EXTERNAL EVALUATION OF OXFAM'S 2017 DROUGHT RESPONSE IN ETHIOPIA

Final Evaluation Report

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EMCAD
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ACRONYMS

AWD	Acute Watery Diarrhoea
CbAHWs	Community Based Animal Health Workers
CI	Confidence Interval
CSI	Coping Strategy Index
CTC/CTU	Community Based Therapeutic Care/Unit
ETB	Ethiopian Birr
ECHO	European Commission of Humanitarian Aid
EFSVL	Emergency Food Security Vulnerability and Livelihoods
EMCAD	Empowerment for Career Development
FEWSNET	Famine Early Warning Network
FGD	Focus Group Discussion
FMG	Female Genital Mutilation
GBV	Gender-Based Violence
GHT	Global Humanitarian Team
HAVYOCO	Horn of Africa Voluntary Youth Committee
HH	Household
HHDD	Household Dietary Diversity
HHS	Household Hunger Score
HOA	Horn of Africa
HRD	Humanitarian Requirement Document
IDP	Internally Displaced People
IEC	Information and Communication Material
IOD	Indian Ocean Dipole
IPs	Implementing Partners
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability, and Learning
MEB	Minimum Expenditure Basket
NGO	Non-governmental organization
OCD	Oxfam Country Strategy for Ethiopia
OECD DAC	Organisation for Economic Co-operation and Development Assistance Committee
OWDA	Ogaden Welfare and Development Association
PC	Pastoralist Concern
PDM	Post Distribution Monitoring
PSNP	Productive Safety Net Programme
PWO	Pastoralist Welfare Organisation
RTE	Real-Time Evaluation
SI	Sampling Interval
TOR	Terms of Reference
U5	Under five-year-old child
VIP	Ventilated Improved Pit Latrine
VfM	Value for Money
WASH	Water, Sanitation, and Hygiene
WASHCOMMS	Water, Sanitation and Hygiene Committees

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EXECUTIVE SUMMARY

Introduction

This report summarises the findings from the End of Programme Evaluation of Oxfam's Drought Response Programme in the Somali Region of Ethiopia. The Oxfam Drought Response program evaluation was intended to assess and document the overall difference that the humanitarian response programme had on mitigating the effects of the Indian Ocean Dipole (IOD) induced drought in the lives of men, women, girls, and boys in the Somali Region of Ethiopia. In response to the 2016/2017 IOD induced drought, Oxfam undertook a multi-sectoral humanitarian response in the Somali region where they reached a total of 878,443 people as of January 2018 with gender-focused activities in water, sanitation, and hygiene (WASH), emergency food security and vulnerable livelihoods (EFSVL), and protection. To better understand the response, Oxfam commissioned an external evaluation to assess the overall relevance, effectiveness, efficiency, impact, sustainability and accountability of the 2017 drought response programme in Ethiopia.

Methodology

The Evaluation team visited six *woredas*; Warder and Gelaadi in Doolo zone; Gashamo and Gunagado in Jaraar zone; and Awbare and Harshin in Fafan zone using a mixed-methods approach. Key informant interviews, focus group discussions, household survey, observations, and case studies were used to collect primary data at regional, national, *woreda* and *kebele* levels as appropriate. The evaluation findings were disaggregated by sex and location, and analysed and substantiated with quotes and good practices. A total of 1084 household surveys were completed, and 23 focus group discussions, 3 case studies for WASH and EFSVL, and 30 key informant interviews (KIIs) were conducted. Observation was used on the field sites, as well. A comprehensive desk review of relevant programme documents, as well as other related reports and documentation, was done throughout the evaluation process.

Household survey findings

Household characteristics

- 39% of the respondents were from Doolo, 28% Fafan, and 33% Jarar
- 68% of respondents were women, and 32% were men. More women were available than men in sampled communities during field visits hence contributing to the high response rate.

EFSVL

- The two top sources of income were cash transfers and food aid; 34% of respondents reported cash transfers as a major source and 23% reported food aid.
- There is a 17-percentage point increase in respondents who have more than one income source (32% at least two before drought and 50% current), but the sources are external
- 44% of respondents own livestock; 68% of these households sold animals during the drought period.
- Food aid is the major source of food (59%) and followed by markets (30%).
- HHDD scores increased to 4.82 food groups from baseline average of 2.5 (two zones only).
- Household Hunger Scale(HHS) scores were 3% severe, 67% moderate, and 30% little to no food insecurity
- Baseline HHS averages compared to endline severe food insecurity to (23% vs. 5%) and little to no food insecurity increased (10% baseline vs. 20% endline), but moderate increased (67% at baseline to 76% at endline)

- Reduction in the percentages of households that are under poor consumption by 17 percentage points, the acceptable range increased by eight percentage points and that of borderline by 10%
- Copy Strategy Index (CSI) increased from baseline average of 16.25 to 25.47 at endline.

WASH

- Primary water source during dry seasons *birkads* (31%), water trucking (26%), taps (18%) and rivers (15%); the majority of the sources are unimproved (82%).
- Most common water treatment was chemical water purification (51%), boiling (16%), filtering (8%), other methods (8%), and 16% do not treat water; based on Doolo information there is an increase in use of treatment and decrease on households not treating water.
- Latrine access is up to 58% from 46% at baseline.
- 77% respondents have access to improved latrines
- Respondents who own latrines have VIPs (35%), pits with slabs (36%), pits without slabs (21%), composting (6%), and other (2%).
- U5 faeces disposal methods show increase use of latrine (+10%) and bury (+3%) from baseline
- 53% have access to hand-washing facilities.
- There is an improvement of knowledge of hand washing after defecation (28 percentage points), before eating (22 percentage points), before feeding a child (three percentage points), and after cleaning a child's bottom (five percentage points).
- Knowledge handwashing as disease prevent increased from 45% to 60%; Fafan baseline vs. endline data showed significant improvement including a 32-percentage point increase on the understanding that water treatment can reduce disease.
- When children have diarrhoea, based on Doolo responses, respondents who wait until it passes decreased from 11% to 1% and those that would buy medicine increased from 2% to 8%.

Protection

- 71% respondents feel protected from risks and harms; only 36% of female respondents do compared to 64% of males.
- 53% of respondent feel that community leaders listen to their concerns (53%), 47% report Oxfam, and 23% say other organizations do.
- Females expressed that other organizations listen to their concerns the most; male respondents who cited leaders and Oxfam with nearly the same frequency, and other organizations at half those amounts.
- 71% of respondents feel safe when they go about their work.
- 52% of respondents report knowing about GBV though the percentages differ greatly between the districts.

Evaluation findings

Relevance

- Overall strategy and geographic targeting were very relevant to the needs in the crisis based on stakeholders' analyses
- Use of market-based responses were relevant for the EFSVL work
- Using different options for treatment (e.g., CbAHWs) took into account of the skills, structures, and knowledge of affected people
- Resilience aspect of the response programme was relevant, but its (response programme)

scale was not commensurate with the needs and targeted communities expressed that it was a gap
- The WASH interventions responded at a time when diseases as AWD outbreaks were on the rise.
- Construction of pit latrines was relevant, but it was going to be more relevant if these were to be constructed in host communities where there is high population density.
- Addressing protection in the drought response program was relevant in view of the exacerbated vulnerabilities and protection risks of women, girls, men and boys in IDP communities regardless of the timing of the project which began implementation in the middle of the drought response program.

Effectiveness

- The response began effectively but waned as the scale-up was underway.
- Doubling the Oxfam team size with the complexities of contracting in country was a hindrance though difficult to avoid.
- Though project agreements were delayed, Oxfam's "calculated risk" to invest internal funds contributed to the early effectiveness and the NGO's visibility.
- Oxfam's front loading of funds from the Catastrophic Funds was pivotal in responding with water trucking activities in the Somali region.
- Targeting beneficiaries for cash transfers was seen as effective as it priortised the most vulnerable groups in communities (pregnant and lactating mothers, women and child-headed households and people living with disabilities).
- Water trucking was key in addressing severe water shortages.
- Giving first preference to Priority 1 and 2 hotspot areas was a well calculated move by Oxfam which contributed to the organisation's humanitarian mandate to save lives.
- Partnerships with local NGOs that had experience working in Oxfam targeted zones was critical in expediting most of the programme interventions.
- Working with IPs ensured that hygiene and sanitation activities were sped up in containing AWD.
- Drilling new and rehabilitating existing boreholes brought long-term relief of water challenges
- A total of 14 boreholes have been drilled, and Oxfam rehabilitated 33 of the overall 85 boreholes in Somali region that required service.
- Basic training on WASH improved hygiene and sanitation conditions in communities.
- Latrine construction, particularly in IDP camps, enhanced sanitation within the camps.
- Protection outcome of service mapping greatly contributed to identifying the existing services available and helped to avoid duplication of efforts.

Efficiency

- Oxfam's success in fundraising was impressive, but it may have impacted its agility to respond.
- Many causes of the inefficiencies are structural and result in additional costs and disruption of work (e.g., restrictions of some nationalities, international staff visa renewal.
- Oxfam's use of the Somali Microfinance Institution (SMFI) contributed to efficiencies
- Preparedness could have improved Oxfam's efficiencies.
- Using local partners likely was a more efficiency means of implementation as they have staff and offices, deep roots and connections in the communities.
- Cash transfers and vouchers as modalities were seen as efficient, as well as using a service provider for the transfers.

Impact

- Food security impacts on the short-term were achieved across key indicators (HHDD, HHS)
- FCS scores increased, which should be followed up.
- Livelihoods support activities were too low in coverage amongst the targeted population and did not meet the communities' expectations.
- Oxfam made intentional efforts to influence stakeholders who could raise the profile of the crisis and advocate for communities in need at the regional, national and international levels.
- Participation in some crucial forums was inconsistent.
- Latrine construction reduced open defecation especially in and around IDP camps.
- Setting up of new water systems in communities that have lived for years without water sources will bring long-term changes in lives.

Connectedness

- Most of the response was short-term in focus without realistic exit strategies
- Some mid to longer-term gains could result from WASH activities and the engagement of local partners
- Partnerships forged between Oxfam and local IPs ensured timeliness in response especially for the WASH intervention
- Complementarity of WASH and EFSVL activities could increase efficiency in delivery
- The relationship between Oxfam and the regional government had some loopholes that require mending

Coherence

- Oxfam and its partners gave a sense that they were coherent in the programme that was focused on life-saving activities
- The many projects in the programme impeded the coherence on the ground, but this was internally only
- No evidence of an overall outcome-based analysis or tracking of the higher-level indicators that contribute to the outcomes and results.
- Different stakeholders voiced that Oxfam needs to focus more on partnerships with its local partners.

Accountability

- Accountability commitments did not achieve the intended impact as expected (e.g. involvement of stakeholders, functioning feedback mechanisms, staff capacity)
- At the community level complaints and response mechanisms and information sharing were not very strong, but there were mixed perceptions of involvement
- Oxfam took steps to address deficiencies in MEAL during the response
- Key informants had mixed perceptions on feedback and information sharing

Cross-cutting

- Programme design has not been very much informed by community consultation, gender analysis and identification of gender needs
- Proposal development often not informed by gender assessments nor gender specialists
- Some gender analysis done and applied in the implementation
- Training, sensitisation, and accountability on gender among staff could have resulted in increased incorporation of gender in the response programme
- Gender imbalance within the Oxfam team is a hindrance for gender-sensitive program implementation, among others. Women beneficiaries are not comfortable communicating all their concerns to male staff

- No country-specific gender strategy to guide the mainstreaming of gender in its emergency program, be it at programme or operational levels
- Most of the program humanitarian interventions including water provision, NFI's (provision of dignity kits), cash programs, hygiene, and sanitation, among others, addresses the practical gender needs of women
- Special attention was given to pregnant and lactating women and female-headed households in the cash transfers beneficiary targeting process
- Water trucking, establishment, and rehabilitation of water sources reduced the burden of women of travelling long distances in search of water
- Timing of programme activities did not specifically take into account the various roles women and men play in society and the gender division of labour in the household and society
- Women and child-friendly spaces have been created where communities get information about the relevant services provided by the program, get sensitized on various issues of protection and referrals
- Introducing the concept of protection as a standalone project is a good practice given that it is the first time Oxfam has implemented a Standalone Protection programme in the Somali region.

Recommendations

Human resources

- Do an after-action review for recruitment
- Human resources take more of an active role in Oxfam's accountability to gender

MEAL

- Standardized baseline data variables
- Consistently follow programme outcomes
- Deepen commitments and capacity around accountability
- Include appropriate gender and protection indicators and measurements MEAL frameworks

Partnerships

- Invest in preparedness with partners now

General programme

- Engage in cash transfer programming readiness
- Use a resilience lens when working in emergency response
- Budget for gender activities in all projects
- Understanding and application of gendered work needs to be scaled up
- Implement programmes that address gender-based decision making and power dynamics

EFSVL

- Use a livelihood zone approach that spans emergency and recovery
- Examine the state of natural resources when deciding on livelihoods activities

WASH

- Better gender analysis in WASH activities
- Scale up and increase investment in interventions around sustainable water supply
- Change the focus of water trucking to community-based water trucking
- Increase support for the establishment of databases for water quality tests

- Link sanitation and hygiene with water interventions and ensure that sanitation is a pre-condition for all water interventions
- Address hygiene issues in a holistic approach.
- Keep investing in capacity building and knowledge management
- Prepare for the next emergency through more pro-positive contingency planning

Protection

- Continue with focus on protection

1. INTRODUCTION

As Oxfam Ethiopia's drought response programme in Ethiopia for 2017 draws to a close, it is logical for Oxfam to have an external assessment of its performance including the effectiveness and relevance of its strategies to achieve expected results. The evaluation provides an opportunity to highlight lessons learnt and good practices from the drought response programme for possible replication and scale up in future programming. Considering the recurrent droughts in the past years in Ethiopia, findings of the evaluation will better prepare Oxfam for possible continued humanitarian response in 2018. The evaluation will further prepare Oxfam for a smooth transition to drought recovery and resilience programming ensuring improved programme quality. Oxfam Ethiopia partnered with local Non-Governmental Organizations (NGOs) as implementing partners for the response. Hence Oxfam is eager to use this external evaluation as an opportunity to assess the advantages and disadvantages of partnering with local implementing partners to implement humanitarian programmes.

1.1 Background to the evaluation

The Oxfam Drought Response program evaluation was intended to assess and document the overall difference that the humanitarian response has made to mitigate the effects of the IOD induced drought in the lives of men, women, girls, and boys in the Somali Region of Ethiopia. Within the framework of the Oxfam policy on programme evaluation as well as the Monitoring, Evaluation, Accountability and Learning framework, the evaluation rigorously assessed the design, implementation, and results of the humanitarian interventions, considering their effectiveness, efficiency, sustainability, relevance, coherence, accountability, and impact. The evaluation assessed the extent to which the drought response programme achieved its set objectives, the reasons for achieving or not achieving the set objectives while identifying the programme's added value and cost-effectiveness. It further assessed the programme efficiency and effectiveness in providing immediate relief, recovery, and rehabilitation as guided by the humanitarian context and as outlined in Oxfam's strategic and operational plans.

Oxfam Ethiopia conducted a baseline survey and assessments that aimed to determine the baseline values for key outcome indicators as per the logical framework and to collect data that would form a basis for comparison with this final evaluation. This helped to determine the level of changes between the baseline and the final evaluation. Also, Oxfam Ethiopia conducted a real-time evaluation (RTE) in 2017 that presented concrete recommendations against different benchmarks. This final evaluation assessed the extent to which the RTE recommendations were effectively implemented towards the achievement of the programme's expected outcomes.

The evaluation further assessed and documented the gender dimensions of the programme to see the extent to which the drought and the response had an impact on men, women, girls, and boys. The Gender analysis that was conducted in the Somali region was an important source of relevant baseline data.

1.2 Purpose of the evaluation

As Oxfam Ethiopia's drought response in Ethiopia for 2017 draws to a close, it was logical for Oxfam to have an external assessment of its performance including the effectiveness and relevance of its

strategies to achieve expected results. The evaluation provides an opportunity to highlight lessons learnt and good practices from the drought response programme for possible replication and scale up in future programming. Considering the recurrent droughts in the past years in Ethiopia, findings of the evaluation will better prepare Oxfam for possible continued humanitarian response in 2018. The evaluation will further prepare Oxfam for a smooth transition to drought recovery and resilience programming ensuring improved programme quality. Also, for the first time in its history of humanitarian response, Oxfam Ethiopia partnered with local NGOs as implementing partners for the 2017 drought response.

1.3 Objectives of the evaluation

The primary objective of this evaluation was to assess the overall relevance, effectiveness, efficiency, impact, sustainability and accountability of Oxfam Ethiopia's 2017 drought response programme. The specific objectives of the evaluation were:

- To assess the extent to which the drought response programme has delivered against its set objectives and expected results across Water, Sanitation and Hygiene (WASH) and Emergency Food Security, Vulnerability and Livelihoods (EFSVL) programme interventions and gender and protection;
- To highlight successes and shortcomings throughout the programme cycle, and to draw key lessons, and incorporate them in actionable recommendations that will help inform the design and implementation of future programmes by Oxfam and partners;
- To identify how Oxfam responded and adapted its intervention to the changing humanitarian context and provide recommendations on how to improve its approach;
- To assess the comparative advantage, strengths, and weaknesses of involving local NGO partners in this drought response and provide recommendations for future direction;
- To assess Oxfam's preparedness to this scale of drought response in Ethiopia and provide recommendations for areas of investment and strengthening of Oxfam's preparedness to emergency response in Ethiopia.

1.4 Evaluation questions

The evaluation questions were determined in line with Oxfam's Global Evaluation Policy and evaluation criteria (relevance, effectiveness, efficiency, impact, sustainability, connectedness, coverage, accountability, coherence, and cross-cutting themes). The evaluation matrix which carries the evaluation criteria, specific evaluation objectives, and evaluation questions is presented in the annexes section as Annex 5.

1.5 Scope of the evaluation

The external evaluation was conducted for Oxfam's Drought Response Programme implemented for the period January 2017 to March 2018 composed of multiple projects and donor funding in the Somali region, Ethiopia. The evaluation was executed in the backdrop of Oxfam's Humanitarian dossier, the Oxfam Country Strategy for Ethiopia (OCD), Ethiopia's Humanitarian Requirement Document (HRD) and the Core Humanitarian Standards. The evaluation covered seven zones of implementation in the Somali region; Doolo, Jaraar, Fafan, Afder, Nogob, Erere, and Korahey. The evaluation exercise that was primarily qualitative was buttressed by household questionnaire survey carried out in three zones; Doolo, Jarar, and Fafan reached during field visits.

Target groups for the evaluation were internal stakeholders; Oxfam's Ethiopia Drought Response team, Oxfam's Horn of Africa (HoA) Drought Response Team, Oxfam's Global Humanitarian Team (GHT) and local NGO partners; and external stakeholders; beneficiaries, Government of Ethiopia, UN Clusters and Technical Working Groups. Key informant interviews, focus group discussions,

household questionnaire, observations, and case studies were used to collect primary data at regional, national, *woreda* and *kebele*[1] levels as appropriate. The evaluation findings have been disaggregated by sex and location, and analysed and substantiated with quotes, good practices and photographs. Evaluation findings, analysis, and recommendations include comparative advantages and disadvantages of Oxfam's direct implementation and partnering with local NGOs as implementing partners.

1.6 Overview of Oxfam's interventions

Given the IOD induced humanitarian drought needs (water, sanitation, and hygiene, food security requirements, livelihood protection, gender, and protection), Oxfam in Ethiopia developed the Strategic Plan 2017/2018 as a response to these humanitarian needs in Somali region at the beginning of 2017. This strategy was reviewed and revised twice based on changing context including emerging humanitarian context. The overall objective of Oxfam's drought response was "To contribute to the reduction of mortality and morbidity, and protection of livelihoods, maintenance of human dignity and building of resilience of drought-affected populations." The IOD induced drought response programme started rolling in January 2017 to offer support to one million worst affected people (including drought-induced IDPs) in seven out of eleven zones namely Doolo, Afder, Korahey, Jarar, Nogob, Erere and Fafan in Somali region.

With funding from donors entailing DEC Appeal, OGB Appeal, OCHA, UNICEF, OFDA, ECHO, Governments (Germany, Canada and Hong Kong) and Oxfam's affiliates (Canada, Germany, Hongkong, Intermon, UK, US), Oxfam in Ethiopia responded to the drought-induced humanitarian crisis with life-saving humanitarian assistance, establishment of sustainable water sources and protection of livelihoods. The key areas of focus for the Oxfam Ethiopia intervention were,

(i) WASH with an objective to ensure safe and adequate access to water and sanitation, and adoption of safe hygiene practices for drought-affected pastoral and agro-pastoral women, men, girls and boys by March 2018;

(ii) EFSVL with an objective to ensure increased ability to meet basic needs, and protect, restore and strengthen the livelihoods of drought-affected women, men, girls and boys by March 2018; and

(iii) Gender and Protection with an objective to ensure safe and adequate access to and influence on humanitarian aid and essential services enabling drought affected vulnerable groups to meet their expressed needs by March 2018.

As a means of speeding up the response programme whilst ensuring efficiency and efficacy in delivery, Oxfam Ethiopia partnered with four local NGOs, Ogarnisation for Welfare and Development in Action (OWDA) in Doolo, Pastoralist Concern (PC) in Afder, Horn of Africa Voluntary Youth Committee (HAVYOCO) in Nogob and Pastoralist Welfare Organisation (PWO) in Erere Zone, while Oxfam directly implemented in Korahey, Fafan and Jarar zones.

1.7 Context of Oxfam's operational areas

The assessments carried out in the Somali Region revealed that approximately 1,252,070 individuals in 460 kebeles of 63 Woreda (70%) in nine zones of Somali region were facing critical water shortages and needed urgent humanitarian assistance. The most vulnerable groups of people highly affected by this drought were women and particularly; lactating and pregnant women, female-

[1] These are administrative units in Ethiopia. *Woredas* are the next smallest unit after zones. *Kebeles* are the smallest unit and are a grouping of villages.

headed households, as well as people with disability, children and the elderly[2]. Due to failure of the short rains (Belg) in most of Ethiopia over the previous three years and the poor long rains (Meher) in 2016, as well as with the consequences of the El Niño in 2016, together with the effects of the IOD during the period 2016/2017, a severe drought was experienced particularly in the Somali region of Ethiopia. An increase in the number of people in need of humanitarian assistance was recorded reaching approximately 5.6 million people in addition to the 8 million people who needed safety nets[3].

Ethiopia is a country prone to natural and man-made disasters, including: drought (about 1.5 million people were annually affected by drought over the period 2000 – 2007); floods (affect an average of 0.5 million people annually with 1.7 million people affected in 2006 in localized areas); disease epidemics; and internal conflicts. These result in a humanitarian caseload of about three million people annually. Since 2005, acute emergency needs have been addressed through the emergency programmes of government and other actors, while the chronic cases (a caseload of about 7 million people annually) have been addressed through the Productive Safety Net Programme (PSNP)[4]. In the Somali region where Oxfam carries out a number of interventions, there are high and continued cases of household vulnerabilities and under-preparedness for disaster situations. The communities in the Somali region are prone to asset destruction and are highly dependent on food aid. Conflicts and drought in some of Ethiopia's neighbouring countries increased the humanitarian burden on Ethiopia as the number of refugees also increased sevenfold during the period 2010 – 2014 (from less than 80,000 to about 661,000).

1.7.1 Demography

Ethiopia is a landlocked country that covers an area of over 1.1 million square kilometers and accommodates 96.51 million people of multiple ethnic groups[5]. Ethiopia is among the world nations that constitutes to approximately 1 billion of the earth's 7 billion women and men living in avoidable extreme poverty[6] and the country is largely patriarchal, male-dominated society. With a Gender Inequality Index of 0.547 (and a rank of 121 /187 countries), Ethiopia is among the countries with high gender inequality in the world. Cultural factors and religious beliefs are the key reasons behind this predicament. Low access to education among women aggravates gender inequality (only 7.8% women above the age of 25 years have attained secondary education compared to 18.2% men and 84.1% girls are enrolled in primary education compared to 87.7% for boys). Only 44.8% of pregnant women have access to antenatal health service from skilled providers and, the contraceptive prevalence rate is as low as 29%.[7] Women's access to formal employment (38%) is remarkably low compared to men (80.4%). Diverse forms of gender-based violence (GBV) exist in Ethiopia, the most prevalent being female genital mutilation (experienced by 74.9% of women between the ages of 15 and 49 years), child marriage (29.6% of married women between 25-49 years of age are married before the age of 15)[8].

1.7.2 Climate

Unprecedented climate change faces Ethiopia like many countries in the world. The country has been receiving low rainfall and experiencing high temperatures. Increasing frequency and severity of climate-related disasters and the international community's failure to put the most fragile states on a path to security and development have plunged the populations in unimaginable food and water shortages. The ability of governments and the international community to address these challenges

[2] Ethiopia Humanitarian Requirement Document, Joint Government Humanitarian Partners' Document 2016.
[3] Ibid.
[4] Oxfam Ethiopia. (2017). "Joint Oxfam Response Strategy." Internal document. Oxfam Ethiopia, Addis Ababa.
[5] Oxfam Ethiopia. (2015). "Oxfam country strategic plan 2015-2020." Oxfam, Addis Ababa.
[6] Oxfam. (2013). "Strategic plan-2013-2019: The Power of People against poverty." Oxfam, Oxford.
[7] Ibid.
[8] Oxfam Ethiopia. (2015). "Oxfam country strategic plan 2015-2020." Oxfam, Addis Ababa.

have increasingly been questioned. Recurrent droughts, livelihood vulnerabilities, and poverty have become the major adverse consequences of climate change in Ethiopia, particularly in the Somali region.

1.7.3 Livelihood

In Ethiopia, 8 in 10 people depend on agriculture and livestock for their livelihoods. More than 80% of agricultural production is rain-fed, which is typically seasonal across the country[9]. People survive as 'pastoralists, agro-pastoralists, farmers, and traders'. People from Ethiopia have suffered a series of livelihood shocks in recent years, some natural (droughts, livestock disease), and a crackdown on the bans by the Gulf States in livestock imports due to some disease outbreaks that also affected the livestock. In 2017, the implementation of humanitarian activities to support the livelihoods of 1.4 million pastoral households required more than US$37.1 million[10]. By 2016, the Government of Ethiopia confirmed that almost 4.5 million people were in need of humanitarian assistance, as supported by the Humanitarian Requirements Document. A result of these multiple shocks, and because rainfall in the Horn of Africa has been low in recent years, questions have been asked about the sustainability of pastoralism as a livelihood means, not only in Ethiopia's Somali region but throughout the Greater Horn of Africa. Agriculture and allied activities (crops, horticulture, and livestock) had a contribution of 42.7% to the GDP[11].

1.7.4 Social services (water, health and other)

Some 57% of Ethiopia's population has access to safe water sources, with coverage being higher in urban areas (92%) as compared to rural areas (45%). The 2016 *meher* assessment indicated that some 6.4 million people living in 200 *woredas* were still living in areas with acute water shortages. The analysis also highlighted that in *woredas* that were prioritized by the WaSH Cluster, accessing groundwater became increasingly complex. Groundwater is the primary water source for 80% of the population in Ethiopia. In 2016, Ethiopia experienced and responded to several *El Niño* driven adverse events with public health repercussions. These events included outbreaks of diseases such as AWD and scabies, flooding which destroyed health facilities in Afar and Somali and displaced more than 200,000 people. Furthermore, drought drove over 450,000 children and 1.8 million pregnant and lactating women into malnutrition.

1.7.5 Scale of the humanitarian crisis

By the end of March 2017, the UN estimated that 22.9 million people in the greater Horn of Africa were food insecure, a figure that was expected to rise as the crisis worsened. Specifically, 7.6 million people in Ethiopia were affected by the drought, 6.6 million in Somalia and 2.7 million in Kenya. The crisis had reached high levels, and reports of livestock deaths and water shortages were emerging from primarily the pastoral areas in southern and south-eastern parts of Ethiopia. In addition to this, disease outbreaks such as Acute Watery Diarrhoea (AWD) and food and nutritional insecurity in pocket areas throughout Ethiopia were rampant in the year 2017.

[9] Ethiopia Humanitarian Requirement Document, Joint Government Humanitarian Partners' Document 2017.
[10] Ibid.
[11] Oxfam Ethiopia. (2015). "Oxfam country strategic plan 2015-2020." Oxfam, Addis Ababa.

2. Methodology

2.1 Evaluation approach

The evaluation team used a mixed-methods approach to assess the relevance, effectiveness, efficiency, impact, and sustainability of WASH, EFSVL and Protection components of the programme. Use of the mixed methods enabled the evaluation team to triangulate qualitative and quantitative findings to effectively measure the extent to which Oxfam's drought response programme achieved its set objectives within the context of its drought response strategy. Guided by the key deliverables in the Terms of Reference (ToRs), the evaluation was undertaken in the following phases (i) Inception and briefing (ii) fieldwork (data collection), (iii) facilitation of the lessons learning workshop (iii) review of documents (done throughout the whole evaluation process) (iv) data cleaning and analysis, (v) workshop to validate evaluation findings, analysis and recommendations and (vi) report writing. The evaluation process was also conscious of the need to take in consideration cross-cutting issues like gender. Results of the study were disaggregated by gender wherever possible.

2.2 Qualitative methodology

The evaluation primarily employed the qualitative methodology in gathering and analysing data that responds to the primary objective of the evaluation. The qualitative approach involved the use of key informant interviews, focus group discussions, case studies, and observations as data collection techniques.

2.2.2 Key informant interviews (KIIs)

Key informant interviews were used in collecting data from the drought response programme team and relevant stakeholders. Sampling for qualitative data collection was done through purposive sampling which informed the selection of participants to engage in key informant interviews. Key informants were selected according to their level of involvement in the response programme. Their level of involvement was expected to influence their level of understanding and concentration of information about the drought response programme. Typically, these people included programme implementation staff, representatives from donor organisations, members of the WASH cluster, government officials at national, regional and *woreda* levels, and local leaders and informants who have a bird's eye view about the area. A total of thirty (30) key informant interviews were conducted; selection was purposive based on Oxfam's and its partners' input. A detailed list of key informants, organisation and occupied post of key informants is provided for in Annex 7 of the annex section.

2.2.3 Focus Group Discussions (FGDs)

In selecting focus group discussions participants, the evaluation selected people who had the highest level of concentration of information about the Oxfam drought response programme in Somali region. In specific, programme beneficiaries were the targeted group for FGDs. Participants were chosen based on their accessibility, proximity, and availability during field visits. Saturation of ideas and topics were tacked while holding FGDs until no new information was being generated. Twenty-three (23) focus group discussions, of between 8- 16 members, which were sex-disaggregated were conducted in visited sites. A detailed description of FGD participants and location is presented in Annex 6 of the annexes section.

2.2.4 Observations

Observations were done in the communities during field visits specifically for the WASH component and to an extent the Protection intervention. As the evaluation team moves in and around the three zones reached with primary data collection, the team observed some of the changes brought about as a result of the drought response interventions. As the intervention involved the construction of latrines and friendly spaces, drilling and rehabilitation of boreholes, installation of water taps and digging garbage pits, the evaluation team observed the environment around water sources and latrines, physical existence of structures and functionality and usage of the established WASH facilities. Latrines and water sources observations were done in Wafdug, Yamarugley and Quhacle in Warder, Doolo zone; Gelladi 01 and Duuban in Gelladi, Doolo zone; Gunagado IDP camp and host community in Gunagado, Jaraar zone; and Herogel in Awbare, Fafan zone. Observations for friendly spaces were done in Gunagado IDP camp in Jaraar zone. Observations further enabled the evaluation team to assess Oxfam's visibility and significance in ensuring humanitarian needs are addressed.

2.2.5 Case studies

The evaluation team conducted case studies with the intention of getting in-depth information supported with rich details on the programme in response. A total of three (3) case studies were carried out; one for WASH in Warder, Doolo zone, one for EFSVL in Gelladi, Doolo zone and one for WASH in Awbare, Fafan zone. Case studies are presented in the annexes section as Annex 2.

Table 1 below provides a snapshot of methods that were used to collect primary data from the different targeted institutions and individuals who participated in the programme at different levels.

Data Collection Method	Target Group(s)
KIIs	Government of Ethiopia at regional and woreda levels, Disaster Prevention and Preparedness Bureau, Livestock Bureau, Regional Water Bureau; UN agencies (OCHA, UNICEF); Selected Oxfam staff; Islamic Relief; Implementing partners (OWDA, PC), WASH Cluster chairperson; Donors (ECHO)
FGDs	Direct beneficiaries, Indirect beneficiaries,
Case studies	Direct beneficiaries- 3 case studies for WASH and EFSVL conducted
Observations	Observations for WASH and Protection were done in Warder, Geladi, Gunagado, and Awbare woredas during field visits.

Table 1: Data collection methods and targeted groups

Desk review was used to complement primary data throughout the evaluation process. The study responded to the evaluation questions through a comprehensive analysis, synthesis, and corroboration of information from relevant documents. This included, but was not limited to an assessment of;

- the extent to which the drought response programme has delivered against set objectives and expected results;
- program cycle successes and challenges and documented lessons learnt;
- Oxfam's response and adaptation techniques to the changing humanitarian context;

- the comparative advantage, strengths, and weaknesses of Oxfam's use of local NGO partners in the response programme;
- Oxfam's preparedness in the Ethiopia drought response programme.

This comprehensive document review fed into a contextual and statistical body of evidence for analysing findings from the evaluation.

2.3 Quantitative methodology

As a means to substantiate the qualitative evaluation findings and triangulate sources to ensure that the evaluation effectively responds to the evaluation questions, the evaluation team proposed the use of household surveys as a quantitative methodology. Household questionnaires administered through KoBo Toolbox, a Real-Time Data collection application, were used to collect quantitative data from programme beneficiaries.

2.3.1 Sampling design

Sampling Methods

The evaluation adopted the Probability Proportional to Size (PPS) technique to identify *woredas and kebeles* from which the households were going to be selected for interviews. Oxfam Ethiopia determined the three zones that were visited; Doolo, Jaraar, and Fafan. The PPS was used in a multi-stage environment to select the *woredas* and the *kebeles*. The sampling procedure involved identifying all the targeted *woredas* and their respective populations. The total population and the sampling interval we calculated. After that, a random number was chosen and the sampling interval was added to it to identifying the first woreda. The subsequent woredas were choosen by cumulatively adding the sampling interval. Once the woredas were identified a similar process was repeated. The PPS ensured that *woreda* and *kebeles* with relatively larger populations also have a relatively high probability of being selected.

Sample Size Determination

Using this approach, sample 384 was considered an ideal for each zone as provided by the formula below:

$$n = \frac{Z^2 (pxq)}{d^2} = 384$$

Where n = is the target sample size per zone, Z = parameter related to the risk of error = 1.96 for a risk of error of 5 percent. i.e 95% confidence level is considered

p = expected, we assumed a 50% response rate and that the various interventions positively impacted 50% of the beneficiaries.

q = 0.5 = 1-p

d = 0.05 absolute accuracy desired

The sample size per zone was proportional distributed to *woreda* based on the number of beneficiaries per the selected *woreda,* and a similar process was also applied for the kebeles.

Sampling Frame

The sampling frame for this study was all the Oxfam programme beneficiaries. The target participants must have benefitted from either one of the three interventions namely WASH, EFSVL, and Protection. In addition to the criteria above, consideration was also given to the following inclusion criteria; i) beneficiary of the project; and ii) resident status (IDP or resident).

Sample selection: Households

Selection of households was done using the systematic random sampling. The sampling interval was determined by dividing the total number of beneficiary households in a kebele by the target number of households to be interviewed. This survey was expected to cover a sample size of 1,152 households in all 3 zones, but managed to reach a total of 1084 households. This sample size was still representative enough for the target population. Table 2 below shows the distribution of the household interviewed during the survey.

Zone	Woreda	Actual Kebele visited	Total HHs targeted	Sample size (Planned)	Actual Sample size	Intervention		
						EFSVL	WASH	Protection
Doolo	Warder	Yamarugley	291	58	65	yes	yes	Yes
		Wafdug	202	40	46	yes	yes	Yes
		Quhacle	250	50	28	yes	yes	Yes
	Gelaadi	Isgoys	333	66	66		Yes	
		Duuban	389	77	81		Yes	
		Gelaadi 01	466	93	140		Yes	
Jarar	Gashamo	Gashamo IDP	1082	76	72	Yes		Yes
		Bodedhere IDP	573	40	79	Yes		Yes
		Elbahay IDP	1089	127	61	Yes		Yes
	Gunagado	Farmadow	510	36	54	Yes	Yes	Yes
		Lafoole	750	53	-	Yes	Yes	
		Gunagado IDP	500	52	88	Yes	Yes	Yes
Fafan	Awbare	Lafoise	833	31	35	Yes	Yes	
		Daray	833	61	73	Yes	Yes	
		Herogel	833	92	67	Yes	Yes	
	Harshin	Langayta	300	27	-		Yes	
		Bali case	900	82	59		Yes	
		Darbiga	1000	91	70	Yes	Yes	

Table 2: Sample frame and size

2.4 Methods of data analysis

Analysis of qualitative data involved textual analysis of words, either spoken or written, including interviews, FGDs, and documents. Content analysis facilitated the understanding of unstructured textual content into manageable data relevant to the evaluation questions. This involved identifying passages of texts or images that are linked by a common theme or idea allowing the indexation of text into meaningful categories. The initial step in qualitative data analysis was the transcription of audio recordings verbatim which was followed by identifying themes and developing categories. Finally, conclusions were drawn from the texts and used for compiling the report.

Quantitative data that were collected using KoBo Toolbox was extracted from the KoBo dashboard and exported to SPSS. The file was merged as one data repository and then cleaned and validated. Data were then analysed and presented using tables and graphs for interpretation.

2.5 Data quality and evaluation team management

The evaluation team leader led and managed the whole evaluation process with considerable support from the evaluation team, and this ensured that everyone provided technical input in their areas of expertise. The team leader also provided quality assurance of the evaluation. To ensure quality control, triangulation of multiple research approaches was used to broaden the scope of work and to enhance validity and reliability. Triangulation was done to help the evaluation team to analyse research questions from multiple perspectives to arrive at some level of consistency across data sources (including both primary data and secondary data).

Twelve local data collectors who were fluent in local Somali language and conversant in the English language were recruited in each visited zone with support from Oxfam field staff. The data collectors were selected based on their previous experience in doing household surveys using the Real-Time Data collection approach. Orientation on the use of KoBo Toolbox, an application that was used for quantitative data collection, was given to data collectors ensuring that they manage to navigate through the application. An in-depth explanation of the questions and responses in the questionnaire was done for the data collectors to ensure a common understanding and interpretation of questions, and ensure consistency in the data collected. Data collectors were also trained on research ethics.

2.6 Data Quality Assurance (DQA)

The evaluation team put in place some data quality assurance methods which include thorough training of enumerators, sitting in interviews by enumerators and checking for consistency of responses. Checking for consistency was done for questions that had skip patterns logic and expected values. Close monitoring of the data collection process was done ensuring that any slight deviances by data collectors were swiftly responded to. Data was uploaded into the main server at the end of each data collection day for safe storage. Once in the main server, the data was checked, from the KoBo dashboard, for consistency and/ or errors and enumerators were encouraged to ensure collection of authentic and quality data. For the collection of qualitative data, (i.e., FGDs and case studies), a team of experienced facilitators was hired and oriented on the scope and objectives of the evaluation, and the interpretation of questions in the data collection tools. These facilitators were fluent in local Somali language and conversant in the English language, and this allowed the collection of data using the Somali language and translation and transcription into English for

analysis. Among them was a well-seasoned facilitator who was hired as the field supervisor who managed the consistency and accuracy of data collection whilst reporting to EMCAD. These facilitators collected data in all the visited zones which ensured consistency in data and enhanced quality.

2.7 Limitations of evaluation

Limited scope of evaluation: The scope of the review did not take into consideration with any depth the methods (e.g., delivery methods for cash transfers, vouchers for animal treatment) that Oxfam used to implement the response. Nor did it look at programme quality against standards (e.g., Livestock in Emergencies, good practice in cash transfers, minimum monitoring standards) It mainly focused on the outcomes and overall approaches.

No targets for reach or monitoring provided: While Oxfam had a solid and extensive MEAL framework with core indicators to be monitored over the programme, they never provided the targets to be reached. Therefore, the analysis of effectiveness is extremely limited.

Limited baseline comparisons possible: Three different baselines were undertaken in the programme, and the datasets were not easily comparable. There were different various variables used and some vital information missing from some of the baselines. Additionally, the baseline data was sometimes aggregated with geographic areas not visited in this study. As there were different livelihood zones in the response, it was less precise to compare zones broadly rather than disaggregate by livelihood zones. Whenever possible, the quantitative data from baselines was used to compare to the endline, but this was not always possible.

Time limitations: Limited time was allocated for the completion of the data collection phase as the whole evaluation was supposed to be completed within a brief period. Given the distances between locations and the magnitude of the data to be collected, more time should have been allocated to the data collection process. There was an inflexibility of adjusting the lesson learning workshop, which pushed the data collection, analysis and reporting into an abbreviated timeframe.

Translation errors: While all attempts were made to ensure that the tools were translated efficiently and carefully as possible from Somali to English and vice versa, there may have been some unintentional errors in the depth of the translations.

3. EVALUATION FINDINGS

The following section draws upon the household surveys with programme beneficiaries, which was quantitative only. The section explores the food security and livelihoods situation at the time of the survey, as well as water access, hygiene knowledge and practices, and health-seeking practices. Wherever possible, the data is compared with similar baseline information. The protection section looks at perceptions of risks and harms, a voice in communities and Gender Based Violence (GBV).

3.1 Household demographics and characteristics

A total of 1084 households were consulted for the survey. These respondents were spread across the three zones (Doolo 39%, Fafan 28%, and Jarar 33%) and two *woredas* in each zone were sampled.

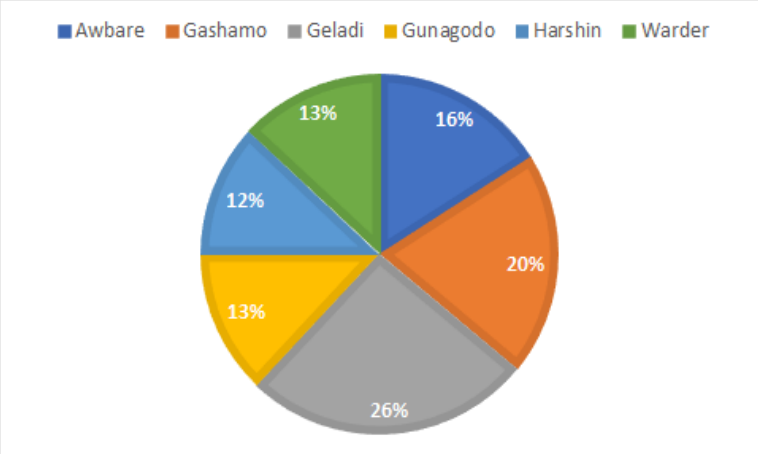


Figure 1: Sampled areas per district

Based on the household survey respondent information, 68% (n=732) of the respondents were women, and 32% (n=352) were men. More women were available than men in sampled communities during field visits hence contributing to the high response rate.

The average age of the respondent was 38 years old. Nearly half of the respondents identified as female-headed 49% (n=869), 31% (n=215) identified as male-headed households, and 20% of the responses were undetermined.

The respondents on average had approximately eight people in their households, a similar finding in the Jarar, Doolo and Fafan baselines[12]. Most of the respondents have children under five living with them (77%, n=830) and only 1%, n=10) has no children at all in their households. Forty-six per cent of the respondents claimed to have pregnant/lactating women in their households. Sixteen per cent stated they had persons living with disabilities (n=158) in their households and another 11%, n=216) claimed to have chronically ill household members.

[12] Unknown author c. (2017) "Baseline Assessment of WASH & EFSL Sectors in Jarar Zone." July.

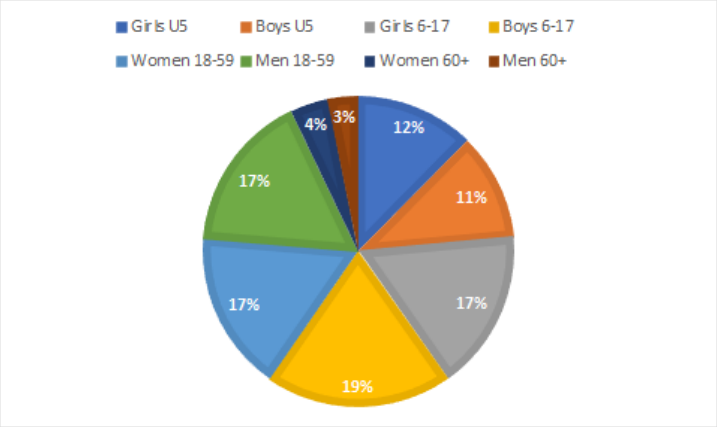


Figure 2: Average household makeup by gender and age

3.2 EFSVL

The evaluation examined the beneficiaries' access to food and livelihoods sources before the crisis and at the time of the study. It also explored different aspects of livestock holding and resources related to livestock. Lastly, the issues of food sources and consumption, and coping strategies pre-crisis and current were analysed. All figures in this section have a Confidence Interval (CI) of +/-2.98 unless noted.

3.2.1 Livelihoods

The study looked at sources of income before 2017 as compared to the sources at the time of the study. Additionally, the number of income sources as compared over the same time frame was also captured. Income sources have diversified since before the drought. There was a 17 percentage point increase in the number of respondents claiming to have more than one income source at the time of the survey as compared to before the drought.

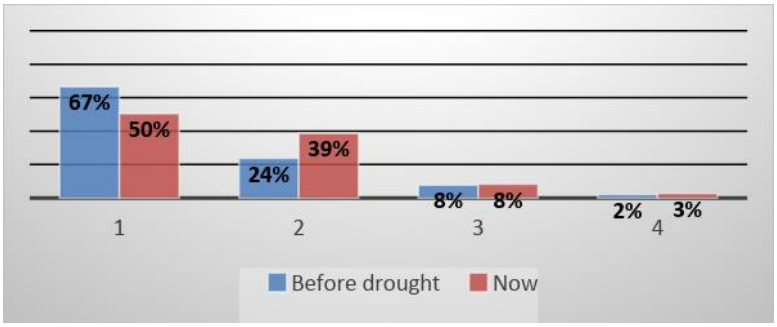


Figure 3: Number of income sources before drought vs. current

Income sources at the time of the survey were considerably different compared to pre-crisis. Before the crisis most of the respondents claimed to earn income from 1) vegetable and fruit sales (36%, n=859), 2) livestock (31%, n=743), and 3) casual labour, non-agricultural (14%, n=337). These sources had essentially disappeared by the time of the survey. Currently, the sources are 1) food aid (34%, n=595), 2) cash transfers (23%, n=401), and 3) the Productive Safety Net Programme (PSNP) (9%, n=167), the Ethiopian Social Protection programme. This analysis poses both a positive and worrying situation. It is positive in the sense that populations in need have received external support both from the government and NGOs. PSNP recipients, for example, doubled during the period. Nevertheless, the almost exclusive reliance on external and time-limited sources casts a shadow on the future of these households' income sources.

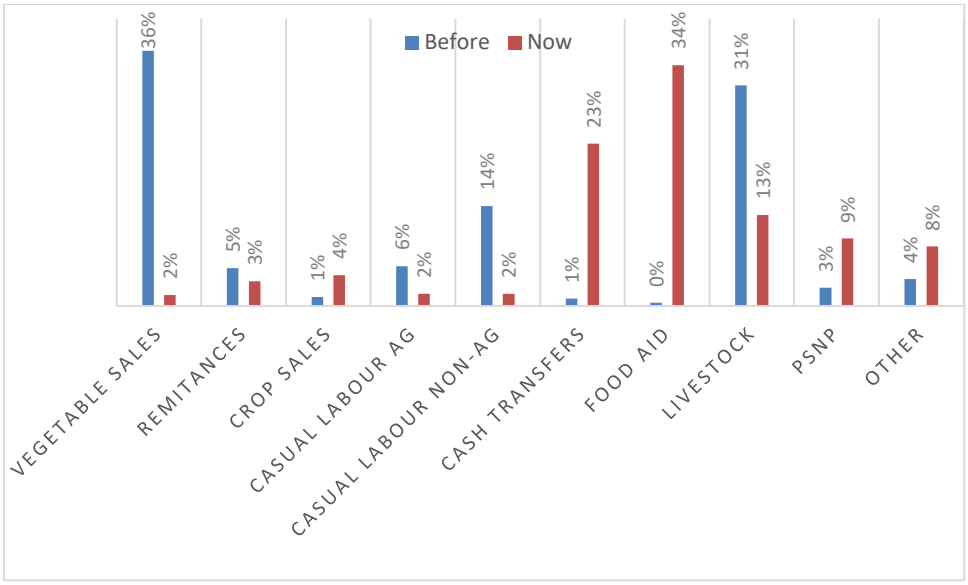


Figure 4: Reported income sources pre and post-crisis

Comparison of the baseline data of income sources from the three studies was challenging as the variables are not the same between any of the four studies. One data point appears in all—sales of livestock. The average baseline figure for income from livestock sales was 27%, showing a 14-percentage point reduction to the endline figures in this study. This is likely due to the losses of livestock experienced by most of the households and the increase of external support such as that from Oxfam and its partners, and PSNP. Households who still have livestock would not be compelled to sell as many animals. In Doolo and Jarar, there were reductions in the percentage of respondents claiming to get income from livestock (18 and 11 percentage points respectively). Fafan, however, saw the income source increase in the population from 26% to 39% of the respondents reporting this.

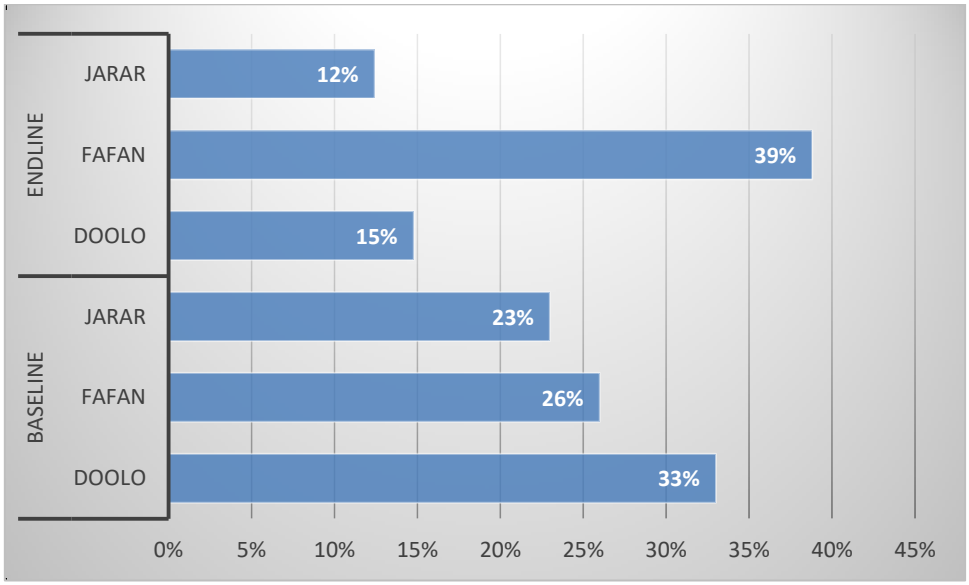


Figure 5: Comparison of livestock sales contribution to income baseline vs. endline by zone

3.2.2 Livestock

Some 44% of the survey respondents claim to own livestock (n=478). Shoats were the predominant species owned by the respondents, followed by donkeys, cattle, and camels.

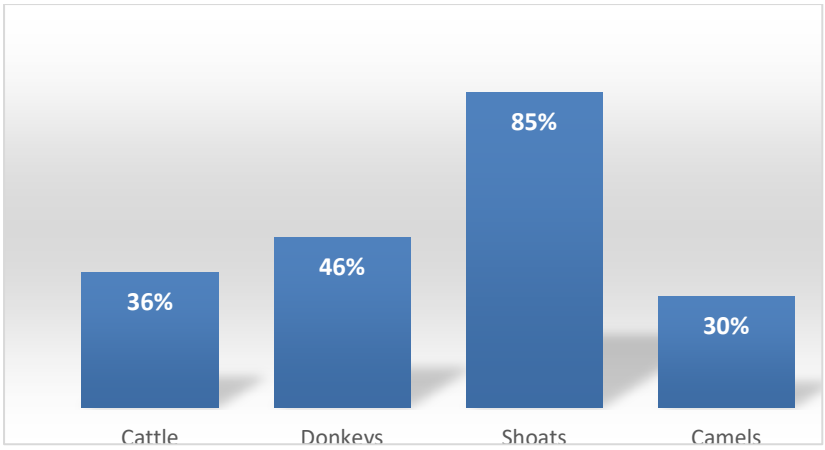


Figure 6: Percentage of livestock owned by species

The average holdings for livestock-owning households were seven cattle, two donkeys, 19 shoats and eight camels. Aggregation of these figures may be misleading, as they are not broken down by livelihood zone which can have distinct livestock holding patterns. Baseline findings for the livestock holdings are equally as difficult to compare as there are different livelihood zones represented for the same reason. The findings are shown for trend purposes only and for two zones, as that was the data available.

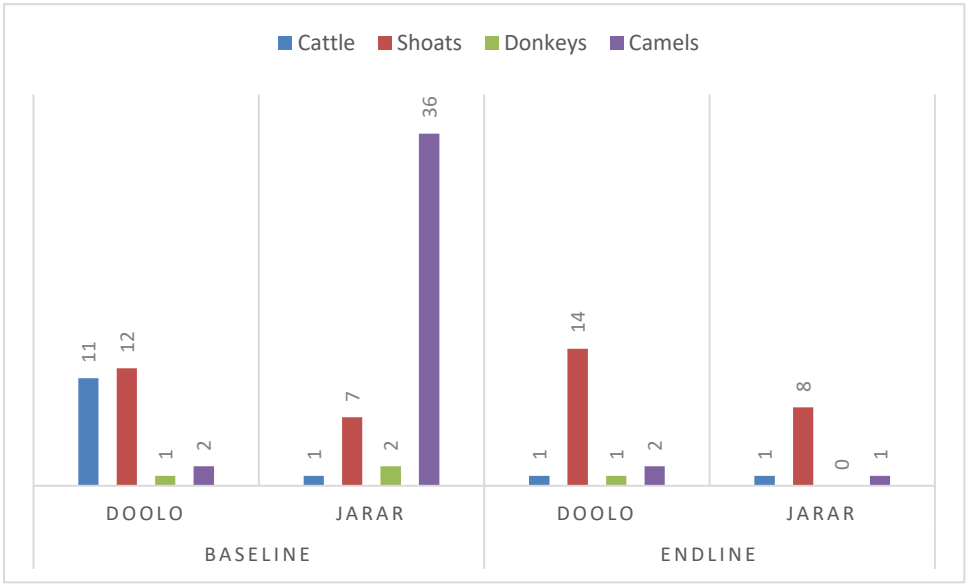


Figure 7: Baseline and endline livestock holdings by species and zone

During the drought period, 38% of the livestock owners affirmed that their animals were sick (n=182; CI +/-4.48). There were high percentages of responses declaring that animals had been sick during the drought period. Surprisingly the two species with the highest reports of sickness were shoats and camels with 75% (n=297), and 71% (n=281) of the species' owners reported the animals' illness during that period.[13] Conversely, only 29% of cattle owners (n=49) and 29% of donkey owners (n=61) reported that their animals had been ill during the same period. These findings are difficult to interpret as they have no baseline as to what is normal for the season or in a crisis. What can be seen is that a considerable percentage of the livestock-owning households did suffer from some

[13] Shoat owners n=396, CI +/-4.92; cattle owners n=169 CI +/-7.54; donkey owners n=213, CI+/-6.7; camel owners n=139,+/-8.31

portion of their animals being sick in the past year. This is in line with monitoring reports during the period that pointed large-scale mortality of livestock between November 2016 and April 2017; Doolo and Jarar were two of the most affected zones in this regard.[14]

An average of 41% of the livestock owners reported that their livestock died during the drought (n=194; CI +/-4.48). In this case, goat owners[15] said the highest losses, with 69% (n=323) affirming this and followed by camel owners (37%, n=173))—again following the same curious pattern. Only 34% (n=157) of the cattle owners reported that animals had died, while 23% (n=106) of donkey owners had the same reports. To conclude from these reports is again, not straightforward as there is no baseline for normalcy in the season. Additionally, one would need to understand what types of animals died (e.g., breeding stock, newborns) and in which livelihood zone (e.g., pastoral, agro-pastoral) for an accurate analysis. Nevertheless, it concerns that almost half of the livestock-owning households had animals died especially in light of the small herd sizes captured in the baseline figures.

Regarding treatment of different species during the drought period, the patterns are similar (n=466, CI +/-4.54)). Some 45% (n=108) of shoat owners had sought treatment of their animals during the period, and23% (n=210) of camel owners did the same. For cattle owners, the percentage was 18% (n=84) and donkey owners 17% (n=77). As to where the livestock owners frequent for animal treatment[16] 26% (n=125) claim to use private clinics, 31% (n=146) government clinics, and 10% (n=46) used community-based animal health workers. However, the most significant percentage of livestock holders claims to not use any services for treatment (33%, n= 155).

As for water sources for livestock, there were no significant differences between the dry season and as was noted during the surveys. The first source was Oxfam water trucking (34%, n=161), followed by water taps (24%, n=114), Oxfam rehabilitated water sources (23%, n=109) and rivers (18%, n=85). These findings point to the contribution of Oxfam and its partners towards livestock water sources in these communities. Nevertheless, water trucking is a short-term solution, which makes one question what will be done in its absence.

When asked about the current adequacy of water sources, 41% (n= 194) of the livestock owners[17] felt that at the time of interview it was not adequate and 27% (n=128) expressed that water was difficult to find. However, 32% (n=152) expressed that water was readily available. When looking at the responses by zonal level, the Doolo respondents claimed to have the best access to water sources and Jarar the worst. These loosely are supported by other reports. The onset of *Deyr* rainfall in October 2017 showed that the cumulative rainfall totals were average or above average, except in western Jarar Zone of Somali Region, where rainfall was well below average[18]. For a robust analysis of water access, one would need to understand normalcy for the season, livelihood zones and herd sizes.

[14] NDRMC/DPPB. (2017). "Assessment report of the Gu 2017: Somali Regional State of Ethiopia." NDRMC/DPPB, Jijiga.
[15] Shoat owners n=396, CI +/-4.92; cattle owners n=169 CI +/-7.54; donkey owners n=213, CI+/-6.7; camel owners n=139,+/-8.31
[16] 16 n=478; CI +/-4.48
[17] N=474; CI +/-4.54
18 FEWSNET. (2018). "Poor spring (Gu) rains likely to prolong food security emergency in southeastern Ethiopia." Web. Accessed March 6, 2018. http://www.fews.net/east-africa/ethiopia/alert/march-1-2018

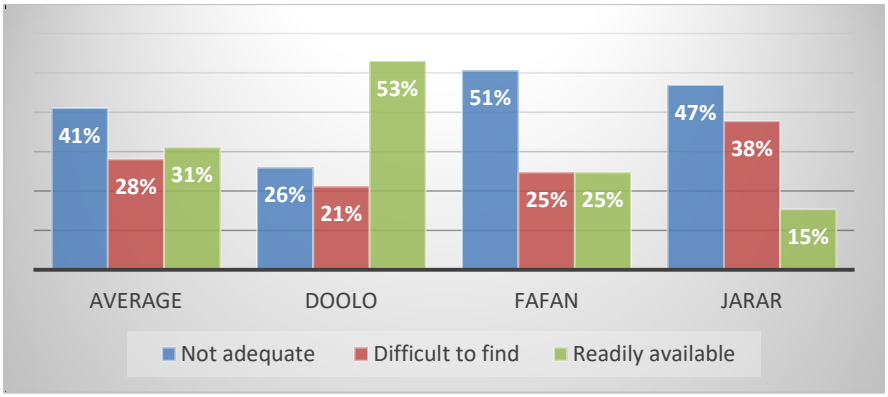


Figure 8: Perception of water access at the time of survey by zone

Regarding the quality of pasture as expressed by livestock owners only, 62% (n=292) felt that it was poor at the time of the interview, 18% (n=83) felt the condition was fair, and 14% (n= 66) thought it was good. Lastly, 7% (n=35) claimed that there was no pasture available. These responses need to be viewed with a bit of caution as they must be taken in the context of what is normal for the time of year; also, the question did not ask about the condition of browse, which is relevant for goats and camels.

Regarding the sales of livestock between January 2017 and January 2018, 68% (n=323) of the livestock owners had done so. Additionally, another 50 households who do not currently have livestock indicated that they sold animals during the timeframe. This finding assumes that the actual percentage of surveyed households who owned livestock was 48% last year; 4% higher than the previously reported number. The overwhelming reason chosen by respondents for the sale of livestock was to pay debt, with payment for school fees being the other significant reason. For a more thorough understanding, the question would need to be framed in what normal livestock sales with a year by wealth group are, which is not possible to understand with the data presented. However, what is noted is that herd sizes reported were extremely small, which throws the viability of those herds into question.

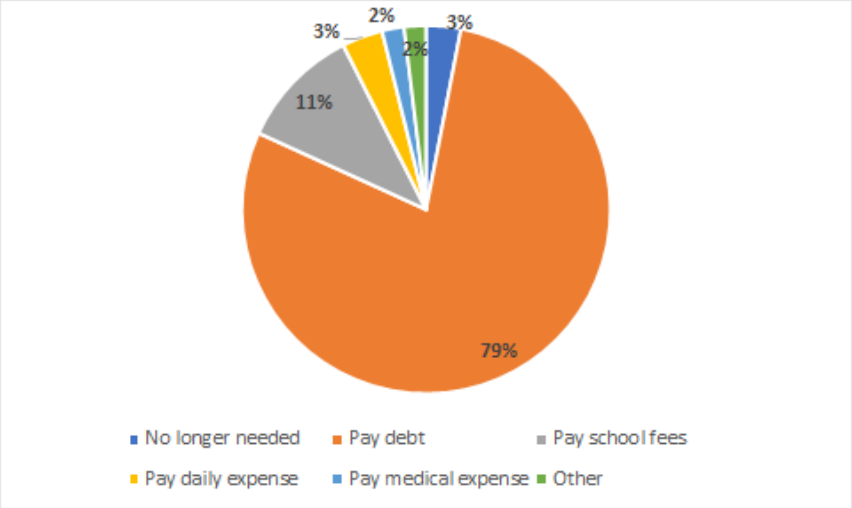


Figure 9: Reasons for sales of livestock in 2017

3.2.3 Food consumed, dietary diversity, and coping strategies

Food sources before drought as compared to the time of the interview have changed dramatically. While before the drought 77% of the respondents claimed that the overwhelming source was own production, that source has fallen to second place (38%). Purchase has maintained its third-place source of food averaging 32% across both time periods. Households reported more reliance on external sources of food through food aid (62%), borrowing (24%), and gifts (15%). This last finding is concerning when looking towards the transition out of external support.

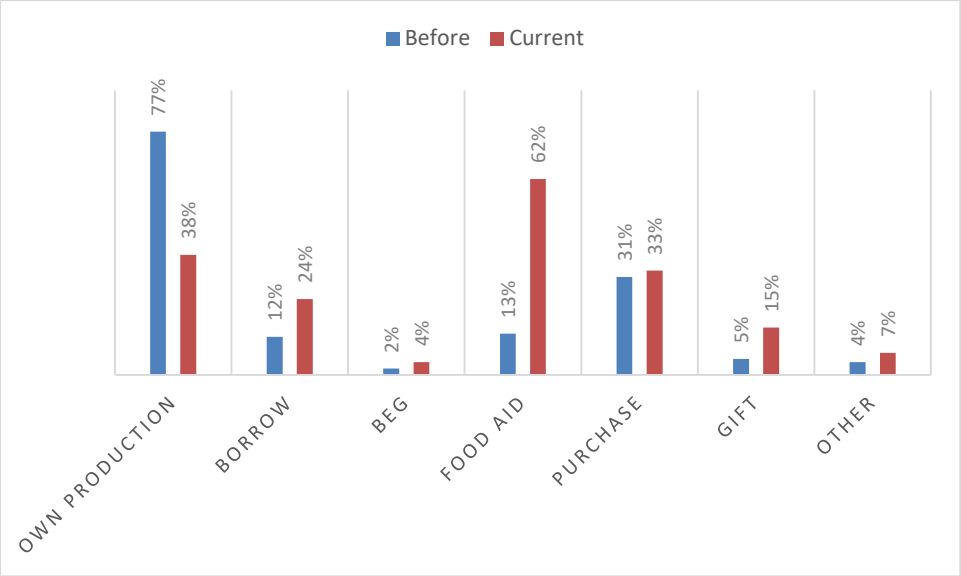


Figure 10: Sources of food pre-drought and current

The zonal differences pre-drought and current food sources show striking changes. In Doolo and Jarar responses report considerably lower levels own production as a source—reductions of 52 and 66 percentage points each. Fafan respondents report an increase in the importance of own production—up from 74% to now 89%.

	Before				Current			
	Weighted proportion	***Doolo***	***Fafan***	***Jarar***	***Weighted proportion***	***Doolo***	***Fafan***	***Jarar***
Own production	77%	68%	74%	88%	38%	14%	89%	12%
Borrow	12%	11%	13%	10%	24%	20%	19%	33%
Beg	2%	7%	1%	0%	4%	6%	2%	5%
Food Aid	13%	11%	23%	5%	62%	57%	47%	82%
Purchase	31%	35%	31%	27%	33%	31%	42%	27%
Gift	5%	7%	4%	3%	15%	4%	14%	26%
Other	4%	3%	6%	2%	7%	7%	12%	3%

Table 3: Sources of food pre-drought and current by zone

Similar to the income data points, the food sources were different across the four studies. Three identical data points—own production, purchase, and food aid—were used in two of the studies. The comparison shows mixed results when compared to the Doolo and Fafan studies. As these are not complete datasets for all food sources, they are shown for illustrative purposes only.

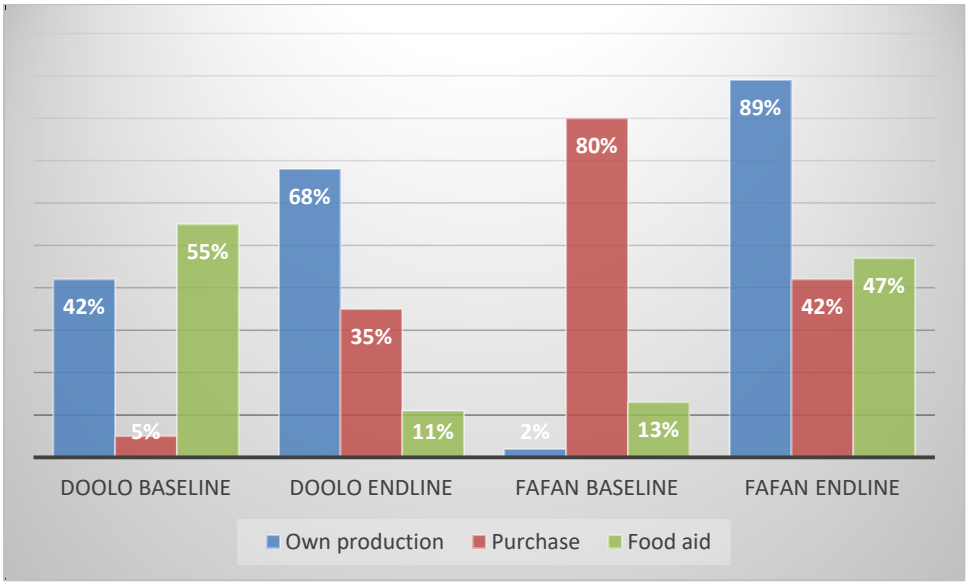


Figure 11: Food sources, endline vs. baseline- Doolo and Fafan

The study examined the households' dietary diversity scores (HHDD). This indicator looked at the number of different food groups consumed in a household over a given reference period,[19] in this case, the 24 hours before the interview and based on 12 food groups. The indicator is proxy for food security as a more diversified diet is an important outcome in and of itself[20]. The results were a score of 4.82 out of a possible 12 food groups being consumed by the surveyed households. The scores varied across zones—Doolo 4.4, Fafan 5.55, and Jarar 3.2. These food groups were most commonly 1) cereals, 2) sugar, 3) oils and fats, and 4) condiments including tea.

Only Doolo and Jarar could be compared to their baseline scores. The average at baseline for these two zones was 2.5 and at endline 3.8. The current HHDD scores compared[21] to those of Doolo (n= 426, CI +/-4.75) and Jarar (n= 354, CI +/-5.21) show considerable improvement, with respondents eating at least one more food group than they had from baseline.

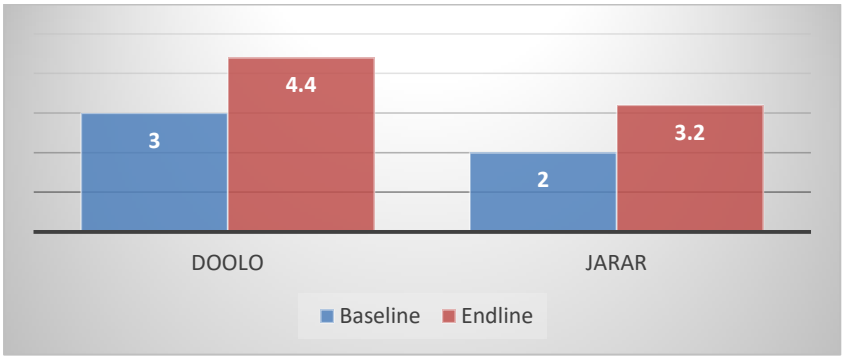


Figure 12: HHDD scores endline vs. baseline Doolo & Jaraar

[19] This survey looked at 12 food groups 1) cereals, 2)roots and tubers, 3) pulses, 4) vegetables, 5) fruits, 6) meats, 7) fish, 8) milk and milk products, 9) eggs, 10) sugar and honey, 11) oils and fats, and condiments including tea.

[20] Swindale, Anne and Paula Bilinsky. (2006). "Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide (v.2)." FHI 360/FANTA, Washington, DC.

[21] The CI for the baseline was not available.

Another standard indicator for food insecurity was explored in the evaluation, the Household Hunger Scale (HHS). The HHS measures household food deprivation looking at a time frame of 30 days before the interview. An analysis of the data shows that 3% (n=33) of the respondents are still experiencing severe hunger in the household, while 30% (n=325) experience little to no food insecurity and 67% (n=726) moderate food insecurity.

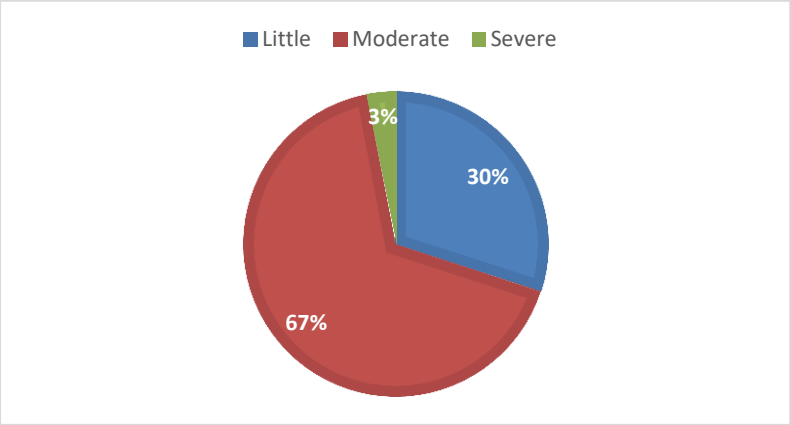


Figure 13: HHS scores by percentage

Comparing the study data HHS to that of the baseline collected from Doolo and Jarar, both conducted in July 2017, there are positive improvements. The percentage point increase of households with little to no food insecurity increased by ten percentage points from the baseline average. There was an increase of households in the moderate food insecurity range ((67% baseline vs. 76% endline). Most impressively is the reduction from an average of 23% of the households in severe food insecurity to 5%.

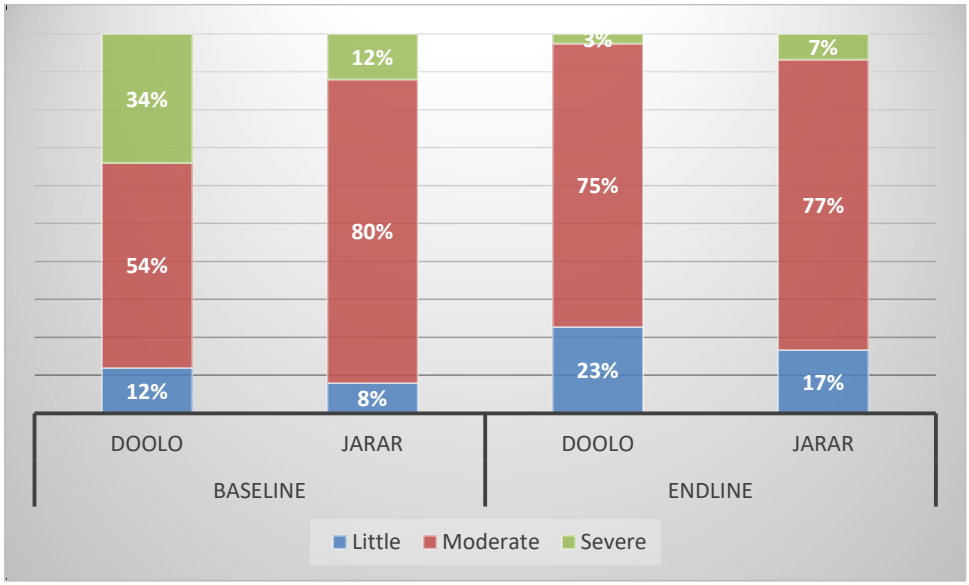


Figure 14: HHS scores baseline vs. endline

Also studied was the Food Consumption Score (FCS). The FCS is a universal food security tool that measures the frequency of consumption of different food group by a household during the seven days before the survey.[22] The scores are then weighted using a universal scale and then analysed

[22] World Food Programme, Vulnerability Analysis and Mapping Branch. (2008). "Food consumption analysis calculation and use of the food consumption score in food security analysis." WFP, Rome.

across three tiers of consumption based on the categories 0-21 poor, 21.5-35 borderline, and >35 acceptable.[23]

The scores pointed to poor consumption (50%), borderline consumption (22%), and acceptable levels of consumption (27%). However, looking at the districts, there was great variation on the FCS when comparing them all. Awbare and Harshin have the highest FCS scores with 49% and 42% of the interviewed having borderline or acceptable scores. The districts with the highest percentages of FCS scores in poor were Warder and Gunagodo (76% and 87% respectively).

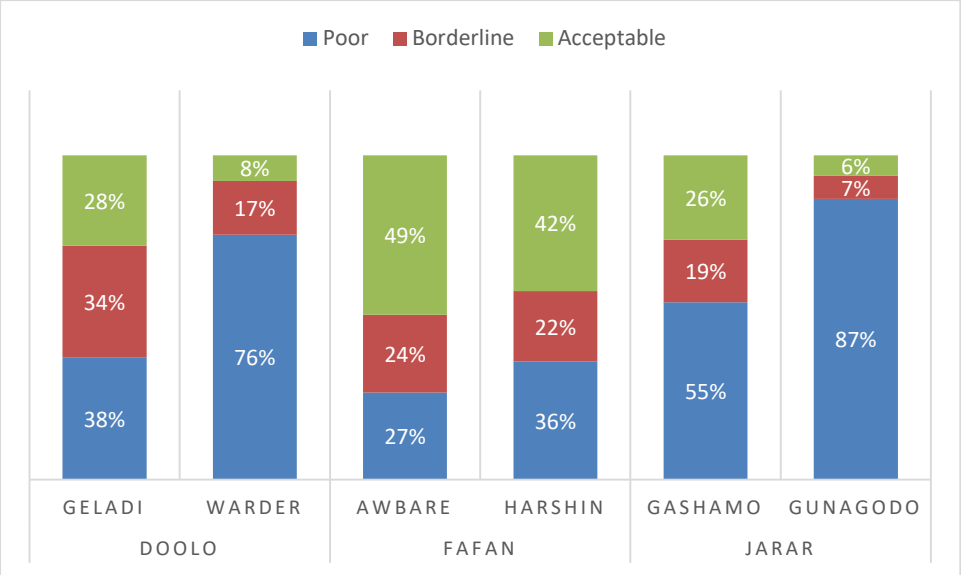


Figure 15: Food consumption scores at the time of interview

Analysing the FCS across the baseline data, there is an impressive reduction in the percentages of households that report reductions in poor consumption by 17 percentage points. At the same time, the percentage points of households in the acceptable range increased by eight and that of borderline by 10%.

[23] The groups and weighing were cereals (2), roots and tuber (2), pulses (3), vegetables (1), fruit (1), meat (4), fish (4), milk and milk products (4), oil (.5), and condiments (0). Ibid.

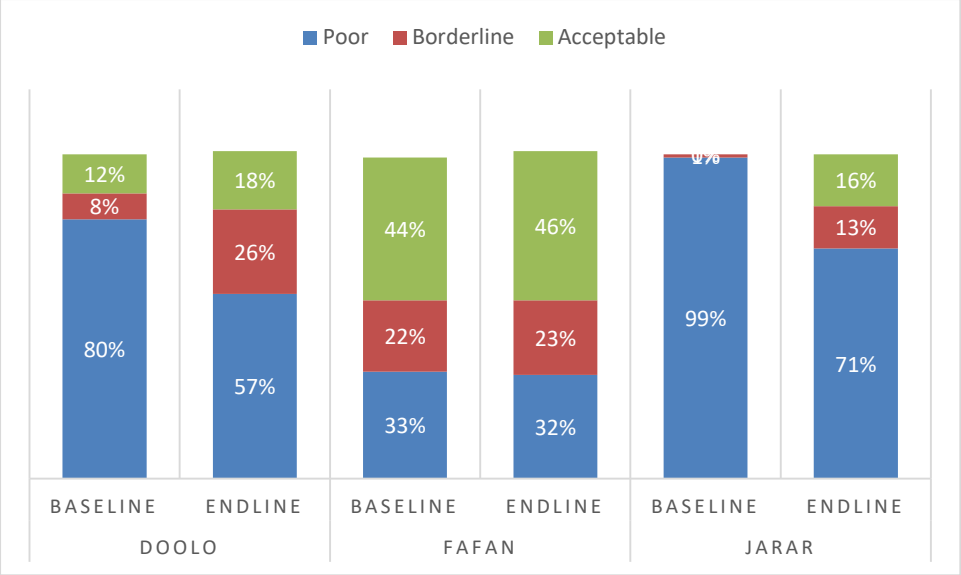


Figure 16: Comparison of FCS baseline vs. endline

The study analysed the coping strategy index (CSI). The indicator measures behaviours of people when they cannot access enough food and is a standard tool used in emergency food security responses.[24] The indicator is used across different contexts and is calculated using a specific set of behaviours with a universal set of severity weightings for each behaviour. The five standard coping strategies and their severity weightings are:[25]

- eating less-preferred foods (1.0),
- borrowing food/money from friends and relatives (2.0),
- limiting portions at mealtime (1.0),
- limiting adult intake (3.0), and
- reducing the number of meals per day (1.0).

The average CSI was 25.47 out of a maximum of 113. Comparing the CSI for the baselines averages of Jarar and Doolo, which was 16.25, the CSI has increased by nearly 10 points. This is a considerable shift in the coping capacity in the population. While this indicator has to be put into context and is more "powerful if it is analysed and interpreted over multiple time periods, among multiple locations, and/or across specific groups[26]." A more in-depth analysis of the localization of changes from baseline to endline could give more information, but as the baseline is incomplete (e.g., no Fafan) it is not easy to conclude.

[24] Maxwell, Daniel and Richard Caldwell. (2008). "The Coping Strategies Index." Field Methods Manual. USAID, CARE, WFP, Feinstein International Center, Tango.
[25] Ibid
[26] Maxwell, Daniel and Richard Caldwell. (2008). "The Coping Strategies Index." Field Methods Manual. USAID, CARE, WFP, Feinstein International Center, Tango.

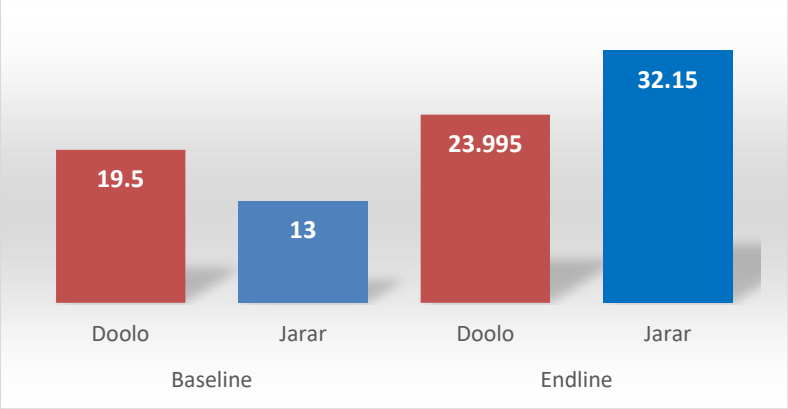


Figure 17: Comparison CSI baseline vs. endline

KEY EFSVL FINDINGS:

- The two top sources of income were cash transfers and food aid; 34% of respondents reported cash transfers as a major source and 23% reported food aid.
- There is a 17-percentage point increase in respondents who have more than one income source (32% at least two before drought and 50% current), but the sources are external
- 44% of respondents own livestock; 68% of these households sold animals during the drought period.
- Food aid is the major source of food ((59%) and followed by markets ((30%).
- HHDD scores increased to 4.82 food groups from baseline average of 2.5 (two zones only).
- HHS scores were 3% severe, 67% moderate, and 30% little to no food insecurity
- Baseline HHS averages compared to endline severe food insecurity to (23% vs. 5%) and little to no food insecurity increased (10% baseline vs. 20% endline), but moderate increased ((67% at baseline to 76% at endline)
- Reduction in the percentages of households that are in poor consumption by 17 percentage points, the acceptable range increased by eight percentage points and that of borderline by 10%.
- CSI increased from baseline average of 16.25 to 25.47 at endline.

3.3 WASH

The evaluation looked at beneficiaries' access to key WASH and public health resources, and their knowledge and practices of health and hygiene behaviours, which are explored in the following section. All figures in this section have a Confidence Interval (CI) of +/-2.98 unless noted.

3.3.1 Water sources, fetching, and treatment

A main area of focus was on respondents' access to water sources for human use. The primary water source during dry seasons was *birkads*[27] 31%), water trucking (26%), taps (18%) and rivers (15%). Notable in this analysis was that the majority of the sources are unimproved (82%), which require some form of water treatment before its use. The baselines used slightly different variables in the question of water sources in the dry seasons; only three are shared in common and therefore have been excluded from this analysis.

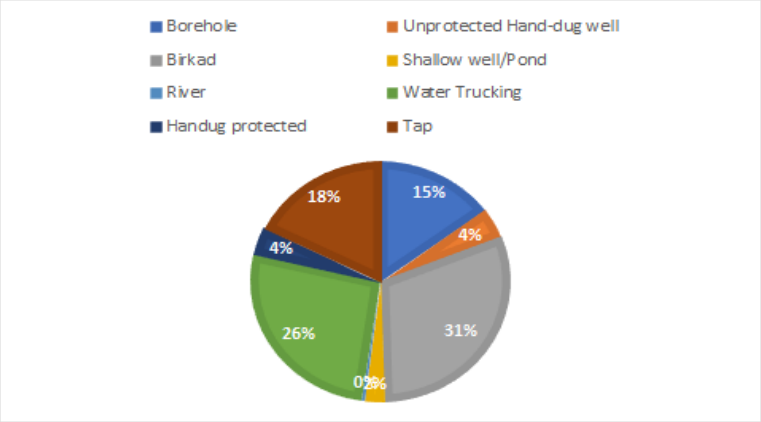


Figure 18: Water sources in dry seasons by type

The most common water treatment method used by the respondents' households in the last 24 hours before date of the survey was chemical water purification (51%). A smaller number of respondents claimed to boil the water (16%), filter it (8%) or use other methods (8%). A full 17% of the respondents did not treat the water at all. For this last group of respondents, they were probed as to why they did not treat the water. Nearly 40% did not know why it was not treated and 23% claimed to have no means to do so. Thirty per cent of respondents who did not treat their water contended that the water was safe, though only 50% of these respondents claimed to collect water from improved sources (taps and boreholes).

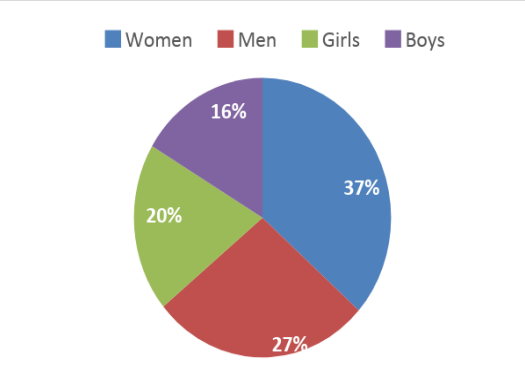
Comparing the average baseline information does not give any clear trends as the variables were not the same for Jarar and there was none for Fafan. Looking at the Doolo information only, there was considerable increase in the number of respondents claiming to use some form of water treatment (See Table 4). Additionally, the respondents who claim not to be using any water treatment fell by nine percentage points. Engagement with groups of women who benefited from WASH interventions revealed that they received water treatment chemicals (HTH chlorine) and training encompassing safe water storage and treatment under the Public Health Promotion activities.

[27] Birkads are underground cisterns used to store water, which are common in the Somali region and in other areas where Somalis inhabit in East Africa. They may be covered or uncovered, privately or group managed.

	Chemical	Filter	Boil	Other	None
Doolo Endline	66%	9%	33%	11%	13%
Doolo Baseline	57%	6%	3%	2%	24%

Table 4: Comparison Doolo water treatment methods vs. endline

Regarding water collection, most of the respondents depend on women and men for its collection (37% and 27% of responses). However, further analysis of the responses shows that 42% of respondents' households rely on a mix of people to fetch water. In 29% of the cases, at least two household members were responsible for water collection, and 15% use more than two people. Children were solely responsible for water collection in 12% of the respondent households. Observations conducted in some of the visited sites revealed that the majority of households use 20-litre plastic containers with narrow necks and lids for fetching water.



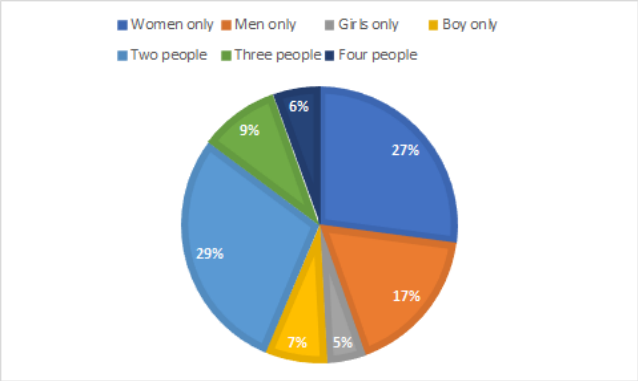


Figure 19: Responsibility for fetching water by gender. Figure 20: Responsibility for fetching water by number and gender

The majority of the respondent households use 20lt containers to collect water (74%), 9% use 10lt ones, with the remaining 17% using other sizes. About half of the respondents travel 30 minutes or less to their water sources--less than 15 minutes 23% and 15 to 30 minutes 25%. Another 20% walk 30 to 60 minutes, while 31% must walk over an hour to reach their water sources. At the zonal level, Jarar respondents have the longest distances to travel, followed by Fafan and Doolo (See Figure 16).

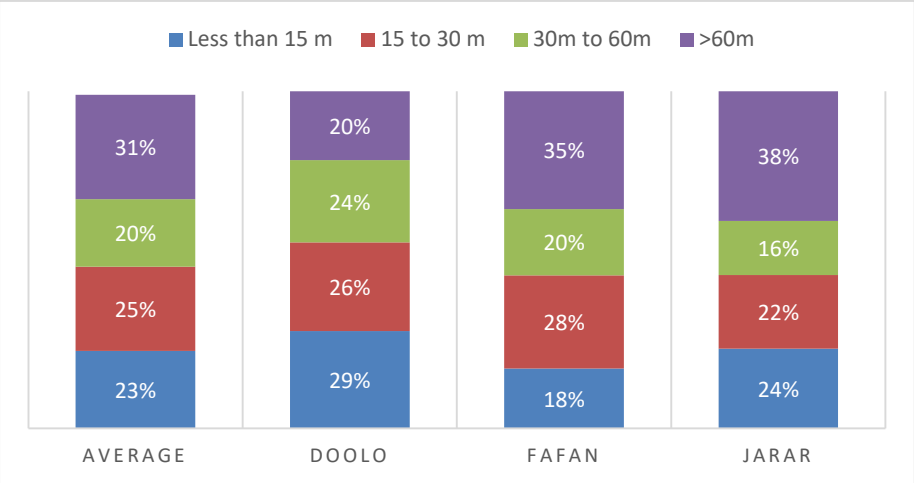


Figure 21: Travel to water sources by zone

3.3.2 Latrines and access and practices

Regarding latrines, 58% of the respondents claim to own or have access to a latrine (n=647). This demonstrates an increase from the baseline were an average 42% of the respondents that claimed to have access to latrines (52% Jarar, 50% Doolo and 37% Fafan). Across the zones, the reported access was not even; Doolo responds by far had the highest reported access (73%), followed by Jarar (51%) and Fafan (43%).

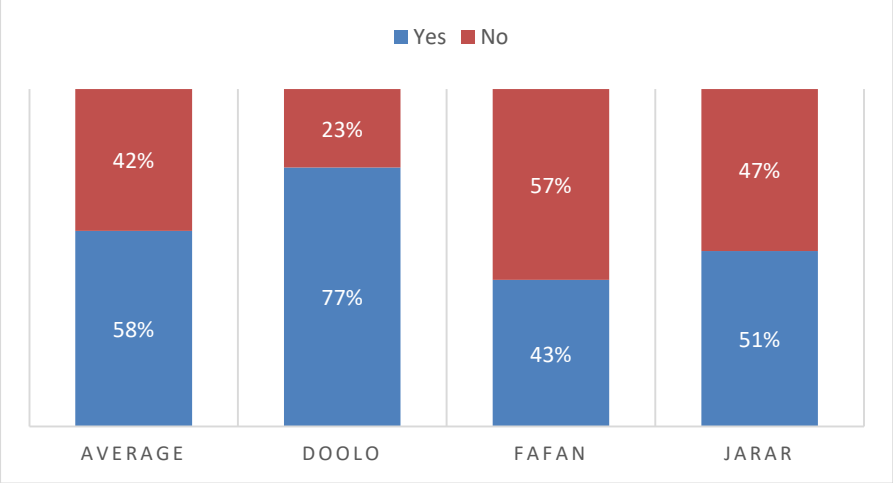


Figure 22: Access to latrines by zone

In the evaluation, there was a considerable percentage of households that claimed to have access to improved latrines (77%) (n=647, (See Figure 14). For the 40% (n=217) of respondents who do not have access to latrines most use open defecation (59%) (n=647, CI +/-3.85).

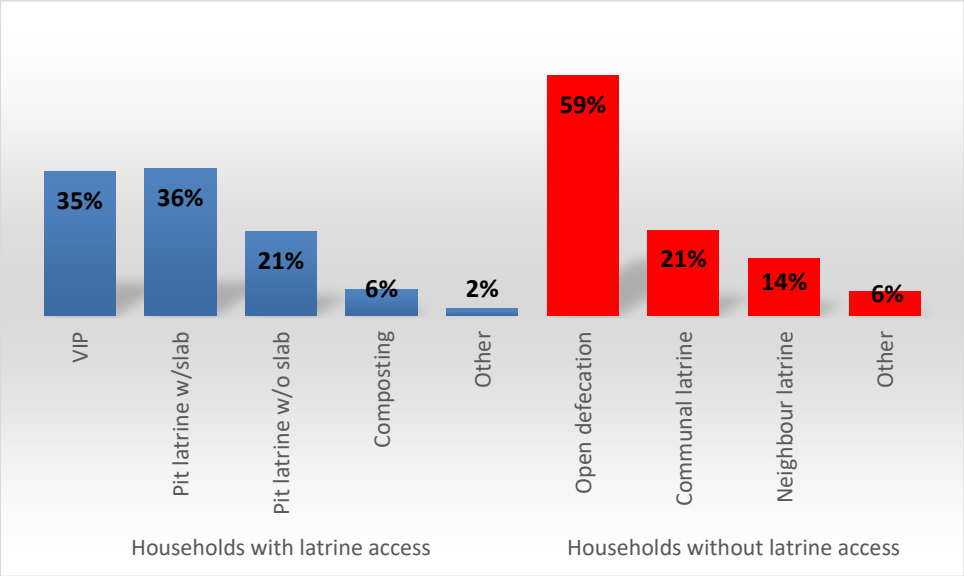


Figure 23: Access to latrines and other defecation practices

The households that have U5s (75%, n=813, CI +/-3.44) were asked about how they dispose of children's faeces. Nearly half dispose of the faeces in latrines (47%), 37% dispose of them in open fields, and 30% bury them. The baseline question was asked in a slightly different manner; in place of "behind the house" and "away from dwelling" was the variable "open fields." For comparison, it is assumed that behind the house" and "away from dwelling" these are comparable practices, as they

imply not covering or disposing of faeces in a latrine. The average of these two has been combined as "uncovered." With that adjustment, a comparison between the baseline average and endline sees a 10-percentage point increase in the number of responses of using the latrine and 3-percentage point increase in burying children's faeces. However, there was an increase in the percentage of responses that claim of disposing of the faeces in an uncovered manner. Yet, this should be taken with caution as it is not a true comparison since the questions were not asked in the same way.

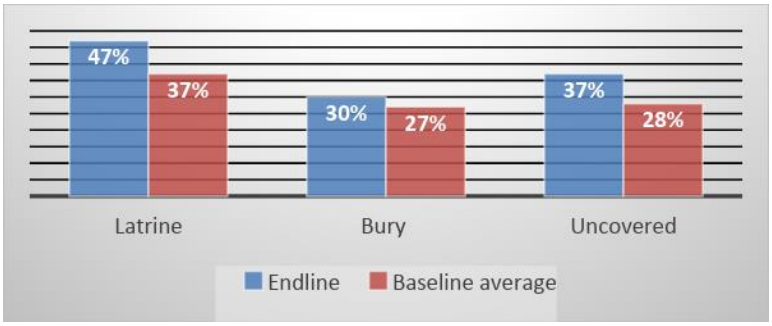


Figure 24: Disposal of children's faeces baseline vs. endline

3.3.3 Hand-washing facilities and practices

Just over half of the respondents affirmed that they have hand washing facilities in their homes (53%), while 46% do not. For those respondents who declared that they have a hand washing facility, they were further probed as to what they use to wash their hands that day. The primary way of hand washing was water and soap (57%), followed by water only (29%), water and ash (10%), and water and hand sanitizer (4%) (n=575, CI +/-4.09). Upon checking the presence of hand-washing facilities in visited project sites, it was noted that in some communities hand washing facilities were comprising of either a plastic bucket with a sturdy tap or a 5-litre plastic container and soap close to toilets. However, in some sites, no hand washing facilities were in place though upon inquiring in these communities, members indicated that they know hand washing after using toilets.

Respondents were asked to identify, unprompted, as many good times to wash their hands as they could. The most commonly recognized times were before eating (81%), after defecation (56%) and before food preparation (51%). A smaller number of respondents were able to identify before feeding a child (38%), before breastfeeding (28%), after cleaning a child's bottom after defecation (26%), and 4% did not know. The zonal differences were no significant (See Figure 20).

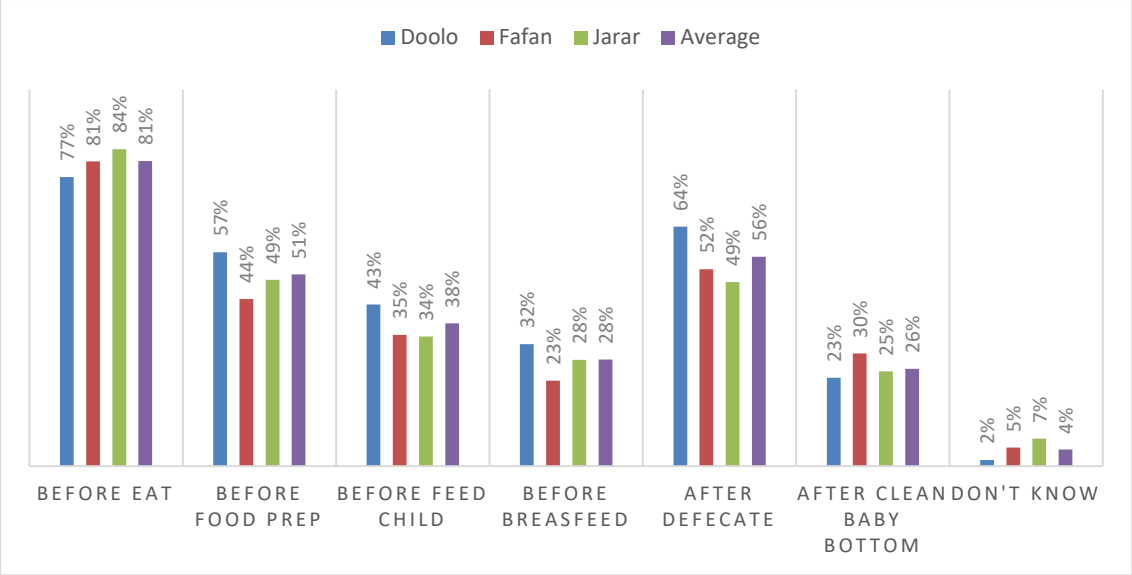


Figure 25: Good times to wash hands by zones

Five of the variables for good times for hand-washing were comparable from the average of the three baselines and the endline. The analysis shows an improvement of knowledge of hand washing after defecation (28 percentage points), before eating (22 percentage points), before feeding a child (three percentage points), and after cleaning a child's bottom (five percentage points). Only the responses before food preparation fell by seven percentage points.

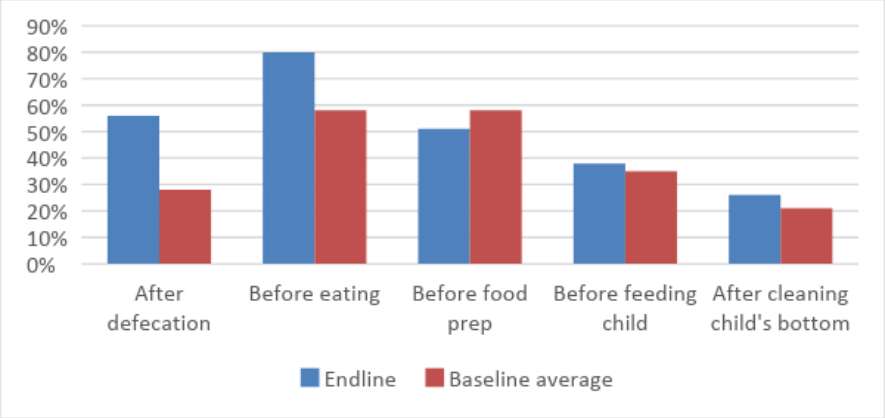


Figure 26: Baseline vs. endline knowledge of critical hand washing times

When asked when they had washed their hands the day of the survey, nearly a quarter (24%) claimed to have washed their hands at five crucial times and 48% for at least three critical times. Before eating was the most commonly cited time overall. It should be noted that some of these vital times maybe gendered, such as food preparation or child care.

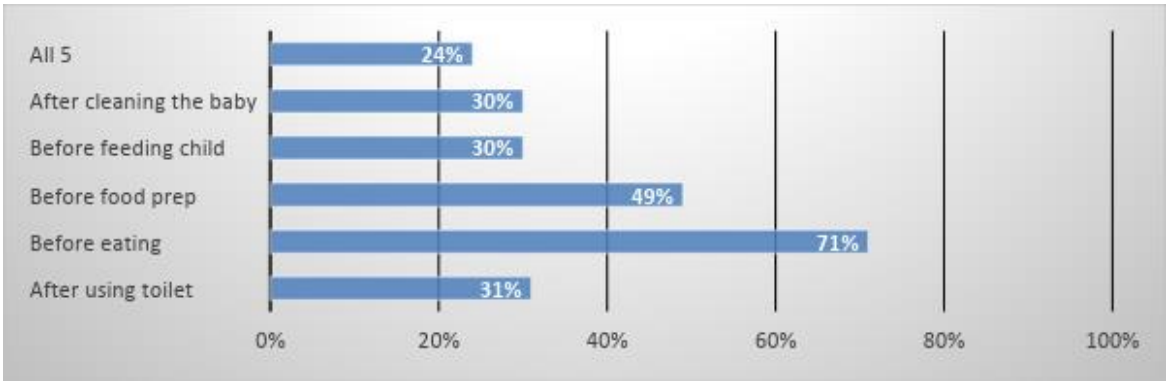


Figure 27: Times respondents washed hands-on day of the survey

3.3.4 Disease transmission knowledge

Some 70% of the respondents claimed to know how diseases are transmitted. However, looking at the disaggregated data, there are considerable differences between the *woredas*. Warder and Gelaadi had high rates of affirmation of their knowledge on disease transmission (average 83%), while Awbare only 51% of the respondents claimed the same. Furthermore, looking at the gender breakdown of the respondents who stated they don't know how the disease is transmitted, the majority of the responses were from men. Based on the total number of males interviewed, 63% of them do not know how diseases are transmitted; this is contrasted with 21% of the total number of women who were unaware of the same issue.

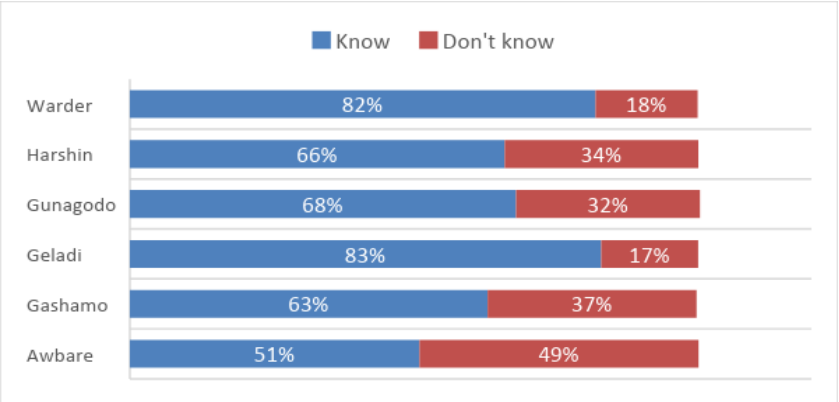


Figure 28: Knowledge of disease transmission by woreda

Respondents who claimed knowledge of disease transmission were further probed as to if they thought that water could transmit disease. The resounding response was yes, that water can transmit disease (93%). They were further probed as to their understanding of diseases transmitted through water in their areas. The top responses were diarrhoea (77%), malaria (49%), and AWD (39%). These responses show a mixed level of understanding as diseases that are waterborne such as AWD and typhoid elicited low levels of affirmative answers. Furthermore, findings on diarrhoea reveal that only 51% of all of the respondents were aware that water transmits diarrhoea. Additionally, although brackish or standing dirty water can transmit malaria, it is not transmittable through drinking water.

Worms	Diarrhoea	AWD	Malaria	Typhoid	Fever	Other	Don't know
23%	77%	39%	49%	19%	14%	3%	1%

Table 5: Respondents with knowledge of disease transmission through water

The significant causes of water and food contamination were identified as dirty water (30%), dirty hands (26%) and dirty containers (24%). Smaller percentages of respondents identified disposed of faeces (8%), waste (7%), vectors (flies) and others (3%). The major disease prevention methods used in the households were drinking clean water (57%), handwashing (14%), safe food storage (9%), safe excreta (3%). Some 17% of the respondents did not know what the major disease prevention method used by their household was.

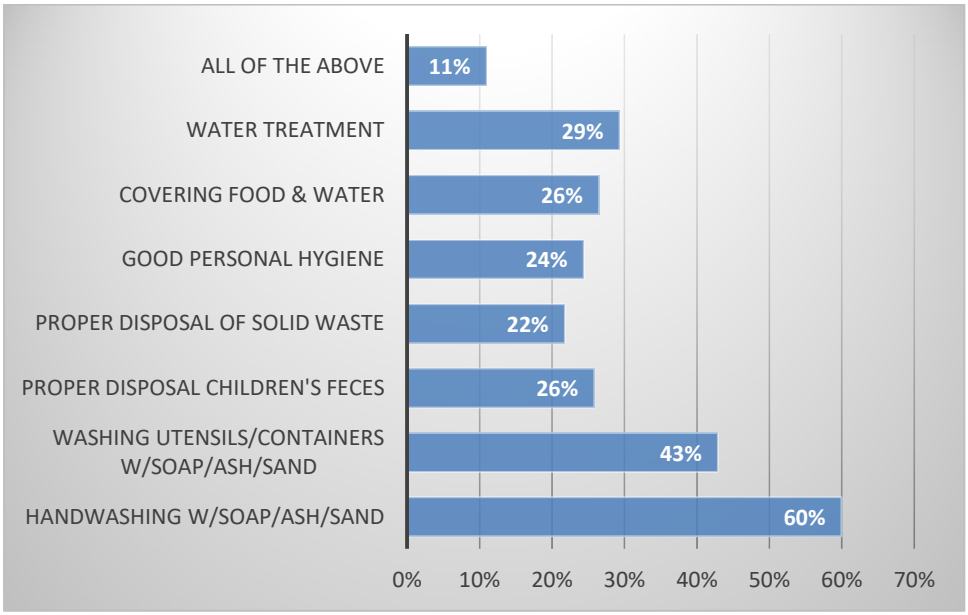


Figure 29: Respondents knowledge on food and water disease prevention

Regarding the prevention of food and water contamination methods used in the respondents' households looking at seven critical times, only 11% of respondents identified that they used all the practices. Hand-washing with soap/ash/sand was the most common answer (60%), followed by the washing of utensils. The other five critical times were only identified less than 30% of the time.

Comparing the baseline data across all variables was not possible because of the differences in the baseline questions. However, hand-washing was asked in all of the studies. The baseline average of respondents who identified hand-washing as a means for disease prevention was 45%. This shows a 15-percentage point increase at endline.

Fafan data can be compared from baseline to endline. More respondents identified proper disposal of children's faeces and solid waste, good personal hygiene and covering food. Significantly is the 32-percentage point increase from baseline to endline on the understanding that water treatment can reduce disease.

	Handwashing w/soap/ash/sand	Washing utensils/ containers	Proper disposal children's faeces	Proper disposal of solid waste	Good personal hygiene	Covering food & water	Water treatment	All
Fafan/ Endline	45%	40%	27%	29%	32%	39%	40%	17%
Fafan/ Baseline	47%	47%	18%	15%	20%	10%	8%	N/A

Table 6: Fafan baseline vs. endline responses on disease prevention methods

3.3.5 Health seeking behaviours and public health promotion in communities

Respondents were asked as to what they do when a child in their household has diarrhoea. The majority of the household claimed to take the child to a clinic (82%), 8% buy medicine, 7% give the child traditional medicine, and 1% wait until it passes. In the Doolo baseline, the same question was asked. Comparing Doolo only data, there was 10-percentage point decrease of respondents who do not wait until it passes and a 6-percentage point increase in those that claim to buy medicine.

	Go to clinic	Give traditional medicine	Buy medicine	Wait until passes
Endline	82%	7%	8%	2%
Endline/Doolo	79%	7%	8%	1%
Baseline/Doolo	80%	4%	2%	11%

Table 7: Practices when children have diarrhoea baseline vs. endline

When asked where the respondents take sick household members to receive treatment, the most common answers were health posts 39%) and health centres (36%). Other formal settings where the respondents claimed to bring sick family members were hospitals (7%) and community (CTC/CTU) (3%). A smaller number of responses pointed to the use of traditional methods such as traditional doctors (6%) and spiritual healers (6%), while 3% of responses were that there were no facilities to bring household members to for treatment. Nearly 70% of the respondents claim to have public health activities in their communities (n=758, CI +/-3.56). The people that are involved or promoting these activities are extension workers (38%), community health volunteers (36%), voluntary groups (11%), home visitors (7%) and others (8%). Observations conducted at health facilities that could be accessed by both IDPs and host communities such as clinics in Gunagado IDP and host community, and Farmadow *kebele.* It was observed that these health centres have taps and roto tanks (Gunagado clinic), concrete-built water pond (Farmadow clinic) and pit latrines constructed approximately 40 metres from the water sources.

Key WASH findings[28]:

- Primary water source during dry seasons *birkads* (31%), water trucking (26%), taps (18%) and rivers (15%); the majority of the sources are unimproved (82%)
- Most common water treatment was chemical water purification (51%), boiling (16%), filtering (8%), other methods (8%), and 16% do not treat water; based on Doolo information there is an increase in the use of treatment and decrease on households not treating water
- Latrine access is up to 58% from 46% at baseline
- 77% respondents have access to improved latrines
- Respondents who own latrines have VIPs (35%), pits with slabs (36%), pits without slabs (21%), composting (6%), and other (2%)
- U5 faeces disposal methods show increase use of latrine (+10%) and bury (+3%) from baseline
- 53% have access to hand-washing facilities
- There is an improvement of knowledge of hand washing after defecation (28 percentage points), before eating (22 percentage points), before feeding a child (three percentage points), and after cleaning a child's bottom (five percentage points).
- Knowledge handwashing as disease prevent increased from 45% to 60%; Fafan baseline vs. endline data showed significant improvement including a 32-percentage point increase on the understanding that water treatment can reduce disease.
- When children have diarrhoea, based on Doolo responses, respondents who wait until it passes decreased from 11% to 1% and those that would buy medicine increased from 2% to 8%.

[28] The above stated achievements are from the areas where Oxfam and partner OWDA reached with public health promotion activities and latrine construction, and engagement with community members through group discussions revealed that much of the sanitation and hygiene practices adopted were imparted during the drought response phases. Also the observed latrines in IDP camps were constructed during the period under review (January 2017- March 2018) which contributed to improved sanitation conditions in communities.

3.4 Protection

All figures in this section have a CI of +/-2.98 unless noted. Respondents were asked about their exposure to risks and harms during the drought of 2017; they could select seven options. The most cited responses were failing to get food for a meal (29%), attack by wild animals (22%), failing to get a food ration in the IDP camp (9%), verbal abuse in the household (8%), being beaten outside the family (5%), and sexual abuse (4%). Within the *woredas*, however, there were significant differences in the frequencies of these risks and harms being cited. Respondents in Gelaadi and Warder more frequently cited exposure to risks and harms across all categories when compared to other districts. When asked if they felt protected against risks and harms, 71% of the respondents thought that they were, with only 29% not. Women responded affirmatively at a much lower percentage when compared to men, however.

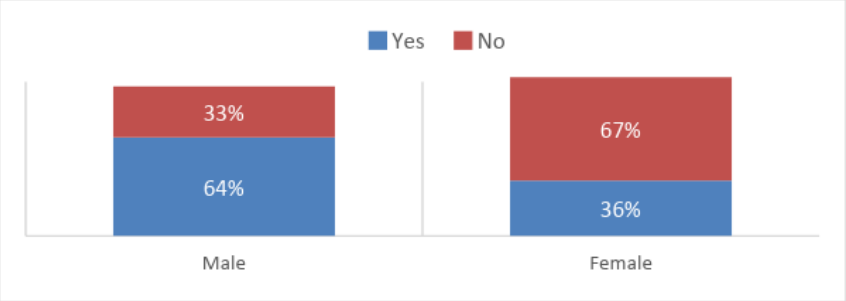


Figure 30: Feeling from risks and harms by male and female respondents

Respondents were asked who listens and responds to their concerns. The most frequent response was community leaders (53%), followed by Oxfam (47%), and other organizations working in their communities (23%). Looking at the perceptions by gender, females expressed that other organizations listen to their concerns the most--double in percentage points when compared to the other options. This is, in contrast, the male respondents who cited leaders and Oxfam with nearly the same frequency, and other organizations at half those amounts.

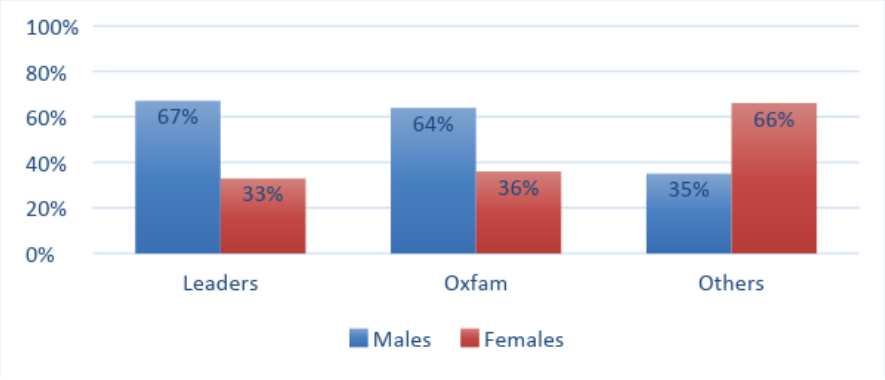


Figure 31: Perceptions of who listens to concerns by male and female responses

Only 52% of the respondents affirmed that they had heard of GBV. There was only a small difference between the female and male respondents' claiming to have heard of GBV though slightly more females have heard of it as compared to males (50% vs. 47%). There were rather stark differences in the responses when comparing the districts, however. Warder had the highest number of respondents who stated they knew of GBV (74%), while Gashamo was the lowest (6%).

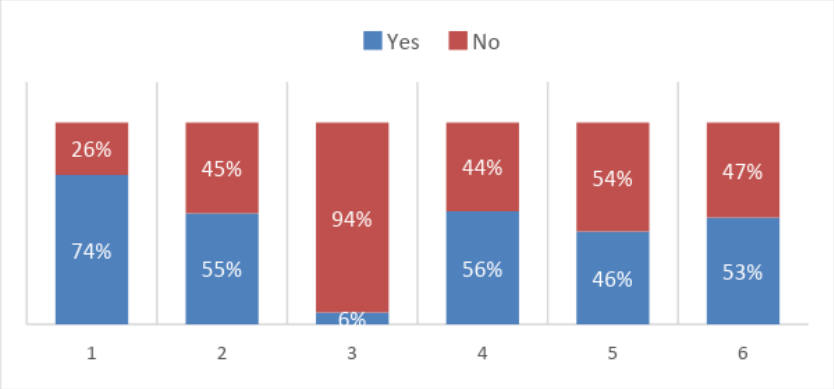


Figure 32: Have heard of GBV by district

Some 37% of the respondents said they had heard of forms of GBV happening in their communities, while 63% have not (n=538, CI +/-4.23). Of those that have heard of GBV in their communities (n=342, CI +/-5.3), the most frequent answers were physical violence (43%), emotional violence (40%), sexual violence (31%), and economic violence (22%). Respondents felt that women and girls were most affected by GBV (43%) and 40% respectively). Only 10% of the respondents felt that boys were most at risk and 6% felt that men were.

Key Protection findings:

- 71% respondents feel protected from risks and harms; only 36% of female respondents do compared to 64% of males.
- 53% of respondent feel that community leaders listen to their concerns (53%), 47% report Oxfam, and 23% say other organizations do
- Females expressed that other organizations listen to their concerns the most; male respondents who cited leaders and Oxfam with nearly the same frequency, and other organizations at half those amounts.
- 71% of respondents feel safe when they go about their work
- 52% of respondents report knowing about GBV though the percentages differ greatly between the districts.

4. EVALUATION ANALYSIS

4.1 Relevance

Relevance is concerned with assessing whether the project is in line with local needs and priorities[29]. Relevance is explored at different levels.

4.1.1 Relevance of strategy

Based on Oxfam Ethiopia's country strategic vision- "Oxfam in Ethiopia is a credible, influencing actor and; a thought leader on women's rights, resilience building, and market-based livelihoods"[30]- the response was relevant. Oxfam implemented, at scale, a response that used the market. The resilience aspect was quite relevant to the response, though achieved at a smaller scale with the WASH activities and to a lesser extent with the complementary EFSVL activities. The Somali region was also identified as a priority implementation area, thus further connecting to the relevance of the response to their vision. Important to note in its vision was the commitment to "an expanded humanitarian footprint." Undoubtedly, this ambition was relevant to their 2017 response as they expanded their priority *woredas* in the Somali region considerably beyond the two listed (Shinile/Siti and Jijiga/Fafan).

In comparing the Oxfam Ethiopia and the Ethiopia Humanitarian Response Plan' there are close similarities between the two. Additionally, the sectors of WASH and food security were the ones cited with the highest number of people in need, which were the main sectors Oxfam targeted.[31] One of the donors interviewed, European Commission of Humanitarian Aid (ECHO), felt that the response was relevant to the needs and addressed the "heart of the problem".

Oxfam Ethiopia Response	**Ethiopia Humanitarian Response Plan**
Reduce mortality and morbidity due to drought	Save lives and reduce morbidity due to drought and acute food insecurity
Protect and restore livelihoods	Protect and restore livelihoods
Improve community capacities for self-protection	Prepare for and respond to other humanitarian shocks, including natural disasters, conflict and displacement
Increase integrated programming in scale and footprint of its resilience work as the programme transitions from emergency to the early recovery phase.	

Table 8: Oxfam Ethiopia vs. Ethiopia Humanitarian Response Plan

4.1.2 Geography and reach

The targeting of the *woredas* was highly relevant. The majority of the areas were within the Priority 1 hotspot areas except for some districts in Fafan (Jijiga, Awbare, and Kebribeyah); the last three

[29] ODI. (2009). "Evaluating humanitarian action using the OECD-DAC criteria." ODI, London.
[30] Oxfam Ethiopia. (2015). "Country Strategy (2015 – 2020)." Oxfam, Addis Ababa.
[31] Ibid.

woredas were Priority 2.[32] In particular, Oxfam's interventions in Doolo were very relevant; the area/Livelihood zone was flagged as one of particular concern in mid-2017.[33]

Most impressively, was Oxfam's number of people reached in proportion to those in need focusing on seven of the nine zones of the Somali region. With a reach of over 800,000 people, Oxfam covered 50% of the population in need in the region.[34] For WASH, the sites were selected with regional authorities ensuring their relevance at the community level.

4.1.3 EFSVL

Oxfam's activities were in line with the three categories identified at a country level[35] including livestock feeding, animal health support, and vaccines; the adroitly changed focus from destocking when it was clear to deprioritize it for other activities. Additionally, its focus on Emergency Food Assistance through cash transfers was a tremendous need and relevant.[36] Oxfam reached more than 209,724 people and over 1.8 million animals through its EFSVL work.

Regarding the specific EFSVL activities, cash transfers were relevant as the markets were functioning[37] and cash allowed for flexibility for the households' needs. There were definite food access gaps, and the transfers enabled access, validated by the findings of this study. The use of vouchers for animal treatment also allowed for a choice of providers, important because as seen in this study the providers are different. For the other activities, treatment and vaccinations[38] were relevant as they sought to preserve critical assets for the communities in crisis; the evaluation findings support that there were considerable levels of households experiencing sick animals or animal deaths. Using different options for treatment (e.g., CbAHWs) took into account of the skills, structures, and knowledge of affected people. Additionally, the use of vouchers kept the focus on the local market stimulation and making connections to users. Oxfam proved to be flexible to move from livestock feeding to treatment, making the work more relevant.

According to the FGD participants, the response was most relevant to the targeted communities' needs. Respondents underscored that before the Oxfam and partner response that they were not able to access food or water, and that changed with the Oxfam support. One consistent point raised in those discussions, however, was the impact of the crisis on livelihoods and livelihood assets. The respondents voiced concerns that they required support to rebuild herds and the cyclical nature of rain deficit on crops.

4.1.4 WASH

The Oxfam WASH interventions addressed an array of needs and challenges within the affected communities in the region, including significant water insecurity and the AWD outbreak. To address these needs, Oxfam swiftly responded to the water shortages by providing water to over 650,000[39] people through water trucking in 2017 including in schools and health facilities with sustained, predictable and reliable water supply and hygiene interventions during the emergency period. This

32 UNOCHA. (2017). "Ethiopia: Hotspot priority woredas (as of June 2017)." Map. UNOCHA, Addis Ababa.

33 FEWSNET and WFP. (2107). "Emergency outcomes likely to persist in south-eastern pastoral areas." Ethiopia Food Security Outlook June 2017 to January 2018. FEWSNET, Washington DC.

34 UNOCHA. (2017). "Ethiopia Humanitarian Requirements Document." Joint Government and Humanitarian Partners' Document. UNOCHA, Addis Ababa.

35 Ibid

36 Ibid

37 Based on various key informant observations.

38 Vaccinations in emergency response are considered relevant based on an assessment of the conditions (e.g. types of diseases targeted, services available), but timing and geography must be considered. This evaluation was not able to study those aspects of the activity

39 Lesson learning workshop presentation. January/February 2018.

limited or lack of access to surface water sources contributed to an AWD outbreak as people relied heavily on contaminated or stagnant water bringing in hygiene and sanitation challenges.

Water trucking rapidly increased in scale to match the rising water needs in communities. An engagement with Oxfam programme implementation staff revealed that as of March/April 2017, around 600,000 people were reached with 5 litres per person per day which is a sharp increase from the 60,000 who were reached as of January 2017.[40] This amount of water was determined after consultations were made with the WASH cluster. The gradual scale-up of the programme happened within a very short period and was backed by a steady inflow of funding from donors. Oxfam's ability to make speedy decisions made a big difference in the whole implementation phase and was a facilitating factor for the success of the programme.

As Oxfam was responding with 'life-saving' support to acute water shortages, the 5 litres/person/day was adequate to meet the drinking and cooking basic survival water needs stipulated in the SPHERE standards[41]. Through discussing with a group of men in Warder of Doolo zone, Oxfam's 5 litre of water allocation was considered fair in the community as it eased the water woes that were being faced. However, considering that AWD was antagonizing communities, water to address hygiene needs was critical, but the amount provided by Oxfam could not cater for such needs. Upon seeking clarity on the reason for focusing on the drinking and cooking water needs, Oxfam revealed that with immediate water relief, households and institutions with primary focus on AWD hot spots were targeted with direct water provision through water trucking/ water vouchers. Hence the 5 litres/person/day was ideal and meant more beneficiaries could be reached with life-saving water support[42].

Doolo zone was the most affected by the AWD outbreak because of poor infrastructure and municipal systems. It could not be clearer than as stated by the Doolo zonal administrator "*In January water trucking was priority number 1, priority 2, and priority 3*[43]." Additionally, there were some security problems in Doolo during the time that came as a result of ethnic conflict, hence increasing the extent of the humanitarian situation in the region. The magnitude of Oxfam's WASH intervention, particularly the provision of water through the emergency water trucking intervention that aimed at relieving the significant water shortages in the target sites highlights the extent of relevance that the Oxfam drought response programme had on addressing the needs of the beneficiaries. Being a basic human need that became inaccessible for most communities in the region, the water trucking came as a life-saving intervention that changed the fate of the affected communities.

Oxfam quickly gained the trust of many stakeholders within a short space of time, and this allowed for rapid resource mobilization that in turn allowed for the quick response. With confidence in their work, OCHA committed funds to the Oxfam drought response programme and the WASH cluster assigned Oxfam to take a lead role on WASH, giving Oxfam the overall responsibility for WASH in the region. Upon seeing Oxfam work especially in water trucking, other donors such as OFDA were impressed and committed funds to respond to water challenges and AWD through Oxfam.

[40] KII with Oxfam staff
[41] The SPHERE Project. (2011). "Humanitarian Charter and Minimum Standards in Humanitarian Response."
[42] KII with Oxfam staff
[43] Oxfam. (2017). "Real Time Review of the 2017 Ethiopia Drought Response." Oxfam, Addis Ababa.

Key stakeholders such as government hailed the water and hygiene interventions by Oxfam as they greatly contributed to the containment of AWD through proper training on water treatment and mass campaigns on hand washing. Stakeholders now feel empowered with the knowledge imparted by Oxfam on proper water treatment. Rapid Response Teams (RRT) were deployed to address the escalating AWD outbreak.

> *"We as Government have learnt how to treat water to make it safe to drink. Like I already said, hygiene promotion, e.g. through hand washing is preventing AWD and so we can say the programme is effective. Other trainings e.g. on health education have empowered us and also saved lives. The quality and frequency of the training was very good even though there might be need for refresher trainings including for the communities."* ***Key Informant-Government***

Regarding sanitation, the Oxfam WASH intervention was focused on communal latrine construction in IDP camps as opposed to the host communities that have a higher population density. Hygiene and sanitation training was also provided to the programme beneficiaries on good hand-washing practices, proper storage of water as well as the provision of knowledge on the use of latrines to counter rampant open defecation within the communities. Latrines that were initially constructed were not equally used by men and women as women felt uncomfortable sharing one block with men. Only after community consultations did Oxfam and partners realise that traditionally, the Somali women would not go into the latrine if males are using the other side of the same latrine. The reason for such a low uptake of an intervention by communities is that existing social and cultural issues were not assessed before the implementation of the latrine construction projects. However, latrine design was adjusted, and separate blocks of men and women were under construction particularly in Jarar zone during the time of field visits.

4.1.5 Protection

The protection project was designed to address the unmet protection need of the humanitarian intervention in the drought affected communities in the Somali region. Given that humanitarian crisis situation exacerbates the existing vulnerabilities and increase protection need, which was further evident by the assessments made by the Protection cluster as well the evaluation findings, it goes without saying that the project was relevant to the humanitarian needs of the community. The project is also in line with the prioritization of geographic areas identified by the Protection cluster and Somali Regional DPPB, the primary beneficiaries of the intervention being women, men, boys and girls living in IDP camps in Danot, Galadi and Warder woredas in Doolo Zone and Gashamo and Gunagodo Woreda in Jarar Zone. Among the indirect beneficiaries of the project include the elderly, youth and the host communities, Woreda and Zonal counterparts, among others. The project activities were also designed to directly contribute to the objectives of the protection cluster.

Key findings on relevance:

- Overall strategy and geographic targeting were very relevant to the needs in the crisis based on stakeholders' analyses
- Use of market-based responses were relevant for the EFSVL work
- Using different options for treatment (e.g., CbAHWs) took into account of the skills, structures, and knowledge of affected people

- Resilience aspect of was relevant, but its scale was not commensurate with the needs and targeted communities expressed that it was a gap
- The WASH interventions responded at a time when diseases as AWD outbreaks were on the rise.
- Construction of pit latrines was relevant, but it was going to be more relevant if these were to be constructed in host communities where there is high population density.
- Addressing protection in the drought response program was relevant in view of the exacerbated vulnerabilities and protection risks of women, girls, men and boys in IDP communities regardless of the timing of the project which began implementation in the middle of the drought response program.

4.2 Effectiveness

Effectiveness measures the extent to which an activity achieves its purpose, which implicitly includes timeliness.[44] Looking at Oxfam's start-up, they were effective. In the words of one key informant, "Oxfam was responding while others were doing assessments. Oxfam began water trucking even before the Government of Ethiopia's official emergency declaration as early as December 2016.[45]"

However, as the crisis evolved, Oxfam's effectiveness was compromised. As previously, pointed out the scale of the response was ambitious. Oxfam certainly sought to fill its role as a major humanitarian actor in Ethiopia and succeeded in doing so, but there were external factors which inhibited its effectiveness. One of the most cited areas of concern hindering effectiveness was connected to the pace of recruitment and contracting. Oxfam's team grew from 74 to 160 with a mix of national and international staff; its partners also needed to scale up dramatically in the middle of a massive emergency response. Recruitment of qualified staff was a long drawn out process, not unique to Oxfam, but rather a reality of working in humanitarian response.

Project agreements from the regional and line ministries were also delayed; this again was not unique to Oxfam. Perhaps one of the most compelling points of the Oxfam response was the "calculated risk" that they took in using internal funds to try to be as timely as possible in addressing the water needs in the targeted areas. Internally, Oxfam key informants pointed this out as a delicate balance with a risky activity that can be easily exposed to corruption.[46] Oxfam's front loading of funds from the Catastrophic Funds was pivotal in responding with water trucking activities in the Somali region. The Ethiopia office was able to strike a balance with the Regional and Headquarters colleagues to pre-finance some early activities; this investment seems to have paid off regarding reaching purpose and buying cache with stakeholders, which ultimately helped in fundraising.

Looking from the communities' perspective, the FGD participants expressed that the targeting process was seen as effective in promoting community ownership and the use of community committees was the proper means to do so. The sentiment was shared in the FGD with male and female participants. Beneficiary targeting specifically for the cash transfer programme was strategically tackled to ensure that the populations most affected by disaster shocks were prioritised. While 85% of Oxfam's beneficiaries were female, the selection criteria prioritised HH with under five children, Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM)

[44] ODI. (2009). "Evaluating humanitarian action using the OECD-DAC criteria." ODI, London.
[45] Oxfam. (2017). "Real Time Review of the 2017 Ethiopia Drought Response." Oxfam, Addis Ababa.
[46] Various Oxfam KIIs.

cases, female headed households as well as pregnant and lactating women. The beneficiary selection was needs-based where the community was involved in endorsing the selected beneficiaries. ECHO also commented that Oxfam's response/reactivity was excellent in the response and that Oxfam must maintain this in future programming. They also underscored that the response was fast.

The EFSVL activities, however, were not seen as timely. The RTE highlighted that while donor discussions were ongoing as early as December, Oxfam missed the opportunity for initial targeting/registration activities[47]. To its credit, Oxfam did review the EFSVL components to increase the scale from 3,000HH to 20,000HH[48]. The reconsideration of reach for this sector's reach certainly contributed to the NGO's contribution to life-saving activities. For the livestock activities, they were delayed, which was the perception amongst stakeholders interviewed. Though take-off of EFSVL interventions was delayed, Oxfam managed to reach targeted communities with activities and beneficiary coverage summarised in the table below;

ACTIVITY	REACH	COMMENTS
Cash Based Intervention	34,954 HH	Unconditional 24,598; Conditional 10,356
Livestock Treatment Intervention	19,796 HHs	653,268 livestock treated (59,388 camel/cattle, 593,880 shoats)
Livestock Vaccination	146,955 HHs	1,870,496 livestock vaccinated (303,167 camel, 1,323,964 shoats, 234,528 cattle and 8,837 donkeys)
Livestock Feeding Intervention	1,167 HH	Doolo and Afder Zones
CbAHWs	226 CAHWs (192 male and 34 female)	Refresher training on primary animal health service provision
Livestock Restocking Program	No data	7 out of 12 sites covered

Table 9: EFSVL activities' reach[49]

The WASH component of the response, specifically water trucking was timely and highlighted by various actors. According to the Deyr assessment that was led by the Somali Regional Disaster Prevention and Preparedness Bureau (DPPB) and OCHA and considerable support from humanitarian organisations, approximately 1,252,070 people in 460 kebeles of 63 Woreda (70%) in nine zones of Somali region were facing severe water shortages as of end 2016 and were in need of urgent humanitarian water assistance.[50] Through emergency water trucking, Oxfam has reached over 864,776 people across the Somali region. This represents 69% of the total population reached by Oxfam with emergency water support in the whole Somali region. Oxfam over-achieved its target in beneficiary coverage with the overall initial drought response target being 600,000 beneficiaries. The supply and distribution of water in beneficiary communities was done through a community level voucher system for water trucking where vouchers were given to the supplier by WASH committee members or water tap attendants upon production of weigh bills. Engagement with woreda level government officials revealed that water trucking helped many households as they received free water as opposed to buying water from private *birkad* owners. However, in some areas visited during data collection such as Farmadow in Jaraar zone, a woman who participated in an FGD pointed out that IDPs were still buying water at 5 ETB per 20 litres containers from private *birkad* owners. In stretching WASH responses to public institutions, 15 institutions (seven health posts, six

[47] Ibid.
[48] Ibid.
[49] Lesson learning workshop presentation. January/February 2018.
[50] Oxfam Ethiopia. (2017). "Joint Oxfam Response Strategy." Internal document. Oxfam Ethiopia, Addis Ababa.

schools and two cholera treatment centres)[51] in 2017 were reached with sustained, predictable and reliable water supply and hygiene interventions.

With the rapid spread of AWD, the Somali region recorded 91% of all the cases in Ethiopia as at January 2017, and the need for safe and clean water continuously grew. Oxfam made it a priority to provide water in many communities through water trucking, hygiene promotion, and water treatment hence responding to the water challenges within the region. Considering the high incidence of AWD in Doolo, Jarar and Korahey zones, Oxfam's life-saving response through hygiene promotion, distribution of IEC material and water treatment activities were key in the combined efforts between the Government of Ethiopia, Oxfam and Oxfam partners in containing AWD outbreak. Partnering with local NGOs resulted in a speedy response to AWD outbreak which was commended by government officials engaged during field visits. In reducing the transmission of AWD, over 31,871[52] people were reached through hygiene promotion outreach by OWDA (Oxfam IP) in Bohk, Warder, and Geladi districts in Doolo through the OFDA and ECHO funded interventions. In Fafan zone, Oxfam through direct implementation, reached approximately 2,189 people with hygiene promotion campaigns in Awbare, Harshin, Kabribayah and Babile districts[53]. As revealed in an interview with Oxfam, working with local Implementing Partners was a facilitating factor towards the significant achievements, and it was also cost-effective.

Not only did Oxfam provide water in responding to the AWD outbreak, but it also delivered HTH chlorine to the government and cholera treatment centres to address needs in the communities, conducted water quality tests and assessments, and conducted house to house hygiene promotion and hygiene mobilization using vehicles and loudspeakers[54]. Distribution of non-food items (NFIs) was also effective in the promotion of hygiene within communities. A female FGD participant in Gashamo IDP camp was enthusiastic about Oxfam's water trucking intervention and informed that she benefited from the distribution of jerrycans and water purifiers, and it helped in addressing water challenges faced by the community.

Oxfam's Public Health Promotion (PHP) programme reached 123,672 people in Somali region[55]. Through the PHP team, Oxfam distributed Information and Communication Material (IEC) to AWD hit areas as a way of creating public awareness[56]. WASHCOMMs were established in communities, and these are responsible for the management of hygiene and sanitation issues, and to monitor water points. Discussions with women in IDPs revealed that the establishment of WASHCOMMs led to their involvement in community WASH interventions.

In ensuring that communities have sustainable water sources, Oxfam made a huge impact through drilling boreholes, installing taps and construction of dams (such as in Haffir). By the time of this evaluation, Oxfam had drilled fourteen (14) boreholes across Somali region. Of the 85 boreholes that were not functional out of the 327 boreholes in Somali region,[57] Oxfam managed to conduct the rehabilitation/ expansion of 33 boreholes (18 completed) in drought-affected areas. Oxfam has thus covered 39% of the whole borehole rehabilitation services required in the Somali region. A total of

[51] Oxfam. (2017). "Oxfam Horn of Africa 2017 Drought Response". Oxfam, Oxford.
[52] Ibid
[53] WASH beneficiary report, November 2017- 11 December 2017.
[54] HUMANITARIAN RESPONSE PROGRAMME MONTHLY REPORT (INTERNAL) 1st To 31st October 2017
[55] Oxfam. (2017). "Oxfam Horn of Africa 2017 Drought Response". Oxfam, Oxford.
[56] HUMANITARIAN RESPONSE PROGRAMME MONTHLY REPORT (INTERNAL) 1st to 31st October 2017
[57] Oxfam Ethiopia. (2017). "Joint Oxfam Response Strategy." Internal document. Oxfam Ethiopia, Addis Ababa.

five (5) boreholes were installed with solar systems, and Oxfam envisages to pilot backyard gardening which will see transformed communities regarding livelihood reconstruction. . Partnerships that were forged with local NGOs in bringing sustainable water sources were key in such achievements. The KIIs at the regional level revealed that they felt the role of OWDA, particularly in the drilling of a borehole in Mirkhalifo in Warder, Doolo zone through DEC Appeal funds, was effective in bringing sustainable water solutions in the Somali region.

Oxfam's latrine construction is significant in the Somali region with over 1,000 against a target of 1,628 latrines having been constructed under the sanitation intervention benefiting over 81,400 people.[58] The sanitation related activities are concentrated in IDP camps which are a result of forced migration by the IOD induced drought. Further to latrine construction, Oxfam provided latrine cleaning kits and trained latrine attendants in targeted communities. However, latrine observations revealed that more work in hygiene promotion is required as faeces were scattered inside and outside latrines particularly in Quhacle (Doolo) and Herogel (Fafan). Engagement with community members through group discussions in these areas revealed that there was no follow up by WASHCOMs to ensure that latrines were cleaned. Oxfam is also yet to reach its planned 1,628 latrines[59] and construction is still underway in places like Gunagodo in Jaraar zone.

Completed latrine in Herogel, Fafan

Latrine pit digging in Gunagodo IDP, Jaraar

Working through local Implementing Partners (IPs) enabled Oxfam's response efforts to be speedy and hence, increase coverage and reach more beneficiaries in the seven targeted zones. With funds from ECHO, OWDA (IP) distributed 8,900 hygiene and sanitation kits in Wafdug, Baliwanag, Walwal and Ealanle kebeles in Warder districts of Doolo zone. A total of 2,376 people received orientation on jerrycan cleaning awareness, hand-washing and waste disposal from an OFDA funded project implemented through OWDA as a strategy to contain AWD in Bohk woreda of Doolo zone. Through the direct implementation of the Appeal funded interventions, Oxfam reached a total of 38,251 people with orientation on AWD with focus on jerrycan cleaning awareness, hand washing and waste disposal and also distributed AWD supplies that entailed soap in Fafan zone[60].

[58] Oxfam. (2017). "Oxfam Horn of Africa 2017 Drought Response". Oxfam, Oxford.
[59] Ibid.
[60] "WASH Drought Response Beneficiary Template." October 2017.

With regards to water trucking, partnerships with IPs also sped up the activities. In Doolo zone, Oxfam partnered with OWDA to do water trucking that constituted to 62% of the overall water trucking activities in Somali region, and in Afder zone, Oxfam partnered with PC to implement water trucking, and this amounted to 2% of the water trucking activities[61]. Considering that Doolo and Afder zones were in the Priority 1 hot spot areas, Oxfam's intervention with water trucking can not be downplayed for it addressed the real water challenges hence contributing to the NGOs humanitarian mandate of saving lives. In Jaraar and Korahey zones, Oxfam's direct implementation of OHK funded activities constituted to 36% of the overall water trucking activities in Somali region[62].

In terms of protection, protection as a stand-alone pilot project, funded by OCHA, began its implementation in July 2017, originally planned for five months which later got another two-month no-cost extension. The key activities of the programme, which intends to contribute to the objective of the protection cluster, include protection monitoring, service mapping and referrals, awareness raising, capacity building of government and staff and distribution of menstrual kits.

Mapping the existing services available, which was one of the activities of the project, in an evidence-based service mapping manner is one of the key output of this pilot project. The outcome of service mapping greatly contributed not only to identifying the existing services available, including referral mechanism, but also helped to avoid duplication of effort, as it served as source of information for humanitarian actors operating in the targeted areas. The information gathered from the service mapping can also be used for advocacy efforts and policy influencing, though not properly tapped for this purpose yet.

Key findings effectiveness:

- The response began effectively but waned as the scale-up was underway
- Doubling the Oxfam team size (from 74 to 160) with the complexities of contracting in the country was a hindrance though difficult to avoid
- Though project agreements were delayed, Oxfam's "calculated risk" to invest internal funds contributed to the early effectiveness and the NGO's visibility
- Targeting was seen as effective
- Target for EFSVL component was increased from 3,000HH to 20,000HH
- Water trucking was key in addressing severe water shortages- of the 1,252,070 people in need of water in the whole of Somali region, (according to the Dery assessment), Oxfam reached over 864,776 people.
- Working with IPs ensured that hygiene and sanitation activities were sped up in containing AWD.
- Drilling new and rehabilitating existing boreholes brought long-term relief of water challenges
- A total of 14 boreholes have been drilled, and Oxfam rehabilitated 33 of the overall 85 boreholes that required servicing.
- Basic training on WASH was effective.
- Latrine construction, particularly in IDP camps, enhanced sanitation within the camps.
- Protection outcome of service mapping greatly contributed to identifying the existing services available and helped to avoid duplication of efforts.

[61] Ibid
[62] Ibid

4.3 Efficiency

Efficiency measures the outputs achieved as a result of inputs. Such analysis requires comparing alternative approaches to achieving an output, to see whether the most efficient approach has been used[63]. Rapid scaling up took its toll on Oxfam's efficiency. Oxfam's success in fundraising was impressive, and this should have impacted its agility to respond. Oxfam needed to surge its staff numbers rapidly, and due to normal contracting delays, there was inconsistency in staffing. This in turn, according to some KIIs, negatively impacted the coordination with some stakeholders at some points of the response and Oxfam's capacity to respond. From human resources contracting of over 90 new staff, procurement of goods and services and obtaining the necessary approvals from the government ministries, the scale-up required a considerable investment.

> *"When we developed our strategy, we identified 90 positions and the Region cut it to 74, but we ended with 160 positions. So, you can imagine moving from 74 to 160 positions in June, but we still feel that these 160 positions are not sufficient."* ***Key Informant- Oxfam***

The question is, could any or much of it have been avoided? The perception is, no, it is unlikely. Many causes of the inefficiencies are structural and result in additional costs and disruption of work, (e.g., restrictions of some nationalities and international staff visa renewals).[64] One bright spot was Oxfam's use of local partners. Key informants working at the regional level commended the work of partners, in particular, OWDA whose work was classified as "*excellent implementation, timely and effective.*" As local partners had offices and presence in the zones, this seems to have aided in a more connected programme. Additionally, the costs associated with local staff were dramatically lower than that of international staff.

Nevertheless, preparedness could have brought more efficiencies. One of the KIIs pointed out that "*Had we had more local NGO partners with us. Had we had contingency stock with us in advance from the beginning, we could have spent less money and made a cheaper response than starting from scratch".* While, partners were a more efficient means of implementing in theory, forming new partnerships in the middle of a response was not conducive to ensuring technical quality of programming. Other contributors to inefficiencies were the extreme distances between the project sites and the water trucking in general. These, however, were one of the "necessary evils" during the programme. ECHO suggested that Oxfam needs to review its budget requests to ensure Value for Money. They did acknowledge the increased costs for expensive activities such as water trucking and the coverage of distance communities, though. However, such adjustments could not ensure value for money as water trucking is a generally an expensive intervention as revealed by one programme staff contacted. The donors also pointed out that water trucking was costly but life-saving at the onset of the response.

> "*It provides a huge amount for corruption. It is so expensive and provides an opportunity to do a huge amount of corruption*." **Key Informant- Oxfam**

[63] ODI. (2009). "Evaluating humanitarian action using the OECD-DAC criteria." ODI, London.
[64] Ibid.

The use of cash transfers and vouchers as modalities were seen as efficient. Evidence also shows cash-based transfers are usually cheaper and support local market recovery[65]. Oxfam succeeded in negotiating a contract with Somali Microfinance Institution (SMFI) though the service charge was rather high, 7.5%. Despite this service charge, using a service provider, the SMFI, to distribute the cash transfers was more efficient than Oxfam or its partners doing so. This collaboration did link the population to local financial service providers and made their services more well known in the region.

Oxfam closely coordinated with the WASH cluster, Health Cluster and Education cluster and based on their assessments, Medecins Sans Frontiers (MSF) and Government established AWD treatment centres. Oxfam then provided water to these centres. This close coordination enabled for a swift response to the AWD outbreak.

Using local partners was a more efficient means of implementation. The partners not only had staff and offices in the areas of implementation, but they also had deep roots and connections in the communities.

Key findings efficiency:

- Oxfam's success in fundraising was impressive, but it may have impacted its agility to respond.
- Many causes of the inefficiencies are structural and result in additional costs and disruption of work (e.g., restrictions of some nationalities, international staff visa renewal.
- Oxfam's use of local partners and the SMI contributed to efficiencies
- Preparedness could have improved Oxfam's efficiencies.
- Using local partners likely was a more efficiency means of implementation as they have staff and offices, deep roots and connections in the communities.
- Cash transfers and vouchers as modalities were seen as efficient, as well as using a service provider for the transfers.

4.4 Impact

Impact, in humanitarian response, looks at the broader effects of the project - social, economic, technical, environmental --on individuals, gender and age-groups, communities, and institutions[66].

Regarding the short-term impact on food security, they were resoundingly positive. Most food security indicators-HHDD, HHS-have significantly improved since the baseline. The FGD participants echoed that the impacts from the cash transfers and the water trucking brought immediate relief to their needs during the crisis and improved their purchasing power. Also, important to point out is that these crisis affected households were able to share with others results of receiving cash transfers, thus contributing to community-wide solidarity. This finding cannot be downplayed, as solidarity and sharing is a key feature of the Somali culture.

It is notable that the CSI scores have increased, pointing to an increase use of negative coping mechanisms amongst the population. In the absence of humanitarian support and in the absence in an improvement of the pasture/browse and access to water, this indicator is likely to continue to decline.

[65] Cyprien Fabre and Ruth Aggiss. (2017). "Cash-based response." OECD, Paris.
[66] OECD DAC. (1999) "Evaluating Humanitarian Assistance in Complex Emergencies." OECD DAC, Paris.

This final point links directly to another point of concern. The food security and livelihoods impacts may be contained in the short term. While there were important short-term gains, there were signs that the cash transfer rate was too low early on in the programme; over 75% of the households surveyed expressed this in the first PDM.[67] Oxfam admits struggling with the issue of the rate that the cash transfer was set as they were obliged to use the PSNP rate in the region.[68] They are documented as raising this concern at the Cash Working Group in June and suggested that the cash transfer values be aligned with the full Minimum Expenditure Basket (MEB) given prevailing IPC level 4 in some woredas[69]. Oxfam calculated the rate against the PSNP one, which is calculated through a comparison of cereals in the market against wage rate[70]. This worked out to 40% of the MEB in the livelihood zones.[71] Given the prevailing conditions, this rate was too low to make mid-term gains in food security. Key informants from Oxfam revealed that they are aware of this issue and are taking steps to analyse potential MEB rates so as to make better decisions and to advocate in the future. Oxfam's purpose with the cash transfers was to increase access to food[72]. At the same time, the response sought to mainstream resilience, which poses a contradiction. By having an obliged cash transfer value set at 50% of the food basket value, the cash transfers simply could not contribute to rebuilding of assets and livelihoods and is a lost opportunity to contribute to recovery and resilience.

While Oxfam paired livelihood support with the cash transfers, the former interventions were less visible and not mentioned in the FGDs. It is not clear, based on the Oxfam activity tracking, if all of the households that received cash transfers also received livelihood support[73]. However, it is understood that the IDPs, who were the bulk of the cash transfer recipients, had lost their livestock, thus precluding them from most of the livestock activities during the response. Many of the FGDs revealed that the participants were concerned about the future of their livelihoods in the absence of Oxfam's help or that they did not feel prepared to face any future crises in particular because of the loss of assets (e.g., livestock, seeds). Some even felt that they were dependent on this type of support. Backing that is the analysis that the bulk of the income of these households continues to derive from external sources--cash transfers, food aid, PSNP, and gifts.

Being the first humanitarian organization that responded to the emergency situation in the Somali region when it was at its worst, Oxfam played a life-saving role and transformed the lives of communities. Oxfam PHP, water trucking, chlorine and water purifier distribution interventions largely contributed to the containment of AWD in Somali AWD hot spots. Not only did the Oxfam water trucking save lives during the peak of the drought and the AWD outbreak, but Oxfam also provided sustainable water sources to communities that had gone as long as 50 years without a nearby and safe water source. This was done through the drilling of new boreholes as well as the rehabilitation of existing boreholes. Water pumps were installed and large water reservoirs constructed in some communities which significantly addressed water challenges.

[67] Oxfam. (2017). "Final first Round PDM Report." Oxfam, Addis Ababa.
[68] Based on KIIs and Cash Working Group notes.
[69] Ethiopia Cash Working Group. (2017). *Meetings notes June.*
[70] Communication Theodros Tefera, Oxfam.
[71] Ibid.
[72] Theodros Tefera. Oxfam Written communication.
[73] Data bases did not indicate of the nearly 200,000 people if they received more than one service.

Borehole drilled in Mirkhalifo Dooo benefiting more than 10,000 people

Oxfam did take steps to influence actors on the level of the emergency and the needs on the ground at different levels throughout 2017, including addressing the African Union[74] in August, Washington DC in July, and Geneva along with partner OWDA[75]. At the country level, Oxfam was not part of the Humanitarian Country Team at the time of the response, but was able to concentrate efforts of influence through the humanitarian clusters and sub-clusters and the use of talking points and external sit-reps. Interestingly, Oxfam was not even listed as a key partner in emergency food assistance at the time when the Ethiopia Humanitarian Requirements Document was published[76], but they rose to the challenge of an impressive reach. Oxfam's participation in the Cash Technical Working group was not consistent; they were present in 50% of the Addis Ababa based meetings during 2017.[77] Participating staff did raise concerns at the July meeting on the values of the cash transfers, which were not even half of the MEB. This was a significant observation, which seemed to contribute to a larger dialogue on the point, but the NGO's inconsistent participation may have diminished follow-up.[78]

Regarding water treatment, Oxfam's influencing at the community level has yielded positive changes in water treatment practices at the household level. The evaluation assessed household's use of water treatment methods such as the use of chemicals, filtering and boiling. In areas that were visited, improvements in the uptake of these water treatment methods were noticed to be higher compared to baseline findings. Engagement with women in communities through FGDs also revealed that household water treatment has improved as chemical water treatment and boiling have become common. However, some community members are skeptical about using the chemical

74 Oxfam. (2017.) "PSC Open Session on Drought situation in Africa and its Implications for Peace and Security." Presentation notes. Oxfam, Addis Ababa.

75 Oxfam. (2018). "Ethiopia Drought Response Programme – 2017 Brief Overview." Presentation. Oxfam, Addis Ababa.

76 UNOCHA. (2017). "Ethiopia Humanitarian Requirements Document." Joint Government and Humanitarian Partners' Document. UNOCHA, Addis Ababa.

77 Based on the meeting notes for 2017 accessed 19/02/2018 at http://www.cashlearning.org/ethiopia-cash-transfer-technical-working-group/ethiopia-cash-transfer-technical-working-group

78 Ethiopia Cash Working Group. (2017). "Minutes of the CWG Meeting". 25 July. Subsequent meeting notes refer to a sub-group (which Oxfam was a part of) to focus on the MEB, but it is unclear what type of consensus, if any, was reached.

water treatment method as they associate chlorine with poisonous chemicals[79], a perception that needs to be corrected.

As highlighted earlier, Oxfam's latrine construction was concentrated in IDP camps, and this is one of the greatest achievements that have marked a reduction in open defecation. Use of latrines was noted to be high, and hand-washing facilities are being used, an indication that Oxfam hygiene and sanitation awareness campaigns transformed the practices and knowledge on the use of sanitation facilities within targeted sites. However, with regards to keeping the latrines and the surrounding environment clean, there is continuous need for hygiene promotion as some of the observed latrines had faeces around the hole and outside and were smelly.

Latrine in Herogel, Fafan zone

Latrine in Quracle, Doolo zone

Key findings impact:

- Food security impacts in the short-term were achieved across key indicators (HHDD, HHS)
- FCS scores increased, which should be followed up
- Livelihoods support activities were too dispersed and did not meet the communities' expectations
- Oxfam made intentional efforts to influence stakeholders who could raise the profile of the crisis and advocate for communities in need at the regional, national and international levels
- Participation in some crucial forums was inconsistent, such as the Ethiopia Cash Working Group
- Latrine construction reduced open defecation especially in and around IDP camps.
- Setting up of new water systems in communities that have lived for years without water sources will bring long-term changes in lives

4.5 Connectedness

Connectedness, adapted from sustainability, refers to the need to "ensure that activities of short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account." In this criterion, the response was less successful, and this has been highlighted in previous sections. The RTE raised that the "exit strategy for water trucking is neither practical nor achievable." The study suggested that the NGO start conversations on the underlying causes of vulnerability in the Somali region. It should be pointed out that Oxfam has been a long-term actor in the Somali region and therefore, should have a wealth of analysis on these underlying causes already.

[79] WASH Case study Doolo zone. 19 January 2018.

The cash transfers activities, as previously shown, were yielded on more short-term impacts. The other ESFVL activities leaned more towards connectedness--restocking, training of CbAHWs and to some extent the animal feeding and vaccinations. While Oxfam intended to mainstream resilience, they did not achieve this. According to its own definition:

> *Oxfam defines resilience as 'the ability of women, men, and children to realise their rights and improve their well-being despite shocks, stresses, and uncertainty.' Oxfam's definition of resilience is not only about coping or 'bouncing back,' it is also about going beyond preparedness and risk reduction and ensuring that poor and marginalised people can realise their rights and improve their well-being despite shocks, stresses, and uncertainty*[80].

Based on this understanding, the targeted households do not seem to be in a position to "bounce back" or are better prepared, as evidenced by the FGD responses.

For WASH, the rehabilitation and sensitisation activities will have longer-term impacts. While the drilling and the rehabilitation of boreholes brought about more sustainable water sources to communities that had not had safe and reliable water sources for several years, very little was done to ensure resilience building especially for the cash beneficiaries. When asked if they would like to receive training to enable them to start small businesses and raise money to care for their families, some of the female beneficiaries in Gunagado IDP camp in Jarar responded they preferred receiving cash instead.

> *"…We are unskilled and unable to start small businesses, we much rather prefer receiving more money – a larger amount too…"* ***– FGD Gunagado IDP camp, Jarar***

There appears to be a disconnect in the involvement of the regional authorities in the planning phase for rehabilitation of water sources, as confirmed by a key informant.

> *"There was lack of involvement of the Water Bureau at the planning stage, and there is a handover being done from Oxfam to the Water Bureau, but our understanding of the projects is limited… we were not involved."* – ***Key Informant- Government***

This disconnect may ultimately impact the handover at Oxfam's close of the programme. ECHO voiced that Oxfam needs to maintain interconnectedness of programming that shifts easily between development and humanitarian work. Moreover, there were some noted gaps in adhering to government structures at all levels, at regional, *'woreda'* and '*kebele'* levels that are largely attributable to the low levels of communication and involvement by Oxfam during the programme implementation. Fostering good relationships with Government as well as IPs is crucial to the prolongation and ownership of interventions after handover from Oxfam.

On a positive note, the involvement of local partners did contribute to the programme's connectedness. The local partners have deep roots and connections in the zones, and they have had their capacity improved in some areas in technical and support functions. This may have had a knock-on effect on these organizations to receive their funding exclusive of Oxfam[81]. The Government was ecstatic at the work that Oxfam did through OWDA in Doolo zone in the implementation of the drought response programme as they highlighted that OWDA maintained

[80] Steve Jennings & Janice Ian Manlutac. (2015). "A Companion Guide to Resilience." Oxfam, Oxford.
[81] Based on KII reports.

communication and good relationships with Government officials. The collaborations that Oxfam fostered through engaging well positioned and capacitated IPs contributed extensively to the successful implementation of the programme in the region. Not only did this ensure successful implementation, but it also allows for the continuance of some of the key programme activities, as well as continued monitoring of program beneficiaries even after the programme is ended. The element of programme ownership is ingrained in the IPs, and this ensures sustainability even through their future programming.

Complementarity of programme activities was also ensured during the drought response period. For instance, conditional cash transfers were integrated with the WASH component, especially in latrine pit digging, garbage pit digging and environmental cleaning activities, in turn increasing community sensitization on all program activities, while increasing program results under each component.

Key findings connectedness:

- Most of the response was short-term in focus without realistic exit strategies
- Some mid to longer-term gains could result from WASH activities and the engagement of local partners
- Partnerships forged between Oxfam and local IPs ensured timeliness in response especially for the WASH intervention
- Complementarity of WASH and EFSVL activities could increase efficiency in delivery
- The relationship between Oxfam and the regional government had some loopholes that require mending

4.6 Coherence

The coherence of the Oxfam emergency response has been analysed solely to see whether all the Oxfam team and partners were working towards the same basic goals[82]. Based on the KIIs from the partners and Oxfam staff, there was a sense that they were coherent in the programme that was focused on life-saving activities. These actors felt that this response brought EFSVL and WASH closer together than in other programmes. There were various observations that the projects that composed the programme impeded the coherence on the ground, as the many projects were funded and staffed differently, as well as had distinct reporting periods. This constraint does not seem to have impacted the perception of the programme by external stakeholders, however.

A review of the internal documents provided to the evaluation team gives the appearance that the response was activity driven with substantive systems to follow up monthly activities. However, there is no evidence of an overall outcome-based analysis. While there was core indicators set-up, the evaluation team did not see tracking of the higher-level indicators which would show the contribution of the individual activities and projects to the outcomes and results.

There was an observation that Oxfam needs to focus more on its partnerships especially with government structures at all administrative levels. This further extended to an observation of the need to fully involve Oxfam's partners in the decision-making processes and be more strategic in such partnerships moving away from subcontractor to a true partnership.[83]

[82] OECD DAC. (1999) "Evaluating Humanitarian Assistance in Complex Emergencies." OECD DAC, Paris.
[83] Oxfam. (2017). "Real Time Review of the 2017 Ethiopia Drought Response." Oxfam, Addis Ababa.

Engagement with various stakeholders at different levels revealed that despite challenges encountered, Oxfam was able to reach more beneficiaries and cover huge areas with humanitarian support. For Oxfam to do more in future, there is a need to address some communication disparities through establishing effective communication structures for the benefit of all partners. The structures will have to ensure that there are feedback mechanisms and platforms established whenever joint meetings are held. Having specific contact persons within Oxfam offices who interact with other Oxfam offices and partners helps to ensure cohesion in implementation and delivery.

It was clear that Oxfam managed to make use of funding availed by various donors to address needs that resulted from the IOD induced drought. The donors were impressed by the risk-taking behaviour from Oxfam management especially in doing water trucking, and the extent of communicating field challenges by Oxfam. However, corruption speculations, particularly in water trucking activities, can distort the trust and cohesion bestowed in Oxfam by donors. Moving into the future, Oxfam should strengthen its governance and accountability systems by making sure that forensic auditing is undertaken.

Key findings coherence:

- Oxfam and its partners gave a sense that they were coherent in the programme that was focused on life-saving activities
- The many projects in the programme impeded the coherence on the ground, but this was internally only
- No evidence of an overall outcome-based analysis or tracking of the higher-level indicators that contribute to the outcomes and results.
- Different stakeholders voiced that Oxfam needs to focus more on partnerships

4.7 Accountability

The Core Humanitarian Standards on Quality and Accountability put communities and people affected by crises at the centre of humanitarian response. Oxfam is a member of the CHS Alliance, which works with humanitarian and development actors on quality, accountability, and people management initiatives[84]. Accountability was a central consideration of the overall response; whose document outlined that Oxfam would establish mechanisms to ensure accountability towards beneficiaries[85]. Commitments included a dedicated Monitoring, Evaluation, Accountability, and Learning (MEAL) team and setting up feedback mechanisms for complaint and input from stakeholders. The former is also a minimum standard for the NGO in humanitarian response.[86] There were also to be quarterly planning sessions with the district authorities for them to jointly implement and monitor the progress made through the achievement of the project/projects[87].

Regarding the extent of the achievement of accountability, the analysis points to a mixed experience. In the RTE, the team noted that while the feedback and complaint mechanisms were in place, it was barely being used and that the understanding of these systems was mixed from community to community.[88] An assessment completed shortly after the RTE, which thoroughly analysed Oxfam's accountability practices at the time of the study found that on average the system

[84] CHS. (2018). "Our members." *Web.* Retrieved 13/02/2018 from https://www.chsalliance.org/membership/our-members

[85] Oxfam Ethiopia. (2017). "Joint Oxfam Response Strategy." Internal document. Oxfam Ethiopia, Addis Ababa.

[86] Oxfam. (2017). "Monitoring, Evaluation, Accountability and Learning (MEAL) Minimum Standards in Oxfam Humanitarian Programs." *Internal guidance.* Oxfam.

[87] Ibid.

[88] Oxfam. (2017). "Real Time Review of the 2017 Ethiopia Drought Response." Oxfam, Addis Ababa.

was almost in range of being partially achieved[89]. The three criteria where Oxfam was ranked as high, partially, achieved were "Information sharing status" (1.9), "Complaint and Feedback Mechanisms" (1.67), and "Monitoring and Learning" (1.88)[90]. The report found that the accountability practices were weak and needed improvement. Oxfam seems to have taken some steps to strengthen staff and partners' staff understanding of accountability as evidenced by a September retreat for MEAL staff.

Nevertheless, the fruits of these efforts were limited in the communities they served. The first Post Distribution Monitoring (PDM) for cash transfers showed that only 57% of the respondents claimed to know where to go in the case that they have complaints about the intervention.[91] Oxfam did try to make the phone number visible through the use of stickers on trucks, in addition to sensitisation activities. In this study's findings, there were important numbers of responses acknowledging Oxfam's partners' handling feedback though in areas of direct implementation some people voiced that they were unclear as to how they could give feedback.

Regarding involvement in all stages of the programme cycle, results were mixed. In this study's FGDs, some communities asserted that they were involved in the needs assessments, while others did not. The majority of the FGD participants claimed that they were not involved or had limited involvement in planning and design of the programme. Beneficiaries were involved in monitoring and implementation, as those were integral activities of the response. However, in more than one FGD, participants stated that "we are only receiving assistance."

Most of the FGD participants felt that the selection of beneficiaries by communities established by Oxfam and its partners were fair and transparent in their selection; this speaks to the involvement of the community in a critical step of the response. The Oxfam team recognized that there were challenges in the rollout of the accountability mechanisms and uptake of this aspect of the response outside of the MEAL team, as well[92].

Regarding other local stakeholders' perception of their meaningful involvement in the response, the result is mixed. At least two of the KIIs revealed that these stakeholders felt that there were communication challenges with Oxfam and "gaps in accountability." Some of these stakeholders pointed to a turn-over of staff or unclear focal points as one of the reasons for these communication problems. Two of the key informants did commend Oxfam's partner OWDA on their communication with their agencies. Lastly, on a positive note, ECHO felt that Oxfam was excellent in communicating with them on the project status.

[89] The average of all criteria was 1.9 on a scale of 1-3. A rank of two designates partially achieved. Oxfam. (2017). "Final Accountability Assessment Report. Drought Response program in Somali Regional State, Ethiopia Country Office." Oxfam, Addis Ababa.
[90] Ibid.
[91] Oxfam. (2017). "Final first Round PDM Report." Oxfam, Addis Ababa. August.
[92] Oxfam Ethiopia. (2018). "MEAL (Program Quality)." *Presentation.* Learning event Addis Ababa, Ethiopia.

Key findings accountability:

- Accountability commitments did not achieve the intended impact (e.g. involvement of stakeholders, functioning feedback mechanisms, staff capacity)
- The involvement of beneficiaries in all stages of the programme cycle was different in across the programme areas and the extent of involvement each stage of the cycle
- Most of the FGD participants felt that the selection of beneficiaries by communities established by Oxfam and its partners were fair and transparent
- At the community level complaints and response mechanisms and information sharing were not very strong, but there were mixed perceptions of involvement
- Oxfam took steps to address deficiencies in MEAL during the response
- KII had mixed perceptions on information sharing

4.8 Cross-cutting: gender and protection

The program design has not been very much informed by community consultation, gender analysis and identification of gender needs. Adequate consultation has not been conducted with women and men to the level of informing the design of the programme, as learned by the various interviews carried out and focus group discussions held. As one respondent stated, but a sentiment shared,

"During the time of emergency, it is not possible to consult everyone. When the situation subsides, we consult them." He further stated, "when the team is in a rush, we only consult men as they are always available." ***Key Informant-Oxfam***

A majority of the programme shared these sentiments leads contacted during the evaluation.

A good example of the reality of gender analysis in the programme to the site is, the design of latrine construction which initially accommodated male and female segregated latrines in one block. During community consultation, it was found out that women were not comfortable in using these latrines regardless of them being sex-disaggregated. Having learnt this from the community consultation during the implementation phase, in particular from a separate consultation with women groups in Fafan, the PHE/WASH team redesigned the latrines and built separate male and female blocks of latrines, in spite of the extra cost it incurred. Indeed, the result of this consultation shaped the constructions of another latrine in the remaining targeted areas. Respondents of the women focus group discussions indicated the fact that they feel safe and comfortable in using the separate blocks of latrines as opposed to the previous one. Even though the redesigning of the latrine facilities in accordance to the needs of the community, in particular women, is applauded, this would have been avoided had the design of the programme been grounded on gender analysis and identification of gender needs, which could have also saved a lot on costs. Whereas this is a showcase of the added value of community consultation in the design of a project, it is nonetheless a demonstration of the project flexibility and adaptability to the needs of the community in the implementation phase.

4.8.1 Proposal development

That aside, the evaluation further learned that project proposal development that often time base its assumptions on secondary resources[93] are not consistently informed by a gender assessment or the gender specialists inputs. Joint Humanitarian Assessments led by the government are often gender-blind. Unlike the involvement of other relevant sectors, the ministry of women's affairs is not

[93] Often times by Deyr and Gu Joint Humanitarian assessments.

usually involved. Thus the gap in gender-disaggregated baseline information, needs, and priorities. An attempt is, however, made to produce a gender-sensitive project proposal in the event the gender specialists are involved, and their inputs are considered. The top-down approach to programme design and development without adequate consideration of inputs from the field staff and community is one of the identified challenges in integrating the needs of women and men in the design of the projects, among others.

4.8.2 Gender analysis

Concerning how to better mainstream gender, it should be noted that gender analysis is the prime entry point to gender mainstreaming as it is the findings of the gender analysis that one would bring into the mainstream. To this end, the gender experts of the country office, along with the support of headquarters, has carried out a gender analysis of the drought response programme in October 2017. Tha aim was to find out how the drought has impacted women and men differently as well as to investigate the extent to which the humanitarian intervention is addressing gender. The assessment identified not only the key gender issues of the programme but also came up with concrete recommendations and action points, which was shared with all relevant staff.

Given that the gender analysis was done during the implementation stage of the programme, as opposed to the beginning, it did not as such inform the design of the programme. However, it contributed a great deal in informing the implementation of the programme, though some of the recommendations were not strictly followed up. Among the action points taken up include the new partnership forged with a local women organisation called Mandeeq that would be dealing with addressing the strategic gender interests of women though preparation of leadership training manual, among others. The analysis also informed WASH and EFSVL programmes, as learned from the respondents. A case in point being the effort made to increase the leadership roles of women in WASHCOMs by recruiting some female water attendants in some of the sites and the restocking of animals to women, as a livelihood option. Therefore, given its significance to gender-responsive programming, gender analyses should be conducted at all stages of program development, and its findings and recommendations should inform programming ranging from the design to the MEAL framework.

4.8.3 Training, sensitisation and accountability in gender in Oxfam and partner staff

Since gender is a cross-cutting issue, gender mainstreaming in principle is the responsibility of all staff. Gender awareness training along with the transfer of gender analysis and mainstreaming skills, among others, is therefore vital for gender mainstreaming. Existing efforts to creating awareness to staff ranges from a one to one induction briefing for newly recruited staff to gender sensitisation workshops organized for all staff. While the induction briefings, which usually last for 30 minutes, intended to acquaint newly recruited staff with Oxfam's gender interventions and create awareness, it would not equip staff with the necessary knowledge needed. What was rather key for the staff, albeit insufficient, was the gender trainings provided that created awareness towards taking gender issues into account in their areas of intervention. The evaluation observed that even though most of the staff interviewed had a general understanding of gender, they are yet to be in a position to mainstreaming gender in their individual programs. Hence the need for regular gender training and capacity building, based on the identified training needs, is crucial. However, the availability of staff for gender training is one of the challenges identified, that should be addressed, which could be

attributable to the timing of the training organized, lack of commitment and accountability of both staff and management.

Regarding accountability of staff to gender mainstreaming, even though the majority of the staff interviewed recognizes that gender is a cross-cutting issue and has to be mainstreamed in all the program components, there has not been any accountability mechanism put in place to gauge staff compliance. In reality, gender is often diluted in the name of mainstreaming and very much relies on gender experts as opposed to it being the responsibility of everyone. Putting accountability mechanisms in place which could be through performance evaluation and the setting up of gender objectives, among other things, is therefore critical.

The level of gender sensitivity of implementing partners is crucial for a gender-responsive programme implementation. The findings indicate that partner selection did not very much take the knowledge and their capacity on gender into account. Though gender is one of the partner's selection criteria, it has not been taken seriously. However, the recent effort made to forge a new partnership with a local women's right organization named Mandeeq is a good beginning.

4.8.4 Allocation of finance and human resource for gender equality work

According to the findings of the gender analysis, only 21% of the drought response staff are women whereas the overwhelming majority of the beneficiaries are women and children. Given that majority of the staff are men, including the front-line field staff, there were instances where some of the focus group discussions for women were facilitated by men, which limits their contribution to the discussions; not to mention how women would be reluctant to report to men frontline staff in the event they have any sexual harassment allegations or any complaints on the service provided, for that matter. Therefore, the fact that there is no gender balance with the team is a hindrance to gender-sensitive program implementation, among others.

The lack of gender balance within the team let alone in senior positions is hence alarming. Among the reasons identified were the lack of qualified female applicant, the geographic and infrastructure nature the program operation area that does not attract female candidates, and regional politics that restricts the recruitment of female staff from other regions. While the challenges are there, the lesson learned workshop reiterated the need to step up efforts including applying positive discrimination, if need be, to attract female candidates.

Regarding staffing for gender mainstreaming, there are currently two dedicated gender experts, at head office and one gender officer in the field office, Jijiga, where the actual operation of the program is taking place. The gender experts are primarily tasked to provide technical support to mainstreaming gender within the overall program. However, during the height of implementation of the drought response program, the gender specialist in Jijiga was on maternity leave with no replacement made for the duration of her absence. Hence, as one respondent stated,

> *"We didn't have a gender staff throughout this operation so it was up to the technical team leader to integrate gender into the program and it didn't go particularly well."* ***Key Informant- Oxfam***

Thought effort was made to provide technical support during this period; her absence created a gap in ensuring gender issues were adequately mainstreamed and materialized in implementation. Further, the fact that there is no gender staff within the zonal structure/OXFAM offices unlike the representation of the other thematic areas was also a challenge as it stretched the existing limited staff.

Whereas the OXFAM global gender in emergencies strategy (2016-20[94]) calls for 15% of budget allocation for gender mainstreaming, the reality is far from it. Without adequate financial and human resources allocated for targeted activities for women and girls, gender mainstreaming and the advancement of gender equality in the humanitarian response program would hardly be realized.

4.8.5 Development of gender strategy/gender mainstreaming checklist

The evaluation findings also reveal that there is no country-specific gender strategy to guide the mainstreaming of gender in its emergency program, be it at the programme and operational level. The KIIs also indicated the fact that there is no sector-specific gender mainstreaming guideline/checklist to aid the mainstreaming of gender in the various program sectors. While the availability of gender checklists for WASH and EFSVL was indicated in the lessons learned workshop, it did not come out strongly in other findings of the evaluation. It is therefore not either popularized or properly being used. The need for gender mainstreaming strategy/ checklists tailored for each component of the program will surely guide the relevant staff to mainstreaming gender in the areas of concern.

4.8.6 How did the programme bring about any results that addressed gender inequality?

OXFAM's strategy to addressing gender issues is two-fold: mainstreaming gender within the OXFAM intervention areas, as well as addressing it in a stand-alone manner, within protection programme, though it is not purely a stand-alone gender programme.

One of the achievements of this program is the attempt made to targeting the most vulnerable, women, female-headed households (FHHs) and lactating mothers, etc. Most of the program humanitarian interventions including water provision, NFI's (provision of dignity kits), cash programmes, hygiene, and sanitation, among others, addresses the practical gender needs of women.[95] While this was instrumental in saving lives, changing the condition of women, and decreasing their vulnerabilities, it does not seem however necessary mean changing their position in society and addressing gender inequality.

Regarding targeting, by Oxfam minimum standard to gender equality, the commendable effort was made to providing special attention to pregnant and lactating women who have been the case with the drought response program. A case in point being 80-85% of the registered beneficiaries of the cash transfers program are women. Vulnerability status of households was given due attention during the beneficiary targeting process.[96]

[94] Oxfam. (2017). "Global Gender Strategy". Oxfam, Oxford.
[95] The practical gender needs (PGNs) of women are the needs women identify in their socially accepted roles in society.
[96] Pregnant and lactating mothers, disability status, availability of children under 5 years and adults above 60 years were some of the criteria used during the beneficiary selection process.

The water trucking intervention has indeed reduced the time women spent in fetching water since it is the role of women and girls to fetch water; improving their conditions and addressing their practical needs. However, one could have used this opportunity to address the strategic gender needs[97] of women through empowering them in the water committees by providing the opportunities for them to play a leadership role and make meaningful contributions to shaping decisions, in accordance to their needs. An attempt was made right from the design of the program to include women in the various WASHCOMs, usually comprised of five people where two are women.[98] The WASHCOMs are often responsible for crowd management, hygiene promotion, safely handling the water, etc. However, both the gender analysis as well as this evaluation notes that the participation of women in the various humanitarian committees is rather nominal, including in the WASHCOMs. This is regardless of the fact that the overwhelming majority of the beneficiaries of water are women and yet the management/leadership of water provision is controlled by men as the majority of the water attendants in Somali region, if not all, are men. Women were therefore reluctant to making complaints to men water attendants at distribution points, as learned from the KIIs. Some of the reasons cited for the low participation of women include low self-perception, lack of capacity, and lack of gender awareness of OXFAM staff. As one Oxfam respondent articulated, "we didn't invest in sensitization of our staff… One has to invest a lot in preparedness."

That said, promising efforts are being made to addressing the above. Notable of these include the changes made in water trucking guidelines to the hiring of water attendants in 5 Kebeles, by being flexible in the literacy criteria. In the event English speaking women were not found, Somali speaking women were hired, the case of two Kebeles, as learned from a WASH KII. Indeed, such effort being made to empowering women in leadership and non-traditional gender roles would undoubtedly contribute towards addressing the existing gender inequalities and empower women, among other things.

In line with the above, although the effort made towards a gender-balanced formation of committees in EFSVL, such as in cash registration committees (2 women and 2 men), beneficiary selection committee, etc. is encouraging, there has not been much work done towards building the capacity of these women and empower them to make meaningful participation. The findings indicate that the women's involvement in these committees is also minimal.

Otherwise, the fact that the project made a concerted effort in targeting women to receive all the cash transfers intended to address the food need of the household, not only contributed to reducing their vulnerabilities but also give them some leverage to decide on the use money. It was interesting to note the lack of resistance observed[99] on women being the recipient of the cash, even in the nuclear households where the household head is not a woman, which shows the sensitisation made.

Livelihood intervention such as restocking of animals, targeted about 80% women, further intends to economically empower women and improve their nutrition through access to milk, in particular for pregnant and lactating mothers. The impact of the restocking in economically empowering women

[97] Strategic gender needs (SGNs) represent what women or men require in order to improve their position or status in regard to each other. They place people in greater control of themselves instead of limiting them to the restrictions imposed by socially defined roles.
[98] The number of WASHCOMs and women's inclusion varies across the different areas of interventions.
[99] During the various FGDs held with men.

and advancing gender equality is yet to be seen as it is still in its early stage of implementation. However, empirical evidence shows that empowering women economically would contribute towards advancing gender equality. The evaluation learned that the decision to give these animals to women was made by the consultation carried out and the preferences of women, which was for goats and sheep. This was also where the level of women's control was demonstrated in the society, as the gender analysis indicates.

The intervention on protection is deemed to, among many others, reducing the risks and harms and protecting women and girls from gender-based violence where Oxfam's engagement is to monitor and do referrals albeit in the absence of proper case management system. The participation of women in both mobile and safety committees are encouraging where women are also chairs of safety committees.

The protection programme has a high potential to challenging the gender norms and relations if one invests on gender awareness and behaviour change communication on GBV in general and existing harmful traditional practices, notably FGM and early marriage in particular. Therefore, building the capacity of the existing safety committee and mobile protection teams on issues of gender, GBV, etc. with the intention of cascading the awareness to the community will bring change in the long run.

All in all, while most of the previous humanitarian interventions that targeted women are indeed good entry points, they have improved the conditions and welfare of women. This, however, does not automatically transfer to changing the unequal gender relations within the household and the society at large and address gender inequality. Hence, an intervention that addresses both the practical and strategic gender needs, that changes their conditions as well as their positions in society, should be the way forward to bringing results that address gender inequality.

4.8.7 Have there been any changes in workload responsibilities and gender roles as a result of the drought?

Like in any other emergencies, the drought in Somali region has a gendered impact. Women and children were disproportionately affected by the drought. Since the coping mechanism of pastoralist communities is migration, a lot of men have migrated with their remaining cattle in search of food and pasture, whereas women and children resorted to IDP camps for humanitarian assistance. This among others resulted in the formation of female-headed households in which women assumed a new role of leading the household with the prime responsibility of provision of food and maintenance of the family, implicating a change in women's gender roles, regarding assuming a new role of being a breadwinner.

The drought has therefore exacerbated the pre-existing gender inequality and the gendered division of labour leading to an assumption of additional roles for women without having a significant change in the pre-existing gender roles.

The various FGDs held with women groups also outlined the increasing number of girls dropping out of school, as a result of the drought, and their social/gendered obligations to supporting their family in the household chores, increasing their burden. Even though the reduced access to water supply has affected the community in general, women and girls were particularly affected given their

primary responsibility of ensuring domestic water supplies; thereby travelling long distances in search of water, increasing their workload responsibility.

The findings note that life-saving interventions like water trucking have reduced the time women spent in search of water, though not sustainable. The question would, however, be what can one do to reduce the workload of women during rehabilitation and recovery period. As per a key informant, '*we try to bring the water reservoir closer to the community though it cost a lot.'* Other interventions such as rehabilitation of boreholes also benefit women, although located far at times, but with the provision of protected water, at least. Another effort that can be made to reduce the burden of women is through the provision of donkeys for transporting water and fuelwood, among others.

Though not attributable to Oxfam's intervention, the construction of water points in a woman-friendly manner by making it higher, one meter above, to make it easier for women to load the water is one good intervention that should be promoted.

As noted above, there have indeed been changes in gender roles and workload responsibilities as a result of the drought. While good practices that reduce the burden of women should continue, on-going and future interventions, for example, Cash for work, should be cautious of not increasing the burden of women.

4.8.8 Was the timing of programme activities suitable for men and women?

Given that gender analysis has not informed the programme design, proper mapping of activity profile of men and women was not carried out. Thus, the timing of program activities did not specifically take into account the various roles women and men play in society and the gender division of labour in the household and society. Given the triple roles of women and with the assumption of a new role as a result of the drought, it goes without saying that women disproportionality bears the burden of the household responsibilities on top community and productive work. Accordingly, any humanitarian intervention program activities should take these roles and obligations of women as well as men into account. The evaluation findings indicate that while designing the program activities, adequate consultations were not carried out to identifying program activities suitable for men and women. Majority of the program activities ranging from community consultation to cash for work did not as such take this into account. For instance, the choice for timing for cash for work activities, for conditional cash recipients, is often determined by what is suitable for men, usually morning hours, as learned from both the KIIs and FGDs. Women were not consulted if the timing is suitable for them, regardless of their multiple roles and responsibilities and the scarcity of their time. Consequently, some of the cash for work activities have rather added more workload on women regardless of the effort made to engage them in lighter work responsibilities.

4.8.9 Were protection issues adequately addressed for women, men, girls and boys and how?

Protection as a standalone project began its implementation in July 2017, originally planned for five months and was later extended for another two-month period. The key activities of the programme include protection monitoring, service mapping and referrals, awareness raising, capacity building of government and staff and distribution of menstrual kits. As noted in the previous section, these activities were mostly done by mobile protection team, that exists in each *woredas* of the programme operating Zones and safety committees operating in 27 IDP *kebeles* (two Zones). As part

of the program intervention, about four fixed women and children friendly spaces have been created where community get information about the relevant services provided by the program and other actors, get sensitized on various issues of protection, referrals, hygiene promotion etc.

Part of the activities of the programme is awareness creation, both to the staff and stakeholders[100] on GBV, child protection, and hygiene promotion. Training was also provided for the safety team with the intention of cascading it to the IDP communities.

Some of the protection risks identified in the programme operating areas include FGM, early marriage, rape, domestic violence, child labour, and lack of access to basic and regular services, among other things. According to a respondent from the sector, so far about three identified rape cases were reported in Dollo, which were referred to BOWCA, with one perpetrator being arrested. The various community discussions, as well as the KIIs, points out the low level of incidence of sexual violence in the programme intervention areas. Only 4% of the survey respondents also stated that they are exposed to sexual abuse risk. However, whether this is due to the lack of reporting or the actual low incidence of sexual violence needs to be further investigated.

That said, research shows that Somali region has one of the highest FGM prevalence rate in the country, about 99%; where early marriage is also rampant. Though the household survey did not bring these issues out strongly[101], the various FGDs held with women groups as well as the gender analysis findings revealed the high incidence of FGM and early marriage, inflicted on women and girls; a huge protection concern. Further, one should also investigate whether some of these forms of GBV are increasing or decreasing because of the drought. Though not substantiated by other evidence, some community discussions held for instance in Fafan note the increasing trend of early marriage, as girls are dropping out of school and resorting to marriage.

Unfortunately, most of these gender-based violence cases are not reported[102], including domestic violence as the findings indicate, which makes it difficult to assert whether protection is adequately provided to women and girls or not. But for those GBV reported cases, the effort was made to create linkages and referrals. Child labour cases, such as girls engaged in fetching long-distance water were also among the cases reported and addressed.

In the evaluation, it was observed that there is in general, limited awareness on gender issues. This was further evidenced by the household survey where only 52% of the respondents affirmed that they had heard of GBV, with no significant difference between male and female respondents.[103] Only 37% of the respondents stated that they have heard about the forms of GBV.

While the majority of the survey respondents, about 71%, feel protected from risks and harms identified in the survey, 29% do not. However, it was interesting to note that only 36% of female respondents felt protected compared to 64% of males. Not only this could pinpoint the protection concerns of men and women are different but also the fact that protection risks are higher for women and not adequately addressed.

[100] Stakeholders include such as to Bureau of Women's Affairs (BOWCA), DPP etc.
[101] Could be due to lack of clarity on the forms of GBV on the survey
[102] The lack of reporting for GBV cases are usually attributed to lack of community awareness on GBV, limited knowledge on referral pathways or lack of confidence on victims' assistance services.
[103] There is a however stark difference on level of awareness when comparing the *woredas.*

When it comes to listening to their concerns, the most frequent response was community leaders (53%) followed by Oxfam (47%) and other organizations working in their communities (23%). It was interesting to see again; female respondents expressed that other organizations (66%) and Oxfam (64%) listens to their concerns the most than traditional leaders (33%) in contrast to male respondents who stated leaders and Oxfam, 67% and 64% respectively, the most. This points the fact that women are less likely to report their protection concerns to traditional leaders, who happen to be men but are rather comfortable with reporting to Oxfam and other organizations.

Among the challenges identified in the protection, the sector includes lack of psychosocial services, counselling in particular for GBV survivors; lack of case management and strong referral mechanisms, lack of response and feedback from protection cluster on community demand and the linkages to services. The lack of response from the protection cluster coupled with budget constraints to meeting the demand of the community has limited the program capacity to address the protection needs of communities adequately.

One of the early achievements of this intervention is the setting up of the women and children spaces that allowed women to break the silence and voice their opinions and concerns about the interventions, which shaped programming and better targeting of beneficiaries.[104] It further empowered the targeted women, to some extent, regarding provision of information as to where to go for assistance in case of protection need, as noted in the KIIs.

A friendly space for women and girls constructed by Oxfam in Gunagodo IDP camp, Jaraar

Introducing the concept of protection as a standalone project, was considered a good practice given that it is the first time Oxfam is engaged in protection issues in the drought response programme. The project has also been viewed as very relevant, given the protection needs as a result of the humanitarian crisis. The program is not however mandated to engage in the provision of direct

[104] Example, they identified some vulnerable households that were not targeted by cash transfer which was communicated through the safe space that led the livelihood team to adjust the targeting.

services, it rather does service mapping, protection risk monitoring and create linkages with available services, among others. The inter-linkages between the other components of the program, EFSVL, WASH, and Gender is therefore vital as most of the activities of protection are interrelated with other programmes. There should also be strong linkages and coordination between the gender experts and protection.

Finally, given the duration of the pilot project and in view of its limited mandate, that does not include service delivery and case management, one could not argue protection is adequately provided for women, girls, men and boys. However, the various activities on protection monitoring and reporting through mobile protection team as well as the establishment of safety committees in 27 IDP camps are encouraging steps that, among others, made the IDPs feel protected, to a certain extent. Though not properly implemented, Oxfam's quality programme approach to safe programming that intends to integrate protection in the humanitarian response programme, through conducting protection risk analysis to averting them, would address protection issues beyond the standalone programme.

Key findings cross-cutting:

- Programme design has not been very much informed by community consultation, gender analysis and identification of gender needs
- Proposal development often not informed by gender assessments nor gender specialist
- The gender analysis done informed, to an extent, the implementation of the response programme to take into account some gender and related issues
- Training, sensitisation, and accountability on gender among staff could have resulted in increased incorporation of gender in the response programme
- Gender imbalance within the Oxfam team is a hindrance for gender-sensitive program implementation, among others. Women beneficiaries are not comfortable communicating all their concerns to male staff
- No country-specific gender strategy to guide the mainstreaming of gender in its emergency program, be it at programme and operational level
- Most of the program humanitarian interventions including water provision, NFI's (provision of dignity kits), cash programs, hygiene, and sanitation, among others, addresses the practical gender needs of women
- Special attention was given to pregnant and lactating women and female-headed households in the cash transfers beneficiary targeting process
- Water trucking reduced the burden of women of travelling long distances in search of water
- Establishment and rehabilitation of water sources meant women's tiresome roles that involved travelling long distances to water sources were reduced
- Timing of programme activities did not specifically take into account the various role women and men play in society and the gender division of labour in the household and society
- Women and child-friendly spaces have been created where community get information about the relevant services provided by the program, get sensitized on various issues of protection, referrals
- Introducing the concept of protection as a standalone project is a good practice given that it is the first time Oxfam to implement the intervention in the Somali region.

5. CONCLUSIONS, LESSONS LEARNT AND RECOMMENDATIONS

5.1 Conclusions

Oxfam Ethiopia embarked on an ambitious humanitarian response to the needs in the Somali region at a scale they had not experienced before. Reaching an impressive 50% of the people in need is commendable in any response, and almost unheard of for one agency and its partners to do so. Oxfam's pro-activeness in pre-funding early water trucking in 2016 is commendable; this action without question aided in its phenomenal success in fundraising in a rapidly deteriorating humanitarian situation. The NGO did invest in influencing and advocating for the population in need both in Ethiopia and beyond— essential contributions to the humanitarian community.

Oxfam's response strategically and at an activity-level was relevant, providing critical life-saving support in most of the Region. Using market-based responses, Oxfam and its partners helped improve the short-term food and water security situations in the Somali region. Using local resources such as the CbAHWs and the SMI kept the focus on local capacity. Voucher schemes for animal treatment and vaccination was important to stimulate the use and demand of animal health services.

Regarding the impact on **food security**, the injection of cash to over 34,954HH helped to diversify income and food sources. The results have mostly been positive as households reported a more diversified diet—food groups consumed have nearly doubled since baseline. Fewer could be classified as experiencing severe food insecurity; the percentage point increase of households with little to no food insecurity increased by ten percentage points from the baseline average. This is in line with the SPHERE standards, too[105]. On the livelihoods side of programming, over 129,383HH have received animal health service (vaccination and treatment), providing key protection to the crucial asset of livestock.

WASH programming not only brought immediate support to the communities through Oxfam's tremendously ambitious water trucking activities, but also in the mid-term and long-term through rehabilitation and drilling of boreholes. Important hygiene work, essential in the face of the spread of AWD, has improved knowledge and practice. Based on the results of this study, hand washing knowledge has improved, disposal of U5 faeces done more appropriately. There is an increase of households that treat water and a decrease in those that do not. Latrine access is up by 80%--from the baseline figure 46% reporting access to 58% at endline.

Introducing the concept of **protection** as a standalone project, was also considered as a good practice given that it is the first time Oxfam is engaged in protection in the drought response program. The project has also been viewed as very relevant, in view of the protection need as the result of humanitarian upheaval and the increase in protection risk. It is clear that based on this study's analysis, that there are critical protection needs in these communities. The understanding, perceptions of risks and harms are quite different between men and women and across the geographic areas. Oxfam is and partners are well-placed to influence an expanded understanding of protection issues, as seen by the perceptions of who listens to concerns in the communities.

[105] SPHERE. "Food security - livelihoods standard 1: Primary production." Web. Accessed at http://www.spherehandbook.org/en/food-security-livelihoods-standard-1-primary-production/

Oxfam's intervention to **mainstreaming gender** within its drought response program which was demonstrated by hiring of dedicated gender staff, conducting gender analysis and creating gender awareness to staff, is promising. Most of the program humanitarian interventions have addressed the practical gender needs of women and improved the condition of women.
The use of four local partners helped Oxfam target vast and remote areas and their interventions. Engaging local partners contributed to the response's coherence, effectiveness, efficiency, and connectedness. The partners were able to reach remote areas, and the perception from the communities and regional authorities was that the local partners brought real value to the process. However, some of these partnerships were started during the response, which is not the most conducive time to forge new relationships.

The response was not without its challenges. External ones such as delays in agreements and recruitment slowed down the pace of a response that was initially timelier than that of other NGOs. Oxfam's success may have handicapped itself, as the pace of recruitment in the face of restrictions in an evolving crisis.

The scale of the programme may have in fact fostered some of the challenges such as less than desirable outcomes in accountability. Communities expressed a mixed perception on their involvement, rights, and feedback mechanism understanding. Oxfam took some positive steps to orient its staff and partners on accountability and MEAL, but both areas seemed to receive less attention than what was needed. There appeared to be a keen focus on the daily follow up of activities—critical in such a large response—but the broader strategic understanding of MEAL was sacrificed. As a result, a thorough understanding Oxfam's true impact on the response is simply not possible to measure---a missed opportunity to demonstrate their achievement.

Oxfam's scaling up of cash transfers was laudable, but they did not have the essential systems or capacities on the ground to take full advantage of the approach promptly. The NGO did strive to change the rate of the transfers to cover more needs and advocated for that adjustment in the proper forums. Unfortunately, the rate was too low, though they were obliged to keep it at this level. What could have potentially changed this is a more evidence-based analysis for decision-making with other actors.

Additionally, the response in practice was greatly focused on life-saving, and the mid-term investments were minimal regarding livelihoods. Oxfam did strive to focus on resilience strategically, but in practice, it fell short. Because of a critical gap in the literature, it is not clear if the NGO was unsuccessful to sway donors to fund such activities or if they were ultimately less because of other reasons. Whatever the case, the gap remains. This is perhaps best exemplified with the rising CSI score in spite of the humanitarian support; the communities are still coping with the crisis.

The programme was so massive and did not seem to be nimble enough to tailor needs to the different livelihood zones or geographic areas. This evaluation showed that there were distinct differences in levels of vulnerability due to depleted assets, hygiene practices, and understanding of GBV. The organization may have had a better opportunity to influence with a nuanced analysis of needs and scenarios based on different rates by livelihood zone.

In promoting sanitation in highly populated areas such as in IDP camps, Oxfam made a considerable impact through the construction of latrines. Partnerships with local NGOs such as OWDA ensured

that the construction activities were sped up. The use of latrines was noted to be high and this has reduced open defecation. However, Oxfam has to continuously engage with communities in PHP activities to ensure that the latrines are kept clean.

Oxfam's life-saving role through water trucking within the Somali region was highly remarkable. The organisation took a lead in ensuring that basic survival water needs of drought hit communities were addressed. Not only did the water trucking interventions relieved water woes, but it greatly contributed to the containment of AWD that had taken a toll in the region. Oxfam's concentration in Priority 1 hotspot areas in responding to water challenges contributed immensely to flagging the scale of the humanitarian situation and the organisation's ability to mobilise resources.

In reaching communities with sustainable water solutions, Oxfam's work was impressive. Boreholes were rehabilitated and drilled in other areas such as Mirkhalifo which had gone for close to 50 years without reliable, safe and nearby water sources. There is need to replicate such work in other areas without safe and reliable water sources and this should be linked with some form of livelihood activities such as small-scale gardening as was proposed during the evaluation in KIIs conducted.

Complementarity of programme activities was one of the achievements by Oxfam though reached at a small scale. WASH activities such as latrine pit digging, garbage pit digging and environmental cleaning activities were linked to conditional cash transfers. Oxfam could have increased its investment in such complementarities to increase its coverage with sanitation intervention in IDPs.

As for gender, the NGO's focus was promising. However, the various gaps the findings highlighted including the lack of country specific gender strategy, gender imbalance within the program staff, lack of women's leadership in the various humanitarian committees among others, need to be addressed.

The protection pilot has been a valuable and positive one. Moving forward, Oxfam has much to gain by analysing the various learnings form this most recent work and the perceptions at the community level. Together with its partners, these points should be documented and be used to improve the next phase of protection work.

Unfortunately, the forecasts through the first quarter of 2018 for much of the targeted areas remain troublesome especially in Dollo, Korahe, and Jarar zones. According to reports, large areas of south-eastern Ethiopia continue to be in Emergency (IPC Phase 4) and Crisis (IPC Phase 3), with humanitarian assistance preventing worse outcomes in some areas. FEWSNET states that without sustained, large-scale assistance to at least mid-2018, risks of increases in acute malnutrition and a further deterioration of outcomes may occur[106]. Findings of this evaluation show that there is a substantial reliance on humanitarian support for income, food and water sources, which are worrisome. Oxfam will need to analyse how to build off of the successes of its large-scale intervention in light of the daunting future. There are building blocks in less resource intensive areas such as hygiene promotion - and there are local structures that Oxfam can work with. Oxfam will need to see how to keep the communities engaged in gender issues as well.

[106] FEWSNET. (2018). "Projected Food Assistance Needs for August 2018." FEWSNET, Washington DC.

5.2 Recommendations

5.2.1 Human resources

Do an after-action review for recruitment: Although there are real bureaucratic issues related to recruitment of national and international staff in Ethiopia, it would be wise to review the processes of recruitment to see what could be done better in the future. It may be useful and helpful to do it together with other international NGOs to share experiences and potential solutions. While there are government restrictions on recruitment of expatriates and from other regions within Ethiopia, Oxfam needs to look at how to ensure that the staff not only can reach number but the quality of capacities.

Human resources take more of an active role in Oxfam's accountability to gender: A better gender balance in staffing, especially in front line staff and leadership positions, is critical in showing and achieving a dedication to gender equity in the organization. Increase the recruitment of female staff to realize gender balance within the program. Oxfam should consider applying positive discrimination/affirmative action in recruitment if needed to redress the existing gender imbalance. Also, the Human Resources department should conduct an analysis and come up with suggestions on how to improve gender balance in staffing, especially to recruit more female staff. Alternatively, female interns should also be recruited as a way of increasing female staff. This activity needs to be done with the active engagement of the implementing partners.

5.2.2 MEAL

Standardized baseline data variables: Oxfam should ensure that all of the baseline data collected across the sectors use the same variables and that questions are asked in the same way. The outcomes indicators were barely followed in the baselines, which was a missed opportunity at the endline. The data collected should be reduced to a minimum using key sector indicators as a basis.

Consistently follow programme outcomes: This response had good systems to follow up day to day activities, which were numerous. Nevertheless, it is the outcome indicators that will give a true sense of where the response is headed. The data may be collected in PDMs, but it must be collated in a central place and then the reports timely shared back out internally to Oxfam staff and its partners. This way the outcomes can be followed up during the implementation period. This will serve as a powerful external tool as well to advocate for crisis-affected communities. It will also reveal when there are needs for adjustment in certain geographic areas or livelihood zones because of different scenarios.

Deepen commitments and capacity around accountability: Oxfam professes to have a strong commitment to accountability, but this response fell short to that commitment. Work needs to be done to have all staff and partner staff feel and understand that everyone plays a part in the success of a programme. This can be done through mentoring, modelling and short training.

Include appropriate gender and protection indicators and measurements MEAL frameworks: Oxfam needs to use gender and protection indicators that are measurable and achievable in a humanitarian crisis. These indicators then need to be built in tandem with the MEAL team. In improving gender monitoring, Oxfam should ensure the involvement of gender experts in a joint monitoring, thematic planning and reporting. To the extent possible, separate gender and accountability monitoring should be conducted especially in PDMs.

5.5.3 Partnerships

Invest in preparedness with partners now: Oxfam's partners proved to be an essential ingredient to the responses' success. Nevertheless, both Oxfam and its partners noted that there was little time to have a strategic capacity building or discuss more long-term visions of collaboration. In the aftermath of this work, the time is now ripe to engage in these types of conversation to better future collaborations. In the words of an Oxfam staff "we should not lose those partners. Let's maintain the strategic part of this partnership."

5.5.4 Overall programme

Engage in cash transfer programming readiness: Oxfam had "baptism by fire" in a massive scale cash transfer programme. With experience in place and the knowledge that cash transfers work in Somali region at scale, the focus must be on more and better cash transfers in the future. The best way to assure a speedy implementation start-up is making country office "cash ready." Some actions related to this recommendation are including cash transfers as part of the emergency strategy, capitalize on tools used and ensure they are translated into Somali, and build the staff capacity to do market assessments. Oxfam should also consider having prepositioned contracts with service providers that can be enacted when needed. Mobile money transfers have been used already in the Somali region and should be encouraged. Cash-based programming is not necessarily sector specific, especially when using the MEB as a basis of analysis. Therefore, Oxfam should engage at an intersectoral level to better inform this readiness work.

Use a resilience lens when working in emergency response: Oxfam has been present for 35 years in the Somali region of Ethiopia and has a long-term commitment to the people of the area. The best way to serve them is to be sure that the programming is connected to mid to long-term outcomes whenever possible. This also implies that Oxfam should be advocating for such an approach outside of times of crisis as well. A recent study released showed that "a resilience-building scenario that results in an additional increase in income of US$120 per household reduces the net cost of humanitarian response by an estimated US$1.2 billion over the cost of a late response. When this figure is adjusted to account for the benefits of the transfer beyond filling the food deficit, a resilience scenario saves US$1.7 billion over the cost of a late response. When avoided losses are incorporated, resilience building could save US$2.2 billion, or an average of US$150 million per year.[107]" This work may need to include influencing donors, as well.

Budget for gender activities in all projects: More resources (financial and human) need to be put into gender work accordance to the minimum standard. It is also recommended that gender experts are recruited at Zonal offices where the actual implementation of the program is taking place. If possible, Oxfam should assign gender focal persons in each sector programs that ensures the mainstreaming of gender within each component.

Understanding and application of gendered work needs to be scaled up: Gender awareness training specifically gender analysis and gender mainstreaming needs to be revisited and provided to senior and programme staff. Further, Oxfam should create staff awareness its various gender instruments including the minimum standard for gender in emergency global strategy on gender in emergencies, and gender policy. Additionally, Oxfam needs to operationalise the gender policy and the other internal gender instruments. One good tool to start this action with is a knowledge attitude and practice assessment; by conducting this Oxfam will know where to focus its efforts the

[107] Courtenay Cabot Venton. (2018). "ECONOMICS OF RESILIENCE TO DROUGHT: Ethiopia analysis." USAID, Washington DC.

most. All actions must be done with the implementing partners to ensure their understanding, participation, and contributions.

Implement programmes that address gender-based decision making and power dynamics: The majority of women in the Somali region continue to be confined to the unpaid care economy with limited access to and ownership of resources which exacerbates their vulnerability. Oxfam and its partners should develop programmes that begin to address these issues in times outside of crisis. These programmes must include enhancing the leadership of women, especially the most vulnerable, through consultative meetings. Actions should include gendered analysis of livelihood opportunities that do not increase workloads for women.

5.4.5 EFSVL

Use a livelihood zone approach that spans emergency and recovery: Oxfam targeted areas that was pastoral and agro-pastoral, that provided support to rural residents in their villages and IDPs. Each of these groups has distinct needs, vulnerabilities, and opportunities. By analysing, or at a minimum interrogating these factors, food security and livelihoods interventions can be more impactful. By analysing by livelihood zones, Oxfam can gain insight into a household group's vulnerability to a shock (such as drought, or above-average food prices) and the coping mechanisms. A minimum of SPHERE is that targeted households "have access to the necessary inputs to protect and restart primary production to the level pre-disaster when justified, and by the agricultural calendar.[108]" Therefore, moving forward Oxfam should consider designing a robust EFSVL response that accompanies the population through the phases of the crisis with tailored livelihood appropriate needs.

Examine the state of natural resources when deciding on livelihoods activities: Cyclic drought the Somali region has taken its toll on the livestock and the natural resources, particularly in the eastern zones where it is most arid. Oxfam should be sure to assess the viability of primary food production if there is a shortage of vital natural resources (and may not be viable for the long term if they were on the decline before the disaster) or lack of access for certain populations[109]. Any such activity must have a thorough analysis for "Do No Harm" so as not to heighten tensions, which could restrict access to water and other essential needs.

5.4.6 WASH

Better gender analysis in WASH activities: Oxfam and its partners needs to take time to analyse what is appropriate in the communities. Communal latrines and bathing cubicles for women and children must be informed by community consultation, sited in safe locations, are culturally appropriate, provide privacy, are adequately illuminated and are accessible. Female latrines should be proportional to the male/female composition in IDP populations. Also, Oxfam should look at following inclusive and accessible latrine designs that take into account disability, elderly, pregnant women etc. Oxfam must strive for gender balances within the humanitarian committees including WASHCOMs and increase the leadership status of women in WASHCOMs and the other committees. Effort should also be made to building the capacity of the committees and empower women.

Scale up and increase investment in interventions around sustainable water supply: Oxfam should look at expanding the drilling of more boreholes, constructing rainwater harvesting structures, rehabilitation of dysfunctional boreholes and installation of new taps, as well as expand the

[108] SPHERE. "Food security - livelihoods standard 1: Primary production." Web. Accessed at http://www.spherehandbook.org/en/food-security-livelihoods-standard-1-primary-production/
[109] SPHERE. "Food security - livelihoods standard 1: Primary production." Web. Accessed at http://www.spherehandbook.org/en/food-security-livelihoods-standard-1-primary-production/

geographical coverage of these interventions in order to cater for the needs of more affected populations. This may include investments in renewable energy for powering water systems, such as procuring and installing solar-powered water pumps, where applicable to ensure the sustainability of the water interventions. In tandem, Oxfam must improve management of the existing water supply systems through continuous training of water attendants and WASHCOMMs on operation and maintenance of manual, motor driven and renewable energy driven water supply systems.

Change the focus of water trucking: Water trucking should continue when needed, but the approach and system has to change to community-based water trucking where local suppliers are rigorously vetted to establish their capacities. Scaling up water trucking should change on a needs basis and make use of the existing community associations to own water trucking (enhancing community ownership).

Increase support for the establishment of databases for water quality tests: This should be for rehabilitated boreholes, as well as invest in chlorine injectors for boreholes. As one step to this Oxfam could hold symposiums for different options of water filters such as Minch filters, Sawyer filters, and water treatment chemicals to agree on the best solution and increase the distribution of the agreed household water filters to reach more beneficiaries in communities hard hit by water shortages.

Link sanitation and hygiene with water interventions and ensure that sanitation is a pre-condition for all water interventions: Oxfam should adapt the community-led total sanitation and hygiene (CLTSH) approach in host communities and permanent settlements (more significant towns and villages) where there are expressed needs. The CLTSH approach should entail the introduction of smart subsidies such as the provision of digging materials to a group of households and dome-shaped slabs for latrine construction. Training artisans from communities (masonry and carpentry) in vocational colleges to equip them with construction skills. Additionally, these artisans can be linked to microfinance institutions for them to get loans as a livelihood economic empowerment option hence integrating WASH with EFSVL.

Address hygiene issues in a holistic approach: Oxfam should look to delivering a package comprising of information on menstrual hygiene management, Menstrual Hygiene Management (MHM) sensitive latrines, hand-washing facilities and proper garbage disposal. Another approach is introducing School-Led Total Sanitation and Hygiene interventions as part of Institutional Hygiene and as an entry point for MHM. Future responses should seek to expand the geographical coverage and frequency of NFI dignity kit distribution.

Keep investing in capacity building and knowledge management*:* Oxfam should provide practical training for staff, partners, government partners, RRT, WASHCOMMs and community on WASH and AWD containment. The focus should be on improving knowledge management systems on WASH to capture best practices; lessons learnt and challenges to inform future programming.

Prepare for the next emergency through more pro-positive contingency planning*:* Preposition critical stock (including storage) to prevent/contain AWD outbreaks. Discourage humanitarian

thinking and encourage humanitarian plus thinking (thinking towards long-term programming) amongst Oxfam staff as well as external partners to bring about sustainable water sources.

5.4.7 Protection

Continue with focus on protection: Oxfam should expand and have a strong programming on protection in all *woredas* in all zones where there is the implementation of both EFSVL and WASH activities. Currently, protection is fully operational in 27 IDP camps in two *woredas* of Jaraar; Gashamo and Gunagado. Protection activities should be scaled up to reach areas not covered including host communities. Expansion of the activities should also include increasing protection staff, including at the country office level, and capacity strengthening for Protection teams and supporting with adequate tools for mainstreaming and monitoring. To establish strong referral mechanisms and ensure the safety of women in communities, the Protection teams should be scaled up awareness raising and sensitisation and dynamically communicate on behavioural change at community level targeting local leaders and the entire community. Protection teams should be involved in the cash transfer beneficiary selection and utilize the platforms for lobbying. There is need to scale up activities around women and child-friendly spaces through increasing the number of the friendly spaces and fixed structures used by both host and IDP communities. Support should be provided to community-based organizations with a specific focus on establishing men and boys' groups working on gender-based violence prevention. The outcome of the service mapping of the project should be used for advocacy and policy influencing, for instance to settling of referral mechanism, the provision of mental and psychosocial services, among many others, through protection cluster and beyond. Further, apart from contributing to protection cluster objective, as it stands now, future designing of protection intervention should take the lesson learned of the pilot project as well as the identified protection needs of the most vulnerable groups of the target groups into account.