Final Evaluation Report

EMERGENCY NUTRITION RESPONSE PROJECT FOR DROUGHT AFFECTED COMMUNITIES IN MARSABIT COUNTY, KENYA

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This independent, final evaluation was carried out in December 2019 by the Centre for Strategic Research and Development Analysis.

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- Ministry of Health team, including public health nurses, nutritionists, Health Records Information Officers (HRIOs), Community Health Strategy (CHS) focal points, Facility-In-Charge for various health facilities, Community Health Assistants (CHAs), Community Health Volunteers (CHVs) and Community Birth Referral Agents (CBRAs)
- Implementing partners including World Vision Kenya, Kenya Red Cross
- Research Assistants

Acronyms

CBRA	Community Birth Referral Agents
CHA	Community Health Assistant
CHV	Community Health Volunteer
CIDP	County Integrated Development Plan
CSO	Civil Society Organization
CU	Community Unit
DAC	Development Assistance Committee
FGD	Focus Group Discussion
GAM	Global Acute Malnutrition
HINI	High Impact Nutrition Intervention
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
KDHS	Kenya Demographic Health Survey
KII	key Informant Interview
MAM	Moderate Acute Malnutrition
MIYCN	Maternal, Infant and Young Child Nutrition
MOH	Ministry of Health
NDMA	National Drought Management Authority
NFI	Non Food Items
NGO	Non-Governmental Organization
PHN	Public Health Nurse
PLW	Pregnant and Lactating Women
SAM	Severe Acute Malnutrition
SCHMT	Sub County Health Management Team
SCNTF	Sub County and County nutrition technical Fora

SDGs	Sustainable Development Goals
SO	Strategic Objectives
USAID	United States Assistance for International Development
WASH	Water, Sanitation and Hygiene

Executive Summary

Marsabit County is located in the extreme part of northern Kenya and has a total area of 70,961.2 sq. km; this is slightly smaller than the entire state of South Carolina in the United States and Marsabit County is about 85% the size of Ireland. The Kenya National Bureau of Statistics (KNBS) projected county's 2017 population was 319,234 persons. The County shares an international border with Ethiopia to the north, and within Kenya. Marsabit County is the second largest Arid and Semi-Arid Lands (ASAL) county in Kenya, after Turkana. The county comprises four sub counties: Laisamis, Saku, Moyale and North Horr. According to the Ministry of Agriculture, Livestock and Fisheries (MoALF) in *Climate Risk Profile for Marsabit County* (2017), Marsabit county, being an ASAL, is characterized by frequent droughts, high temperatures and erratic rainfall, which challenge productivity and incomes as well as basic food and nutrition security among the population. The main source of livelihoods is livestock keeping with some agro-pastoral activities in Saku and Moyale sub counties. An increase in drought frequency and severity resulted in a declaration of the drought emergency in Marsabit County and other similar counties by the national government in February 2017. These conditions necessitated emergency nutrition response.

This Evaluation Report evaluated the OFDA funded Emergency Nutrition Response project for drought affected communities in Marsabit county, Kenya. The project aimed to address the heightened nutrition and health needs of the vulnerable populations of Marsabit County as a result of the 2016/2017 drought emergency as well as strengthen community and facility level nutrition services and hygiene promotion. Further the program also aimed to strengthen the County and Sub-Counties' capacity to coordinate nutrition services during the drought emergency. The overall project goal was to contribute to reduction in morbidity and mortality by timely identification and appropriate management of acutely malnourished children (6-59 months) and pregnant and lactating women (PLW) affected by the drought. The project sought to achieve this goal by pursuing the following two strategic objectives (SOs):

1. To rehabilitate those with acute malnutrition and promote appropriate key nutrition practices through implementation of high impact nutrition interventions at health facilities, outreach sites and community level.
2. To promote adoption of appropriate hygiene behavior to ensure improved nutrition in children under age of five and PLWs

The sub-sectors included: Infant and Young Child Feeding and Behavior Change; Management of Moderate Acute Malnutrition (MAM) and Management of Severe Acute Malnutrition (SAM); Nutrition Systems and Hygiene Promotion.

The overall purpose of this evaluation was to assess the relevance, effectiveness, efficiency, impact and sustainability of the OFDA funded emergency response project; and to document key lessons learnt and to provide technical recommendations that could be used to improve future programming. The consultants used Focus Group Discussion (FGD) and Key Informant Interview (KII) as the primary data collection methods. This is because quantitative data had already been collected through other assessments during the year, hence sufficient quantitative data was available to augment the data analysis during the evaluation. In order to deepen the analysis,

the consultants analyzed quantitative data from primary and secondary sources including Nutrition Knowledge, Attitudes and Practice (KAP)[1] surveys, SMART surveys[2], the project proposal document, M&E Plan, semi-annual reports and other external documents such as the county integrated development plan (CIDP), National Drought Management Authority (NDMA) Emergency Nutrition Response Plan and national nutrition situation overview.

The sample size comprising 44 Focus Group Discussions (FGDs) with 396 participants (270 women, 126 men) and 24 KIIs were interviewed. Development Assistance Committee (DAC) evaluation criteria was used to evaluate the project. The criteria covered relevance, effectiveness, efficiency, impact and sustainability.

Relevance refers to the extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, country needs, global priorities and partner' and donor's policies. The evaluation established that the project was designed to address the heightened nutrition and health needs of the vulnerable populations of Marsabit County due to the drought emergency. Food consumption and coping strategies had deteriorated significantly leading to poor nutritional outcomes. Baseline data from a SMART survey (January 2017) indicated a dire nutrition situation with Global Acute Malnutrition rates of 16.9%. North Horr was the most affected sub-county with a GAM rate of 31.5%. This situation was exacerbated by limited availability of food in the county with milk and other livestock products being unavailable in 90 percent of the households in all livelihood zones. Analysis of FDGs and KIIs established that the project interventions responded to the needs of the affected population. The evaluation established that the project design was aligned to Concern Worldwide and government strategic priorities as well as community priority needs. The Project responded to Marsabit County Integrated Development Plan (CIDP) Health and Nutrition priorities, including scaling up Integrated Management of Acute Malnutrition (IMAM), training and equipping health workers with skills to deliver quality nutritional services, and rolling out IMAM and scaling-up to health facilities.

In determining the project effectiveness, the evaluation determined that training of health workers, community health volunteers (CHVs) and community birth referral agents (CBRAs), nutrition outreach services as well as provision of non-food items (NFIs), led to increased access to health and nutrition services including timely management of SAM and MAM and referrals. According to SMART Nutrition Survey (July, 2018), the there was improvement in GAM rates which dropped from 16.9% in 2017 to 12.4% in 2018. This is attributed to among other interventions, the strengthening of level one health system through training of CHVs on MIYCN as well as sensitization of caregivers, which led to increased demand, expanded access and delivery of nutrition services. In order to improve management of Severe Acute Malnutrition (SAM), the project enhanced the technical capacity of health workers by training 94 health care workers on IMAM. According to Semi Annual report (October, 2018), Concern facilitated MoH to conduct routine mentorship of the health workers guided by the nutrition gaps assessment. These mentorship and trainings have contributed to better nutrition outcomes including the cure rate of >75%.

[1] Marsabit County MIYCN KAP Report (2018); funded by UNICEF and GIZ and compiled by Rose O. Opiyo

[2] Marsabit County Nutrition SMART Survey (July 2018); funded by Food for the Hungry, validated by Marsabit CNTF

In establishing efficiency, the evaluation determined that the project results such as improvement in GAM rates demonstrated VfM. Training of health workers, CHAs, CHVs and CBRAs also enabled led to improved delivery of health and nutrition services. Key informant interviews with sub-county PHNs and nutritionists as well as CHVs and CBRA FGDs all pointed to improved service delivery which led to intended results. In terms of effectiveness, the evaluation established that the project delivered the intended results, including strengthening community level services through training of CHVs and equipping them with kits to support nutrition and health services.

In terms of impact, the evaluation sought to establish the key results of the project interventions in terms of nutrition, health and sanitation elements, which could point of the realization of long term nutrition and health outcomes. The project supported the Ministry of Health (MoH) to improve the health and survival of children under five and PLW by supporting scale-up of high impact nutrition interventions (HINI). The HINI included breastfeeding promotion, complementary feeding for infants after the age of six months, improved hygiene practices including: hand washing, vitamin A supplementation, zinc supplementation for diarrhea management, de-worming, iron-folic acid supplementation for pregnant women, salt iodization, iron fortification of staple foods, prevention of moderate under nutrition and treatment of acute malnutrition. In terms of IYCN behavior change, MIYCN KAP, WASH and Livelihood end line Survey (November 2018) established that overall, exclusive breastfeeding improved from 75.7% in 2017 to 97.1% in 2018. The report also showed that the proportion of women attending ANC rose to 95.7 from 87.8% while ANC attendance to 4 or more visits improved from 39.3% to 46.3%.

In assessing sustainability, the evaluation established that the project design focused on long term elements which are expected to yield changes that will outlive the project. For instance, the emphasis on system strengthening and skills upgrading for health workers, particularly the government supported community health strategy is likely to yield long term impact.

Recommendations:

1. The evaluation shows widespread below-average rainfall in Kenya, particularly the ASAL regions, and diminished food production that has exhausted people's capacity to cope with drought emergencies. There is therefore need to build community resilience to drought emergencies through a multi-sectoral approach to programming.
2. Community birth referral approach used in this project can be useful in improving MIYCN practices especially in the context where health facilities are widely spread. The county government health department and relevant partners should strengthen this approach with a view to improving MIYCN practices.
3. Outreaches are important in expanding access to integrated health and nutrition service, however they are expensive and not sustainable, there is therefore need to develop an effective way to implement outreaches.
4. The evaluation established that CHVs played a crucial role in addressing the nutrition and health needs of the community in the context of the surge model. However, it was noted that due to non-existence of a

structured engagement strategy, it is difficult to retain the CHVs. The County Government should consider developing guidelines and a framework that creates an enabling environment that includes regular on the job training, performance management, supervision, financial compensation in order to motivate them and expand access to nutrition and health services

5. Given the inherent challenges in the hard to reach areas, there is need to continue advocating for adequate equipping and staffing of existing health facilities, in order to expand access health and nutrition services for under five years, pregnant and lactating women.

Evaluation Purpose

This Evaluation Report concerns the USAID (OFDA) funded Emergency Nutrition Response project for Drought Affected Communities in Marsabit County, Kenya. The project aimed to address the heightened nutrition and health needs of the vulnerable populations of Marsabit County as a result of the 2016/2017 drought emergency as well as strengthen community and facility level nutrition services and hygiene promotion. Further the program also aimed to strengthen the County and Sub-Counties' capacity to coordinate nutrition services during the drought emergency.

The overall purpose of the evaluation was to assess the relevance, effectiveness, efficiency, impact and sustainability of the program. Alongside this purpose, the consultant also documented key lessons learnt and suggested technical recommendations that could be used to improve future programming.

Project Background

Marsabit County is located in the extreme part of northern Kenya and has a total area of 70,961.2 sq. km. The Kenya National Bureau of Statistics (KNBS) projected the county's 2017 population to be 319,234 persons. It has an international boundary with Ethiopia to the north, borders Lake Turkana to the west, Samburu County to the south and Wajir and Isiolo counties to the east. The county is the second largest ASAL County in Kenya, after Turkana. It comprises four sub counties: Laisamis, Saku, Moyale and North Horr. Due to its ecological zones, it is characterized as part of the arid and semiarid lands (ASALs), among the vast northern districts (now counties) of Turkana, Marsabit, Wajir and Mandera. The main source of livelihoods is livestock keeping with patches of agro-pastoral activities in Saku and Moyale sub counties. Although the pastoralist community is a highly adaptive population that knows how to live in seasons of scarcity and plenty and how to make changes to adapt to these extremes, they are still extremely vulnerable. An increase in drought frequency and severity resulted to a declaration of the drought emergency in Marsabit County and other similar counties by the National Government in February 2017. The declaration was as a result of the severe drought that has affected the Arid and Semi-Arid Lands (ASAL) of Kenya caused by the below average performance of the 2016 short and long rains. This was the second consecutive rainfall season with widespread below-average rainfall in Kenya and diminished food production that exhausted people's capacity to cope with another shock. A nutrition survey conducted in June/July 2016 found prevalence of global acute malnutrition (GAM) rate of 14.4 percent (12.6 - 16.3, 95% CI) and that of SAM to be 2.3 percent (1.7 - 3.2, 95% CI). This prevalence according to the WHO classification is 'serious' with

some of the sub counties having GAM rates of 31.5% (North Horr) and 24.7% (Laisamis) as evidenced by the findings from the January 2017 SMART surveys

This Evaluation Report concerns the USAID (OFDA) funded Emergency Nutrition Response project for drought affected communities in Marsabit County, Kenya. The project aimed to address the heightened nutrition and health needs of the vulnerable populations of Marsabit County as a result of the 2016/2017 drought emergency as well as strengthen community and facility level nutrition services and hygiene promotion. Further the program also aimed to strengthen the County and Sub-Counties' capacity to coordinate nutrition services during the drought emergency. The project targeted four sub-counties, namely: North Horr, Laisamis, Moyale and Saku. Target communities were selected based on the GAM rates as revealed by the SMART survey. Concern conducted a further hotspot analysis to identify the specific locations that were most affected.

The overall project goal was to contribute to reduction in morbidity and mortality by timely identification and appropriate management of acutely malnourished children (6-59 months) and pregnant and lactating women (PLW) affected by the drought. The project sought to achieve this goal by pursuing the following two strategic objectives (SOs):

- To rehabilitate those with acute malnutrition and promote appropriate key nutrition practices through implementation of high impact nutrition interventions at health facilities, outreach sites and community level.
- To promote adoption of appropriate hygiene behavior to ensure improved nutrition in children under age of five and PLWs

The sub-sectors of the response included infant and young child feeding and behavior change, management of moderate acute malnutrition (MAM) and management of severe acute malnutrition (SAM), nutrition systems and hygiene promotion

According to the project second semi-annual report (October 2018), by August 2018, the project had cumulatively reached 91,655 beneficiaries out of a target of 92,740 with hygiene messages through home visits, at health facilities and outreaches during WASH NFIs distribution.

Evaluation Methods and Limitations

Evaluation Design

Based on this design, the evaluation analyzed data from a population sample that included groups of caregivers, community health volunteers (CHVs), Community Based Referral Agents (CBRAs), community health assistants (CHAs), as well as key informants relevant to the emergency nutrition intervention project. The sample size comprised 44 Focus Group Discussions (FGDs) with 396 participants (270 women and 126 men) and 25 key informants. A total of 23 villages were sampled for the evaluation. Development Assistance Committee (DAC) evaluation criteria was used to evaluate the project. The criteria covered relevance, effectiveness, efficiency, impact and sustainability.

Data Collection Methods

Sub county	KII	FGDs
Moyale	7	12
North Horr	8	16
Laisamis	7	8
Saku	3	8
Total	25	44

Focus Group Discussions (FGDs) through FGD guides

This was organized purposively for members of the target population including Community Health Volunteers (CHVs), Community Birth Referral Agents (CBRAs) and caregivers (women and men) with the aim of obtaining qualitative information. In total 44 FGDs were conducted. These comprised 21 CHV FGDs, 13 CBRAs FGDs and 10 caregivers FGDs (5 mothers FGDs and 5 fathers FGDs). Each FGD had between 8 and 12 participants selected with the help of Community Health Assistant. The purposive sampling was led by the consultant based on the available demographic information and administrative units, i.e. sub-counties and wards. The consultant was guided in this process by MOH staff and Concern team.

Key Informant Interviews (KIIs) through interview schedules

Key informant interviews were conducted in English while FGDs were conducted in the local languages. The FGDs were conducted by enumerators who understood the local languages and were familiar with the project. The KII schedules entailed semi-structured interviews developed around the evaluation questions. A sample of 25 key informants were interviewed. The key informants were three sub-county nutritionists, four sub-county public health nurses, two sub-county health records information officers (SC-HRIOs), two community health strategy (CHS) focal persons, four Facility–In-charge staff for various health facilities and six community health assistants (CHAs), as well as one Food for the Hungry staff, one World Vision Kenya staff, one Kenya Red Cross staff and two Concern staff (Senior Manager – Health and Nutrition and the Health and Nutrition Manager).

Document review including Secondary Data

The consultant reviewed literature review based on the project documents as well as relevant literature including Concern's strategic documents and the government strategic and policy documents, among other literature containing discourse on local, national, regional and global perspectives on health and nutrition. Secondary sources of data reviewed included the following: DHIS, Nutrition Knowledge, Attitudes and Practice (KAP) survey reports, SMART nutrition surveys, the project proposal document, M&E Plan, semi-annual reports and other external documents such as the county integrated development plan (CIDP), National Drought Management Authority (NDMA) Emergency Nutrition Response Plan and national nutrition situation overview.

Sampling Design

FGDs and key informants were purposively sampled across the four sub-counties based on the varying populations and the need to sample specific groups of respondents including CHVs, CBRAs, CHAS and caregivers. Since the main approach to data collection for this evaluation was qualitative, the respondents sampled were FGD participants and key informants. A reasonable and representative number of FGDs were agreed with Concern team, hence 46 FGDs and 27 key informants were sampled.

The consultants primarily collected qualitative information because a number of quantitative assessments had been conducted in the course of the year, hence sufficient quantitative data was available for review. The consultants analyzed quantitative data from secondary data sources including Nutrition KAP Survey reports as well as SMART Survey reports.

Data Processing, Analysis, Interpretation and Report Writing

The evaluation was conducted from 7th to 21st December 2018, with training being conducted on 7th and 8th, data collection from 9th to 15th and data analysis, interpretation and report writing taking place from 16th to 21st. Qualitative data was analyzed using NVIVO software. The analysis was further conducted based on emerging themes and in line with the evaluation questions. Quantitative Data was obtained from primary and secondary sources, analyzed and presented in a variety of formats that are easy to comprehend. The consultants analyzed quantitative data from SMART Survey report, which was prepared by Concern, World Vision Kenya and Food for the Hungry. The consultants also analyzed quantitative data KAP Survey[3] report as well as District Health Information System (DHIS). The KAP survey was conducted in all the four sub-counties of Marsabit county, namely: North Horr, Moyale, Laisamis and Saku.

Organization of the Evaluation

The evaluation was led by the Lead Consultant, Richard Otieno, an Anthropologist and Project Management professional who is highly experienced in evaluation of integrated relief and development programs including health, nutrition, Livelihood, WASH and education; the Co Consultant, Godfrey Wapangana, a Nutritionist and Public Health expert highly experienced in SMART nutrition surveys, KAP surveys and integrated project evaluations. They were supported by an Associate Consultant, Eunice Radiro, a Community Health professional with experience in community health and integrated project evaluations. The consultant were supported by Concern staff, including the Senior M&E Manager, M&E Officer and the Health and Nutrition team. There were 15 enumerators who were organized into seven groups. The enumerators, independent of the project, were hired by Concern Worldwide. Their roles included facilitating FGDs with different groups and taking notes of the discussions as well as conducting key informants interviews with key informants at the community level, particularly community health assistants and dispensary facility in charge. The evaluation team was also supported by five

[3] Marsabit County MIYCN KAP Report (2018); funded by UNICEF and GIZ and compiled by Rose O. Opiyo

MOH staff, one in each sub-county, with North Horr being supported by two MOH staff due to the expansive nature of the sub-county. A full list of the evaluation team is annexed.

Training and Pretest

Training of was conducted for two days in Marsabit town. The consultants took the enumerators through evaluation methodology, data collection techniques and ethical considerations. The enumerators were taken through data collection tools. The tools included FGD guides and KII guides, which were developed by the consultants based on the evaluation objectives. The tools were reviewed by Concern staff for necessary inputs and revisions. The training was largely participatory in nature, with several role plays and plenary discussions. In the afternoon of day two, a pretest of the tools was conducted in Saku sub-county. The pretest was used to test reliability of the data collection tools as well as to determine whether the questionnaires would cause any difficulties for the enumerators and respondents. In the evening, the team provided feedback which was used to finalize the tools ahead of the actual data collection.

Ethical Considerations:

In terms of ethical considerations, the consultants ensured that each data collection tool had a consent section that had to be signed by the respondents before commencing interviews. Respect for anonymity and confidentiality was upheld throughout the evaluation. Concern staff also informed the relevant authorities about the evaluation.

Limitations

The evaluation was conducted within the context of the following limitations:

- Insecurity in Moyale sub-county due to inter-community and cross boarder conflicts. This made the team skip two FGDs.
- Rains during the evaluation exercise made some places impassible. As a result, the team in North Horr could not access one FGD
- The evaluation approach was largely qualitative, hence the evaluation team had to rely on quantitative data from studies such as SMART and KAP surveys already conducted by others earlier in the year. Accordingly, the evaluation team could not guarantee the quality of the quantitative data.

Findings

Relevance

To what extent did the project address the identified needs and priorities of the drought affected population?

The project was designed to address the heightened nutrition and health needs of the vulnerable populations of Marsabit County due to the drought emergency. Food consumption and coping strategies had deteriorated significantly leading to poor nutritional outcomes. Data from a SMART survey (January 2017) indicated a dire nutrition situation with Global Acute Malnutrition rates of 16.9% with the highest being 31.5% in North Horr sub-county. This situation was exacerbated by limited availability of food in Marsabit County with the report indicating that milk and other livestock products were not available in 90 percent of the households in all livelihood zones.

Interviews with facility in-charge for several health facilities as well as with community health assistants (CHAs) established that the drought affected production of milk and availability of meat, hence causing malnutrition among children under five years as well as pregnant and lactating women (PLW). Inadequate water for domestic use and livestock consumption worsened the situation. This led to poor hygiene and sanitation practices. The project intervention expanded access to nutrition, hygiene and sanitation services through strengthening of community health strategy and Integrated Management of Acute Malnutrition (IMAM). The services included provision of water treatment kits (aqua tabs) to enable communities treat their drinking water hence improve access to safe water. Health, sanitation and hygiene promotion was conducted through health education in outreaches and facilities.

Focus group discussions with caregivers established that the project interventions met the needs of the affected population. For instance, caregivers FGD in Ilgele and Bubisa villages in North Horr sub-county mentioned that NFIs supplies that included buckets, soaps and *aquatabs* enabled the affected population to access improved hygiene and sanitation. They also used the *aquatabs* to treat drinking water. They added that the outreach services enabled their children to access health and nutrition services including growth monitoring and supplementary feeding to malnourished children. The project also enabled PLW to access MIYCN services. Responses from caregivers across the other three sub-counties corroborated this information.

Interviews with Public Health Nurses, nutritionists and health workers in the facilities established that the project equipped community health volunteers (CHVs) and Community Birth Referral Agents (CBRAs) with skills in maternal, infant and young child nutrition (MIYCN). Caregivers were also sensitized and equipped with health and nutrition messages.

How well did the project interventions align with both county and national government as well as Concern strategic priorities?

The project design was aligned to Concern Worldwide and government strategic priorities as well as community priority needs. The project responded to Marsabit County Integrated Development Plan (CIDP) Health and Nutrition priorities, including the following:

- Integrated Management of Acute Malnutrition (IMAM) scaled up (increase outreach sites & satellite sites for IMAM)
- Health workers trained and equipped with skills to deliver quality nutritional services
- Access and utilization of emergency nutrition services improved
- IMAM services/IMAM surge roll out and support to all the facilities scaled up
- Uptake of nutrition services at the community level supported
- High Impact Nutrition Intervention (HINI) scaled-up in drought prone wards

The project interventions such as growth monitoring, commodity distribution (NFIs) and treatment of malnutrition cases contributed to the realization of priorities set out in the CIDP. The interventions also contributed to the achievement of objectives outlined in the County Health Strategic Plan and the Annual Work Plan, including training and equipping health workers with skills to deliver quality nutritional services, supporting uptake of nutrition services at the community level, improving access and utilization of emergency nutrition services as well as rolling out and scaling up IMAM surge services. These views were corroborated by the community health assistants, community health volunteers and community birth referral agents, who added that the project interventions, particularly training and outreaches enabled them to reach more households with nutrition services, particularly the target population who were children under five years as well as pregnant and lactating women.

In terms of Concern Worldwide strategic priorities, the project design and interventions corresponded with the organization's core mandate of alleviating suffering. For instance, one of the project's objectives was to reduce morbidity and mortality by timely identification and appropriate management of acutely malnourished children (6-59 months) and PLW affected by the drought. To this end, the project trained 97 health workers, 77 CHAs, 861 CHVs and 780 CBRAs on IYCF as well as prevention and management of MAM (project semi-annual report, October 2018). The training contributed to improved service delivery in the county as evidenced by increased number of children attending child wellbeing clinics (CWC) clinics from 65,600 during October - March 2018 to 78,300 during April – September 2018.

The project design was also aligned to SPHERE Standard on Nutrition, particularly on policy guidance, coordination and communication. The standard states that a lead coordinating body on IYCF should be assigned in every emergency. During the implementation of this project, this role was assigned the Ministry of Health, supported by Concern Worldwide.

The project intervention was designed in consonance with the county nutrition emergency response plan, which was updated through the CSG. Interventions also contributed to National Drought Management Authority (NDMA)'s Hyogo Framework for Action (HFA) Priority for Action 5, which deals with strengthening disaster preparedness for effective response at all levels

To what extent was the project design appropriate and justifiable for the geographical areas (the four sub-counties where the response was conducted; North Horr, Saku, Laisamis and Moyale)?

According to the short rains assessment (SRA) report in February 2017, Marsabit County was classified as being in the crisis phase (Integrated Phase Classification - IPC phase 3) in the pastoral livelihood zones of North Horr, Laisamis and Moyale. The agro-pastoral livelihood zones of Moyale and Marsabit central were classified as stressed (IPC phase 2). Food consumption and coping strategies also deteriorated significantly leading to poor nutritional outcomes. SMART nutrition survey (January 2017) showed that the county had a GAM rate of 14.4%, with North Horr having the highest GAM rate of 31%. The SRA report further indicates that milk and other livestock products were not available in 90% of the households in all livelihood zones.

The outreaches increased access to integrated health services for children, PLW, as well as other members of the community (men and women). The outreach services included nutrition, maternal, new born and child health (MNCH) services and treatment of minor illnesses, accounting for 28% of children accessing the services.

How coherent and accurate was the intervention logic in terms of theory of change/log frame?

The intervention logic was coherent and accurate with the issues being addressed. The IMAM surge model enabled the MOH and the communities to respond to the nutrition emergency in a well-coordinated manner. This was done by strengthening the government health system at facility and community level to deliver basic health services and, specifically, to ensure high quality provision and coverage of the HINI package. The approach was intended to build capacity within the existing system and provide necessary surge capacity to meet emergency needs.

Effectiveness

To what extent have the objectives of the project interventions been realized?

The project interventions led to improved health and nutrition among the target population. According to SMART Nutrition Survey (July, 2018), GAM rates for Marsabit county dropped from 16.9% in 2017 to 12.4% in 2018. During the same period, GAM rates in North Horr and Laisamis sub counties also dropped from 31.5% to 21.8% and from 24.7% to 21.2% respectively. This is partly attributed to among other interventions, the strengthening of level one health system through training of CHVs on MIYCN as well as sensitization of caregivers, which led to increased demand, expanded access and delivery of health and nutrition services. In corroborating this finding, a review of Concern Semi Annual report for April – September 2018 established that provision of nutrition services through integrated outreaches contributed to access in service delivery. This contributed to the achievement of the project objective of rehabilitating those with acute malnutrition and promoting appropriate key nutrition practices through implementation of high impact nutrition interventions at health facilities, outreach sites and community level.

Community Health Volunteers and CBRAs played a critical role in the outreaches as well as in identification and referral of malnutrition cases. Specifically, the CHVs identified households with pregnant and lactating women (PLW) and children under five years (CU5) and conducted mobilization for outreach.

In terms of IYCN behavior change, MIYCN KAP, WASH and Livelihood end line Survey (November 2018) established that overall, exclusive breastfeeding improved from 75.7% in 2017 to 97.1% in 2018. The report indicated that consumption of iron rich and iron fortified foods by PLW improved from 20.2% to 27.3% while knowledge on introduction to semi solid and soft foods improved from 14.8% to 56.7%, although the practice remained low at 19.0%. The report attributes the low practice mainly to limited food variety and high cost of food. Mothers cited food availability and affordability as major determinants of food consumption. Mothers who live in towns have access to variety of foods including fruits and vegetables and so feed their children on a variety of foods. The report also showed that the proportion of women attending ANC rose to 95.7 from 87.8% while ANC attendance to 4 or more visits improved from 39.3% to 46.3%. Knowledge on Iron Folic Acid Supplementation (IFAS) improved to 83.7% from 75.3%. Based on this analysis, it is worth noting that ANC attendance positively influences MIYCN knowledge, attitudes and practices.

According to the project semi-annual report (October, 2018), a total of 1,338 CHVs conducted home visits to carry out health and nutrition education, screening and referrals as well as participate in the monthly review meetings. Through engagement of the CHVs, notable improvement have been witnessed in skilled delivery from 52.5% in 2017 to 62.5% in 2018 (DHIS II). Improvements in MIYCN practices is also directly linked to increased ANC attendance where information on MIYCN is also disseminated to pregnant women. Overall the project reached 91,655 beneficiaries against a target of 92,740. An estimated 77,721 people (children and PLW) received HINI services, that is, screening, OTP, SFP, deworming, vitamin A supplementation and treatment for children 6-59 months including antenatal care for pregnant women.

In terms of Management of Moderate Acute Malnutrition (MAM), the project supported training of 34 (23F, 11M) newly recruited nutritionists on Integrated Management of Acute Malnutrition (IMAM), thereby contributing to improved nutrition outcomes including key indicators, achieving the minimum SPHERE standards as shown in the graph below:

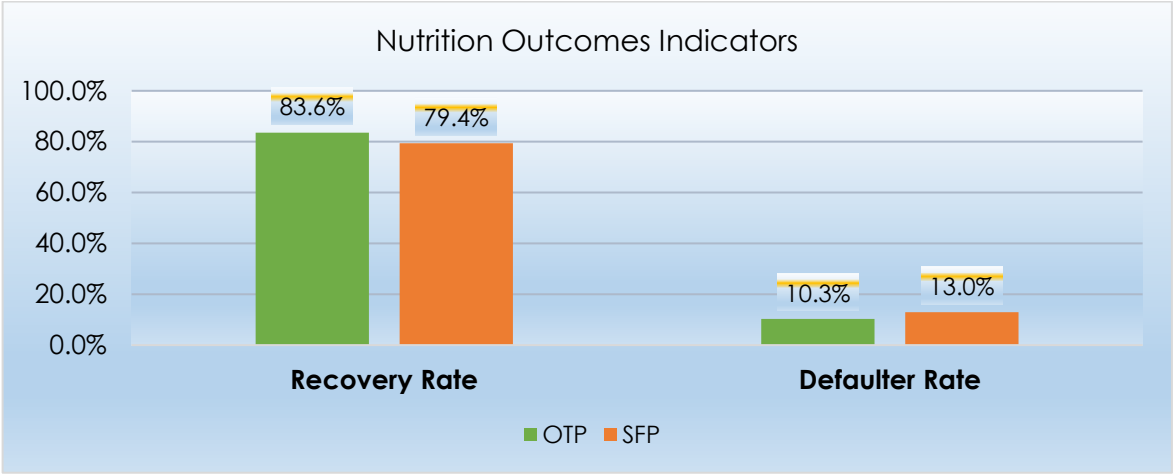

Figure 1: Graph showing nutrition outcome indicators

Under Water, Sanitation and Hygiene (WASH), NFI comprising hand washing buckets, hand washing soaps and aquatabs were distributed to 25,000 households in three sub-counties, which are North Horr, Laisamis and Moyale. This was an overachievement considering that the initial target was 15,000 households (Semi Annual report, October 2018).

To what extent did the project expand access, quality and coverage of High Impact Nutrition Interventions (HINI) services?

The project expanded access, quality and coverage of HINI through a number of components. These included training of CHVs and CBRAs on IMAM surge model, MIYCN, WASH and the technical model for nutrition. The training enabled them to acquire the requisite skills and knowledge on nutrition, health and sanitation, which in turn enabled them to identify and refer malnourished children under five years and PLW. Key informant interviews with MOH staff and focus group discussions with CBRAs, CHVs and caregivers established that the training, together with health education provided during outreaches in various facilities and communities led to more women embracing exclusive breastfeeding, hence improving the health of children under five years.

Several Key informants with MOH officials, health facility in charge and FGD with CHVs and CBRAs revealed that the project worked with the Ministry of Health to expand access, quality and coverage of HINI services through outreaches, which enabled the affected population to access IYCN, macronutrient supplementation for children under five years including vitamin A, exclusive breastfeeding, IMAM, WASH, deworming, iron folic acid supplementation (IFAS) for pregnant women as well as growth monitoring and intervention promotion.

Interviews with Concern staff revealed that the project expanded health and nutrition service delivery through integrated outreaches. In consultation with the county health management team (CHMT), the outreach sites were scaled down from 69 sites to 44 sites based on improvement in nutrition situation. Additionally, in complementarity with a livelihoods project, Concern initiated activities to hasten the recovery process as well as build resilience of the communities through kitchen gardening, cooking demonstrations, introduction of drought resilient breeds as well as through WASH interventions including repairs and rehabilitation of water points. The

outreaches made an important contribution in the management of MAM. CVHs conducted screening at the community level and during outreaches, which enabled early detection, referral and treatment of MAM and SAM. More than 90,000 beneficiaries were reached by the nutrition and health services provided under the project.

Which factors influenced the achievement or non-achievement of the project objectives?

Positive Factors:

- Effective project coordination mechanisms at the county (MOH), sub-county and community levels enabled efficient and effective delivery of the project interventions.
- The training of CVHs, CBRAs and Health Workers on IMAM surge model, MIYCN and WASH enabled effective delivery of the project interventions
- Strengthening of the health system at level one of the health system enhanced the capacity for effective and efficient delivery of nutrition and health services
- Community is very receptive. This is attributed to the fact that the project was largely delivered at the community level with the support of CHVs and CBRAs, who are members of the community.
- Concern's long existence and operations in Marsabit County benefited the project interventions with a sense of legitimacy and the knowledge of community dynamics
- Strong partnership with partners and county government

Negative Factors:

- Rough terrain and poor infrastructure inhibited community access to nutrition and health services
- Sustainability of outreaches is not guaranteed. The county government has not allocated to support this. Concern needs to continue advocacy around this area to lobby for resources by government and other stakeholders.
- KIIs with Sub-County Public Health Nurses established that competing tasks on the part of MoH health workers made them not readily available to support the project on some occasions. Concern should continue engaging the MOH with a view to identifying a standby team that would be deployed to respond to similar emergencies in future. This could also be enhanced through continuous training.
- CHVs and CBRAs serve on voluntary basis without monetary incentives. During CHVs and CBRAs FGDs, it was mentioned that lack of financial incentives caused drop outs, requiring replacements and training hence negatively impacting on smooth interventions.

What delivery mechanisms worked well and which ones did not work?

Community units established under the MOH community health strategy proved very effective in delivering the project interventions. This enabled effective distribution of Non Food Items (NFIs). The CHVs and CBRAs are in

charge of specific households, hence making the identification and referral of malnutrition cases efficient. Interviews with key informants including sub-county public health nurses and nutritionists established that the community health strategy has enabled the health care system to link effectively with the community particularly in addressing level 1 health needs. The coordinated approach adopted by the project enhanced efficiency in the delivery of the project. The coordination mechanisms included the CHMT and the county steering group (CSG).

In terms of what did not work well, population movements affected access and utilization of services by the affected population, despite the outreaches. This was beyond the control of the project since the nomadic mode of subsistence is an adaptive way of life for the community.

What are the key lessons that have been drawn in the course of implementation?

Some of the key lessons drawn from the project interventions included the following:

Government engagement: the success of the project as a result of proper coordination mechanisms with government structures such as CHMT and CSG demonstrates that government involvement at all levels and stages of the project cycle ensures success of project interventions.

Engagement of Community units: in order to ensure project effectiveness, it is very important to engage community units since the CHVs are the primary focal points in the planning, implementation, monitoring and evaluation of health programs. Although CBRAs are not part of community units, their role in identifying and referring pregnant women was very crucial in addressing the MIYCN needs. Interviews with facility focal points (facility-in-charge) revealed that the engagement of the CBRAs led to increase in skilled delivery as a result of identification of pregnant women and referral to health facilities for professional care. However, a key lesson is that CHVs and CBRAs tend to value financial incentives more than non-financial incentives. Interviews with key informants revealed that lack of financial incentives was one of the main reason for CHVs and CBRAs attrition. The county government should develop a policy that provides for financial compensation for CHVs and CBRAs.

Strong Coordination: enhanced coordination and communication between partners and MOH eliminated duplication. The health and nutrition team was praised by the County Steering Group (CSG) for a well-executed coordination. The key lesson learned is that in a slow onset nutrition emergency response, it is imperative to have government, especially the MOH and CSG, to lead the coordination, working closely the lead implementing agency and other partners, and to agree on frequency of coordination meetings.

To what extent did the project contribute to community, stakeholders and government preparedness capacity to respond to drought emergencies? What were the key interventions that addressed this element and what was the level of project performance on these?

Health facility capacity

Training of health workers on MIYCN, IMAM and active case finding enabled them to effectively manage malnutrition. "Previously, I did not know how to treat malnutrition. After training I'm now able to manage the cases, said one health facility in charge in Moyale sub-county''.

Interviews with facility in-charge for several facilities established that nutrition and health education as well as referral by CHVs enabled early identification of MAM and SAM cases, hence timely management of the cases. This finding corroborated the MIYCN KAP report (2018), which found that nutrition and health education conducted by health workers and CHVs were important boosters in MIYCN.

Employment of CHAs by County government helped to strengthen follow ups and defaulter tracing for malnutrition. Concerns presence and advocacy contributed to the success in the recruitment of the Community Health Assistants (CHAs). This contributed to better delivery of community level services. The project supported screening in the community and outreaches which enabled early detection, referral and treatment of MAM and SAM. The project supported capacity building of health workers, CHAs and CHVs on nutrition module, IMAM surge model, active case finding, MIYCN and mass screening. This improved their level of knowledge and skill to manage MAM and SAM. Health workers and CHVs were also involved in community mobilization and nutrition education, hence improving early identification and referral of MAM and SAM cases.

Capacity building of health workers:

One of the key project interventions was training of health workers, CHVs, CBRAs and SCHMT. The training helped to strengthen their capacity to delivery of health and nutrition services. Key informant interviews with sub-county public health nurses established that the training improved timeliness and quality of reporting. Reporting rates and timeliness improved steadily. The proportion of CUs reporting improved from 55.6% in quarter one (January to March 2018) to 70.9% in quarter three (July to September 2018). The proportion of CUs submitting their reports on time also improved from 40.9% to 64.3% during the same period (DHIS, 2018). (DHIS, 2018).

To what extent did the project design and implementation influence policy and planning for nutrition and sanitation services at the county level?

As a result of Concern's participation and contribution during emergency nutrition coordination meetings especially at the CSG, the county had an effective coordination mechanism for the nutrition and sanitation services. Additionally, through Concern's advocacy, building on the efforts of previous work through other projects, the county recruited CHAS and nutritionists, contributing to better service delivery. According to Concern OFDA Emergency Nutrition project Semi-Annual Report (April 2018), the county government recruited 50 nutritionists and 138 community heath extension workers (CHEWs) partly as a result of Concern's advocacy efforts.

There was enhanced coordination between government actors and other stakeholders, which eliminated duplication. The overall project coordination was done through regular the CSG, initially held every month and thereafter once every two months towards the end of the project. Sub-county nutrition technical forums met on

monthly basis while the county nutrition technical forum convened after every two months. Concern participated and provided technical support during these meetings.

The IMAM surge approach strengthened the capacity of the health system to monitor the nutrition situation. Whenever the situation deteriorated, scale up of support was initiated until the situation normalized. During the project intervention, 73/81 facilities including 14 in North Horr, 28 in Moyale, 14 Saku and 17 Laisamis continued to monitor the situation with the wall charts updated monthly. The four sub-counties also monitored the nutrition situation through IMAM surge dashboard. During the period, 18 facilities (10 in North Horr and 8 in Moyale) surpassed their thresholds through the IMAM surge approach. Some of the scaled up activities included mass screening, expansion of outreaches and continued support of the staff who had been supporting activities in remote places such as Illeret in North Horr. The proportion of children enrolled (coverage) was 71% which was consistent with SPHERE standard of >50% for rural areas. Admission rate was 75.9%, cure rate 84.7%, death rate 1.1% and defaulter rate; 9.7%. These thresholds were either consistent with or better than SPHERE standards, namely: >75% cure rate and <3% death rate and <15% defaulter rate.

Training, outreaches and distribution of NFIs (hand washing materials) have improved health outcomes for children under five as well as PLW. According to key informant interviews with sub-county public health nurses and facility-in-charge form various facilities, training also led to increased identification and treatment of malnourished children through the IMAM surge model.

Efficiency

What were the project coordinating mechanisms applied to the project implementation? To what extent did the project involve key partners such as the county government, local community, implementing stakeholders such as other NGOs, and the private sector?

Through this project county multi-sectoral coordination forum for nutrition comprising 6 departments and partners was established. This led to better coordinated response which minimized drought impact in the lives on children and pregnant and lactating women.

To what extent did the project achieve value for money?

In terms of economy, the evaluation established that the project was guided by organizational financial management and procurement procedures and standards. Key informant interviews with Concern staff revealed that supply of items and services was guided by competitive bidding in line with Concern procurement policy. Moreover, the delivery of project interventions met quality standards; the project met SPHERE standards in terms of coordination and nutrition outcome indicators such as recovery and defaulter rates. Recovery rates were 83.6% OTP and 79.4% SFP while defaulter rates were 10.3% OTP and 13% SFP (DHIS, 2018).

In establishing efficiency, the evaluation determined that the project results such as improvement in GAM rates demonstrated VfM. Training of health workers, CHAs, CHVs and CBRAs also enabled led to improved delivery of

health and nutrition services. Key informant interviews with sub-county PHNs and nutritionists as well as CHVs and CBRA FGDs all pointed to improved service delivery which led to intended results.

In terms of effectiveness, the evaluation established that the project delivered the intended results, including strengthening community level services through training of CHVs and equipping them with kits to support nutrition and health services.

How did the project achieve cost-effective utilization of available resources, including funds, human resources and time? This also seeks to address resource leveraging and timeliness of implementation.

In order to leverage resources, the project benefited from existing government and community structures to deliver interventions. For instance, the project used MOH staff to deliver training. The training were mostly community based hence low cost and efficient. In terms of timeliness of implementation, the project management ensured that plans were shared with all concerned parties in good time in order to allow for early preparation ahead of implementation, hence enabling high quality of implementation as a result of good planning.

Impact

In terms of impact, the evaluation sought to establish the key results of the project interventions in terms of nutrition, health and sanitation elements, which could point of the realization of long term nutrition and health outcomes as well as the question as to how the results have impacted on different gender and age groups of the drought affected population. The evaluation also sought to ascertain the extent to which the project interventions have influenced government policy, planning and implementation around nutrition and health services.

Under the objective one of rehabilitating those with acute malnutrition and promoting appropriate key nutrition practices through implementation of high impact nutrition interventions at health facilities, outreach sites and community level, an analysis of SMART survey report - January 2017 and July 2018; Long Rains Assessment Report (August 2017 and August 2018), generally show improvement in nutrition situation in Marsabit county within the project period (August 2017 and November 2018). The county GAM levels reduced from 16.9% to 12.4% across the county with severe acute malnutrition being 1.7%. This is this generally classified as serious, based on the integrated phase classification for acute malnutrition. The project supported the Ministry of Health (MoH) in the improvement of health and survival of children under five and pregnant and lactating women through support of health and nutrition systems to scale up high impact nutrition interventions (HINI). The HINI included breastfeeding promotion, complementary feeding for infants after the age of six months, improved hygiene practices including: hand washing, vitamin A supplementation, zinc supplementation for diarrhea management, de-worming, iron-folic acid supplementation for pregnant women, salt iodization, iron fortification of staple foods, prevention of moderate under nutrition and treatment of acute malnutrition.

Achievement of this objective is in part attributed to the project interventions including training of health workers and CHVs on integrated management of acute malnutrition (IMAM), nutrition technical module and MIYCN. Expansion of HINI services through outreaches and engaging CHVs to conduct routine household visitation and

provide nutrition education, screening for malnutrition through active case finding (ACF) and demand generation also contributed to the realization of the objective. Other contributing factors include; overall improvement in rainfall performance, which led to subsequent improvement in food security.

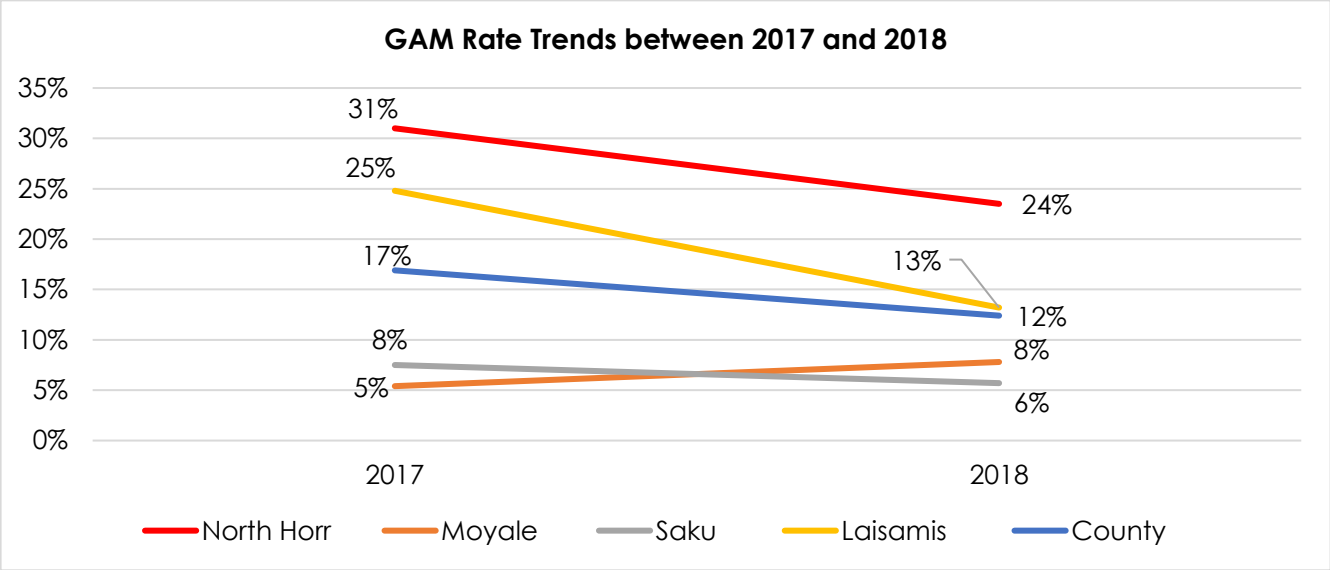

Figure 1: Trends of GAM Rate between January 2017 and August 2018.

Analysis of impact by indicators

Sub Sector 1: Infant and Young Child Feeding and Behavior Change

A. Number and percentage of infants 0-<6months who are exclusively breastfed (Indicator Report, DHIS)

Data from MIYCN, WASH and Livelihood KAP End line Survey (November 2018) showed that Exclusive Breastfeeding (EBF) had improved from 75.7% to 97.1%. The table below shows baseline and end line breastfeeding indicators comparison, based on the KAP Survey report:

Baseline and End line comparison Breastfeeding indicator	Baseline (%)	End line (%)	P value (t-test)	Interpretation
Timely initiation of breastfeeding	95.2	93.2	0.0420	Significant decline
Exclusive breastfeeding	75.7	97.1	0.0000	Significant improvement
Continued breastfeeding to 1 year	93.4	92.0%	0.5177	No significant change
Continued breastfeeding to 2 years	69.6	65.5	0.3625	No significant change
Introduction to prelacteals	14.7	13.0	0.1701	No significant change

Table 1: Baseline and Endline Breastfeeding Indicator comparison. Adopted from MIYCN, WASH and Livelihoods KAP Survey, 2018

Behavior change:

(i) Most children in the County 99.3% were ever breast fed. This is due to positive attitude of the mothers and knowledge imparted by the project on benefits of breast feeding.

(ii) Majority mothers (93.2%) breastfed their infants within one hour after delivery except few who reported lack of breast milk and cultural practices that hindered timely initiation of breast feeding

"Most mothers in my community practice exclusive breastfeeding, nowadays mothers are knowledgeable on exclusive breastfeeding plus we practically see the good outcomes of exclusive breastfeeding"

B. *Number and Percentage of children 6-<24 months of age who receive foods daily in four food groups (# and %) – (Minimum Dietary Diversity-MDD)*

According to MIYCN, WASH and Livelihood KAP Survey (November, 2018), minimum acceptable diet and minimum dietary diversity among children 6-<24 months at baseline was 15.6% and 15.5%; and 4.5% and 17.6% respectively at end line, indicating a decline. Introduction to semi-solid and soft foods and minimum meal frequency also declined. The dire food and nutrition situation that saw communities developing negative coping strategies could explain this decline in MDD. This was at parallels with the findings of SMART survey (2018), which did not measure MDD but rather food consumption score classification, which is an acceptable proxy indicator to measure caloric intake and diet quality at household level. The survey found that 70.6% of the households had acceptable food consumption score, 18.6% had borderline while 10.8% had poor consumption score. According to the NDMA bulletin for the month of June, proportion of households in the agro-pastoral livelihood zone that were within the acceptable, borderline and poor food consumption score were 81.%, 15.6% and 3.3% respectively. In the pastoral livelihood zone, proportion of households who were within the acceptable, borderline and poor food consumption scores were 62.1%, 37.1% and 1% respectively.

Knowledge and attitude:

In terms of knowledge, 87% of caregivers (end line) know that a child should be introduced to semi-solid and soft foods at 6-8 months of age, compared to 49.6% of caregivers at baseline.

Discussion: The caregivers have high level of knowledge and positive attitude regarding feeding children 6-23 months on at least four food groups on daily basis as recommended by complementary feeding guidelines. However the practice appeared low. This could be explained by some of the negative coping strategies that the community had to adopt during the height of the dire food and nutrition situation. FGDs with caregivers revealed that some of the households opted to send their children to neighbors' houses when those neighbors are eating, and skipping days without eating. In these circumstances, it is difficult to adhere to feeding children 6-23 months on at least four food groups daily.

C. Number of health care providers, CHVs, SCHMTs and volunteers (CBRAs) trained on IYCF

The following table gives a breakdown of training figures courtesy of the project:

Category	Project Target	End Line (Actual)	Variance (# & %)	Comments (- or + 10%)
Health Workers	90	97 (M:46, F:51)	+7 (7%)	Over achieved
CHAs	45	77	+32 (71%)	Over achieved
CHVs	580	861	+281 (48%)	Over achieved
CBRAs	789	780	-9 (1.1%)	Achieved (within 10%
Overall	1,504	1,815	+311 (20%)	Over achieved

Table 2: Summary of Project Performance on IYCF Training (Source: Training Reports)

Sub Sector 2: Management of Moderate Acute Malnutrition (MAM) – (Source: DHIS)

a. Number of sites managing MAM

The project supported 105 (58 outreaches and 47 health facilities) MAM sites against a target of 116 (69 outreaches and 47 health facilities).

C. Number of health care providers and volunteers trained in the prevention and management of MAM and SAM, disaggregated by sex (Source: OFDA Emergency Nutrition Project reports)

The evaluation established that the project trained 96 health workers (Male: 44 and Female: 52), 77 CHAs (Male: 30 and Female: 47) and 861 CHVs (Male: 355 and Female: 506). This was against a target of 90 health workers, 45 CHAs and 580 CHVs on prevention and management of MAM and SAM. During baseline only 65 HWs had been trained.

Sub Sector 3: Management of Severe Acute Malnutrition (SAM)

Rates of admission, default, death, cure, relapse, non-response, and average length of stay (ALOS) – (Source, DHIS)

Targets (SPHERE standards): Rates of admission>50% Defaulter; <15% death< <10%, cure >75%, relapse, and length of stay (inpatient 7-10 days), 60 days OTP

The baseline rates for admission was at 1.6%, default at 7.3%, death rate at 0.2%, cure rate at 84.9%, relapse rate at 10.5% and nonresponse rate at 7.3%. At end line, analysis show the project achieved this indicators within recommended SPEHERE standards with admission rates at 75.9%, Cure rate at 84.7%, death rate at 1.1% and Defaulter rate at 9.7%. The average length of stay (ALOS) is 44.9 days.

Sub-Sector 4: Nutrition System

A. *Number and percentage of health providers/ officials trained in established/strengthened nutrition guidelines/ policies/ systems for the prevention and treatment of acute malnutrition, by sex*

The project trained 94 (Male: 55, Female: 39) health workers out of a target of 90 health workers resulting to over achievement by 4%. At baseline 65 health workers had received the training. It is noted that this indicator was satisfactorily achieved. The training resulted in improved skills, conveyance of correct health information in the health facilities and outreaches as well as quality of care. This in turn contributed to the improvement of health and nutrition status for children under five years and PLW.

B. *Nutrition information systems are established and functioning (Y/N), and if Yes, number of nutrition systems established and functioning*

The evaluation established that the project contributed towards strengthening of the DHIS in terms of reporting rates and timeliness at community unit and health facility levels. For instance, analysis of MOH 515 tool within the DHIS data show that reporting rates and timelines by CUs improved as explained under effectiveness; capacity building of health workers (DHIS Marsabit, November 2018).

Sector: Water, Sanitation, and Hygiene

Sub sector: Hygiene Promotion

A. *Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)*

To mitigate the situation of severe drought, the project increased the hygiene promotion efforts as well as provision of WASH NFI to reach a total of 25,000 households from the initially targeted 15,000. The WASH NFIs included hand washing bucket, had washing soaps and aquatabs. The households also benefited from the key hygiene messages disseminated during the reporting period. As at the end of September, 2018, a total of 12,471 household beneficiaries in North-Horr have received hand washing buckets and six cycles of soap and aquatabs. In Moyale a total of 7,529 beneficiary households targeted have received hand washing bucket and at least four cycles of soap and aquatab. In a Laisamis a total of 5,000 household beneficiaries received hand washing buckets and at least 3 cycles soap and aquatabs. The table below show a breakdown of the distribution.

Handwashing buckets	Number bucket	Number of soap bar	Number of Aquatab
North-Horr	12471	112,239.00	1,122,390
Moyale	7529	45174	45174
Laisamis	5000	22500	225,000
TOTAL	25,000	179,913.00	1,799,130

Table 3: WASH NFIs distributed to Beneficiaries. Household per sub-counties

During the NFIs distribution exercise, demonstration of Hand washing with soap and key appropriate hygiene behaviour message dissemination was conducted by Community Health Assistant and Public Health Officers. (Project Semi-Annual report, October 2018).

HP2: Hand Washing Capacity

B. # of people receiving hygiene promotion disaggregated by sex

Hygiene Message Dissemination: Sensitization of beneficiaries on appropriate hygienic behavioral practice was conducted including but not limited to importance of hand washing with soap at critical times, (after defecation; before eating; after changing diapers/wiping babies/taking the child to the toilet; before food preparation; and before feeding infants), household water treatment and safe storage, safe disposal of human wastes, including environmental sanitation (Solid and liquid waste). The project reached 72,271 beneficiaries through home visits and 8962 others through outreaches, totaling to 81,233 (M= 38991, F= 42,242). The hygiene promotion contributed to improvement of hand washing prevalence in Marsabit County from 16.9% as at July 2017 to 26.3% at as July 2018. In North-Horr, hand washing with soap practice improved from 13.6%, Moyale improved from 25.5% to 36.4% while in Laisamis, the practice improved from 8% to 20.2% during the same period (Project semi-annual report October 2018). The following graph compares the handwashing practice at the beginning and the end of the project.

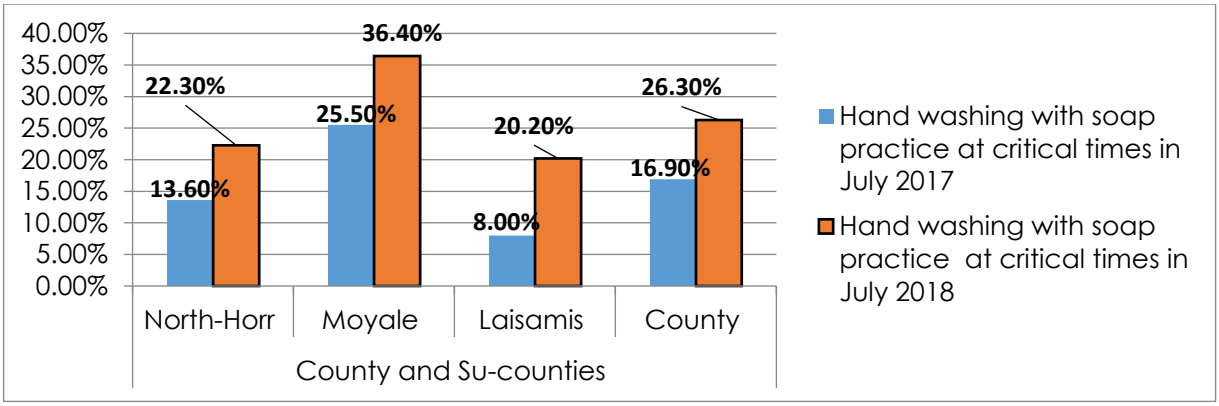

Figure 2: Hand washing with soap at critical times before and after project Intervention. Adopted from the Project Semi Annual Report, October 2018.

A. # of households visited (DHIS)

On average, a total of 11,378 household visits were conducted monthly by CHVs who dissemination of targeted key hygiene promotion messages to improve the utilization of WASH NFIs item issued to beneficiary household. The proportion of households visited between August 2017, at the beginning of the project, and November 2018 increased from 65.9% to 82.7%. This achievement could be attributed to increased number of CHAs and capacity building provided to them. According to KAP survey (November 2018), the proportion of households treating

drinking water increased from 21.7% in 2017 to 30.5% in 2018. Moreover, the proportion of households accessing sanitation facilities increased marginally from 50.1% to 52% while handwashing in 4 critical moments increased from 16.9% to 26.3%.

Household Safe drinking water promotion: Due to water access constraints, especially during droughts, majority of household access the limited water quantity from unprotected sources in addition to sharing of the water supply sources with livestock. Over the rainy season, water is accessed from open water pans and other surface run off water reservoir. Low latrine coverage for safe faecal matter disposal and high open defecation practice majorly contribute to likely increase of contamination of water for drinking. Through this project a total of 25,000 household beneficiaries received a total of 1,799,130 aquatabs tablets as at end of the reporting period. Demonstration of household water treatment using *aquatabs* tablets were conducted during the item distribution by community health assistant mentored by public health officers.

Key achievements on hygiene Promotion:

The project contributed to reduction of watery diarrhea among under-five year old children in the three sub-counties. The implementation hygiene promotion has contributed to an improved health situation of the children under age of five year including reduced diarrhea prevalence. According to SMART survey report (July 2018), watery diarrhoea among the under five children reduced by more than half from 28.1% in July 2017 to 12.2% in July 2018.

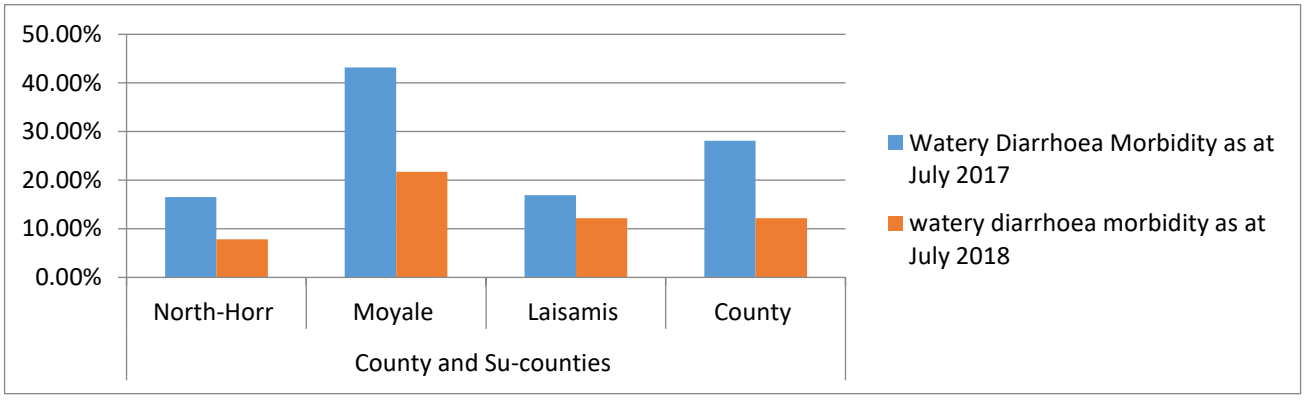

Figure 3: Prevalence of watery diarrhoea by Sub counties in Marsabit County

Conclusion: The project performance on all the planed indicators was satisfactory. There is enough evidence of that the project significantly contributed to improved performance of most nutrition indicators. The project approach to system strengthening for delivery of health and nutrition services was particularly strong bringing out its uniqueness for sustained outcomes.

Sustainability:

In terms of sustainability, the evaluation set out to answer the following questions: To what extent does the project design address long term elements thus supporting changes beyond the project; how will the affected population continue after the project has ended; what is the project exit strategy from relief to development; to what extent

have local community capacities been developed and strengthened through the project; to what extent can the outputs be expected to be sustainable over the longer term; and what is the extent of county government involvement in the project; and to what extent does the county government access and utilize information and lessons drawn from the project implementation?

To what extent does the project design address long term elements thus supporting changes beyond the project?

The evaluation established that the project design focused on long term elements which are expected to yield changes that will outlive the project. For instance, the emphasis on capacity strengthening of the health system, particularly the government supported community health strategy is likely to yield long term impact. The project developed the health system capacity to provide emergency nutrition services through on-job training nutrition education of health workers and training of CHVs on IMAM and MIYCN. The health system capacity developed by the project will enable the county to respond more effectively to future nutrition emergencies. In order to address long term concerns, the project also recruited staff for a short term and advocated for their absorption in the county payroll. This was a success and goes a long way to improve sustainability.

How will the affected population continue after the project has ended?

Given the vast expanse of Marsabit County coupled with poor infrastructure and sparse population settlement, sustainable access to quality nutrition and health services still remains a challenge. At the moment the outreaches appears to be one of the most effective strategies of facilitating access to the services. Focus group discussions across the four sub-counties as well as key informant interviews with MOH staff and implementing partners all point to the need for the country and national governments with support from development partners to invest in equipping and staffing existing health facilities as a strategy to continue developing county health system capacity to provide emergency nutrition services. This will also help enable access to sustainable health and nutrition services by the community. Given the expansive geographical dimensions of the county, poor infrastructure nomadic mode of subsistence as well as the sparse settlement patters, there is continued need for outreach services.

What is the project exit strategy from relief (emergency) to recovery?

While it is was clearly the desire of many respondents interviewed to see a transition from relief (emergency) to recovery, there appears to be quite some work to do in this area. Key Informant interviews with MOH staff and partners involved in the project implementation revealed that the county government has not allocated budget to continue with the project interventions, considering that government budget cycle starts in July and hence a budget consideration might only come in July. In order to address the need to phase out of relief (emergency) into recovery, the project is linked with Concern's existing programs including food income and markets as well as community empowerment. This will ensure that the long term development elements of the project particularly related to food security and income continue to be addressed beyond the emergency nutrition project.

To what extent have local community capacities been developed and strengthened through the project?

In determining this question, the evaluation established that the project has developed and strengthened level one health system capacity for nutrition service delivery. The training of CHAs and CHVs have resulted in substantial skills and knowledge in nutrition and health. According to end line survey findings, (MIYCN KAP November 2018), most mothers/caregivers received MIYCN information, especially on Exclusive breastfeeding, from CHVs, grandmothers/mothers in law and health workers. Majority of mothers/caregivers were found to be knowledgeable about the critical handwashing occasions and the use of latrines and safe drinking water. This is attributable to the nutrition and health education from health workers, CHVs and religious leaders.

A review of the semi-annual report (October 2018) revealed that health provider capacity building delivered training on Integrated management of acute malnutrition (IMAM) and Infant and young child feeding (IYCF) to 191 health workers and 643 Community health volunteers (CHVs). 780 Community birth referral agents (CBRAs) were trained on IYCF. The CHAs and CHVs being community based, will continue to utilize these skills in providing nutrition services.

To what extent can the outputs be expected to be sustainable over the longer term?

Interviews with key informants revealed that most of the project outputs are expected to be sustainable over the long term. For instance, training of health workers, CHVs and CBRAs has inculcated skills in them, which will transform the health and nutrition service delivery, hence improving current and long term health status of children under five, pregnant and lactating women. The strengthening of the community health strategy is another example with potential for long term sustainability.

Despite the obvious potential for long term positive impact emanating from health system strengthening, some of the outputs such as outreaches cannot be sustained owing to the cost implications. It is therefore imperative that the county government and stakeholders think through long term strategies to facilitate access to health and nutrition services, through allocation of additional resources.

What is the extent of county government involvement in the project? To what extent does the county government access and utilize information and lessons drawn from the project implementation?

Interviews with project staff, MOH officials revealed that the County Government has been involved to the extent of general development coordination, review and monitoring. Health sector is a devolved function, hence by design the County Government has been involved by virtue of broad health sector planning, implementation, monitoring and evaluation. The project has provided regular updates during County Steering Group (CSG) meetings. The information herein is available for use by the county government.

What mechanisms have been put in place to ensure sustainability of the project interventions?

Discussions with key informants and staff revealed that the component of sustainability has not been properly addressed. This is largely due to the emergency nature of the project. However, all the respondents interviewed agreed that there will be need to formulate an exit strategy for the project. This will include holding planning

meetings with County Director of Health to chart next steps towards continued and sustained support to outreaches.

Longer term funding will be ideal to make lasting development changes in the communities prone to drought. This requires joint effort in terms of resource investment.

Conclusions

Relevance: According to the project proposal document, the project was designed to address the heightened nutrition and health needs of the vulnerable populations of Marsabit County due to the drought emergency. Food consumption and coping strategies had deteriorated significantly leading to poor nutritional outcomes. The evaluation established that the project design was aligned to Concern Worldwide and government strategic priorities as well as community priority needs. The project responded to Marsabit County Integrated Development Plan (CIDP) Health and Nutrition priorities. The project interventions such as growth monitoring, commodity distribution (NFIs) and treatment of malnutrition cases contributed to the realization of priorities set out in the CIDP. The interventions also contributed to the achievement of objectives outlined in the County Health Strategic Plan and the Annual Work Plan.

Effectiveness: The evaluation determined that the project strengthened level one health system through training of health workers (Community Health Assistants) and Community Health Volunteers (CHVs) on Maternal, Infant and Young Child Nutrition (MIYCN) as well as empowered caregivers with MIYCN information, which led to increased demand for and coverage of health and nutrition services. The evaluation established that the project expanded access, quality and coverage of High Impact Nutrition Interventions (HINI) services.

Efficiency: The evaluation established that the project had provided for coordination mechanisms that enabled efficient execution of the project interventions. The coordinating mechanisms included County Steering Group (CSG) meetings and Sub County and County nutrition technical fora (SCNTF). Community Units established under the MOH community health strategy also enabled efficiency in delivering the project interventions.

Impact: In assessing the key results of the project interventions in terms of nutrition, health and sanitation elements, the evaluation determined that there was improvement in nutrition situation in Marsabit County within the project period as a result of the project interventions alongside other intervening factors such as the rains that were witnessed in the month of April to May 2018. The project also resulted in improvements in WASH practices as well as health seeking behavior such as improved ANC and skilled delivery.

Sustainability: In assessing the extent to which the project design and interventions addressed long term elements thus supporting changes beyond the project, the evaluation established that the project design and interventions enabled the realization of changes that will outlive the project. For instance, the training of health workers and CHVs on HINI and IMAM went a long way in strengthening the community health strategy is expected to develop capacity to provide effective response to nutrition emergencies.

Recommendations

1. The evaluation shows widespread below-average rainfall in Kenya, particularly the ASAL regions, and diminished food production that has exhausted people's capacity to cope with drought emergencies. There is therefore need to build community resilience to drought emergencies through a multi-sectoral approach to programming.
2. Community birth referral approach used in this project can be useful in improving MIYCN practices especially in the context where health facilities are widely spread. There is need for the county and relevant partners to strengthen this approach with a view to improving MIYCN practices.
3. Outreaches are important in expanding access to integrated health and nutrition service, however they are expensive and not sustainable, there is therefore need to develop an effective way to implement outreaches.
4. The evaluation established that CHVs played a crucial role in addressing the nutrition and health needs of the community in the context of the surge model. However, it was noted that due to non-existence of a structured engagement strategy, it is difficult to maintain the CHVs. The County Government should consider developing guidelines and a framework that addresses provision of incentives and compensation, including financial compensation to CHVs in order to motivate them and expand access to nutrition and health services
5. Given the inherent challenges in the hard to reach areas, there is need to continue advocating for adequate equipping and staffing of existing health facilities, particularly in the hard to reach areas in order to expand access to health and nutrition services for under five years, pregnant and lactating women

Annexes

1. Evaluation Terms of Reference

TOR Evaluation of OFDA Funded Proje

2. Evaluation Purpose and Questions

Evaluation Purpose and Evaluation Questi

3. Data Collection Tools

Revised Data Collection Tools.zip

4. Evaluation Team

List of Evaluation Team.docx

Evaluation Purpose and Evaluation Questions

This Evaluation Report concerns the USAID (OFDA) funded Emergency Nutrition Response Project for Drought Affected Communities in Marsabit County, Kenya. The project aimed to address the heightened nutrition and health needs of the vulnerable populations of Marsabit County as a result of the 2016/2017 drought emergency as well as strengthen community and facility level nutrition services and hygiene promotion. Further the program also aimed to strengthen the County and Sub-Counties' capacity to coordinate nutrition services during the drought emergency.

Evaluation Purpose

The overall purpose of the evaluation was to assess the relevance, effectiveness, efficiency, impact and sustainability of the program. Alongside this purpose, the consultant also documented key lessons learnt and suggested technical recommendations that could be used to improve future programming.

Evaluation Questions

Evaluation questions were derived from the Development Assistance Committee (DAC) Evaluation criteria.

Relevance

- To what extent did the project address the identified needs and priorities of the drought affected population?
- How well did the project interventions align with both county and national government as well as Concern strategic priorities?
- To what extent was the project design appropriate and justifiable for the geographical areas (the four sub-counties where the response was conducted; North Horr, Saku, Laisamis and Moyale).
- How coherent and accurate was the intervention logic in terms of theory of change/log frame?
- Were recommendations from previous projects and evaluations incorporated in the project design?

Effectiveness

- To what extent have the objectives of the project interventions been realized?
- To what extent did the project expand access, quality and coverage of HINI services?
- Which factors influenced the achievement or non-achievement of the project objectives?
- What delivery mechanisms worked well and which ones did not work?
- What are the key lessons that have been drawn in the course of implementation?
- To what extent did the project contribute to community, stakeholders and government preparedness capacity to respond to drought emergencies? What were the key interventions that addressed this element and what was the level of project performance on these?

- To what extent did the project design and implementation influence policy and planning for nutrition and sanitation services at the county level?

Efficiency

- What were the project coordinating mechanisms applied to the project implementation? To what extent did the project involve key partners such as the county government, local community, implementing stakeholders such as other NGOs, and the private sector?
- To what extent did the project achieve value for money?
- How did the project achieve cost-effective utilization of available resources, including funds, human resources and time? This also seeks to address resource leveraging and timeliness of implementation.
- What were some of the factors that impacted the project implementation, positively or negatively? How were these dealt with?

Impact:

- What are the key results of the project interventions in terms of nutrition, health and sanitation elements, which could point to the realization of long term nutrition and health outcomes?
- How have the results impacted on different gender and age groups of the drought affected population? This will capture both positive and negative as well as intended and unintended impacts.
- To what extent have the project interventions influenced government policy, planning and implementation around nutrition and health services?
- How do the results contribute to the realization of government goals and other overarching goals such as Sustainable Development Goals (SDGs)

Sustainability:

- To what extent does the project design address long term elements thus supporting changes beyond the project?
- How will the affected population continue after the project has ended?
- What is the project exit strategy from relief to development?
- To what extent have local community capacities been developed and strengthened through the project?
- To what extent can the outputs be expected to be sustainable over the longer term?
- What is the extent of county government involvement in the project? To what extent does the county government access and utilize information and lessons drawn from the project implementation?
- What mechanisms have been put in place to ensure sustainability of the project interventions?

OFDA Emergency Nutrition Response Project Evaluation Team

Enumerators	**MOH-Supervisors**	**Concern Staff-Supervisors**
Mollu Wario Halake	Martin Njue-	Immaculate Nthiga- Officer Health and Nutrition
Kadiro Abdi	Annamaria Sororo	Moses Raminya-Officer Health and Nutrition
Isaiah Barile	Robert Matimu	Gobu Gofu- Officer Hygiene Promotion
Anne George Orre	Ibrae Malicha	Catherine Mwangi-M&E Officer
Halima Yattani		
Hassan Malicha		**Consultants**
Martha Bone		Richard Otieno - Lead Consultant
Guyatu Hussein Kadida		Godfrey Wapangana - Co-Consultant
Gumato Wario		Eunice Radiro - Associate Consultant
Fatuma Hussein Mohammed		
Rahma Halkano Gollo		
Priscilla Gumato		
Ibrahim Abdikadir		
Mamo Gutu		
Irene Gumatho		

CONSULTANCY OPPORTUNITY

Concern Worldwide is an international non-governmental humanitarian organization dedicated to the reduction of suffering and working towards the ultimate elimination of extreme poverty in the world's poorest countries

Concern Worldwide invites Expressions of Interest for the provision of the following consultancy services:

FINAL EVALUATION OF THE OFDA FUNDED EMERGENCY NUTRITION RESPONSE FOR DROUGHT AFFECTED COMMUNITIES (MARSABIT COUNTY)

I. Background

Concern Worldwide, hereafter Concern, is a non-governmental, international, humanitarian organization dedicated to the reduction of suffering and working towards the ultimate elimination of extreme poverty in the world's poorest countries. Operating in Kenya since 2002, Concern has established a niche as a leading NGO in the country, with robust experience in development and emergency settings with programming in health and nutrition, education, and livelihoods. Currently Concern is implementing programs that focus on socio-economically and geographically marginalized communities in Turkana, Tana River, Marsabit and Nairobi Counties.

II. Program Overview

Concern, with funding from USAID has been implementing a project, the Emergency Nutrition Response for Drought Affected Communities from August 14, 1 2017– December 31, 2018 in in Marsabit County, Kenya. The project has aimed to address the heightened nutrition and health needs of the vulnerable populations of Marsabit County as a result of the 2016/2017 drought emergency. The project aimed to strengthen community and facility level nutrition services and hygiene promotion. Further the program also aimed to strengthen the County and Sub-Counties' capacity to coordinate nutrition services during the drought emergency. The overall project goal is to contribute to reduction in morbidity and mortality by timely identification and appropriate management of acutely malnourished children (6-59 months) and pregnant and lactating women (PLW) affected by the drought. There are two strategic objectives (SOs):

- To rehabilitate those with acute malnutrition and promote appropriate key nutrition practices through implementation of high impact nutrition interventions at health facilities, outreach sites and community level.
- To promote adoption of appropriate hygiene behavior to ensure improved nutrition in children under age of five and PLWs

Project strategies include expanding access, quality and coverage of HINI services including: promotion of exclusive breast feeding until the age of six months; complementary feeding from the age of six months; vitamin A and zinc supplementation; iron–folate supplements for pregnant women; improved hygiene practices, including hand washing and de-worming for children. Additionally, the project will strengthen existing capacity at both health facilities and community levels for emergency response. In order to reinforce capacity for improved implementation of Essential Nutrition Actions, an On the Job Training (OJT) nutrition education will focus on minimizing missed opportunities for nutrition counseling, supplementation and support for improved nutrition outcomes.

The Ministry of Health (MOH) is the main partner in the implementation of the proposed activities; however, Concern coordinates the response with other partners to ensure synergy and avoid duplication.
The projects key activities by sector are listed in the table below:

Sector Name: NUTRITION	Sub-sector Name: Infant and Young Child Feeding and Behavior Change	• Training of Health workers, CHVs and CBRAs on MIYCN. • Micronutrient supplementation at health facility, MIYCN counselling at outreach sites, accelerated nutrition services during Malezi Bora and breastfeeding weeks, as well as in early childhood development centers as well as during child health days. • MIYCN messages during CC and CU dialogue days; • Referrals of mothers through TBAs, CHVs for those who deliver at home. • Promotion of MIYCN among mother coming for health services at the health facilities and outreaches. • Provision of CHVs kits
	Sub-sector Name: Management of Moderate Acute Malnutrition (MAM) and Management of Severe Acute Malnutrition (SAM)	• Provide technical assistance in treatment of severe acute malnutrition in children according to national protocols. • Decentralization of OTP treatment services closer to the people to improve access. • Training of key staffs on management of acute malnutrition and CHW on screening referral and follow-up of OTP. • Conducting outreach services. • Conduct On-the-Job training at the health facility jointly with the HMT. • Joint monthly supportive supervision visits with SCHMT. • Conduct bi-monthly meetings with CHW and facility in charge for review and monitoring. • Rapid Data quality audits. • IMAM surge review meeting
	Sub-sector Name: Nutrition Systems	• Monitoring and reporting • Nutrition Commodity Supplies System
Sector Name: WATER, SANITATION, AND HYGIENE	Sub-sector Name: Hygiene Promotion	• Hygiene promotion at community and household levels. • Distribution of WASH NFIs to include water treatment chemicals, hand washing kit and hand washing equipment targeting 25,000 households

2. Objective/Purpose of the Consultancy

To evaluate the relevance, effectiveness, efficiency, impact and sustainability of the program.

3. Methodology

The evaluation will be conducted within all the geographical and time constraints of implementation; and will target program beneficiaries, staff and others involved in the program, both at cluster and contextual levels. The evaluator will be expected to travel to the program areas. The focus of the evaluation will be on emergency interventions implemented by Concern in the areas of interventions. Key tasks of the evaluator will be to undertake desk review of the relevant program documents including the Program Proposal, Project detailed Implementation Plans, Project Reports, Concern strategy documents and any other relevant documents and should take into consideration USAID/OFDA evaluation guidelines and standards. Then, develop an inception report detailing the process and methodologies to be employed to achieve the objective of this consultancy as stated above. It should include the detailed data collection and sampling design, analysis and output framework and timetable. Present to Concern for review and further inputs before proceeding with the development of data collection instruments. Finally, to design, develop, critique (with Concern team) and refine data collection tools including translation to the local languages, where appropriate.

Field Work (Dec 2018; final dates to be agreed upon in consultation with consultant)

- Prepare training materials in consultation with Concern Kenya team, and conduct the survey training covering all details in the survey tool. The survey training shall be attended by supervisors and data collectors.
- Conduct a comprehensive field based program evaluation [using both quantitative and qualitative data collection methods] as a means of providing insights on support received to date from Concern and collect data, based on the criteria and objectives of the evaluation.
- Carry out data analysis of the quantitative and qualitative data, and write up the final assessment report. The format of the report shall take the form shared under the deliverables.

Post Field Work

- Prepare draft report in line with the OFDA guidelines and submit to Concern on or before 31st January 2018
- Prepare and submit the final report, which is due at the USAID office on or before 90 days after the end of the project

4. Deliverables/Outputs

- Inception report with an analysis of the context based on existing information on nutrition for Marsabit County including proposals for data analysis plan and methodology
- A draft data analysis report identifying key findings, conclusions, recommendations and lessons for the current and future operation,
- A final report which must follow the outline in USAID CSHGP's Guidelines for Final Evaluations.
- Dissemination of report to Stakeholders

5. Proposed Timelines

The assignment will be from 3rd December 2018 for 25 Days. The Consultant should include a proposal of the number of days the assignment will take.

6. Remuneration

The Consultant is expected to provide a financial proposal for the whole assignment. Agreed rates will be based on prevailing market competitive rates and value for money.

Payment will be made upon verification of the final work by Concern Worldwide's Programmes Director.

7. Expertise and Skills Required

At least Master Degree in a relevant field with proven track record of similar work

SUBMISSION OF EXPRESSION OF INTEREST

Interested candidates who meet the above requirements must submit the following;

- A technical proposal (Max. 10 pages) including;
  - Proposed methodology
  - Work plan including the activity schedule with the total number of days and earliest date of availability to undertake assignment
  - Demonstration of Capability i.e. CV of the lead consultant and, if quoting for an organization, attach the CV of any other personnel to be involved in the assignment
  - A list of previous work done (Work Completion Certificates)
  - Telephone and email contacts of at least three (3) professional referees who can validate technical expertise
- A financial proposal quoted in Kenya Shillings for the whole assignment

All submissions, addressed to the **HR & Administration Coordinator, Concern Worldwide, Nairobi,** must be sent to the following email addresses: **nairobi.hr@concern.net** and **quotes.kenya@concern.net** with the subject of the email as **'Final Evaluation of The OFDA Funded Project Marsabit** . The closing date for submissions is **Friday, 23rd November 2018.**

Concern has a Code of Conduct and a Programme Participant Protection Policy to ensure the maximum protection of programme participants from abuse and exploitation.

CONCERN WORLDWIDE IS AN EQUAL OPPORTUNITIES EMPLOYER

Concern Worldwide - OFDA Emergency Nutrition Response Project Evaluation:

Focus Group Discussion Guide for Beneficiaries (Caregivers and fathers of children 0-6 months; 6-24 months)

Consent:

The caregivers agreed to be interviewed: _____ (Yes/No)

Signed by Caregivers' representative: _____ Date: _____

Estimated Time: 1 Hour 30 Minutes

Introduction:

We are here on behalf of Concern Worldwide. We would like to request for your time to discuss briefly some aspects concerning the implementation of the OFDA Emergency Nutrition Response Project. This will help Concern, the community and other stakeholders to gain an understanding of the project implementation.

1. In your view, which community members do you think were most affected by the drought?
2. What were the needs of the affected population?
3. In your opinion, do you think the project interventions met the priority needs of the affected population?
4. How have you benefitted from the project interventions? Please outline specific benefits you received from the project.
5. Which nutrition and health services did you receive from your nearby health facility? (Probe for specific HINI services including treatment and admission; please list the services received).
6. How different were the services you received from the health facility different from the services you received before the Project intervention? (probe for range of services received before and after intervention)
7. What has changed as a result of the project intervention in relation to the health of children under five years (health of pregnant and lactating women)? Probe for specific change in the health of children 0-6 months, and 6-24 months, and overall 0-59 months
8. How were you involved in the entire Project, (probe to determine their involvement in the Project Planning, implementation and monitoring)
9. Were you visited by community health volunteers? If so, please describe the purpose and frequency of the visits.
10. Please describe how the information and knowledge you gained from your interaction with community health volunteers have contributed to improvement your health as well as that of your child's (name).
11. Did you receive bucket, soap and aqua tab? Were the items distributed useful to your household? How has this enabled you in improving your health and nutrition status?
12. In your opinion, were you satisfied with the services you received? (Please probe for further details whether positive or negative).
13. How differently would you have wished the project to deliver the services to you? (this question targets beneficiaries recommendations)

Key Informant Interview Tool for Concern Staff:

Estimated Time: 1 hour

Staff agreed to be interviewed: _____ (Yes/No)

Concern Staff Signature: _____ Date: _____

Introduction:

We would like to request for your time to discuss briefly some aspects concerning the implementation of the OFDA Emergency Nutrition Response Project. This will help Concern, the community and other stakeholders to gain an understanding of the status of project implementation, challenges and lessons.

Do you agree to continue with the interview? Yes/No?

1. What is your position? What role did you play in the OFDA Emergency Nutrition Response Project?
2. Who were the most affected population cohorts?
3. What were the needs of the drought affected population?
4. In your view, was the Project Design correspond to Concern and Government strategic priorities and community needs?
5. Was the intervention based on a sound gender analysis?
6. Was the design and implementation of the intervention gender-sensitive?
7. What are the key results of the project interventions in terms of nutrition, health and sanitation elements, which could point to the realization of long term nutrition and health outcomes?
8. How have the results impacted on different gender and age groups of the drought affected population? To what extent have the project interventions influenced government policy, planning and implementation around nutrition and health services? Outreach guidelines?
9. How do the results contribute to the realization of government goals and other overarching goals such as Sustainable Development Goals (SDGs)
10. What were the project coordinating mechanisms applied to the project implementation? To what extent did the project involve key partners such as the county government, local community, implementing stakeholders such as other NGOs, and the private sector?
11. Did the project change any strategy during implementation? Why was this done? What was the impact of strategy change?
12. To what extent did the project achieve value for money? Comment on the outreach services?
13. How did the project achieve cost-effective utilization of available resources, including funds, human resources and time?
14. How was resource leveraging and timeliness of resources needed for implementation realized?
15. What were some of the factors that impacted the project implementation, positively or negatively? How were these dealt with?
16. What are your recommendations to improve future emergency programming in Nutrition?
17. What elements of the project will improve sustainability of the project?

Key Informant Interview Tool for Implementing Partner Staff (Stakeholder, e.g. UN, World Vision, NDMA)

Estimated Time: 1 hour

Consent:

Partner staff agreed to be interviewed: _____ (Yes/No)

Partner Staff Signature: _____ Date: _____

Introduction:

We are here on behalf of Concern Worldwide. We would like to request for your time to discuss briefly some aspects concerning the implementation of the OFDA Emergency Nutrition Response Project. This will help Concern, the community and other stakeholders to gain an understanding of the status of project implementation, challenges and lessons.

1. What is your position?
2. Have you interacted with the Concern led OFDA Emergency Nutrition Response Project? Please describe the level and extent of interaction.
3. Who were the most affected population cohorts?
4. What were the needs of the drought affected population?
5. In your view, was the Project Design correspond to Concern and Government strategic priorities and community needs?
6. To what extent have the project interventions influenced government policy, planning and implementation around nutrition and health services?
7. Could you list some of the key results of the project that you may be aware of?
8. What were the project coordinating mechanisms applied to the project implementation? To what extent did the project involve key partners such as the county government, local community, implementing stakeholders such as other NGOs, and the private sector?
9. To what extent was your organization involved in the Project design, implementation and monitoring?
10. What are your recommendations to improve future emergency programming in Nutrition?
11. What elements of the project will improve sustainability of the projects project?

Thank you.

Concern Worldwide - OFDA Emergency Nutrition Response Project Evaluation:

Key Informant Interview Questions for Sub-County Community Health Strategy Focal Person:

Estimated Time: 1 hour

Consent:

The CHS agreed to be interviewed: _____ (Yes/No)

Signed by CHS: _____ Date: _____

Introduction:

We are here on behalf of Concern Worldwide. We would like to request for your time to discuss briefly some aspects concerning the implementation of the OFDA Emergency Nutrition Response Project. This will help Concern, the community and other stakeholders to gain an understanding of the status of project implementation, challenges and lessons.

1. What is your title: Briefly describe your role in relation to Maternal, Infant and Young Child Feeding (MIYCF) in the County.
2. Have you interacted with the Concern led OFDA Emergency Nutrition Response Project? Please describe the level and extent of interaction.
3. Would you say that the Project interventions are aligned to the relevant Government Health Strategy? Kindly describe the linkage.
4. In your opinion, did the project interventions meet the needs of the drought affected population?
5. Please outline some of the achievements of the Project that you may be aware of
6. What are the key results of the project interventions in terms of nutrition, health and sanitation elements, which could point to the realization of long term nutrition and health outcomes?
7. How have the results impacted on different gender and age groups of the drought affected population?
8. In your opinion, how has the project strengthened the community and facility capacity for early identification and referral of malnutrition cases?
9. How have the project interventions contributed to the strengthening of human resource for MIYCF as well as Hygiene and Sanitation?
10. To what extent did the project contribute to community, stakeholders and government preparedness capacity to respond to drought emergencies, particularly nutrition and sanitation services?
11. Please describe the sub-county's financial and/or other resource contribution towards the achievement of the Project objectives.
12. To what extent did the project design and implementation influence policy and planning for nutrition and sanitation services at the county level?
13. In your opinion, to what extent was the project design appropriate and justifiable for the geographical areas (the four sub-counties where the response was conducted; North Horr, Saku, Laisamis and Moyale)?
14. In your opinion, what were some of the challenges that the Project faced, and how were these addressed?
15. County-How many community units do we have in the sub-county? How many are functional, how many not functional? how many are semi functional ?Are there plans in establishing new community units or strengthening the ones which are not functioning? Is there an established criteria to establish the new community units? What is the challenge of not establishing community units? Why are some community units not functioning?
16. What was the role of Concern in the outreach site identification during mass screening? In your opinion, do you think it improved the results of treatment and referral? Did the outreach target the beneficiaries/Community in need? How effective were they? Do you think the outreached will continue without CONCERN'S support? What other mechanisms can be implemented which are more effective and will improve malnutrition?
17. What are some of the lessons that you may have drawn from your interaction with the Project intervention?
18. What recommendations would you suggest for similar future response?

Concern Worldwide - OFDA Emergency Nutrition Response Project Evaluation:

Key Informant Interview Questions for Community Health Assistants (CHAs):

Estimated Time: 50 Minutes

Consent:

The CHA agreed to be interviewed: _____ (Yes/No)

Signed by CHA: _____ Date: _____

Introduction:

We are here on behalf of Concern Worldwide. We would like to request for your time to discuss briefly some aspects concerning the implementation of the OFDA Emergency Nutrition Response Project. This will help Concern, the community and other stakeholders to gain an understanding of the status of project implementation, challenges and lessons.

1. What is your title: Briefly describe your role in relation to Maternal, Infant and Young Child Feeding (MIYCF) in the facility.
2. Please describe the level and extent of interaction with the Concern led OFDA Emergency Nutrition Response Project.
3. Which population cohort was most affected by the drought?
4. In your view, did the project interventions meet the needs of the affected population?
5. Which training did you receive from the OFDA nutrition Project?
6. How has the training impacted your capacity in MIYCN and HINI? (please let the CHA specify as you document as much as possible)
7. How did CHVs and CBRAs benefit from the Project intervention?
8. In your opinion, how has the project strengthened the community capacity for early identification and referral of malnutrition cases? (Improved Access to Health Services)
9. Community Health Strategy -In your opinion, how has the project contributed to the capacity of CBRAs, CHVs, CHAs in nutrition services and hygiene promotion?
10. How have the kits distributed to CHVs as a motivation factor influenced delivery of services?
11. In your opinion, what impact have the outreaches conducted in the area had on the health and nutrition for pregnant and lactating women as well as children below 5 years?
12. Are you are aware or informed on any exit strategy, do you think the project will continue/will volunteers continue volunteering without project's support? How will CHV review meetings continue without Concern's support?
13. In your opinion, what were some of the challenges that the Project faced?
14. What were the important lessons that you picked from the Project intervention?
15. What recommendations would you suggest for similar future response?

Concern Worldwide - OFDA Emergency Nutrition Response Project Evaluation:

Key Informant Interview Questions for County/Sub-County Nutritionist:

Estimated Time: 1 hour

Consent:

Sub-County Nutritionist agreed to be interviewed: _____ (Yes/No)

Signature: _____ Date: _____

Introduction:

We are here on behalf of Concern Worldwide. We would like to request for your time to discuss briefly some aspects concerning the implementation of the OFDA Emergency Nutrition Response Project. This will help Concern, the community and other stakeholders to gain an understanding of the status of project implementation, challenges and lessons.

1. What is your title: Briefly describe your role in relation to Maternal, Infant and Young Child Feeding (MIYCF) in the County.
2. Have you interacted with the Concern led OFDA Emergency Nutrition Response Project? Please describe the level and extent of interaction.
3. Would you say that the Project interventions are aligned to the County Nutrition strategy? Kindly describe the linkage.
4. In your opinion, did the project interventions meet the needs of the drought affected population?
5. Please outline some of the achievements of the Nutrition Project that you may be aware of
6. To what extent did the project expand access, quality and coverage of HINI services in the sub-county/county?
7. What are the key results of the project interventions in terms of nutrition, health and sanitation elements, which could point to the realization of long term nutrition and health outcomes?
8. How have the results impacted on different gender and age groups of the drought affected population?
9. In your opinion, how has the project strengthened the community and facility capacity for early identification and referral of malnutrition cases?
10. How have the project interventions contributed to the strengthening of human resource for MIYCF?
11. To what extent did the project contribute to community, stakeholders and government preparedness capacity to respond to drought emergencies, particularly nutrition services?
12. Please describe the county's financial and/or other resource contribution towards the achievement of the Nutrition Project objectives. (efficiency)
13. To what extent did the project design and implementation influence policy and planning for nutrition and sanitation services at the county level?
14. In your opinion, to what extent was the project design appropriate and justifiable for the geographical areas (the four sub-counties where the response was conducted; North Horr, Saku, Laisamis and Moyale)?

15. In your opinion, what were some of the challenges that the Project faced, and how were these addressed?
16. County-How many community units do we have in the county? How many are functional, how many not functional? how many are semi functional ?Are there plans in establishing new community units or strengthening the ones which are not functioning? Is there an established criteria to establish the new community units? What is the challenge of not establishing community units? Why are some community units not functioning?
17. What are some of the lessons that you may have drawn from your interaction with the Project intervention?
18. What recommendations would you suggest for similar future response?
19. In your opinion, will CHV review meetings continue without other stakeholders like Concern support?
20. What was the role of Concern in the outreach site identification during mass screening? In your perception, do you think it improved the results of treatment and referral? Did the outreach targeted the beneficiaries/Community in need? How effective were they? Do you think the outreached will continue without CONCERN'S support? What other mechanisms can be implemented which are more effective and will improve malnutrition?

Concern Worldwide - OFDA Emergency Nutrition Response Project Evaluation:

Key Informant Interview Questions for Sub-County Health Records Information Officer (HRIO):

Estimated Time: 50 Minutes

Consent:

The HRIO agreed to be interviewed: _____ (Yes/No)

Signed by HRIO: _____ Date: _____

Introduction:

We are here on behalf of Concern Worldwide. We would like to request for your time to discuss briefly some aspects concerning the implementation of the OFDA Emergency Nutrition Response Project. This will help Concern, the community and other stakeholders to gain an understanding of the status of project implementation, challenges and lessons.

1. What is your title: Briefly describe your role in relation to Maternal, Infant and Young Child Feeding (MIYCF) and Sanitation in the Sub-County/County.
2. Have you interacted with the Concern led OFDA Emergency Nutrition Response Project? Please describe the level and extent of interaction.
3. Would you say that the Project interventions are aligned to the relevant Government Health Strategy? Kindly describe the linkage.
4. In your opinion, did the project interventions meet the needs of the drought affected population?
5. Please outline some of the achievements of the Project that you may be aware of
6. What are the key results of the project interventions in terms of nutrition, health and sanitation statistics, which could point to the realization of long term nutrition and health outcomes? (Please Probe for key statistics such as Global Acute Malnutrition (GAM) Rates)
    - Severe Acute Malnutrition
    - Moderate Acute Malnutrition
    - Global Acute Malnutrition
    - Proportion of Households accessing Improved Sanitation
7. In your opinion, how have the project interventions strengthened the community and facility capacity for early identification and referral of malnutrition cases?
8. To what extent did the project contribute to community, stakeholders and government preparedness capacity to respond to drought emergencies, particularly nutrition and sanitation services?
9. In your opinion, to what extent was the project design appropriate and justifiable for the geographical areas (the four sub-counties where the response was conducted; North Horr, Saku, Laisamis and Moyale)?
10. In your opinion, what were some of the challenges that the Project faced, and how were these addressed?
11. What are some of the lessons that you may have drawn from your interaction with the Project intervention?
12. What recommendations would you suggest for similar future response?

Concern Worldwide - OFDA Emergency Nutrition Response Project Evaluation:

Key Informant Interview Questions for Sub-County Public Health Nurse (PHN):

Estimated Time: 1 hour

Consent:

The PHN agreed to be interviewed: _____ (Yes/No)

Signed by PHN: _____ Date: _____

Introduction:

We are here on behalf of Concern Worldwide. We would like to request for your time to discuss briefly some aspects concerning the implementation of the OFDA Emergency Nutrition Response Project. This will help Concern, the community and other stakeholders to gain an understanding of the status of project implementation, challenges and lessons.

1. What is your title: Briefly describe your role in relation to Maternal, Infant and Young Child Feeding (MIYCF) in the County.
2. Have you interacted with the Concern led OFDA Emergency Nutrition Response Project? Please describe the level and extent of interaction.
3. Would you say that the Project interventions are aligned to the relevant Government Health Strategy? Kindly describe the linkage.
4. In your opinion, did the project interventions meet the needs of the drought affected population?
5. Please outline some of the achievements of the Project that you may be aware of
6. What are the key results of the project interventions in terms of nutrition, health and sanitation elements, which could point to the realization of long term nutrition and health outcomes?
7. How have the results impacted on different gender and age groups of the drought affected population?
8. In your opinion, how has the project strengthened the community and facility capacity for early identification and referral of malnutrition cases?
9. How have the project interventions contributed to the strengthening of human resource for MIYCF as well as Hygiene and Sanitation?
10. To what extent did the project contribute to community, stakeholders and government preparedness capacity to respond to drought emergencies, particularly nutrition and sanitation services?
11. Please describe the sub-county's financial and/or other resource contribution towards the achievement of the Project objectives.
12. To what extent did the project design and implementation influence policy and planning for nutrition and sanitation services at the county level?
13. In your opinion, to what extent was the project design appropriate and justifiable for the geographical areas (the four sub-counties where the response was conducted; North Horr, Saku, Laisamis and Moyale)?
14. In your opinion, what were some of the challenges that the Project faced, and how were these addressed?
15. County-How many community units do we have in the sub-county? How many are functional, how many not functional? how many are semi functional ?Are there plans in establishing new community units or strengthening the ones which are not functioning? Is there an established criteria to establish the new community units? What is the challenge of not establishing community units? Why are some community units not functioning?
16. What was the role of Concern in the outreach site identification during mass screening? In your opinion, do you think it improved the results of treatment and referral? Did the outreach target the beneficiaries/Community in need? How effective were they? Do you think the outreached will continue without CONCERN'S support? What other mechanisms can be implemented which are more effective and will improve malnutrition?
17. What are some of the lessons that you may have drawn from your interaction with the Project intervention?
18. What recommendations would you suggest for similar future response?

Concern Worldwide - OFDA Emergency Nutrition Response Project Evaluation:

Focus Group Discussion Guide for CHVs and CBRAs:

Estimated Time: 2 Hours

Consent:

The CHVs/CBRA agreed to be interviewed: _____ (Yes/No)

Signed by CHV/CBRA representative: _____ Date: _____

Introduction:

We are here on behalf of Concern Worldwide. We would like to request for your time to discuss briefly some aspects concerning the implementation of the OFDA Emergency Nutrition Response Project. This will help Concern, the community and other stakeholders to gain an understanding of the project implementation.

1. Which population cohorts were most affected by the drought?
2. What were the needs of the affected population?
3. In your opinion, do you think the project interventions met the priority needs of the affected population?
4. Please describe the roles of CHVs and CBRAs in the community in relation to nutrition services and hygiene promotion for children under five years, pregnant and lactating mothers.
5. How do CHVs/CBRAs link with Community Health Extension Workers (CHEWs) and other health workers in the delivery of nutrition, sanitation and health services.
6. Please describe the content of training you received from Concern under the Emergency Nutrition Response Project, if any. Did the training meet your capacity needs?
7. How have you benefitted from the training? (Probe to interrogate improved capacity for early identification of SAM cases and referral to facilities). Has the training led to increased identification and referral? What additional results can be attributed to the training?
8. Please describe how the skills you gained from the training have contributed to improvement in service delivery. *Probe to find out how the skills have enhanced services such as early identification of malnutrition among children under five years, pregnant and lactating mothers, and referrals.*
9. How would you describe the linkage between you and health workers at facilities before and after the training?
10. We understand that Concern provided CHVs with kits. Please describe the content of the kits.
11. How have you used the kits in relation to your work in nutrition (MIYCF) and WASH.
12. We understand that Concern conducted training for CHVs and CBRAs on MIYCF module, in which you benefitted. Please describe how the training has impacted you capacity.
13. Have the training improved your capacity on early identification of malnutrition cases (MAM and SAM), and referral?
14. Please describe how the review meetings you have attended have impacted your capacity for community level nutrition and WASH service delivery.
15. Please share some of the challenges that the project faced in the course implementation.
16. Please share any lessons that you learnt during the implementation of the project.
17. Are you aware of the Nonfood items distributed by Concern? (bag, MUAC tape, spoon, cup, thermometer, name tag). Have the items helped the community in regards to maintaining good hygiene? Did the NFIs meet the needs of the community?
18. What type of hygiene promotion messages did you mainly share with the community? In your perception, has the community improved in hygiene practice because of the project? What are the main challenges of not achieving hygiene practice in the community?
19. Which recommendations would you suggest for similar interventions in future?
20. In your opinion, will CHV review meetings continue without the support of other stakeholders like Concern?
21. What are the strategies in place for continuation of the review meetings

Concern Worldwide - OFDA Emergency Nutrition Response Project Evaluation:

Key Informant Interview Questions for Facility In Charge:

Estimated Time: 50 Minutes

Consent:

The Health Facility In Charge agreed to be interviewed: _____ (Yes/No)

Signed by Health Facility In Charge: _____ Date: _____

Introduction:

We are here on behalf of Concern Worldwide. We would like to request for your time to discuss briefly some aspects concerning the implementation of the OFDA Emergency Nutrition Response Project. This will help Concern, the community and other stakeholders to gain an understanding of the status of project implementation, challenges and lessons.

1. What is your title: Briefly describe your role in relation to Maternal, Infant and Young Child Feeding (MIYCF) in the facility.
2. Have you interacted with the Concern led OFDA Emergency Nutrition Response Project? Please describe the level and extent of interaction.
3. Which population cohort was most affected by the drought?
4. In your view, did the project interventions meet the needs of the affected population?
5. Please outline how has your facility and the adjacent community benefited from the Nutrition Project?
6. In your opinion, how has the project strengthened the community and facility capacity for early identification and referral of malnutrition cases? (Improved Access to Health Services)
7. Community Health Strategy -In your opinion, how has the project contributed to the capacity of CBRAs, CHVs, CHEWs and health workers on nutrition services and hygiene promotion? (Look out for Improvement in quality of treatment of acute malnutrition. As well as training conducted to health workers to improve the status of acute malnutrition)
8. How have the kits distributed to CHVs as a motivation factor influenced delivery of services?
9. In your opinion, what impact have the outreaches conducted in the area had on treatment and referral?
10. Have there been change (positive or negative) in referral figures for malnutrition cases and pregnant women as a result of the Nutrition Project intervention? Please describe the change.
11. How has the project contributed to change in skilled/facility delivery for pregnant women as a result of Project work with CBRAs?
12. How have the project interventions contributed to the strengthening of human resource for MIYCF in your facility?
13. Please describe how the hand washing kits provided by Concern has contributed to improved nutrition and hygiene services at the facility.
14. Are you are aware or informed on any exit strategy, do you think the project will continue/will volunteers continue volunteering without project's support? How will CHV review meetings continue without Concern's support?
15. In your opinion, what were some of the challenges that the Project faced?
16. What were the important lessons that you picked from the Project intervention?
17. What recommendations would you suggest for similar future response?