-purpose cash transfers to vulnerable households	PIE, Oxfam Eth, Oxfam Kenya	High	High	High	High	High
Provide conditional cash support through implementation of cash for work (CfW) activities	PIE	Med	High	High	Med	Med
Provide sheep and goats	PIE	High	High	High	High	High
Provide drought-resistant improved crops	PIE	Med	High	Med	Med	Med
Provide trainings on nutrition diversification and food preparation	PIE, Oxfam Eth	Med	High	High	Med	Med
Provide seed money, material and stationary support for RUSACO's	Oxfam Eth	High	High	Med	Med	Med
Provision of chicken with feed	Oxfam Eth	Low	High	High	High	Med
Provision of water cans	Oxfam Kenya, Oxfam Ethiopia	High	High	Med	Med	Med
Provide cash for Gender-Based Violence survivors	Oxfam Ethiopia	High	High	High	High	High
Provide psychosocial support (PSS) for needy women, girls, men, and adolescents	Oxfam Ethiopia, Oxfam Kenya	High	High	High	Med	High
Provision of sanitation pads for adolescent girls and young women, GBV survivors	Oxfam Kenya, Oxfam Ethiopia	High	High	High	High	High



Provision of safe drinking water at the community level using drilled boreholes	Oxfam Kenya	Med	High	High	High	High
Organizing hygiene campaigns; Health Clubs	Oxfam Kenya	High	High	High	Med	High
Provision of ceramic filters and Solar Water Disinfection (SODIS)	Oxfam Kenya	High	High	High	High	High
Support kitchen gardening for micro-nutritional access	Oxfam Kenya	High	High	High	Med	High
Provide trainings on harmful traditional practices (FGM and Early Marriage),GBV	Oxfam Kenya, Oxfam Ethiopia	High	High	High	Med	High

Legend: Rating system to assess the degree of influence

Degree of Influence	Explanation	Measure
Certainty	The degree to which the observed activity matches the one predicted/targeted	<p>Low – little evidence from the data sources confirm that the observed outcome matches the outcome described in the logic model</p> <p>Medium – approximately half the evidence from the data sources confirm that the observed outcome matches the one predicted</p> <p>High – it was noted across a range of different data sources that the observed outcome matches the one predicted</p>
Robustness	The degree to which the activity is identified as a significant contributor to impact/result	<p>Low – across data sources there is limited evidence to show that the activity is a significant contributor to achieving results</p> <p>Medium – across data sources there is limited evidence that the activity is a significant contributor to achieving results</p> <p>High – It was noted across a range of different data sources that the activity is a significant contributor to achieving results</p>
Prevalence	The degree to which the activity contributes to the outcomes of interest across a wide range of implementation sites	<p>Low – activity affects limited implementation sites (less than a quarter sites)</p> <p>Medium – activity affects a range of different implementation sites (approximately half)</p> <p>High – activity affects a majority of implementation sites across FSL sites</p>



Range	The degree to which the activity contributes to a broad range outcomes	Low – activity that affects one outcome of interest Medium – activity that affects half of the outcomes of interest High – activity that affect the majority of outcomes
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Annex 4 Evaluation Schedule

Phases	Dates	Activity
Inception Phase		Initial start-up meeting with AHP
	2 nd – 15 th January	Review of documents, development of the Evaluation Plan and data collection tools
	20 th January – 20 th February	Receive and consolidate comments on the Evaluation Plan
	15 – 20 th February	Receive Approval of Evaluation Plan and schedule
	6 th – 20 th February	Establish contact with respondents and train research assistants
Data Collection Phase	26 th February - 29 th March	Field data collection in Ethiopia and Kenya
Data Analysis and Reporting Phase	29 th – 6 th April	Data analysis
	8 th and 9 th April	Validation meetings with the field teams
	10 st - 19 th April	Report writing and editing
	25 th April	Aide Memoire that is edited and Quality assured submitted to AHSPU
	30 th April	Submission of Final Report Version 1 that is edited and quality assured
	1 st – 7 th May	Report is with ALIENA and AHPSU for comments
	8 th May	Consolidated comments are received from AHPSU
	8 th – 13 th May	Report is revised integrating comments from AHPSU
	24 th May	Final Report, edited and quality assured, is submitted to ALINEA together with a 3-page infographic summary version for ease of accessibility by stakeholders
	TBD	Oral presentation of the evaluation report to the Evaluation Review Committee members and AHP NGOs



Annex 5 Data Collection Tools

A 5.1 Key Informant Interview checklist

1. Can you share insights on how the FSL interventions specifically targeted and reached the intended participants with a tailored mix of assistance to meet their unique needs?
2. How did the interventions demonstrate flexibility and adaptability to respond effectively to changes in the contextual environment during implementation?
3. In your experience, to what extent did the interventions engage and coordinate with relevant actors, such as humanitarian coordination platforms and clusters, in addressing food security and livelihood challenges?
4. Could you provide examples or narratives illustrating the outcomes and impact of FSL interventions on women, girls, men, and boys within the communities?
5. Considering marginalized groups, including women, girls, and people with disabilities, what observations or insights can you share regarding the varied results achieved by the FSL interventions?
6. From your perspective, what were the key factors, both hindering and facilitating, that influenced progress in achieving the FSL outcomes and objectives of the intervention?
7. How did the interventions ensure the provision of adequate protection for drought-affected individuals, including girls, women, boys, and men, through actions like referral pathways, psycho-social support, and other forms of assistance?
8. In your assessment, how economically and timely were the FSL interventions delivered to the target communities?
9. Looking beyond immediate impacts, what medium-term effects have you observed or anticipate as a result of the FSL interventions on the lives of participants?
10. Can you share any unintended outcomes, whether positive or negative, that have emerged from the FSL interventions?
11. In your view, how effectively did the interventions integrate emergency response with livelihood and capacity-building measures to ensure sustained impacts over the longer term?
12. From your perspective, how did interventions in other sectors, such as WASH and protection, complement or interact with the FSL interventions in Ethiopia and Kenya?
13. What feedback or perceptions have been gathered from affected communities regarding the targeting of participants for the interventions?
14. How did communication and feedback mechanisms for affected peoples and communities contribute to shaping the design and implementation of the interventions?
15. Can you provide examples or insights into how the interventions used and strengthened local systems, leadership, coordination, and capacity?
16. From your observations to what extent did the interventions contribute to enhancing resilience in the face of climate change within the target communities?

Thank you for your participation.



A.5.2 FGDs with project beneficiaries Checklist

1. How did the assistance provided in the FSL interventions align with your specific needs and challenges?
2. Can you share instances where the interventions showed flexibility in responding to changes in your community or personal circumstances?
3. From your perspective, how well did the interventions collaborate with other organisations and groups to address broader issues related to food security and livelihoods?
4. What specific impacts or changes did you observe regarding the outcomes of the FSL interventions on the lives of women, men, girls, boys, and marginalized groups within your community?
5. Were there any notable differences in the outcomes of the interventions for marginalized groups, such as women, girls, and people with disabilities, compared to the general population?
6. How did the interventions contribute to your community's ability to cope with the challenges posed by climate change, and what changes have you noticed over time?

Thanks for your participation.

A.5.3 FGDs with project Implementation staff Checklist

1. How has the collaboration with Oxfam/Plan International, and other partner organisations contributed to the successful implementation of the FSL interventions in Ethiopia/Kenya?
2. Can you share specific instances where the interventions had to adapt to changes in the project's context, and how did the project partners collectively respond to these challenges?
3. In what ways did the coordination mechanisms with humanitarian coordination platforms and relevant clusters enhance the effectiveness of the FSL interventions?
4. From your organizational perspective, how successful were the interventions in delivering results for various groups, including women, girls, men, boys, and people with disabilities?
5. Were there any notable barriers or enablers, such as socio-cultural factors or government policies, that influenced the progress of achieving the FSL outcomes/objectives, and how did your organisation navigate these challenges?
6. How well did the FSL interventions align with and complement other interventions, such as WASH and protection, within the Ethiopia and Kenya activations, and what synergies or challenges were encountered in this coordination effort?

Thank you for your participation.



A.5.4 Survey Questionnaire for Project Beneficiaries

Introduction: Thank you for participating in this survey. Your insights are crucial in evaluating the Food Security and Livelihood (FSL) interventions. Please answer the following questions based on your experiences and perspectives.

Section 1: General Information

1. Demographic Information:

1.1 Gender: Male Female Other

1.2 Age: _____

1.3 Region: _____

1.4 District -----

1.5 Subcounty/Woreda

1.6 Marital status Single Married Widowed Separated

2. Project Participation:

2.1 Are you aware of Oxfam/Plan International and its partner [mention the partner organisation] in your area? Yes No

Section 2: Project Impact

3. Reaching Intended Participants:

3.1 Have you received any specific help from these interventions? Yes No

3.2 If yes, what specific help did you receive? (Please check all that apply)

- 1. Emergency nutrition interventions
- 2. Cash assistance transfers
- 3. Agricultural inputs
- 4. Cash for work activities
- 5. Other- specify

4. Adaptation to Changes

4.1 Have you noticed any changes in the project activities? Have you noticed any changes in the project activities over time? Yes No

4.2 If yes, please describe any changes you observed

.....

.....

.....

5. Coordination and Collaboration:

5.1 Does the [mention the implementing organisation] coordinating with other actors while planning and implementing its activities in your area? Yes No

6. Results for Different Groups:

6.1 In your opinion, has the project shown different results for various groups such as women, men, girls, boys, or people with disabilities? Yes No

6.2 If yes, explain

Section 3: Project Experience

7, Barriers and Enablers:



7.1 Have there been any challenges or positive factors that have affected the project's success in your community? Please share your experiences:

.....
.....

8. Protection Measures:

8.1 Did the project offer enough protection measures, like psycho-social support? [] Yes [] No

9. Timeliness and Economic Delivery:

9.1 On the scale of 1-5 rate the timeliness and economic delivery of the project interventions. (Scale: 1 is not effective, 5 is very effective)

Section 4: Project Long-Term Effects

10. Medium-Term Effects:

10.1 Have you seen any medium-term effects on your life or community as a result of the project interventions? [] Yes [] No

10.2 If yes, please describe:

.....
.....

11. Unintended Outcomes:

11.1 Are there any other positive or negative experiences you can associate with this project? [] Yes [] No

11.2 Kindly describe the experiences.

.....
.....

Section 5: Overall Evaluation

12. Blending Emergency Response with Long-Term Impact:

12.1 How well do you think the project responded in providing for your emergency needs as well as long-term development needs such as livelihood and capacity-building interventions? (Scale: 1-5, where 1 is not effective and 5 is very effective)

13. Complementarity with Other Interventions:

13.1 How well has the project complemented other interventions, such as WASH and protection, in your community? (Scale: 1-5, where 1 is not effective and 5 is very effective)

14. Community Satisfaction:

14.1 Are you satisfied with how the project targeted participants in your community, considering various groups' needs? [] Yes [] No

15. Communication and Feedback Mechanisms:

15.1 Are you happy with the measures put in place for you to receive information and give feedback about the project?

15.2 Please explain your answer:

.....
.....

16. Local Systems and Leadership:



16.1 Did the project use local systems and strengthen local leadership, coordination, and capacity effectively? Yes No

Section 6: Additional Comments

17. Please share any additional comments or suggestions you may have regarding the FSL interventions and their impact on your community.

Thank you for your valuable feedback!



A.5.5 Survey Questionnaire for Technical Staff Involved in Project Interventions

Introduction: Thank you for participating in this survey. Your insights are crucial in evaluating the Food Security and Livelihood (FSL) interventions. Please answer the following questions based on your experiences and perspectives. This survey combines structured and semi-structured questions for a comprehensive understanding.

Section 1: Participant Details:

Name (Optional):

Position/Role in the Project:

Organisation/Agency:

Section 2: Structured Questions: Please respond by selecting the most appropriate option or providing a numerical rating.

1. Participant Targeting:

1.1. How effective was the targeting strategy in reaching the intended participants?

Not Effective (1) Somewhat Effective (2) Moderately Effective (3) Very Effective (4) Extremely Effective (5)

1.2. If the answer in 1.1 above is (1) or (2) please explain the reasons

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

1.3. Did the assistance provided meet the diverse needs of the participants?

Not Adequate (1) Somewhat Adequate (2) Moderately Adequate (3) Very Adequate (4) Extremely Adequate (5)

1.3. If the answer in 1.3 above is (1) or (2) please explain the reasons.

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

2. Adaptation to Changes:

2.1. How effective were adaptations made during the project to changes in the context?

Not Effective (1) Somewhat Effective (2) Moderately Effective (3) Very Effective (4) Extremely Effective (5)

2.2. What challenges were faced in adapting to changing contexts and how were they addressed?

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

3. Coordination with Actors:

3.1. Rate the level of coordination with other actors during project implementation.

Poor (1) Fair (2) Good (3) Very Good (4) Excellent (5)

a. Kindly list notable instances where coordination enhanced or hindered project outcomes?



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

4. Gender-Specific Outcomes:

4.1. How did the interventions address the specific needs of different gender groups?

Not Effective (1) Somewhat Effective (2) Moderately Effective (3) Very Effective (4) Extremely Effective (5)

4.2. Kindly list notable differences in outcomes for different gender groups:

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

5. Marginalised Groups:

5.1 How were the needs of marginalized groups addressed in project activities?

Not adequately (1) Somewhat Adequately (2) Moderately Adequately (3) Very Adequately (4) Extremely Adequately (5)

5.2. What challenges were faced in ensuring inclusivity and how were they addressed?

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

6. Barriers and Enablers:

6.1. Identify key barriers and enablers influencing progress in achieving FSL outcomes.

Barriers:

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.....
.....

Enablers:

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.....
.....

6.2. From your perspective what innovative approaches or strategies were used to overcome the barriers?

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.....
.....

7. Protection Measures:

7.1. Assess the effectiveness of protection measures implemented during the project.

Not Effective (1) Somewhat Effective (2) Moderately Effective (3) Very Effective (4) Extremely Effective (5)

7.2 What challenges were faced in providing adequate protection and how were they addressed?



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

8. Economic and Timely Delivery:

8.1 Please rate the economic efficiency and timeliness of project interventions.

Not efficient (1) Somewhat efficient (2) Moderately efficient (3) Very efficient (4) Extremely efficient (5)

8.2. What cost-saving or time-efficient practices were employed by the project?

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

Section 3: Semi-Structured Questions: Please provide detailed responses.

9. Medium-Term Effects:

9.1 Assess the lasting impacts of the interventions on participants' well-being and livelihoods. What sustained positive changes have been observed?

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.....
.....

9.2. Are there any unintended positive outcomes observed in the medium term?

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.....

10. Emergency Response Integration:

10.1. Describe how emergency response was blended with livelihood and capacity-building interventions.

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.....

10.2 List and explain any challenges encountered in blending emergency response with long-term interventions:

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.....
.....

11. Other Intervention Complementarity:

11.1. To what extent did other interventions, such as WASH and protection, complement the Food Security and Livelihood (FSL) interventions?

Not Complementary (1) Somewhat Complementary (2) Moderately Complementary (3) Very Complementary (4) Extremely Complementary (5)

11.2. Suggest any recommendations for enhancing coordination with other interventions:



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

12. Community Satisfaction:

12.1. To what extent are the communities satisfied with the participant targeting strategies employed in the interventions?

Very Dissatisfied (1) Dissatisfied (2) Neutral (3) Satisfied (4) Very Satisfied (5)

12.2 If the answer in 12.1 above is (1) or (2) explain the reasons.

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

12.3 To what extent are the communities satisfied with the project intervention benefits:

Very Dissatisfied (1) Dissatisfied (2) Neutral (3) Satisfied (4) Very Satisfied (5)

12.4 If the answer in 12.3 above is (1) or (2) explain the reasons

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

13. Communication and Feedback:

13.1 Describe communication channels and feedback mechanisms employed.

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.....
.....

13.2 Could you give examples of community-driven changes in project design or implementation:

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.....

14. Local Systems and Leadership:

14.1 From your perspective evaluate the integration of local systems and leadership into project activities.

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.....
.....

14.2 What challenges have been faced in working with local systems?

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.....
.....

14.3 What successes have been achieved in working with local systems?

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.....

15. Resilience in Climate Change:

15.1. How would you rate the effectiveness of specific resilience-building components incorporated into the interventions?

a. Not Effective b. Somewhat Effective c. Moderately Effective d. Very Effective e. Extremely Effective

15.2. From your perspective list and explain any measurable increases in resilience and how they were observed:

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.....
.....

16. Please provide any additional comments or insights you believe are relevant to the evaluation of the FSL interventions.

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.....

Thank you for your valuable input.



Annex 6 Lists of Interview respondents

Key Informant Interview respondents - Kenya

Full name	Gender	Office or Organization name	Location	Position or role
Mary Melo	F	Faith Primary School	Laisamis	School Health Club Patron
Shakhe Katello	M	County Government of Marsabit - Ministry of Water	Marsabit	Director ICT Water
Redento Dabalen	M	County Government of Marsabit - Ministry of Health	Laisamis	Sub-County Public Health Officer
Joshua Lentoror	M	Department of Gender	Marsabit	Senior Gender Officer
Jillo Shama	M	Department of Gender and Social Services	Marsabit	Assistant Director, Social Services
Ali Shama	M	Department of Agriculture	Marsabit	Sub-county Agriculture Officer, Laisamis
Naomi Lentoror	F	County Government of Marsabit - Ministry of Health	Marsabit	Sexual and Reproductive Health Coordinator, Laisamis Sub-County
Andrew Lemaro	M	National Government	Laisamis, Namareai	Chief -Namareai
Philip Sagaram	M	National Government	Laisamis, Farkoren	Chief, Farkoren
Ambrose Sirite	F	Namareai	Laisamis, Namareai	Village Accountability Committee
Arema Dalmas	M	Office of the President	Turkana	Chief
Jonathan Mangesoi	M	Dept of Water	Turkana	Turkan North Sub County Water Officer



Lazarus Epae Ereng	M	Office of the President	Turkana	Chief
Hannah Choke	F	PACIDA	Marsabit	MEL Officer
Mary Mwangi	F	SND	Marsabit	Project Coordinator
Benson Elamack	M	TUPADO	Turkana	MEL Officer
Samwel Lentoror	M	PACIDA	Marsabit	Programs Coordinator
Jackson Namunai	M	PACIDA	Marsabit	Programs Officer
Hokile Boku	M	PACIDA	Marsabit	Programs Officer
Abdi Huka	M	SND	Marsabit	Senior Programs Officer
Samuel E. Adome	M	TUPADO	Turkana	Executive Director
Andrew Looel Ekan	M	TUPADO	Turkana	Project Officer
Tito Kiplagat Korir	M	TUPADO	Turkana	Accountant
David Shikuku Kang'ole	M	TUPADO	Turkana	Head of programmes
Emily Akhai Egeron	F	TUPADO	Turkana	Finance Manager
Dickson Lowoi	M	TUPADO	Turkana	Project Officer
Christopher Achilo	M	TUPADO	Turkana	Project Officer
Quinter Long'or	M	TUPADO	Turkana	Project Officer
Mohammed Yusuf	M	TUPADO	Turkana	Project Officer
Samwel Engor Esuguru	M	TUPADO	Turkana	Logistics
Shadrack Ikai	M	TUPADO	Turkana	MEAL
Roselyn Ekidor	F	TUPADO	Turkana	H/Resource
Festus Legum	M	TUPADO	Turkana	Project Officer
Kennedy Omollo	M	TUPADO	Turkana	Communications officer



Key Informant Interview respondents - Ethiopia

Name	Gender	Region	Location	Position
Bashir Hussien	M	Somali	Jigjiga	Deputy Head of Disaster Prevention and Preparedness Bureau
Ahmed Soam	M	Somali	Jigjiga	NGOs coordinator, Somali Region Health Bureau
Habib Seid	F	Afar	Semera	Health Bureau
Kedir Ali	M	Afar	Semera	Nutrition Case Head, Disaster Risk Management Commission
Ephrem Abraha	M	Tigray	Mekele	Financial Officer, cooperative agency
Debela Etava	M	Oromia	Addis Ababa	Director, Bosa Gonfa Oromia
Nugusie Aynalem	M	Tigray	Mekele	Early Warning Expert, DRMC
Berhe Tesafaye	M	Tigray	Mekelle	Crop Expert, Bureau of Agriculture
Lemma Sesu	M	Oromia	Addis Ababa	Team Leader, Health Bureau
Gebiyalesh Tadege	F	Tigray	Mekelle	M&E, Bureau of women affairs



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