



# END OF PROJECT EVALUATION OF THE ECHO FUNDED GOK/UNICEF RESPONSE TO THE KENYA DROUGHT EMERGENCY 2004-2005

FINAL REPORT

November 2005

Submitted to UNICEF by:

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## **ACKNOWLEDGEMENTS**

Acacia wish to extend their gratitude to UNICEF staff in the Kenya and Garissa offices for facilitating this evaluation and offering valuable information.

Acacia is also extremely grateful to the officials in the health, water and special programmes ministries in Nairobi, Mandera, Wajir, Garissa and Isiolo who facilitated information gathering and sometimes logistics of the evaluation.

UNICEF implementing partners and stakeholders such as Merlin, COOPI, CORDAID, WASDA, AAH, Northern AID, PRASO, RACIDA, EPAG, are also acknowledged for the useful information and assistance they availed in the course of the evaluation.

Last but not least our appreciation goes to the community groups we met in the four districts. Your patience and co-operation with us is highly acknowledged.

Acacia Consultants. Ltd.

## LIST OF ABBREVIATIONS

AAH	Action Against Hunger
ALRMP	AridLands Resource Management Project
CAP	Consolidated Appeal
CBO	Community Based Organisation
COOPI	Cooperazione Internazionale
CORDAID	Catholic Organization for Relief and Development Aid
CPAP	Country Programme Action Plan
CTC	Community –based Therapeutic Care
DFID	Department for International Development
DPA	District Pastoral Association
DSG	District Steering Group
ECHO	European Commission Humanitarian Office
EPAG	Emergency Pastoralist Assistance Group
EPI	Expanded Programme for Immunization
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
GFD	General Food Distribution
GOK	Government of Kenya
H&N	Health and Nutrition
HIV/AIDs	Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome
IDP	Internally Displaced Persons
KEPI	Kenya Expanded Programme for Immunization
KFSM	Kenya Food Security Meeting
LLITN	Long Lasting Insecticide Treated Nets
MMR	Maternal Mortality Ratios
MOH	Ministry of Health
MOWI	Ministry of Water and Irrigation
NGO	Non Governmental Organisation
O&M	Operations and Maintenance
OFDA	Office of Foreign Disaster Assistance
PRASO	Practical Solution for Pastoralists Development
RACIDA	Rural Agency for Community Development and Assistance
SFP	Supplementary Feeding Programme
STI	Sexually Transmitted Infections
TFC	Therapeutic Feeding Centre
TFP	Therapeutic Feeding Programme
UNICEF	United Nations Children’s Fund
URTI	Upper Respiratory Tract Infections
WASDA	Wajir South Development Association
WES	Water, Environment and Sanitation
WESCOORD	Water, Environment and Sanitation Coordination
WFP	World Food Programme
WUA	Water User Association

## EXECUTIVE SUMMARY

### Background of Project

A Drought situation had occurred across the country following poor performance of the 2003 short rains and 2004 long rains resulting in food and water shortages in 26 districts. Assessments by UNICEF and other stakeholders such as the Kenya Food Security Meeting (KFSM) found that: Malnutrition rates were on the increase, most districts did not have sufficient referral mechanisms, measles and other disease outbreaks were potential risks, water borne diseases were a potential problem as humans and animals competed for and settled around water sources and feeding points, there was also an increased risk of STI transmission and HIV transmission in the displaced populations, the severity of water shortages could result in life-threatening crises due to inadequate drinking water, poor water quality and poor hygiene and sanitation practices and the drought was beginning to affect education and health facilities as increasing water scarcity would force some to cease operations.

It is in line with the commitment to the Country Programme Action Plan (CPAP) that a Consolidated appeal (CAP) was launched in June 2004 that saw UNICEF receive funding from various donors e.g. DFID and ECHO for an emergency response in northern Kenya. For the Response to the Kenya Drought Emergency 2004-2005, which is the subject of this report, UNICEF received **€500,000** from the Humanitarian office of the European Commission (ECHO). The water sector was allocated 300,000, health 120,000 and nutrition 80,000. The estimated number of targeted beneficiaries was 456,000 vulnerable adults and children. The purpose of the project was *“To mitigate the impact of the current drought on the most vulnerable persons in the drought affected districts in Kenya.”*

The end of project evaluation on the UNICEF/GOK ECHO funded Response to the Drought Emergency 2004-2005 on Health and Nutrition, Water and Sanitation in Northern Kenya was commissioned by UNICEF and its objective was *“to determine the effectiveness of delivery of the health, nutrition, water and sanitation interventions during the response to the recent and some what on going drought emergency”*. Acacia Consultants Ltd conducted the evaluation between September and November 2005. The evaluation covered Isiolo, Garissa, Wajir and Mandera districts. The consultants used participatory methodologies such as key interviews, focus group discussions, and field observations, among others. Scoring on the overall performance of the project and an audit on achievement of outputs was also carried out.

**Main findings** of the evaluation were the following:

- The project was found to be relevant as was based on proper assessments conducted by UNICEF and other stakeholders.
- Project design: This could have been better, the log frame was poorly designed and there were no outcome/impact indicators.
- Project monitoring was average; in some areas it was very good while in other areas it could have been better. Moreover there was no impact monitoring by partners hence it was difficult to qualify the impacts that had accrued from the delivery of the outputs.
- Most UNICEF partners were found to be competent however there were differences in approach amongst partners in the same sectors, e.g. in WES some were using the technical departments and others were not and in H&N, there was disagreement amongst some on the whether it was Community based Therapeutic Care (CTC) or Therapeutic Feeding Care (TFC) that was better.
- The link of relief to development was found to be strong as long as the same partners and the communities targeted are the same. This is because UNICEF has a long-term commitment of development in Northern Kenya as spelt out in the CPAP.

- A gap was identified with the food security sector in the programme design.
- Visibility could have been better.
- Sustainability of interventions was questionable as the drought is still ongoing.
- Cost effectiveness was found to be good. This is because the average amount of money spent per person was approximately 1.28 Euro, which went a long way in ensuring the protection and saving of lives. The beneficiaries would have spent much more on healthcare, water and costs of losing labour through death had the intervention not occurred.
- In implementation, the health sector performed as follows in the delivery of outputs:
  - Immunization against measles- largely met.
  - Vitamin A supplementation – largely met.
  - Distribution of mosquito nets – largely met.
  - Sensitisation on HIV/AIDs- unable to conclude as sensitisation is not a priority in the arid districts especially during drought emergencies.
- In the nutrition sector: All nutritional surveys were conducted and response was undertaken with other funding hence the output was fully met.
- In the water and sanitation sector:
  - Rehabilitation of boreholes was largely met;
  - Distribution of family kits and water testing kits was fully met;
  - Support to district response teams was fully met;
  - Support to national and district WESCOORDs was partially met;
  - We were unable to conclude on whether the targets on, the support to community water supplies, rehabilitation of water supplies, installation of hand pumps were met as there were no targets set initially.

**Major impacts included the following:**

In the water and sanitation sector, due to hand pump installation and provision of water tanks in schools in schools and peri-urban populations:

- The time spent in fetching water was decreased at shallow wells;
- The risk of children drowning in the open wells was removed;
- The levels of coliforms in drinking water greatly reduced to negligible levels;
- Since less time was spent fetching water, more water was fetched and was used for bathing and cleaning clothes;
- Conflicts between children and herders/villagers stopped at the common water points as children no longer went there to fetch water;
- The cost of buying and transporting water to schools decreased in some cases by 95%;
- More time was spent by the children in schools due to having a permanent water source in the schools as they did not have to go to the villages to look for water.

In the health and nutrition sector:

- Protection of children and pregnant and lactating mothers occurred due to immunization and vitamin A supplementation.
- The nomads had access to curative treatment through the provision of emergency medical kits in the mobile outreach programmes. This access would not have been possible had the intervention not been there as the government has limited resources to carry out the same service.
- Overall empowerment of district personnel in conducting nutritional surveys and data analysis due to training occurred in the districts where the surveys were carried out.

## The major lessons learnt included:

- 1. Good project design:** It is imperative that a project is designed well with a good monitoring and evaluation tool, which is the log frame for better data collection and standardized reporting.
- 2. Co-ordination between partners and harmonization of approaches:** This is very crucial as when partners of the same funding agency are not coordinated or do not subscribe to the same approaches project impact is reduced and effectiveness not maximized.
- 3. Working with government:** Working with government technical ministries in various interventions (e.g. water and health) is more advantageous than not as they are the best placed to continue in the follow-up of interventions.
- 4. Linkage between food security, health and nutrition, water and sanitation:** In Northern Kenya, these three sectors are inter-related because the main food source is livestock and livestock products. When there is a food shortage due to lack of pasture and water the health and nutrition status of people is affected. Therefore for greater impact it is important that agencies design interventions around the three sectors.
- 5: Chronic emergency situation:** Northern Kenya has been under a chronic emergency situation for the last few years. The lesson here is that the relief efforts in Northern Kenya are too short to have long-term impacts and have in some cases created a dependency syndrome for the affected communities. Longer term interventions such as safety nets may be the solution.
- 6: Role of DSGs:** DSGs are the main structures that are meant to be coordinating and monitoring relief efforts in the arid districts so that they ensure that it has maximum impact. However this is not happening due to lack of resources. The lesson here is that without concerted effort and appropriate technical advice given to DSGs it is unlikely that emergency operations will have the impact that they are meant to have on vulnerable populations.

## RECOMMENDATIONS

- 1. Better harmonization of resources at Nairobi level:** UNICEF needs to co-ordinate better at Nairobi level, especially before going to the field between sections for enhanced efficiency.
- 2. Better needs assessments:** UNICEF should ensure that partners conduct a comprehensive needs analysis of the requirement of a water point, which encompasses socio-economic aspects before any equipment is given out.
- 3. Institutional capacity assessments:** UNICEF needs to redo the institutional assessments of its current partners so as to determine which partners have comparative advantage over the others for less monitoring and enhanced efficiency.
- 4. More analysis of CTC vs TFC in pastoralist societies:** Since the CTC approach is a new approach UNICEF can assist by conducting a thorough analysis on its advantages and disadvantages in the pastoralist system so as to sensitise the MOH.
- 5. More harmonization of approaches by partners in same sector by KFSM focal point:** A focal point at KFSM needs to ensure that approaches in the same sector by funded agencies are similar for better impact overall as different agencies have different approaches.
- 6. Use of technical departments of government by partners should be a must:** UNICEF should make sure that the use of technical departments in the district is a must by partners and is stipulated in their contracts.
- 7. Strengthening of district coordinating structures:** UNICEF can embark on offering technical advice to the DSGs on the link of relief to development and the importance of maximizing impact with the various feeding programmes through capacity building programmes for the DSGs.
- 8. Safety net approach for chronic emergency areas:** In its long-term programmes UNICEF in liaison with other development actors is encouraged to develop safety net programmes for the arid districts due to the chronic nature of emergencies. Lessons learnt from UNICEF's

safety net pilot programme in Kwale and Garissa can inform similar programmes in the arid North.

9. Link to food security sector: In future UNICEF is encouraged to in build the food security sector in its proposals or have a linkage with actors in the sector e.g. WFP and FAO with whom they can work together in the same areas for better impact on nutritional levels. UNICEF currently has links with WFP at national level. These links need to be strengthened at district level so that where UNICEF implements SFP or TFC, WFP also implements GFD to the same population in order to maximise nutritional benefits.
10. Programme design/reporting and impact monitoring to be improved on: UNICEF should either hire technical expertise to assist in the designing of similar programmes in future or build in house capacity to achieve the required product. This will make output and outcome monitoring easier for the implementers and the evaluators.
11. Capacity building of partners: Before any project design/intervention UNICEF should hold joint meetings with the partners and plan together, discuss implementation issues, harmonize approaches, discuss UNICEF's ways of working, train partners on rights approaches, sphere standards, impact monitoring, reporting e.t.c. This will increase the ownership of activities and effectiveness of the partners on the ground.

## **CONCLUSION**

**The overall performance rating was found to be between good and fair. With regard to relevance the project was relevant at the time of its conception as it was based on assessments. The overall efficiency was found to be good, the project was effective where interventions were implemented well by partners, short term (supplementary and therapeutic feeding) and some long term impacts have been realized (sanitation with the shallow wells). Sustainability of the interventions is questionable as the drought emergency is still ongoing and is at its peak currently. As regards co-ordination, interdepartmental co-ordination could have been better, co-ordination at national level was good with partners but at district level could have been better.**

**Finally due to UNICEF's interventions, more than 300,000 people benefited with increased access to safe water, and access to health services. Where interventions were focusing on schools, children managed to stay in school due to closer water accessibility and nomads had access to health services which they would not have had otherwise. Protection of over 200,000 children and 20,000 lactating mothers occurred due to measles immunization and vitamin supplementation.**

## **1.0 INTRODUCTION**

The end of project evaluation on the UNICEF/GOK ECHO funded Response to the Drought Emergency 2004-2005 on Health and Nutrition, Water and Sanitation in Northern Kenya was conducted between September and November 2005 by Mike Wekesa and Irene Karani of Acacia Consultants Ltd. The evaluation covered Isiolo, Garissa, Wajir and Mandera districts. The overall performance rating was found to be **between good and fair** (see scoring in section 3.8).

### **1.1 Context of project**

The current Country Programme Action Plan (CPAP) for the period 2004-2008 under which the emergency response was implemented is meant to contribute to the realization of the rights of children and women nationwide in i.e. health, nutrition water and sanitation, through policy support and through a combination of capacity-building and support for service delivery at district and community levels. Core interventions are to be determined through the application of a human rights approach to programming and community capacity development, and the commitment to respond quickly to humanitarian emergencies.

In the water sector, the UNICEF/GoK emergency programme is meant to coordinate water-related drought relief and rehabilitation in all drought affected arid and semi-arid districts. The programme will improve access for communities within the realm of the new Water Act 2002, which envisages empowerment of beneficiaries through ownership, training and organization. It will build on the initiatives developed over the last one and half decades in improving the capacity of the communities to manage their own water supplies. Interventions will be planned and implemented with long-term sustainability as a core requirement. In the same areas, a major contribution will be made towards improving enrolment and retention of children in schools through provision of water.

In the health sector, major contribution will be made towards improved ECC, increasing primary school graduation rates, reducing rates of female genital cutting and maternal mortality ratios (MMR's), the latter starting in North-Eastern province. In high HIV/AIDS- prevalence areas, the programme will support service delivery-oriented community organisations that focus on children orphaned by HIV/AIDS.

In the nutrition sector the programme is meant to support key policy formulation and advocate for greater recognition of nutritional well-being as a prerequisite for development, catalyze alliances and support multiple strategies to combat micronutrient deficiencies as well as strengthen capacities of care-givers to improve child care practices. Support to government bodies to regularly assess the nutritional situation and analyze data in context is to be provided. The in-country capacity to manage malnutrition will be enhanced through trainings and material support. In addition the programme will provide technical and material support for nutritional care for people living with HIV/AIDS.

### **1.2 Background of Project**

A Drought situation had occurred across the country following poor performance of the 2003 short rains and 2004 long rains resulting in food and water shortages in 26 districts. Assessments by UNICEF and other stakeholders such as the KFSM found that:

- Malnutrition rates were on the increase given the combination of household food insecurity, and poor access to water and health services. Most districts did not have sufficient referral mechanisms, stocks or trained staff to treat affected children. Measles and other disease outbreaks were potential risks, further aggravated by the lack of guarantee of sufficient drugs and competent health staff to respond in an appropriate, adequate and timely manner. Water borne diseases were a potential problem as humans and animals

competed for and settled around water sources and feeding points. During such periods of population displacement there was also an increased risk of STI transmission and HIV transmission.

- The severity of water shortages could result in life-threatening crises due to inadequate drinking water, poor water quality and poor hygiene and sanitation practices. The drought was beginning to affect education and health facilities, as increasing water scarcity would force some to cease operations.

It is in line with the commitment to the CPAP that a CAP was launched in 2004 that saw UNICEF receive funding from various donors for an emergency response in northern Kenya. For the Response to the Kenya Drought Emergency 2004-2005, which is the subject of this report, UNICEF received **€500,000** from the Humanitarian office of the European Commission (ECHO). The water sector was allocated 300,000, health 120,000 and nutrition 80,000.

The *Response to the Kenya Drought Emergency 2004-2005* was implemented under the auspices of the Kenya Food Security Group chaired by the Office of the President over a twelve-month period from November 2004 to September 2005. The interventions were carried out in partnership with respective GOK Ministries of Health, Water and Irrigation, NGOs and CBOs in the various districts under the coordination of the respective District Steering Groups (DSGs). District level sectoral coordination groups such as the Water and Sanitation coordination group and the Health and Nutrition Coordination group provided local level planning and coordination for interventions.

### **1.3 Beneficiaries**

The targeted number of beneficiaries in total was 456,600. The breakdown is as follows:

- In the water sector 75,000 people were targeted.
- In the health and nutrition sector 200,000 children under 5, 20,000 lactating mothers, 1,600 pregnant women and 160,000 adults were to benefit from immunization, Vitamin A supplementation, mosquito nets and emergency health kits.

### **1.4 Project Goals and Objectives**

In order to tackle the problems that had been identified by the various assessments the goals and objectives of the programme were as follows:

Overall goal: To contribute to improved health status among children, women and other vulnerable people in Kenya.

Project Purpose: To mitigate the impact of the current drought on the most vulnerable persons in the drought affected districts in Kenya.

Result 1: Improved survival of the most vulnerable communities in the drought affected districts by ensuring that critical water needs are met.

Result 2: Sustainability of water supplies is improved and enhanced at community and district level both in times of drought and normal operation.

Result 3: Enhanced co-ordination of drought emergency water services at national and district levels through the WESCOORD structures.

Result 4: Impact of current drought and famine on the growth and development of children and on the outcome of pregnancy and delivery is minimised and families and communities are supported in preventing morbidity and mortality.

Result 5: The critical nutritional needs of vulnerable groups are rapidly assessed and responded to.

### 1.5 Project Area (see figure 1)

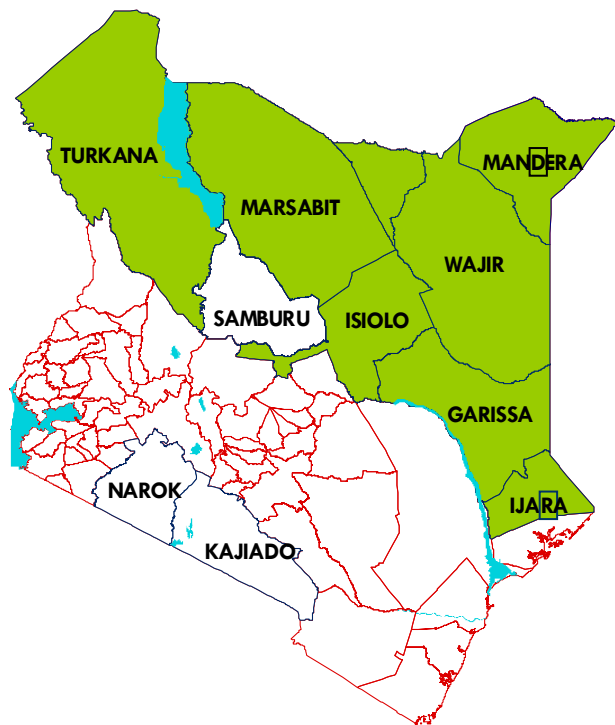
The project was implemented in northern Kenya with an emphasis on North Eastern Kenya as shown by the assessments.

**Health** sector interventions were implemented in Wajir, Garissa, Ijara and Moyale districts.

**Water** sector interventions in Mandera, Wajir, Ijara, and Isiolo Districts and to a smaller extent, Turkana, Moyale, Garissa, and Marsabit Districts.

**Nutritional** surveys were conducted in Mandera, Marsabit, Garissa, Ijara and Isiolo districts

**Figure 1: UNICEF's intervention areas under the ECHO funded project 2004-2005**



### 1.6 Constraints and challenges faced by the project

- The money from ECHO came late by three months.
- Some partners did not live to the expectations of UNICEF with regard to implementation and monitoring of activities.
- Conflict in Mandera from January to April 2005 affected the implementation of some activities.

- The measles campaign was postponed by the KEPI to October 2005, after the emergency response had ended.

## **1.7 This Evaluation**

The purpose of this evaluation was to determine the effectiveness of delivery of the health, nutrition, water and sanitation interventions during the response to the recent and on going drought emergency. Specifically the evaluation was to determine to what extent the intervention can be viewed as having saved the lives of the affected population and their livestock and prevented large scale population displacements and movements in search of food, water and pastures. In addition the evaluation looked at the extent to which institutions threatened with closure including schools, health facilities and administrative centers have remained open and functional during the drought. (See full TORs in Annex 1).

This evaluation is meant to inform UNICEF and its partners on how to improve emergency operations in future especially in the water, health and nutrition sectors, especially in Northern Kenya which is chronically food insecure and perpetually under relief interventions.

### 1.7.1 Evaluation methodology

The evaluation methodology comprised of participatory methodologies and included literature review, Focus Group Discussions (FGDs), key informant interviews, field observations, scoring against the logical framework and documentation of case studies.

### 1.7.2 Literature Review

The consultants conducted a literature review of a number of documents in order to: understand the background of the project, the progress of project; challenges involved during implementation and establish evaluation criteria using the baseline database as the benchmarks. In addition the literature review was used to establish the relevant data and tools that will be needed to measure the progress based on the project's logical framework analysis. The literature analysed included:

- Final Report to ECHO by UNICEF;
- The Country Programme Action Plan;
- The Proposal to ECHO and log frame;
- UNICEF'S Evaluating Human Rights Programmes document;
- The European Commission and Kenya –Partnership document 2003;
- Merlin report on distribution and utilization of ITNs;
- Integrated Programme survey Isiolo District;
- Second Mobile Outreach services in Garissa district;
- UNICEF Trip report, Isiolo and Samburu districts- September 2005.
- Management of Rural Water supplies in Mandera, Wajir and Garissa (and Isiolo) Districts of North Eastern Province, a report by Rural Focus to UNICEF.

### 1.7.3 Focus Group Discussions

Focus group discussions were conducted with beneficiary community groups. These discussions provided insight into the level of project approaches such as participation, coordination, monitoring and evaluation as well as give an overview on project achievements. FGDS were conducted with:

- Yakbarsadi WUA and community,
- Ngare Mara community,
- Pepo la Tumaini community,
- Rhamu WUA'
- Dambas Primary School community,
- Bulla Godade.

- Islamic Call Foundation orphanage.

#### 1.7.4 Key interviews (see full list in Annex 2)

Information collected from these informants was expected to give insight into their roles in the response, the main issues that contributed to the performance of the response e.g. design of the sectoral approaches used in the interventions, their capacities in implementing emergency interventions, their perspectives on the way forward in case of future similar interventions and networking and collaboration between themselves and UNICEF. The interviews with individuals included:

- UNICEF Staff in Nairobi and Garissa;
- Partners such as DSG Isiolo; KEPI; WASDA, RACIDA, PRASO, Northern Aid;
- MOH Isiolo, Mandera and Wajir;
- MOW Isiolo, Mandera, Garissa, Wajir;
- ALRMP Nairobi, Isiolo, Mandera and Wajir
- International NGOs and donors: OXFAM, Merlin, COOPI, CORDAID, ECHO, AAH;
- Wajir and Bulla Iftin Primary Schools.
- Other stakeholders e.g. DPA Wajir

#### 1.7.5 Field Observations

Field observations were carried out by the consultants during the execution of the evaluation and recorded. This information was used in triangulation of data sourced from the literature review, FGDs and key informant interviews. It was also used in the scoring the overall performance of the project.

#### 1.7.6 Case studies

The evaluation has documented one case study found in the text as an example of good project impact.

#### 1.7.7 Scoring of the overall project

The consultants conducted this after analysing the data obtained in literature review, interviews and field observations. The results were analysed and scoring was done on them in order to gauge the extent to which targets had been met, and overall project performance and whether the purpose of the project was achieved. (*See final scoring in section 3.8*)

#### 1.7.8 Stakeholder workshop

A stakeholder's workshop was held on the 27th of January, 2006 in Nairobi. The objective of the workshop was to discuss the findings of this evaluation and the major issues that were arising out of emergency interventions. The major issues that arose and the way forward suggested for each can be found in *Annex 3*.

### **1.8 Constraints of the Evaluation**

This evaluation experienced the following constraints:

- The consultants were unable to travel to all the districts in which the project was implemented due to budgetary constraints.
- The fieldwork was interrupted due to the recalling of the consultants back to Nairobi and this affected the rescheduling of the fieldwork again and the amount of time spent in the districts visited.

## 2.0 MAIN FINDINGS

This section will mainly deal with project design and implementation strategy, which was done through partners. It will also address the relevance question at the time of project conception and an audit of the project outputs against what was planned will also be depicted in tabular form.

### 2.1 Project Formulation

#### 2.1.1 Project conception

A proposal was developed by UNICEF staff for submission to ECHO after the analysis of several assessments conducted under the Kenya Food Security Group who comprise of GoK, United Nations Disaster Management Team (UNICEF and WFP), international NGOs such as Oxfam and Merlin and other special programmes e.g. Office of the President and other local NGOs. Assessments were conducted in the Water and Sanitation Sector (WES) and Health and Nutrition Sector (H&N). All the sectors showed increased vulnerabilities of communities to drought through increased malnutrition, decreasing water accessibility and availability and the potential for outbreak of diseases.

In addition the Kenyan Government officially declared an emergency in June 2004 after which a CAP appeal was launched for emergency assistance in various sectors.

It is with this mind that the project, which is the subject of this evaluation, was developed. The consultants found that the project was **relevant** at the time of conception as it was based on factual data derived from the assessments. The project design also sought to tackle some of the most important sectors in an emergency that is water and sanitation, and health and nutrition of the vulnerable groups.

However the design of the project did not include how food security, which is also extremely crucial during drought, would be handled either by UNICEF or through its partnership with other UN agencies/international NGOs/CBOs whose mandate is food security e.g. FAO and WFP. It is important to always try and incorporate all the essential sectors into the design of the project so as to make sure that the project is holistic otherwise its effectiveness is minimized.

#### 2.1.2 Project design

The design of the proposal was done according to ECHO standards, which included the technical and financial proposal narrative and the log frame. However the consultants have the following issues with the overall design:

- The consultants are of the opinion that the design of the log frame was **poor** as the objectives and indicators formulated did not adhere to the SMART principle, (i.e. specific, measurable, achievable, realistic and time bound). In addition the flow of logic is not obvious. Log frame formulation rules were **not adhered to**. It is not obvious that all the results necessarily lead to the purpose and overall goal. The relationship between the overall objective and the purpose is also not obvious and the overall goal actually contributes to the purpose and not vice versa as it is meant to be.
- There were no impact indicators at the outcome level of the project making the monitoring of outcomes difficult as it is not obvious what the processes of increasing water availability, immunizing children, distributing nets, treating infections and conducting nutritional surveys was meant to ultimately achieve.

- Result four is too loaded. It has three different aspects in one result. There are issues of development of children, pregnant women and prevention of morbidity and mortality. These should have been separated as the activities are different for easier monitoring or formulated better.
- Result five which was conducting nutritional surveys is unlikely to have impact if there is no component of making sure that the issues identified during survey are responded to during the emergency so as to save lives. In the log frame the only activity is conducting the survey, training the enumerators and data analysis. The only benefit of the survey would be that there is updated data on the prevailing conditions for other stakeholders to respond to and that the capacities of people conducting the surveys is strengthened through the training and actual implementation of the surveys. If the response was to come from other grants or other stakeholders this should have been clear in the project design.
- Activities instead of being result specific are sector specific which goes against log frame rules.

## 2.2 Implementation Strategy

### 2.2.1 Project planning and co-ordination

At national level, UNICEF held regular weekly meetings in Nairobi between the different sections for updates. UNICEF also chairs the WESCOORD and H&N working groups under the KFSM, which plans, co-ordinates and monitors emergency interventions. These meetings are monthly and attended by all actors involved in relief and emergency.

In addition UNICEF held meetings with other ECHO partners such as COOPI and CORDAID where each agency targeted different geographical areas so as not to duplicate similar interventions.

At district level, all DSGs visited except Isiolo, had participated in the discussion of the response project and were very knowledgeable about UNICEF's interventions. In Garissa and Wajir districts UNICEF was commended for good co-ordination of activities while in Isiolo and Mandera, co-ordination could have been better.

The following were issues identified with reference to co-ordination and planning:

- Within UNICEF itself, there seemed to be no co-ordination when staff from various sections were visiting the field, i.e. there may be two or three UNICEF vehicles in the same location at the same time yet they all came on different missions sometimes with the same partner. This only served to confuse the partners on the ground who would rather there was only one team which was charged with the responsibility of all UNICEF interventions in all sectors at that location.
- There also seemed to be no attempt by UNICEF to hold joint meetings with all partners in one district for planning or harmonization of approaches in the various sectors.

These two issues have a direct relation with efficiency and cost effectiveness.

### 2.2.2 Working with NGOs

UNICEF implements interventions through partners who range from local NGOs e.g. PRASO to international NGOs e.g. Merlin. The projects are usually taken to the DSGs for approval and discussion before implementation begins, an exception was Isiolo. This is **commendable** and has contributed to positive outcomes of the project. Working through partners enhances their capacities

in experience in project implementation in emergencies. In addition the continuation of the project's activities into the development phase can be taken up by these same partners thus creating an effective link with the development cycle.

UNICEF conducts capacity assessments of agencies before they are taken on as partners, which is good. Most partners were found to be competent implementers of UNICEF's interventions. They had previous experience in implementation of similar projects and were stable institutions that were also attracting funding from other agencies. The consultants however noted the following issues as regarded partners:

- Some partners are not members of the DSG which co-ordinates emergency operations in the arid districts e.g. PRASO and Northern Aid in Isiolo. This means that the DSG has no easy access to their information and is unable to monitor their interventions. This particular issue had been noted by the DSG in Isiolo such that UNICEF had been a point of discussion in the forum due to its' seemingly lack of transparency.
- Some partners were not working with the technical government departments e.g. MOWI. E.g. Northern Aid. This had led to shoddy construction works at Yakbarsadi borehole in Isiolo. The Ministry of Water only came in when problems with the borehole arose.
- Some partners felt that UNICEF was exhibiting a top down approach. This was because there were instances where UNICEF took the project to the partners whilst the partners were not involved in the design of the project. For example in Mandera, RACIDA and EPAG were not involved in the design of the project although they ended up implementing different aspects of the project in the water sector. In Nairobi, UNICEF prioritized measles immunization in the project while it was not the priority of KEPI (its main partner in immunization) at the time. This led to the delay of the immunization campaign.
- Some partners were in disagreement with the other's approaches. E.g. in Wajir the nutritionist in the MOH was advocating for TFCs while Merlin the implementing agency for therapeutic feeding was advocating for the CTC approach. This may have arisen out of inadequate sensitisation on the modern methods of therapeutic feeding.

### 2.2.3 Working with Government

The government is UNICEF's biggest partner and the CPAP articulates this partnership. In this project UNICEF has played an extremely crucial role in assisting the government in responding to the needs of the emergency. UNICEF's efforts were appreciated by most government institutions interviewed both at the national and district levels. The health departments in the districts rely heavily on UNICEF's support with respect to drugs, immunization and supplementary feeding as they do not have adequate funding from the central treasury that can enable them to conduct their work effectively especially in times of a drought emergency.

The work of the Aridlands Resource Management project (ALRMP) was also enhanced through support in the nutrition (nutritional surveys) and the water sector (hand pumps, water filters, e.t.c.)

Therefore by providing support to the various government departments UNICEF **increased the effectiveness** of the government's drought emergency interventions because without UNICEF support, mobile clinics by the government would not have taken place in some districts e.g. Wajir; the threat of a disease outbreak would be extremely high e.g. in Wajir where the water table is high and heavily contaminated had UNICEF not supplied hand pumps for shallow well capping.

### 2.2.4 Community Participation

Since UNICEF itself does not implement the interventions, community participation is left to the partners to ensure that it takes place. It is assumed that since the partners are credible according

to UNICEF they conduct the social mobilization appropriately and involve communities at all stages of the project cycle. Although there were no complaints in the areas visited by the communities the question is, how does UNICEF ensure that social mobilization by partners is conducted appropriately and effectively?

### **2.3 Project Monitoring and Evaluation**

Monitoring is in the form of project reporting and field visits. An interim report was submitted to ECHO in May 2005 by UNICEF. The report to ECHO was an amalgamation of partner reports. The final report to ECHO has been submitted. The consultants have issues with the report format for the following reasons:

- The report is not user friendly as it is an amalgamation of the proposal, interim report and final report. It would have been easier if the proposal and the interim and final reports were separated, as is the usual case with other ECHO implementing partners.
- It is difficult to obtain the figures that the actual figures of beneficiaries under different outputs, in the various districts due to lack of verifiable data.

As regards field visits, ECHO conducted a monitoring visit in July 2005 to the districts which had received funding. UNICEF had also been carrying out monitoring visits to the project sites. In some districts the monitoring was better than others. For example in Wajir monitoring was regular while in Mandera it was not.

Impact monitoring by UNICEF's partners was not done and therefore the attainment of the purpose could not be judged. A project should conduct impact monitoring to ensure their resources are having impact especially in emergencies where all interventions are about saving lives. Impact is measured by the change the project has made to the lives of the beneficiaries as a result of the interventions implemented. Due to lack of impact indicators the consultants therefore endeavoured to find out, where possible, the changes that had occurred as a result of ECHO funding.

For evaluation, there was only one end of project evaluation which is the subject of this report.

### **2.4 Achievement of Results**

The discussion here will revolve around the extent to which the results were achieved. The achievement of the purpose and impacts achieved will be discussed in Section 3. See table 1 for summary of outputs.

#### **2.4.1 Result 1: Improved survival of the most vulnerable communities in the drought affected districts by ensuring that critical water needs are met.**

The target here was that 30 strategic water points would be functioning efficiently thereby giving water to at least 75,000 with at least 5 extra litres for domestic use. Family water kits and water testing kits were also to be provided under this result.

Our understanding of a strategic water point is one that serves high populations of vulnerable humans and livestock during times of drought emergency. This type of water point is usually a high yielding borehole or a shallow well that does not dry up during the drought period. Our findings are that this result was partially met because of the total number of rehabilitated water points according to the final report was 21 boreholes and 45 shallow wells but whether critical water needs were met is not verifiable. The consultants had issues under this result and they are as following reasons:

- During the execution of the evaluation we found that some of the rehabilitated water points were not yet complete (Yakbarsadi, Ngare Mara) or were non functional (Merti). We therefore cannot also say that the critical water needs of the populations in those areas were met.
- UNICEF distributed similar gensets to a number of boreholes whose communities had requested for a replacement genset or who needed a new one. The consultants are not convinced that the details of the boreholes e.g. yield or the capacity of the communities to be able to run these big engines was taken into account. For example we found the 27KVA has been supplied for boreholes of less than 5m<sup>3</sup> e.g. (Yakbarsadi). The fuel needed to run this engine is about 30 litres per day, which was proving a burden to the community. This borehole did not require a 27KVA but a smaller engine and at the time of the evaluation was non functional.
- We have not yet come across any data that was collected from households to verify that households' water access increased from 2 litres to 10 litres per day. However in Bulla Godade due to the installation of a hand pump, we found that the time spent at the well had reduced from 1 hour to less than 5 minutes in fetching water. Thus women within a radius of 500m were able to increase water usage and were fetching more water per day from four 20-litre jerricans per day to 8-10 jerricans per day. This means that household use increased from about 13 litres per person per day to about 26 litres per person per day. The average household size is 6.
- For strategic borehole rehabilitation, it does not necessarily mean that when boreholes are rehabilitated that the usage per household increases especially for the nomads who walk long distances to fetch water during the drought emergency. This is because there is a limit to how much water a woman can carry and how many trips she can make to the water point in a day especially during the drought periods when pack animals are weak and so are the people due to heightened food insecurity. Therefore we cannot conclusively say that water accessibility increased from 2 litres to 10 litres per day for domestic use.

#### Family water testing kits

A total of 200 water kits were distributed in Wajir, Turkana and Ijara. These were meant to assist families filter their water at household level. In Wajir these were distributed by ALRMP to households and people were trained on their usage and cleaning. Their impacts are discussed in section 3.1.5.

#### Water analysis kits

Four water analysis kits were distributed in Garissa, Ijara, Turkana and Wajir. These kits were given to the Public Health Officers in the respective districts. The experience from Wajir was that the kit proved to be extremely popular and was in high demand. The officers in charge were also charging for services rendered (1,000/= per test) and this served as an income generating activity for the department.

#### 2.4.2 Result 2: Sustainability of water supplies is improved and enhanced at community and district level both in times of drought and normal operation.

This result was **largely met** for the short period of 12 months as training on O&M was conducted for most boreholes by partners and new gensets and spare parts were availed for the rehabilitation of others. The main issue here is that sustainability is not guaranteed as water user associations have been trained and gensets continuously being replaced and rehabilitated from external support

during every emergency for the last few years. A study<sup>1</sup> carried out on the management of rural water supplies in Northern Eastern Province has concluded that over the years there has been minimal success in the sustenance of community run boreholes for the following reasons:

- An acute level of dependence by the management committees for donor assistance, particularly during drought periods;
- A perception by the donor communities that the boreholes require external assistance;
- Donor fatigue on the part of capacity building;
- Various attempts to forge new management models for the boreholes;
- High turnover of management committee officials due to mismanagement and corruption as boreholes are seen to be high-income earners for the officials of the committees.

In summary, the study concluded that the current water management structures for boreholes were not sustainable. They only functioned optimally during the drought emergency, as donors were always willing to fund the hardware aspects of the boreholes.

This result was also meant to improve the performance of boreholes through quick response to breakdowns. Four rapid response teams were supported in Mandera, Wajir, Garissa and Moyale. In Wajir the government rapid response team was supported through WASDA, in Mandera through EPAG and in Garissa through Womenkind because UNICEF at the time was unable to fund the government directly. This was because the MOWI had not yet accounted for earlier expenditures.

The consultants were unable to conclude whether the response time to breakdowns had reduced as the response teams from the MOWI claimed that the funds that UNICEF allocated to them was not sufficient and they also did not have adequate resources from which to top up. For example in Mandera the team received 300,000/= for the 12 months. Since the monies were not adequate as one response needed about 30,000/=, the teams had to solicit the additional resources such as fuel and transport from other governmental departments. This took time due to government bureaucracy. In Wajir the response team found it difficult to co-ordinate with WASDA who had been given the response funding hence affecting response time.

#### 2.4.3 Result 3: Enhanced co-ordination of drought emergency water services at national and district levels through the WESCOORD structures.

This result was **partially met**. At the national level there was good co-ordination with all partners agreeing that UNICEF played an important role in co-ordinating the water sector in drought response. Partners at Nairobi level who attended WESCOORD meetings all shared reports on what they were doing so that duplication was minimised in the districts. In addition WESCOORD has now developed guidelines on how emergency interventions should be implemented by all partners in future which is a big step towards the right direction.

However at district level the consultants did not come across a district WESCOORD. The reasons why most districts did not have a district WESCOORD was that the issues that were being discussed in the DSG on water would be the same ones being discussed by the sector group by the same people attending the DSG. Hence they found that instead of duplication and saving time the DSG served as the appropriate forum. The districts visited did not also have information on the issues that were discussed at the national level WESCOORD and vice versa showing that the linkage between the national forum and the districts is weak.

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<sup>1</sup> Management of Rural Water supplies in Mandera, Wajir and Garissa (and Isiolo) Districts of North Eastern Province, a report by Rural Focus to UNICEF.

An emergency WES coordinator was employed under this result and the information collected suggests that they may only have been effective at national level as opposed to both national and district levels.

2.4.4 Result 4: Impact of current drought and famine on the growth and development of children and on the outcome of pregnancy and delivery is minimised and families and communities are supported in preventing morbidity and mortality.

This result as earlier stated was too loaded and needed to be separated into the various components discussed earlier. As such we will tackle the attainment of the indicators separately.

*Indicator 1: 200,000 under 4's receiving measles vaccinations.* This indicator was **largely** met. The campaigns took place in October as KEPI wanted to combine the Polio campaign with the measles campaign for reasons discussed earlier. The actual number of measles vaccines procured was 149,730 doses. This covered 74.9% of the target.

*Indicator 2: 200,000 children under 5 and 20,000 lactating mothers have received Vitamin A supplementation.* This indicator was **fully met** as 202,601 children between 9 months and 48 months and 20,000 mothers benefited. The assumption of this indicator is that ailments related to vitamin A deficiency are reduced as a result of this activity.

*Indicator 3: At least 1,600 pregnant women and woman/infant pairs receive Insecticide Treated Nets.* This indicator was **largely met** as 1,500 were purchased and distributed. Fewer nets were bought due to an increase in price. The assumption here again was that the distribution of nets would decrease the occurrence of malaria during the drought.

*Indicator 4: At least 160,000 adults and children are treated for outpatient ailments through mobile and static facilities using the emergency health kits. This will include URTI's, anaemia, deworming, and malaria.*

Fifty basic kits for the management of 1,000 persons each for three months were availed, as were 42 supplementary drug kits for the management of 10,000 persons each for three months. UNICEF's projection was that 470,000 people would benefit from this. At the time of writing this report there was no information to verify the exact number of people who had benefited from this for us to conclude the extent to which the indicator was met. The mobile outreach programme in Wajir also informed us that they were unable to reach the targeted number envisioned due to the high mobility of the nomads.

*Indicator 5: Number of community members sensitized on HIV/AIDS prevention.* UNICEF estimated that 160,000 would be sensitised. UNICEF partners were meant to do this during the health clinics or feeding programmes. The consultants could not verify how many people were sensitised due to lack of data and in Wajir the health officials claimed that they were not doing any sensitisation as during a drought emergency the communities' priority is food security and not HIV/AIDS due to the low levels in the districts (less than 5 % on average in the rural areas<sup>2</sup>). The communities are therefore less receptive to the message.

Another issue here is the appropriateness of this indicator during a drought emergency. The indicator may be more suitable for sedentary populations e.g. IDPs in peri-urban areas who are at

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<sup>2</sup> Source: NASCOP 2000.

a higher risk of HIV infection as opposed to nomads) and even so the activities should not only be sensitisation but proper targeting of HIV/AIDs individuals in terms of healthcare so that they do not succumb to the drought as they are most vulnerable during periods of increased food insecurity.

As a result of the issues discussed above the consultants are **unable to conclude** the extent to which this result was met.

2.4.5 Result 5: The critical nutritional needs of vulnerable groups are rapidly assessed and responded to.

The targeted districts where the nutritional assessments were to have taken place were Mandera, Marsabit, Garissa, Ijara and Isiolo districts. The surveys were conducted in Turkana, Mandera, Kajiado, Wajir, Makueni, Kwale and Isiolo districts according to the final report.

As stated earlier, the only activity under this result was the conduction of the nutritional surveys. There were no response activities budgeted for under the ECHO grant. However response activities took place under different UNICEF grants as verified by the consultants. For example in Mandera the nutritional survey conducted by AAH in October elicited quick action by the GOK, WFP and AAH for general food distribution, supplementary and therapeutic feeding when the survey identified very high levels of malnutrition in Malkamari area. This action was undertaken despite the survey report not being finalised and was **commendable**. In Wajir the survey was yet to trigger responses from various stakeholders as the emergency response had come to an end and yet the drought crisis was not over and agencies such as Merlin did not have finances to respond. The consultants therefore concluded that this result was **largely met**.

**2.5 SUMMARY OF ACTIVITIES<sup>3</sup>**

**Table 1: Activities and extent of Achievement**

Section	Activity	Target	Achieved	Comments
Health	Measles supplementary vaccinations	200,000	149,730 measles vaccine procured and distributed	Largely met
	Vitamin A supplementation	200,000	202, 601	Fully met
	Emergency health kits -10 basic kits and 30 supplementary drug kits.	10 basic and 30 supplementary kits for 160,000 adults and children	50 basic and 42 supplementary kits for 470,000 adults and children estimated as beneficiaries.	Unable to conclude as exact numbers not available
	Distribution of LLITN	1600	1500	Largely met, costs of nets increased
	Sensitisation of HIV/AIDs	160,000	Data not available	HIV/AIDs not priority for pastoralists during drought situations and sensitization not done in some districts.
Nutrition	Nutritional surveys	5 in Mandera, Marsabit, Garissa, Ijara	5 done in planned districts	Fully met

<sup>3</sup> Figures have been derived from UNICEF reports. The health figures of the beneficiaries who benefited are estimates

		and Isiolo		
WES	Rehabilitation of strategic water points	30	3 new gensets in Mandera, 12 pumps in Mandera, Isiolo, Wajir, Moyale, Tana River, Repairs to 3 gensets in Moyale, 3 Boreholes rehab in Isiolo. <b>Total number = 21</b>	Largely met
	Rehabilitation of water supplies	Not available	Kalicha and Asabito-Marothile pipeline	Asabito pipeline was incomplete at the time of the evaluation
	Installation of hand pumps for shallow wells	Not available	<b>45</b> pumps installed in Wajir, Turkana and Isiolo.	Unable to conclude, as no target was set.
	Distribution of family water kits	200	200 in Ijara, Wajir and Turkana.	Fully achieved
	Distribution of Water testing kits	4	Garissa, Wajir, Tana River and Ijara.	Fully achieved
	Support to district rapid response teams	3 districts	3 districts supported, Mandera, Wajir and Isiolo.	Fully achieved
	Support to district and national WESCOORDs	1 national WESCOORD, 4 districts.	National WESCOORD supported.	Partially met
	Water tankering	As the need arose	Not done under ECHO	Carried out with other funding
	Support to community water supplies in O&M.	Not available	Pump houses, troughs, masonry tanks in Mandera, Isiolo.	Unable to conclude as no target was set

### 3.0 SECTORAL IMPACTS AND SUSTAINABILITY

This section will deal with the immediate impacts that accrued out of the ECHO funding. It will also tackle the issues of sustainability of interventions, the effectiveness of the programme and the link from relief to development. Table 2 will present the scoring on the overall performance of the programme.

#### 3.1 Water and Sanitation Sector

The activities of the water sector included, borehole rehabilitation, installation of hand pumps, support to rapid response teams, improvements in water supply systems and storage among others. In this sector, water availability was meant to have increased from a baseline of 2 litres to an extra 5 litres for domestic use. The main impacts the consultants witnessed in this sector were in shallow well rehabilitation, increasing water storage for schools and rehabilitating water supply systems.

##### 3.1.1. Shallow well rehabilitation

In shallow well rehabilitation, UNICEF supplied hand pumps to partners who installed them. A good example of impact is in Wajir where the lives of the beneficiaries have changed as a result of a well being capped and the installation of a hand pump. See Case study 1 below for details as told by the beneficiaries.

In Bulla Godade in Wajir, the beneficiaries are IDPs from the Bagalla massacre. They number about 100 households. They have very little livestock and some do not have any at all. Their main water sources are hand dug shallow wells.

Before the installation of the hand pump at the well the problems the beneficiaries were experiencing were the following:

- Children used to fall into the shallow well and risked drowning.
- The community used to use the shaduf system, which was laborious and time consuming.
- The ropes they used to haul the buckets from the well used to need replacement on a daily basis.
- The well was highly contaminated with pathogens and waterborne diseases were prevalent.
- The women used to use about 30 minutes to 1 hour fetching water at the well.

After the capping and equipping of the well, the beneficiaries experienced the following:

- Children are no longer at the risk of drowning;
- Contamination of the well has been eliminated and by extension the prevalence of disease will decrease.
- Women are now able to fetch water in less time. They use at most 2 minutes to fill a 20-litre jerrican.
- Because of less time spent at the water point, the women who are within 500m of the well are now fetching 8-10 jerricans per day instead of 4, which represents a 100% increase in the amount of water. The additional water is being used for bathing and washing clothes frequently, which was done rarely before.
- There is a village committee that collects small monies from each household for any repairs in future.

*See Picture 1 below showing the shallow well in Bulla Godade.*



**Picture 1: Woman and child fetching water at a newly installed handpump in Bulla Godade**

Other impacts that were experienced under hand pump installation included the benefits to schoolchildren. UNICEF supported the capping of wells within schools such as Wajir Primary School and the Islamic Call Foundation Orphanage. Problems before the capping of the wells are similar to the ones portrayed in Bulla Godade. The difference with schools was that at the height of the drought, there is a lot of competition at the wells in the school from outsiders and this used to force the children to venture into the villages so as to fetch water, which resulted in conflict with villagers. The children's education was also affected as some never used to come back to school.

Since the intervention, children no longer go to the villages and they now stay in school throughout. This in future will have a positive impact on their education, as they will be spending more time learning.

As regards sustainability, there is a high probability that communities will be able to sustain this intervention as the benefits accrued as spelt out above, have been felt by all the users of the well.

### 3.1.2 Increase of water storage

Water tanks of 5 litres were distributed by UNICEF partners and this had a positive impact on the children especially in boarding school. In Dambas, the primary school used to use about 15,000/= in buying water for the boarding section which houses 74 boys. After the intervention, the school is only buying 10 litres of diesel per month, which costs about 700/=. Their costs have therefore been reduced by 95%!

In addition when children fetched water at the borehole, conflicts with the herders whose priority were their animals used to occur. There are no more conflicts now as every four days the borehole pumps water into the tank, which is next to the boarding facility. The water is used for bathing and cooking.

In terms of sustainability, the schools will be able to sustain this intervention, as it is not costly. Picture 2 below shows the students with the new water tank.



**Picture 2: Deputy Headmistress, PTA members, DMO ALRMP, and children next to their new water tank in Dambas Primary School**

### 3.1.3 Borehole Management

As discussed earlier, limited success has been experienced with the rehabilitation of boreholes over the years and this has a direct bearing on the long-term impacts that are meant to accrue from borehole rehabilitation and capacity building of WUAs. In the short term, boreholes that were rehabilitated successfully and are in good working order, had impacts of increasing water availability at the time of the drought emergency. However in Rhamu (Mandera) despite the rehabilitation and training, the WUA were still making losses. They are using 78,000/= per month to fuel a 45 KVA genset from UNICEF and all they collect is 89,000/= from consumers. The profit of 11,000/= is hardly enough to buy spares leave alone to replace capital costs.

Again the study on management of rural water supplies has summarized why impacts of borehole rehabilitation over the years are not yet tangible as follows:

- Low levels of community interest in borehole rehabilitation especially when it rains;
- Low levels of literacy and numeric skills necessary for proper financial management;
- Community acceptance of poorly working water supplies;
- Community perception that nothing can be done.
- Communities knowing that during the height of a drought, they are bound to receive free assistance from relief agencies e.g. ECHO and OFDA.

Therefore short-term impacts have definitely been felt where the boreholes are working optimally but sustainability is not guaranteed for the above-mentioned reasons.

### 3.1.4 Water supply improvement

In Kalicha where a new water supply system was installed an lot of impact was felt within the community who number approximately 12,000. Before the supply system was installed, the community used to suffer from chronic water diseases such as cholera and tuberculosis from drinking contaminated river water. They were also high incidences of crocodile attacks on children

who used to fetch water in the river. After the intervention in which water is now piped to the village by a genset from a shallow well supplied by an infiltration gallery, these problems have reduced drastically.

It is however difficult to quantify the reduction in diseases as there is no impact monitoring data that was collected.

#### 3.1.5 Basic Family kits and Water testing kits

The basic family kits were to assist the families in water filtering at household level. Whereas the families were trained on how to filter their water, some beneficiaries claimed that the filters were difficult to assemble and when they realised that the filters were not water coolers they stopped using them. In this regard the consultants feel that the message of hygiene and sanitation is not yet having the desired impact with pastoralist communities.

On the other hand the water testing kits given to the District Public Health officer were in high demand from institutions and individuals especially in Wajir where the water table is highly contaminated and the main source of water is shallow wells. Apparently the public health office is also using this as an income generating activity and the users are asked to pay 1,000/= to have their water tested. We can therefore conclude that these kits have had a big impact and have enabled people to make informed decisions based on their water quality. This is because currently there is a very high demand for hand pumps from individuals as the kits have demonstrated that when a shallow well is capped the levels of *E. coli* reduce to almost negligible levels.

### **3.2 Health and Nutrition sector**

Under this sector, interventions included: immunization, vitamin supplementation, outreach programmes with drug kits, distribution of LLITNs and nutritional surveys.

#### 3.2.1 Immunization against measles and Vitamin A supplementation

Immunization and Vitamin A supplementation had the direct impact of protection. This is because the incidences of measles and vitamin A related ailments will reduce in future due to the intervention. Had this intervention not occurred, a total of 202,601 children and 20,000 mothers would be at risk of succumbing to drought related stress.

#### 3.2.2 Emergency drug kits

The emergency drug kits were used in the mobile outreach programme in order that nomads may have access to health services at the height of the drought. It comprised of curative and EPI services. In Wajir according to the MOH the services had enormous impact because the nomads could not have accessed any health care during the drought if there were no mobile clinics. The only drawback was that the clinics were unable to reach the targeted numbers because of the high mobility of pastoralists during this time in search of water and pasture.

#### 3.2.3 Distribution of Long lasting Insecticide Treated Nets (LLITNs)

There is no doubt that malaria incidences increase during the drought emergency hence the need to distribute mosquito nets. However, the impact of these nets is not in their distribution but in their proper usage so that the occurrence of malaria incidences reduces during the emergency in the targeted vulnerable groups of children and pregnant mothers. Fewer nets were distributed due to the increase in price of the nets. The consultants were unable to verify the impacts of the nets because of the following factors:

- When nets are distributed, one cannot ensure their proper usage.
- The culture of pastoralists in Northern Kenya is that men are given a higher status than women and some mothers transfer the nets to their husbands when they receive them.

- Most people stay outside for longer periods of time in the night because it is cool at that time and this predisposes them to mosquito bites before they sleep under the nets.
- After the distribution of the nets, there is little follow-up to verify that they are being used appropriately.

For this intervention monitoring the usage is required in order to ensure its effectiveness in malaria reduction.

#### 3.2.4 Nutritional surveys

Although it was only the surveys that had been budgeted for in the project and not the response, the surveys had the impacts of enhancing response at district levels. In Mandera the DSG responded to high malnutrition cases in Malkamari after the survey highlighted the need in this area. Where the surveys included the collection of data on other parameters such as food security and water (Mandera) the results were shared with the UNICEF WES department, which responded to the WES issues raised by the survey.

UNICEF responded to issues raised by the surveys through other funding such as DFID.

Another impact was that the capacities of district personnel involved in the surveys increased through the trainings on data collection and analysis.

### **3.3 Linkages with other sectors**

UNICEF did not handle the food security sector and the consultants found a gap there. This is because in Northern Kenya food insecurity is very high as exemplified by the persistently high malnutrition rates, which do not seem to decline. As such the northern districts are perpetually under general food distribution, supplementary feeding of malnourished children and therapeutic feeding. The impact of these interventions is usually only felt when they are ongoing. This is because pastoralists have a sharing culture and any little food they receive is shared amongst more family members than it was intended for.

As such, it is imperative that to maximize project impact, agencies need to ascertain that the households that are targeted for the supplementary feeding are also targeted for the general food distribution. Whilst this may be the true, practically it is not happening on the ground, as the DSGs who are meant to be providing leadership on how food is distributed in the district do not seem to realize that positive impacts on malnutrition will only be achieved when GFD, SFP and TFP are implemented in the same vulnerable communities. In reality where the SFP is done the GFD is not there. So the end result is that communities use the supplementary feeding as their main food. This means that the total nourishment per person is less and when the food ceases the person/child slides immediately into malnutrition and the cycle begins again.

Therefore when a project only targets nutritional issues and does not have activities/linkages that can address the food security issues its effectiveness is minimized.

### **3.4 Link of Relief to Development**

All emergency projects should have a link to development as all the gains made with saving lives during the relief phase would be lost if there are no structures or developmental activities that can build on the gains made after the relief phase. The consultants found that the link of relief to development was one of the strengths of UNICEF as they have a 5 year strategic plan with the government (CPAP 2004-2008) which aims to tackle child protection, education and youth, health, nutrition, water and environmental sanitation, communication, participation and partnerships, strategic planning, monitoring and evaluation.

UNICEF hopes to invest a regular development programme with a budget of USD 8.915 million in the WES sector which will include the management of operational research to support the implementation of the new Kenya Water Act in the arid districts, support to models that lower capital, operations and maintenance cost of water points in selected communities with lessons learned taken to DSGs for discussion and possible scale-up. In this regard a 5 year Dutch/Danida funded programme is being implemented through the Water Services Trust Fund.

For the health and nutrition sector, UNICEF has plans of accelerating the efforts in improving antenatal care, emergency obstetric care services, improve immunization and vitamin A coverage, promote proper infant and young child feeding practices as well as support sensitization on HIV/AIDs. In this sector an estimated USD 7.8 million is to be spent in the next 5 years.

UNICEF is also piloting a safety net programme in Kwale, Garissa and the slums of Nairobi in a bid to offer an alternative way of implementing relief and development programmes in areas of chronic food insecurity and poverty.

Since the link to development phase is planned for, it is imperative that UNICEF continues working with agencies that they have used in the relief phase for continuity and long-term impacts in the communities/districts that they have been working otherwise a gap between relief and development will be created.

### **3.5 Overall sustainability of the Project**

Emergency interventions are primarily targeted at saving lives only while development programmes are for improving livelihoods. Whilst it is a requirement by ECHO, that agencies show that their interventions are sustainable, the consultants are of the opinion that most activities undertaken during an emergency phase are difficult to sustain after the intervention. Besides the emergency is being felt now after the response is over and this is the time livestock is dying<sup>4</sup>. When the emergency was called for in 2004, the situation was not as bad as it is now and animals had not yet began dying. Yet now there are no major relief measures being undertaken.

In the health and nutrition sector, most of the interventions are nutritional surveys and thereafter responses. The fact of the matter is that nutritional surveys are extremely costly and even the government structures cannot conduct them themselves without external support. Therefore if UNICEF does not provide the support they are unlikely to be conducted.

In the same vein, UNICEF distributes most supplementary feeding and therapeutic feeding resources to partners for implementation. Again if UNICEF stops this intervention, the government/community structures are unable to carry out this intervention meaning a lot of lives would be lost. For example UNICEF was assisting Merlin in Wajir with supplementary and therapeutic feeding. When the response ended in September 2005, Merlin because it is a relief agency and not a development agency handed over its patients to the MOH. The MOH is barely able to continue with the activities due to lack of resources.

In addition, in Northern Kenya the situation is of chronic malnutrition due to chronic food insecurity. The efforts that are put into saving lives during the emergency are not adequate to have long lasting impact on the beneficiaries and as soon as the assistance ceases the situation slides back to where it was before or becomes worse as is the situation currently.

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<sup>4</sup> The consultants witnessed livestock carcasses all the way from Habaswein to Wajir and in Marsabit district in Maikona division of cattle and sheep at the watering points.

In the water sector studies have shown that over the years traditionally managed water supply and management systems e.g. shallow wells are more sustainable than the conventional ones e.g. boreholes. See *Box 2 below*.

“Traditional systems are most common in water supplies that are not dependant on pumping equipment (pans and dams). In this case, there are no significant financial or maintenance issues and traditional management works very well.

Some communities have continued to use their time tested traditional approaches to assist them in the management of water supplies and in the resolution of water use conflicts especially in dealing with the tedious water scheduling and rota system. Traditional cultural values have been very effective in the development, operation and maintenance of facilities like shallow wells and pans.

It is recognised that the Boran community has maintained stronger use of traditional water and land management practices. The community has been able to force in wet and dry grazing coping mechanisms for its pastoral lifestyle and livelihoods as can be seen by the Borans of the Waso region of Wajir and Isiolo who have avoided the settlement of the northern Isiolo grazing area.

The traditional systems have been poorly integrated or adapted into the more formal committee system seen in the borehole management structures.<sup>5</sup> “

With this scenario in the North, the question then is how do we as development agencies assist the situation in future as what we have been doing until now is keeping people alive through relief interventions year in, year out? The answer to this question may lie in the design of safety net programmes for this region in the future.

### **3.6 Cost effectiveness**

According to a financial report ending August 2005, the total amount of funds that were used for implementation of activities in terms of purchase of equipment (WES and health and nutrition) and support to field teams was Euro 384, 325.52. This translates to 89% of the total amount spent, which was Euro 431, 559.05 out of Euro 500,000. There is a balance of 68.440.95 of unspent funds.

If we only use these figures, the impression given is that the project was cost effective as more than 70% was spent on beneficiaries. If we assume that at least 300,000 people benefited from the interventions this translates to approximately Euro 1.28 per person. With the impacts that were realised, we can say that this intervention was cost effective as the amount of money these beneficiaries would have spent had this intervention not occurred in terms of accessibility to healthcare due to the outbreak of diseases or buying water at far off distances, or the loss of labour or opportunities due to deaths caused by malnutrition/disease would have been far much greater than the 1.28 Euro that the project spent on them.

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<sup>5</sup> Management of Rural Water supplies in Mandera, Wajir and Garissa (and Isiolo) Districts of North Eastern Province, a report by Rural Focus to UNICEF

### **3.7 Visibility**

ECHO requirements are that there is visibility of its support to the agencies its funds. The visibility can take various forms such as ECHO stickers on equipment/materials procured, t-shirts, publications and media productions among others.

According to the budget the money allocated for visibility was very low (Euro 120.06) and visibility in the field of ECHO support was almost non-existent at the time of the evaluation. The consultants only came across only one genset in Rhamu with the ECHO sticker and the Garissa office also had an ECHO sticker. All the shallow wells visited, other gensets, tanks e.t.c had no stickers. The consultants did not also come across any signboards/t-shirts depicting support by ECHO. In this respect UNICEF scored **poorly**.

### 3.8 Overall performance of the project

**Table 2: Scoring of the overall performance of the Project**

	Item	Score	Reasons
1	Relevance	2	Programme was relevant at the time of its inception as it was based on the assessments that had been conducted by UNICEF, KFSM and other stakeholders
2	Project formulation	3.5	Programme tackled 2 important sectors, WES and H&N. Linkage to food security sector not there. Log frame poorly formulated and has no outcome indicators.
3	Coverage	3	Consultants felt that UNICEF should have concentrated on fewer districts and concentrated their activities there for greater impact.
4	Co-ordination	3	At national level co-ordination with partners was good. At district level it could have been better. Partners criticised the lack of co-ordination within the WES and H&N sections and in some districts co-ordination between UNICEF partners was difficult e.g. Mandera where four partners were handling different WES components.
5	Protection	2	This occurred as the project increased access to basic services such as water and health services especially for the vulnerable groups such as children, pregnant and lactating mothers.
6	Working with partners	3	This was fair because, with some partners working relationships were termed was good (H&N) while with some others in the WES sector partners had a lot of criticism for UNICEF for various reasons (see 2.2.2).
7	Community participation	3	Communities actively participated in the implementation of the activities through community contribution but it was not evident that they were involved in the project design.
8	Efficiency	2	There was a quick response rate from UNICEF to partners requests e.g. 3 weeks max for the H&N section.
9	Effectiveness	2.5	Project was effective in delivering its outputs where activities were implemented well by partners in both H&N and WES. However the effectiveness may have been short lived in others e.g. non functional boreholes
10	Impact	2.5	Impact was felt as over 75,000 people and 200,000 children, benefited from water access and immunization. There were short-term impact such as supplementary feeding and therapeutic feeding, while long-term impacts were felt through improved sanitation and protection from measles.
11	Sustainability	4	It is difficult to say that the interventions are sustainable when the drought situation is currently biting due to the reasons given in section 3.5.
12	Link of Relief to development	2	This was good as UNICEF have five-year programmes planned in the H&N and WES sectors in the same districts. These however will only have impact if it is the same communities being targeted.
13	Project Monitoring	3.5	Monitoring was only done at activity output level and not outcome levels. There were no indicators at the outcome level in the log frame. Partners were not collecting any impact monitoring data.
14	Achievement of the purpose	5	There were no impact indicators to measure this. The drought is still on, the response is finished and the situation has deteriorated in the districts, as animals are dying and malnutrition levels are still high and no official emergency has been declared yet.
	<b>Average score</b>	<b>2.9</b>	

**1= very good, 2=good, 3=fair, 4=poor, 5=no data available or too early to tell.**

## 4.0 LESSONS LEARNT

This section will outline the major lessons that the consultants learnt from this response and which should serve to inform better practice in the implementation of emergency interventions.

**1. Good project design:** It is imperative that a project is designed well with a good monitoring and evaluation tool, which is the log frame for better impact. See Table 3 below for comparison between a well-designed project with a good log frame and a poorly designed project without a log frame.

**Table 3: Poorly designed vs Well designed Projects**

Poorly designed projects	Well designed projects
Projects tend to be developed to attract funds.	Projects are designed to solve problems.
Projects have to fit a standardised set of outputs.	Projects develop local criteria and indicators to suit the local situation and achieve excellence
Focus is on writing applications for funding.	Focus is on designing and making decisions before writing the proposal.
Stakeholders have not been active in designing projects.	Stakeholders help to define the problems and make decisions about the solutions.
Projects are driven by the funder or technical supply.	Projects are led by demand.
Poor analysis of local situation.	Through stakeholders' involvement, the local situation is well understood.
Activity focused.	Projects are designed through identifying objectives as solutions to problems.
Impact cannot be verified	Each objective has clear evidence indicators that can be verified.
Short-term vision.	The focus is always on the long-term and sustainable benefits.
Projects tend to include many areas and become complex and exclusive.	Projects tend to be placed in an operational strategy and remain focused on a single outcome.
Inconsistent documentation.	All documents are standardized to improve consistency and content.

**2. Co-ordination between partners and harmonization of approaches:** This is very crucial as when partners of the same funding agency are not coordinated or do not subscribe to the same approaches project impact is reduced and effectiveness not maximized. For example in Isiolo some partners were using the technical departments in the WES sector while others were not for implementation of activities. In Wajir the MOH and the Merlin were not in agreement as to the advantages of CTC versus TFC with all partners thinking that their approach was better than the others. This tended to fuel a lot of disagreements between them.

**3. Working with government:** Working with government technical ministries in various interventions (e.g. water and health) is more advantageous than not. This is because most development/relief agencies are not permanent structures in the districts but government structures are and they are the best placed to continue follow-up with the intervention. It the government's mandate to ensure that communities' priorities are met. It also creates ownership with the government structure when they are involved during the implementation stages instead of being called in for trouble shooting later on.

**4. Linkage of Food Security, health and nutrition, water and sanitation:** In northern Kenya, these three sectors are inter-related and for greater impact it is crucial that activities by agencies tackle all three. This is because the main problem in northern Kenya is food insecurity caused by persistent drought, which affects livestock production, the main food source for the pastoralists. Therefore when the communities in the north do not have adequate food sources in terms of livestock or livestock products due to lack of pasture and water, malnourishment increases which, in turn exacerbates poor health conditions. Lack of adequate water and sanitation for humans also increases the risk of water borne diseases, which are common during the drought period due to congestion at watering points.

Therefore agencies need to target the food security sector, where there are interventions aimed at increasing the food production (crop/livestock) and therefore addressing different malnutrition levels, activities aimed at addressing the water and sanitation sectors for food production and health conditions of livestock and humans respectively and access to primary health care to address the problems caused due to lack of water and malnutrition. This type of integrated approach will definitely have long-term impacts as long as it is implemented with the same communities.

**5: Chronic emergency situation:** Northern Kenya has been under a chronic emergency situation for the last few years. As such emergencies are declared almost on a yearly basis. The relief response to them is usually short lived for 9-12 months with the assumption that the normal situation will have returned. This has not been the case and the only thing that relief has achieved is '*putting people on a life machine*' as it were. During the 9-12 months lives are saved. But as soon as the interventions cease people and animals slide back to being in a crisis again for reasons explained in the report. The lesson here is that the relief efforts in Northern Kenya are too short to have long-term impacts and have in some cases created a dependency syndrome for the affected communities. The only way out of this vicious cycle may be to design safety net programmes for these communities in the long run as their coping strategies have been heavily eroded.

**6: Role of DSGs:** DSGs are the main structures that are meant to be coordinating relief and monitoring efforts in the arid districts so that they ensure that impact is maximised. Our observation is that this is not happening either due lack of appropriate technical advice or lack of goodwill. In addition the DSG has no budget line<sup>6</sup>. For example vulnerable communities require that GFD, SFP and TFP be implemented at the same time. But the DSG's are not making sure that this happens. As such one may find the GFD, SFP and TFC in different locations. So what happens is that the SFP or the CTC is regarded as the main food. This lowers the impact on the targeted individuals, as their allocation is shared by all other household members.

Another example is that the DSGs seem weak in coordinating the link of relief to development with agencies. They seem not to distinguish between the two and therefore if one area is under relief when the crisis ends there are no efforts to ensure that active development is taken up and vice versa. The lesson here is that without concerted effort and appropriate technical advice given to DSGs it is unlikely that emergency operations will have the impact that they are meant to have on vulnerable populations.

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<sup>6</sup> The DSG just like the KFSM at national level is an association and not a legal entity. The DSG's secretariat is the ALRMP project, which is a project, which has a definite time frame.

## 5.0 RECOMMENDATIONS

- 1. Better harmonization of resources at Nairobi level:** UNICEF needs to co-ordinate better at Nairobi level, especially before going to the field between sections so that the partners on the ground do not find it tedious to host different sections one after the other. This will enhance efficiency
- 2. Better needs assessments:** A number of gensets distributed by UNICEF are too big for the borehole yield and the communities are struggling to fuel them. The technology may be better for the type of environment but if the communities are unable to sustain the running of the genset then the gains of the intervention are negated. It is advisable that UNICEF makes sure that the partners conduct a comprehensive needs analysis of the requirement of a water point, which encompasses social economic aspects before they give out the equipment.
- 3. Institutional capacity assessments:** UNICEF needs to redo the institutional assessments of its current partners so as to determine which partners have a comparative advantage over the others instead of having many small partners undertaking interventions in piecemeal. This will reduce the monitoring of several partners and enhance efficiency.
- 4. More analysis of CTC vs TFC in pastoralist societies:** Since the CTC approach is a new approach to therapeutic feeding, the MOH may be having difficulties in accepting its rationale. UNICEF can assist by conducting a thorough analysis on the advantages and disadvantages of each in pastoralist systems and educating the MOH as they are UNICEF's main partners. This was planned for by UNICEF but has not yet occurred. Table 4 below gives an analysis of the two systems as conducted in Malawi for farmer communities.

**Table 4: Analysis of CTC vs TFC in Malawi<sup>7</sup>**

Issue	CTC	TFC
<b>Coverage</b>	Decentralised design with easy access promotes high coverage of target populations	Centralised design makes access more difficult for the majority of people and promotes low coverage
<b>Risk of cross-infection</b>	Patients are treated primarily in their homes and exposure to foreign pathogens and risk of cross-infection is low	Patients are treated in crowded inpatient units with high exposure to foreign pathogens and high risk of cross-infection
<b>Opportunity costs for families</b>	Carers need to visit distribution site once a week so opportunity costs are relatively low. 10-15% of carers required to stay in SCs for up to one week with higher opportunity costs.	Carers required to stay in centre for approximately one month, with high opportunity costs.
<b>Impact on siblings and family life</b>	Carer not removed from the family, therefore limited negative impact on siblings, family life and economic viability.	Carer removed for one month, therefore unavailable to care for other children or to work in fields etc. Negative impact on family life and on the economic productivity of households.
<b>Potential to empower communities and develop exit strategies</b>	Local health infrastructure and community actively involved in finding and treating malnutrition from the start. This empowers communities and paves the way for handover to local control of programmes, thereby crating viable exit strategies for humanitarian interventions.	Care of malnourished removed from community setting and placed in external specialised unit, thereby disempowering local infrastructure and communities. Large specialised units with many skilled staff are very difficult to hand over to local health systems, and the potential for viable exit strategies is therefore low.
<b>Potential to integrate with</b>	The active participation of communities from the start and the non-stigmatising entry-point of	The centre-based focus of TFC programmes removes all patients from their communities and

<sup>7</sup> Adapted from the Humanitarian Policy Group Paper by Steve Collins titled "Community-based therapeutic care. A new paradigm for selective feeding in nutritional crises". Number 48, November 2004.

<b>HBC for HIV</b>	treating acute malnutrition makes CTCs a positive way in for other HBC activities. Programmes contain many of the elements of HBC for HIV, and can easily be adapted to support and coordinate these activities.	treats them in isolation, running counter to the principles of HBC. Patients who fail to respond in TFCs and are discharged uncured back to their communities are at high risk of becoming stigmatised.
<b>Staff requirements</b>	Few medical or skilled staff required. Large requirement for volunteers and a need for substantial efforts to encourage communication understanding, mobilisation and participation.	Large requirement for skilled medical staff. Few community volunteers required and little potential for community participation.
<b>Potential for economies of scale</b>	CTC has high potential for economies of scale. The decentralised model has many distribution sites and there are usually relatively few severely malnourished patients attending each site. In major crises, each site can easily treat many more patients with no additional capital costs and only the additional costs of food and medicines.	TFC approach is a fixed-capacity model with little scope for economies of scale. Sphere standards stipulate that centres should only hold 100 severely malnourished patients. To treat additional patients new centres must be added, incurring similar capital costs.

5. **More harmonization of approaches by partners in same sector by a focal point.** Whilst ECHO may have done a good job in making sure that duplication of interventions in similar locations does not occur, there needs to be a focal point at KFSM who ensures that approaches in the same sector are similar for better impact (see Annex 3). For example UNICEF and COOPI approached the rehabilitation of boreholes differently. COOPI was conducting a thorough analysis of the borehole itself while UNICEF was relying on the findings of partners, which sometimes proved to be erroneous.
6. **Use of technical departments of government by partners should be a must:** UNICEF should make sure that the use of technical departments in the district by partners is mandatory and is stipulated in their contracts. Circumventing the technical departments does more harm than good as has been elaborated on in the other sections of this report. In addition UNICEF should also ascertain that the partner is an active member of the DSG so that they keep the DSG informed with UNICEF's activities.
7. **Strengthening of district coordinating structures:** UNICEF has a comparative advantage in most districts, as it is a UN body that has had presence in the arid districts for many years. One of the roles that UNICEF can embark on is offering technical advise to the DSGs on the link of relief to development and the importance of maximizing impact with the various feeding programmes. UNICEF can do this through capacity building programmes for the DSGs and can either conduct this themselves or have their partners conduct it for them. The strengthening of the DSGs should also assist them in their linkage with the national structures as currently there is a weak link between the information at the district level and the national level e.g. WESCOORD.
8. **Safety net approach for chronic areas:** As discussed earlier, the emergency situation in northern Kenya is chronic and emergency interventions do not seem to be having a lot of impact. In its long-term programmes UNICEF in liaison with other development actors is encouraged to develop a safety net programmes for the arid districts since these district will be their main focus in the next 5 years. UNICEF is already piloting a safety net programme on social protection in Kwale, slums in Nairobi and Garissa. Lessons can also be learned from Ethiopia and Malawi where similar programmes have been piloted.
9. **Link to food security sector:** In future UNICEF is encouraged to in build the food security sector in its proposals or have a linkage with actors e.g. WFP and FAO with whom they can work together in the same areas for better impact on nutritional levels. UNICEF currently has

links with WFP at national level. These links need to be strengthened at district level so that where UNICEF implements SFP or TFC, WFP also implements GFD to the same population in order to maximise nutritional benefits.

10. **Programme design/reporting and impact monitoring to be improved on:** This was a weak area in the project and should be improved upon. UNICEF should either hire technical expertise to assist in the designing of similar programmes in future or build in house capacity to achieve the required product. This will make output and outcome monitoring easier for the implementers and the evaluators.
11. **Capacity building of partners:** Since UNICEF relies on its partners for the implementation of its activities, UNICEF needs to increase its efforts in ensuring that the partners are able to deliver what is required of them, are able to represent UNICEF's interests in the districts at the DSGs appropriately and are following UNICEF's basic principles in implementation of activities such as the rights approach. This will only be possible if UNICEF takes time to bring the partners in the same district together to build their capacities on the same. Before any project design/intervention UNICEF should hold joint meetings with the partners and plan together, discuss implementation issues, update them on UNICEF's ways of working, train them on new approaches such as CTC, sphere standards e.t.c. This will increase the ownership of activities and effectiveness of the partners on the ground.

## 5.1 CONCLUSION

The overall performance rating was found to be between good and fair. With regard to relevance the project was relevant at the time of its conception as it was based on credible assessments. The overall efficiency was found to be good, the project was effective where interventions were implemented well by partners, short term (supplementary and therapeutic feeding) and some long term impacts have been realized (sanitation with the shallow wells). Sustainability of the interventions is questionable as the drought emergency is still ongoing and is at its peak currently. As regards co-ordination, interdepartmental co-ordination could have been better, co-ordination at national level was good with partners but at district level could have been better.

Finally due to UNICEF's interventions, more than 300,000 people benefited with increased access to safe water, and access to health services. Where interventions were focusing on schools, children managed to stay in school due to closer water accessibility and nomads had access to health services, which they would not have had otherwise. Protection of over 200,000 children and 20,000 lactating mothers also occurred due to measles immunization and vitamin A supplementation.

## **ANNEX 1: TERMS OF REFERENCE FOR THE EVALUATION**

**Programme:** Strategic Planning Monitoring and Evaluation

**Project:** Project 1-Research Monitoring and Evaluation

**Deadline for application submission:** July 29<sup>th</sup> 2005

**Duration:** 7 weeks (August 9<sup>th</sup> - September 27<sup>th</sup> 2005)

### **Background**

The poor performance of the 2003 short rains and 2004 long rains led to a drought situation resulting in food and water shortages in 26 districts in Kenya. Given the high rate of chronic malnutrition in Kenya of 33% any stress or shock rapidly tips the balance and nutritional status of children deteriorates very quickly. Most districts do not have sufficient referral mechanisms, stocks or trained staff to treat these children. The severity of water shortages during drought periods could result in life-threatening crises due to inadequate drinking water, poor water quality and poor hygiene and sanitation practices. The drought also affects education and health facilities as increasing water scarcity may force some to close.

To mitigate or reduce the effects of this drought, UNICEF appealed to International development partners for emergency assistance for more than 1.8 million people facing water shortages and severe malnutrition among children especially in the drought prone arid and semi arid districts. The European Commission Humanitarian Office (ECHO) responded to this appeal in the sum of Euros 500,000 to support health, nutrition and water and sanitation interventions. The funds become available for programming in November 2004 and were applied towards sector activities in Mandera, Wajir, Garissa, Moyale, Isiolo, Marsabit and Turkana districts.

Emergency activities supported ranged from support to measles campaigns, therapeutic feeding of severely malnourished children to rehabilitation of water supplies and trucking of water to areas whose sources of water dried up including schools and health facilities. This emergency funding support is due to end on 20<sup>th</sup> August 2005.

### **Implementation arrangements:**

The *Response to the Kenya drought emergency 2004-2005* was implemented under the auspices of the Kenya Food Security Group chaired by the Office of the President. UNICEF contribution to the response under the ECHO grant of EUR 500,000 took place over a nine-month period from November 2004. The interventions were carried out in partnership with respective GOK ministries of Health, Water and Irrigation, NGOs and CBOs in the various districts under the coordination of the respective District Steering Groups (DSG). District level sectoral coordination groups such as the water and Sanitation coordination group and the Health and Nutrition Coordination group provided local level planning and coordination for interventions. Some of the emergency interventions are still on going now in the districts

The main objective of the interventions was to mitigate the effects/impact of the drought on the most vulnerable persons in the drought affected districts in Kenya.

### **Purpose of the evaluation and scope of work:**

The purpose of the evaluation is to determine the effectiveness of delivery of the health, nutrition, water and sanitation interventions during the response to the recent and somewhat on going drought emergency. Specifically the evaluation seeks to determine to what extent the intervention can be viewed as having saved the lives of the affected population and their livestock and prevented large scale population displacements and movements in search of food, water and pastures. In addition the evaluation will look at the extent to which institutions threatened with

closure including schools, health facilities and administrative centers have remained open and functional during the drought.

### **Scope of work:**

The evaluation will focus on the following specific areas:

- Review specific sectoral plans for the emergency and determine the extent to which these plans have been delivered including possible reach of all targeted beneficiaries. (Including the process of consultation with the local communities)
- Review specific linkages between sectors and with other non UNICEF supported sectors e.g. the food sector and determine whether the necessary synergy has been created and extent to which these sectors have complemented each other in achieving the overall objectives.
- Review sector approaches adopted for delivery of strategies and assess extent of effectiveness in achieving planned outputs within the programme period
- Assess the capacity of partners and appropriateness for future partnerships
- Assess to what extent the programme has reduced vulnerability of the affected populations to the drought and extent to which current interventions will reduce future vulnerability. To what extent future sustainability of interventions has been built into the current activities.
- Assess the financial viability of the programme interventions vis-value for money in the circumstances of the affected regions and time constraints
- Assess to what extent the programme has strengthened existing institutional structures both at the national, district, and community levels. Comment on the extent of participation and information sharing between levels and within levels.
- Assess the extent to which additional staffing capacity provided to UNICEF under this funding has contributed to the effective and efficient delivery of emergency interventions. This should include a review of the quality of the day to day management as well as relations with local authorities.

### **Methodology:**

- Desk review of project materials and documents including KFSM meeting minutes, humanitarian updates; H&N and WESCORD meeting minutes.
- Consultations with relevant GOK ministries – Office of President (PS, Special Programmes), ALRMP HQs, Relief and rehabilitation department, Ministries of Health and Water and Irrigation.
- Consult with key UN and International and local NGO partners based in Nairobi (Oxfam GB, Northern AID, Oxfam Quebec, World Vision, Merlin etc)
- Field visits to selected district Garissa, Wajir, Mandera, Isiolo, Turkana and Ijara, to
- Meet with District Steering Groups - District Commissioners and relevant Government ministry representatives such as head of departments and focal points, ALRMP Coordinators etc
- UN sub offices – UNICEF Garissa sub office- Resident Programme officer
- NGO and CBO representatives working in the emergency programmes- RACIDA, EPAG (Mandera), Merlin, WASDA, ALDEF (Wajir), CCM (Moyale), PRASO (Isiolo), CIDRI (Tana River) World Vision, Catholic Diocese (Turkana) etc
- Conduct focus group discussions with community key informants
  - (i) Visit and Interviews beneficiaries at various interventions sites to get their perspectives on the relief operation. This will be done through in-depth and focus group interviews. Perhaps focus groups with women and men separate with 15-25 year olds and one for older age groups.
- Interviews with UNICEF project officers responsible for implementation of the activities

**Expected Outputs:**

The evaluation report will adhere the UNEG Evaluation Norms and Standards as well as the UNICEF Evaluation Guidelines. The consultant will be required to present a final report in

- Hard copies (4 bound copies) and soft copies (4 CDs)
- Presentation of results to the Health and Nutrition (H&N) and the WESCORD committee and possibly to KFSM if need be and to the ECHO team.

**Nature of the assignment:**

The assignment will involve extensive field travel and interview and interaction with beneficiaries. Consultants will required to meet own transport and security costs where necessary. Consultants are informed all assessment districts fall within UN security PHASE III areas.

**Reporting:**

The consultant shall report to a steering committee comprised of the WESCORD and the H&N sub-committee of the KFSM and the Ministry of Planning and National Development as key counterparts to the GOK/UNICEF programme evaluation project. The UNICEF M&E officer will be the secretary to the steering committee.

**Qualifications:**

- Advanced university degree with experience working in demography, dryland or pastoral economics
- Strong work experience with evaluation of programmes preferably in emergencies
- Strong interpersonal skills and ability to work effectively with communities
- Good presentation skills- effective communicator
- Knowledge of ECHO policies
- At least 5years experience working in emergency drought interventions
- Ability to work with minimum supervision

**Duration of assignment:**

Seven weeks

- The assignment will be for a 7 week period between starting 9th August to September 27<sup>th</sup> 2005.
- The consultants/s will be paid lump sum contract fee including all professional, subsistence and support services relating to data collection and preparation of the reports
- Consultant will provide own transport
- UNICEF will directly pay for workshop venues and costly directly to vendors

## ANNEX 2: ITINERARY AND LIST OF PEOPLE MET

Date	Name	Position and Organisation	Location
13/9/05	Roger Pearson	Senior Programme Officer, UNICEF Kenya	Nairobi
15/9/05	Adan Bika	Drought Monitoring Officer, ALRMP	Isiolo
15/9/05	DSG chaired by Moffat Mureithi	District Commissioner	Isiolo
15/9/05	Dr. Joel Edalias	Medical Officer Health	Isiolo
15/9/05	Lawrence Kenyatta	District Development Officer	Isiolo
15/9/05	Adia Dabaso	Training Officer, PRASO	Isiolo
15/9/05	Rashid Ali	WES Officer, PRASO	Isiolo
16/9/05	A. Ali	Deputy District Water Officer	Isiolo
16/9/05	Ann Ego	Home Based Care, Pepo La Tumaini	Isiolo
16/9/05	Stella Okello	Programme Nurse, Pepo La Tumaini	Isiolo
16/9/05	Khadija Omar	Programme Co-ordinator, Pepo La Tumaini	Isiolo
17/9/05	Yakbarsadi WUA		Isiolo
18/9/05	Literature Review		Isiolo
19/9/05	Guyo Tadicha	Chairman, Merti Community Water Project	Isiolo
23/9/05	Fatma Abdikadir	National co-ordinator, ALRMP	Nairobi
23/9/05	Salim Shabaan	EWS co-ordinator, ALRMP	Nairobi
26/9/05	Maniza Zaman	Section chief Nutrition, UNICEF Kenya	Nairobi
26/9/05	Alfred Kenyanito	Project Officer, Health section, UNICEF Kenya	Nairobi
26/9/05	Adbullahi Abdi	CEO, Northern Aid	Nairobi
27/9/05	Ali Tiffow	Project Officer, WES, UNICEF Kenya	Nairobi
27/9/05	Fred Donde	Section Chief WES, UNICEF Kenya	Nairobi
28/9/05	Lionella Fieschi	Emergency Co-ordinator, Merlin	Nairobi
28/9/05	Milo Todeschini	WES Coordinator, COOPI	Nairobi
28/9/05	Francesca Tersia	Kenya Programme Coordinator, COOPI	Nairobi
28/9/05	Josie Buxton	Emergency Coordinator Oxfam	Nairobi
28/9/05	Dr. Tatu Kamau	KEPI Coordinator	Nairobi
21/10/05	Adrienne Sullivan	Head of Kenya Programme, ECHO	Nairobi
29/10/05	Mohammed Isaak	Coordinator RACIDA	Mandera
30/10/05	Glen Hughson	Head of Base, AAH	Mandera
30/10/05	Abdi Noor	Assistant Finance and Administration, AAH	Mandera
30/10/05	Adan Mohammed	Drought Monitoring Officer, ALRMP	Mandera
30/10/05	Water Officer	MOWI	Mandera
31/10/05	Hussein Abdi	Treasurer, Rhamu WUA,	Mandera
14/11/05	Hussein Golicha	Resident Programme Officer, UNICEF	Garissa
14/11/05	Robert Munya	District Water Officer	Garissa
14/11/05	John Simoie	Water Officer	Garissa
15/11/05	Abdi Musa	Drought Monitoring Officer, ALRMP	Wajir
15/11/05	Abdi Noor	Project Coordinator, WASDA	Wajir
15/11/05	Idris Sheikh	Project Officer, WASDA	Wajir
15/11/05	Hawa Osman	Deputy Headmistress, Wajir Primary School	Wajir
15/11/05	Representative	Islamic Call Foundation Orphanage	Wajir
15/11/05	Bulla Godade Community		Wajir
15/11/05	Dynaba Hassan and PTA	Dambas Primary School	Wajir
16/11/05	Hussein Kuresh	Deputy District Water Officer	Wajir
16/11/05	Dr. Ahamedin Omar	Medical Officer Health	Wajir
16/11/05	Nuria Ibrahim	Nutritionist, Wajir District Hospital	Wajir
16/11/05	Somo Ahmed	Clinical Officer	Wajir
16/11/05	Gaal Mohammed	District PHI	Wajir

16/11/05	Peter Baraza	Project Officer, Merlin	Wajir
16/11/05	Gloria Kisia	Nutritionist, Merlin	Wajir
16/11/05	Ahmed Jille	Coordinator, DPA	Wajir
17/11/05	Travel to Garissa		
18/11/05	Mohammed Shurie	CEO, Northern Water Services Board	Garissa
18/11/05	Abdullahi Ibrahim	Deputy Headmaster, Bulla Iftin Primary School	Garissa

### ANNEX 3: ISSUES RAISED IN STAKEHOLDER MEETING AND WAY FORWARD

A stakeholder meeting was held at KIE on 27<sup>th</sup> January 2006. The participants comprised of government officials, from the OP, Ministry of Health, Ministry of Water and Irrigation, and the Aridlands project, ECHO, other NGOs such as CORDAID, COOPI and Catholic Diocese of Lodwar.

Below are highlights of the issues that were raised in the workshop.

#### 1. Policy Issues

1. The applicability, suitability and acceptability of TFC/CTC feeding systems is in question as the MOH has a different view as CTC is not yet policy.
2. What is the mechanism for declaring emergencies and the associated response? What is the role of the district in this?
3. The ASAL policy enactment is required in order to have a system in place before the next emergency.

#### 2. Institutional Issues

1. There is a communication gap between the DSG and KFSM and its working groups.
2. What is the appeal process during an emergency?

#### 3. Emergency Approaches

1. There needs to be harmonization of approaches between implementing partners during an emergency in order to smoothen implementation and maximize effect.
2. There is a bias towards free maize distributions when food security is discussed while in actual fact the pertinent issue is the ACCESS to food and not just maize, beans and oil (purchase, exchange, relief etc).

Below are the action points that were deliberated on the issues raised.

<b>POLICY ISSUES</b>			
	<b>ISSUE RAISED</b>	<b>ACTION POINT</b>	<b>PERSON TO INITIATE ACTION</b>
1	The applicability, suitability and acceptability of TFC/CTC feeding systems	Clear guidelines are needed from MOH on TFC/CTC. There needs to be direction given on the way forward. Also required are the Health and Nutrition intervention priorities in emergencies from MOH.	UNICEF to see into the possibilities of funding the drafting of these guidelines.
2	What is the mechanism of declaring emergencies and the associated response? What is the role of the district in this?	It is only the President who can declare an emergency. The DSGs should however become more proactive on issues of emergency in order to expedite information flow to Nairobi and lobby for action.	DCs as the chair of the DSGs to become more proactive in ensuring there is good information flow from ground to national level.
3	The ASAL policy enactment is required in order to have a system in place before the next emergency.	An advocacy program is needed in order to lobby for the ASAL policy to be debated and passed.	The UN may be the best placed to initiate this.

<b>INSTITUTIONAL ISSUES</b>			
	<b>ISSUE RAISED</b>	<b>ACTION POINT</b>	<b>PERSON TO INITIATE ACTION</b>
1	There is a communication gap between the DSG and national level KFSSM. There needs to be more interaction and co-ordination in information flow between national level and ground level. The information flow needs to be continuous.	<p>- A <b>focal point</b> possibly from the KFSSG is required who will ensure that detailed information goes back and forth from district to national level.</p> <p>-To enhance district information availability in Nairobi, the Arid Lands website could be utilized to be linked to a database holding information such as: DSG minutes, district water, health and nutrition information. The FSAU model can be imitated.</p>	<p>-A <b>focal point</b> possibly from the KFSSG to be identified whose main responsibility will be to ensure information goes back and forth between DSGs and national level from all working groups.</p> <p>- the focal point will also ensure that the emergency guidelines in various interventions as regards approaches are adhered to by the implementing agencies.</p> <p>-UNICEF to see into the possibilities of working/funding the government to have district data posted onto the Arid Lands website.</p> <p>- The DSG needs to have good and reliable information for all the sectors. Consistent representation of the MOH is required in the Health and Nutrition working group. A MOH Public Health expert should also be in the working group.</p> <p>-The district nutritionist should also be part of the DSG as currently there is technical gap in nutrition. The nutritionist will be able to give advice on various feeding programmes and their implementation during an emergency so that their impacts are maximized.</p>
2	What is the appeal process during an emergency?	The government heads the appeal process.	N/A
<b>EMERGENCY APPROACHES</b>			
	<b>ISSUE RAISED</b>	<b>ACTION POINT</b>	<b>PERSON TO INITIATE ACTION</b>
1	There needs to be harmonization of	This harmonization of approaches is the mandate of	Enactment of the disaster policy and the ASAL policy

	<p>approaches between implementing partners during an emergency in order to smoothen implementation and maximize effect. ECHO is not in a position to ensure this.</p>	<p>the various working groups. However enforcement is hazy as KFSSG has no legal mandate yet.</p>	<p>would go a long way in conferring authority to the various structures that are meant to enforce the harmonization of approaches. The UN body is in a good position to lobby the government on this.</p>
2	<p>There is a bias towards free maize distributions when food security is discussed while in actual fact the pertinent issue is the ACCESS to various types of food (purchase, exchange, relief etc).</p>	<p>There needs to be a change in attitude and focus on MAIZE as being equated to food security as food security is relates to the availability of food on a continuous basis, in quantities and with a quality to sustain life and give adequate nutritional value, for a given population. Food security relates to both the supply of food for consumption and to ability of populations to acquire food that is available.</p>	<p>With an appreciation of maize being the most important foodstuff for most Kenyans emphasis needs to be placed on the various ways people can ACCESS to various types of food instead of free food distribution. These various ways of accessing food should be considered in interventions e.g. destocking to get cash to purchase maize, CFW, cash relief etc. All of the agencies in the area of food security need to promote this.</p>