

Report

On Final Evaluation of OFDA Funded Project- Integrated Emergency Response and Early Recovery Project in Somali Regional State, Ethiopia

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Acronyms

CAHW	Community Animal Health Workers
CCT	Conditional Cash Transfer
CFW	Cash for Work
CSI	Coping Strategy Index
DPPB	Disaster Prevention and Preparedness Bureau (DPPB)
DR	Document Review
ET	Evaluation Team
ETB	Ethiopian Birr (Ethiopian Currency)
FCS	Food Consumption Score
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HDDS	Household dietary Diversity Score
HH	Household
HRD	Humanitarian Requirements Document
IDP	Internally Displaced persons/people
KII	Key Informant Interview
LMMS	Last Mile Mobile Solutions
MEAL	Monitoring Evaluation Accountability and Learning
MoU	Memorandum of Understanding
NCE	No Cost Extension
NFI	Non-Food Items
NGO	Non-Governmental Organisation
OFDA	USAID Office of Foreign Disaster Assistance
PHE	Public Health and Environment
PPS	Probability Proportional to Size
PVP	Private Veterinary Pharmacy
SPSS	Statistical Package for Social Science
UCT	Unconditional Cash Transfer
VIP Latrine	Ventilation Improved Pit Latrine
VSLA	Village Saving and Loan Associations
WASH	Water Sanitation and Hygiene

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Oxfam has entrusted us with the responsibility to undertake this final evaluation of the OFDA Funded project entitled, “**Integrated Emergency Response and Early Recovery** project”, and we wholeheartedly would like to thank for giving us this opportunity. Finally, the evaluator would like to thank the OFDA for providing the funds for undertaking this final evaluation, and in indeed the project.

Executive Summary

Emerging intercommunity conflicts and the effects of climate change forced millions of people in Ethiopia to flee their place of residence. From 2.9 million IDPs, more than 2.4 million of them have been displaced due to conflict, and the remaining half a million people were displaced due to climate-induced events (e.g. drought and flooding) (IDMC, 2017; USAID, 2019).

IDPs in Somali Region, particularly in Jaraar as well as Doolo, Shebele, Korahe, Degahabour zones have been displaced from their place of origin due to consecutive failure of rainy seasons in the past three years since 2015. The drought situation eroded coping capacities of pastoralist and agro-pastoralist communities in the Zone and the Region in general. In 2017, there were about 807,000 displaced people living in 331 displacement sites in Somali region and remained displaced in 2018 and 2019.

During discussions with IDPs, participants clearly explained that almost all of them were pastoralists whose herds were decimated by the drought. As they lost their animals (main source of their livelihoods) and left with nothing.

The *modus operandi* of IDP response to date focussed on temporary solutions (emergency & life-saving interventions). To date, neither the government nor the international community made substantive investments in durable solutions, such as recovering livelihoods or facilitating the IDPS to settle in new or their original locations.

Therefore, IDPs remained dependent on a humanitarian lifeline that offered them limited opportunity to become self-reliant and failed to promote the overall resilience of the host communities in which they settled. According to Hollingsworth, a missed opportunity to provide lasting solutions for IDPs has only prolonged aid dependency and suffering of target beneficiaries (Hollingsworth, 2019).

Nevertheless, in response to persistent situation of food insecurity, poor access to water, livestock disease in Jaraar Zone, Oxfam designed and implemented this project, titled 'Integrated Emergency Response and Early Recovery' in six Woredas of Jaraar Zone of Somali Regional State, Ethiopia. USAID Office of Foreign Disaster Assistance (OFDA) funded a total of \$3Million for the execution of the project, which specifically focussed on WASH, Agriculture and Food Security, Economic recovery and market system and child and women protection in the target Woredas.

The goal of the project was to "save lives, protect livelihoods and early recovery of drought affected Pastoralist and agro-pastoralist in Somali Regional, Ethiopia". The total Number of Individuals Affected in the Targeted Area were 4.38 million people in the Somali region, Ethiopia. From these, the total number of beneficiaries targeted by the project were 330,928 people (Individuals), which is composed of 108,651 Internally Displaced People (IDP) and 222,277 people from host community.

The project was implemented in six drought affected Woredas, namely, Aware, Bil'ilbur, Daror, Dhagahabur, Gashamo and Gunagado Woredas located in Jaraar Zone of Somali Regional State, Ethiopia.

To achieve the project objectives and outcomes, the project designs a distinct but interrelated major project components. These include: (a) Agriculture and Food Security that focussed on livestock vaccination, livestock treatment, which targeted to benefit 230,151 people and 690,453 animals. (b) Economic Recovery and Market Systems, which aims to increase income and livelihood opportunities for 5,280 pastoral and agro-pastoral individuals through livelihoods intervention in target Woredas. The main interventions include supporting livelihood restoration, creating temporary employment opportunities.

Under livelihoods restoration, the project provided grant for 180 HHs to engage in goat fattening, small businesses and restaurants. These households received a start-up grant of 12040 ETB for each Petty Trade and small restaurant businesses and Birr 24640 ETB for Livestock fattening.

Under temporary employment, the project targeted 720 able bodied target beneficiaries to participate

in Cash for Work (CFW) activities. In addition, 80 vulnerable households received gratuitous support (unconditional cash transfer). According to the project report, each beneficiary received 1500 Birr for four months through CFW and Gratuitous support.

To improve access to sustainable & safe water and sanitation services, the project supported rehabilitation of three boreholes, constructed 50 blocks of latrines and 50 blocks of shower; each block both the latrine and shower facilities have four rooms. In addition, the project constructed six blocks of Ventilation Improved Pit (VIP) latrine facilities for health units. Under this component, the project planned to reach a total of 94,309 people from which, 90,259 people were IDPs. In addition, the project organised hygiene promotion sessions in target Kebeles. In these promotional activities, the project trained 60 (30 M & 30F) Community Health volunteers and reached a total 87480 people (67%female).

As the project came to an end, Oxfam Commissioned TENTAM Development Training and consulting Services PLC to carry out the final evaluation of the project. The data collection of the final evaluation was carried out from December 17 to 31 December 2019.

The objective of the evaluation was to assess the project performance in accordance with the OECD/DAC evaluation criteria which including Impact, Effectiveness, Sustainability, Relevance and Efficiency. Each of the project specific objectives were assessed against these criteria.

The final evaluation applied a mixed method of qualitative and quantitative data collection tools. Primary qualitative and quantitative data was collected through beneficiary survey using structured questionnaires, key informant interviews and focus group discussions using open ended questions and topic guides. Secondary information was collected/generated using review of relevant document including project proposal, project reports, research and assessment and situation update reports prepared by other organisations

A total of 395 (84% female) beneficiary households, who were selected through a stratified random sampling method, participated in the HH survey. Additional quantitative data was obtained through review statistical records/reports. In terms of host community & IDP composition of respondents, the majority (70%) were IDPs and the remaining 30% of respondents were host community members.

The data was collected by enumerators using Mobenzi software, which is a mobile based application. Enumerators were recruited local based on their knowledge about the area, fluency in local language, and experience in mobile-based data collection tools. The enumerators were first trained/oriented about the purpose of the data collection, the nature of the questionnaire in detail, and on ethical issues before they were deployed to conduct the survey.

Similarly, qualitative information was collected using focus group discussions (FGDs), Key informant interview (KII) and case story and spot observation. FGDs and KIIs were conducted with project staff, beneficiaries and their institutions, private veterinary service providers, and local government officials. In addition, the evaluation team visited different sites (water points, health centres & health posts, schools and IDP sites) to observe and learn from the situation/conditions after project implementation.

Major Findings

Relevance and timeliness

Review of documents and discussion with various stakeholders revealed that the project was relevant and consistent with the needs and priorities of the target beneficiaries. It was also consistent with the priority objectives of the national and local government and Country Strategic Objectives for the Humanitarian Requirements Document. In all FGDs and KIIs participants agree that the project components including improving access to Water, NFI distribution, Economic recovery activities, livestock treatment and mass vaccination were relevant. These interventions were also consistent with Government, Donor and Oxfam's priority actions.

However, beneficiaries commented that the support they received was not enough in terms of the number of people targeted under different project components. They also added that the amount of cash paid for CFW as well as the unconditional cash transfer as a gratuitous support was too small to meet food needs of HH members.

Given the scale of support required by existing IDPs coupled with emerging new displacements in the target areas means that there is a lot of pressure on the Government and humanitarian actors to address the problems and respond to needs of the displaced people. In this regard, most IDPs we talked to mentioned that they require support both in terms of short-term relief and durable solutions.

Efficiency and timeliness

Originally, the project was to be completed 12 months, from August 2018 to July 2019. However, project implementation was delayed for several months due to various factors including changes in the project context requiring modification of intervention that required donor's pre-approval process particularly for Livestock treatment and rehabilitation of boreholes.

As a result, the donor approved a no cost extension period by four months in order to complete implementation of the project until 31 December 2019. During this period, therefore, the project exceeded the number of target beneficiaries in all project components except in child protection component. On average, the project reached 110% of all target beneficiaries. More specifically, the project reached 102%, 100%, 110% and 53% of its target beneficiaries under the agriculture, Economic recovery & market systems, WASH and Protection components respectively.

Agriculture Sector/component

Under this component the project implemented a number of activities to protect livestock assets of target beneficiaries by supporting livestock mass vaccination and livestock treatment.

To achieve this, the project supported regional/Zonal government counterparts to vaccinate a total of 701,866 animals, from which a total of 35,467 Households had benefited.

With regard to livestock treatment, the project adopted a franchised service delivery model where veterinary drug supplier (also call whole supplier) based in Jigjig (Regional capital), Private Veterinary Pharmacies (based in target Woredas) and Community Animal health Workers based at Kebele level with in the community. For this service, a total of 6500 poor and vulnerable HHs were provided with received vouchers (200 Birr value per HH) in order to be able to get access to livestock treatment services. Through a voucher system, a total of 156,591 animals were treated during the project period.

Economic recovery & market systems

This component was designed to enable target beneficiaries to engage in income generating activities, and participate in activities that create temporary employment creation opportunities.

Under this component, the project identified and supported 180 HHs in livestock fattening (50 beneficiaries), Petty trading (100 Beneficiaries) and running small restaurants (30 Beneficiaries). For these initiatives, the project granted Birr 24,640 (released in two rounds), Birr 12,040 and 12,040 Birr per beneficiaries for goat fattening, petty trading and small restaurants respectively. In addition, the project transferred conditional (through cash for Work) and unconditional (gratuitous) cash to 720 and 80 HH respectively.

Water Sanitation and Hygiene (WASH)

Under this component, the project rehabilitated three boreholes, which involved repair and maintenance of pumping system, installation of extension pipes between boreholes and public distribution points, construction of public water distribution points and training and awareness raising activities. In addition, project constructed a total of 50 blocks of latrines with three rooms each, and 50 blocks shower with four rooms each for communal use by the IDP population. Furthermore, the project contracted six ventilation Improved Latrine for six health institutions.

Protection

To promote child protection, the project organised community discussions and awareness raising meetings, constructed “child-friendly sheds in IDP sites, arranged a toll-free hotline (short code #6469) system for both calls and short text messages. As the figure below shows that respondents mentioned they participated in child protection lesson.

Effectiveness

Agriculture sector: The specific objective of this sector was that “Drought affected pastoral communities’ livelihoods are protected and restored through the provision of emergency and early recovery animal health services”. The major actions include livestock mass vaccination and enable poor and vulnerable households to get access to livestock treatment services.

Livestock Mass Vaccination and treatment

To reduce the risk of livestock death from opportunistic diseases and improve the health of livestock assets, the project provided financial and material support for regional/Zonal government counterparts to train CAHWs, mobilise mass vaccination of livestock in the Project target Woredas. To this effect, a total of 701,866 animals were vaccinated in two rounds, and a total of 35,467 target Households benefited from the action. .

In addition, the project implemented a voucher-based franchised veterinary service delivery model, where private service providers played key role. The project arranged/created vet drug supply chain by identifying and linking veterinary drug supplier (whole seller) based in Jigjiga, six Private veterinary pharmacies based in six target Woredas, and trained community animal health Woredas based in the community/target Kebeles. This implementation model was designed to poor and vulnerable households to be able to access veterinary services easily and locally. In this regard, a total vouchers value of USD 44,600 was distribute for 6500 target HHs. As a result, a total of 156,591 animals (majority being shoats and cattle) were treated during the life of the project.

Economic Recovery

Under this component, the project identified different intervention that were sought to improve access to income and enhance recovery of beneficiaries’ financial and livestock assets. In order to enable target HHs get access to financial resources, the project allocated a total of USD 99,900 which was disbursed to 180 target HHs in the form of grant for shoat fattening, petty trading and small restaurant businesses. Until the end of December 2019, the project disbursed a total of USD 95,665 (95.76% of allocation) in two rounds for 180 target beneficiaries: that is, Birr 24,640 for 50 beneficiaries each for shoat

fattening, Birr 12,040 for 100 Beneficiaries each to start/strengthen small business/petty trading and Birr 12,040 Birr for 30 Beneficiaries each to run small restaurants.

In addition, the project allocated a total of USD 171,429 to benefit 720 individuals from temporary employment opportunity through cash for work. In addition, the project identified and provided a gratuitous support for 80 old and disabled people as well as pregnant/lactating women. As a result, each of these people received a total of Birr 6000 in four rounds (i.e. each received Birr 1500 per month)

Changes in HH income

The period between implementation of economic recovery activities and the time this evaluation was conducted was too short less than three months to measure the impact/effect of economic recovery activities. Target beneficiaries explained that they are hopeful that their business would be successful though they could not the extent of profit they would generate. In this regard, some beneficiaries reported that had generated a certain profit from their investment. For example, Ayan, from Gunagado Kebele IDP site, received Birr 24640 in two rounds to engage goat fattening. With the grant, initially she bought 15 goats with an average price of US \$40 per goat. After three months, she sold seven of her goats in Somali land at an average US \$75 per goat. Then, with the money from sale of these animals, she again bought other 11 shoat locally. At the time of the evaluation, she reported that she had 19 shoats- that is she had increased her stock by four more goats.

The target households, who were targeted for CFW activities and gratuitous support, had received Birr 1500 per month for four months. Most of these target HHs spent this money to buy food items (stable and non-stable foods) for their family. According to these people, the amount of cash they received was too small to meet monthly food requirement of their respective family members. For example, they explained that birr 1500 is enough buy only 25kg of Sugar (app. Birr 600), 25 Kg rice (apx. Birr 600) and oil (app. Birr 250 - 300), and depending on the family size, these quantities of the food items last between 10 to 15 days only.

Changes in HH Food security status

Household food security status was measured using proxy food security indicators including: HH food consumption score (FCS), dietary diversity score (HDDS), hunger scale (HS) and Coping strategy Index (CSI) though these indicators were not included in the project document as key performance indicators (KPIs):

HH Dietary diversity score

The average HDDS increased from M=1.1155 (SD= 0.36325, N=407) at baseline to M= 3.1291 (SD=1.91601, N=395) at end project. This means that the target households had their diets (on average) from more than 3 food group at the end of project compared to the diet composed of only one food group at baseline.

However, at project end, the proportion of households who consumed from three or less number of food groups was 58.2%. As the figure below shows, more than 40% households improved their HDDS, which implies that they ate meal from more than four food groups. In other words, about 10% of surveyed HHs had high dietary diversity while 32% of surveyed HHs had a medium dietary diversity score

Household Food Consumption Score

HH Food Consumption Score (FCS) is a composite score calculated based on dietary frequency, food frequency and relative nutrition importance of different food groups. The composite food consumption score was grouped into three FCS categories in order to find out the proportion of HHs under the three

categories: poor consumption (FCS=between 1.0 and 21.5), borderline (FCS=between 21.5 and 35), and acceptable consumption (FCS=> 35.0).

The final evaluation found out that there was a significant change in the proportion of people moving from poor FCS category towards an acceptable FCS categories. On the one hand, proportion of people with poor FCS declined from 99.8% (N=407) at baseline to 64.3 % (N=395) at end on the project. On the other hand, proportion of people with acceptable FCS increased from 0 % (N=407) at baseline to 16.7% (N=395) at the project end. Similarly, the proportion of people in the border line FCS category increased from 0.2% at baseline to 19% at the end of the project.

Hunger Scale

The proportion of HHs with little or no hunger increased from 70.8 % at baseline to 73.8 % at the end of the project showing a 3 % marginal increase. Similarly, there was a marginal improvement in the proportion of HHs experiencing moderate hunger, where the proportion of people declined from 29% at baseline to 26.3% at project end. Furthermore, at the end of the project there was no target HH who fell under sever hunger scale compared to 0.2% at baseline.

Average Coping Strategies Index (CSI) score for the target population”; CSI target =75

The CSI measures people’s behaviour. People do those things when they cannot access enough food. Bothe the baseline and the final evaluation applied a reduced CSI tool, which is a composite indicator consisting of five variables of different weight. Unlike the other food security indicators that shows strong correlation, the average CSI result shows an increase from 7.12 (N=407) at baseline to 10.15 (N=395) at end of the project implying that the food insecurity situation has worsened in December 2019.

Water Sanitation and Hygiene (WASH)

The specific objective of this sector is “provision of life-saving emergency water supply, improved sustainable & safe access to water and sanitation services, and promotion of good hygiene practices for pastoral and agro-pastoral communities [target Beneficiaries]”.

Water Supply

In order to improve access to safe and adequate drinking water for target beneficiaries, the project undertook repair and rehabilitating of three boreholes, replaced a failed pump (which used to work with generator) and constructed water distribution points. Until the end of December 2019, the project was able to complete the rehabilitation and maintenance of two boreholes (100%) and made 40% progress on the third site. As a result, the project record indicated that a total of 35700 people (M= 17136 & F=18564) have been able to get access to potable water from these sources.

In addition, the project sought installation of a water pumps that use multiple sources to power to pump water- combine inputs from solar and generator energy production to ensure the pump will have enough power to run. It is believed that such a combined power sources create a more sustainable source of power for the pump than only one of the sources.

In terms of volume of water availability, the result obtained from a HH survey (that was conducted at project end) showed that the project was able to provide 12.44 litres of drinking water per capita per day compared to a target to supply 5 litres of water per capita per day. Nevertheless, 12.44 litres per capita per day achieved by the project is still not adequate as per the minimum standard (15 lts per capita per day) set in Sphere minimum standard guideline under emergency settings

Sanitation and Hygiene Promotion

The project implemented different activities to improve both access to hardware and software aspects of sanitation & hygiene condition of target beneficiaries. In terms of hardware, the project constructed 50 blocks of communal latrine (each with four compartments), 50 blocks of shower sheds (each with four compartments) in IDP sites, and six ventilation improved pit latrines for health institutions. In addition, the project supplied sanitation and hygiene material (WASH non-food Items) like jerry cans, cleaning materials and water treatment chemicals etc.

As a result, the construction of these facilities reportedly improved access to sanitation services for 7120 people, which is 13% more than the project target of 6300 people. In addition, a spot observation made by enumerators during the HH survey revealed that 29% (N=395) of survey participants had hand washing facilities near their toilet, out of these handwashing facilities, 82% (i.e. 82% of 115 facilities) had water.

With regard to the software aspect, the project promoted hygiene education through campaign for tens of thousands of people- on topics related to the basics and importance of hygienic practices, improve knowledge and practices of critical moments of hand washing, and safe collection and storage of drinking water.

The secondary data obtained from project records revealed that the project reached a total of 87,259 people through hygiene promotion education, which resulted in improved knowledge and practice of hand washing at critical moments, and storing water clean and make it safe for drinking. For example, the HH survey revealed that the proportion of households, who knew at least three (out of five) of the critical moments of hand washing¹, increased from 36.4% (N=407) at baseline to 74.7% (N=395) at project end. When compared with project plan/ target of 50%, it has exceeded its plan by 24.7%.

Furthermore, spot observations of water containers by enumerators revealed a positive practice of cleaning water collection and storage containers. From their observations, enumerators reported that the majority (78.7%, N=395) of participants kept their water collection/storage containers clean compared to the baseline value of 63% (N=407).

Protection

Child protection

Generally, child protection cases in the project intervention Woredas are dealt with by three co-existing legal systems: (a) the formal regular law, (b) *Sharia* law and (c) customary laws in the Somali community.

According to FGD participants, the community mainly relying on customary law to solve child protection issues. According Head of Woreda Women and Children Affairs Office, sexual abuse is in general very rare, which is attributed to the severe consequences it will have for the perpetrator and the perpetrator's family under Somali customary law (Gerald & Dorothy, 2011).

Since there are a lot of children among the target communities, the protection sub-sector, the project specifically aimed to improve awareness and consciousness of target communities and protect vulnerable groups, including women, girls and boys, elders and people with disability from life threatening risks including GBV and other forms of violence”.

In this regard, the project organised community discussions and awareness raising meetings, constructed “child-friendly sheds in IDP sites, arranged a toll-free hotline (short code #6469) system for both calls and short text messages. Thus, the HH survey result showed that the majority (82.9%, N=395) of respondents remember that their awareness about Female Genital Mutilation (FGM), child protection in general, and have also learnt methods of risks identification and mitigation. Thus, the HH survey result revealed that 53% (N= 275) of both men and women respondents reported that they have the ability and know at least 3 (out of 5) identification and mitigation method, and the remaining know either one (25%) or two (22%) methods.

School participation of children under 18 years

Survey households were asked about school enrolment (before and after displacement) of their children under the age of 18 years. The school enrolment rate of children in the IDP site compared to the

¹ The five critical moments of handwashing are: before preparing/handling food/ milking camel/cows, before eating food, before feeding babies/other people, after visiting toilet, and after disposing baby faeces/handling waste.

enrolment rate before displacement. The HH survey revealed that the enrolment rate of children before displacement and in the IDP site were 15% and 72% (N=275) respectively.

Child labour: Children engagement in labour work

One of the right of children is to be protected from “exploitation” of labour. Surveyed HHs were asked if their children (U18) were engaged in labour work. The majority 93% of respondents reported that children were not engaged in labour work; both the baseline and the final evaluation results revealed that only 7% of children were engaged in labour work.

Prospect of Sustainability

Livestock Treatment: The Voucher System

The livestock treatment service model initiated a link between PVPs located in target Woredas and the veterinary drug supplier based in Jiggiga. Both the supplier and PVPs, who participated in this project revealed that their business relationship will continue in the future without the project. Similarly, some PVPs also showed interest to work with CAHWs though this link require further capacity building effort for CAHW (e.g. financial capacity to secure initial stock, refresher training, developing system/procedure to formalise the relationship between PVPs and CAHWs).

Rehabilitation of water supply schemes:

In IDP sites, where the rehabilitation work is complete, the WASH committee had already discussed to set a tariff (birr 2 per Jerri can) to raise financial resources to recruit and pay for a care-taker, and avail financial resources for future repair and maintenance of the water scheme.

Child Protection and feedback mechanism

With regard to community feedback mechanism, the idea of using a hotline, which has a short code (four digit number) was commendable. However, the mechanism was not widely and effectively used by the target communities. To ensure sustainability, the management of hotline services should be housed in appropriate government offices. So the service will continue beyond the project lifetime.

Conclusion and Recommendation

Conclusion

Major activities of the project (like rehabilitation of boreholes, construction of latrine, economic recovery activities and livestock treatment) were implemented within 3 or 4 months of the NCE period. In spite delay in project implementation for a considerable number of months, particularly due to a pre-approval process requirement related to livestock treatment and borehole rehabilitation activities, the project achievement exceeded its target by 10% at the end of the NCE period.

The economic recovery activities, particularly, the provision of grant enables target HHs to engage in income generating businesses. From beneficiary’s point of view, this economic recovery initiative is promising and it is the pathway to provide durable/ lasting solution. However, given the number of need people that require durable solution, the current target figure (180 HHs) is very small?

In addition, the conditional as well as unconditional cash transfer, through cash for work and gratuitous support enabled target beneficiaries to supplement their food needs. However, it was not enough to meet household basic food needs. .

The livestock treatment and vaccination services had contributed a lot in saving livestock assets of target beneficiaries. Importantly, the idea of franchised livestock treatment model is commendable. However, to develop a well-functioning model beyond the life of the project requires long-term funding and effort.

Rehabilitation/construction of water points and building the water distribution system not only reduce the burden of women to fetch water but it boosts the confidence of women due to improved sanitation and hygiene practices.

Recommendation

All economic recovery interventions, particularly goat/shoat fattening and trading as well as petty trading are promising. However, as per the minimum economic recovery standards, target households require functional literacy and numeracy (like reading & writing and record keeping) in order to manage their business effectively and make informed decisions.

Project duration: Consider negotiation of revising the timeframe with the donor: In situations of such lengthy project delays, with factors that well known by the donor, it important to consider revising the duration the actual project lifetime. In addition, as an emergency project extended delay in a project pre-approval process affects both the outcome as well as organisational efficiency and effectiveness. Therefore, requesting and negotiating a costed extension (rather than NCE) is commendable.

Consider actual family size: Future intervention, the amount of to be transferred for both conditional (CFW) and unconditional (gratuitous) support requires revision based on local market price and household food requirement. In addition, it is important to take family size into account to determine the amount of cash to be transferred to target HHs.

Scaling up economic Recovery /rehabilitation rather than emergency Project: Since 2017, the regional government has developed and endorsed implementation of durable solution to IDPs though it is not clear how much progress it made so far. Therefore, it is recommended to actively engage and consult the regional government when designing economic recovery activities for IDPs in the Region.

There is high interest among target beneficiaries IDPs to get support on durable solution though emergency assistance is important in the short term. During designing such interventions, therefore it is worth to explore different option when providing start-up/investment grants to target beneficiaries:

- (a) Valuing co-investment (cost sharing)-livelihood assets are most valuable to people when they feel a sense of ownership over the assets, rather than view the assets as gifts. To increase buy-in, programs may require beneficiaries to provide some level of co-investment (even if it is in kind) in the assets supported by the program (SEEP, 2017);
- (b) Arrange loan guaranty fund (with local financial institution) so that target beneficiaries can get access to economic recovery/ business start-up loan;
- (c) Provide economic recovery/ business start-up grant as a revolving fund through (establishing/strengthening) Village Saving and Loan associations (VSLA).

1. Project Background

1.1. Project Context

Emerging intercommunity conflicts and the effects of climate change forced millions of people in Ethiopia to flee their place of residence. From 2.9 million IDPs, more than 2.4 million of them have been displaced due to conflict, and the remaining half a million people were displaced due to climate-induced events (e.g. drought and flooding) (IDMC, 2017; USAID, 2019).

Ethiopia has a history of devastating droughts, with the most recent in 2015–2016 being the worst in 30 years. The 2016 Global Report on Internal Displacement (GRID) revealed that Ethiopia suffered one of its worst meteorological droughts in 50 years in 2015, following the failure of two consecutive rainy seasons. More than 80 per cent of the country's agricultural yield and the employment of 85 per cent of the workforce depend on adequate rainfall. According to the report, the drought contributed to the lowest soil moisture levels in at least 30 years, crop failure, below average vegetation cover and severe water shortages in pastoral and arable farming areas (GRID, 2016).

IDPs in Somali Region, particularly in Jaraar as well as Doolo, Shebele, Korahe, Degahabour zones have been displaced from their place of origin due to consecutive failure of rainy seasons in the past three years since 2015. The drought situation eroded coping capacities of pastoralist and agro-pastoralist communities in the Zone and the Region in general. FEWS NET and other agencies had projected that the deteriorating food security situation of IDPs continued until today in the target Regions, particularly in Jaraar, Doolo, Korahe and Degahabour zones (potentially IPC4)² with some households possibly experiencing catastrophe IPC-5 level of acute food insecurity (FAO, 2011; FEWSNET, 2017; OCHA, 2017). For example, in 2017, there were about 807,000 displaced people living in 331 displacement sites in Somali region and remained displaced in 2018 and 2019.

Following poor/below average performance of GU and Dyer rains for more than three consecutive years, the situation further deteriorated people's ability to access food intensifying the food insecurity situation as well as access to water in the Region

In addition, FGD participants in Degahabur and Gashamo Woreda Government officials, and target Beneficiaries in Bulaale and Gashamo IDP sites reported that there had been a growing uncertainty of the weather condition in 2019. The most acute effects of the 2015 drought had continued to be felt during 2016, 2017, and 2018 and in 2019. Though the rate of new displacement in 2019 was not as such significant, FGD participants reported that many people have been joining camps in recent months. In Jaraar Zone in general and in the target Woredas in particular, extreme coping mechanisms were widespread and affecting the levels of access to Water for both Animal and Human use, food security, income and livestock health.

Generally, however, several FGDs participants in Bulaale and Gashamo Woredas/IDP sites reported that most of them have lived in IDP camps since 2017. These IDPs have settled in IDP sites in sedentary Somali communities and around the outskirts of towns and cities.

During discussions with IDPs, participants clearly explained that almost all of them were pastoralists whose herds were decimated by the drought. As they lost their animals (main source of their livelihoods) and left with nothing. Other reasons for IDPs not interested to go back to their previous home include lack of access to water points, grazing land, veterinary services, livestock markets, cash and credit in their original places. They furthered argued that, compared to their place of origin, the IDP sites provided them with better conditions in terms of access to water, sanitation and hygiene facilities as well as access to other services as the IDP sites are located close to urban centres.

² The **Integrated Food Security Phase Classification (IPC)**, also known as **IPC scale**, is a tool for improving food security analysis and decision-making. IPC4 refers to humanitarian emergency, where at least 20 percent of households face extreme food consumption gaps, resulting in very high levels of acute malnutrition and excess mortality;

Response to IDPs

To date, responses to IDPs in Ethiopia Somali region (as well as other parts of Ethiopia) have largely focused on life-saving humanitarian (emergency) action. The government and its humanitarian partners (NGOs, Bilateral and Multilateral donors) put a lot of effort to provide basic services to IDPs.

Although humanitarian responses play a vital role in providing a safety net for those in desperate need, most IDPs expressed that they need development oriented, economic recovery and protection assistance (Behigu Habte, 2018) and not just emergency support.

However, given the scale of the operation, and emerging new displacements from new areas means that existing IDPs still require emergency and long-term asset recovery and rehabilitation interventions.

In this regard, it is learnt from literature that Somali national Regional State developed and endorsed a regional durable solutions strategy. This strategy was the first of its kind, in both at Regional and national level, that was prepared (with support from Durable Solution working group) to design and implement durable solutions for IDP (SNRS, n.d.). This was a four-year (2017-2020) strategic document, which broadly understood to encompass three options:

- (i) Voluntary return to places of origin;
- (ii) Local integration in areas of displacement; or
- (iii) Resettlement in another location.

However, from the discussion with Woreda and Zonal government officials, it was learnt that they do not know about the plan/strategy nor they have the budget to implement.

Nevertheless, looking at *modus operandi* of IDP response so far, neither the government nor the international community made substantive investments in durable solutions, such as recovering livelihoods or facilitating the IDPS to settle in new or their original locations (ibid).

Therefore, IDPs remained dependent on a humanitarian lifeline that offered them limited opportunity to become self-reliant and failed to promote the overall resilience of the host communities in which they settled. This missed opportunity has only prolonged aid dependency and suffering (Hollingsworth, 2019)

1.2. Project Overview

In response to persistent situation of food insecurity, poor access to water, livestock disease in Jaraar Zone, Oxfam designed and implemented this project, titled 'Integrated Emergency Response and Early Recovery' in six Woredas of Jaraar Zone of Somali Regional State, Ethiopia. USAID Office of Foreign Disaster Assistance (OFDA) funded a total of \$3Million for the execution of the project, which specifically focussed on WASH, Agriculture and Food Security, Economic recovery and market system and child and women protection in the target Woredas.

The goal of the project was to "save lives, protect livelihoods and early recovery of drought affected Pastoralist and agro-pastoralist in Somali Regional, Ethiopia". The total Number of Individuals Affected in the Targeted Area were 4.38 million people in the Somali region, Ethiopia. From these, the total number of beneficiaries targeted by the project were 330,928 people (Individuals), which is composed of 108,651 Internally Displaced People (IDP) and 222,277 people from host community.

The project was implemented in six drought affected Woredas, namely, Aware, Bil'ilbur, Daror, Dhagahabur, Gashamo and Gunagado Woredas located in Jaraar Zone of Somali Regional State, Ethiopia.

To achieve the project objectives and outcomes, the project designs a distinct but interrelated major project components. These include:

- A. **Agriculture and Food Security**- Livestock vaccination, livestock treatment (using a voucher system), which is planned to benefit 230,151 people and 690,453 animals.
- B. **Economic Recovery and Market Systems:** aims to increase income and livelihood opportunities for 5,280 individuals or 900 HH from pastoral and agro-pastoral communities through livelihoods intervention in target Woredas. this action include supporting **livelihood restoration efforts and creating temporary employment opportunities:** (a) providing start up grant in two rounds for 180 people for goat fattening, petty trading and run small restaurants; These households received 12040 ETB for each Petty Trade and small restaurant businesses beneficiaries , and Birr 24640 ETB for Livestock fattening business (b) provided gratuitous support for 80 vulnerable households and create temporary employment through Cash for Work (CFW) for 720 able bodied target beneficiaries.

- C. **Water, Sanitation and Hygiene:** Under this component, the project aims to provide live-saving emergency water supply, sustainable & safe access to water and sanitation services, and promotion of good hygiene practices for pastoral and agro-pastoral communities.

Under this sector, the project rehabilitated three boreholes, constructed 50 blocks of latrines and 50 blocks of shower; each block both the latrine and shower facilities have four rooms. In addition, the project constructed six blocks of Ventilation Improved Pit (VIP) latrine facilities for health units. Under this component, the project planned to reach a total of 94, 309 people from which, 90,259 people were IDPs.

In Hygiene Promotion, the project organised different sessions in target Kebeles to promote and create awareness on different aspects of hygiene and sanitation including critical times for hand washing, how to make water safe for drinking, appropriate method of solid waste disposal as well as how to control vectors, which are agents of contaminating. In these promotional activities, the project reached a total 87480 people (67%female). In addition, the project also trained 60 (30 M & 30 F) Community Health.

As stated in the project final report, a total of 36,300 people directly benefited from the water supply (30000 people) and Sanitation facilities (6000 people).

The project also distributed established/strengthened and trained WASH committees, distributed in Latrine/shower cleaning kits. Furthermore, the project distributed NFI (like Jeri Cans) for 1000 Vulnerable target beneficiaries (94% female) (Oxfam, 2020).

- D. **Protection: with this component, the project aims to protect about 37,033 vulnerable groups of IDPs** (like women, girls and boys, elders and people with disability) from life threatening protection risks like Gender based Violence (GBV) and other forms of violence. Until the end of December, the project has reached 19683 People (all IDPs) through promotion of women and Child (girls and boys) rights and awareness creation sessions

2. Evaluation Framework and Methodology

2.1.Evaluation framework

The aim of this evaluation was to assess the project in accordance with the OECD/DAC Evaluation criteria which include Impact, Effectiveness, Sustainability, Relevance and Efficiency. Each specific project objective was assessed against these five evaluation criteria in order to allow for an overall assessment on project performance, and the relative success of the project vis-à-vis each objective.

Finally, the evaluation also identified lessons learnt from the project, through highlighting best practices, project failures, and policy recommendations and opportunities for scaling up.

2.2.Evaluation Methodology

To generate qualitative and quantitative information and assess the performance of the project, the final evaluation applied a mixed method of qualitative and quantitative data collection tools. Primary

qualitative and quantitative data was collected through beneficiary survey using structured questionnaires, key informant interviews and focus group discussions using open ended questions and topic guides. Secondary information was collected/generated using review of relevant document including project proposal, project reports, research and assessment and situation update reports prepared by other organisations.

2.2.1. Data collection Procedures

Document Review: The Evaluation team has reviewed selected documents (the baseline report, the project log frame, annual reports, and the project proposal) collected from Oxfam International Ethiopia office. Based on the document review, discussion with Oxfam staff etc. a tentative outlines of basic evaluation methods and tools needed for fieldwork were prepared.

Development of appropriate tools: the evaluation team used the HH survey tools which was developed by Oxfam and used for the baseline survey. However, some tweaking of the wording and a few additional questionnaires were included while maintaining the original baseline questionnaires were used.

2.2.2. Quantitative Survey

For the quantitative data, a cross sectional research design (with descriptive and explanatory function) is applied. It is descriptive because it presents detailed picture of the specific result indicators, which were developed in previous works; taking explanatory role, the analysis answers why things are the way they are and do comparisons between the baseline and the End line results. This is based on positivist approach which was based on the idea that there is an objective 'reality' which can be accurately measured, and which operates according to natural laws that can be 'discovered' by rigorous, objective research (Marlow, 1998). Accordingly, this section of the evaluation will objectively measure the effectiveness of the project intervention on those five result areas.

Sample size

All the sampling process, and HH data collection was led by Oxfam field staff. The sample size was determined based on the sample size used at baseline, the household survey covered all the six target Woredas in Jaraar Zone. Sampling units were taken from the same population, equal number of samples from each Woreda/Kebeles as in as in the baseline survey. The sample size for this evaluation survey was 398 people, which was calculated based on 95% confidence level and 5% Margin of error. During the data collection, however, a total of 395 HHs (i.e. 99% response rate) participated in the survey.

As shown in the table below, 395 HHs participated in the end line survey (see table 1 below), which is 99% response rate.

Table 1: number of respondents across selected target Woredas of OFDA funded project

SN	Woreda	# respondents	Remark/Kebeles
1	Degahabur	40	Dhabiile & Bulale Kebeles
2	Gunagado	62	faramadow & Gunagado IDPs sites
3	Gashamo	103	Bodadhere, Gashamo IDP
4	Daroor	60	Karoska Host & Daror IDP
5	Aware	84	Gurdumi IDP& host; Barta
6	Bilcinbur	46	Gosololay, Galiil
		395	

Household Data collection

The data was collected by enumerators using Mobenzi software, which is a mobile based application. Enumerators were recruited local based on their knowledge about the area, fluency in local language, and experience in mobile-based data collection tools. The enumerators were first trained/oriented about

the purpose of the data collection, the nature of the questionnaire in detail, and on ethical issues before they were deployed to conduct the survey.

HH survey data was collected using smart phones uploaded with Mobenzi, mobile data application. Each day, the data collected by enumerators was uploaded the central data server located at Oxfam level. After the survey was completed, MEAL manager of the project supported on the data collection and provided the excel version of a completed raw dataset of the final evaluation. In addition, Oxfam supplied the consulting team with the complete raw dataset from the baseline, which made comparison of the results easier.

2.2.3. Qualitative data

Qualitative data collection tools/topic guides were developed based on document reviews, discussion with Oxfam staff at the head and field offices and prior knowledge and experience of the consulting team about the project context and subject matter.

Qualitative data was collected using Focus Group Discussion, Key Informant Interview (KII), spot observation, and Document Reviews (DR) and case stories. FGDs and KII participants include Oxfam staff, Jaraar Zone Government officials, Degahabur & Gashamo Woreda officials, Veterinary Drug supplier, Private veterinary pharmacy Operators, Community animal health Workers (CAHW) and target beneficiaries. In addition, spot observation was undertaken at water supply schemes and communal latrines, and a case story was produced.

Furthermore, a range of different documents were reviewed. These include project document (proposal, MEAL framework & plan, baseline assessments, various assessment reports conducted in the target areas. In addition, SPHERE, LEGS, Child Protection minimum standards, government policy/strategy instruments and documents.

2.2.4. Measurement and Data analysis

Completed household questionnaires were first uploaded to the central server located at Oxfam head office in Addis. Then, the MEAL manager at Oxfam exported and produced the complete HH survey dataset in excel format. Then, both baseline and end line datasets were exported to Statistical Package for Social Scientist (SPSS, V.24), statistical software for cleaning and analysis. Both datasets were checked (and cleaned) for completeness, consistency, validity and outliers before analysing the results. Since both the baseline and end line surveys used a cross-sectional survey method. In addition, Qualitative information was analysed using 'content analysis, method.

Oxfam provided the necessary support during throughout this final evaluation process including data collection compilation, data cleaning, data analysis, interpreting and reporting on project components including WASH, Agriculture and Food Security, Economic recovery and market system and protection.

For each performance indicator, descriptive analysis was performed to generate frequencies, means and standard deviations. The difference between baseline and end line values were calculated by subtracting the baseline value from the end-line values.

2.3. Limitation

Primary quantitative data was collected from all six target Woredas while qualitative data collection covered four Woredas in Jaraar Administrative Zone.

While writing this report, a consolidated financial report was not obtained. So, the evaluation could not comment on financial performance of the project.

3. Evaluation Findings and Discussions

3.1.Characteristics of surveyed respondents

In the Final evaluation, 395 HHs participated in the household survey. They were drawn randomly from both Internally Displaced People (70%) and host communities (30%) living in six-project target Woredas of Jaraar Zone. As shown in the table below, the majority of respondents were female constituting 84% of respondents.

Table 2: Sex of Respondents

Woredas	Host Community			IDPs			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Aware	18	46	64	4	16	20	22	62	84
Bilcinbur	2	5	7	6	32	38	8	37	45
Daroor	0	12	12	7	43	50	7	55	62
Degahabur	1	25	26	3	11	14	4	36	40
Gashamo	1	8	9	15	79	94	16	87	103
Gunagado	1	1	2	5	54	59	6	55	61
Total	23	97	120	40	235	275	63	332	395
Total/ Percent	120 (30%)			275 (70%)			63(16%)	332 (84%)	100%

With regard to marital status of surveyed HHs, the table below shows that the majority (55%) are female single parents followed by male single parents (35%).

Table 3: Marital status of surveyed HHs

Marital Status	Freq.	Percent	Valid Percent	Cum. Percent
Male Single parent HH	140	35.4	35.4	35.4
Female Single Parent HH	217	54.9	54.9	90.4
Monogamous family	35	8.9	8.9	99.2
Polygamous family	3	.8	.8	100.0
Total	395	100.0	100.0	

In surveyed HHs, there are quite a significant number of children under 18 years of old. As the table below shows, the number of children (age between 6 and 18 years old) in the final evaluation were 1089 children, and 764 children under five. At the baseline, the number of children under five and between 6 and 18 years of age were 862 and 994 respectively.

Table 4: Population under 18 years (in surveyed HHs)

Age Description	Final Eval.	Baseline
Female population age: from 6 to 17 (past 3 months)	518	470
Male population age: from 6 to 17 (past 3 months)	571	524
Total population from 6 to under 18 Years old	1089	994
Female under five children(past 3 months)	344	402
Male under five children(past 3 months)	420	460
Total Children under five	764	862
Total Under 18 years population	1853	1856

3.2.Project Relevance & Timeliness

3.2.1. Relevance

From discussion with various stakeholders (target communities, Woreda & Zonal governments, implementing partners etc.) and review of various reports and documents, the project actions were relevant to and consistent with the needs of target beneficiaries. The overall objective of the project is “to save lives, protect livelihoods and early recovery of drought affected Pastoralist and agro-pastoralist in Somali Regional, Ethiopia”. This objective is in line with all Country Strategic Objectives (CSO) for

the Humanitarian Requirements Document (HRD, 2018): 1) “saving lives and reducing morbidity due to drought and acute food insecurity; 2) Protect livelihoods; 3) Prepare for and respond to other humanitarian shocks including conflict / flooding /Displacement.

The IDPs in Somali Region, particularly in Jaraar Zone (and others including Doolo, Shebele, Korahe, zones), have been hard hit due to failure of rainy seasons during past consecutive years. The drought situation eroded the livelihoods and coping capacities of pastoralist and agro-pastoralist communities the Region.

According to various reports (UNICEF, 2017, 2018), the IDPs who were displaced following the 2015 drought continued feeling the impact of the drought until 2019. In addition, new displacements also continued in 2018 and 2019 as well. During our field visit at the end of December 2019, FGD and KII participants confirmed that there had been new arrivals in December.

During KII and FGDs with Government officials as well as drought affected IDPs in Jaraar Zone, Degahabur, Gunagado, Gashamo and Daroor Woredas, participants reported that IDPs had lost most of their livelihood asset due to severe drought that occurred in 2017, and its impact continued through 2018 and 2019. During FGD discussion held at Bulaale Gunagado, Daroor and Gashamo IDP sites/ Kebeles, the discussants explained that the majority of the IDPs were displaced and arrived at their respective IDP sites before a years ago while some of the discussants indicated that they joined the displaced community during the last four or five months.

The responses obtained from the HH survey also revealed that the number of years of displacement ranges from a few months to more than one year. At the end of project, more than 97% (N=275) of the IDPs reported that they had lived in the IDP camps for more than one year compared to the proportion of people at baseline (93%, N=323).

The difference in the proportion of people between baseline and end line can be due the time difference between the two surveys. The baseline was conducted in March/April 2019 while the end line survey was conducted after 6 or seven months. The other factor could be that more people who lived in IDP sites for more than one year may have participated in the survey though the selection of sampling units was random.

Table 5: Duration of stay in IDP camp since displacement

Duration of stay in IDP Camp	Baseline			End line		
	Frequency	Valid %	Cum. %	Frequency	Valid %	Cum. %
Between 6 & 12 months	4	1.2	1.2	1	0.4	0.4
Displaced for >1 year	299	92.6	93.8	269	97.8	98.2
Displaced for < 6 months	20	6.2	100.0	5	1.8	100.0
Total	323	100.0		275	100.0	

In all FGDs and KIIs participants agree that the project components including improving access to Water, NFI distribution, Economic recovery activities, livestock treatment and mass vaccination were relevant. These interventions were also consistent with Government, Donor and Oxfam’s priority actions.

However, the support they received from the project was not enough in terms of the number of people targeted under different project components. For example, they commented that the number of people who were targeted for economic recovery and NFI distribution was smaller than the number of people

who require the assistance. In addition, the amount of cash paid for CFW or as a gratuitous support was too small to address food needs of members of target HHs. Nevertheless, target beneficiaries commented that the implementation was delayed by several months, and the number of target HHs was smaller than the number of needy people though any such interventions by Non-governmental organisations was welcomed positively.

Regardless of the number of years or months target beneficiaries spent in IDP sites, all IDPs still require lifesaving as well as a long-term recovery and rehabilitation interventions like income generating, asset recovery, and water rehabilitation interventions.

In this regard, NGOs and other actors interested in supporting IDPs in the future need to consider coordinating with, strengthening or advocating for implementation of the regional durable solution strategy that was prepared some four years ago (see SNRS' durable solution strategic document).

Given the scale of support required by existing IDPs coupled with emerging new displacements in the target areas means that there is a lot of pressure on the Government and humanitarian actors to address the problems and respond to needs of the displaced people. In this regard, most IDPs we talked to mentioned that they require support both in terms of short-term relief and durable solutions.

During different focus group participants explained that their place of origin was severely affected by successive drought, and nothing was done to improve the situation. As a result, these participants indicated that they have no desire to go back to their previous village/location. When they were asked why, they explained that, "there is no water in our place of origin; we have no animals as we lost them during the drought, and there is nothing for us to rely on for living. So, why should we go back, they ask".

In terms of access to water infrastructure, FGD participants also added that currently IDP sites are better than their previous place where they come from. Besides, the evaluation team observed marks of infrastructures visited that different agencies have invested in (such as Latrine, water and other infrastructure facilities) to improve situation of the IDPs.

In the past, most interventions, implemented by different agencies in target Woredas, focussed on the traditional aid "architecture/structure" - i.e. Provision of emergency responses rather than finding lasting or durable solutions for the displaced people. In this regard, a report on evaluation of the drought responses (from 2015 to 2018), which was prepared by the Inter-Agency Humanitarian Evaluation Steering Group (IAHESG), also confirmed that the responses focused heavily on food. The report further explained that "livelihood assistance was a major gap, with agriculture underfunded throughout. Other critical sectors (nutrition, WASH, health) were also massively underfunded in some years" (IAHESG, 2019).

In this regard, this evaluator argued in the final evaluation report of ECHO HIP 2018 project (implemented by Oxfam) that "relief and emergency interventions are helpful but cannot yield a lasting/durable solution for IDPs who already spend more than 2 years in IDP sites" (TENTAM, 2019).

In this regard, Oxfam has taken this recommendation seriously, and integrated livelihoods recovery/rehabilitation and income generating interventions in the design of OFDA funded emergency project for Somali Region. Such a practice of learning from implementation of previous projects, and taking useful recommendations is commendable for humanitarian organisations like Oxfam. In this regard, as a learning organisation, Oxfam taken such recommendations into account and included

these components in the design of this OFDA funded project, which is being evaluated. Thus, it incorporated **economic recovery** and income generating activities alongside emergency interventions-like livestock vaccination, Cash for Work (CFW), improving access to water, promoting sanitation and Hygiene, and protection activities.

3.2.2. Project Efficiency

As per its design, the project life span was 12 months, from August 2018 to July 2019. Project agreement was signed between Oxfam and OFDA on 25th September 2018. However, project implementation was delayed for several months due to various factors, which included changes in the project context requiring modification of intervention donor's pre-approval on the changes and the Regional government decision to temporarily halt implementation of project activities. According to project staff, dealing with these factors took more than 5 months. According to the project manager, for example, the pre-approval process by the donor (mainly for livestock treatment and water rehabilitation interventions) took up four months. Thus, the project hardly achieved planned activities/outputs during the 12-months as per the design. In order to complete project execution, therefore, Oxfam required a 'No Cost Extension' (NCE) period that was approved by the donor in August 2019. Hence, the project lifespan was extended until the end of December 2019.

During key Informant Interviews (KIIs), which took place with project field staff, it was reported that most of the project actions/ sectoral interventions were implemented between October and December 2019, which is during the NCE period. Therefore, Oxfam accelerated implementation of Public Health Environmental (PHE) activities (like improvement of water supply and public latrine) construction works, Cash transfer for economic recovery interventions, animal vaccination (through campaign) and treatment (using a voucher system), construction and promotion of "child friendly space" and other activities. Therefore, implementation of all project activities was completed until 31 December 2019. However, handover of completed activities for local government and community-based institutions were scheduled for January 2020. According to project staff, unavailability of government officials was one of the reasons for extending the schedule for handover in to January 2020.

This is a 12-month project that integrates emergency and recovery interventions. It was originally designed with a life span of 12 months from July 2018 to August 2019. The underlying assumption, when designing emergency projects, that project implementation is expected to start immediately. To minimise the cost of delay of project actions, implementing agencies usually make a special arrangement or adapt a flexible (procurement, recruitment etc.) processes and procedures without compromising a check & balance and accountability mechanisms. From the perspective of emergency projects, where urgency of actions is critical, this project experienced a major delay to execute its planned activities.

According to project staff, only a few activities were implemented. These include identification and training of CAHWs, conducting mass vaccination, Public Health Promotion (PHP) and protection activities. OFDA in particular the WASH Construction and Voucher Based Livestock Interventions. The major activities like habitation of boreholes as well as livestock treatment interventions were implemented during the NCE period.

During KII interview with staff, at least two major factors contributed to this delay:

- a. After the signing of project agreement with OFDA, Oxfam made certain changes on the list of Veterinary drug suppliers and contractors' list, which required pre-approval process by the Donor. The Donor responded positively to the request though the approval process took more than four or five months.

- b) Due to this delay, to start implementation of the project in time (i.e. after nine months), the Zonal Government officially suspended implementation of the project for about three weeks. This caused a lot of back and forth process of discussions and negotiations between Oxfam and Regional/Zonal Authorities that was concluded positively, and agreement was reached between the two parties in order to continue implementation of project activities. According to field staff, the delay particularly affected construction and rehabilitation boreholes and implementation of livestock treatment interventions. Therefore, these activities were implemented within the No Cost Extension (NCE) period from September to December 2019.

In this regard, at least two major factors contributed to this delay: (a) a pre-approval process by the donor took more than four to five months; (b) Due to delay to start the project in time (i.e. after nine months), the Zonal Government officially suspended implementation of the project for a week. This caused a lot of back and forth process for Oxfam to clarify the issues/causes of the delay and negotiate continuation of implementation took some weeks. This negotiation was positively concluded. In the meantime, Oxfam made a request to the donor to extend the project lifespan to implement planned activities without additional cost (NCE). The request was approved in the second week of August 2019 allowing Oxfam to implement the activities within four additional months, from September to December 2019.

According to project field office staff, the project spent much of its running/Administrative especially the staff cost during the 12 months, and run short of financial resources to implement the project during a NCE period. According to the project manager, therefore, the majority of the project outputs were delivered in four months, from September to December 2019.

3.2.3. Project accomplishment: Planned activities/outputs Vs achievements

Progress against target Beneficiaries

The project exceeded the number of target beneficiaries in all but protection (sector 4) thematic areas. On average, the project reached 110% of all target beneficiaries. As the graph below shows, from the total target, the project reached 102%, 100%, 110% and 53% of its target beneficiaries under the agriculture, Economic recovery & market systems, WASH and Protection sectors respectively. With regard to Reaching target IDPs, the project reached 127%, 105% and 58% of target beneficiary IDPs respectively. Until the end of December, 2019, the project benefitted a total of 173,068 People (where 50,060 people were IDPs). Comparing the number of people reached against its target, the project surpassed its target 1.84 times.

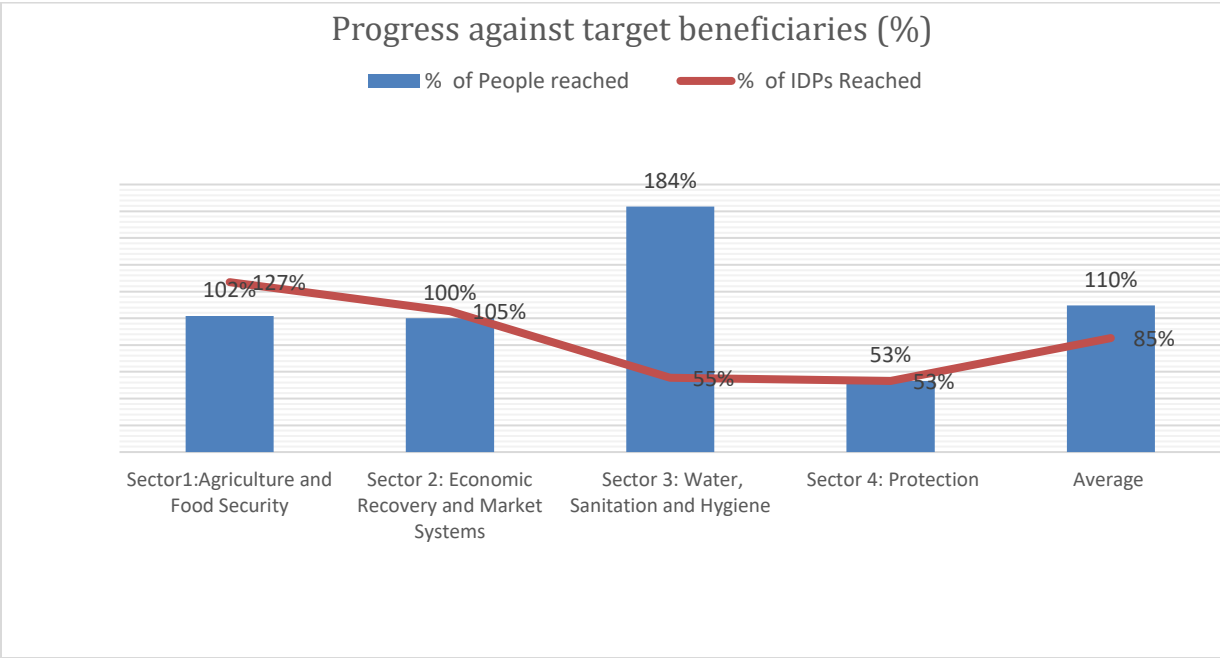


Figure 1: Progress against target beneficiaries across the 4 thematic (sectors) intervention areas (source: Oxfam, 2020)

Given the vast area to be covered, the number of staff’s deployment could be taken as a reasonable one. However, the project hardly utilised these staff as efficiently and effectively as expected due to the lengthy preapproval process with the donor for the modification request, which consumed almost 5 months of the project life span and regional Government’s decision to suspend implementation of project activities for a week time.

3.2.4. Agriculture and Food Security (Sector 1): Livestock & Pharmaceutical

The specific objective of this sector was that “Drought affected pastoral communities’ livelihoods are protected and restored through the provision of emergency and early recovery animal health services”.

In general, the veterinary service delivery systems in Ethiopia is traditional where the Government taking the main responsibility of delivering the services at various levels: Veterinary staff providing the services at veterinary clinics or posts while CAHWs at field/Kebele.

Animal health service delivery in pastoral areas has been a major challenge. The challenge is greater, considering the conditions in pastoral areas such as insecurity, poor infrastructure, low cash economy, high cost of service delivery, vastness of the area, and lack of veterinary personnel. Due to inadequate or lack of qualified animal health personnel in pastoral areas, personnel, among others. Due to inadequate or lack of AHS in pastoral areas, various service delivery initiatives, including CAHWs systems (started by NGOs), have emerged as an alternative options (Catley et al., 2002). The CAHWs system is voluntary though the government has paying for the routing animal disease information, reporting, surveillance as well as the prevention and control of animal diseases rampant in the pastoral part of Ethiopia. Community based Animal Health workers (CAHWs) have proven effective at bringing quality veterinary healthcare to pastoralists. However, the government can no longer offer these services because of budgetary constraints and fiscal deficits (Tesfaheywet (Dr) & Fitsum (Dr), 2013).

CAHWs are the most important agent that has enhanced the improved the accessibility of veterinary service to the pastoral areas although it was found out in this assessment that CAHWs were challenged by lack of sustainable drug supply source with reasonable price and lack of linkage with private veterinary pharmacies (PVPs), limited refresher training in the face of unfamiliar diseases “new to the area”.

In light of policy shift towards privatization of Animal health services, the project initiated /adopted a franchised veterinary service delivery model, where the project actively engaged the private sector to provide livestock treatment services for target beneficiaries. During the discussion with different stakeholders, it was learnt that the project tried to create a drug supply chain and services delivery by linking different private actors (Whole seller, who is based in Jigjiga town (the regional Capital), and Private Veterinary Pharmacies (PVP) which are located in Woreda towns of each target Woreda), and Community Animal Health Workers (CAHWs). The later are based in each Kebele/village closer to pastoralist/) actively involved in provision of livestock health services to target communities. The figure (below) depicts the supply chain and relationship among different actors.



Figure 2: partial view of Whole supplier drug store

During a KII interview with the veterinary drug supplier and one PVP from Gashamo, both discussants confirmed that due to limited financial capacity of PVPs, the supplier delivered the selected drugs on loan with an understanding that former pay their loan after they collect their payments from Oxfam by cashing vouchers collected from target beneficiaries via CAHWs. To strengthen the system, however, Oxfam made an advance payment of 69,000 Birr for the PVPs at the district level.

In this arrangement, PVPs get the drugs from the supplier (whose main sources are importers in Addis Ababa) with or without a collateral depending on knowledge and relationship between the two parties. As the supplier explained, some of the PVPs gave him a guarantee to assure that they would pay their loan upon an agreed timeframe all at once or on instalment basis.

The project facilitated signing of memorandum of understanding between selected PVPs and CAHWs in each Woreda to provide the emergency veterinary service using a voucher system. The agreement was co-signed by two witnesses including Oxfam and Woreda livestock and pastoral development offices in each target Woreda. According to the agreement, CAHWs get three types of emergency drugs from PVPs.

The CAHWs collect signed vouchers from beneficiary upon treating their animals. Then, the CAHWs return empty vials to and settle the vouchers collected from beneficiaries with PVPs. The CAHWs were also expected present the voucher redemption sheet signed by the beneficiaries upon receipt of the service. According to the agreement, CAHW will receive their payments based on the number of beneficiaries they served at a rate of 20 Birr per beneficiary.

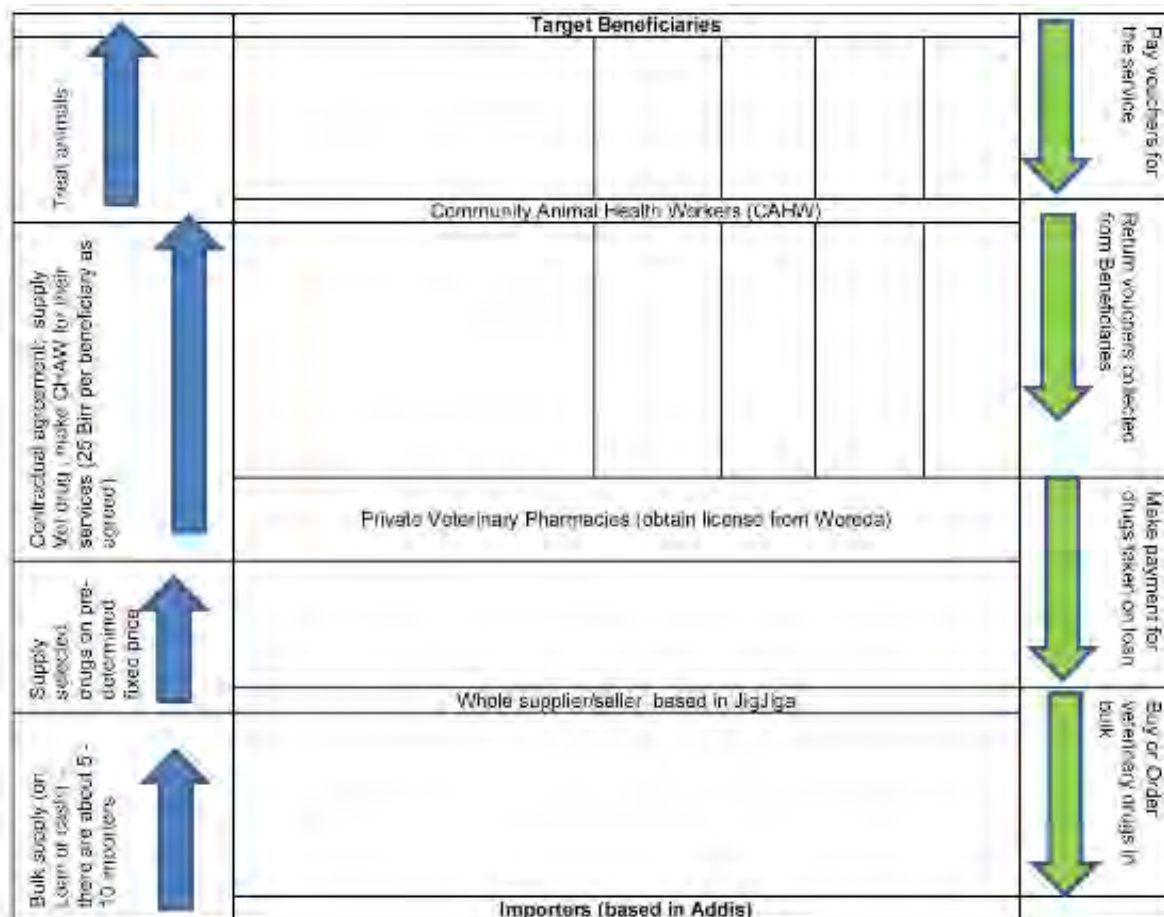


Figure 3: Flow of Vet treatment Services /supply chain at Region and Woreda level

During the discussion with private veterinary service operators and target beneficiaries, discussants raised a number of **pros** and **cons** about the services delivery model and the voucher system:

Pros/opportunities

- The approach helped to strengthen or create linkage the supply chain from Veterinary drug suppliers at regional level, PVPs and CAHWs. In KII, the drug supplier in Jigjiga explained that the intervention helped him not only to strengthen his linkage in the vet drug supply chain with existing (PVP) customers, but also initiated a link with new PVPs in new Woredas. He believes that this relationship will continue regardless of the continuation of the project intervention.
- The project/Oxfam made a concerted effort and applied a rigorous process to ensure timely and efficient delivery of the treatment services, and ensure that the quality of the drugs supplied are as was initially identified and approved by the donor. For example, process involved:
 - Identification, and capacity assessment of vet drug suppliers at regional level. It found only one reliable supplier, who showed willingness to participate as per the terms and conditions set by the project and fulfil requirements: trade license; capacity to supply a quality and quantity of vet drug, and willingness to provide a written quality assurance letter denoting procedures to follow stock management standards and principles to manage veterinary pharmaceuticals under his possession.
 - Identified, assessed the capacity of and selected PVPs that met legal requirements and willing to participate using the voucher system that was initiated by Oxfam;
 - Repeatedly took samples of drugs and empty from the field to examine the quality of the drugs used/being used.

- **Facilitate signing of MoU and support the supply chain:** prior discussions were held among actors along the supply chain and service delivery system which resulted in agreed fixed price for selected drugs during the lifespan of the project and signing of MoU. Willingness to provide of a written quality assurance letter denoting procedures to follow in managing veterinary pharmaceuticals under his possession.
- **Training and equipping CAHWs:** In fact, CAHWs were selected by the community and Offices of Livestock Resources and Pastoral Development in each target Woreda. The project, organised training for CAHWs and equipped them with basic vet Kits. In addition, both the communities and CAHWs were given awareness rising orientation on how the service deliver model and the voucher system works.
- **Determine the type of drugs and estimate value of voucher per beneficiary:** the project staff determined the type of drugs based on a rapid assessment conducted in the target areas which identified most common diseases that affect live stocks, and determined quantity required per target beneficiary.

Cons/challenges

- Transportation problem-particularly when transporting drugs from Jigjiga to Woredas (except Gashamo Woreda)
- Two hundred birr per beneficiary is too small to treat all animals that a target household owns. According target beneficiaries, sometimes, some animals need treatment more than once.
- **Delay in initiating/applying the franchised model/voucher system:** As per OFDA's requirement, the type of Drug, Batch number, the list of suppliers (s) require preapproval, a process which takes many months. Thus, there was a major gap (in months) between times that whole supplier and types of drugs were identified, and the actual implementation of livestock treatment was started. According to the whole supplier, explained that because of his commitment and promise he made with the project he had to keep the stocks until the project receives pre-approval from the donor. As a result, he was restricted his ability to sell and replenish his stock- that is, limited frequently of his transaction.
- Given the high demand for veterinary drugs coupled with shortage of imported items, the supplier argues that it was very challenging to find adequate quantity of drugs with specific batch number, and brand.
- **The voucher system is not flexible/restricted:** Because of the agreement made between PVPs, CAHWs and Oxfam, a beneficiary could use his/her voucher only with selected CAHW, and during a specific period (from September/October to December 2019. In other Words, if a target beneficiary or his/her animal moves out of target Kebeles in search of pasture or water, he/she cannot use the voucher in that new place even if there could be a CAHW in that area. In order to get his/her animal treated outside target intervention Kebeles, a target beneficiary is expected to pay the CAHW in cash for the service. Because, the CAHW in that particular Kebele might not be part of the voucher system. For example, according to PVP operator in Gashamo, the livestock treatment was implemented between October and December 2019 through the initial plan was to implement this intervention from April to July 2019. According the PVP in Gashamo, Between October and December, HHs had been moving away from their home due to in adequate availability of pasture and water in the target Kebeles in spite of the short dryer rains in the project area.

Review of some official documents on early waning information (related to the project area) revealed that the PVP's argument mentioned above had truth init.

According to FEWS NET, following the below-average performance (25 -50% below average) of the Gu rainy season (March to May 2019), the pastoral areas in Fik, Gode and Degahabur Zones of Somali Region experienced poor regeneration of pasture and water sources (FEWS NET, 2020), which continued until the start of the short rain in mid-October 2019. This situation was also exacerbated due to the perpetuating effect of successive droughts since 2015.

The months from October to December 2019 was Dyre season with short rains in most Southern and South-Eastern parts of Somali Region including Woredas in Degahabur. According to recent FEWS NET update report, the areas received above average amount of rainfall though its effect on regeneration of pasture and water could not be felt before January/February 2020 (FEWS NET, 2018; 2020).

- As a result of such movement of pastoralists, the PVP in Gashamo argued that to deliver livestock treatment efficiently and timely by CAHWs. Thus, the PVP has struggled to collect back the vouchers, which contributed for the delay of the entire voucher system as compared to the other woredas, where the voucher-based livestock treatment service delivery was conducted.

Misunderstanding by beneficiaries about the use of the voucher: According to some KII and FGD participants, in the past LMMS card similar to vouchers were used as a means of cash distribution (conditional /unconditional), where beneficiaries collect cash from microfinance institutions, since the LMMS card serve as an identity card to the beneficiaries. Thus, some of them had expected to change their voucher with cash. To avoid such a situation, there should be routine orientation and explanation for beneficiaries during and after distribution of the vouchers in the future with similar exercise

3.2.5. Economic Recovery and Markets Systems (sector 2)

The specific objective of this sector is “**to increase income and livelihood opportunities for pastoral and agro-pastoral communities**”.

As the potential of pastoralism livelihoods strategy is being threatened by climate change (like drought and flooding) more and more people in the target Woredas are looking for supplementary/alternative livelihoods options. Thus, the intent of the project support/strengthen economic recovery activities is commendable.

Under this component, the project identified different intervention that were sought to improve access to income and enhance recovery of beneficiaries’ economic. The project reached all 180 beneficiaries (100%) who were granted cash to start different income generating businesses.

The interventions include livestock fattening (50 beneficiaries), Petty trading (100 Beneficiaries) and operating/running small restaurants (30 Beneficiaries), and the project granted Birr 24,640 (released in two rounds), Birr 12,040 and 12,040 Birr respectively per beneficiaries: which aims to increase income and livelihood opportunities for 180 (5,280 people) pastoral and agro-pastoral HHs through livelihoods intervention in all target Woredas.

3.2.6. Water Sanitation and Hygiene (WASH) _ Sector 3:

The specific objective of this sector is “provision of life-saving emergency water supply, improved sustainable & safe access to water and sanitation services, and promotion of good hygiene practices for pastoral and agro-pastoral communities [target Beneficiaries]”. To achieve this objective, the project planned and executed rehabilitation of three boreholes (1 heavy, and two light rehabilitation work). The main activities include repair and maintenance of pumping system, installation of extension pipes

between boreholes and public distribution points, construction of public water distribution points and training and awareness raising activities.

Rehabilitation of Water sources

According to the project manager, implementation of borehole rehabilitation activities started in October 2019 due to the delay caused by the preapproval process by the donor on the selected bidders/construction companies.

The rehabilitation of a borehole in Bulaale (Kurusawol) IDP site, which involved heavy rehabilitation work (replacement of water pump, laying water distribution pipes, and construction of public distribution points) was completed around mid-December 2019 and become functional. In this regard, it is worth to mention that the project made the power system of this water supply scheme is hybrid type both with solar and diesel generator.

Construction of sanitation and hygiene facilities: Latrine and shower rooms

In all target IDP sites, the project constructed a total of 50 blocks of latrines with three rooms each, and 50 blocks shower with four rooms each for communal use by the IDP population.

In IDP sites the evaluators visited, it was learnt that construction of these facilities was completed and handed over to beneficiaries (WASH committees) until the end of December 2019. During our visit, we observed that some of the latrines have already been used by beneficiaries while in other cases. The facilities were brand new and were not yet used by beneficiaries. According to participants, these facilities were handed over to the committee two or three days before this final evaluation was conducted, and that was why they were not yet functional. They also explained that they will have a meeting with their community and would soon open the facilities for their public.

Similarly, FGD participants explained that construction of shower rooms was completed, and the facilities were handed over to them though target beneficiaries have not used them yet. The evaluation team also observed that some of the latrines were very new and did not even start functioning.

According to beneficiaries and project staff, one of the main reasons was lack of access to adequate water supply. The project also strengthened/established WASH committees in all IDP sites.

3.3. Project Effectiveness

Effectiveness relates to how well outputs are converted to outcomes and impacts, such as food consumption, food security, improved nutrition, improved health, improved livelihoods etc. Thus, in the below section, this final evaluation will examine the extent of the project achievement towards its stated objective/outcome. In doing this, we will assess the changes in the values of performance indicators from the baseline value.

3.3.1. Livestock treatment and mass vaccination

The project supported massive vaccination of animals particularly cattle in all target Woredas of Jaraar Zone. HH survey respondents were asked in the mass livestock vaccination and livestock treatment had saved their animal or not. Thus, the response revealed that only 42.3 % (N=395) of surveyed HHs positively responded answered that both livestock mass vaccination and the livestock treatment had helped their animals survive. As the table below shows, the majority (80.5%, N=190) of target HHs benefited from vaccination and treatment of animals. According these respondents, shoats. Furthermore, the table below shows that both the vaccination and treatment interventions saved more than 2400 animal (the majority being shoats) from 190 HHs.

Table 6: Type and number of animals saved due to mass vaccination and treatment

Which Core Animal Breeds Survived: (count of “Yes” responses only)			Number of animals saved due to vaccination and treatment					
Type of breeds	Responses (yes)		Total animals	No	Min	Mean	Max	Std. Deviation
	N	Percent						
Cattle	8	4.2%	89	0	11.13	60	20.808	
Donkey	2	1.1%	4	1	2.00	3	1.414	
Shoats	153	80.5%	2224	0	14.54	200	24.035	
Camels	19	10.0%	87	0	4.58	25	7.633	
Others	8	4.2%						
Total	190	100.0%	2404					

a. Dichotomy group tabulated at value 1.

With regard to livestock treatment, project applied a franchised veterinary service model, which is worth explaining.

3.3.2. Livestock treatment Model

Under the Agriculture and Food Security sector, the main activities include emergency livestock vaccination, livestock treatment, and training and equipping Community Animal Health Workers (CAHW), selection of veterinary drug suppliers, Private Veterinary Pharmacies (PVPs), targeting beneficiaries and distribution of vouchers before the end of December 2019, the project delivered the following activities/outputs:

- Refresher training 90 existing CAHWs in the six target Woredas;
- Trained 36 New CAHWs and equipped with Standard Vet Kits in six target Woredas;
- Organized and supported two rounds of mass livestock vaccination for 701,866 animals. A total of 35,467 Households (HH) benefitted from this action;
- Established 3 platforms (Community Animal Health (CAH) Platform) in Jaraar zone where the CAWHs, Private Veterinary Pharmacies (PVP) and respective Government officials engaged for sharing and learning on community animal health system and practice regularly;
- Identified and linked one Wholesaler (at Regional Level), six Private Veterinary Pharmacies (PVPs, at intervention Woredas) and Community animal health Workers (CAHWs, at Kebele level), to ensure timely supply of vet drugs and livestock treatment.
- Distributed vouchers 6500 HHs, who accessed livestock treatment services from 90 CAHWs in their respective Kebeles. As a result, these households got a total of 156, 591 animals treated using their voucher.

Table 7: progress on performance indicators (sector 1)

Description of performance indicators	Planned targets	Actual/Achievement	% Achieved	Remark
Sector Table (Sector 1):	Agriculture and Food Security			
Sub-Sector:	Livestock			
Indicator 1: Number of people benefiting from livestock activities	230,151	234,082	102%	Pastoralist livestock devt Bureau/project final report
Indicator 2: Number of animals benefiting from livestock activities (Mass Vaccination)	690,453	701,866	102%	Pastoralist livestock devt Bureau/project final report
Indicator 3: Average animals owned per individual	20	11	55%	Average # animal per HH (from end line survey)
Indicator 4: Number of people trained in livestock treatment	36	36 (25M+11F)	100%	36 CAHWs,
Indicator 5: Total USD value of vouchers redeemed by beneficiaries*	44,600.13	44,600.13	100%	Project record/report (200 ETB V.V voucher x 6500) + (675 ETB – V.V x 90 CAHWs)

Livestock Possession

Livestock constitutes the primary livelihoods of pastoralist and agro-pastoralist community in Somali National Regional State. According to FGD participants, key informants and household survey results, however, the number of livestock possession of target beneficiaries declined due to drought and other associated/opportunistic diseases.

During the project period, the number of animals per HH increased from 7.6 animals (N=295, SD=24.04932) at the baseline to 11 animals (N=365, SD =9.70876) at the end of the Project. Even though the average number of animals increased at the end of the project when compared to the baseline survey, the average number of animals per HH was less than the project target of 20 animals, Per HH.

On the other hand, as shown in table 7& 8 below, the final evaluation revealed that the proportion of people who owns more than twenty animals increased from 11.2 % at the baseline to 19.2% at end of project evaluation. As shown in the below table, the proportion of people who own less than 20 animals decreased by 8 %-from 88.8% at baseline to 80.8%. Similarly, the proportion of people with number of animals between 20 and 39 increased from 9.5% at baseline to 17.3%. Similarly, the proportion of people with number of animals between 20 and 39 increased from 9.5% at baseline to 17.3% at the end of the project while majority (80.8%) of surveyed HHs possess below 20 animals.

Regarding the number of cattle and shoats per beneficiary, the table below shows two contrasting trends: On the one hand, the average number of shoats owned per beneficiary increased from three at baseline to 11 at project end; on the other hand, the number of cattle per beneficiary declined from 11.39 at baseline to 1.8 at project end2.

Figure 4: Proportion of people possessing different number of animals.

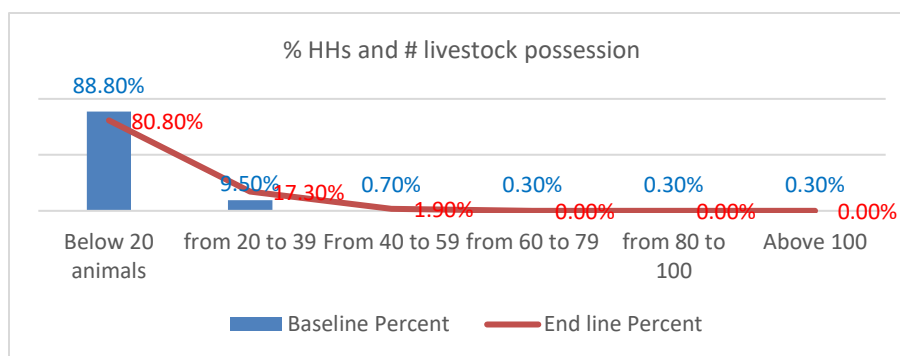


Table 11 : Number of Animals possessed at baseline and project evaluation

Type of Animals Possessed	Baseline (March/April 2019)					End line (Dec. 2019)				
	N	Min	Max	Mean	Std. Dev.	N	Min.	Max.	Mean	Std. Dev.
Cattle	75	0	254	11.39	29.833	15	0	7	1.80	2.111
Donkey	45	0	35	3.38	7.206	49	0	25	1.41	3.470
Shoats	236	0	35	2.89	6.541	355	0	200	10.85	13.725
Camel	74	0	254	7.78	29.804	67	0	40	3.39	5.651
Total number of Animals possessed	295	0.00	278.00	7.6746	24.04932	365	0.00	50.00	10.7699	9.70876

Veterinary Pharmaceuticals and Other Medical Commodities: Livestock Mass Vaccination and Treatment

Any damage or loss of animals is life-threatening for the people in the pastoralist and agro-pastoralist community of Somali Regional state/ and the project intervention Woredas. Consecutive drought in the project area not only affected access to water and feed/pasture for the animals but also the situation further weakened body condition of animals and increased their susceptibility to opportunistic livestock diseases.

In order to minimise the risk of these opportunistic diseases that might affect the livestock population in the target areas, and to protect livestock assets of beneficiaries, the implemented different activities:

- (a) Facilitated a (refresher) training for 54 existing and 36 new CAHWs. In addition, the later were also equipped with basic veterinary kits;
- (b) In collaboration with local administration and representatives of IDPs, identify target beneficiaries for livestock treatment intervention;
- (c) Identified a veterinary 1 drug supplier at Jigjiga and linked with **six** Private Veterinary Pharmacies (PVP). These actors were also trained in veterinary medical commodity supply chain management
- (d) Negotiated fixed prices of the drugs with both the supplier and PVP so that target beneficiaries get the service at reasonable price.
- (e) Prepared and distributed veterinary treatment vouchers for selected beneficiaries. According to the Livestock team leader, each beneficiary received six pieces vouchers with a total value of Birr 200. This amount covers the cost of treatment/drugs (Birr 160), service payment for Community Animal Health Workers (20 Birr) and marginal profit for PVPs (Birr 20).
- (f) Provided logistic and financial support to regional and zonal Livestock and Pastoralist Development Bureau to carryout mass livestock vaccination in two rounds.

A report prepared by Regional Bureau of Livestock and pastoralist Development revealed that that livestock mass vaccination was one of the main activities supported by the OFDA-funded project. The aim of this activity was to immunize animals against killer diseases (SRLRPDB, 2019). According to this report and based on the discussion with project and government staffs, the project supported the Regional/Zonal Bureau mainly in terms of logistics, refresher training cost, and provision food allowance for animal health personnel (CAHWs, Animal health technicians, community mobilizers, vaccination team leaders and coordinators) while undertaking the vaccination campaign.

The vaccination campaign was carried out in two rounds, and covered all project target Woredas including Aware, Daror, Gashamo, Gunagado, Dhagahabur and Bil'il-bur Districts of Jaraar Zone. According the project final report prepared by Oxfam & the government, a total of 701,866 Heads of animal were vaccinated against *Contagious Bovine Pleuropneumonia, Sheep and Goat pox, Ovine and Bovine Pasteurellosis, Anthrax and Camel pox*. The number and type of animals vaccinated include

313,183 Heads of Sheep, 377,233 Heads of Goat, 8,900 Heads of Cattle and 2,550 Heads of camel. In addition, a total of 35,467 households (18,958 Male and 16,509 Female Headed households) or total of 234,082 people (44% male and 56% female) have benefited from mass vaccination campaign.

With regard to livestock treatment activities, the project creatively tried to apply a franchised model that linked private sector actors and community-based service providers and using a voucher system. In this model the project identified veterinary drug supplier (whole seller) at Regional level, Private Veterinary Pharmacies (PVP) at Woreda level, recruited and trained (with local government bodies CAHW), facilitated signing of Memorandum of Understanding (MoU) between PVPs and CAHW, established business linkage (based on agreed terms & conditions) between PVPs and the Supplier. Critically important here was that the implemented a rigorous quality control measures to ensure that the types and quantities of the drugs supplied by the whole seller had the batch number and codes as agreed at the begging and pre-approved by OFDA. According to the livestock team leader, three types of broad-spectrum veterinary drugs (e.g. isometamidium chloride hydrochloride 1%) were selected based of assessment at field level. These drugs have a prophylactic effect (i.e. curative and preventive property) and can kill a variety of genera of pathogenic/disease causing micro-organisms.

In addition, the project not only prepared and distributed vouchers but also educated target beneficiaries how the system/model works. Target beneficiary HHs were identified (jointly with local government structure) based on agreed selection criteria (like animal ownership, economically poor & Vulnerable etc.). a total of 6,500 HHs (52%male and 48%female) received vouchers (of value 200 Birr/HHs) in September/October 2019 in order to get access to livestock treatment services for their animals (like cattle and camels) that were already sick and would be exposed to trypanosomiasis (mechanical and cyclical infection). Until the end of December 2019, therefore these households were able to get a total of 156,591 (23% of plan) animals treated using a voucher system.

Table 8: Progress against Veterinary Pharmaceutical performance

Description of performance indicators	Planned targets	Actual/Achievement	% Achieved	Remark
Sub-Sector: Veterinary Pharmaceuticals and Other Medical Commodities				
Indicator 1: Number of veterinary facilities out of stock of any of the veterinary medical commodity tracer products, for longer than one week *				<i>The project worked with one supplier and six Private Veterinary Pharmacies. During the KII with these actors, the whole seller/supplier at Jigjiga explained that he has reliable source of drug supply from importers based in Addis. The whole seller and the PVPs confirmed that the vet drug supply chain is reliable. To this effect, during the field visit, it was observed that both the PVP and the Whole seller shops had drugs and other veterinary commodities;</i>
Indicator 2: Number of Animals Vaccinated	690,453	701,866	102%	
Indicator 3 Number of animal disease outbreaks *				During FGDs and KII with target beneficiaries, participants indicated that there were no reported cases of disease outbreak.
Indicator 4 <i>Number of people trained in veterinary medical commodity supply chain management *</i>	7	7	100%	6 PVP owner and 1 Wholesalers were trained on certified vet drugs and supply chain as well as coordination mechanisms.
Indicator 5: <i>Total USD value of vouchers redeemed by beneficiaries*</i>	44,600.13	44,600.13	100%	Project record/report (200 ETB V.V voucher x 6500) + (675 ETB – Voucher value x 90 CAHWs)

3.3.3. Economic /Livelihoods Recovery

Changes in HH income

These activities were implemented during the last three months in the NCE period. According to FGD discussants in different IDP sites (e.g. Gunagoda), target beneficiaries explained that they received the cash from the project in order to be able to participate in economic recovery activities. The cash transfer was made in September/October 2019, which was just two months before this final evaluation was conducted. This timeframe is too short to measure/achieve tangible profit, however, some of the beneficiaries reported that they were able to earn some profit. For example, [REDACTED], both from [REDACTED] IDP site received unconditional cash transfer to engage in goat fattening (Birr 24640) and petty trading (Birr 12040) respectively. [REDACTED] spent her grant on shoat fattening (See Box 1 overleaf).

Unlike [REDACTED] used the cash grant to expand his small business, which started before the project. According to him, he used some of the money to expand the shop space (size), increase the volume of his transaction, started to trade new items (e.g. Child clothes, shoes and hygienic items like shampoo).

Conditional/Looking at implementation of unconditional/conditional cash transfer was made to target beneficiaries, the project transferred cash to target through Somali Micro Finance Institution (MFI). As explained in previous sections, the activities/outputs were implemented during the last three months of the NCE period.

In addition, during FGDs in different IDP sites, participants mentioned that the amount (Birr 1500) is not enough to meet needs of the family of target HHs. According to these people, roughly, this money is enough to buy only 25kg of Sugar (apx. Birr 600), 25 Kg rice (apx. Birr 600) and oil (app. Birr 250 - 300). Depending on the family size, these food items may last only for 10 to 15 days.

Effect of Conditional Cash Distribution

Conditional Cash Transfer (CCT) was designed to improve/supplement household income of target communities. CCT was implemented in target IDPs sites/Woredas of Jaraar Zone of Somali Region.

The conditional cash distribution a total of 80 beneficiaries participated in labour-based activities through Cash for Work (CFW). the intension was to create temporary job opportunity from which participants get additional income for participating in different activities like digging trenches for installing extension water pipes between a reservoir (night storage) and public distribution points, for cleaning shower and toilet rums as a community health volunteer). In these activities, each target HH received Birr 1500 per month for four rounds and earned a total of Birr 6000.

Box 1: the Story of [REDACTED]

[REDACTED] is an IDP living in [REDACTED] IDP camp. There are 11 people (5male +6 female) in her family. Her family is a pastoralist family, and she also used to trade livestock to Somaliland before they lost their animals and asset due to drought during the past successive years.

[REDACTED] received Birr 24,640 from Oxfam in two rounds. With the money, she bought about 15 shoats each with an average price of US \$40. After three months, she took seven of her shoats to Somaliland and sold them for US \$75 each. With the income she earned, she again bought 11 shoats locally. During the FGD discussion (at final evaluation), she reported that she has 19 shoats. When asked, when would you sale the other shoat, she replied that “the price of shoat has declined now”, and she is waiting for the price of shoat to go up again.

During different FGDs and Key informant interviews with target beneficiaries, participants explained that the conditional cash distribution had enabled them to buy additional food for their household though the amount of transfer was same for all target HHs regardless of their family size. They also commented that the number of people selected for such temporary employment opportunity was very small compared to the number of needy people in IDP sites.

In terms of how they spent this money, the majority of target beneficiaries reported that they spent their cash on food items for their family. In this regard, the Post Distributing Monitoring (PDM) exercise conducted by project MEAL staff also revealed that about 98% of surveyed households spent part of their cash on food items, and only as few as 23 to 25 % of respondents mentioned spending some of cash on clothing/shoes or debt repayment.

During FGDs in different IDP sites (e.g. Degahabur, Gashamo and Bulaale) explained that the amount of cash they received each month (i.e. Birr 1500) was not enough to meet the food needs of the household members, especially for HHs with larger family size. For example in Degahabur, FGD participants mentioned that 1500 Birr can buy: either (a) 25kg of rice for Birr 600; 25kg wheat flour for Birr 550 and 3 or four litres oil for Birr 250; or (b) 25kg of rice for Birr 600; 25kg sugar for Birr 600 and 3or4 litres oil for Birr 250. These items last only for 10 to 15 days depending on the family size of a household.

Similarly, the HH survey revealed that food (staple and non-staple) the single most important expenditure item for the majority (92%) of surveyed HHs. As the graph below shows, at project end, about 92% (N=395) surveyed HHs spend their income on staple food items (81%) and non-staple food items (11%). Similarly, at baseline, the proportion of HHs who spend on staple and non-staple food items was about 93, which almost the same as the final expenditure. This result simply shows that food is the most import and basic necessity for target HHs, and the amount of income a household earns was so small that many HHs cannot afford spending on other items. However, since the HH survey data did not capture exact/estimated amount of expenditure (in Birr) on different items, it was difficult to calculate the proportion of the income a household spent on the different items particularly on food items. Therefore, this measurement cannot tell the food security status of surveyed HHs.

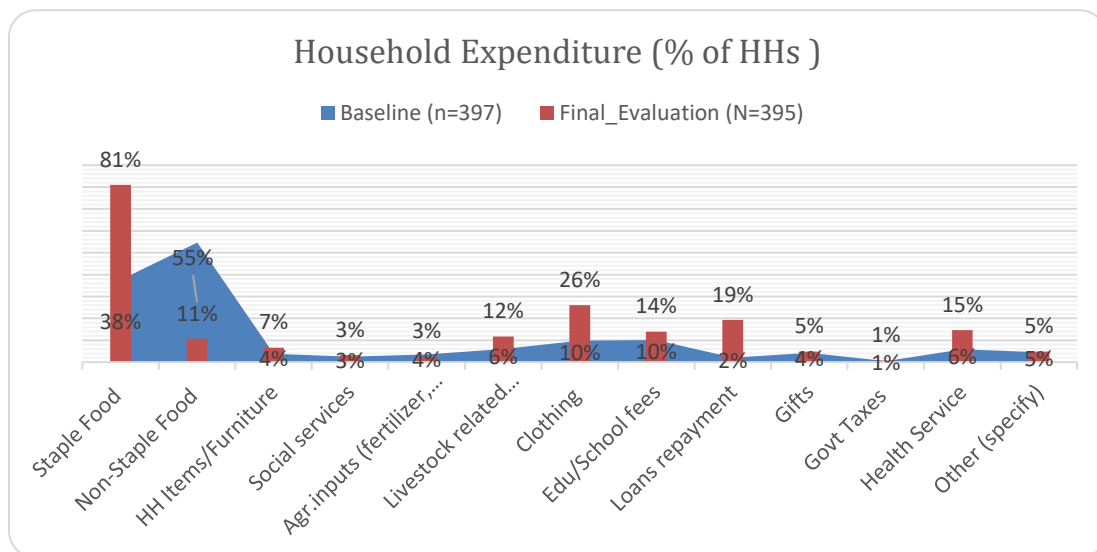
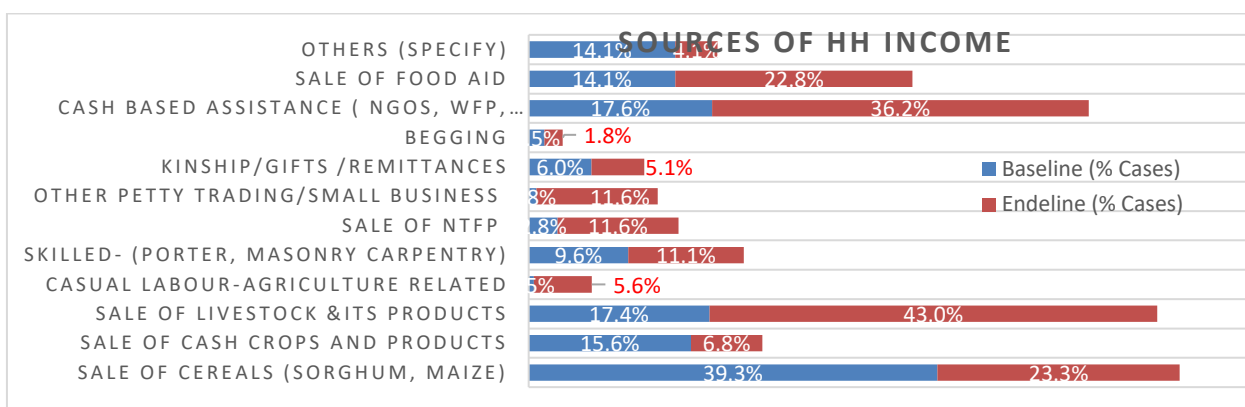


Figure 5: HH expenditure items and proportion of HHs

Table 9: Main sources of Food

Source of food Frequencies						
Main Sources of food for the HH (now)	Baseline			End Line		
	Responses		% of Cases	Responses		% of Cases
	N	Percent		N	Percent	
Own Production (crop animal)	161	28.3%	39.6%	64	10.6%	18.7%
Purchasing (with Cash or Credit)	235	41.4%	57.7%	253	42.0%	73.8%
Food Assistance	90	15.8%	22.1%	167	27.7%	48.7%
Hunting/Fishing/Gathering	8	1.4%	2.0%			
Borrowing	42	7.4%	10.3%	88	14.6%	25.7%
in Exchange of labour food	7	1.2%	1.7%	4	0.7%	1.2%
Gifts from neighbours/relatives	25	4.4%	6.1%	27	4.5%	7.9%
Total	568	100.0%	139.6%	603	100.0%	175.8%

Table 10: Major sources of HH income



Dietary Diversity score

Dietary diversity refers to the variety of foods consumed by individuals or households. A Household Dietary Diversity Score (HDDS) is a frequently used indicator of food security. For both baseline and end of project evaluation, surveyed HHs were asked if any HH member had consumed any food from 16 food groups over the past seven days. To calculate the individual HH Dietary Diversity score, however, some of the expanded food groups (Meat, Vegetable and Fruit groups) were combined back to generate the 12 main food groups, which is used to calculate individual scores³ (Swindale & Bilinsky, 2006).

In this evaluation, the DDS was computed for each HH. However, it has to be noted that comparison of HDDS (or other proxy food security indicators) values obtained at baseline and end of project could mislead unless data collection for both baseline and end of project happens during similar seasons.

With regard to this project, baseline data was collected in March/April (i.e. during Gu/sugum rainy season) while the evaluation data was collected in December 2019 (i.e. at the end of short Dyre rainy season), which are two different seasons providing/limiting HHs' opportunity to access food. Therefore, comparison of the HDDS could be misleading, and should be read with caution.

Nevertheless, this evaluation found out that the mean HDDS increased from M=1.1155 (SD= 0.36325, N=407) at baseline to M= 3.1291 (SD=1.91601, N=395) at project end.

Table 11 Mean HDDS at baseline and end of project

Descriptive Statistics

³ For details on how, refer to FANTA document on indicators guideline on HDDS: www.fantaproject.org

Data Collection Period		N	Min	Max	Mean	Std. Deviation
Baseline	HH dietary Diversity score_12FG	407	1.00	3.00	1.1155	.36325
	Valid N (listwise)	407				
Final_ Evaluation	HH dietary Diversity score_12FG	395	.00	12.00	3.1291	1.91601
	Valid N (listwise)	395				

As the figure below shows, the final evaluation revealed not only an increase in the mean value of HDDS but the HH survey revealed that all surveyed households at the baseline had low DDS (i.e. all consumed food from three or less number of food groups). However, at project end, the proportion of households who consumed from three or less number of food groups was 58.2%. As the figure below shows, more than 40% households improved their HDDS, which implies that they ate meal from more than four food groups. In other words, about 10% of surveyed HHs had high dietary diversity while 32% of surveyed HHs had a medium dietary diversity score.

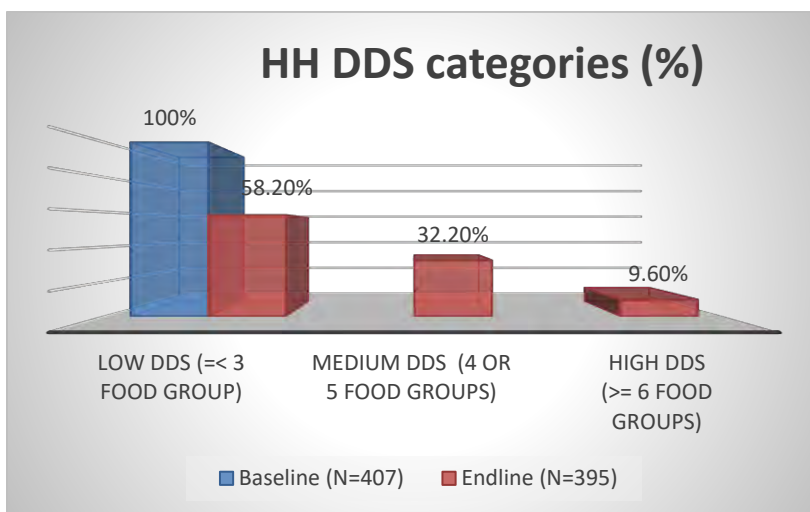


Figure 6: % hh with low, medium and high DDS

Household Food consumption score

Household Food Consumption Score

Household Food Consumption (FCS) score is used as one of a proxy indicator for measuring the current food situation of target households. FCS is a composite score based on dietary frequency, food frequency and relative nutrition importance of different food groups. Food frequency is the number of days (in the past 7 days) that a specific food item has been consumed by a household. Household food consumption is the consumption pattern (frequency* diversity) of households over the past seven days. The data was collected in March/April 2019(baseline) and December 2019 (final evaluation).

To compute HH food consumption score, the number of days⁴ (the commodity was consumed) and its relative weight and are multiplied during a recall period for the household. Then, based on the FCS, the households were classified in to three categories: poor consumption (FCS=1.0 to 21.5); borderline (FCS=21.5 to 35); and acceptable consumption (FCS=> 35.0).

⁴ The number of within the last seven days. Values range between 0 (low, the food item not consumed over the last 7 days) and 7 (max, i.e. the food item was consumed throughout the last seven days).

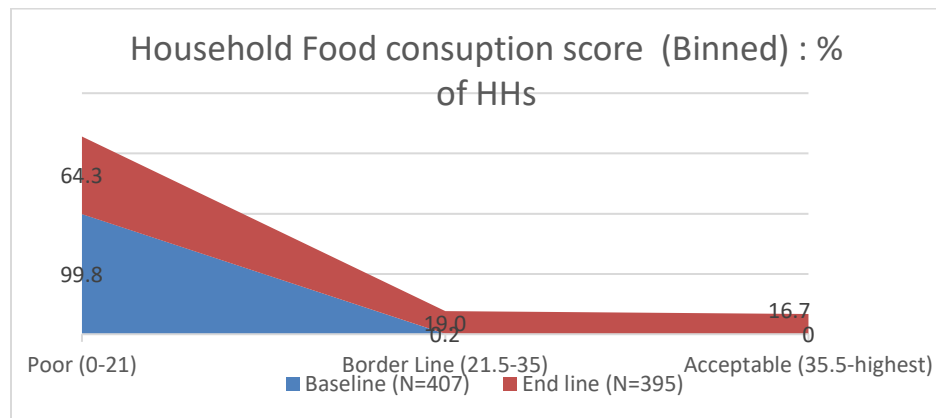


Figure 7: % HHs across three FCS categories

Comparing the results of FCS obtained from the final evaluation (figure, above) with the three FCS categories, it is observed that there is a major decline in proportion people with poor FCS. As the above graph shows, the proportion of people with poor FCS declined from 99.8% (N=407) at baseline to 64.3 % (N=395) at end on the project. On the other hand, the proportion of people with acceptable FCS increased from 0 % (N=407) at baseline to 16.7% (N=395) at the project end. Similarly, there was a significant increase in the proportion people with borderline FCS. The proportion of people with border line FCS increased from 0.2% at baseline to 19% at the end of the project.

This shows, therefore, that there was a significant change in the proportion of people moving from poor FCS category towards an acceptable FCS category.

With regard to project contribution on improving average household FCS, FGD and KII participants mentioned that all the conditional & unconditional cash transfers as well as the economic recovery interventions enabled people to buy additional food items for their family.

Hunger Scale

Hunger Scale (HHS) is simple indicator to measure household hunger in food insecure areas. The HHS is different from other household food insecurity indicators in that it has been specifically developed and validated for cross-cultural use (Ballard, Coates, Swindale, & Deitchler, 2011).

This means that the HS produces valid and comparable results across cultures and settings so that the status of different population groups can be described in a meaningful and comparable way-to assess where resources and programmatic interventions are needed and to design, implement, monitor, and evaluate policy and programmatic interventions. As the figure below shows, the proportion of HHs with little or no hunger increased from 70.8 % at baseline to 73.8 % at the end of the project showing a 3 % marginal increase. Similarly, there was a marginal improvement in the proportion of HHs experiencing moderate hunger, where the proportion of people declined from 29% at baseline to 26.3% at project end. Furthermore, at the end of the project there was no target HH who fell under sever hunger scale compared to 0.2% at baseline.

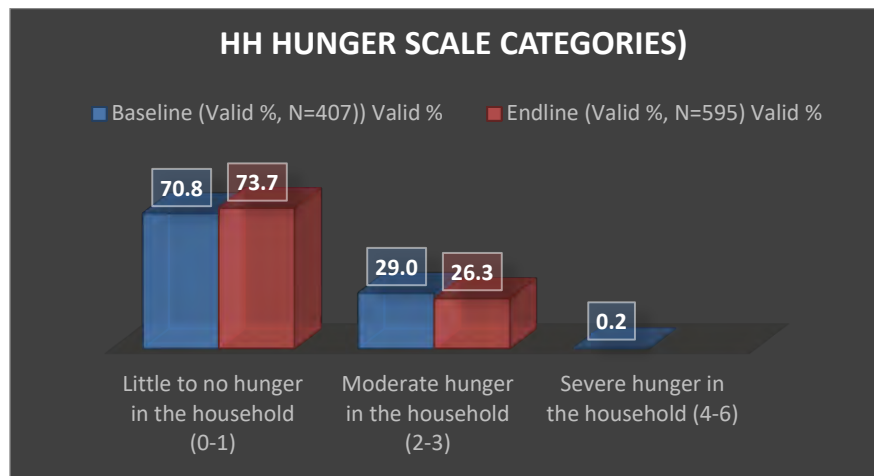


Figure 8: Proportion of households under different hunger scale categories

HH Coping Strategy Index (CSI): “Average Coping Strategies Index (CSI) score for the target population”

The CSI measures people’s behaviour. People do those things when they cannot access enough food. At times of food shortage, people use different behavioural responses (i.e. coping strategies) to manage their household food shortage (food Insecurity). At times of adequate food availability, people behave normally, and do not need to behave differently (zero coping strategy). In other words, if the average **CSI value of a population equals zero** means that there is no need to implement a food security intervention in that population.

This means, as the CSI value increases so does the food insecurity situation of a household is, and vice versa. In other words, the food security situation of a HH with smaller CSI is better than the food security situation of a household with higher CSI. The evaluation used a reduced CSI tool, which is a composite indicator consisting of five variables of different weight, which depends on location specific factors.

As the table below shows, the average coping strategy index has increased from 7.12 (N=407) at baseline to 10.15 (N=395) at end of the project implying that the food insecurity situation has worsened in December 2019.

Table 12: Average CSI

Descriptive Statistics		N	Min	Max	Mean	Std. Deviation
Data Collection Period						
Baseline	Reduced Coping strategy scope(weighted)	407	.00	47.00	7.1229	7.67182
Final_Evaluation	Reduced Coping strategy scope(weighted)	395	.00	46.00	10.1595	6.47701
Difference					3.0366	

Sector 2: Economic Recovery and Market Systems				
Sub-Sector	Livelihoods Restoration			
Description of targets	PI targets	Achiev't	% chieved	Remark
Indicator 1. # of people assisted through livelihood restoration activities	180	180 (F=137 & M=43)	100%	100= Petty trading; 30 small restaurant & 50 Shoat fattening
Indicator 2. % of beneficiaries reporting net income from their livelihood	70%	70%	100%	
Indicator3. USD transferred to beneficiaries.	99,900	95,665	95.76%	Project record
Sub-Sector:	Temporary Employment			
Indicator 1 : # of Household participating in Cash For Work (CFW) activities(Each with group of 20)	720	720	100%;	Project record/report 720=(M=147 &F=573)
Indicator 2: USD transferred to beneficiaries as CFW payments	171,429	170,412	99.41%	Project record

Table 13: project accomplishment under sector 2

Table 14: Additional indicator on Gratuitous support

Sub-Sector	Livelihoods Restoration			
Description of targets	PI targets	Achiev't	% Achieved	Remark
Indicator # of Household participating in Unconditional Cash Grant (UCG) activities	80	80	100	80 M=25 & F=55

3.3.4. Water Sanitation and Hygiene (WASH)

Water Supply

As stated in in the project document, the project targeted tens of thousands of people to directly utilize improved water services provided with OFDA funding, provide at least five liters of safe water per capita per day for target beneficiaries, and establish water management committees, which demonstrate functionality three months after establishment/training. In addition, the project planned to repair, rehabilitate and maintain three boreholes 100% by the end of the project.

From the project record, it was found that the project managed to provide improved water services for about 35700 people (M= 17136 & F=18564), which is exceeded its target by 19%.

With regard to improving access to water for target beneficiaries, the project completed rehabilitation, maintenance, improvement of water distribution systems. In addition, the project sought installation of a water pumps that use multiple sources to power to pump water- combine inputs from solar and generator energy production to ensure the pump will have enough power to run. It is believed that such a combined power sources create a more sustainable source of power for the pump than only one of the sources. This will also reduce dependence only on fossil fuel as sources of energy, and generally reduces the cost of fuel to run the water. Thus, according key informants, the project 100% completed repair and maintenance of all three boreholes. Therefore, the overall, the project made 100% progress on repair, maintenance and rehabilitation of water sources.

On a related issue regarding improving access to volume of water per capita per day, the household survey, conducted at project end, revealed that the project achieved 12.44 (249% from plan) liters of water per capita per day, which is 7.44 liters more than the project target. However, it has to be noted that the minimum standard of water supply per capita per day set is the Sphere minimum standard

guideline is 15 liters. Although the volume of water per capita per day found at the end of project was greater than the target, both the target (5lt/person/day) and end of project evaluation survey (12.44 lt/person/day) are below the minimum standard set under emergency context (see table below for more).

Table 15: progress on water supply action

Sector 3: Water, Sanitation and Hygiene				
Sub-Sector: Water Supply				
Description of targets	Planned targets/	Achievements	% achieved	Remark
Indicator 1: # of people directly utilizing improved water services provided with OFDA funding	30,000	35,700	119%	119%; M= 17136 & F=18564
Indicator 2 # of liters of safe water provided per beneficiary per day	5	12.44	249%	
Indicator 3 % of the water user committees created and or trained by the WASH program that are at least three months after training	80	100	125%	Since this activity is implemented in the last quarter with the NCE period, the committees were in position for more than three months, Hence the evaluators cannot verify their functionality because, at the time of the evaluation the structure were less than 3 months old.
Indicator 4 % of water points developed, repaired or rehabilitated that are clean and protected from contamination	100	100	100%	The project planned to rehabilitate three water sources (boreholes). Thus, all three water points were rehabilitated 100%,
Indicator 5: USD value of vouchers redeemed by beneficiaries.	74,250	NA		Activity changed / Modified – this resource was shifted to Latrine and basing shelter activity as per the approval (project report)

Drinking water Sources

Different institutions classify water and sanitation facilities into improved and unproved categories. As shown in figure (over leaf), improved/protected drinking water sources include piped water into dwelling, public tap/stand pipes, protected spring, protected dug wells, shallow wells and boreholes. On the other hand, tanker truck (i.e. water trucking, surface water etc. are considered unprotected water sources. Some literatures categorise *Birkads* among unprotected sources of water for drinking (WHO & UNICEF, 2012).

This standard classification was used to evaluate HH responses for questions on sources of drinking water for a household.

Survey participants were asked about their main sources of water during dry and wet seasons. As shown in the table below, the proportion of HHs fetching water from improves sources (Boreholes, shallow wells, and protected hand dug well with hand pumps) increased from 31.2% at Baseline (N=407) to 33.2% at end of project (N=395).

Furthermore, the HH survey result showed that the majority (72.4%, N=395) of them uses *Birkad* as their main source of water compared to the 45% (N=407) at baseline.

More comparison of figures at baseline and end of project evaluation (during the wet season) is shown below.

Table 16: source of water for domestic use: during the wet season

SN	What is your sources of water for your domestic during Wet season_	Baseline		End of Project		Diff: (EOP-Baseline)	
		Responses		Responses		Percent	% of Cases
		N	% Cases (N=407)	N	% Cases (N=395)		
1	Bore-hole	100	24.60%	100	25.30%	-4.63%	0.75%
2	Shallow well	29	7.10%	22	5.60%	-2.38%	-1.56%
3	Protected hand-dug well with hand pump.	31	7.60%	9	2.30%	-4.71%	-5.34%
4	Unprotected hand dug well without hand pump	19	4.70%	56	14.20%	4.62%	9.51%
5	Birkad	184	45.20%	286	72.40%	6.63%	27.20%
6	pond	24	5.90%	80	20.30%	7.21%	14.36%
7	Surface Water(flood)	36	8.80%	54	13.70%	1.01%	4.83%
8	River	1	0.20%			-0.19%	-0.25%
9	Water trucking	53	13.00%	31	7.80%	-5.73%	-5.17%
10	Unprotected Stream or spring	11	2.10%	35	8.90%	3.06%	6.16%
11	Others	25	4.90%				

Access to adequate quantity of Water

According to beneficiaries, as a result of such major rehabilitation work, their access to water has improved a lot:

- Before this project, there was a frequent interruption of water supply due to lack of fuel for their generator. At times, the water pump could also fail to pump water. But now, they believe that lack of fuel will not be an issue as the solar energy is nature's give that won't be finished.
- The quantity of water they can collect per day has also - before the project people used to get water only once in a day though they also miss at times when the pump was not working. As the FDG discussants explained, and the evaluation team also observed, with the solar system, the reservoir is filled twice per day, which makes that water is available throughout the day. However, from management point of view, target beneficiaries agreed among themselves that people can collect water twice per day- in the morning and in the afternoon/evening.
- The solar system will greatly reduce the running cost, especially the cost of fuel.

Access to/ Quantity of water per capita per day

As the table below shows, the per capita water that households collected the previous day (the day before interview) was 12.44 litres, which is two and a half times the target set in the project document, which was 5lts per capita per day. However, compared to the minimum water required under emergency situation, these figures are below the minimum Sphere standard requirement of 15lts per capita per day. However, compared to the baseline value of volume of water per capita per day, the amount declined in all intervention Woredas.

Compared to the baseline value, however, the volume of water per capita per day declined from 18.7ltr (N=298) at based line to 12.44 litre per capita per day at the end of the project. This decline could be associated to different reasons:

- Even if both the baseline and the end lines were conducted in wet season, generally there was variation of the total precipitation available to recharge the water sources during these different seasons.
- The amount of rain during Gu/Sugum season (March-May) was below average, which affected the regeneration/recharge of water sources for the Dyre season from October to December.

- III. As mentioned earlier in this report, the water schemes rehabilitated by the project were not handed over to the beneficiaries while data was collected at project end. As a result, the quantity of water that surveyed a household could collect had been affected. As the project staff, KII and FGD patricians noted, the rehabilitation activity was started late during the year. Some of the rehabilitation activities were not completed at the time of conducting this evaluation. In other words, the result could be different if the data collection was conducted after handing over completed water schemes to the community.

Table 17: Average Quantity water per capita per day across intervention Woredas

Per capita water per day						
Woreda	Baseline			End of Project		
	N	Mean	Std. Deviation	N	Mean	Std. Deviation
Aware	67	26.8420	57.36869	84	13.5621	9.24269
Bilcinbur	33	17.3054	18.72476	45	13.3684	5.57416
Daroor	43	16.9519	16.97454	61	10.9065	8.32467
Degahabur	34	10.8484	13.11047	39	10.5386	4.47593
Gashamo	74	12.8191	12.95298	99	11.5707	12.99278
Gunagado	47	24.7398	27.91880	61	12.2475	6.05537
Average	298	18.7203	32.06268	389	12.1072	9.16396

Nonetheless, when surveyed HHs were asked about their opinion whether the quantity of water they collect each day was enough for the HH member or not? In response, about 64% (compared to 57% at baseline) respondents reported that the quantity of water they collected (the previous day) was enough for their needs (see table below for details).

Table 18: survey participant's response about adequacy of quantity of water

Do you think the quantity of water that you collected each day is enough to meet your households' water need?						
Data Collection Period			Freq.	%	Valid %	Cum. %
Baseline	Valid	No	176	43.2	43.2	43.2
		Yes	231	56.8	56.8	100.0
		Total	407	100.0	100.0	
Final Evaluation	Valid	No	141	35.7	35.7	35.7
		Yes	254	64.3	64.3	100.0
		Total	395	100.0	100.0	

Gender: Responsibility of HH members in fetching water

The findings of the final evaluation revealed that the responsibility of fetching water primarily lays on women though there is a slight decrease from 64% at Baseline to 62% at the project end. Compared to the baseline survey, however, the responsibility of girls and boys increased from 19 % (N=407) to 34% (N=407) for girls and from 18% to 26% for boys. Nonetheless, all household members participate in fetching water. During the focus group discussion with target communities, some discussants indicated that men also participate in fetching water mostly when the water source is nearby. However, if there is no water in the village from public taps, distribution points it is the women who mostly take responsibility of fetching water.

Table 19: Roles of HH members in fetching water

Who in the family fetches the water		Data Collection Period			
		Baseline		Final Evaluation	
		Count (N=407)	percent	Count (N=395)	percent
Men	No	255	63%	244	62%
	Yes	152	37%	151	38%
Women	No	145	36%	150	38%
	Yes	262	64%	245	62%

Girls	No	329	81%	259	66%
	Yes	78	19%	136	34%
Boys	No	334	82%	291	74%
	Yes	73	18%	104	26%

3.3.5. Sanitation and Hygiene promotion

With regard to sanitation and hygiene promotion, the project intended to improve sanitation services through construction of communal latrines, hygiene & sanitation promotion for thousands of target beneficiaries, and improving hand washing facilities close to latrines, establishing, training and equipping WASH committees.

Sanitation: Access to Latrine and shower facilities

The project constructed a number of latrines in IDP Caps/sites to improve access to latrine. As the table below shows, the majority 54% (N=395) of respondents replied that they do not have access to latrine despite the project built 50 Blocks (each with three rooms) of latrine in all target IDP sites. However, as indicated above, construction of almost all latrines were complete in the last week of December while the evaluation survey was underway.

Proportion of households who reported having access to latrine increased from 28% at the baseline to almost 60% at project end. The evaluation team observed in selected IDP that the project constructed a number of blocks with separate toilet rooms for male and female beneficiaries.



Figure 9: partial view of public toilets constructed by the project

In addition, the project constructed 50 blocks of bathing/shower rooms with four rooms per block. However, as the construction was completed at the end of the NCE period, the facilities did not start functioning. In some IDPs, access to water was not improved, which also was one of the reasons that these facilities not being used. Nonetheless, most all participants of FGDs in Degahabur, Gashamo and Bulaale Woredas positive acknowledged the construction of the facility.

During the field visit, however, the main concern observed was that the facilities were not designated for female and male separately. Anyone can go into any room. When asked about this, the WASH committee members in Gashamo, for example, replied that they had not thought about this concern, but further commented that they would segregate in a few days.

As the table below shows, the construction of these facilities improved access to sanitation services for 7120 people, which is 13% more than the project target of 6300 people. As the table below shows, the spot observation made by enumerators revealed that 29% (N=395) of survey participants had hand washing facilities near their toilet. From these handwashing facilities, 82% (i.e. 82% of 115 facilities) had water for hand washing.

Table 20: progress on Sanitation performance indicators

Sub-Sector:		Sanitation		
Description of targets	Planned targets/	Achievements	% achieved	Remark
Indicator 1: # of people directly utilizing improved sanitation services provided with OFDA funding	6300	7120 (M=3418 & F=3702)	113%	Project records/report

Indicator 2: % of latrines/defecation sites in the target population with handwashing facilities that are functional and in use	80	29	36.3%	Only 29% (N=395) of surveyed HHs have handwashing facilities near the toilet. From these facilities, 82% (N=114) of these hand washing facilities had water at the time of end-line HH survey; (Note the target 80% set for this indicator deceptive as it is not indicating the domain (or Denominator) to calculate the coverage (%).
Indicator 3: # of users per functioning toilet	25	25	100%	The toilet and showers were construct showers were; each communal latrine in the IDP sites have 4 rooms.

Hygiene Promotion

With regard to hygiene promotion, the project planned to educate tens of thousands of people on the basics of and importance of hygienic practices, improve knowledge and practices of critical moments of hand washing, and safe collection and storage of drinking water.

According to project record, the project reached its target of 87259 people through hygiene promotion campaign, which resulted in improved knowledge and practice of hand washing at critical moments and storing water clean and make it safe for drinking. For example, the proportion of households who knew at least three (out of five) of the critical moments of hand washing⁵ increased from 36.4% (N=407) at baseline to 74.7% (N=395) at project end. When compared with its target plan of 50%, as the figure below shows, the project exceed its plan by 24.7%.

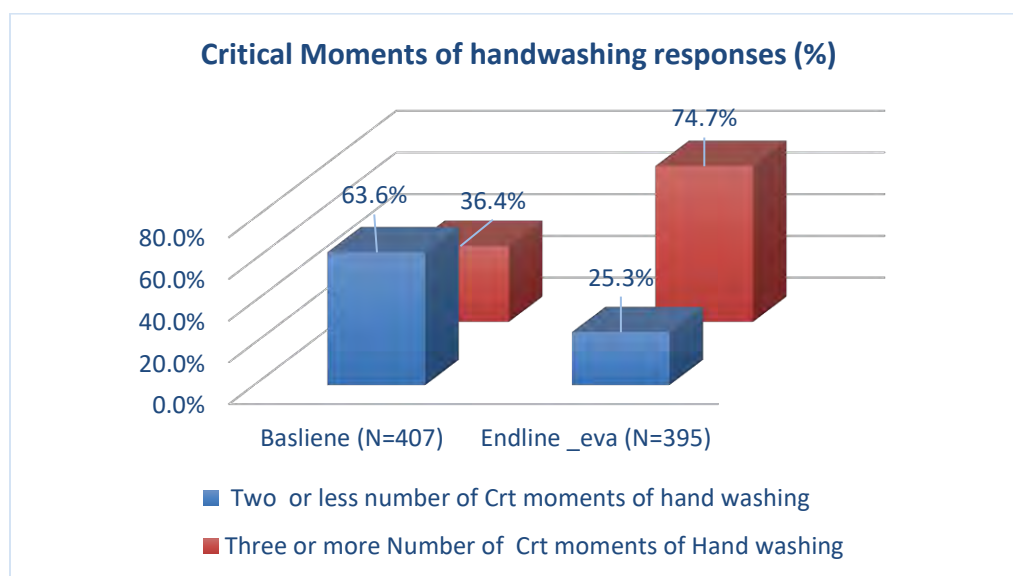


Figure 10 % HHs answering to Crt moments of Hand washing

Water treatment practice before consumption

Water treatment practices among surveyed HHs involves use of different methods including purifying chemical application, boiling, allowing particles to settle/sedimentation, filtering, solar and other methods. The proportion of people who applies one or more water treatment practice has increased from 65 % (N=407) at baseline to 93.4% (N=395) at end of project. In addition, the proportion of people

⁵ The five critical moments of handwashing are: before preparing/handling food/ milking camel/cows, before eating food, before feeding babies/other people, after visiting toilet, and after disposing baby faeces/handling waste.

using filtering, boiling and sedimentation methods increased from 2.7%, 7.8%, and 9.3% at baseline (N=258) to 33.9%, 33.9% and 15.8% (N=395) respectively at end of project evaluation. Since the majority obtain their water from unprotected sources, the water treatment practices observed in this final evaluation is commendable.

On the other hand, the below table shows that the proportion of people practicing chemical treatment method has declined from 77 % at baseline to 45% at end of project evaluation. Although the project had supplied water purifying chemical (chlorine), FGD participants at Bulaale Kebele reported that they had received these chemicals in December 2019. According these participants, without such a project support, they had no access to water treatment chemical to purify their drinking water.

As indicated above, the project interventions were implemented after October 2019. According to FGD participants in different Kebeles, the project supplied sanitation and hygiene NFIs (Jerri cans, buckets, water purifying chemicals and soaps) in the last quarter, and some WASH committees reported that they have not used the supplies (particularly, the sanitation kits for the latrines) they received from the project.

Table 21: summary of water treatment practices before consumption

How is this water normally treated before consumption or used for domestic purposes?	Responses	Percent of Cases	Responses	Percent of Cases
	N (258)		N (221)	
Chemical water purifiers (what type) (count of only Yes responses)	198	76.7%	99	44.8%
-Filtering	7	2.7%	75	33.9%
Allowing particles to settle down (basic sedimentation) (count of only Yes responses)	24	9.3%	35	15.8%
Boiling (count of only Yes responses)	20	7.8%	75	33.9%
Solar (count of only Yes responses)	13	5.0%		
Do Nothing (do not treat water) (count of only Yes responses)			40	18.1%
Others method (count of only Yes responses)	4	1.6%	1	0.5%

Cleaning practices of water collection and storage containers

To enable target HHs use appropriate water collection and storage containers, the project distributed Jerri cans (20/25 lts capacity) for target IDP and to some extent host community beneficiaries. In addition, the project also promoted hygiene and sanitation education in all project sites.

So, in the final evaluation, survey participants were asked whether they practice cleaning their water collection and storage containers or not, and frequency of cleaning these materials. The finding from the survey shows that the majority of the respondents replied that they clean their containers either once per week (43.5%, N=395) or take more than a week (26%) to clean their water collection/storage containers.

Table 22: Cleaning Practice of water collection/storage containers

Practice of Cleaning water storage/collection containers	Baseline (N=407)			End line (N=395)		
	Freq.	Percent	Valid Percent	Freq.	Percent	Valid Percent
Daily	82	20.1	20.1	55	13.9	13.9
Do not Clean at all	62	15.2	15.2	7	1.8	1.8
Every Time it is used	97	23.8	23.8	32	8.1	8.1
Four to 6 Times a week	9	2.2	2.2	8	2.0	2.0
More Than week	101	24.8	24.8	105	26.6	26.6
Once a weak	49	12.0	12.0	172	43.5	43.5
Two to Three Times a week	7	1.7	1.7	16	4.1	4.1
Total	407	100.0	100.0	395	100.0	100.0

Furthermore, spot observations of water containers showed that practices of target beneficiaries was positive. As the table below shows, at the time of conducting the interviews for the final evaluation, the survey team observed that the majority (78.7%, N=395) of participants kept their water collection/storage containers clean. Compared to the baseline value of 63% (N=407), the proportion of

HHs who kept their containers clean increased by more than 15%. Similarly, it was also observed that the majority (82.3%, N=395) of the surveyed HHs had kept their jug⁶ clean.

Table 23: Observation of Safe water storage practices

Observe: Is water collection and storage containers:	Baseline		End line	
	count (only Yes responses)		count (only Yes responses)	
	N (407)	Percent of Cases	N (395)	Percent of Cases
Clean (count of Yes)	259	63.6%	311	78.7%
Covered (count of Yes)	178	43.7%	160	40.5%
Dirty (count of Yes)	95	23.3%	33	8.4%
Smelly (count of Yes)	16	3.9%	6	1.5%
Broken / partially covered (count of Yes)	14	3.4%	21	5.3%
Observe: Jug used to take water from the storage:				
Clean (count of Yes)	273	67.1%	325	82.3%
Dirty (count of Yes)	146	35.9%	46	11.6%
smelly (count of Yes)	37	9.1%	9	2.3%
Broken/Partially covered (count of Yes)	9	2.2%	39	9.9%

Table 24: Summary of performance Hygiene promotion indicators

Sub-Sector:	Hygiene Promotion			
Description of targets	Planned targets/	Achievements	% achieve	Remark
Indicator 1: # people receiving direct hygiene promotion (excluding mass media campaigns without double counting)	87,259	87,259	100%	Project record
Indicator 2: % of the people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands	50	74.7	149%	The baseline Value was 38.1%
Indicator 3: % of households targeted by the hygiene promotion program who store their drinking water safely in clean container	50	78.7%	157	The baseline Value was 63.6%

WASH non-Food Items

To strengthen the capacity of target beneficiaries, ensure the continuation of the positive gains of the project in terms of changes knowledge, behaviour and practice of hygiene and sanitation, the project supported/provided non-food items to target beneficiaries. In this regard, the project distributed NFIs (like Jerry can, hygienic material etc.) to 6600 HHs. In this regard, HHs were asked if they had received NFIs and if they were satisfied or not with the NFI materials they received. The survey result showed that 95% of respondents positively responded for the question (see table below).

Table 25: summary of WASH-NFIs performance indicators

Sub-Sector:	WASH Non-food items			
Description of targets	Planned targets/	Achievements	% achieved	Remark
Indicator 1: # People receiving WASH NFIs assistance through all modalities (without double-counting)	6,600	6600	100%	94% female Headed HHs; Project record
Indicator 2:	50	95	190%	HH survey

⁶ Material used to take water from storage containers,

% of the households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e. kits) or vouchers use				
Indicator 3: % of the households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash	50	96	192%	HH survey

3.3.6. Protection

Humanitarian crisis situations usually further exacerbate existing vulnerabilities and reinforce unequal gender norms. As protracted displacement due to drought or conflict continues, children become exposed to protection issues such as child labour, trafficking and exploitation (Oxfam International, 2016). Some studies also indicated that boys in certain pastoral areas can be at risk of physical attacks. In addition, women and adolescent girls are also affected, and are exposed to different kinds of protection issues such as rape, early and forced marriage, physical violence and beating by other household members.

In this regard, the project proposal states that “although drought affects everyone, men and women experience the impacts of drought differently”. Thus, Oxfam included actions in order to promote community consciousness and awareness to address protection issues in the project area.

Under the protection sub-sector, the project specifically aimed to improve awareness and consciousness of target communities and protect vulnerable groups, including women, girls and boys, elders and people with disability from life threatening risks including GBV and other forms of violence”.

To achieve its objective, the project implemented different activities including construction of child friendly centres, establishing child protection committees, facilitating awareness raising meetings and community workshops. In this regard, the demographic information collected from sample households revealed that there were more than 1089 children between the age of 6 and less than 18 years in 395 HHs. This means, on average, there are more than 2 children per HHs. This implies that dealing with child protection issues (if any) is relevant.

Table 26: summary of Protection project Performance Indicators

Sector 4: Protection				
Description of targets	Planned targets/	Achievements	% achieved	Remark
Indicator 1: # individuals participating in child protection services;	11,110	12,345	111.1%	62.5 % women and girls
Indicator 2: USD allocated for child protection programming;	136,378	102,927	75.4%	
Indicator 3: % of targeted children reporting an improvement in their sense of safety and well-being at the close of the program	40	81	202%	HH survey result shows that (N=275) Safety is fair (21%); Good (60%) and poor (2%) the rest replied

				they did not participant in child safety + other workshops
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Furthermore, the evaluation collected information on protection related issues through FGD, KII and Household surveys. The findings are summarised below:

Child protection

Child protection cases in the project intervention Woredas are dealt with by three co-existing legal systems: (a) the formal regular law, (b) *Sharia* law and (c) customary laws in the Somali community. According to FGD participants, the community mainly relying on customary law to solve child protection issues. According Head of Woreda Women and Children Affairs Office, sexual abuse is in general very rare, which is attributed to the severe consequences it will have for the perpetrator and the perpetrator’s family under Somali customary law (Gerald & Dorothy, 2011).

To promote child protection, the project organised community discussions and awareness raising meetings, constructed “child-friendly sheds in IDP sites, arranged a toll-free hotline (short code #6469) system for both calls and short text messages. As the figure below shows that respondents mentioned they participated in child protection lesson. The above figure shows that the majority (82.9%, N=395) of respondents remember the awareness lesson about Female Genital Mutilation (FGM), followed by the awareness lesson on child protection in general (68%, N=395) and history telling (47.6%, N=395).

Table 27: Summary of Prevention and Response to Gender-Based Violence performance indicators



Figure 11: awareness lessons on different aspects of child

Description of targets	Planned targets/	Achievements	% achieved	Remark
Indicator 1: # of individuals accessing GBV response services;	6217	6217	100%	Oxfam doesn't do case management, but 6217 individuals (52% women and girl) were reached through GBV awareness.
Indicator 2: USD allocated for child protection programming;	136,378	102,927	75.0%	Project Record
Indicator 3: % of targeted women, men, girls and boys who report that they are more able to prevent and respond to GBV	75	85.5	114%	N=275 Fairly (33.5%) & Highly (52%) able to identify and protect GBV

Awareness raising on Child protection

In all target Woredas/IDP sites awareness raising on child protection issues was conducted by Oxfam protection Officer and assistant officers in collaboration with Woreda offices of women and child affairs, and representatives at Kebele level.

School participation of children under 18 years

Survey households were asked about school enrolment (before and after displacement) of their children under the age of 18 years. As the table below shows, the school enrolment rate of children in the IDP site is by far greater in the IDP site than the enrolment rate before they were displaced. The HH survey revealed that the enrolment rate of children before displacement and in the IDP site were 15% and 72% (N=275) respectively.

Table28: children's school enrolment

Are all children school age in the household enrolled in any school now				
response	Before displacement		In the IDP camp (currently)	
	Frequency	Valid %	Frequency	Valid %
No	234	85%	76	28%
Yes	41	15%	199	72%
Total	275	100%	275	100%

Child labour: Children engagement in labour work

One of the right of children is to be protected from "exploitation" of labour. Surveyed HHs were asked if their children (U18) were engaged in labour work. As the table below shows, the majority 93% of respondents reported that children were not engaged in labour work; both the baseline and the final evaluation results revealed that only 7% of children were engaged in labour work.

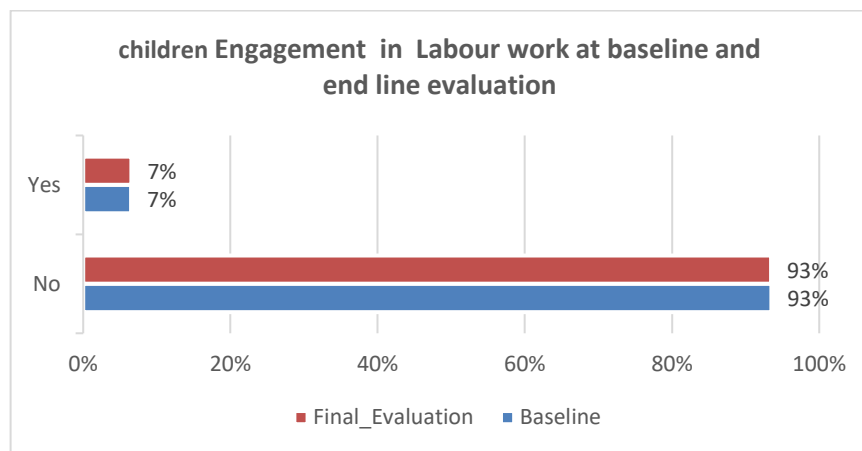


Figure 11: per cent of Under 18 children Not/engaged in labour work

Child safety

In situations of HH displacement child safety is a major concern for many HHs and organisations working on humanitarian interventions. Because, these children could face protection risks as the move to a new place, or they may have lost one or both parents and become exposed to various risks (abduction, rape, labour abuse etc.).

This evaluation asked parents (in HH interview & FGD), and children (in FGD) if they have had experienced a situation where they felt unsafe.

Most children and adult who participated in FGDs in Gashamo Woreda reported that they never feel unsafe- They explained that females can go far away from the IDP site to collect firewood without any problem. There is a significant change in the proportion of people feeling safe when using latrine at any time. As the table above shows, the majority (60%) respondents said child safety is good while 21% also said it fair. However, only 2.8% HH replied that child safety is poor

Figure 12: Child Safety

Child safety	Freq.	%	Valid %	Cum.%
Fair	57	21%	14.4	44.8
Good	164	60%	41.5	86.3
Not participated any GBV awareness session	43	16%	10.9	97.2
Poor	11	4%	2.8	100.0
Total	275	100%	100.0	

When asked about their feeling of safeness when using latrines, however, about 63% (N=275) of the surveyed households at the final evaluation revealed that they feel safe when using latrine at any time.

With regard to ability of target men and women who feel that they can identify protection risks and mitigation measures, the HH survey, conducted at the end of project evaluation, revealed that 53% (N= 275) of respondents know at least 3 (out of5) identification and mitigation method. The remaining know either one (25%) or two (22%) methods.

Table 29 summary of protection, coordination ... perforce indicators

Sub-Sector: Protection Coordination, Advocacy, and Information				
Description of targets	Planned targets/	Achievements	% achieved	Remark
Indicator 1: # of individuals trained in protection;	600	601	100.3%	
Indicator 2: (custom indicator) % of targeted women and men who report that they feel more able to identify protection risks and mitigation measures;	70	53	75.7%	HH survey,

3.3.7. Effect of delay in project implementation

Project staff as well as Woreda officials reported that implementation of most of project activities and outputs did not start during the lifespan of the project (from August 2018 to July 2019) as originally designed. Almost all activities were implemented within a NCE period from September to December 2019. Such a delay in project implementation, which was primarily attributed procurement procedure and standards and to lengthy pre-approval process (five or more months according to staff), has costed Oxfam in many ways:

- Given that implementation of project activities covers a very vast area (six Woredas dispersed widely, shortage of time to deliver all activities (only four months), there was less time to supervise and ensure quality of certain construction works. The construction of a concrete based water reservoir requires more than three/four months to supervise and address any quality issue and appropriately cure the structure to ensure the necessary strength of the structure. In this regard, the evaluation observed that there was a wet surface on the side of a newly constructed water reservoir at Bulaale Kebele. In addition, the inspection ladder looks too thin to withstand the weight of an average person. In this regard, target beneficiaries also commented that it is very scary to climb up the ladder.
- Coordination meetings and discussion with local government staff partners was minimal as partly due to the fact that field staff were too busy to deliver all activities within three months in target Woredas that are widespread.

3.4. Prospect of Sustainability

Livestock Treatment: The Voucher System

The idea of strengthen/promoting the private sector to provide effective and efficient veterinary service to the pastoralist community commendable and needs a lot of effort. To ensure sustainability of such a service, developing the capacity of and linkage between actors at Regional, Woreda and community level service providers is an important and critical factor for future sustainability. Such a capacity building effort is a process that require time to: identify strong actors, map the supply chain and engage relevant government institutions effectively and proactively.

Looking at the current practice implemented by the project, the evaluation found that:

- The voucher system is model that contributes to the sustainable veterinary service provision at the community level, since it engages the local actors involved in the veterinary service provision; Veterinary Drug Wholesaler Supplier, the district level PVPs, CAHWs and Woreda Pastoral and

Livestock Office. It strengthened the tie or link between these actors and enhance the technical and financial capacity of the wholesaler, PVPs and CAHWs, which contributes to the sustainable veterinary service delivery after the project phase out.

- Thought the project intervention lived for a short period, it has initiated a link between PVP and the vet drug supplier based in Jigjiga. Both the supplier and PVPs, who participated in this project revealed that their business relationship will continue in the future without the project. Similarly, some PVPs also showed interest to work with CAHWs though this link requires further capacity building effort for CAHW (e.g. financial capacity to secure initial stock, refresher training, developing system/procedure to formalise the relationship between PVPs and CAHWs). What we observe here (PVPs and wholesaler's interest to capitalise on the working relationship that was initiated by the project indicates a potential for sustainability of the project's effort- i.e. an opportunity & potential for continuity of benefit (livestock treatment service) flow to the community.

Rehabilitation of water supply schemes:

As observed during the field visit, the project completed the three-target water rehabilitation and repair activities planned under this project.

In IDP sites, where the rehabilitation work is complete, the evaluation observed that communities are already enjoying the benefit. The WASH committee had been discussing to set a tariff (birr 2 per Jerri can) to raise financial resources to pay for a care taker who monitors and manages the water supply system as well as for repair and maintenance purposes.

Child Protection and feedback mechanism

Child protection issues require active engagement of the formal/government structures including the Office of Women and Children Affairs, local administration as well as the justice department. In this regard, the Zonal and Woreda Government actors complained that they were not actively involved in the implementation of the project though some office like women affairs and livestock development offices had reported that the level of their participation was not as much as they had expected.

With regard to community feedback mechanism, the idea of using a hotline, which has a short code (four-digit number) was commendable. However, the mechanism was not widely and effectively used by the target communities for different reasons:

- First, the majority of IDPs do not have cell phones. For example, in Bulaale IDP site, more than 30 IDPs were gathered at the "child friendly shed" when the evaluation team arrived in the village. We asked them if each of them had a cell phone, about the content and a poster with the hotline four-digit number and its purpose. So, we learnt they only six (out of thirty) people had cell phone, all of them do not know how to read and write and do not know what the content and the purpose of the poster was;
- More interesting was that, in this IDP village there was no mobile network. So people have to go out of the village when they want to make a call.
- In addition, the target community (except the protection and other committee members) were not aware of who they will be talking to through the hotline as well as how their information would be used;
- The MEAL manager of Oxfam must be in the office to receive calls from the hotline. However, he would miss calls while he was out in the field. This facility do not have a voice recording mechanism which could be reviewed later not it would receive text messages;

Economic recovery

All economic recovery interventions, particularly goat/shoat fattening and trading as well as petty trading, are promising. Some of the participants, who were interviewed for this evaluation, express that the financial support they received was instrumental to improve their economic condition significantly although they commented that the amount of injection/capital is small.

From the perspective of finding a lasting solution for IDPs, the economic recovery interventions like shoat fattening and petty trading are commendable. Because, it will enable these beneficiaries to become self-reliant.

There are certain concerns, however, in terms of replicability and reaching more beneficiaries:

- a) It is very costly to reach as many IDPs as possible through individual grants unless a mechanism is set to revolve the grant in order to reach many IDPs.
- b) Target beneficiaries lack record-keeping skills, access to market information and market links. As a beneficiary in Gashamo explained, they depend on information obtained from brokers in order to sell their products/shoats. Hence, an element of value chain analysis and mapping is also missing.

3.5. Cross Cutting Issues

3.5.1. Gender

In emergencies, the experiences of women, girls, men and boys can be very different. "Access to basic goods and services is compromised for all", but women and girls could suffer the most. On the one hand, these sections of the household take most HH chore responsibilities (like care for babies, fetch water, and collect firewood), actively strive to generate income in order to supplement household income. In this regard, Oxfam's Aug 2017 Gender analysis report revealed that, among other things, women had limited access to basic services, which increased the impact of different protection risks: "Absence of gender-segregated latrines and shower rooms, insufficient lighting at night, lack of privacy, lack of access to adequate quantity of water, poor cleanliness and unsafe locations increase women's health and protection risks" (Oxfam 2018).

In this regard, the design and implementation of the project need to consciously integrate gender issues. In this regard, the evaluation observed the following

- **Construction of Latrines and shower:** In selected/target Intervention IDP sites, blocks of latrines and shower rooms were constructed. However, these services were not separately designated for male and female. Thus, this requires providing further advice to the community in order to ensure privacy of girls and women;
- **Access to adequate water**

Women are disproportionately affected by drought and conflict, in part because of existing gender inequalities. In many cultures (example, Somali culture) in rural Ethiopia, the responsibility for collecting water falls to women and children, especially girls. We must recognize this central role of women in managing water, sanitation and hygiene.

- The effort of the project to rehabilitate non-functional boreholes in order to bring water points (public water collection points) and sanitary facilities (communal latrines as much as possible close to IDP shelters) has been appreciated.

3.6. Accountability and Feedback mechanism

According to the accountability framework set for humanitarian standards, accountability is based on five dimensions: Transparency & information sharing, participation, compliant and feed mechanism, staff competency and Learning and continual improvement FGD and KII was conducted with Government official at Zonal and Woreda level as well as with target beneficiaries. Most government officials at Zonal and Woreda level complained about the lack of transparency, efforts of coordination and collaboration by Oxfam. In this regard, this lack of transparency and collaboration with the government had costed Oxfam in some ways: (a) according to the project manager, the regional government had suspended implementation of the project due to perceived delay in project implementation; (b) the project staff reported they were unable to complete one of the water rehabilitation activities. Because, they found it difficult mobilise target beneficiaries to prepare trench (on cash for work basis) to lay water extension pipes from the reservoir to communal water distribution points. The issue here is that it was the first time in this evaluation that this challenge was discussed with the Woreda officials in Degahabur.

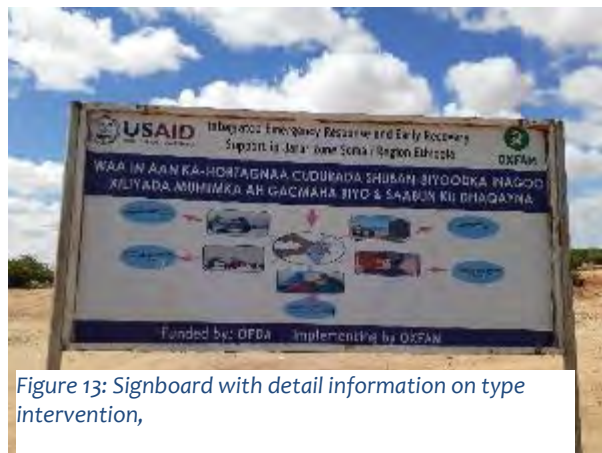


Figure 13: Signboard with detail information on type intervention,

Visibility

Signboard were erected at project implementation sites where communities and other stakeholders can easily see it. The signboards contain information about the donor and implementing agencies in English and local Somali language.

During FGDs and KII, participants were asked when and what information was available to them in relation to this project. In most if not in all sites, participants explained that implementing organisation did provide relevant information about what the project is all about, type of activities as well as the targeting process.

Feedback Mechanism: Complaint and Mechanism

The project put different complaint/feedback mechanisms or channels. These include: formation of **appeal committee** (community reference groups); making direct phone call or SMS messaging to Oxfam MEAL staff, use Complaint/feedback desk at each IDP site, and submit complaints/feedbacks while the project staff are out in the village for surveys or other activities, make calls using four-digit (6469) hotline system or make complaints/feedback Face to face with project staff or other party.

As explained earlier, some of the mechanisms like the hotline system were not effectively used. However, the MEAL manager and his assistants managed to compile certain complaints/feedbacks collected from target beneficiaries. In this regard, the compiled report/record showed that most of the complaints come through face-to-face discussions (68%) followed by through appeal committee (25%), 2% through hotline system, 2% through FGD and 2% through direct call to the MEAL manager. The compiled report also indicated who the complaints/feedbacks were from, and the status of responses given by Oxfam. However, it did not report the type of issues raised/received raised or reported by the community, and the actions taken (by Oxfam or other stakeholder) to address community complaints or feedbacks.

Coordination and information sharing

Coordination among all stakeholders responding to a disaster situation is essential to address critical gaps. For a response to be effective, close coordination and collaboration are required between Oxfam and relevant Woreda, Zonal as well as Regional sectors. In this regard, according to government Officials, Oxfam office hardly made efforts to share information (about the project in general) and collaborate with government counterparts. Nor local government bodies took a proactive initiative to communicate and understand the project from Oxfam and jointly identify areas of collaboration, coordination and support.

Formation of committees at community level:

One of implementation strategy of the project is to form different committee of target beneficiaries for each project components: WASH committee, Protection committee, appeal committee, cash committee, NFI distribution committee etc.

According the MEAL manager, which the evaluation team also agrees, there is no agreed principle among project staff how and what committee should be created and how these committees operate, and what incentives should be applied. Some committees have certain incentives (e.g. CHVs) in cash or in kind while other did not. Such inconsistent approach in establishing and incentivising community level committees that operate in the same community may affect the commitment and effectiveness of community-based committees differently. On the one hand, committees that receive incentives may demonstrate high level of commitment, efficiency and effectiveness. On the other hand, committees operating in the same community but without incentive could show low commitment and efficiency. According to the MEAL staff, the motivation and the working relationship between staffs of different units/sectors of the project and community-based committees had been different due to variation in provision of incentives to community based-committees. In other words, committees are interested to work with staffs who provided incentive but lose interest to work with staff who did come up with incentive.

4. Human Resource Management and Utilisation

At field level, the project had a Programme Manager Based in Degahabur. A livestock technical team leader based in Jiggiga and WASH technical Advisor, a livestock and Cash officers based in Degahabur), a project manager & MEAL manager, both based in Degahabur. As stated above, the project was implemented in six Woredas of Jaraar Zone, in Somali Regional state. The field operation was led by a core team of ten staff including a project manager, EFSL team leader, MEAL manager (& one assistant), Protection officer (& three Assistants Assistants), Emergency Food Security and Livelihoods (EFSL) officer (& 3 assistants), MEALMEAL Manager (& an Assistant), Logistics officer (& an assistant), Finance (& assistants) officers, WASH specialist/team leader, PHP and PHE officers (& Assistants), human resource assistant officer.

Given the vast area to be covered, i.e. six intervention Woredas that were remotely located from one another, the number of staff's deployment could be taken as a reasonable one. However, the project hardly utilised these staff as efficiently and effectively as expected because of the reasons explained earlier.

Even though the field staff were unable to commence project activities between August 2018 and July 2019 as originally planned, they had to make extra effort to execute almost all activities within four months. Therefore, with regular technical and managerial back up support from the head office in Addis Ababa, the field office staff made extra effort to carry out most of the planned activities within four months of the NCE period.

5. Conclusion and Recommendation

5.1. Conclusion

Major activities of the project (like rehabilitation of boreholes, construction of latrine, economic recovery activities and livestock treatment) were implemented within 3 or 4 months of the NCE period. In spite of delay in project implementation for a considerable number of months, particularly due to a pre-approval process requirement related to livestock treatment and borehole rehabilitation activities, the project achievement exceeded its target by 10% at the end of the NCE period.

The economic recovery activities, particularly, the provision of grant enables target HHs to engage in income generating businesses. From beneficiary's point of view, this economic recovery initiative is promising, and it is the pathway to provide durable/ lasting solution. However, given the number of need people that require durable solution, the current target figure (180 HHs) is very small?

In addition, the conditional as well as unconditional cash transfer, through cash for work and gratuitous support enabled target beneficiaries to supplement their food needs. However, it was not enough to meet household basic food needs.

The livestock treatment and vaccination services had contributed a lot in saving livestock assets of target beneficiaries. Importantly, the idea of franchised livestock treatment model is commendable. However, to develop a well-functioning model beyond the life of the project requires long-term funding and effort.

Rehabilitation/construction of water points and building the water distribution system not only reduce the burden of women to fetch water but it boosts the confidence of women due to improved sanitation and hygiene practices.

5.2. Recommendation

All economic recovery interventions, particularly goat/shoat fattening and trading as well as petty trading are promising. However, as per the minimum economic recovery standards, target households require functional literacy and numeracy (like reading & writing and record keeping) in order to manage their business effectively and make informed decisions.

Project duration: Consider negotiation of revising the timeframe with the donor: In situations of such lengthy project delays, with factors that well known by the donor, it is important to consider revising the duration to the actual project lifetime. In addition, as an emergency project extended delay in a project pre-approval process affects both the outcome as well as organisational efficiency and effectiveness. Therefore, requesting and negotiating a costed extension (rather than NCE) is commendable.

Consider actual family size: Future intervention, the amount of to be transferred for both conditional (CFW) and unconditional (gratuitous) support requires revision based on local market price and household food requirement. In addition, it is important to take family size into account to determine the amount of cash to be transferred to target HHs.

Scaling up economic Recovery /rehabilitation rather than emergency Project: Since 2017, the regional government has developed and endorsed implementation of durable solution to IDPs though it is not clear how much progress it made so far. Therefore, it is recommended to actively engage and consult the regional government when designing economic recovery activities for IDPs in the Region.

There is high interest among target beneficiaries IDPs to get support on durable solution though emergency assistance is important in the short term. During designing such interventions, therefore it is worth to explore different options when providing start-up/investment grants to target beneficiaries:

- (d) Valuing co-investment (cost sharing)-livelihood assets are most valuable to people when they feel a sense of ownership over the assets, rather than view the assets as gifts. To increase buy-in, programs may require beneficiaries to provide some level of co-investment (even if it is in kind) in the assets supported by the program (SEEP, 2017);
- (e) Arrange loan guaranty fund (with local financial institution) so that target beneficiaries can get access to economic recovery/ business start-up loan;
- (f) Provide economic recovery/ business start-up grant as a revolving fund through (establishing/strengthening) Village Saving and Loan associations (VSLA)

ENDS

Annex 1: Oxfam- OFDA project: Summary of performance indicators

Description of performance indicators	Planned targets	Actual/Achievement	% Achieved	Remark
Sector Table (Sector 1):				
Agriculture and Food Security				
Sub-Sector:				
Livestock				
Indicator 1: Number of people benefiting from livestock activities	230,151	234,082	102%	Pastoralist livestock devt Bureau/ project final report
Indicator 2: Number of animals benefiting from livestock activities (Mass Vaccination)	690,453	701,866	102%	Pastoralist livestock devt Bureau/ project final report
Indicator 3: Average animals owned per individual	20	11	55%	Average # animal per HH (from end line survey)
Indicator 4: Number of people trained in livestock treatment	36	36 (25M+11F)	100%	36 CAHWs,
Indicator 5: Total USD value of vouchers redeemed by beneficiaries*	44,600.13	44,600.13	100%	Project record/report (200 ETB V.V voucher x 6500) + (675 ETB – V.V x 90 CAHWs)
Sub-Sector:				
Veterinary Pharmaceuticals and Other Medical Commodities				
Indicator 1: Number of veterinary facilities out of stock of any of the veterinary medical commodity tracer products, for longer than one week *				<i>The project worked with one supplier and six Private Veterinary Pharmacies. During the KII with these actors, the whole seller/supplier at Jigjiga explained that he has reliable source of drug supply from importers based in Addis. The whole seller and the PVPs confirmed that the vet drug supply chain is reliable. To this effect, during the field visit, it was observed that both the PVP and the Whole seller shops had drugs and other veterinary commodities;</i>
Indicator 2: Number of Animals Vaccinated	690,453	701,866	102%	
Indicator 3: Number of animal disease outbreaks *				During FGDs and KII with target beneficiaries, participants indicated that there were no reported cases of disease outbreak.
Indicator 4: <i>Number of people trained in veterinary medical commodity supply chain management *</i>	7	7	100%	6 PVP owner and 1 Wholesalers were trained on certified vet drugs and supply chain as well as coordination mechanisms.
Indicator 5: <i>Total USD value of vouchers redeemed by beneficiaries*</i>	44,600.13	44,600.13	100%	Project record/report (200 ETB V.V voucher x 6500) + (675 ETB – V.V x 90 CAHWs)

Sector 2:				
Economic Recovery and Market Systems				
Sub-Sector				
Livelihoods Restoration				
Description of targets	targets	Achiev't	% chieved	Remark
Indicator 1. # of people assisted through livelihood restoration activities	180	180 (F=137 & M=43)	100%	100= Petty trading; 30 small restaurant & 50 Shoat fattening
Indicator 2. % of beneficiaries reporting net income from their livelihood	70%	N/A		Though people making good progress; data income/expr not available
Indicator3. USD transferred to beneficiaries.	99,900	95,665	95.76%	Project record
Sub-Sector:				
Temporary Employment				
Indicator 1 : # of Household participating in Cash For Work (CFW) activities(Each with group of 20)	720	720	100%;	Project record/report 720= (M=147 &F=573)
Indicator 2: USD transferred to beneficiaries as CFW payments	171,429	170,412	99.41%	Project record

Sector 3: Water, Sanitation and Hygiene				
Sub-Sector: Water Supply				
Description of targets	Planned targets/	Achievements	% achieved	Remark
Indicator 1: <i># of people directly utilizing improved water services provided with OFDA funding</i>	30,000	35,700	119%	119%; M= 17136 & F=18564
Indicator 2 <i># of litres of safe water provided per beneficiary per day</i>	5	12.44	249%	Despite the increase in access to per capita water volume from the baseline, the quantity is still less than the minimum standard set Sphere guideline, which is 15 litres per capita per day. Baseline
Indicator 3 <i>% of the water user committees created and or trained by the WASH program that are at least three months after training</i>	80	100	125%	Since this activity is implemented in the last quarter with the NCE period, the committees were in position for more than three months, Hence the evaluators cannot verify their functionality because, at the time of the evaluation the structure were less than 3 months old.
Indicator 4 <i>% of water points developed, repaired or rehabilitated that are clean and protected from contamination</i>	100	100	100	The project planned to rehabilitate three water sources (boreholes) 100%. However, at the time of the evaluation, it had completed three water points 100%,
Indicator 5: USD value of vouchers redeemed by beneficiaries.	74,250	NA		Activity changed / Modified – this resource was shifted to Latrine and basing shelter activity as per the approval (project report)

Sub-Sector: Sanitation				
Description of targets	Planned targets/	Achievements	% achieved	Remark
Indicator 1: <i># of people directly utilizing improved sanitation services provided with OFDA funding</i>	6300	7120 (M=3418 & F=3702)	113%	Project records/report
Indicator 2: <i>% of latrines/defecation sites in the target population with handwashing facilities that are functional and in use</i>	80	29	36.3%	Only 29% (N=395) of surveyed HHs have handwashing facilities near the toilet. From these facilities, 82% (N=114) of these hand washing facilities had water at the time of end-line HH survey ; <i>(Note the target 80% set for this indicator deceptive as it is not indicating the domain (or Denominator) to calculate the coverage (%).</i>
Indicator 3: <i># of users per functioning toilet</i>	25	25	100%	The toilet and showers were construct showers were; each communal latrines in the IDP sites have 4 rooms.

Sub-Sector: Hygiene Promotion				
Description of targets	Planned targets/	Achievements	% achieve	Remark
Indicator 1: # people receiving direct hygiene promotion (excluding mass media campaigns without double counting)	87,259	87,259	100%	Project record
Indicator 2: % of the people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands	50%	74.7%	147%	The baseline Value was 36.4%
Indicator 3: % of households targeted by the hygiene promotion program who store their drinking water safely in clean container	50	78.7%	157	The baseline Value was 63.6%

Sub-Sector: WASH Non-food items				
Description of targets	Planned targets/	Achievements	% achieved	Remark
Indicator 1: # People receiving WASH NFIs assistance through all modalities (without double-counting)	6,600	6600	100%	94% female Headed HHs Project record
Indicator 2: % of the households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e. kits) or vouchers use	50	95	190%	HH survey
Indicator 3: % of the households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash	50	96	192%	HH survey

Sector 4: Protection				
Description of targets	Planned targets/	Achievements	% achieved	Remark
Indicator 1: # individuals participating in child protection services;	11,110	12,345	111.1%	62.5 % women and girls
Indicator 2: USD allocated for child protection programming;	136,378	102,927	75.4%	
Indicator 3: % of targeted children reporting an improvement in their sense of safety and well-being at the close of the program	40	81	202%	HH survey result shows that (N=275) Safety is fair (21%); Good (60%) and poor (2%) the rest replied they did not participant in child safety + other workshops
Sub-Sector: Prevention and Response to Gender-Based Violence				

Description of targets	Planned targets/	Achievements	% achieved	Remark
Indicator 1: # of individuals accessing GBV response services;	6217	6217	100%	Oxfam doesn't do case management, but 6217 individuals (52% women and girl) were reached through GBV awareness.
Indicator 2: USD allocated for child protection programming;	136,378	102927	75.0%	Project Record
Indicator 3: % of targeted women, men, girls and boys who report that they are more able to prevent and respond to GBV	75	85.5	114%	N=275 Fairly (33.5%) & Highly (52%) able to identify and protect GBV
Sub-Sector: Protection Coordination, Advocacy, and Information				
Description of targets	Planned targets/	Achievements	% achieved	Remark
Indicator 1: # of individuals trained in protection;	600	601	100.3%	
Indicator 2: (custom indicator) % of targeted women and men who report that they feel more able to identify protection risks and mitigation measures;	70	53	75.7%	HH survey, N= 275 53% respondents know at least 3 (out of 5) identification and mitigation method. The remaining know either one (25%) or two (22%) methods.

Annex 2: List of People Contacted

Sn	Name	sex	Organisation	Position
	[REDACTED]	M	Oxfam	Project MEAL manager
	[REDACTED]	M		Project Manager
	[REDACTED]	M		Livestock Team Leader
	[REDACTED]	F	Degahabur WC affairs Office	Focal Person
	[REDACTED]	M		CAHW
	[REDACTED]	M		WASHCO Chair person
	[REDACTED]	M		HEW
	[REDACTED]	M		Woreda WASH (technician)
	[REDACTED]	F		WASHCO member
	[REDACTED]	F		WASHCO member
	[REDACTED]	M		WASHCO member
	[REDACTED]	M	Bulaale Kebele	Safety Committee
	[REDACTED]	F	Bulaale Kebele	Safety Committee
	[REDACTED] i	F	Bulaale Kebele	Safety Committee
	[REDACTED]	F	Bulaale Kebele	Safety Committee
	[REDACTED]	M	Bulaale Kebele	Community Health Volunteer (CHV)
	[REDACTED]			
	[REDACTED]	M	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	F	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	F	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	F	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	F	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	F	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	F	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	F	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	F	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	F	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	F	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	F	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	F	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]	M	Bulaale Kebele	Community members 9beneficiaries)
	[REDACTED]			
	[REDACTED]	M	Gunagado W/ Gunagado Kebele	Petty Trading –Grant beneficiary
	[REDACTED]		Gunagado Kebele	Safety Committee
	[REDACTED]	F	Gunagado Kebele	Small restaurant grant beneficiary
	[REDACTED]	F	Gunagado Kebele	Goat fattening- grant Beneficiary
	[REDACTED]	F	Gunagado Kebele	Petty Trading Grant Beneficiary
	[REDACTED]	F	Gunagado Kebele	Beneficiary- other intervention
	[REDACTED]		Gunagado Kebele	Safety Committee
	[REDACTED]		Gunagado Kebele	safety committee
	[REDACTED]		Gunagado Kebele	Beneficiary- other intervention
	[REDACTED]	F	Gunagado Kebele	CHV

	[REDACTED]	M	Agriculture Office	Head
	[REDACTED]	M	Prosperity Party	Head
	[REDACTED]	F	BoWCA	Head
	[REDACTED]	M	Gashamo-health office	Acting Head
	[REDACTED]	M	Gashamo-Livestock desk	Head
	[REDACTED]		Gashamo- IDP	Beneficiary
	[REDACTED]	F		Cash Committee
	[REDACTED]	F		Safety Committee
	[REDACTED]	F		CFW beneficiary
	[REDACTED]	F		Cash Committee
	[REDACTED]	F		CFW Beneficiary
	[REDACTED]	F		Community member
	[REDACTED]			Goat Fattening Beneficiary
	[REDACTED]			Community member
	[REDACTED]			CFW beneficiary
	[REDACTED]			CFW beneficiary
	[REDACTED]			CFW
	[REDACTED]			CFW
	[REDACTED]			Community member
	[REDACTED]			CHV
	[REDACTED]			CFW bene
	[REDACTED]			CFW
	[REDACTED]		Kulmiye Vet Drug whole seller	Vet Drug supplier
	[REDACTED]		Gashamo PVP	PVP

Annex 3: Bibliography

- Ballard, T., Coates, J., Swindale, A., & Deitchler, M. (2011). *Household Hunger Scale: Indicator Definition and Measurement Guide*. Washington, DC: Food and Nutrition Technical Assistance II Project, FHI 360.
- Behigu Habte. (2018, October). *Global Protection Cluster*. Retrieved from Working together for protection: Addressing Internal Displacement in Ethiopia: <https://www.globalprotectioncluster.org/2018/12/07/addressing-internal-displacement-in-ethiopia/>
- Ethiopia New waves of conflict cause unprecedented displacement (SPot light). (2019). In *Global Report on Internal Displacement (GRID)*. Internal Displacement Monitoring Centre (IDMC).
- FEWS NET. (2018). *Integrating Livestock Herd Dynamics into Scenario Development*. Washington, DC: FEWS NET.
- FEWS NET. (2020). *ETHIOPIA Food Security Outlook: June 2019 to January 2020*. Famine Early Warning Systems Network (FEWS NET).
- Frankenberger, T. M. (2012). *Community Resilience: Conceptual Framework and Measurement Feed the Future Learning Agenda*. Rockville, MD: Westat.
- Gerald, J., & Dorothy, R. (2011). *Child Protection in the Somali Region of Ethiopia*. Tufts University.
- Hollingsworth, A. (2019, 09 12). *Refugee International.org*. Retrieved from Report: <https://www.refugeesinternational.org/reports/2019/9/10/like-a-drop-of-water-on-a-fire-inadequate-investment-in-durable-solutions-for-drought-idps-in-ethiopia>
- IAHESG. (2019). *Inter-Agency Humanitarian Evaluation of the Drought Response in Ethiopia*. Inter_agency Humanitarian Evaluation Steering Group.
- IDMC. (2019). *DISASTER DISPLACEMENT: A global review, 2008-2018 (Thematic Report)*. Internal Displacement Monitoring Centre.
- IDMC. (n.d.). *Ethiopia: Figure Analysis- Figure Analysis – Displacement Related to Conflict and Violence*. Geneva: Internal Displaced Monitoring Center.
- IDRC. (2015). *East Africa Regional Diagnostic Study: Report Summary*. Ottawa: International Development Research Centre.
- Oxfam. (2020). *Programme and Performance Report - OFDA*.
- Oxfam International. (2016). *JOINT AGENCY CONSOLIDATED GENDER ANALYSIS : Consolidated Gender Analysis for the Ethiopian Drought Response*. Oxfam International.
- PROLONG_Consult. (2007). *EVALUATION OF HUMANITARIAN AID By and For NGOs: A guide with ideas to consider when designing your own Evaluation Activities*. European Commission.
- SNRS. (n.d.). *Somali Region Durable Strategy 2017-2020: The Durable Solutions Strategy of the Somali Regional Government of Ethiopia*.
- SRLRPDB. (2019). *Report on Vaccination campaign Intervention in Aware, Bilcinbur, Gunagado, Degahabur, Gashamo and Daror Districts of Somali Regional State, ethiopia*. JigJiga: Somali Regional State Livestock Resources and PASTORAL Development Bureau.
- Swindale, A., & Bilinsky, P. (2006). *Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide*. FANTA Project.
- Tesfaheywet (Dr), Z., & Fitsum (Dr), A. (2013). *ASSESSMENT OF ANIMAL HEALTH SERVICE DATA IN THE PASTORAL AND AGRO-PASTORAL PARTS OF ETHIOPIA*. PRIME Project.
- UNICEF. (2018). *ETHIOPIA-Humanitarian Situation Report : SitRep # 4– Reporting Period April 2018*. UNICEF.
- USAID. (2019). *ETHIOPIA - COMPLEX EMERGENCY: FACT SHEET #1, FISCAL YEAR (FY) 2019*. USAID.
- Van den Broeck J, A. C. (2005). Data Cleaning: Detecting, Diagnosing, and Editing Data Abnormalities. *PLoS Med* 2(10): e267.
- WHO & UNICEF. (2012). *Rapid Assessment of Drinking-Water Quality : A Handbook for Implementation*. Switzerland : World Health Organisation.

Project Proposal

Post Distribution monitoring

Annex 4: number and type of Livestock treated through mass vaccination campaign

Woreda	Number of livestock treated				Type of Vaccines given	Total	Household Head		
	Sheep	Goats	camel	cattle			F	M	Total
Aware	42,890	56,110	---	---	Peste des petits ruminants	99,000	1,570	2,349	3,919
Bililbur	43,819	54,281	---	---	Sheep and Goat Pox	98,100	2775	2444	5219
Dhagahabur	58,722	58,294	2,550	8,900	SGP, OP, BP Black leg & Anthrax	128,466	4,014	3,331	7,345
Gunagado	37,286	60,896	---	---	Peste des petits ruminants	98,182	3,343	2,448	5,791
Gashamo	44336	90232	---	---	Peste des petits ruminants	134,568	3852	3,168	7,020
Daror	86,130	57,420	---	---	Peste des petits ruminants	143,550	3,404	2,769	6,173
Total	313,183	377,233	2,550	8,900		701,866	18,958	16,509	35,467