



External Evaluation

ACF's Programme Strategy in Kebri Dehar, Somali Region, Ethiopia from 2009 to 2012

Funded by ACF

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EXECUTIVE SUMMARY

This is an evaluation of ACF's programme in Kebri Dehar Woreda, Korahe Zone, Somali Region, Ethiopia. The purpose of the evaluation is 'to assess the relevance and effectiveness of ACF interventions from 2009-2012 in order to determine a suitable future for ACF interventions in Kebri Dehar.' The report is structured in two parts. The retrospective component assesses program performance and investigates the likely impact of different programmes from 2009-2012. The second and more forward-looking component reviews the likely trends in security and levels of future access and makes recommendations about overall strategy, program approaches and technical implementation. The methodologies used included a review of a wide range of documents, individual interviews with ACF staff, individual interviews and group discussions with beneficiaries, interviews with external stakeholders both in Kebri Dehar and in Addis Ababa, and direct observations in field visits.

The evaluation first reviews the current security context and notes the current improvement in access but concludes that without any longer term settlement of the conflict, unpredictability in access will likely continue. With regard to access, ACF remains working in the same 6 villages close to Kebri Dehar town in which it was given permission to operate by the Ethiopian Army when travel restrictions were relaxed in 2011. However this restriction has led to distortions in the form of too much assistance going into too few villages, with other more needy, but still accessible places not receiving services.

With regard to nutrition, ACF has shown that it can provide emergency nutrition services of high quality not only in Kebri Dehar Woreda but also in locations like Shilabo and Doboweyin which have often been inaccessible to international staff. While in theory the nutrition programme is meant to be supporting government health services, in practice these services do not exist, and the programme, while immediately very useful, is not sustainable. The nutrition services previously managed by ACF will now be provided by Merlin, and if not managed well this transition runs the risk of disruption of services and a regrettable loss of institutional knowledge. If resources allow, a close collaboration between ACF and Merlin for two to three months (including joint planning, service delivery, resource handover and tracking and program monitoring) would be invaluable to promote programme continuity and protect stakeholders' perception of ACF's commitment to communities. If Merlin recruits some of ACF's former nutrition staff for their nutrition program, this will reduce the number of staff ACF would need to provide for this transition period.

ACF remains working in two highly relevant sectors, food security and WASH. In the area of livestock, the earlier system by which ACF was directly involved in training paravets and supplying them with medicine via local vendors is seen as more effective than the current system of handing the medicines over to the woreda-level Agriculture, Livestock and Rural Development Bureau, which so far has a poor record in distribution. Directly implemented destocking and restocking have assisted in protecting core herds and growing assets post crisis, but the evaluation suggests that ACF should explore market-based approaches to destocking and restocking. It also needs to take account of recent research which highlights the importance of fodder production in reducing animal mortality.

With regard to WASH the increase in the supply of drinking water for both humans and animals has been one of the most useful contributions ACF has made both in Kebri Dehar town and the surrounding woreda. ACF has normally made the right technical choices in favour of open wells, rather than sealed wells with hand pumps, given all the maintenance

issues. Water trucking, though expensive, has helped consolidate ACF's reputation in Kebri Dehar and will remain an essential activity in the dry season. The hygiene component is the weakest part of the WASH programme: CLTS has been talked about, but is unlikely to work, and there are far fewer working latrines than ACF's records suggest. Hygiene is likely to be a major contributor to child malnutrition given the low rates of exclusive breastfeeding and high prevalence of consumption of camel milk diluted with untreated water for infants and young children.

With regard to food security, the current programmes appear to be aimed at increasing agricultural production in general, but the potential impacts have not been thought through: for example if increases in family income go mainly to the men, then women and children, and in particular children's nutrition, are unlikely to benefit. There is a critical weakness in relation to the understanding of gender issues throughout the programme, and indeed very limited capacity for gender analysis throughout ACF Ethiopia. The evaluation concludes that ACF will need to expand its emphasis on certain constraints to food security, especially the issues around gender, women's education, and women's empowerment, if its work is to have any lasting impact. In particular there is a large untapped potential for engaging women more proactively and directly in livestock production, an area in which ACF has expertise from other countries.

The way in which staff interact with communities needs to change: currently most staff members see people's participation as necessary just to get the job done, rather than an end in itself. It is critical that ACF shifts from a donor driven service delivery mind-set to more of a developmental mind-set with a longer term view. Such a transition is reflected to some degree in the 2012-2014 ACF Country Strategy for Ethiopia, although implementation takes time. Many donors and NGOs are moving towards implementing multi-year programs in shock-prone environments and protracted crises, with contractual/budgetary mechanisms built in to access short-term emergency funds

The following 21 recommendations are designed to increase the relevance, effectiveness, coherence, sustainability, coverage and impact of ACF's program in Kebri Dehar. (Note that only the 'headline' recommendations are provided here, and that both further explanation and the detailed evidence for each recommendation is provided in the main report.)

Recommendation 1: ACF should commit itself to remaining in Kebri Dehar with a longer-term, more developmental approach that incorporates a crisis response.

Recommendation 2: ACF should revise its management and recruitment strategy in a way that encourages strong Somali leadership and program management.

Recommendation 3: ACF should work to diversify its donor and funding base.

Recommendation 4: ACF should expand geographic targeting to begin operations in new areas that are currently not receiving services.

Recommendation 5: ACF should conduct and use population needs analysis as a basis for identifying sectors of intervention, designing programs, planning geographic and social targeting, and developing monitoring and evaluation systems.

Recommendation 6: ACF should conduct a more explicit conflict analysis, with a focus on understanding how the conflict affects specific population groups.

Recommendation 7: ACF should have an explicit and evidence-based gender policy that is cross-cutting across all aspects of its work.

Recommendation 8: ACF should establish an evidence-based theory of change that articulates the basis on which program activities and outputs are expected to bring about the desired changes in population-level outcomes.

Recommendation 9: ACF should establish a rigorous program M&E system that estimates program coverage, monitors performance, assists in routine management and planning, and disaggregates results by relevant population subgroups (especially gender).

Recommendation 10: ACF should develop a partnership strategy that guides how ACF partners with GOE institutions, non- GOE organizations, and civil society organizations (e.g., local NGOs).

Recommendation 11: ACF should build upon their existing efforts to engage communities, and develop a community empowerment and engagement strategy for Kebri Dehar that considers the needs of different population subgroups (especially gender).

Recommendation 12: In the area of nutrition, ACF should adopt a more comprehensive approach that emphasizes evidence-based strategies for the prevention of malnutrition

Recommendation 13: In the area of animal health, ACF should implement a broader range of interventions that boost fodder production; replenishment of grazing resources; and market-based solutions to crisis destocking and restocking.

Recommendation 14: In the area of water, ACF should expand to new villages for installation of water points.

Recommendation 15: In the area of hygiene and sanitation, ACF should redouble its efforts related to latrine construction and use, hand washing and food hygiene.

Recommendation 16: In the area of agriculture, ACF should work towards expanding both staple cereal and non-cereal production, for household consumption as well as meeting the specific nutritional needs of PLW and children.

Recommendation 17: In the area of credit, savings and income generation, ACF should target men and women separately whenever possible, and ensure that a complete program linking production, sales and management allows women to keep their assets.

Recommendation 18: In the area of disaster risk reduction/management, ACF should ensure that their process of identifying DRM priorities is genuinely community-led with ACF facilitation, and that it follows a DRM framework.

Recommendation 19: ACF should explore the possibility for implementing programme activities in areas where urgent population needs remain unmet, like education.

Recommendation 20: ACF should explore where humanitarian space allows for increased advocacy on the part of the agency to GOE.

Recommendation 21: As a final recommendation, ACF should invest in its base, guesthouse and vehicle fleet with an eye towards promoting team safety in the field and maximizing long-term retention of skilled staff.

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HG & EM
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LIST OF ACRONYMS

ACF	Action Contre la Faim
CLTS	Community-Led Total Sanitation
DfID	Department for International Development
DHS	Demographic and Health Survey
DRM	Disaster Response and Mitigation
DRR	Disaster Risk Reduction
ECHO	European Community Humanitarian Office
EU	European Union
EW	Early Warning
GOE	Government of Ethiopia
HEW	Health Extension Worker
HIV	Human immunodeficiency virus
HRF	Humanitarian Response Fund
IFS	Instrument for Stability
INGO	International non-governmental organization
IYCF	Infant and young child feeding
M&E	Monitoring and evaluation
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Assistance
ONLF	Ogaden National Liberation Front
OTP	Outpatient Therapeutic Program
PLW	Pregnant and lactating women
SDC	Swiss Development Corporation
TFU	Therapeutic Feeding Unit
UK	United Kingdom
UN	United Nations
UNDSS	United Nations Department of Safety and Security
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	United Nations World Food Programme

INTRODUCTION

Action Contre la Faim (ACF) has maintained a humanitarian presence in Kebri Dehar District (Woreda) of Ethiopia's Somali Region since 1998. The long-running program, which has never undergone a formal external evaluation, has been justified in this conflict-torn region on humanitarian grounds. From 2008-2010, rising tensions between the Government of Ethiopia (GOE) and the Ogaden National Liberation Front (ONLF) limited ACF's access only to Kebri Dehar town. Access restrictions were then lifted during 2010-2011 to allow ACF to respond to the drought-induced food security and nutrition crisis. The low-intensity civil conflict persists, fuelled by conflict across the border in Somalia, and the outlook for the on-going GOE-ONLF peace talks is uncertain. But despite this, the humanitarian space for agencies like ACF to operate in Somali Region seems to be expanding. Both the GOE and the ONLF seem to understand the critical need for the services these agencies provide, and agencies are rarely subjected to explicit harassment or violence. Together the expanding access and chronic needs raise questions about what humanitarian agencies like can and should do to improve food security, health and development outcomes in populations in protracted low intensity conflicts.

In October 2012, ACF commissioned an external evaluation of ACF's program in Kebri Dehar. ACF/UK oversaw this evaluation under the umbrella of the Evaluation Learning and Accountability Unit. ACF/Ethiopia implemented the program being evaluated, with technical support from ACF/France. ACF uses external evaluations to identify strengths, weaknesses, best practices and opportunities for institutional learning, as exemplified by its annual Learning Review. The goal of the evaluation was "to assess the relevance and effectiveness of ACF interventions from 2009-2012 in order to determine a suitable future for ACF interventions in Kebri Dehar." The evaluation's retrospective component aimed to draw lessons learned about program strategy, assess program performance and investigate likely impact on population outcomes from 2009-2012. The evaluation's forward-looking component aimed to investigate likely trends in security and access for the short to medium term, and to make recommendations about overall strategy, program approaches and implementation based on these trends. The ACF Kebri Dehar program has encompassed a range of short-term projects. Annex 1 presents the main ACF projects implemented in Kebri Dehar between 2009 and 2012, which were the subject of the present evaluation.

In formulating recommendations we have tried to take account of ACF's 2012-14 country strategy's for Ethiopia, which highlighted the following issues which appear especially relevant for our evaluation: ¹:

- (a) Strengthening the integrated approach in our interventions.
- (b) Bringing DRM to the centre of our programming to tackle under-nutrition in the face of recurrent disasters.
- (c) Building a balance between long term development interventions to tackle chronic and structural issues and short term emergency responses in times of crisis.

The report is organized as follows. The Methodology Section presents the methodology utilized for this evaluation. The Programme Context Section discusses the context for program implementation, highlighting aspects related to conflict and culture, government and civil society, economic and livelihood trends, environment and climate trends, and humanitarian crises. The Programme Access Section explores how well ACF was able to

¹ ACF (2011). Country Operational Strategy for Ethiopia (2012-2014). Addis Ababa: ACF.

adapt to and work within frequently changing security and access constraints over the same period. The Programme Relevance Section examines the relevance of ACF's Kebri Dehar program with an emphasis on the period of 2009-2012. The Programme Effectiveness Section aims to assess the effectiveness of ACF's program activities in Kebri Dehar to the extent to which data allows, across the wide range of program sectors. The Lessons Learned Section presents key reflections and lessons learned which underpin the recommendations. The Recommendations Section presents a total of 21 key recommendations for ACF to consider to strengthen their Kebri Dehar program.

METHODOLOGY

This evaluation was conducted by two external consultants in October-November 2012. Following a desk review of ACF documentation and relevant secondary literature, the evaluators visited Ethiopia from October 7-20, 2012. Interviews were conducted with ACF staff at Addis Ababa and Kebri Dehar. The evaluators interviewed a wide range of stakeholders in Addis Ababa and in Kebri Dehar, including stakeholders in GOE (relevant woreda bureaux), donor agencies (ECHO, EU and DfID), UN agencies, NGOs, and technical and academic/research institutions (Annex 2). Relevant internal program data were reviewed, including ACF strategic documents and program monitoring and evaluation documentation. Individual and group interviews were held with community members (beneficiaries and non-beneficiaries) in Kebri Dehar town as well as in seven kabeles where ACF is currently implementing or has previously implemented activities.

Four methodological challenges must be noted. Initially, the evaluation team intended to travel to villages independently of ACF program staff, to minimize reporting bias in community interviews and reinforce perceptions of the evaluation's neutrality and confidentiality. However, security-related travel restrictions required the evaluation team to travel to the field in convoy with program implementation teams, during their pre-planned days of operation. (On the two days when the program implementation team did not travel to the villages, the evaluators travelled with an ACF survey team.) Once in the village, the evaluation team observed ACF program operations, and conducted interviews with community members (including men and women) independently using private translator (i.e., who were not previously employed by ACF). The travel restriction provided the unforeseen benefit of allowing participant observation of ACF's program implementation, observations that proved an invaluable source of lessons learned about program relevance and effectiveness for this evaluation.

The second methodological challenge pertains to the lack of reliable population-representative data on the outcomes that ACF intended to affect (e.g., knowledge, attitudes, practices, child nutritional status and mortality), as well as the lack of consistent, high quality program monitoring data. In a stable multi-year program, measurement of program impact is usually conducted using baseline and endline surveys, complemented by qualitative research to aid in interpretation of quantitative findings. Unfortunately, none of the interventions that ACF implemented in Kebri Dehar prior to 2012 involved baselines and endlines, because the activities were of short duration (1-18 months), the humanitarian funding streams did not require quantitative impact evaluation, and assessment among mobile pastoralist populations is particularly challenging methodologically. Program tracking was conducted by project rather than overall for the Kebri Dehar base, so tracking formats

vary.² Additionally, political sensitivities precluded the conduct of anthropometric or household food security surveys by external agencies in recent years in Kebri Dehar (where conducted, they were typically conducted by GoE) so data on the population prevalence of malnutrition and food insecurity are unavailable. Trends in malnutrition can only be guessed at using trends in therapeutic feeding unit/outpatient therapeutic program (TFU/OTP) admissions figures, or data from existing growth monitoring programs (e.g., EOS). This complicates enormously the ability of evaluators to draw conclusions about impact of humanitarian programs on outcomes like food security and malnutrition. As a general rule, the evaluators examined all available data about project activities and population-level variables where available, and strived to be explicit about the data that were and were not available for analysis. Qualitative interviews were used to explore factors that were likely to boost or compromise program effectiveness, but these rapid assessment methods cannot substitute for a solid program performance monitoring and evaluation system.

The third challenge was that the evaluation did not include a trip to Jijiga, the capital of Somali Region. ACF/Ethiopia recommended that the evaluators focus their limited time in Kebri Dehar, on the premise that that it would provide greater value to the evaluators than time in Jijiga would. ACF/Ethiopia had previously positioned a staff member in Jijiga but that staff member had departed and that office was no longer functioning, and the Kebri Dehar team's engagement in regional processes was limited largely to participating in regional coordination meetings (especially in health and nutrition). While in Kebri Dehar, the evaluation team met with multiple departments of district government. However, a trip to Jijiga would have allowed a meeting with regional authorities, such as the regular regional bureaux for health and livestock, agriculture and rural development. A trip to Jijiga would also have facilitated meetings with research entities and local NGOs that work elsewhere in Somali Region and may be potential partners for ACF in the future. During the course of the fieldwork the importance of regional authorities and regional decision making processes became clear, so were the evaluation to be conducted again a visit to Jijiga would be prioritized.

The final challenge to the evaluation team was the decision made during the evaluation fieldwork for ACF to transfer all its nutrition activities in Kebri Dehar to Merlin. This meant that at the time of our field work, the nutrition staff and Field Co-ordinator were very engaged working through the operational implications of this decision. Many issues were observed regarding the rationale for and management of this phase out and transition, which are discussed under Programme Effectiveness below. However the timing of this decision was helpful to the evaluation in that it highlighted the need for ACF to review its strategy in Kebri Dehar following the transfer of this well-regarded program.

Before leaving both Kebri Dehar and Addis Ababa the team debriefed the senior staff in both locations with its initial findings, and these meetings were very helpful in clarifying issues and fine-tuning recommendations. A draft evaluation report underwent review and comments by ACF/UK, ACF/France and ACF/Ethiopia prior to finalization.

² A baseline survey was being conducted for the EU/IfS *Project Support to Recovery of Essential Rural Productive Capacities as Affected by the Horn of Africa Drought Crisis* while the evaluation team was in Kebri Dehar, but the results were not yet available for use in this evaluation. But even that survey sampled only among program beneficiaries, so the comparison after endline would not allow for calculation of impact among the population as a whole.

PROGRAMME CONTEXT

Somali Region is widely viewed as the most complex and challenging region of Ethiopia in which to operate. Factors related to conflict and culture; government and civil society; economic and livelihood trends; environment and climate trends; and humanitarian context are discussed briefly below.

Conflict and culture

The conflict in Somali Region has a long history going back over 60 years, and originates with the handover of the area to Ethiopia by the British in 1948. The continuing conflict since then may be best understood in the context of the long standing need for the Ethiopian state to secure its eastern borders, even though these borders cut across a large part of the Horn of Africa which is ethnically Somali. The vast size of the area, its low population density, and its essentially arid nature all make it difficult for any government or opposition group to control completely. In addition the borders are essentially porous, and many Somalis move across them both to trade their animals and in search of better pasture and water supplies.

The region was a battleground in 1977-8 in the war between Ethiopia and Somalia, and has been further destabilised by the break-up of Somalia over the last twenty years, and the Ethiopian Defence Forces' incursion into Somalia in December 2006. The attack by the ONLF on the Chinese oil drilling rig in 2007 is normally seen as marking the start of a more brutal phase of the conflict, which continued until 2011. While the Ethiopian Defence Forces still have a major presence throughout the Region, the most feared GOE militia is the Somali Special Reserve Police, which operates throughout all the conflict zones of Somali Region, including Korahe Zone where Kebri Dehar is located. This militia reports directly to the Regional President and has a long history of attacks on the civilian population, especially women: we heard reports of recent Special Reserve atrocities in one village covered by the ACF programme. Although the conflict has enormous effects on food security, the political sensitivity prevents public discussion of the conflict for security reasons, and the ACF team has historically retained a very neutral, non-engaged position with no explicit advocacy in order to protect their ability to operate.

At the time of the evaluation peace talks were underway in Nairobi between the GOE and ONLF, but these quickly broke down. Some analysts feel that continuing conflict in the Somali Region means that the region receives far more financial support from the Federal Government and indeed from international donors than it would otherwise. Furthermore, even if there were to be some kind of peace agreement between the GOE and ONLF, there would remain groups like Al-Shabaab across the border, which though weakened, would still have the potential to infiltrate and destabilise Somali Region. Also there is the possibility for future conflicts between different clans in Somali Region, and in particular the majority Ogadeeni clan and a large number of smaller clans, over access to pasture and water. The wide availability of small arms across the region could further fuel these conflicts and raise civilian casualties and displacement.

For ACF, quite apart from the issues of access discussed below, there are other important cultural dimensions of the conflict which impact on its work in Kebri Dehar. There appears to be a suspicion of 'outsiders', i.e., non-Somalis from other regions of Ethiopia. Even Somalis from other clans reportedly face some stigma in this clan-based social system. GOE health and education employees recruited from outside of Kebri Dehar often do not feel safe traveling to rural Kebri Dehar, and do not perform their work functions as a result. For ACF,

it is difficult for international staff coming in on short-term contracts to understand the full complexities both of Somali culture and the conflict, and they have to rely on the security advice of local staff without always being able to question it. The many sociocultural differences between Somali Region and other Ethiopian regions can create misconceptions and miscommunication that would not be faced by staff either from the Region, or with previous experience of working in the area.

This evaluation took place at a time of improving security: at present the ONLF appears to appreciate the presence of humanitarian agencies and, at least for the moment, does not attack them. For its part the Regional Government allows increasing access to UN agencies and INGOs offering basic services to the population, and international agencies are able to operate in areas where government staff would be at risk.

Government and civil society

Because of the long and severe drought across the Horn of Africa from 2010-2011, the Regional Government relaxed restrictions and allowed ACF to implement emergency interventions in areas that had been off-limits for two years. OCHA's recent evaluations of the Horn of Africa drought concluded that the response was far better in Ethiopia than in the rest of the region, largely due to the coordinated efforts of the GOE, WFP, major donors, and INGOs like ACF. Water trucking and the Outpatient Therapeutic Program, both key activities for ACF in Kebri Dehar, were seen as critical to Ethiopia's relative success in coping with this crisis.³

This is not to suggest that the GOE creates an enabling environment for INGOs, however. The GOE still constrains the effectiveness of INGOs' programs in many ways. There has been a progressive tightening up on the activities of INGOs using legal means, spearheaded by the GOE Charities and Societies Agency, ever since the disputed 2005 election. Budgetary restrictions have the greatest impact on the Kebri Dehar programme. INGOs are required to spend a minimum of 70% of their total funds on service delivery, and no more than 30% on training, technical support, and monitoring and evaluation (M&E). Only local NGOs, defined as those raising 80% or more of their funds within Ethiopia, are allowed to do advocacy work, and the government has a particular suspicion of INGOs engaged in human rights work. In terms of recruitment, there are increasingly strict regulations regarding the employment of foreigners. This very restrictive environment also means that a disproportionate amount of senior management time of all INGOs tends to go into compliance and processing new proposals through the different layers of government (zone, region, and centre). This complex operating environment makes Ethiopia an especially challenging context for new international staff, and some senior INGO staff members argue that it can be two years or more before a new Country Director can be really effective.

The long conflict in Somali Region devastated the availability and quality of government services and the development of civil society institutions. What little development is taking place now tends to be concentrated in the relatively 'safe' north-western part of the region, rather than the conflict areas like Korahe Zone. There are however Somali NGOs which might be prepared to extend their activities to areas like Korahe Zone if the political situation continues to improve, and a list of these NGOs supplied by UN-OCHA is attached as Annex 3. There are also a significant number of educated Somali-speaking people living in Addis and Jijiga, though it is unclear how many of them would be prepared to accept jobs in Kebri

³ Slim H (2012).

Dehar, and ACF has so far had little success in attracting such people to Kebri Dehar. We believe that ACF might find it easier to identify and recruit such individuals if it had a permanent presence in Jijiga.

Economic and livelihood trends

Research among pastoralist communities in Somali Region indicates that wealthier pastoralists tend to grow and consolidate their herds and profit from cross-border markets at greater rates than poorer pastoralists (i.e., those with smaller livestock holdings). Poorer pastoralists are unable to engage as successfully in commercial markets or recover as quickly from shocks like drought. Over time their herd sizes drop below sustainable thresholds and households are forced to 'transition out of pastoralism'.⁴ The secular trend of increasing wealth differentiation (encompassing growing profits from livestock exports for wealthy pastoralists alongside worsening poverty among poorer pastoralists) is not the only determinant of sedentarisation in Somali Region. The long term availability of food aid, even though the amounts offered are far less than the needs, has also encouraged people to move, often temporarily, to locations more likely to receive distributions. This has led to a rapid growth in the size of towns, with for example the population of Kebri Dehar Town now reported to be around 60,000. Though the Regional Government is reported to want to pursue a policy of 'villagisation' for the pastoralists, we did not see any evidence of this policy being implemented at present in the areas visited in Kebri Dehar Woreda. ACF staff report that the Regional Government has been hesitant to push for villagisation too hard in Somali Region for fear of population objections and pushback.

The growing size of the sedentary population is a wider economic and cultural trend across pastoral populations of the Horn of Africa. Even households that maintain a residence year round or nearly year round still strive to maintain livestock (sheep, if not camels), and if their herds allow, engage in a cross-border trade with traders and agents in Somali and the Gulf States. The GOE considers trade in livestock and other commodities across the Somali border contraband, but the porous border still reportedly accounts for the majority of livestock commerce and non-relief food commodities (especially rice and pasta) entering Kebri Dehar. Villages along the main roads, including the newly constructed road from Jijiga to Gode, have theoretical access to trade but local traders are few. Markets are very poorly developed, and the strong demand among villagers (especially women) to engage in small-scale trade is largely unmet for lack of capital, transport and skills (including numeracy and literacy). The exception is small-scale tea shops, which exist in abundance and tend to be staffed by women.

Environment and climate trends

Somali Region is arid, and supports pastoral and agropastoral livelihood systems. The GOE Atlas of Ethiopian Livelihoods places most of Kebri Dehar Woreda in the Korahe-Gode Pastoral Livelihood Zone, bordered by the Korahe Agropastoral Zone and the Gode Agropastoral Zone.⁵ Climate change trends in Ethiopia portend increasingly erratic rainfall, concerning for Somali Region where the timing of already limited rainfall can make or break a cropping season. At the time of the evaluation, FEWS NET/Ethiopia reported that the rainy season looked promising and brought some hope of better food security in the short term,

⁴ Catley A and Aklilu Y (2012).

⁵ GOE and USAID (2010).

with positive weather forecasts for the coming year.⁶ Even so there has been a permanent loss of grass, as overgrazing (especially around permanent water points) has depleted grass seed and inhibited pasture regeneration.⁷ Land quality for agriculture is relatively favourable in riverine valleys (such as Marrato) where recent rains have quickly brought vegetation. The evaluators observed that even in these riverine valleys, regeneration of trees and bushes far outpaced grass replenishment, and the landscape was less green than would be expected for that time of year.

Humanitarian context

The factors discussed above create enormous vulnerability in Kebri Dehar, and the failed rains of late 2010 and early 2011 triggered an acute humanitarian crisis that continued through September 2011, with much of the population at “emergency” level (IPC level 4) by September 2011.⁸ High levels of vulnerability are now chronic in Somali Region, and even with several acceptable rainy seasons, most of Somali Region remains “stressed” (IPC level 2), protected from “crisis” only by delivery of humanitarian assistance (Annex 4).⁹ This underscores the enormous need for a longer-term approach integrated with humanitarian preparedness, i.e., a Disaster Risk Management (DRM) approach.

Dependence on food assistance in ACF’s area of intervention is high, but the aid is provided by WFP rather than ACF. Food aid continues to have an enormous influence on settlement patterns and behaviours in Somali Region. Many key informants reported that they had moved to the village because they were able to access WFP food aid there. Further, the evaluators repeatedly heard from key informants that if WFP was not distributing food aid, they would adapt by growing more of their own food. Worsening matters, the way in which the WFP general distribution is managed there is disruptive and inefficient: community members hear a rumour that a distribution may take place in a certain village around a certain time, and large numbers of women and children travel to that site to try to be present when WFP comes to distribute ration cards. Because a ration card is reportedly allocated for every ten people, there is an incentive for as many family members as possible to travel and spend as long as necessary around the rumoured distribution site, in order to receive a ration card for that particular distribution. The evaluators observed this directly in El Xaar, where hundreds of individuals – mostly women and children - were gathering around the village centre because they heard that a distribution was to take place there in the coming days. They reported traveling up to three days, and waiting for five days, with an unplanned site with no lodging, hygiene or sanitation facilities. No one could confirm exactly when or where the distribution would take place. The evident lack of information and coordination was dismaying.

⁶ FEWS NET/Ethiopia, Personal Communication (2012).

⁷ Tufts University/Feinstein International Center/Ethiopia, Personal Communication (2012).

⁸ FEWS NET 2011).

⁹ FEWS NET (2012).

PROGRAMME ACCESS

From 2009-2011, ACF did not have access even to project villages within 50 km of Kebri Dehar town. In the face of such restrictions, many other NGOs would have withdrawn their staff and closed down their programme. With the high turnover of staff it was difficult for this evaluation to establish whether ACF's decision to keep its Kebri Dehar programme open even in these discouraging circumstances should be seen as highly positive, in that it represented a positive commitment to Kebri Dehar, or perhaps, more negatively, as a reluctance to take hard decisions. Whatever the rationale for remaining ACF is now universally appreciated both by government staff and UN agencies in Kebri Dehar town, and by donors and UN agencies in Addis Ababa for its decision to keep its Kebri Dehar programme open even in these difficult conditions.

Although the geographical access has improved over the last year, ACF still has very limited coverage even of Kebri Dehar Woreda (only six kabeles). ACF has been managing its nutrition projects remotely in other parts of Korahe Zone (Shilabo and Doboweyin Woredas), although scaled up management and supervision is now possible. From discussions with UNDSS in Kebri Dehar, we understood that ACF's continued security and travel protocols may no longer be required in the improving security climate, and there is now no reason why both local staff and international staff cannot travel to most parts of Korahe Zone.¹⁰ This suggests that all of Kebri Dehar's kabeles and Korahe Zone's woredas may be considered for potential ACF targeting in the future. Indeed ACF has reportedly discussed the possibility of geographic expansion in the next programme cycle.

Opportunities for ACF to adapt its operational modalities to maintain programming in the face of access fluctuations

Assumptions in ACF about future access in Kebri Dehar need to be examined. The period of 2008-2010 saw a sharp curtailment of access, but if political and security conditions continue to improve, hopefully that situation will not recur. In the most likely scenario, access will sporadically be hampered by either rains (road impassability) or isolated security incidents. Both of these types of factors can and should be planned for. If individual security incidents do occur, ACF may have to alter its monitoring schedule, and only if there is a severe and prolonged more general decline in security should it re-consider its decision to remain in Kebri Dehar.

The evaluation found sharp disparities in facilities and security between villages in Kebri Dehar Woreda which are on the recently improved main roads, and more remote and inaccessible villages. If ACF is to stay relevant, the agency needs to increase its coverage in Korahe Zone to these more marginalized kabeles. The first step recommended is that it should aim to phase out of villages like Dallat where it has been doing water supply for ten years, and, subject to a normal risk assessment, focus on more remote and often needier communities while continuing to monitor the work undertaken previously in villages from which it phases out. This shift will have to be subject to security, and will need to bear in mind the probability that following the collapse of peace talks, the Government may try to intervene to close down remote villages which they fear are more likely to support the ONLF. However ACF should try to design programmes in such a way that work can continue even if their staff from Kebri Dehar cannot visit regularly. Given that roads are very bad, especially in the rainy seasons, and vehicles are old, the current system of going everywhere in

¹⁰ UNDSS/Kebri Dehar, Personal Communication (2012).

convoys of at least two vehicles should be maintained for the time being even though at present security is better: to save costs ACF should consider paying some joint visits with Merlin, which will now be running nutrition, using one vehicle each, while still ensuring that there are two vehicles going in convoy to all locations.

A constraint to relevance is that ACF's non-Somali national advisers on water, sanitation and hygiene (WASH) and Food Security, who are based in Addis Ababa, are unable to travel outside Kebri Dehar town when they visit the programme. This puts them at a severe disadvantage, as both they and the programmes would greatly benefit from having proper access to the project sites. We realise that this is a sensitive issue on both sides, but given that ACF now has two major programmes in Somali Region (in Kebri Dehar and Dollo Ado) there is a case for ACF trying to recruit more Somali-speaking technical advisers. A further option to consider, given that in the current ECHO-funded IFS programme ACF is in a consortium with Save the Children and Oxfam, is for ACF to request some technical input from SC which does have Somali-speaking advisors.

Currently, as already noted, there are no restrictions on the access of ACF or other humanitarian agencies to most parts of Koraha Zone. In relation to the 'correct approach' the urgent need is for ACF to have a stronger 'vision' about what it wants to achieve in Kebri Dehar for which it can then seek out donor funding, rather simply implementing donor contracts as it at least appears to be doing at present. Its key lack of capacity at present appears to be related to the daunting challenges of finding qualified staff, combined with a management structure that may require some rethinking: this issue is discussed further below.

Implementing programs in shock-prone environments like Kebri Dehar requires that a humanitarian scale-up capability be integrated into multi-year programming. Contractual mechanisms have been developed for this by donors (e.g., ECHO uses 'crisis modifiers' and USAID/Food for Peace uses 'trigger indicators'), so this is not new. Establishing this scale-up capability requires several components not presently in ACF's Kebri Dehar programme: a surveillance system and linkages with the GOE-led early warning (EW) system; a framework for early action linked to indicators and thresholds; an underlying analysis of food security livelihoods and nutrition; and empowerment of community members and institutions to implement programs in the absence of ACF staff visits.

Access fluctuations and community engagement

The current programme does not employ a truly *community-based approach*. It would be more accurate to describe it as an extended humanitarian programme which certainly meets some real needs, but is not designed or controlled either by 'the community' or program beneficiaries. The evaluators concluded that this is due less to access constraints than to the top-down project-driven nature of ACF's approach to implementation. Changing this approach will be a major challenge. In the nutrition sector, ACF was able to compensate for lack of access to Shilabo and Doboweyin by implementing a remote management system using local staff to deliver services. Lack of access had a greater effect on WASH programming by delaying water point installation and latrine construction. In the paravets programme, there was a useful degree of sustainability insofar as the programme relied on paravets collecting funds from animal owners for their treatment, which they could then use to purchase further medicines. This kind of approach will be worth replicating in future to the extent that the government allows.

PROGRAMME RELEVANCE

Programme relevance refers to the extent to which the programme aligns with local needs and priorities.¹¹ With the transfer of the Nutrition programme to Merlin, and the improved access to much of Korahe Zone it is an excellent time for ACF to review both its past programme and make some plans for the future.

Overall appropriateness of ACF's Kebri Dehar Programme

ACF's Kebri Dehar Programme is relevant first and foremost because it provides protection by presence. But in terms of appropriateness of the overall programme approach, one finds that the situation in Somali Region has a certain degree of predictability, in that it is safe to assume that the area will face further recurrent droughts, occasional floods, and (in the absence of a broader political settlement, which currently appears unlikely) further outbreaks of conflict. Our conclusion is that there is no reason for ACF to remain stuck in a reactive humanitarian mode, and this approach is supported by key donors like ECHO, which are no longer prepared to fund only immediate relief, but prefer to support wider food security and "resilience" interventions as in the current Instruments for Stability (IfS) programme.¹² The recommended approach for ACF in Kebri Dehar is therefore a longer term programme, while retaining a capacity to scale up relief interventions including water trucking when this is required (i.e., the overall mix of relief and development activities is not sufficiently relevant).

ACF programs have been relevant to population needs. Key informants repeatedly expressed appreciation for ACF's interventions, especially in WASH and nutrition where ACF has the longest history. In community interviews, men cited the following priorities for external intervention: WASH, animal health and agriculture. In contrast, women cited maternal and child health and nutrition, education (for adults and children) and women's empowerment, WASH and gardening as their highest priorities. Many of the basic essential services prioritized by communities were not functioning well (health clinics, schools, animal health) or absent (adult education) in ACF villages at the time of the evaluation (Annex 5), suggesting that although ACF activities are relevant to population needs, considerable room remained for expanding operations to meet basic needs that currently go unmet.

Changes in ACF's Kebri Dehar Programme over the year

Prior to 2011, ACF adapted its interventions most frequently in response to access to areas outside of Kebri Dehar town, rather than to changes in population needs per se. The types of interventions implemented by ACF have remained remarkably consistent over the years. ACF has delivered a mix of nutrition programmes, support to paravets and animal health, rehabilitation of water points, and emergency water trucking. In periods when access was limited due to insecurity, ACF did not change its programme content that much, but instead tended to focus more of its work within Kebri Dehar town, especially on WASH. During the 2010-2011 crisis, ACF expanded to the kabeles around Kebri Dehar town, and initiated emergency nutrition programming in Shilabo and Doboweyin. Program modalities have also been adjusted to suit GOE protocols, such as the shift towards providing veterinary inputs through the woreda office (discussed further below). In 2011, ACF started to do more food security programming through EU IFS and SDC-funded projects. But ACF acknowledged that those two proposals were written without formal or in depth needs assessments.

¹¹ ALNAP (2006).

¹² ECHO/Ethiopia, Personal Communication (2012).

PROGRAMME EFFECTIVENESS

Programme effectiveness refers to the extent to which the programme achieves its objectives or whether this can be expected on the basis of outputs.¹³

Effectiveness of ACF's nutrition interventions

ACF implemented emergency nutrition programs in Kebri Dehar town (2009-2012) and rural Kebri Dehar Woreda (ECHO and SDC funded, 2011-2012) as well as Shilabo and Doboweyin Woredas (OCHA/HRF-funded, 2011-2012). As of October 2012, ACF worked in nine of Kebri Dehar's fifteen health posts. In line with GOE protocols, ACF's emergency nutrition activities included four main components: community based active case finding and referral; support to therapeutic feeding units (TFUs) and outpatient therapeutic programs (OTPs) for severely acutely malnourished individuals (pregnant and lactating women and children); support to targeted supplementary feeding and sensitisation for pregnant and lactating women and children with moderate acute malnutrition; and support to GOE health staff and health education sessions.

The evaluators encountered a lack of outcome data on nutrition, knowledge, attitude and practice variables. This was because nutrition and anthropometric survey data were not available for Kebri Dehar Woreda, and rapid assessments were of limited quality and availability. Thus the evaluation team reviewed the activity progress reports for the nutrition activities to compile output data, and complemented that with qualitative research (participant observation and interviews with beneficiaries and non-beneficiaries) to explore aspects of effectiveness.¹⁴ Even a standard set of population data was lacking for calculating coverage.

External stakeholders (e.g., from the GOE and UN) frequently cite ACF's nutrition interventions as the most valuable and/or visible area of achievement for ACF, so it was with surprise that the evaluators learned in Addis Ababa that ACF's ECHO-funded nutrition program was ending at the end of October 2012, after which nutrition services in Kebri Dehar would be the responsibility of Merlin. For the foreseeable future, ACF's activities in Kebri Dehar will be restricted to food security, DRM and WASH. The Nutrition Programme Manager was not informed in advance about this decision and generally senior staff in Kebri Dehar understood this decision to be donor-driven, as ECHO wanted both health and nutrition services to be delivered by the same NGO. When queried on the issue, ECHO acknowledged that they did prefer to have health and nutrition services delivered by the same NGO as captured in their current country strategy, but they said that they did not instruct ACF to hand over to Merlin in Kebri Dehar at the end of October 2012.¹⁵ Although ACF rightly observed that the lack of health services would limit the impact of the ACF nutrition program, the evaluators could neither identify an evidence-based rationale for phase out from nutrition in Kebri Dehar at the end of October 2012, or detect a clear

13 ALNAP (2006).

14 The data in this section pertain to the 2011-2012 nutrition program, as that is the period for which the evaluators were able to access ACF project reports.

15 The missions opinion on this matter is 1. This is not a rapid, donor driven decision but has in fact been discussed within the mission since first semester of 2012 considering that it was needed to have nutrition and health more integrated and that ACF did not want to start health activities in Kebri Dehar 2. The handover period, initially planned for 1 month has been increased to 2- 3 months.

decision-making process whereby ACF/Ethiopia arrived at an evidence-based decision. The evaluators conducted fieldwork *less than one month* before the scheduled handover, but the nutrition program management staff did not yet know when Merlin would begin assuming responsibility for nutrition service delivery and in which kabeles. Facing a lack of knowledge about Merlin intentions, ACF had not yet formally notified key stakeholders (including the Regional Health Bureau and the Woreda Health Bureau Head) of ACF's intent to close their nutrition program at the end of the month. One would have expected to see a minimum three month handover period during which ACF and Merlin conducted nutrition activities jointly, to ensure the enormous amount of knowledge accumulated by ACF was not lost. For example, ACF/Kebri Dehar staff shared valuable observations on: cultural sensitivities regarding undressing young children in public as a factor in measurement bias (and thus the need for minimally covered/private structures at OTPs for this purpose; community beliefs about breastfeeding sometimes actually increasing a child's risk of illness; and the reality of redistribution of supplementary foods at household level.

The way in which the transition is being managed will almost certainly risk a disruption of provision and quality of services for beneficiaries, a loss of knowledge and a perception among ACF's stakeholders of a lack of communication and transparency. If it is not too late, obtaining an extension of ACF's funding in nutrition would allow ACF to work alongside Merlin for the next several months, ensuring continuity of services and monitoring systems, transfer of institutional knowledge and handover of materials.

ACF retains a strong presence in nutrition elsewhere in Ethiopia, so lessons learned on nutrition programming in protracted crises (like Kebri Dehar) are still highlighted in this evaluation, in the hope that they may be useful in the future and/or in other ACF field sites.

Community-level active case finding, screening and referral

ACF used nutrition volunteers and ACF nutrition team staff to conduct active case finding to identify individuals (both children under five or "children U5" and pregnant and lactating women or "PLW") with acute malnutrition. Active case finding was conducted at community level, while nutritional screening was conducted by ACF nutrition staff during OTP activities. In both systems:

- Children U5 with severe acute malnutrition and complications were referred to TFUs in woreda hospitals (Kebri Dehar, Shilabo or Doboweyin Hospitals);
- Children U5 with severe acute malnutrition without complications and PLW with severe acute malnutrition were referred to OTPs; and
- Children U5 and PLW with moderate acute malnutrition were referred to the Enhanced Outreach Strategy/Supplementary Feeding Program (or in the absence of that, an ACF food voucher program).

Annex 6a summarizes the cumulative screening and referral figures for ACF's nutrition programs in Kebri Dehar (9/2011-9/2012) and Shilabo and Doboweyin (8/2011-9/2012). It is worth noting that inconsistencies were reported between Kebri Dehar's nutrition screening data provided by the Kebri Dehar Programme Manager, and the nutrition screening data shared by ACF/France. For the purpose of this evaluation, the figures provided by the Kebri Dehar Programme Manager are cited. During this period, ACF's nutritional program screened over four thousand children U5 through community-level active case finding and over nine thousand children U5 at the OTP sites in Kebri Dehar Woreda alone, although it should be noted that any child who was screened at community level was re-screened at the OTP site, which inflates OTP screening figures.

Children U5 screened at OTP sites were more likely than children screened through community active case finding to be identified as malnourished (and thus referred to the TFU, OTP or food voucher program). Around 2% of children U5 screened through active case finding were identified as severely acutely malnourished, while the rate for children screened at OTP sites was 12%. This difference to be expected, as children with acute illness and malnutrition are disproportionately represented among OTP attendees, relative to children in the community.

The burden of moderate acute malnutrition in a population of children U5 is typically thought to be around ten times greater than the burden of severe acute malnutrition. ACF staff identified less than 10% of screened children (5% through community active case finding and 9% through OTP screening) as having moderate acute malnutrition and thus referring them to food voucher system.

The lack of population-representative malnutrition prevalence estimates precludes us from judging how closely these percentages correlate to actual moderate acute malnutrition prevalence estimates. Further, ACF in Kebri Dehar did not have one set of standard population estimates per kabele. Population estimates (and even the spelling of kabele names) varied depending on whom in ACF you were talking to. The last Ethiopian Population and Housing Census was conducted in 2007, and population coverage figures were not included in the activity progress reports.

ACF screened a total of 675 pregnant and lactating women in Kebri Dehar Woreda, of whom 46 were referred to the OTP for severe acute malnutrition and 193 were referred to the targeted supplementary feeding/food voucher program for moderate acute malnutrition.¹⁶

Therapeutic Feeding Units (TFUs) and Outpatient Therapeutic Programs (OTPs)

In Kebri Dehar Woreda, ACF supported a total of one TFU and 9 OTPs for the management of severe acute malnutrition: one TFU at Kebri Dehar Hospital, one OTP at Kebri Dehar Hospital, two additional OTPs in Kebri Dehar Town, and one OTP in each of six villages (Marrato, Karinbelele, Hudureyle, Dallat, Galadid and Korahe Bridge). In Shilabo and Doboweyin, ACF supported one TFU in Shilabo Health Center, one TFU in Doboweyin Health Center, and five OTPs in each of the two Woredas. According to an MOU established between the GOE Woreda Health Bureau and ACF, ACF provides each TFU with one TFU nurse, therapeutic foods and medicines. For the OTPs, ACF provides the health staff, equipment, therapeutic foods and other supplies and the GOE (theoretically) provides the health extension workers (HEW) whom ACF aims to support.

In theory ACF aims to support GOE health and nutrition service provision at the TFUs and OTPs, but the reality is far different. The evaluators observed that GOE health posts are bare functioning if they function at all. HEWs may visit their health posts the bare minimum to be able to

“In principle, we’re giving the Government Health Bureau support, but in reality we’re running the TFU and OTP programs.”

ACF staff member

collect a salary, perhaps one hour per day or one day per month. ACF used to store scales, height boards and other OTP materials at health posts but frequently found the health posts closed and locked on OTP days, forcing the agency to bring all materials with them and

¹⁶ ACF (2012). Nutrition Activity Progress Report: September 2012. Addis Ababa: ACF.

return them to the office the same day. Making matters worse, the GOE Health Bureau and UNICEF/Kebri Dehar disseminate misinformation that inaccurately portrays the health posts as functioning but requiring some additional monitoring. UNICEF's office for Somali Region acknowledges the problem to ACF and suggests that ACF simply run the entire nutrition program without expecting the GOE to fulfil its obligations in terms of staff and resource provision to TFUs and OTPs. As long as ACF runs the program without significant GOE input, the program is by definition unsustainable, but it is equally important that the population receives basic services, whether they are provided by GOE or INGOs.

Despite apparently minor errors and miscalculations in the ACF progress monitoring spreadsheets that ACF is working to reconcile, the documents are useful for illustrating the scale of ACF's nutrition operations (Annex 6b). One outstanding achievement evident in ACF program activity progress reports is this: from September 2011 - September 2012, ACF admitted a total of around one thousand children U5 and PLW with severe acute malnutrition to care in Kebri Dehar Woreda. The vast majority of these (over 95%) were children U5, and the vast majority of these children U5 (93%) were admitted to the OTP rather than the TFU. It is reasonable to conclude that for these one thousand individuals and their families, ACF's nutrition program saved many lives and mitigated the effect of the drought-related food crisis. Performance data for the TFU and OTPs combined meet SPHERE Standards: the cured rate is 76%, the death rate is 1%, and the defaulter rate is 10%.

In addition to evaluations reportedly conducted by WHO, the Alliance for Better Health, a local NGO used by the Regional Health Bureau to monitor nutrition programs in Somali Region, consistently ranked ACF's nutrition programs as the best in the region. That includes those in Shilabo and Doboweyin, despite the fact that the program is remotely managed from Kebri Dehar town. In September 2012 for example, Alliance for Better Health assigned ACF's Doboweyin OTPs a score of 86%, and their TFU received a score of 81%.¹⁷ (In Alliance for Better Health's scoring system, anything above 70 is a high score.) ACF's OTPs and TFUs generally received scores over 90%, higher than other agencies monitored.

¹⁸ The Alliance for Better Health scorecards used to evaluate TFUs and OTPs included the following elements¹⁹:

- Admissions and discharge data, cure, death and other key rates and length of stay
- Community mobilization data including training of HEWs in SAM management, training of community volunteers, and follow up on absentees and defaulters
- Data to verify whether staff adhere to protocols for admissions, discharge, follow up and management of complications (referral for OTP, treatment for TFU)
- Verification of anthropometric measurements and health history
- Data to assess quality of treatment management, including distribution of ready to use therapeutic foods and medications and delivery of health education messages
- Quality of recording and reporting
- Supplies for ready to use therapeutic foods, medicines, equipment and stationery
- Provision of supervision by woreda health extension supervisors
- WASH, including availability of water and soap for hand washing, child water for consumption with ready to use therapeutic foods, and hygienic latrines

¹⁷ Alliance for Better Health internal documentation (2012).

¹⁸ Ibid.

¹⁹ Ibid.

Supplementary feeding and health system strengthening

In Ethiopia, the national MOH Enhanced Outreach Strategy protocol stipulates that children and pregnant and lactating women with moderate acute malnutrition receive targeted supplementary feeding. The Enhanced Outreach Strategy is not yet rolled out through the Ministry of Health and UNICEF in Kebri Dehar Woreda, so ACF supported the provision of support for moderate acute malnutrition cases through food vouchers. (ACF did not implement the same food voucher system in Shilabo or Doboweyin.) The vouchers are exchanged for sorghum, rice, beans and oil at local vendors. Available data did not allow the evaluation of coverage or impact of the supplementary feeding/food voucher program, but output and performance data are available (Annex 6c) and interviews were conducted with beneficiaries by the evaluators. In Kebri Dehar Woreda, almost nine out of ten beneficiaries were discharged cured, and the default rate was under 10%. This is impressive, given that beneficiaries reported that targeted supplementary food commodities are redistributed within the household so that all household members benefit.

Annex 6d presents the output data for health staff (nurse and HEW) training and health education session delivery. From 9/2011 – 9/2012, ACF conducted an estimated 1110 health education sessions at health facilities in Kebri Dehar, with an estimated 9,627 female participants. At community level, ACF conducted 539 health education sessions for an estimated 3307 participants (88% of whom were women). Over the same period, ACF trained 18 HEWs and 4 nurses, not surprising given that nurses tend to be at health centers and each health facility should have around two HEWs.

Prevention of acute malnutrition

ACF's nutrition programs, conducted in a predominantly humanitarian environment, aimed to decrease the prevalence of acute malnutrition mainly through case detection and treatment (TFUs and OTPs) and supplementation/food vouchers, complemented by destocking and restocking and WASH programs. Although the nutrition program aimed to reduce the prevalence of malnutrition, the program did not have an explicit focus on prevention, or a theory of change illustrating how program activities would be expected to address malnutrition's determinants. As noted above, outcome data on population nutrition, knowledge, attitudes and practices are not available. Yet it is worth posing the question of the potential impact of the program on prevention of malnutrition, since ultimately a nutrition program with long-term presence in an area should have a preventative component.

To prevent malnutrition, a program should address the main determinants of malnutrition (Annex 7). The Ethiopia Demographic and Health Survey (DHS 2011) identified Somali Region as having the highest percentage of wasting (<-2 SD weight for height) at 22.2%. This is more than twice the national mean of 9.7%.

Regional figures from the DHS identify suboptimal infant and young child feeding (IYCF) practices as a major issue for Somali Region. According to the DHS, Only 55% of children are breastfed within one day of birth; women breastfeed for two years (25 months on average), but exclusively breastfeed for only 2 months on average. Qualitative research with ACF's health educator and women in

“In Kebri Dehar, the way women feed their infants and young children causes a lot of malnutrition. Infants do not receive only breastmilk. Mothers give their young infants camel milk, which is diluted with dirty water because camel milk is expensive (20 birr/cup). Women often think that breastmilk gives diarrhea so they prefer to give camel milk and water too.”

ACF health educator

communities bears this out. Women in Somali Region tend to marry and become pregnant early in life; they have no antenatal care and deliver at home without trained birth attendants; and they initiate breastfeeding early but also initiate complementary feeding within a couple of months of delivery. When food insecurity worsens children receive camel milk that is watered down with more water. Milk supply typically diminishes towards the end of the dry season (and generally during drought) when animal condition deteriorates and milk production dwindles; as camel milk becomes more expensive and less affordable, mothers increase dilution with water.²⁰ And Somali mothers do not believe that children need different foods or feeding frequency from adults; they receive sorghum, maize, rice, pasta and oil at almost every meal. Hygiene, sanitation and health care access are very poor in ACF project areas, as discussed below.

ACF's nutrition sensitisation activities aimed to address these factors through empowerment of mothers and caretakers with information and skills to adopt the desired practices. Coverage calculation is precluded by the lack of population data and constraints to the ACF activity monitoring data. ACF nutrition and health education staff used the ACF Health, Nutrition, Hygiene and Education Tool to guide health education sessions. The overall content of the Tool is good, but the evaluation team was concerned about how the tool was actually used, and we saw a wider need for the use of more sensitive adult education techniques throughout the whole programme.

Effectiveness of ACF's Livestock Interventions

ACF has implemented animal health campaigns since before the conflict worsened in 2008, and ACF's animal health activities are among the most appreciated by community leaders and beneficiaries, because of their impact on household resilience and income, and the assumed potential contribution to malnutrition prevention.

Livestock health

In past years, ACF boosted access to basic preventative and curative veterinary services through the establishment and training of paravets, and the provision of essential drugs and inputs to local vendors who maintain supply based on a rotating fund. Recently the system changed and ACF now provides these supplies to the Kebri Dehar Woreda Livestock, Agriculture and Rural Development Bureau in Kebri Dehar Town. Paravets in Karinbebele and Marrato both reported that this change resulted in the sharp reduction of community access to these inputs, because Woreda officials charged with providing these drugs as needed to community members often do not visit the communities often enough, with the result that the materials "just stay in the woreda officials' warehouse or in the locked up animal health post." As one ACF-supported paravet noted, all of the equipment and supplies they need to do their work (e.g., freezer, syringes, castration equipment and drugs) are locked up in the health post, which are frequently not functioning. The Woreda government expresses appreciation for ACF in supporting the establishment of animal health posts throughout the woreda (and potentially pastoral field schools as well), but the decision to channel veterinary inputs solely through the woreda government office appears to have had a strongly negative impact on the programme. In addition to ACF's valued support to livestock health, Woreda livestock officials expressed an interest in receiving increased support from ACF on natural resource management (and pasture protection/regeneration) and production and processing support for milk and meat production.

²⁰ Sadler K, Mitchard E, Abdi A, Shiferaw Y, Bekele G and A Catley (2012).

ACF's focus on animal health campaigns and paravets presumes that excess livestock mortality during crises in Kebri Dehar is attributable to illness rather than starvation. However, secondary research evidence and interviews conducted for the current evaluation both raise questions about this assumption. According to Tufts University, most drought-related excess livestock mortality during recent Ethiopian drought-related food security crises is due primarily to starvation rather than illness. The most immediate need for external assistance, then, would be for fodder rather than medical treatment. Supporting this view, the paravets of both Karinbelele and Kabtanaag said that most animals that died during 2010/2011 were already severely weakened by undernutrition when they were brought in for medical treatment, and many of the animals treated still died due to their deteriorated, undernourished state. According to Tufts University researchers studying pastoralism in the Greater Horn of Africa, morbidity (e.g., due to food and mouth disease, small pox, pneumonia and trypanosomiasis) actually spikes once the rains finally arrive.²¹ These observations suggest that ACF should keep up with the current research on whether animal health efforts are sufficient to reduce excess drought-related livestock mortality, or if fodder scarcity is the main determinant of excess mortality to be addressed prior to the rains. Also, ACF needs to ensure that it is represented at the Pastoralist Network Meetings organised by Tufts on Somali Region.

Protection and growth of livestock assets including destocking and restocking

ACF has used directly-implemented destocking and restocking to trigger strategic (and compensated) off-take of animals during periods of drought and to provide drought-affected targeted households with small stock for herd regeneration. Given the sporadic and localized nature of destocking and restocking activities, it is not possible within this evaluation to quantitatively estimate the impact of destocking and restocking on beneficiaries or communities. ACF's restocking project is widely praised by beneficiary communities, and the shoats provided are locally adapted, appropriate and rapid reproducers.

Evidence in Somali Region and elsewhere supports the transition from direct implementation of destocking and restocking to market-based mechanisms. If ACF adopted a market-based approach, ACF would facilitate a fair, timely and structured exchange among producers and traders whereby a reasonable price could be established for livestock sales before conditions seriously deteriorated. Producers reported to the evaluation team that traders do not currently come to the villages outside of Kebri Dehar town in normal times or in periods of crisis; rather producers take their animals on foot to markets, which are often in Somalia. Other NGOs (such as Merlin) have worked to change this market dynamic elsewhere in Somali Region, facilitating local visits by traders to establish fair terms of trade early on in the 2010/2011 crisis. Although Kebri Dehar is fairly remote, the market-based approach may hold promise and should be investigated.

In terms of gender and program effectiveness, women in the community widely expressed an interest in keeping shoats and poultry for consumption and sale. It is considered culturally acceptable for women to keep both, although given the nomadic history poultry are not traditionally kept. Gender is discussed further below, but it should be highlighted here that targeting a household with livestock results in the livestock being controlled by the men

²¹ Catley A, Personal Communication (2012).

in most circumstances, and that there is a large untapped potential for engaging women more proactively and directly with livestock.

Livestock marketing

ACF aims to work through livestock marketing cooperatives in the current EU/IfS and SDC funded food security programs. Livestock marketing cooperatives have been widely established by the GOE and partners (such as the World Bank). However, as an official of the Woreda Livestock, Agriculture and Rural Development Bureau noted, of the over forty livestock cooperatives existing in Kebri Dehar Woreda, only four of them are operationally strong (in Korahe Bridge, Galadid, El Xaar and Dallat). Thus as with most things in Somali Region, the reality differs markedly from what exists on paper. ACF should recall that working through existing cooperatives is often preferable to establishing new cooperatives, which ACF tends to do when starting a new project. ACF food security staff expressed that it is more convenient and efficient to establish a new cooperative than work through one that is already established but not functioning well, given the time pressures ACF faces in implementation of short-duration programs. Communities visited by the evaluators consistently expressed the desire for production and marketing training, including numeracy and literacy, as well as cash inputs. Although traditionally pastoralists often tend to operate more as individual units than in group (e.g., coop) units economically, with increasing sedentarisation there does seem to be a cultural willingness to work in cooperatives. Qualitative research is required to establish cooperatives properly, because of the high risk of exclusion bias related to clan membership and gender. Women in ACF project communities, such as in Kabtanaag where the SDC livelihoods project is on-going, often reported that not only were they not engaged in ACF's food security meetings or committee meetings, they weren't even informed about those meetings because of the sharply defined gender roles into male/public and female/private. Additionally they stated that if ACF required that a woman participated in a food security committee meeting, the men would choose one 'token' female to join the meeting and sit quietly; if they started to share her opinions, the men would accuse her of being 'mentally imbalanced' and thus stigmatize her into silence. Gender is a profoundly sensitive and complicated issue for food security programming in Kebri Dehar.

Yet we do know that women have become visibly and formally engaged in livestock production and marketing in other areas of Somali Region, which raises the question of how agencies like ACF can expand women's trading activities in Kebri Dehar as well. Research indicates that women have long been engaged in small stock trade and are increasingly engaging in large stock (cattle) trade in Somali Region.²² Women traders face stigma from men for engaging in trade, in addition to the challenges of raising capital, assuming personal risks during with travel and balancing domestic and work responsibilities. But women also offer advantages in trade (e.g., lower profit losses due to *khat* chewing and patronage payments, less engagement in interclan conflicts and more mobility across rival clan territories), which may help explain why women increasingly account for various levels of market agents in Jijiga and large towns in live animals and animal by-products (milk, butter, *ghee*, hides and meat).²³ The ECHO-funded PILLAR PLUS Project engaged women in pastoral field schools, as animal health service providers and as agents in milk hygiene and processing.²⁴ ACF may consider conducting qualitative research; consultations with other

²² Devereux (2006).

²³ Ibid.

²⁴ Save the Children (2011).

actors; and discussions of possible program approaches with women, men and community leaders (including sheiks and imams) to explore opportunities further.

Livestock marketing activities that support existing market linkages and trade flows must address some political sensitivity, as the cross-border markets to which most of Somali Region's livestock are destined are considered illegal and 'contraband' by the GOE. Livestock marketing activities should also take into account the chronic and severe pasture degeneration evident in Korahe Zone, which may require reseeded (more on this below).

Effectiveness of ACF's water & sanitation interventions

ACF's efforts in water, sanitation and hygiene (WASH) have focused predominantly on water, and to a much lesser extent hygiene and sanitation. Although a well-designed WASH program should be integrative and comprehensive, for convenience the observations of the evaluators are separated into water and hygiene/sanitation below.

Water supply

Given water scarcities, it would be good to investigate the feasibility of ACF catching rain water from the few larger buildings (clinics, schools). For schools this water is essential both for school sanitation and for mixing with WFP food where this is supplied. The disadvantages of this technology are firstly the cost of the storage tanks, and secondly there are questions about whether the overall rainfall in Korahe Zone is sufficient to fill up these tanks if constructed. Discussions with ACF's WASH Advisor in Addis suggest that there may be better potential to capture rain water using the existing system of birkats with which ACF is already familiar, rather than building tanks. However there is a strong case for ACF to introduce some pilot projects to show the potential of these technologies. It also needs to encourage any schools that are working (e.g. in Kebri Dehar town) to use run off water from wells to have small demonstration gardens, and this will need closer integration than appears to be there at present between the WASH and FS programmes.

One difficulty we found in the implementation of the WASH programme is that ACF tries to establish a new water committee for each individual water structure or new water project: a new committee was being formed in Karinbelele village on the day we visited, although ACF had already established a committee for another water point in that location. This requires considerable expense, as the new committee, once identified, has to travel to Kebri Dehar town for 'training'. But this approach appears neither sensible nor sustainable, as it means that in most of the villages in which ACF has been implementing WASH projects for many years, there must be a large number of different Water Committees for different projects, very few of which are actually functional. It is also not a sustainable way of ensuring people's participation, since people will co-operate and form the committee to ensure that the water facility is completed, but there is little incentive for them to remain active once the installation is completed.

However the increase in the supply of drinking water for both humans and animals has been one of the most useful contributions ACF has made both in Kebri Dehar town and the surrounding woreda. The evaluation was undertaken at a time of good rainfall and relatively high water tables, and not all the wells and birkats constructed would be functional at the end of a long dry season. In water supply one can usually obtain a higher quality of water by sealing off wells and installing hand-pumps or even a diesel pump. The problem is that this solution is not really sustainable as once the pump breaks down the well may become

useless unless the pump can either be repaired or removed. Open wells are more reliable, but water quality is likely to be lower, especially when the water is not regularly treated and (as we observed) water containers are allowed to fall into the well and remain there for many months.

While ACF has in the past installed hand pumps, it is well aware of the difficulties of maintaining them in a remote area like this, and we feel that the most cost-effective and sustainable solution will be improved open wells provided that this is supplemented with a far stronger hygiene education component, which appears to be a weak feature of the WASH programme so far.

A concern for the future is that the GOE seems strongly committed to promote more ‘high-tech’ solutions like diesel pumps and generators especially in Kebri Dehar town, and we understand that IRC has recently been awarded a contract to drill deep boreholes in the town. ACF needs to be involved in the debate about this, and to point out the dangers of this type of approach, including the risk of depleting the water table too quickly, the greater risk of water wastage, and all the potential diesel supply and maintenance problems. A further issue is the risk of causing conflict if the site locations are not conflict-sensitive: ACF appears to be well aware of this issue when it is choosing sites for wells and birkats.

Water trucking may have been prone to political manipulation but it filled a clear, demonstrated humanitarian need and thus ‘bought’ ACF humanitarian space to operate and generated public support for the agency. In the short term the need for water trucking at the height of the dry season will remain, but in the long term provided ACF is able to access more of Korahe Zone it needs to give priority in its WASH programmes to those locations which appear to have the greatest need for water trucking: a reduction in the demand for water trucking even in dry periods is the strongest indicator that its water supply programmes have been successful.

Hygiene and sanitation

ACF has tried to ‘trigger’ Community-led Total Sanitation (CLTS) in the 6 villages on which it has focussed, but there is still a long way to go. One complication is the prevalence of animal excreta, especially from sheep and goats, observed in many of the villages: in particular this can be an environmental health hazard when both animals and humans are sharing the same water source. With little agriculture being practised there is no particular incentive to collect up this animal for manure. A further complication to be considered in relation to CLTS is the low status of women, discussed elsewhere in this evaluation, and the high degree of mobility, with many men in particular moving frequently in and out of the village, and the presence of the Ethiopian Army in at least one village. In Marat there is a high probability that the village will be moving to a less flood-prone area, and currently there is a problem that any toilet pits constructed will become flooded in the rainy season, while Karinbebele is built on a rocky hill making it challenging to dig out latrine pits.

‘When we want to go to the toilet, we have to go to the bush in the night, but everywhere is full of men.’

Woman in Karinbebele

While our evaluation showed some interest in accessing more toilets, especially among women whose sanitation needs have not been met at all even in the six villages where ACF has been working for some time, ACF does not yet have a viable strategy either for the introduction of toilets or for achieving the CLTS aim of villages free of open defecation. The problem is that the CLTS model rejects the idea of subsidised latrines and relies instead on

'shaming' people to change their hygiene practices. However, at least in the villages we visited, it seems unlikely that people will be prepared to build latrines without subsidy. First not all the villages are permanent, and may yet be moved either for military reasons (Karinbelele) or to escape future floods (Marrato). Secondly there is a considerable movement of people in and out of these villages, and the third reason is that latrine construction is unlikely to be a priority for most people. Although ACF reported to us that 90 households have built household latrines across the six villages, but key informants with whom we discussed this told us that no more than three household latrines existed in any of the villages, and our own observations of the villages confirmed that this was indeed the case.

The best approach for ACF to take is first to acknowledge the major challenge that improving sanitation presents in this kind of area. Next as part of the more 'developmental' approach we recommend throughout this evaluation ACF needs to introduce more hygiene education. Thirdly there may be a case for ACF to subsidise the construction of a small number of demonstration latrines once people have a clearer understanding of the health implications.

In the classic CLTS model, children have access to latrines in school and pass on hygiene messages to their families when they go home. The major problem observed in Kebri Dehar Woreda, in all the areas visited, is that the schools are hardly working as teachers, normally recruited in Kebri Dehar town, are not turning up to work. Thus while there is plenty of potential for school latrines where schools are working, these require (a) a strong hygiene education component; (b) strong maintenance arrangements; & (c) reliable water supply at least for hand-washing purposes. There is a constant problem of taps experienced in school latrines in Kebri Dehar town as the ones fitted by ACF are too easily removed.

In Kebri Dehar Town, ACF constructed some public latrines, but since then a new 'master plan' for the town has been implemented, and most of these seem to have been destroyed when roads were widened. At least, we were not shown any working public latrines during our evaluation, though they may still exist. A further concern is that the WASH component of the current IfS Project ends after six months and there appears to be no hygiene promotion at all in this project.

For the future we would suggest that ACF continues to construct birkats and open hand dug wells in new villages, especially those away from main roads which currently have the least provision. Sustainability can be improved by ACF building long term relationships with a single committee or group in each village, rather than setting up a new committee for each water installation as has been done until now.

Effectiveness of ACF's Agriculture, Income Generation, Credit and Savings Interventions

Kebri Dehar faces chronic food insecurity resulting from long-term adverse environmental conditions, lack of economic opportunity, trends in pastoralism and a GOE failure to provide even the most basic level of primary education and health services. WFP has distributed high levels of food aid through general food distribution, complemented by school feeding, for years (see below). The dependence on external aid is not sustainable. Further the trend in Ethiopian pastoralism is for existing herds to be increasingly concentrated in the hands of a few wealthy and increasingly industrialized/formalized herders, while the number of households turning to a more sedentary lifestyle around villages and urban centres swells. It

is very good that donors are funding multi-year projects in Kebri Dehar designed to increase agriculture and diversify livelihoods. If ACF is able to adapt its mode of operation to be an effective player in supporting the establishment of smallholder agriculture for consumption and local markets, it will meet a critical population need. We suggest it needs to consider a mix of small pilot projects focussing on both improving livestock production and (in limited areas where there is sufficient water) small scale crop production, with a focus on fodder crops. Given the conditions, the risk of failure remains high, and the best approach is to have a range of small initiatives which at least demonstrate the possibilities even if they are never taken up on a large scale.²⁵

Agriculture

Under the current food security projects, ACF is distributing agricultural implements and seeds and fostering agricultural cultivation for the current agricultural season. Because this activity is relatively new, it was not possible to evaluate its impact, but several observations bear note. The evaluators asked men and women in all the visited villages what their priorities for development were, and agriculture/gardening was consistently prioritized. Agriculture is culturally open to both men and women. Communities report that land is plentiful, although conflict can be fuelled whenever communal/pasture lands are affected by land tenure changes; scarcity of water or pasture; pressure on communal lands from squatters, smallholders or commercial interests; or even “land banking” measures (whereby land is reserved for “development” by the GOE) or other development ventures. ACF is working to address the key constraints to cultivation, i.e., the lack of seeds, tools and knowledge. People also cite a lack of pest management techniques/inputs and storage facilities as constraints to production. Beneficiaries are only familiar with growing sorghum and maize, so diversification into other grains, legumes, fruits and vegetables requires concerted effort and considerable sensitisation (e.g., through demonstration gardens) to succeed. Sustainability of agricultural investments require not only the uptake of recommended production techniques, but also the development of a more robust local food market. The variety of commodities – including fruits and vegetables – sold by highlanders in the “Abesha” market in Kebri Dehar town suggests that local small-scale horticulture may find a market in town.

The evaluation team visited El Xaar where an agricultural cooperative established privately a decade ago continues to flourish, with production and sale of fruit and vegetables (unusual for the area, but it shows the potential of such a model in an area with sufficient land and water access). While Kebri Dehar is arid overall, the riverine valleys frequently flood allowing for irrigation and flood-recession agriculture. Further, villages near the road such as Dallat and Karinbelele can sell produce to traders or transport to Kebri Dehar town for sale. The evaluators were not able to locate any local studies focusing on value added processing opportunities, so this is an issue that merits investigation.

A major question that arose for the evaluators is what ACF was actually aiming to achieve at impact level with agricultural activities. Within the local Somali culture, household food and income resources and productive capital like land and livestock all belong to the husband, and women have no inherent right to control decisions regarding these resources, even if they constitute the majority of direct participants/beneficiaries. As noted above, people have

²⁵ Lessons learned on implementation of small-scale irrigated agriculture interventions in Horn of Africa pastoralist populations, including constraints to sustainability, are synthesized in Sandford S (2012).

very low familiarity with fruits or vegetables, and the expectation among beneficiaries is that any land cultivated will be put under staple cereals for household consumption. The concept of growing and feeding special foods for pregnant and lactating women and young children is non-existent. It should be expected that agricultural production supported by ACF will likely serve to feed the entire household or earn money that will be controlled by the man of the household, unless efforts are made to achieve otherwise.

ACF acknowledged to the evaluators that they developed the two livelihoods projects' proposals quickly without significant qualitative research, because of the short time window for developing a proposal. While it is laudable that ACF is working to meet the food security needs of the population in a more sustainable way, one cannot be certain of how the program will affect specific population sub-groups (like women or young children) without qualitative research into how household decisions are made and resources allocated. Normally, such research precedes multi-year programming, and lays the foundation for the results framework (or theory of change) that underpins the program. This is missing for ACF's programs in Kebri Dehar

Income Generation, Credit and Savings

Alongside the agricultural production interventions, ACF is implementing credit and savings activities designed to promote income generation by beneficiaries. As a new activity for ACF in Kebri Dehar, evaluation of effectiveness is not possible, but several observations can be offered. ACF should work with existing groups wherever possible. Qualitative research into how gender affects household and community decision making and control of resources is an essential pre-requisite to working with women, individually and in groups. Income generation, credit and savings groups provide an opportunity to incorporate basic education, particularly literacy and numeracy, a critical and urgent basic services need in Kebri Dehar. Priorities for activities should come from the community, not be dictated to the community. Finally, there are 'soft' elements that can be incorporated into women's group empowerment activities that can make a functional project truly transformative for participants, and these relate to self-conception and confidence. ACF would do well to explore these design elements as they are currently implemented by other agencies (such as Women for Women International).

Disaster Risk Reduction / Management

Increasingly, disaster risk reduction/disaster risk management (DRR/DRM) is used by the GOE and donors in Ethiopia as an overarching framework in which to situate a range of sectorial programs. According to the GOE, "DRM refers to a complete disaster management cycle: prevention (avoiding disasters by addressing vulnerabilities), mitigation (minimizing potential disaster impacts through disaster risk management), preparedness (ensuring readiness through strengthening EW system, building logistic capacity, maintaining adequate resource reserves and other precautionary measures), response (saving lives and livelihoods), recovery (immediate post-crisis assistance), and rehabilitation (building capacities to withstand future crises)."²⁶ What a DRR/DRM program will look like in a given setting depends on what your analysis indicates would be the most effective measures to prevent, mitigate the effects of, and prepare for and respond to the kinds of shocks and crises of greatest concern for the target population, considered by livelihood zone, wealth group and demographic subgroup. Unfortunately, the National Policy and

²⁶ GOE (2010).

Strategy on Disaster Risk Management remains in draft form, and GOE capacity in DRM and EW in Korahe Zone of Somali Region remains largely on paper only. The GOE is theoretically establishing Disaster Risk Management Committees at Woreda, Kabele and Village Levels. ACF reports to be following GOE protocols on DRM, but ACF did not have a copy of the draft, and evaluators had to get a copy from another agency. ACF aims to establish community-based EW systems under the EU/IfS funded project. ACF's consortium partners on the IfS funded project, Save the Children and Oxfam, both have experience implementing DRR/DRM type activities in other multi-year projects in Somali Region, experience from which ACF might aim to learn during the course of the IfS project, and ACF itself has relevant experience which it can bring in from other programmes.

Gender and Program Effectiveness

ACF/Ethiopia has made concerted efforts in the last two years to increase female employment, including in Kebri Dehar where an estimated 17% of staff are now women.²⁷ However, ACF/Ethiopia staff members acknowledge that gender is underemphasized throughout the country Mission. Despite having project activities in five settings where gender inequity is rampant and structurally entrenched, ACF only has one part-time “Gender Focal Point” in Addis Ababa. Program Managers in Kebri Dehar, who are male, readily acknowledge that they face cultural constraints in engaging with women in the community. Language is a further barrier: the relatively few women on the ACF team, such as the TFU nurse and health and hygiene educators, usually don't speak much English, which will complicate communication with expatriate program managers in the future. Though these female employees are able to engage with women in the community in critical ways in which male employees cannot, these women are not in a position to influence ACF programs substantially.

‘Agencies talk about women’s rights sometimes, but it does not change our lives at all. Agencies do not ask women themselves what we think or what we want.’

Woman in Marrato

ACF has not undertaken a gender study in Kebri Dehar, and “gender mainstreaming” seems consist mainly of trying to ensure women and female-headed households are targeted among the beneficiaries of project activities. In reality, gender-sensitive programming doesn't just target women, but it targets across the range of population subgroups in ways that are empowering and effective and do no harm. ACF is presently undertaking a gender study in Borena, which was unavailable for review at the time of this evaluation but would be potentially interesting to replicate in Kebri Dehar.

Gender is absolutely fundamental to food security in Somali Region, and far more explicit efforts must be made to understand it. In Kebri Dehar, women reported to the evaluators that they have absolutely no control over household income or assets. They reported that any resources they may generate through ACF-supported activities must be turned over to the husband. Women explicitly reported that ACF's tendency to talk at (rather than listen to) communities fails to bring about any change in the gender inequity that constrains their food security. Issues that are of primary concern to women are not adequately addressed, such as low levels of women's literacy and numeracy, the unmet demand for family planning, the nearly universal practice of female genital cutting, and the demand for gardening and small stock management (including women's control over assets and income) for women's groups. Women also prioritized basic maternal and child health care and primary education

²⁷ ACF/Kebri Dehar, Personal Communication (10 November 2012).

for children as their priorities. ACF/Ethiopia does not seem to have a gender policy in place to promote gender equity and avoid unintended negative consequences from ACF programming - this is an area that calls for investment and effort in the future.

Encouragingly, political momentum may be lining up behind women's priorities. The newly established Kebri Dehar Women's Federation Council has an ambitious program planned addressing economic empowerment, female genital cutting, HIV prevention and domestic violence reduction. And the new Kebri Dehar Woreda Administrator identified the following priorities for his administration: ending early marriage, ending female genital cutting, protection against HIV, family planning, water, health and the establishment of cooperatives. And although these may still be on paper rather than in practice, the political will to tackle these issues opens up a space for agencies like ACF to begin to hold dialogue with communities on these issues and potentially take action.

Needs Assessment and Situational Analysis

The evaluators inquired about the ways in which ACF used needs assessment (rapid and in-depth) and on-going situational analysis to aid in program design, on-going management and learning. ACF staff reported that rapid assessments typically precede proposal development when a funding opportunity arises. After that, program monitoring focuses on measuring outputs to meet reporting requirements of donors, and rapid assessments are conducted as/when needed. ACF monitoring systems are not set up to assess the extent to which programs address needs, given the lack of coverage data and evaluation methods designed to allow impact evaluation. ACF does not seem to have done a comprehensive assessment of population vulnerabilities and needs across sectors, to generate an evidence-based view of what the ACF program should look like. When ACF staff members were approached by evaluators about the desperate unmet needs in ACF project villages in the areas of basic preventative maternal and child health and education, the response was that "ACF does not do that – it is not in ACF's core mandate." Thus a pre-conceived notion of ACF's strengths as an agency, combined with donor priorities from Addis Ababa and beyond, drives the program rather than a discussion with the community about their real needs, vulnerabilities and priorities. The recommendations made below diverge from that approach, and assume that if ACF wishes to remain in Kebri Dehar, it would be prepared both to expand its role and use partnerships with other agencies (particularly in sectors where ACF is not prepared to operate) to enable a more comprehensive set of services to be provided. In many cases, ACF/Ethiopia should be able to draw on the institutional experience of ACF/International in other countries, as ACF/International actually has a broad program profile. But ACF does need to develop a partnership strategy to provide the theoretical underpinnings and guiding processes.

Timeliness of Interventions

The data available to the evaluation team did not enable a conclusive examination of the timeliness of ACF's interventions during 2009-2012. Government and UN stakeholders in Kebri Dehar praised ACF's quick responsiveness to developing emergencies, and timeliness of response was never raised as a complaint. As a general observation, the transition from disaster response to DRR/DRM tends to result in earlier response based on predictors and early signs of food insecurity. Increases in acute malnutrition prevalence levels are by definition a late-stage indicator. But ACF is seen as ready to scale up interventions quickly based on evidence of need. This pertains to one rationale for maintaining a presence in shock-prone Kebri Dehar in the future. It takes four or more

months to initiate emergency interventions in a new (non-presence) area in Ethiopia because of GOE regulations. The evaluators believe there is validity to the assertion that if ACF pulls out of Kebri Dehar, it will not be able to restart humanitarian operations in a timely manner in response to any future emergency. Given the chronic vulnerability of the area, the need will certainly arise at some point.

Interventions and Population Dependence on External Assistance

The evaluators observed across all ACF sites that communities subsist on food aid (principally WFP general food ration), supplemented by purchased rice and pasta. Direct observation of households confirmed what key informants reported: that for most households, adults and children alike consume WFP food commodities (cereal, pulses and oil) complemented by pasta, rice and camel milk purchased from local shopkeepers. ACF is well aware that after so many years of humanitarian relief, there tends to be a dependent relationship between Somali communities and outside agencies, especially given the absence of basic services and other opportunities. However it can be countered in part by agencies if they value both community empowerment and collaboration with local partners.

‘If there were no food aid, we would cultivate more of our own food.’

Woman in Karinbebele

‘We are only here in this village location because of the food aid.’

Man in El Xaar

The evaluators observed technically capable and locally experienced ACF staff conducting field activities in a quintessentially top-down approach with communities. Natural resource mapping exercises were conducted with very little community input.²⁸ Communities were told of their priorities for development, not asked for those priorities. The evaluation was rapid, and we accept that our limited exposure may not reflect ACF’s full efforts to engage communities in program design and implementation. The emphasis on rapid achievement of outputs with less regard for developmental processes probably reflects ACF’s history of conducting short-term humanitarian interventions focused on service delivery. But countering the dependency syndrome in Kebri Dehar requires that ACF shift from an output-focused approach to one focused on achieving longer-term outcomes through developmental processes. Working with local partners is an essential way to implement this longer-term approach, and although local civil society organizations are nascent in Kebri Dehar, they are more numerous elsewhere in Somali Region and some of them have worked at some point in Kebri Dehar (like the Ogaden Welfare Association). We accept that it can be challenging to work with Somali NGOs, but still feel that ACF needs to try and build relationships with them as part of its long term strategy in KD.

²⁸ For Useful examples exist of participatory natural resource management in Somali Region, see for example: Save the Children and REGLAP (2011).

LESSONS LEARNED

ACF has implemented its Kebri Dehar program with dedication, perseverance, a meticulous attention to security, and a clear commitment to neutrality. Faced with the access crisis of 2008-2010, many agencies would have either withdrawn or even had their license to operate revoked by the GOE (not uncommon in Ethiopia). ACF adapted to the access crisis by focusing where they were allowed to operate; adapted to the 2010-2011 humanitarian crisis by rapidly scaling up; and adapted to the improving situation in 2011 by beginning more expanded food security and livelihood programming. ACF's dedication in this difficult environment has earned the agency both strong 'social capital' and the humanitarian space to continue operations in this chronically shock-prone context, and in both the short and the long term ACF needs to make the most of these opportunities.

ACF's programme in Kebri Dehar has been implemented more as a sequence of discrete humanitarian interventions than as a coherent programme, as evidenced by the lack of:

- Quantitative and qualitative needs assessments to guide program design;
- A theory of change linking program activities and outputs to intended impacts;
- Quantitative baselines and endlines to measure impact;
- A rigorous program performance monitoring system;
- Qualitative/formative research into key sociocultural/behavioural issues (e.g., IYCF);
- A partnership strategy guiding partnerships with the GOE, other institutions, and civil society organizations/local NGOs; and
- A community engagement and empowerment strategy aimed towards sustainability.

While both the drought and conflict situation will change over time, the underlying need for a capacity to scale up humanitarian responses in Korahe Zone will remain relatively constant and can be planned for in the context of a multi-year program. Assuming ACF wishes to retain its presence in Kebri Dehar, continuing uncertainty cannot in the long term be used as an excuse for not taking a longer term approach.

RECOMMENDATIONS

The following twenty-one recommendations are designed to increase the relevance, effectiveness, coherence, sustainability, coverage and impact of ACF's program in Kebri Dehar.

Recommendation 1: ACF should commit itself to remaining in Kebri Dehar with a longer-term, more developmental approach that incorporates a crisis response. We recommend that ACF remain in Kebri Dehar for three main reasons. First, ACF does indeed provide “protection by presence,” as the presence of an international organization discourages human rights abuses by parties to the armed conflict. Second, current improvements in climate and security may not be maintained, and humanitarian response will inevitably be needed at some point in the future. Third, ACF and its donors have invested heavily in the woreda since 1998, and it would be ill-advised to leave now with the security situation relaxing and many new multi-year funding and programme opportunities opening up. However, if ACF commits to staying in Kebri Dehar, the agency should commit to analysing and addressing the issues raised in this evaluation, and committing the funds, time, technical assistance and other resources required to do so. This also raises the question the rationale for ACF/Ethiopia being stretched thin across five or more far-flung locations in Ethiopia; a focus on two or maximum three areas would be more efficient and synergistic, and would take advantage of ACF's comparative advantage, especially its institutional knowledge of Koraha Zone of Somali Region. And taking a more developmental approach encompasses much more than the types of interventions implemented, but involves substantial changes in **how** interventions are implemented with communities.

Recommendation 2: ACF should revise its management and recruitment strategy in a way that encourages strong Somali leadership and program management. While some minimum presence of international staff may be needed both in the short and longer term, ACF should only remain in Kebri Dehar if it has a strong policy of identifying, recruiting, and training more Somali staff, especially at the management level. This will require ACF to build up its capacity to recruit Somali-speaking staff (including possibly looking to recruit international staff from the Somali diaspora in Europe and beyond.) We propose ACF explore the feasibility of appointing a Somali-speaking Programme Manager with a strong background in both pastoral issues and programme management, to be based either in Jijiga or Kebri Dehar: if necessary, this should be an international appointment, with someone recruited from the Somali diaspora. The Programme Manager would be expected to work closely with the Somali Region Government, Jijiga-based INGOs networks, and donors, and to be involved in resource mobilisation for Kebri Dehar with support from the Addis Ababa office. This person should be in a position to substantively participate in technical dialogue, debates, events and research (e.g., the 2011 Conference on the Future of Pastoralism, or the upcoming forum for GOE and NGOs in Dire Dawa on pastoral livelihoods programming). Empowerment of Somali staff in technical matters should receive stronger emphasis, balanced by close supervision and accountability measures designed to put a check on the cultural/economic pressures communities and social networks place on Somali staff. We question the relevance of bringing in international technical staff, and suggest that local consultants with previous experience of working with Somali pastoralists will provide better value for money in the short term.

Recommendation 3: ACF should work to diversify its donor and funding base. ACF needs a 5-year programme into which it slots specific donor projects, both for further relief where required and for longer term interventions, rather than just going from one donor

project to another. Donors are increasingly dedicating funds on a basis of three to five years in Somali Region, and ACF's major donors like ECHO are committed to try to build the resilience of pastoral and agro-pastoral communities. They accept that this will require years of consistent funding, even though the maximum length of grant they may offer is currently limited to 18 months. ACF has a competitive advantage in applying for contracts in Somali Region. ACF should be learning from these large projects where already implemented in Somali Region, and should be considering applying for those not already awarded. Past and current projects include: RAIN Project (USAID); PRIME Project (USAID); Pastoral Livelihood Initiative and Pastoral Livelihood Initiative II (USAID); PILLAR and PILLAR PLUS (ECHO); Peace and Development Program (DFID); SHARE Initiative (ECHO); and the UN Joint Programme for the Developing Regional States.

Recommendation 4: ACF should expand geographic targeting to begin operations in new areas that are currently not receiving services. Kabeles that are further than 50 km from Kebri Dehar town, and especially those without road access, seem to have less access to basic services (health, education and animal health), less access to markets and less visibility (and thus less protection from human rights abuses) than those closer to the town. ACF should assess needs across underserved kabeles and plan expansion, security allowing. As more remote villages may present greater risk of disruptions to access in the future, expanding operations to these areas involves pre-identifying mechanisms for program implementation/support in the event that ACF cannot visit the field for a period of time.

Recommendation 5: ACF should conduct and use population needs analysis as a basis for identifying sectors of intervention, designing programs, planning geographic and social targeting, and developing monitoring and evaluation systems. It should not be considered acceptable that proposals are developed for donor funding without a formal needs analysis which analyses the population by wealth group and population sub-group. ACF can then better design and target programs to reach those they intend to reach. ACF/International offers a wealth of resources related to food security, nutrition and WASH needs assessment and situational analysis.

Recommendation 6: ACF should conduct a more explicit conflict analysis, with a focus on understanding how the conflict affects specific population groups. The conflict analysis should especially outline how the conflict impacts on specific groups, especially women, children, and youth: it may not want to publish this analysis, or discuss it with people outside ACF, but all the staff involved directly and indirectly need to have a clearer understanding of the impact of the conflict, and how particular interventions may mitigate or worsen this conflict. ACF can also look to Tufts University and other INGOs for their experience on conducting conflict-sensitive programming in Somali Region.²⁹

Recommendation 7: ACF should have an explicit and evidence-based gender policy that is cross-cutting across all aspects of its work. ACF/Ethiopia admits that its current emphasis on gender is very weak. ACF's office in Addis Ababa has one "part-time gender focal point" (not a gender specialist), and outreach to field programs on gender issues is very limited. ACF needs a gender policy/strategy that outlines how gender is incorporated into hiring, staff training, program development, targeting, and monitoring and evaluation. A far better appreciation of gender roles and the critical role women play is essential if ACF is

²⁹ For example, see: Richards S and Bekele G. (2011) This document addresses how conflict analysis can be used to inform conflict-sensitive education programming in pastoral Somali Region.

to be able to improve food security and prevent malnutrition. The key need is to get men and women to define what their needs are and to design programmes accordingly. ACF needs to give women greater knowledge, confidence, and income generation opportunities that provide them greater control of income and assets. As a way of reaching out to women, and increasing their literacy and numeracy, the programme should consider introducing the REFLECT approach to Women's Education.

Recommendation 8: ACF should establish an evidence-based theory of change that articulates the basis on which program activities and outputs are expected to bring about the desired changes in population-level outcomes. ACF needs a far clearer vision of what ACF wants to change through all its interventions. The agency has to date focused on operational outputs such as well installation, water trucking, and children screened and treated for malnutrition. Results frameworks presented to donors do not demonstrate a coherent understanding of either the local determinants of malnutrition/food insecurity or the mechanisms by which activities will bring about desired changes, especially for women and children. A theory of change requires population research as well as a strengthened program M&E system. ACF International has considerable experience incorporating change analysis into program planning and ongoing management.

Recommendation 9: ACF should establish a rigorous program M&E system that estimates program coverage, monitors performance, assists in routine management and planning, and disaggregates results by relevant population subgroups (especially gender). Data collection tools and spreadsheets should be reviewed for comprehensiveness and data quality. Data should be aggregated across the Kebri Dehar program to illustrate overall progress towards objectives, and disaggregated to demonstrate impact by gender. Staff capacity in M&E requires additional strengthening. And key elements must be standardized across the Kebri Dehar program, including population figures (total, by site, and by demographic subgroup) and kabele names to avoid inconsistency. Program staff should meet regularly to review performance and expenditure against targets, and to look at linkages and synergies among sectors.

Recommendation 10: ACF should develop a partnership strategy that guides how ACF partners with GOE institutions, non- GOE organizations, and civil society organizations (e.g., local NGOs). Although ACF technically works in partnership with the GOE, ACF has delivered services in Kebri Dehar through direct implementation rather than through partnerships. Weak GOE capacity and limited civil society organizations are definitely major constraints, but in a long-term programme that aims for sustainable results, partnership is key. In the long term there is a limit on the change ACF can achieve as an INGO working directly at community level. Unless there is a major deterioration in the security situation the kind of work we recommend for the future can best be done by a national or local NGO, with ACF offering technical and financial support where required. Provided a minimum level of peace is maintained, the long term possibilities might be: (a) to encourage some existing members of staff to form a local NGO. There are some risks with this option, as there is no reason why ACF staff members would necessarily be able or willing to run a local NGO, with all the attendant risks, in the difficult operating environment of Kebri Dehar. The alternative therefore might be: (b) to encourage an existing Somali NGO to open a branch in Kebri Dehar and gradually take over ACF's activities, and some of their staff. We believe that the feasibility of this option is worth exploring in more detail even though we are aware that local NGOs can face enormous cultural and economic pressures from GoE and communities. In any case ACF needs far stronger engagement at the

regional level, both to increase its learning from other INGOs working in Somali Region and to ensure a better understanding of its work from the regional government.

Recommendation 11: ACF should build upon their existing efforts to engage communities, and develop a community empowerment and engagement strategy for Kebri Dehar that considers the needs of different population subgroups (especially gender). ACF needs to try to work through existing community level local structures rather than trying to promote many project-specific ‘committees’, which often have only token female representation and engagement. A truly community-based development approach values local priorities and initiatives and places a premium on listening to and supporting communities. This has implications for recruitment of Kebri Dehar staff, as well as training of existing staff and on-going technical support and supervision. Initial priorities for staff training should focus on participatory research, learning and monitoring to try to integrate the community more in ongoing planning, implementation and learning in ACF’s food security programs.

Recommendation 12: In the area of nutrition, ACF should adopt a more comprehensive approach that emphasizes evidence-based strategies for the prevention of malnutrition. Major determinants of malnutrition in Somali Region – e.g., low exclusive breastfeeding rates, low dietary diversity and nutrient consumption among young children receiving complementary foods, and low maternal education rates – cannot remain unaddressed by ACF’s program if sustainable reduction of acute malnutrition rates is sought. Where ACF is active in the nutrition sector, a more comprehensive set of key preventative and curative maternal and child health and nutrition services should be considered. Unfortunately, UNICEF is very weak in Kebri Dehar; OCHA is aware of this weakness and would encourage ACF and other NGOs to lobby UNICEF for better performance, including putting more human and material resources into Kebri Dehar.

Recommendation 13: In the area of animal health, ACF should implement a broader range of interventions that boost fodder production; replenishment of grazing resources; and market-based solutions crisis destocking and restocking. Evidence in Somali Region from the Tufts University Pastoralism Policy Unit suggests that to prevent loss of livestock during drought, the most urgent need is for fodder and water for livestock during drought, followed by livestock health services once the rains come. ACF project kabeles should have a trained paravet with access to a good supply of basic medicines, ideally maintained in the kabele using a revolving fund (and potentially supplemented by GOE woreda office, which is not sufficient on its own). Fodder production may be boosted through a two-pronged approach – both production for one’s own animals, and targeted fodder production as an income-generating cash crop - particularly for women. Regeneration of pasturelands should also be explored, using grasses and legumes recommended by the national agricultural research institute. Women would also welcome more opportunities to engage in small stock production (and even poultry may be explored for more sedentary populations). A market-based approach should also be considered for destocking and restocking, which has been implemented directly by ACF to date. Market-based destocking and restocking has been shown to be successful in other parts of Somali Region, but operational research is required to know if it can be replicated in the more remote Korahe Zone. Finally, ACF needs more expertise on livestock in Kebri Dehar, such as through the recruitment of a Programme Manager specializing in livestock and pastoralism.

Recommendation 14: In the area of water, ACF should expand to new villages for installation of water points. Installation of hand-dug wells has been shown to be fairly successful in Koraha Zone, particularly where effort is invested into on-going management and maintenance. Experience with boreholes and pumps is less impressive, so ACF should focus on the premise “keep it simple”. Water quality should receive increased emphasis through household treatment and filtering supplies and sensitization.

Recommendation 15: In the area of hygiene and sanitation, ACF should redouble its efforts related to latrine construction and use, hand washing and food hygiene. ACF’s impact on sanitation and hygiene has lagged far behind impact on water supply in project kabeles, and the few latrines that have been constructed are often locked and unused. ACF should shift emphasis from water point installation to a latrine construction and hygiene sensitization campaign, as the need for latrines will only grow as settlements expand. Latrines are also a security intervention for women, as women and children face enormous personal risk in traveling to search for sites to relieve themselves, especially at night.

Recommendation 16: In the area of agriculture, ACF should work towards expanding both staple cereal and non-cereal production, for household consumption as well as meeting the specific nutritional needs of PLW and children. The Somali expressed the desire to cultivate, but lack the skills, the familiarity with crops, and the inputs (tools and seeds). There is an interest to grow sorghum and maize on arable (particularly riverine) land, and both women and men are involved in cultivation. But locally, people are not familiar with how to cultivate, prepare and eat fruits or vegetables (with a few exceptions like onions), nor do people understand that PLW and children have different nutritional needs than others. As the population becomes more familiar with agriculture and sees it succeeding in the local climate, opportunities should be seized to define the family plot as providing food for household consumption, food for sale (where needed) and food for PLW and children’s wellbeing.

Recommendation 17: In the area of credit, savings and income generation, ACF should target men and women separately whenever possible, and ensure that a complete program linking production, sales and management allows women to keep their assets. The labour market in Kebri Dehar is undiversified, and ACF will need to explore potential income generating or value added processing opportunities that can be expanded upon. For the time being, efforts will likely focus on agriculture and livestock production and trade. Whatever the activity, ACF should target women and men separately to ensure that women can retain some measure of control over the assets they produce. ACF should focus on provision of technical support and training, and should prioritize literacy and numeracy (particularly for women).

Recommendation 18: In the area of disaster risk reduction/management, ACF should ensure that their process of identifying DRM priorities is genuinely community-led with ACF facilitation, and that it follows a DRM framework. ACF should engage more activity with other donors, implementing agencies and organizations like Tufts University working in Somali Region to learn about how DRR/DRM activities have worked in the past. The current IfS-funded program provides the opportunity for more forward-thinking exchange on this between ACF and consortium members Save the Children and Oxfam, both of which have experience implementing DRR/DRM in pastoral Somali Region with projects like PILLAR PLUS and Pastoral Livelihoods Initiative II. ACF should also secure a copy of and consider contributing to the development of the GOE DRR/DRM draft guidelines. ACF should participate in the upcoming pastoral livelihoods forum in Dire Dawa.

Recommendation 19: ACF should explore the possibility for implementing programme activities in areas where urgent population needs remain unmet, like education. Education here includes both formal and non-formal education, for adults and children. If ACF does not want to get directly involved in formal education, it needs to identify and support a local partner to take on this work. There are many reasons why schools are either closed or open only occasionally, but there can be little prospect of life improving for the people of Korahe Zone if children and young people are not able to access education. Education should also be incorporated into other interventions like credit and savings groups and income generating activities.

Recommendation 20: ACF should explore where there their humanitarian space allows for increased advocacy on the part of the agency to GOE. Given the GOE's respect for ACF's neutrality in the on-going conflict, ACF may have some untapped ability to advocate to GOE for population needs, quietly and cautiously. Examples of issues on which advocacy may be increased include the lack of functioning of basic GOE health and educational facilities, and the continuing occurrence of human rights abuses against the local population (particularly, though not exclusively, against women). The evaluators are not advocating for a highly visible advocacy role for ACF in Kebri Dehar. But one possible advantage of having a senior Somali Programme Manager is that s/he may be better able to have these types of discreet conversations through which advocacy can be conducted in conflict environments.

Recommendation 21: As a final recommendation, ACF should invest in its base, guesthouse and vehicle fleet with an eye towards promoting team safety in the field and maximizing long-term retention of skilled staff. ACF needs to invest in its Kebri Dehar base, ensuring that meeting rooms have electric light, staff have access to clean drinking water, and the facility offers clean (and preferably sex-specific) latrines with hand washing facilities. The ACF vehicle fleet needs to be renewed so that all vehicles meet minimum operating standards for a conflict area.

Annex 1. ACF Projects Implemented in Kebri Dehar Woreda (2009-2012)

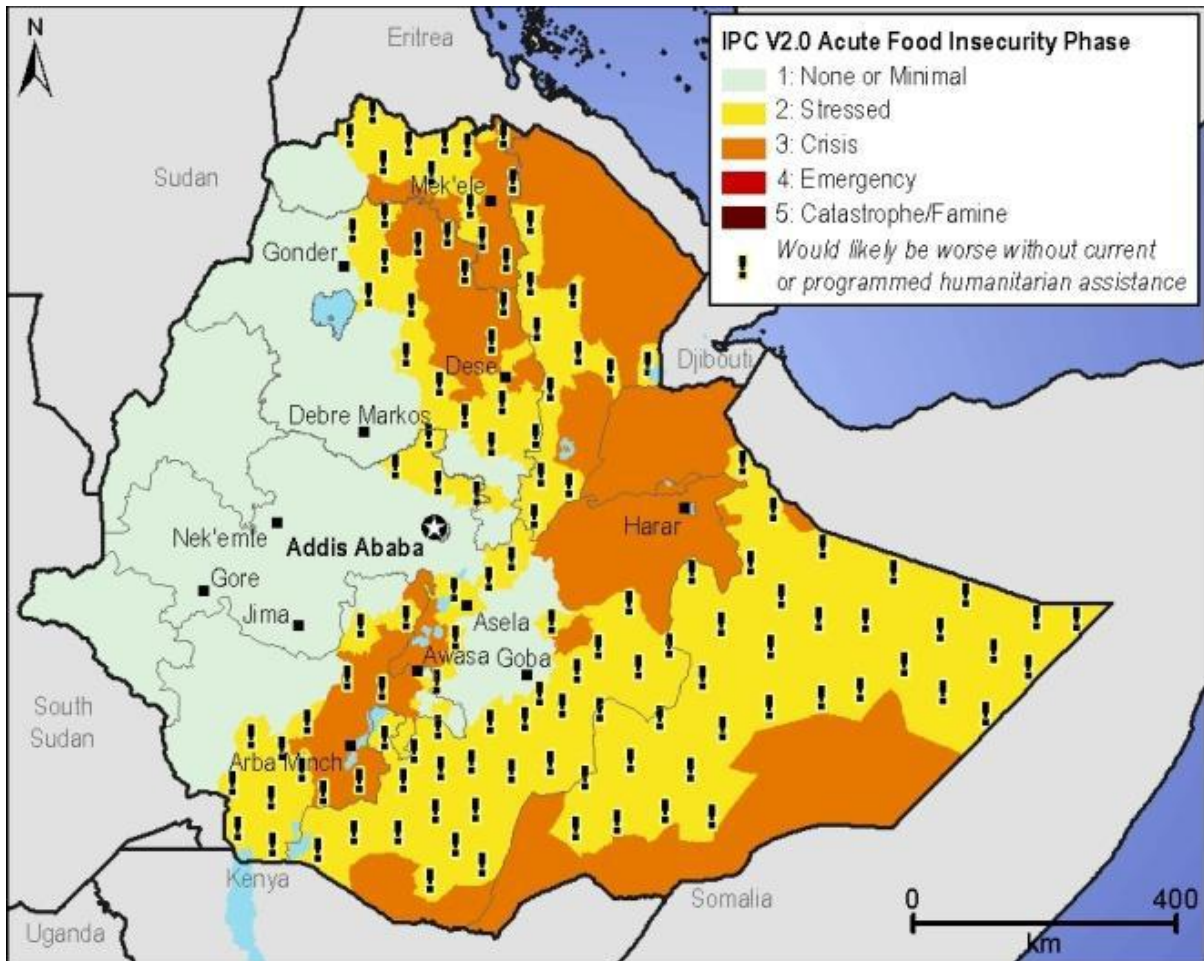
Donor	Dates	Project Title
ECHO	7/2010-9/2011	Nutrition, Water, Sanitation and Hygiene Responses in Kebri Dehar Town Location: Kebri Dehar Town
ECHO	9/2011-10/2012	Integrated Approach to Improve the Nutritional and Health Status of Vulnerable Communities of Somali Region, Ethiopia Locations: Kebri Dehar Town, Marrato, Karinbelele, Hudureyle, Dallat, Korahe Bridge, Galadid
OCHA HRF	9/2008-3/2009	Emergency Livelihood Intervention in Korahe and Warder Zones Locations: Various
OCHA HRF	2009, 2010, 2011	Emergency Water Supply (Several) Locations: Various
SDC	10/2011-4/2013	Drought Recovery Project to Restore the Nutritional Status and Rebuild the Resilience of Affected Pastoralist Communities in Borana and Korahe Zones of Ethiopia Locations: Marrato, Dallat, El Xaar, Kabtanaag
EU/IFS	5/2012-10/2013	Support to Recovery of Essential Rural Productive Capacities as Affected by the Horn of Africa Drought Crisis Locations: Kebri Dehar, Marrato, Karinbelele, Hudureyle, Dallat, Korahe Bridge, Galadid
OCHA HRF	8/2011-10/2012	Emergency Nutrition Response in Shilabo and Doboweyin Woredas of Korahe Zone, Somali Region Locations: Shilabo and Dodoweyin Woredas (not Kebri Dehar Woreda)

Annex 2. Individuals Interviewed (Excluding ACF staff)

Organization	Individual
ECHO Ethiopia	Yohannes Regassa
DFID Ethiopia	Toby Sexton, Peace and Development Programme Advisor
USAID Ethiopia	John Graham, Senior Policy and Strategic Analysis Advisor
OCHA Ethiopia	Mike McDonagh, Head of Office
OCHA Kebri Dehar	Ahmed Ali Egeh Hamidu A. Jalleh, Humanitarian Affairs Officer
UNICEF Kebri Dehar	Ifrah Ahmed,
UNDSS Kebri Dehar	Muhammad Abdirahman Farah, UNDSS Security Officer
GOE Woreda Livestock, Agriculture and Rural Development Bureau	Mohammed Isman Behale, Deputy of Livestock, Agriculture and Rural Development Bureau
GOE Woreda Health Bureau	Abdi Mohammed Barud, Woreda Health Bureau Head
GOE Woreda Water Bureau	Mohammed Yousef Hersi, Woreda Water Bureau Head
GOE Woreda Administration	Abdullah Sheik Ahmed, Woreda Administrator
GOE Woreda Women's Federation Council	Ayan Zyat, Woreda Women's Federation Council Head
Save the Children UK	Teriessa Jallela, EU-IfS Project Senior Field Coordinator
Merlin Ethiopia	Michael Von Koesveld, Operations Manager Sanjay Maldas, Emergency Nutrition Coordinator
International Rescue Committee Ethiopia	David Murphy, Country Director
Tufts University (Research Unit in Addis Ababa)	Berhanu Admassu –Livestock expert Yacob Aklilu, Senior Researcher
FEWS NET Ethiopia	Yakob Mudesir Seid, National Technical Manager Getachew Abate Mussa, Food Security Specialist
Alliance for Better Health	Deeq Muxamed, Head of Alliance for Better Health

Annex 3. List of local NGOs in Somali region

Organization	Focal person	Telephone	Email
Ogaden Welfare Development Association (OWDA)	Mohammed Hassen	091 1795098	nhsyss@gmail.com , abdituur@gmail.com
Pastoral welfare organization (PW0)	Nur Abdi	091 1711397 +251(0)116626407	pworg@etionet.et
ADHORN	Abdullahi Mohammed	0915061310	Adhorn2005@hotmail.com
Somali Aid and Development (SAAD)	Muktar Ali Ahmed	0915330660 0257756968	Saadethiopia@yahoo.com
Pastoral concern (PC)	Dahiir	0915763828	Abdo551987@hotmail.com , pcae@ethionet.et ,
United Society for Sustainable Development (UNISOD)	Mohammed Samatar	0915735347	unisod@yahoo.com , msamatar@unisod.org
Partnership for Pastoralist Development Association (PAPDA)	Cabdi Khadar	0912051589	cabdikhadar@gmail.com
Aged and Children pastoralists association (ACPA)	Ali Ahmed Abdi	0911374264	agedandchildre@ethionet.et
Mother and Child Development organization (MCDO)	Zayneb Abille	0911834956	mcdojjiga@yahoo.com
Shebele for Development Support Association (SDSA)	Rashid Shek Ali	0915741572	Rashidr100@hotmail.com , cabdirashid100@hotmail.com
Community Development Services Association (CDSA)	Mohamed Abdilahi	0915741923	cdsa@ethionet.et
Pastoral Development and Relief Association (PDRA)	Ahmed Robleh	0911692872	pdraj@ethionet.et
Disabled and Young Children Concern Organization (DAYCCO)	Hawo Aden	0911013007	Gudaal50@hotmail.com
Al-Rahma Charity and Development Organization (ACDO)	Aziz Mohamed	0912166193	acdoetorg@gmail.com
Youth Pastoralist Development Association (YPDA)	Guled Abdulahi	0911967708	tatuluh@yahoo.com
Pastoral Livelihood Development Organisation (PLDO)	Faysal Burale	0915230280	Faysal3burale@hotmail.com

Annex 4. Projected Food Security Outcomes (January - March 2013)

Source: FEWS NET. Food Security Outlook for Ethiopia: October 2012 – March 2013. Washington DC: FEWS NET, 2012.

Annex 5. Availability of Basic Services in Villages Visited

Basic Services	Kebri Dehar Town	Marrato	Karinbelele	Hudureyle	Dallat	Galadid	Korahe Bridge	El Xaar	Kabtanaag
Health facility	1 hospital 2 health centres	Functioning periodically	No (occupied by military)	Not functioning	Yes	n/a	n/a	Not functioning	Not functioning
Nutrition: Therapeutic Feeding Unit	1 TFU at hospital	No	No	No	No	No	No	No	No
Nutrition: Outpatient Therapeutic Program	2 OTPs at community level; 1 OTP at hospital	1 OTP at health post	1 OTP in temporary structure	1 OTP at health post	1 OTP at health post	1 OTP at health post	1 OTP at health post	No (UNICEF does monthly campaigns)	No (UNICEF does monthly campaigns)
Nutrition: Targeted Supp. Feeding	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Primary School	Yes	No (destroyed 3 years ago)	No (occupied by GOE military)	No (damaged)	Yes	n/a	n/a	Partially	No
Water	Many wells	1 birkad (borehole planned; water points at school, health and animal health posts destroyed)	2 birkads (water pumping project planned)	1 well (2 birkats under construction)	Good water supply	n/a	3 wells (1 old and privatised)	2 wells	2 wells (need rehab.)
Latrines: Communal	Only some functioning	No (damaged)	No	No	No (not functional)	n/a	n/a	Yes (at school)	Yes but locked
Latrines: Household	Some exist	No	2 or 3 (est.)	No	No	No	No	No	No
Animal Health Post	No	No	No (occupied by military)	n/a	n/a	n/a	n/a	n/a	Yes

n/a = Not available

Annex 6a: Active Case Finding, Screening and Referral

Activity	Population	Indicator	Kebri Dehar (9/2011- 9/2012)	Shilabo and Doboweyin (8/2011- 9/2012)
Community based active case finding	Children under five (U5)	# U5 screened	4618	1704
		# U5 referred to TFU	0	1
		# U5 referred to OTP	77	97
		# U5 referred to EOS/food voucher program	210	0
	Pregnant and lactating women (PLW)	# PLW screened	137	99
		# PLW referred to OTP	2	5
# PLW referred to EOS/food voucher program		30	0	
Screening at OTP	U5	# U5 screened	9164	3067
		# U5 referred to TFU	63	25
		# U5 referred to OTP	1042	716
		# U5 referred to EOS/food voucher program	796	0
	PLW	# PLW screened	538	361
		# PLW referred to OTP	44	135
# PLW referred to EOS/food voucher program		163	0	

NB: Data for Kebri Dehar represent the ECHO-funded Project Integrated Approach to Improve the Nutritional and Health Status of Vulnerable Communities of Somali Region, Ethiopia (9/2011-10/2012). Data for Shilabo and Doboweyin represent the Emergency Nutrition Response in Shilabo and Doboweyin Woredas of Koraha Zone, Somali Region Project (8/2011-10/2012).

Annex 6b: ACF Nutrition Activities at TFUs and OTPs (Combined)

Population	Indicator	Kebri Dehar (9/2011- 9/2012)	Shilabo and Doboweyin (8/2011-9/2012)
U5 and PLW	# admissions during reporting period	995	725
	# discharged during reporting period	1070	670
	# discharged cured	809	581
	# discharged death	10	1
	# discharged defaulted	112	54
	# discharged non-respondent	77	15
	# discharged transfer	62	9
	Cured rate	76%	87%
	Death rate	1%	<1%
Defaulter rate	10%	<1%	

Annex 6c: ACF Nutrition Activities in TSF/Food Voucher Program

Population	Indicator	Kebri Dehar (9/2011-9/2012)	Shilabo and Doboweyin (8/2011-9/2012)
U5 and PLW	# U5 new admissions (total)	645	0
	# PLW new admissions (total)	157	0
	# discharged	565	0
	# discharged cured	503	0
	# discharged death (%)	1	0
	# discharged defaulted	48	0
	# non-respondent (%)	0	0
	# transfer (%)	7	0
	Cured rate	89%	0
	Death rate	0.2%	0
	Defaulter rate	8.5%	0

Annex 6d: ACF Support to GOE Health and Health Extension Staff

Indicator	Kebri Dehar (9/2011-9/2012)	Shilabo and Doboweyin (8/2011-9/2012)
# HE sessions given at hospital/health post	1110	427
# females attending HES in the HP	9627	5127
# HE sessions given at community level	539	133
# persons attending HES in the community	3307	1538
# females attending HES in the community	2913	1538
# males attending HES in the community	351	0
# HEWs trained	18	33
# nurses trained	4	11

Annex 7. Potential Components of a Comprehensive Nutrition Approach

- Promoting optimal infant and young child feeding and caring practices, including:
 - Promoting optimal breastfeeding during the first six months (e.g., timely initiation within one hour of birth and exclusive breastfeeding for six months)
 - Promoting optimal complementary feeding starting at 6 months with continued breastfeeding through 2 years and beyond;
 - Promoting optimal hygiene practices including hand washing , food hygiene, use of latrines (proper waste disposal) and water quality treatment and storage techniques
- Prevention and treatment of micronutrient deficiencies, through for example:
 - Preventing vitamin A deficiency for women and children through periodic vitamin A supplements
 - Use of multiple micronutrient powders
 - Deworming drugs for children
 - Use of iron-folic acid supplements for pregnant women to prevent and treat anemia
 - Ensuring adequate iodine intake by all members of the household, e.g., through iodized oil capsule supplementation where iodized salt is unavailable, and/or iron fortification of staple foods
- Promoting optimal nutrition for women with emphasis on dietary diversity and quality
- Promoting access to a basic package of essential health services including immunization and key treatment services for children (e.g., acute respiratory infections, diarrhea, malaria), key services for women (e.g., antenatal care, skilled delivery and postnatal care)
- Therapeutic zinc supplements for diarrhea management
- Therapeutic feeding for malnutrition children and pregnant and lactating women with special foods, e.g., supplementary feeding for moderate acute malnutrition, and treatment of severe acute malnutrition with ready-to-use therapeutic foods.

Sources: Technical guidance materials on Scaling Up Nutrition Framework (SUN), Essential Nutrition Actions (ENA) and Food and Nutrition Technical Assistance 3 Project materials

Annex 8. ACF/Kebri Dehar Programme: Summary of Findings against DAC Criteria

DAC Criteria	Rating	Rationale
Impact	3	Impact of programmes very mixed. Emergency nutrition programmes had significant impact on malnutrition treatment. WASH programmes have increased supply of water but the weakness of the sanitation component has reduced their wider impact on health. Overall this score reflects ACF's significant impact on nutrition and water
Sustainability	2	Humanitarian programmes are not intended to be 'sustainable'. In the WASH programme hand-dug wells should be sustainable, but it is too early to say if the current food security interventions will work. Lack of empowerment both of women & of Somali staff seen as limiting sustainability so far. Weak GoE capacity and the weak state of private sector are major constraints to sustainability.
Coherence	3	There is a need for improved linkages between the WASH and FS programmes, but ACF's approach of targeting the same villages with a package of services, together on the same day has helped to increase coherence.
Coverage	2	Coverage limited so far by security concerns, and needs to be expanded
Relevance/ Appropriateness	4	All programmes seen as highly relevant both by beneficiaries, community leaders, and external stakeholders, but this evaluation indicates there have been some unmet needs and some limitations in assessments.
Effectiveness	3	Nutrition programmes judged as effective (even in areas like Shilabo where international staff cannot reach). WASH programmes only partially effective in respect of sanitation and hygiene promotion. Support to animal health seen as becoming less effective due to government weakness.
Efficiency	1	Kebri Dehar is an expensive place to work, due to its remoteness and the need to use convoys outside Kebri Dehar town. Staff report delays in procurement due both to communications & transport issues. Expanding the area covered and increasing the 'soft' components of the programmes (e.g., more training, hygiene promotion, adult education) would all help reduce the cost per head in the future.

Rating: 1= low; 5=high

Annexe 9: Key Documents Consulted

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