EVALUATION OF HUMANITARIAN RESPONSE TO DROUGHT-AFFECTED, DISPLACED, AND RETURNEE COMMUNITIES IN OROMIA, SNNP, AND SOMALI REGIONS, ETHIOPIA

FINAL EVALUATION REPORT

Conducted By:

DADAL Training and Consultancy Services

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Project Summary Table

Project Name	Humanitarian Response to Drought-Affected, Displaced, and Returnee Communities in Ethiopia
Contract Number	720BHA23GR00036
Sector	Water, Sanitation, and Hygiene (WaSH), Nutrition and Health, Agriculture, Shelter and Settlement and Protection
Implementing Partners (if	NA
Location (country/ies),	Oromia, Somali and SNNP Region
Project Duration	22 Months
Starting Date	01 June 2021
Ending Date	31 March 2023
Project Language	English
Donor & Contribution/s	$ 6,500,000 (original $2,000,000 + additional $4,500,000)
Mission administering the Project	GOAL Ethiopia
Evaluation Type	Independent Final Project Evaluation
Evaluation Dates	29/03/2023-30/05/2023

Disclaimer

This report has been produced at the request of GOAL Ethiopia. The comments contained herein reflect the opinions of the DADAL Training and Consultancy Services only.

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Acronyms and abbreviations

ANC	Antenatal Care
BHA	Bureau of Humanitarian Assistance
COVID-19	Coronavirus Disease
DAC	Development Assistance Committee
FGD	Focus Group Discussion
GBV	Gender Based Violence
CMAM	Community-Based Management of Acute Malnutrition
DRR	Disaster Risk Reduction
GAM	Global Acute Malnutrition
IDPs	Internally Displaced Persons
HH	Households
HDDS	Household Dietary Diversity Score
IDPs	Internally Displaced People
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
NFI	Noon Food Items
OECD	Organization for Economic Cooperation and Development
PPS	Probability Proportional to Size
SPSS	Statistical Package for Social Science
ToR	Terms of Reference
UN	United Nation
UNEG	The United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	The United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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Executive summary

Background: In response to the crisis created by the drought and conflict in Oromia, Somali, and SNNP region, GOAL Ethiopia has implemented a multisectoral life-saving humanitarian response to drought-affected, displaced, and returnee communities in Somali, Oromia, and SNNP region, Ethiopia. The project is a 22 months project (June 1, 2021-March 31, 2023). The intervention is funded by Bureau for Humanitarian Assistance (BHA) with the total funding support of six million and five hundred thousand USD ($6,500,000) for the entire duration of the project. As a result, GOAL Ethiopia wants to evaluate the project, and GOAL Ethiopia recruited and deployed DADAL Training and Consultancy Service to conduct the evaluation.

Objective: The overall objective of the evaluation is to systematically evaluate the program's performance based on DAC criteria (relevance/process, efficiency, effectiveness, impact/outcome, and sustainability) and provide recommendations for future programming.

Methods: A community-based cross-sectional study design was employed for this evaluation. Moreover, the evaluation applied the OECD/DAC criteria: relevance/appropriateness, coherence, efficiency, effectiveness, impact, and sustainability. A three-stage cluster sampling method was employed to select the study population. A mixed quantitative and qualitative data collection method was employed for this evaluation. A total of 623 study subjects (23 males, 600 females) participated in the household survey with a response rate of 98.8%. On the other hand, 14 focus group discussions and 31 key informant interviews were conducted for this evaluation. Data analysis for the quantitative study was done using SPSS version 24. Frequencies and proportions were computed, and the result was presented using tables and graphs and further analyzed for associations. Also, confidence intervals and testing for differences between baseline and endline values were employed using appropriate statistical tests. The consultant utilized thematic coding to analyze qualitative data. The qualitative and quantitative data analysis findings were triangulated by source and method to obtain descriptive findings and conclusions relevant to this evaluation's objectives.

Key findings: The findings section was structured according to the OECD/DAC's evaluation criteria, focusing on key priority questions identified for this evaluation.

- **Relevance/appropriateness:** The findings of the qualitative study revealed that the project was relevant and appropriate to the needs and priorities of the affected communities. The relevance and appropriateness of the intervention are based on the fact that the intervention addressed the identified needs of the target beneficiaries and the entire community.
- **Coherence:** The project or interventions was coherent or consistent with the national policies, strategies, and approaches. Also, the BHA project activities integrated and aligned with other GOAL activities, projects, and programs in the intervention areas.

- **Efficiency:** The absorption rate of the project was 100%. This indicates that the project's budget utilization was very good and the project was efficient.

- **Effectiveness:** The project achieved most of the stated output, targets, outcomes, and objectives within the planned time frame. Therefore, the degree of achievement or effectiveness was moderate or satisfactory.

- **Impact:** The household survey finding revealed that most outcome indicators have shown a significant increase from the baseline with a significant difference or change on impact (P=<0.05). On the other hand, evidence from qualitative study shows that a reasonable change has been observed among IDPs and host communities in project implementation areas compared to the baseline, and this finding is consistent with the qualitative findings.

- **Sustainability:** The qualitative study findings revealed that the project's sustainability was rated as high.

Conclusion: The project has achieved the majority of planned targets and outcomes. The actions of GOAL are indeed highly valued. The project objectives fit well into the priority needs of the people. Therefore, the project remains relevant to the felt needs and real problems of the communities in the intervention areas. Going forward, in light of the successes recorded by the project, additional effort will still be required to sustain the impact among the communities affected by the ongoing drought in the intervention areas. The consultant believes this can best be achieved through sustained support to the targeted beneficiaries**.** In conclusion**,** the project or interventions was relevant and appropriate to the local context and needs of the beneficiaries and coherence or consistent with the national policies and strategies. Also, the degree of achievement of the project activities, outputs, and outcomes was moderate or satisfactory, and the project is efficient and sustainable. Likewise, the impact attributable to the intervention was moderate.

Key recommendations: Still, there are gaps due to the drought and conflict, and emerging needs to be addressed to sustain the broader impact among both IDPs and host communities. Thus, GOAL needs to continue the implementation of the emergency response to sustain the impact among the beneficiaries through the different emergency projects since the drought is ongoing and the effect of conflict is still unclear. Lastly, it's recommended new sources of funding should be considered to sustain the project benefits.

1. Introduction

1.1. Background

GOAL has been working in Ethiopia since 1984, implementing a wide range of multi-sectoral development and humanitarian response interventions. GOAL implements a range of multi-sectoral development resilience, recovery, and humanitarian response programs by being sensitive to cross-cutting issues, including gender, accountability, and child protection. Moreover, GOAL is experienced in providing lifesaving emergency response and development programmes.

Ethiopia has been facing large-scale humanitarian crises due to recurrent climatic shocks such as drought and flood, desert locust invasion, pandemic diseases such as COVID-19, and conflict. In the 21st century, there has been an increasing frequency of extreme droughts because of global warming, and drought continues to be a major challenge for the Ethiopian people (UN 2008). Over the recent years, drought-affected pastoralist and agro-pastoralist communities in southern and eastern Ethiopia have suffered from the impact of multiple and often recurring shocks (Drought response plan 2022). Drought and climate variability are part of the natural cycle in lowland Ethiopia, and pastoralist communities have an array of traditional coping mechanisms and resiliencies. However, the increased frequency of extreme weather and droughts threatens to overwhelm these economic and social coping mechanisms and resiliencies (USAID 2011).

Similarly, GOAL operational areas are affected by conflict, drought, and other man-made and natural disasters where the lives and livelihoods of affected communities are at risk. The prolonged drought remains persistent, with no improvement in site affecting at least 8 million people and likely more as it expands to additional areas. The cumulative impact of ongoing conflict and violence, climatic shocks, drought, and more recently floods, constitute the main triggers of such increase. More than 29 million people were estimated in need of humanitarian assistance and protection at the beginning of 2022, compared to 23.5 million people at the beginning of 202l, and 8.4 million people in 2020. Nearly three quarters of the people in need this year are women and children. Therefore, the situation continues to deteriorate rapidly across the regions and beyond.

In response to the situation, GOAL Ethiopia has proposed and implemented a multisectoral life-saving interventions in Oromia, Somali and SNPP region with funding from Bureau for Humanitarian Assistance (BHA). GOAL Ethiopia planned to conduct a final/summative project evaluation to evaluate the project in three regions of Somali, Oromia, and SNNP. To this end, GOAL Ethiopia contracted DADAL Training and Consultancy Service to conduct this final evaluation in four selected woredas of Kebribeyah, Elweye, Meda-Welabu and Yirgachefe in Somali, Oromia, and SNNP region, respectively.

1.2. Brief description of the intervention

The intervention is a multisectoral life-saving humanitarian response to drought-affected, displaced and returnee communities in Somali, Oromia and SNNP region, Ethiopia. The project is a 22 months project (June 1 2021-March 31, 2023). The intervention is funded by Bureau for Humanitarian Assistance (BHA) with the total funding support of six million and five hundred thousand USD ($6,500,000) for the entire duration of the project. Under the intervention, GOAL has provided an integrated life-saving health, nutrition, water, sanitation, and hygiene (WASH) and protection services to a total of 207,180 individuals (83,000 male and 124,180 female); out of them 44,086 (19,250 male and 24,836, females) were internally displaced. The project is implemented in 20 woredas across the seven zones in three regions: Dollo zone (Boh, Warder, Galadi, Lehel-Yecub, Gal-hamer, and Daratole Woredas) Fafan zone (Kebribeyah, Harshin), West Guji Zone (Abaya and Gelana Woredas), Bale Zone (Dolomena and Meda-Welabu Woredas), Borena Zone (Dillo, Elweye, Arero and Teltele Woredas) and Gedio Zone (Yirgachefe Woreda) of Somali, Oromia and SNNP regions, respectively.

1.3. Project goal and objectives

The overall goal of the project is to reduce morbidity and mortality of affected populations impacted by recurrent drought, malnutrition, and desert locust infestation through gender-aware and inclusive multi-sectoral life-saving response in nutrition, health, protection, WASH, shelter and settlement, agriculture, economic recovery, and market systems, and nutrition interventions.

The objectives of the project are;

- Improve access to nutrition services and awareness on health-seeking behaviour.
- To reduce morbidity and mortality resulting from health and health-related issues and low access to primary health services.
- Improved protection of children and reduced risk of GBV through improving access to lifesaving and quality CP and GBV services for the targeted population.
- To reduce social and physical vulnerability and maintain human dignity among vulnerable conflict-displaced and returnee communities by providing emergency shelter items and non-food items.
- To reduce morbidity and mortality due to water-related illness through increased access to safe and clean drinking water and safe and dignified sanitation service.
- To improve agricultural production and associated food and nutrition security of drought-affected people of Borena and Gedio Zone

2. Objective of the evaluation

2.1. General objective

The overall objective of the evaluation is to systematically evaluate the program's performance based on DAC criteria (relevance/process, efficiency, effectiveness, impact/outcome, and sustainability), considering its objectives and document key lessons and provide recommendations for future programming.

2.2. Specific objectives

I. To provide evidence-based information on performance of the program (evidence of outcome level 207,180 total beneficiaries and 44,086 IDPs change, and possible impact level change) against the intervention logic and existing program indicators.

II. To assess the program's design/relevance, efficiency, effectiveness, impact/changes, and sustainability of impacts beyond the program lifetime.

III. To assess how the program ensured inclusion of vulnerable and marginalized communities and engaged with affected populations and communities.

IV. To document lessons learned/best practices (what worked well, what did not work well, what can be improved-practices that worked well during the project period?) and provide evidence-based recommendations for similar future interventions.

3. Evaluation scope

- The evaluation was conducted in purposefully selected four woredas, Kebribeyah, Elweye, Meda-Welabu, and Yirgachefe in three regions of Somali, Oromia, and SNNP in consultation with GOAL Ethiopia.
- The evaluation focused on output, outcome, and impact-level achievements within the given period, and recommendations were provided based on the real findings.
- Both qualitative and quantitative data collection methods with DAC criteria were used for this evaluation. In addition, a final or summative evaluation was used to assess the performance of the project.
- Major stakeholders, government relevant sector; water office, health office, agricultural office, disaster, preparedness plan office, and women affairs and GOAL staffs and beneficiaries or community within GOAL intervention areas were included and consulted for this evaluation.

- BHA M&E guidelines, USAID evaluation policy, project proposal, indicator tracking table (ITT)/logical framework, baseline survey, nutrition survey, PDM, final donor report and financial reports, and other relevant project-related documents were critically reviewed during the time of evaluation.

4. Use of the evaluation

The evaluation findings will be useful to a broad range of GOAL internal and external stakeholders. These include GOAL in-country Project Teams, MEAL, Technical and Senior Management Teams, Technical Advisors/ Director in-country office and HQ, regional ministry of health, agriculture and DRR office, Child protection and women affairs office, and WASH sector in the study areas, United Nations Children's Fund (UNICEF) and United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA).

The Indirect users of the evaluation findings will include Donor BHA/USAID, and other donors, federal, regional, and local governments, ministries, United Nations (UN) Agencies, and Global Clusters, Non-Governmental Organisations (NGOs), and NGO Consortiums among others.

5. Methodology

5.1. Evaluation Approach

A participatory approach was used for this final evaluation. The evaluation applied the OECD/DAC evaluation criteria: relevance, coherence, efficiency, effectiveness, impact, sustainability, and lessons learned together with the additional cross-cutting criteria.

5.2. Study area

The evaluation was carried out in purposively selected project intervention woredas of Somali, Oromia and SNNP region, Ethiopia. Considering the concept of sampling, socio-demographic characteristics, agro-ecological characteristics, agro-pastoralist practice, and cluster variation within the region, four woredas; Kebribeyah, Elweye, Meda-Welabu, and Yirgachefe woredas were purposefully selected from Somali, Oromia and SNNPR regions respectively. In addition, one of the selection criteria for the proposed study areas (districts) was the implementation of the comprehensive package or all sectors of the project to evaluate the broader impact of the project.

5.3. Study period

The evaluation was conducted from the 29th of March to the 30th of May, 2023. The actual data collection was carried out between 22-30th of April 2023.

5.4. Study design

A community-based cross-sectional study design was employed for this evaluation.

5.5. Inclusion and exclusion criteria

Inclusion criteria: the presence of children under two years in the household and the availability of mothers or caregivers during the time of the survey. Also, those study subjects who volunteered to participate in the survey were included.

Exclusion criteria: absence of children under two years in the household during the time of the survey. Moreover, households with absentee mothers or caregivers during the time of the survey were excluded from the evaluation.

5.6. Sample size determination

5.6.1. Sample size determination for quantitative study/household survey

The required sample size for the quantitative study or household survey was determined using double proportion formula based on BHA M&E guideline recommendation for comparative study.

n_{ini}=D [$z_{\alpha/2}\sqrt{2P(1-P)}$ +$z_{1\text{-}\beta}\sqrt{p_1(1-p_1)+p_2(1-p_2)}$]^2 / p_1-p_2

N= n_{ini} + non-response
Were
n_{ini}= is the initial sample size required by the survey for each of the two points
N = Estimated sample Size

$z_{\alpha/2}$ = is the value from the normal probability distribution corresponding to a confidence level 1-α =0.95 the corresponding value if $z_{0.95}$=1.64

$z_{1\text{-}\beta}$ = is the value from the normal probability distribution corresponding to a confidence level 1-β = 0.80, the corresponding value is $z_{0.80}$ =0.84

p_1 = is an estimated for percent of infants 0–5 months of age who are fed exclusively with breast milk in the target area at baseline was report 51%)

p_2 = is an estimated for percent of infants 0–5 months of age who are fed exclusively with breast milk in the target area at end line survey (10% increase from the baseline) 61%

$$P = \frac{p_1 + p_2}{2}$$

Deff=design effect of 1.5% was used to treat the cluster variation since the evaluation to be conducted in three different regions, and a three-stage cluster sampling method was employed to select study subjects

Thus, using the above formula by taking those assumptions stated above, the required sample size was 575 before considering the non-response rate. By adjusting for a non-response rate of 10%, the final sample size for the household survey was 633**.** Finally, the final calculated sample size was allocated with population proportion among purposively selected woredas within project implementation regions.

Table 1: Sample size allocation and collected data per study areas

Intervention region	Intervention Zone	Proposed Woreda	Population (CSA 2007)	Allocated %	Calculated Sample size	Collected data
Oromia	Borena	Elwaye	52,942	9.6%	61	54
	Bale	Medwelabu	135,631	24.7%	156	154
SNNP	Gedio Zone	Yirgachefe	195,256	35.5%	225	224
Somali	Fafan zone	Kebribeyah	165,518	30.2%	191	191
Total			**549, 347**	**100**	**633**	**623**

5.6.2. Sample size determination for the qualitative study

There is no fixed rules or the right and internationally agreed-upon formula for determining the sample size in a qualitative study. However, there is some assumption or rule of thumb and recommendation for sample size consideration for a qualitative study. Most literature recommends considering at least two considerations, what sample size will reach saturation or redundancy and how large a sample is needed to represent the variation within the target population was considered to determine the minimum sample size. However, the actual sample size was determined during the actual data collection period until it reached the point of saturation, which means when no new information is coming up. Therefore, a total of 14 FGDs and 31 KIIs were conducted for this evaluation [table 2].

Table 2. List of Stakeholders Consulted during the evaluation

Data collection Tools	Quantity (Number)	# of Participants		
		Male	Female	Total
Focus Group Discussion (FGD)				
Women	7		49	49
Men	7	52		52
Sub total	**14**	**52**	**49**	**101**
Key Informant Interview (KII)				
GOAL head office staff	1	1		1
GOAL field staffs	6	5	1	6
Woreda nutrition expert	4	4		4
Woreda primary health care expert	3	3		3
Woreda WASH expert	4	4		4
Woreda FSL/animal health expert	3	3		3
Woreda DRR office	3	3		3
Woreda women and child affairs	4		4	4
Health extension worker	3		3	3
Sub total	**31**	**23**	**8**	**31**
Total	**45**	**75**	**57**	**132**

5.7. Sample procedure

A three-stage cluster sampling method was employed to select the study subjects for this final evaluation. At the first stage, a purposive sampling method was used to select four woredas within the intervention region. At the second stage, cluster sampling, probability proportional to size (PPS) using ENA software was used to select kebeles/villages/clusters. The total sample size was distributed proportionally to each district and each kebele within a district. In the third stage, households from randomly selected kebeles were chosen using a systematic random sampling technique. The total number of households in each kebele was divided by the allocated sample size to get the sampling interval. However, purposive sampling was employed to identify

respondents from relevant stakeholders, partners, or sectors and project staffs for qualitative interviews.

5.8. Data collection methods

A mixed quantitative and qualitative data collection method was employed for this evaluation. The data collection tools were prepared with maximum care by incorporating essential variables to collect relevant data based on the approach, outcomes, and indicators and evaluation objectives. A pre-tested structured interview questionnaire was used for this evaluation to collect quantitative data. The client (GOAL Ethiopia) revised the draft tools, and the final version was prepared by incorporating comments. All data collection tools were prepared in English, translated into local languages (Somali, Afan Oromo and Amharic) and then back-translated to English to check the consistency with the original one. The translated tools were pretested and revised based on the findings of the pretesting exercise. Moreover, qualitative data was collected to triangulate the quantitative data findings. The following data collection tools were used for this evaluation.

5.8.1. Document Review: A document review was conducted to review available documents; project proposals, progress reports, distribution lists, cash disbursement records, outputs of the project, database, baseline, endline, available PDM, nutrition surveys and assessment reports. The document review also involved an analysis of pre-existing project data (beneficiaries' database, transaction history, etc.) so as to refine the existing understanding of the projects impact/effectiveness in the different locations where the project was implemented and as well as across the different modalities of the food support intervention. Moreover, BHA emergency M&E guidelines and USAID evaluation policy were critically reviewed.

5.8.2. Household Survey: A household survey was conducted to assess key indicators of the project and compare them against the baseline data. A household questionnaire used for the baseline survey was adopted and used for this evaluation. Thus, a total of 623 questionnaires were administered to the respondents across the four woredas covered by the evaluation.

5.8.3. Focus Group Discussions (FGD): As a supplementary source of information from stakeholders, focus group discussions were conducted with project beneficiaries. Data were elicited from 14 focus group discussions in all study areas using a structured checklist. A total of 101 respondents (49 female and 52 male) participated in focus group discussions. The focus group discussants were mothers, fathers, and religious leaders. The FGD's was designed as a participatory bottom-up assessment of project interventions and change. An appreciative enquiry method was used so beneficiaries can reflect on the ''before and after'' of the project.

5.8.4. Key Informant Interview (KII): Data was also collected from 31 key informants using a semi-structured checklist. The KII was held with GOAL staff, key stakeholders, and partners at district and kebele level. The respondents were; GOAL staff at the field and head office, a

nutrition and primary health care expert from the woreda health office, WaSH expert from the woreda water office, expert from the woreda agriculture office, expert from DRR office, woreda women and child affairs focal person and health extension workers at a community level. These individuals have been identified as people who based on their experience of being involved in the project implementation, possess some key knowledge and information about the project.

5.9. Hiring and training of the survey team

Experienced data collectors and team leaders were hired and assigned for this evaluation. Proficiency in the local language (Afan Oromo) and knowing of the study area and context was a prerequisite. The selection of data collectors and team leaders was conducted carefully.

Sixteen enumerators for the household survey and six interviewers for the qualitative study were recruited. The team was assigned in two groups (one team per region) to collect data simultaneously. Again, the team was grouped into two groups (one team for quantitative study and one for qualitative study) to finalize the assessment within the planned time frame.

A 2-day training was provided to data collectors and team leaders by the consultant in Hawassa for SNNP and Oromia team and Jijiga for Somali team. During the first day, data collectors and supervisors were trained on the overview of the project, the study's objective, methodology, basic concepts of data collection methods, terminology, ethical principles, and data collection tools. The questions in the questionnaires were carefully explained to the enumerators, and language checks were conducted to ensure that each enumerator was competent in explaining the questions in the local language and English. The second day of the training was dedicated to practical field exercises at the community level, which is not included in the study to check consistency and clarity. The practical training also served as an opportunity to pre-test the data collection tools and to adjust accordingly on the basis of the findings if there is a need.

5.10. Data quality assurance

The data quality control for this evaluation was ensured through different strategies or mechanisms throughout the entire evaluation process. All data collection tools were prepared in English, translated into the local language (Afan Oromo, Somali, and Amharic), and then back-translated to English to check the consistency. Accordingly, the questionnaire was pre-tested in similar areas with the study population not included in the actual study to evaluate the face validity and ensure whether the study participants understood what the evaluators intended to elicit and revised based on the exercise findings.

Data validity and reliability are maintained through training for enumerators and other evaluation teams, including practical exercises. Also, data validity and reliability were maintained through the close supervision of enumerators by the team leaders and co-investigators. Daily after fieldwork, each team submitted their questionnaire to the server, and the data were checked for completeness and consistency by the study's principal investigators. KoBo Toolbox software was

used to flag-out out of range values or errors during data entry. Moreover, data were checked and cleaned using SPSS software before analysis.

5.11. Data analysis and reporting

The data was entered using an online application called Kobo Toolbox for humanitarian response. Training was given to enumerators, and they practiced using the data entry application before collecting the actual data. The data was exported, cleaned, and analyzed using SPSS version 24 statistical software for windows. On the other hand, food security and livelihoods related standard indicators were analyzed on the recommended tools. The experienced statistician or data manager does the data analysis. Frequencies and proportions were computed, and the result was presented using tables and graphs and further analyzed for associations employing or to see the impact was analyzed. Also, using appropriate statistical tests, confidence intervals, and testing for differences between baseline and endline values were employed.

The qualitative data were transcribed and then translated to English. The consultant utilized thematic coding to analyze qualitative data. The codes and themes were determined by the evaluation objectives, criteria, and key evaluation questions. The qualitative data was analyzed using Nvivo software.

The findings from the qualitative and quantitative data analysis were triangulated by source and method to obtain descriptive findings and conclusions relevant to this evaluation's objectives. These were subsequently transformed into normative recommendations to address issues that are deemed sufficiently important and operational.

5.12. Ethical considerations

The evaluation was conducted by keeping in mind the basic ethical principles of respect for humans, beneficence, and justice. The consultant adhered fully to the ethics and principles for research and evaluation. A support letter from each district health office was obtained before starting data collection. Oral consent was obtained from each study participant before the interview to confirm their willingness. An honest explanation of the evaluation purpose, a description of the benefits, and an offer to answer all inquiries made to the respondents. Also, an affirmation that they are free to withdraw consent and discontinue participation without any form of prejudice. Privacy and confidentiality of collected information was observed throughout the research process; measures were taken to ensure respect, dignity, and freedom of each participating individual in the evaluation. In addition, the consultant also adhered strictly to the UNEG standards for evaluation as well as the Organization for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC) criteria evaluation approach for evaluating its projects.

5.13. Limitations

- The evaluation findings only represent the situation prevailing during data collection as the study design used was cross-sectional.
- As the evaluation was questionnaire-based, questions that required a good memory were vulnerable to recall bias.
- Social-desirability bias- participants have a tendency to answer in ways that make them look good in the eyes of others, regardless of the accuracy of their answers.
- Confounding factors or contamination bias. Households or beneficiaries can also get the service from other GOAL projects funded by other donors and other NGOs working in the study areas.

6. Evaluation findings

This section provides details of the evaluation findings and presents the finding of the evaluation based on the analysis of various data collected. To facilitate the use of the findings, this section has been structured according to the OECD/DAC's evaluation criteria, focusing on key priority questions identified for this evaluation. Thus, the findings have been presented according to the eight question areas on relevance, coherence, effectiveness, efficiency, sustainability, impact, lessons learned [see the evaluation design matrix in the attached annex 3].

6.1 Socio-demographic characteristics of the study participants

A total of 623 study subjects participated in the household survey with a response rate of 98.8%. Of the total participants, 154 (24.7%), 54(8.7%), 191(30.7%), and 224 (36%) were from Medewelabu, Elwaye, Keberbiya, and Yiregachefe districts, respectively. Of the total studied population, 23 (3.7%) study participants were male, while the remaining 600 (96.3%) were females. The mean age of respondents was 29 years, the minimum was 17, and the maximum was 56 years old. The average family size for sampled households in the study areas was 5.8, which is approximately 6. The majority of 598 (96%) of respondents were married, 3 (0.5%) of the respondents were single, 15 (2.4%) were divorced, 6 (1%) were widowed and the remaining 1 (0.2%) respondents had separated. Regarding educational status, 379 (61.3%) of the respondents were illiterate (unable to read and write), followed by 158 (25.6%) with primary education, 45 (7.3%) with secondary education, 28 (4.5%) were able to read and write, while the rest 7 (1.1%) with technical/vocational and 1 (0.2%) with diploma and above. Thus, majority of them fall on illiterate or primary education.

Table 3: Socio-demographic characteristics of the study population in Medewelabu, Elwaye, Keberbiya and Yiregachefe district, April 2023

Variable	Frequency	Percentage (%)
Study district		
Elwaye	54	8.7
Keberbiya	191	30.7
Med-welabu	154	24.7
Yiregachife	224	36.0
Sex of respondent		
Female	600	96.3
Male	23	3.7
Marital status		
Divorced	15	2.4
Married	598	96
Single	3	0.5
Widowed	6	1
Separated	1	0.2
Educational status		
Unable to read and write	379	61.3
Able to write and read	28	4.5
Primary (1-8 grade)	158	25.6
Secondary (9-12 grade)	45	7.3
Technical/Vocational	7	1.1
University	1	0.2

6.2. Relevance

The extent to which the intervention objectives and design are consistent with the beneficiaries' needs, country needs and policies, priorities, global priorities, and GOAL vision. This is a measure of whether interventions are in line with local needs and priorities (as well as donor policies, thus increasing ownership, accountability, and cost-effectiveness).

In order to assess the relevance/appropriateness of GOAL response, it was crucial to understand the nature of the humanitarian needs of the target population across the three regions. Available data at the time of the project development indicated that about 23.8 million and 21.7 million people were facing high levels of acute food insecurity from July to September and October to December 2021, respectively. The levels of malnutrition, morbidity related to water-borne disease, livestock mortality due to prolonged droughts, and violence were also high in project intervention areas. Projections for March-May 2021 rains (Belg, Gu/Genna, Diraac/Sugum) indicated that they were likely to be below average with a prolonged dry season, which, combined with a shortage of pasture and water, would result in poor body conditions for livestock. The devastating impact of desert locusts, high cereal market prices and resultant negative impact for livestock-dependent communities across most Oromia and Somali regions,

especially Bale, Guji, West Guji, Borena, and Dollo zones compromised the lives and livelihoods of affected communities. In response to these multi-dimensional needs, GOAL proposed and implemented a multi-sector life-saving emergency response to the affected woredas of Oromia, Somali and SNNP region. The project was designed in response to the impact of the alarming drought emergency, continued widespread high levels of malnutrition further compounded by the conflict-induced humanitarian crisis in various areas across the project locations in Somali, Oromia, and SNNP regions with a poor food security outlook.

The project baseline survey further confirmed these needs or gaps. High food insecurity, poor or low household dietary diversity score (HDDS) and low food consumption scores, low knowledge on GBV, water shortage, low latrine coverage or high open defecation practice, low hand washing practice at critical times, low water handling and storage practice, high non-functional rate of water facility, non-functionality of water committees, low ANC practice, low health service utilization, poor referral linkage, and low access to sufficient seed are the major problems or gaps in the proposed intervention areas identified during the baseline survey. Also, the rates of Global Acute Malnutrition (GAM) were quite high in the proposed intervention woredas, coupled with poor optimal IYCF practices. Thus, this kind of situation requires an urgent need for an intervention not just to help reduce the level of food insecurity and malnutrition but also to help increase the chances of survival for children who were already malnourished. Therefore, the project interventions on food security and livelihoods provided cash transfers to help meet the immediate food needs of vulnerable households and to help them improve their resilience through starting and diversifying their livelihood activities, and the intervention in CMAM case management was very timely.

GOAL response given the above gaps, needs and local context were highly relevant and appropriate to the target population. Its relevance and appropriateness of the intervention are based on the fact that the intervention addressed the identified needs gaps and capabilities in the health and nutrition, WaSH, food security and livelihoods, Shelter and protection sector for IDPs and host communities in all regions as revealed by various needs assessment and baseline reports. The integrated intervention met the priority needs of the beneficiaries.

This was confirmed in the findings from majority KIIs and FGDs participants who stated that the project was found relevant appropriate and consistent to the needs and priorities of the affected communities. This was justified by nearly majority of focus group discussants and key informant interviewees who witnessed that the project was consistent with country needs, policies and strategy (the national policy and strategy on disaster risk management of Ethiopia), priorities, and the community's felt needs and real problems.

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"Humanitarian project like BHA is relevant in addressing the problems of the communi ties. In the past two years, the rain was erratic. As a result the harvest became too low quantity to serve the HHs in a single season. As a result, the communities were prone to food insecurity. Therefore, the project was relevant to the existing problems and the de mand of and preference of communities, Meaza Mitiku, M&E officer, GOAL Ethiopia Hawassa Field Office."

"The project was very relevant and timely to respond to the emergency need of the affect ed communities, both host communities and IDPs in our intervention areas, Primary Health Care Expert, Meda Welabu District."

Similarly, the FGD participants from Berisa Kebele, Medewelabu district, confirmed that "the project targeted different groups such as lactated women, vulnerable groups living in the community. Also, the interventions were adequate in meeting the immediate and priority needs of the selected beneficiaries particularly. Thus, the project was relevant in responding to the WaSH, protection, health, nutrition, and food security."

Beyond this, the various stakeholders, including beneficiaries consulted during the evaluation, unanimously agreed that the project activities were relevant. Moreover, the evaluator concluded that, to a very large extent, the GOAL BHA project activities were relevant to the priority needs of the most vulnerable population targeted through the intervention. Its relevance and appropriateness of the intervention are based on the fact that the intervention addressed the identified needs gaps and capabilities in the health, nutrition, protection, shelter and settlement, WaSH, and agriculture sector both in host communities and IDPs in all regions as revealed by various needs assessment and baseline reports. Overall, the evaluation found that the assistance or action was very relevant and appropriate to the local context and needs of the beneficiaries.

6.3. Coherence

Coherence measures the extent to which the interventions are consistent with existing interventions, global and national policies, and strategies to ensure consistency, maximize synergies, and minimize duplication.

Concerning the coherence of the project or intervention with the policies, strategies, and fit with other programs or sectors or intervention, evidence from document reviews and interviews of diverse key stakeholders confirmed that external actors are aware of the intervention's project activities/approach and strategy. This awareness is created through active participation of GOAL in sector coordination meetings from the federal to the woreda level. GOAL is an active member of the health, WaSH, agriculture, and protection sector at the federal and regional levels and coordinates interventions with all partners within the sector. Likewise, GOAL has actively participated in cluster coordination meetings at the woreda level. At the community level, evidence shows that GOAL has interfaced with many stakeholders at the community level, right from the design of the project to the implementation phase. Action which, to some extent, suggests that external actors are aware of the GOAL approach and strategy. The various

interfaces of GOAL with different stakeholders provided an opportunity to create awareness about its intervention activities and project strategy to external stakeholders.

Evidence from document reviews and interviews of diverse key stakeholders confirmed that the project was coherent with the policies and strategies specifically the national policy and strategy on disaster risk management of Ethiopia and fit with other programs/sectors or interventions. The findings from the majority of KIIs revealed the project was coherent with the national and GOAL policies and strategies.

> *"The project activities are in line with the national policies and strategies since nutrition and food security are the concern of our government, DRR expert, Kebribeyah district."*
>
> "*The project is in accordance with GOAL and government policies and objectives. Also, the government has a strategy for addressing the needs of crises resulting from various issues such as drought and conflict. Thus, the project is coherent with the policies, strategy, and objectives of the government, Koricho Leta, FSL Head of Department, GOAL Head Office."*

Similarly, regarding how the project activities integrated and aligned with other GOAL projects, integration of project activities into other GOAL sectors and programs in the operational area was found to be satisfactory. There was very little integration with other sectors and programs within the organization. It was found that GOAL had some mechanism that helps to identify areas of integration for projects within the same sector. This is the monthly sector coordinating meetings. When projects within the same sector discuss their monthly plans with a focus on who is doing what and where this process helps identify similarities for joint implementation. Nevertheless, the evaluation did not find a specific example of when this process was used to integrate any project activity with another project. Another dimension of the integration occurred in terms of support functions. All the different projects of GOAL share a common M&E support structure. This level of integration ensures that lessons and experiences from one project are shared across other projects with different funding sources. Evidently, the BHA GOAL project activities are integrated reasonably with other GOAL programs in the operational areas.

Evaluation evidence from KII shows that team members feel they are working towards a common goal within and across departments. Within departments, there is a high level of coordination meetings among project team members to discuss progress in implementation activities, identify challenges, and chat the way forward. This is also replicated across departments, although at a much lower scale compared to the department level. The project team indicated GOAL and all its projects were working toward improving the resiliency and total well-being of their beneficiaries, and they appreciated the fact that each team and project was contributing towards this bigger goal. Interview with different project team across the department indicates that staff members, irrespective of the department, are driven by GOAL core values which target the most vulnerable groups, especially women, the elderly, and children, which is aimed at restoring human dignity. However, there is still more work to do on

coordination across different department or sectors within the organization to bring all the project team members to a common understanding of this common goal, as revealed in these excepts from KII from project staff.

> *"There was coherence with the policies, strategies, and fits with other programs. For ex ample, the program worked closely with other USAID and UNOCHA-funded projects, mobile health expert, GOAL Medewelabu field office."*

> *"We are working jointly through integration, and the activities are all aligned to the health policies, and the protection of children is also in line to the child policy of the country and integrated and aligned well with other GOAL projects, field office project manager, Kebribeyah, Somali region."*

Overall, the project was coherent or consistent with the national and GOAL policies and strategies. Also, the BHA project activities integrated and aligned with other GOAL activities, projects, and programs in the intervention areas.

6.4. Efficiency

Efficiency is the extent to which the approach economically converted resources/inputs (funds, expertise, time) into results. The consultant analyzed this evaluation criteria from the perspective budget utilization.

The resources of the project were to a large extent properly allocated to reach the project objectives. The project that had a duration of 22 months had a planned budget of approximately six million five hundred dollars ($6,500,000). Of this, $3,460,117 (53.2%) was spent on development activity costs while $3,039,883 (46.8%) were spent on personnel, administration and support. The high cost of spent on personnel, administration and support may be explained by the high number of staff required for implementation of project activities across the five sectors.

Table 4 below presents a summary of financial support to the five project sectors. It reveals that WaSH component has the highest level of financial support: 16 percent ($ 1,008,952.46) of the planned budget while economic recovery and market systems received only 2 percent ($ 141,902.93) of the planned budget. The allocation of budget per sector was based on the need analysis and number of targeted beneficiaries.

The evaluation also found that the allocation of resources to specific actions was informed by value for money (vfm) considerations (allocative efficiency). Evidence from the document reviews and interviews suggest that goods and services were competitively procured, ensuring Value for Money and negotiated to ensure savings where possible. In the design of the project, several measures were mainstreamed into the project design that promoted the cost efficiency of project activities. Amongst these are the procurement system and inclusion of technical

assistance (TA), offices costs, beneficiaries targeting, goods and services as budget line items. These enabled comparison of unit costs when procuring goods and services amongst others.

Table 4. Total Budget Spent in US Dollars by Sector

Activities	Planned budget	% of planned budget	Actual expenditure	Absorption rate (%)
Nutrition	850,356.21	13%	897,677.68	106%
Health	249,661.90	4%	273,081.62	109%
Protection	461,040.03	7%	414,263.18	90%
Shelter and Settlements	313,111.15	5%	327,775.08	105%
Water, Sanitation, and Hygiene	1,008,952.46	16%	951,021.18	94%
Agriculture	422,815.13	7%	421,449.71	100%
Economic Recovery & Market Systems	141,902.93	2%	95,576.99	67%
Monitoring & Evaluation services	101,860.64	2%	79,271.75	78%
Personnel	2,148,279.75	33%	2,195,450.11	102%
Administration and Support	802,020.13	12%	844,433.22	105%
Total award Cost	**6,500,000.34**		**6,500,000.54**	**100%**

As it can be seen from the financial report, the project had utilized 100 percent of the project planned budget. The absorption rate of the project was 100%. This indicates that the project's budget utilization was very good. Overall, the evaluation found that the allocation of resources to specific actions was efficient in achieving the planned activities within the planned time frame and the project was efficient.

6.5. Effectiveness

A measure of the extent to which the interventions' objectives were achieved or are expected to be achieved, taking into account their relative importance and illustrating the effectiveness of the GOAL approach.

6.5.1. Health

The health sector made tremendous efforts to implement the activities as stated in the project proposal of the intervention. The strategy involves providing technical and operational support to health facilities and trainings to health workers on a wide range of health technical interventions in close collaboration with MoH (zonal and woreda health offices) and other NGOs working in project intervention areas. Evidence from table 5 indicates that all of the targets in the log frame were met. For instance, out of the seven indicators stated in the log frame for the health sector, all indicators were achieved [table 5]. The overachievements are attributed to GOAL uses the existing government structure like health extension workers and government staffs and working closely with government. Thus, based on the above finding, the evaluator rated the degree of achievement of project outputs and objectives in the health sector as excellent, given that all seven of the seven of the targets for the indicators were met.

Table 5. Accomplishment of main log frame indicators for health and their goals

Log frame indicator	Target	Achievement	% Achieved	Goal Achieved
Number of health facilities supported	423	424	100.2%	Yes
Number of health care staff trained	827	1349	163.1%	Yes
Number of outpatient consultations	60,378	70,573	116.8%	Yes
Number of Community Health Workers (CHW) supported (total within activity area and per 10,000 population)	436	870	199.5%	Yes
Number of consultations for communicable disease	59,170	61,335	103.6%	Yes
Number of children under five years of age who received community-based treatment for common childhood illnesses	24,151	25,913	107.2%	Yes
Number of individuals trained in medical commodity supply chain management	30	32	107%	Yes

6.5.2. Nutrition

The implementation of project activities by the health team made some remarkable progress in terms of reaching set targets for the indicators. The strategy combines the promotion of infant and young child feeding practices and hygiene promotion in the targeted IDPs and host communities. During the implementation period, mass MUAC screening exercise was conducted through trained health extension workers while OTP services were rendered across the facilities. However, evidence from the review of the accomplishment of the log frame indicators in the nutrition sector reveals that out of the nine stated indicators, six were accomplished by the project during the implementation period.

Under the nutrition sector, eleven performance and outcomes indicators and targets were planned. Out of this, eight were achieved while the other two indicators were underperformed. GOAL has targeted a 10% increase from the baseline (51%) of the proportion of infants 0-5 months of age who are fed exclusively with breast milk. At the end of the reporting period, a 26.8% increment was achieved. Similarly, a 10% increase from the baseline (15%) of the proportion of children 6-23 months of age who receive foods from 4 or more food groups. At the end of the reporting period, a 5.6% decrement was observed. This probability attributed to the prolonged drought in the study area at the time of evaluation.

The target for the number of people receiving behavior change interventions to improve infant and young child feeding practices was 110,363, while 224,777 was achieved, which represents

203% of the target. Other indicators not achieved and percentage achievement are shown in table 6. Overachievements are attributed to new staff at the health facilities was also get on job training and the project team used all opportunities like campaign, community gathering and other community social gathering events for awareness creation. From the above finding, the evaluator rated the degree of achievement of project outputs and outcomes in the nutrition sector as moderate or satisfactory, given that majority of the target for the indicators were achieved.

Table 6: Accomplishment of main log frame indicators for nutrition and their goals

Log frame indicator	Baseline level	Target	Achievement	% Achieved	Goal Achieved
Number of children under five (0-59 months) reached with nutrition-specific interventions through BHA		63,654	42,413	66.6%	No
Number of pregnant women reached with nutrition-specific interventions through BHA		56,475	102,308	181.1%	Yes
Percent of infants 0-5 months of age who are fed exclusively with breast milk	51%	10% increase from baseline	77.8%	77.8%	Yes
Percent of children 6-23 months of age who receive foods from 5 or more food groups	15%	10% increase from the baseline	5.6%	5.6%	No
Number of individuals receiving behavior change interventions to improve infant and young child feeding practices		110,363	224,777	203%	Yes
Number of healthcare staff trained in the prevention and management of acute malnutrition		915	1,349	147.4%	Yes
Number of supported sites managing acute malnutrition		480	424	88.3%	No
Number of individuals screened for malnutrition by community outreach workers		63,419	329,217	519%	Yes
Number of individuals admitted to Management of Acute Malnutrition sites		12094	12,099	100%	Yes

(MAM)

Regarding managing acute malnutrition, the nutrition program made a reasonable progress in achieving all indicators against the sphere standards for both OTP and SC [table 7]. The overall cure rate of the project for SC and OTP was 96.2% and 95.6%, respectively, which is above the sphere standard of 75%. In addition, the default and death rates were lower than 15% and 10%, respectively, for SC and OTP, which is below the sphere standards. To this end, this indicates that the nutrition program was **very effective**, with quality indicators all above the sphere standard.

Table 7: Performance of SC and OTP against sphere standards, May 2023

SC		OTP	
Sphere standards	**Performance**	**Sphere standards**	**Performance**
Recovery rate >75%	96.2%	Recovery rate >75%	95.6%
Mortality rate <10%	0%	Mortality rate <10%	0.01%
Default rate <15%	2%	Default rate <15%	1%
Length of Stay <10 days	6	Length of Stay <60 days	44.6

6.5.3. Protection

As indicated in the table below, there were nine indicators and targets for the protection sector. Out of this, eight of them were achieved. The target for the number of individual beneficiaries accessing gender-based violence (GBV) response services was 9,874, while 2,541 was reached at the end of the reporting period. However, the target for the Number of individuals trained in protection was 706, while 895 was achieved at the end of the project. A 20% increase was targeted for the number and percent of households in identified settlements occupying shelters provided by the BHA project. This was achieved with a 272% increase at the end of the reporting period. On the other hand, the target for % of people reporting improvements in their feelings of well-being and ability to cope at the end of the project was 70%, but achievement at the end of the reporting period was 73%.

Moreover, the target for the number of individuals provided with GBV awareness-raising and risk mitigation activities was 17,610, while 38,522 was reached at the end of the reporting period. A further degree of achievement of the project log frame indicators is shown in table 8. Out of the nine indicators listed in the protection sector, eight were achieved, and the evaluator rated the degree of achievement of project outputs and objectives in the protection sector as high, given that almost all majority of the target for the indicators were achieved.

Table 8. Accomplishment of main log frame indicators for protection and their goals

Log frame indicator	Baseline level	Target	Achievement	% Achieved	Goal Achieved
Number of individual beneficiaries accessing gender-based violence (GBV) response services		9,874	2,541	25.7%	No
Number of dollars allocated for GBV interventions		107,129	107,129	100%	Yes
Number of individuals trained in protection		706	895	126.7%	Yes
Number of individuals provided with GBV awareness-raising and risk-mitigation activities		17,610	38,522	218.7%	Yes
Number of individuals participating in child protection services		13,583	17,101	125.9%	Yes
% of UASC identified through community-based case workers who are provided with family tracing and are reunited with their caregivers or provided with alternative care arrangements		150	159	106%	Yes
Number of individual beneficiaries participating in psychosocial support services		11,916	28,016	235.1%	Yes
% of people reporting improvements in their feelings of well-being and ability to cope at the end of the project		70%	73%	113%	Yes
Number and percent of households in identified settlements occupying shelter that is provided by BHA	220	20% increment from Baseline	600	100%	Yes

Moreover, the sector has made a tremendous effort to promote child protection through child-friendly spaces to provide a better hope for children to spend their spare time in free childcare centers.

The Child-Friendly Space (CFS), built by GOAL Ethiopia with the support of BHA in Gedio Zone, Yirgachefe District, has assisted the children in spending their sphere time in a safe and protected place, keeping them from any potential violence and exploitation. The center has also enabled the children to develop their emotional and cognitive skills and cope with the psychological stress experienced due to the drought and poor living conditions. The center is well furnished with indoor and outdoor materials that encourage the children to come regularly. You can access the witness from the beneficiaries and partners, which was broadcasted on Debub TV through the link: https://www.veed.io/view/b94192fb-324a-420a-b2fd-b4e9773aeba8?panel=share.

6.5.4. WaSH

Under the WaSH sector, 13 indicators and targets were planned. Out of this, 11 were achieved, while two indicators were underperformed. The target for the number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting) was 207,180, while 246,839 was reached at the end of the reporting period. Similarly, the target for the number of individuals directly utilizing improved sanitation services provided with BHA funding was 10,000, while 27,500 was reached by the end of the project. Also, the target for the number of individuals directly utilizing improved water services provided with BHA funding was 91,000, while 105,061 was reached at the end of the reporting period. The overachievement is attributed to mass education or sensitization by the project team and rehabilitated more water points above the target. On the other hand, a 15% increase was targeted for the percentage of people in the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands. This was achieved with a 39.2% increase at the end of the reporting period. Likewise, a 20% increase was targeted for the percentage of households targeted by the hygiene promotion activity who store their drinking water safely in clean containers, but the achievement at the end of the reporting period was 42.5%.

However, the performance of the other two activities (18% of the total planned) was underperformed [see table 9]. The accomplishment level ranged from 0% to 64.5%. It is pertinent to state that the two indicators underperformed, look ambitious, and are not directly under the project team's control, while those indicators are related to behavioral changes. Also, insecurity or access and delay in project start-up are other contributing factors to the underperformance of those two indicators under this sector. In fact, the project had to develop a strategy to mitigate the problem and attained the desired plan. Further degree of achievement of the project log frame indicators is shown in table 9. To this end, out of the 13 indicators listed in the WaSH sector, 11 were achieved, while two were not achieved. Overall, the effectiveness of the project in achieving the outcome/output indicators against the target under the WaSH sector was very good.

Table 9. Accomplishment of main log frame indicators for WaSH and their goals

Log frame indicator	Baseline level	Target	Achievement	% Achieved	Goal Achieved
Percent of households in target areas practicing open defecation	32%	30%	32.4	0%	No
Percent of households with soap and water at a handwashing station on premises	51%	100%	64.5%	64.5%	No
Percent of people targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands	47%	15% increment from the baseline	86.2%	86.2%	Yes
Percent of households targeted by the hygiene promotion activity who store their drinking water safely in clean containers	30%	20% increment from the baseline	72.5%	42.5%	Yes
Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)		207,180	246,839	119.1%	Yes
Number of individuals directly utilizing improved sanitation services provided with BHA funding		10,000	27,500	275%	Yes
Number of individuals directly utilizing improved water services provided with BHA funding		91,000	105,061	115%	Yes
Percent of water user committees created and/or trained by the WASH activity that are active at least three (3) months after training		21	21	100%	Yes
Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination		21	21	100%	Yes
Number of institutional settings gaining access to basic drinking water services as a result USG assistance		33	60	182%	Yes
Total number of individuals receiving WASH NFIs assistance through all modalities (without double-counting)		4,587	4,587	100%	Yes
Percent of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e.kits) or vouchers		60%	93%	93%	Yes
Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash		60%	91%	91%	Yes

6.5.5. Shelter and Settlements

Under this sector, three activities were planned, and all (100% of the total planned indicators) were fully achieved. The project has made a tremendous effort towards achieving the planned activities or indicators. The target for the number and percent of households receiving NFIs in identified settlement(s) through the use of in-kind NFIs was 770, while 1,200 was reached at the end of the reporting period. Moreover, the target for the Number of individuals in the settlement receiving support from settlements interventions was 1,100, while 2,281 was reached at the end of the reporting period. The over achievement is due to 1,350 NFI kits and 1000 Emergency shelter kits were distributed in the targeted woredas. Overall, the effectiveness of the project in achieving the outcome/output indicators against the target under the shelter and settlements sector was excellent, while all indicators listed in the log frame were met.

Table 10. Accomplishment of main log frame indicators for shelter and settlements and their goals

Log frame indicator	Target	Achievement	% Achieved	Goal Achieved
Number and percent of households receiving NFIs in identified settlement(s) through use of in-kind NFIs	770	1200	156%	Yes
Number and percent of beneficiaries reporting satisfaction with the quality of the NFIs received	70%	92%	92%	Yes
Number of individuals in the settlement receiving support from settlements interventions	1100	2281	207%	Yes

6.5.6. Agriculture

Under the Agriculture sector, seven activities were planned. Out of this, four indicators (57.1% of the total planned indicators) were achieved or met by the time of evaluation. However, the remaining three indicators were not achieved by the time of evaluation. To this end, the effectiveness of the project in achieving the outcome/output indicators against the target under the agriculture sector was fair, while 42.9% of the total planned indicators listed in the log frame were not met. The low achievement attributed to the drought effect in the target area specially in Borena zone.

Table 11. Accomplishment of main log frame indicators for agriculture and their goals

Log frame indicator	Target	Achievement	% Achieved	Goal Achieved
Number of individuals assisted through livelihoods restoration activities	150	149	99%	Yes
Number of individuals assisted through new livelihoods development activities	150	149	99%	Yes
Number of individuals (beneficiaries) directly benefiting from improving agricultural production	5000	4120	82.40%	No
Number of hectares under improved management practices or technologies with BHA assistance	368	340	92.4%	Nearly achieved
Percent of households with access to sufficient seed to plant	10%	100%	100%	Yes
Number of individuals benefiting from livestock activities	3000	11,908	396.9%	Yes
Number of individuals trained in livestock	84	68	80.9%	No

The project overall achieves the majority results planned at the proposal stage based on the field assessments and review of project documents made available to the consultant across the six sectors covered by the intervention. According to the document review, a total of 50 activities or indicators were planned across all sectors. However, out of the total planned indicators, 41 of the indicators (82% of the total planned indicators) were fully achieved within the planned time frame. Overall, the degree of achievement of the project activities, outputs, and outcomes across the six sectors of the intervention was good or satisfactory, given that most of the log frame indicators target was not met by the project.

On the other hand, the findings from KII interviews with GOAL staff and government officials or experts confirmed that the project has tried to achieve the stated activities, output, and objectives. The findings from the majority of KIIs revealed the project was moderate in achieving the planned activities and outcomes. However, the level of the degree varies from sector to sector and from field office to field office, and the finding is consistent with the document review or plans against achievement.

> *"Yes, there was. Every month we collect our achievements parallel to our activity, and we make reports from that. So we achieved almost around 75% of planned activity, protection officer, GOAL Borena field office." Likewise, other participants from GOAL Jijiga field office said," Yes, 80% of the planned activities were achieved, field office project manager, Kebribeyah."*
>
> *Similarly, KII with women and child affairs confirmed that "in areas of protection in our intervention areas, the project achieved the planned outputs hundred percent, Me dewelabu women and child affair office, protection expert,"*

Similarly, the findings from the majority of FGDs revealed that the intervention provided was

moderately adequate and effective in improving access to health, nutrition, WaSH, and protection services.

> *The project improved access to WaSH and health services in our kebele since the health extension worker educated the community in collaboration with GOAL workers, female FGD participants from Kerjul Kebele, Mede Welabu district."*
>
> *"The project improved the livelihood of households during the bad time, which means they survived the lives of children and their mothers, and also they increased the community's attitude in terms of sanitation and hygiene, female FGD participant from Hartisheck IDP, Kebribeyah district."*

Regarding the major internal and external factors that influence the achievement or non-achievement of the intended outputs, outcomes, and objectives, the evaluation identified several factors that have negatively influenced the non-achievement of some of the intended outputs and objectives of the project. Evidence from interviews from the project team and reviews of documents reveals security challenges, heavy rain, and flooding, the COVID-19 pandemic and drought especially in Borena zone as the major factor responsible for the low achievement of the intended outputs and objectives of the project. Also, delays in project startup, delays in procurement, lack of coordination or collaboration within GOAL and other stakeholders and NGOs, scarcity of staff, lack of readiness and commitment from the government bureau, and poor infrastructures affected the performance of the project.

Furthermore, GOAL Ethiopia attained a successful intervention in the Yirgachefe district by supporting conflict-affected communities with crop seeds to enable farmers to be self-sufficient in producing their own food. Farmers themselves witnessed their success in converting the seed support to maximize wheat yield. In collaboration with GOAL Ethiopia, the government is working to rehabilitate the conflict-affected communities through agriculture interventions. The communities at Chirko Kebele received improved wheat seed support from GOAL Ethiopia and technical support from the Bureau of Agriculture extension agents. These excerpts from success stories from partners and beneficiaries support this finding and are described below.

Mr. Kifle Jigso, Yirgachefe district deputy administrator and head of the Bureau of Agriculture, stated that GOAL Ethiopia had supported the community with wheat seed that covered 220 ha of farmland. About 880 farmer households benefited from the seed support. We expect 6160 Quintal of wheat yield from the 220 ha of wheat farms supported by GOAL Ethiopia. Ato Kifle pointed out that dependency syndrome can be avoided by providing seed support to enable our community to produce their own food rather than directly distributing it. You can access the details on the news broadcasted by South Radio and TV program; click the link to access the video (https: //www.facebook.com/southradioandtelevisionagency/videos/558753535776841/?flite=scwspnss).

The success story from one of the project beneficiaries witnessed that the seed support relieved them from the seed shortage and expected a high yield during this harvesting season. They applied row planting and improved cultivation techniques advised by the Bureau of Agriculture extension office.

"I collected the seed from GOAL Ethiopia. I plowed my plot three times and sowed it during the fourth cultivation. My wheat is now at very good status and promising. I used herbicides to kill the weeds and insecticides to protect my wheat from rust disease. I bought these chemicals from Meki town. I expect about 34 quintals of wheat from my wheat farm this year, the success story of one of the project beneficiaries."

6.6. Outcome/Impact

Impact is the positive or negative, intended or unintended, direct or indirect changes brought due to the project interventions. Thus, the evaluation looked at whether the project positively or negatively impacted the target beneficiaries. In fact, it is very unlike to see the likelihood of impact, either positive or negative, intended or unintended, direct or indirect changes brought due to the nature of interventions since the intervention was an emergency response to drought-affected, displaced, and returnee communities. However, even if the project has been implemented for two years and seeing the net impact is very difficult, but we can see some contribution of the program through the comparison of the endline against the baseline survey [table 5].

The findings of the quantitative study showed that all outcome indicators had shown a significant increment from the baseline and a significant difference (P=<0.05). The percentage of infants 0–5 months of age who are fed exclusively with breast milk during the time of evaluation was 77.8% [95% CI: 74.2-80.9] while 51% [95% CI: 44.1-57.2] during the baseline survey, and there is a significant difference. The WHO consistently recommends Exclusive breastfeeding based on empirical evidence of its protective effects on child illness incidences. In addition, it provides for all nutritional requirements during early infancy, besides contributing significantly to lower morbidity and mortality from childhood infections such as pneumonia, diarrhea, and others. Thus, there are significant changes that probably contributed to the reduction of child mortality and morbidity in the intervention areas. However, regarding dietary diversification score, the percentage of children 6–23 months of age who receive foods from 5 or more food groups during the time of evaluation was 5.6% [95% CI: 4.1-7.7] while 15% [95% CI: 13.1-17.1] during the baseline survey and there is a significant decrement from the baseline. This probability attributed to the prolonged drought in the study area at the time of evaluation.

According to the household survey, about 32.4% of households practiced open defecation at the end of the project [95% CI: 28.8-36.2], while 32% [95% CI: 29.7-35.2] during the baseline, and there is no improvement in the reduction of open defecation practice and no significant difference (P=0.34). On the other hand, only 51% of the households had soap and water at a handwashing station on-premises or at a latrine site at the baseline [95% CI: 48.1-54.2], while 86.2% [95% CI: 83.2-88.6] during the time of the evaluation. Regarding water handlining

practices, 72.5% of households targeted by the hygiene promotion activity stored their drinking water safely in clean containers [95% CI: 68.7-75.6], while 30% [95% CI: 27.1-32.5] at the baseline and there was a significant improvement at the end of the implementation period compared to the baseline (P=0.000). Moreover, the result of the evaluation revealed that 76.2% of people reported improvements in their feelings of well-being and ability to cope at the end of the project [95% CI: 72.7-79.4] but there is no baseline data for comparison. Therefore, based on the comparison table, almost all outcome indicators have shown a significant increment from the baseline and a significant difference (P=<0.05). Given the above significant and positive changes between baseline and household survey data, it is fair to conclude that the likelihood of impact of the project is large to a very large extent, and the project contributed largely to the goal and objective of the project.

Table 12: Comparison of baseline and endline survey for selected outcome indicators

Variable	Baseline (n=564)	95% CI	Endline (n=623)	95% CI
Percent of infants 0–5 months of age who are fed exclusively with breast milk	51%	44.1-57.2	77.8%	74.2-80.9*
Percent of children 6–23 months of age who receive foods from 5 or more food groups	15%	13.1-17.1	5.6%	4.1-7.7*
Percent of households with soap and water at a handwashing station on premises	51%	48.1-54.2	64.5%	56.3-71.9*
Percent of people targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands	47%	44.1-49.9	86.2%	83.2-88.6*
Percent of households targeted by the hygiene promotion activity who store their drinking water safely in clean containers	30%	27.1-32.5	72.5%	68.7-75.6*
Percent of households in target areas practicing open defecation	32%	29.7-35.2	32.4%	28.8-36.2
Percent of people reporting improvements in their feelings of well-being and ability to cope at the end of the project	NA	NA	76.2%	72.7-79.4

*Statistically significant at P≤0.05

Although there was no comparison and analysis of the epidemiologic data gathered at the health facility to measure changes in childhood mortality and morbidity before and after the intervention due to its absence in the project's monitoring tools. However, the performance

indicators of the nutrition program showed that the overall cure rate for SC and OTP was 96.2% and 95.6%, respectively, which is above the sphere standard of 75%. Moreover, the default and death rates were lower than 15% and 10%, respectively, for SC and OTP, which is below the sphere standards. Thus, this indicates that the achievement of the sectoral objectives of the intervention is an indication that the project has achieved its intended impact of reduction of childhood mortality and morbidity.

Moreover, the findings of the qualitative study from the majority of FGD and KII showed that the project had brought a positive outcome and change or impact on people's knowledge, attitude and practices, and health status among the project beneficiaries, and the finding is consistent with the household survey. Evidence from interviews and FGDs conducted across the districts reveals positive feedback from beneficiaries, community members, and other stakeholders.

> *"The project has brought a positive impact on households' health and food security. Also, the project brought a behavioral change among the beneficiaries on infant and young child feeding practices and personal hygiene. The project has also significantly reduced morbidity and mortality among malnourished children, Koricho Leta, FSL Head of De partment, GOAL Ethiopia head office."*

Similarly, the focus group discussions with community members summarized the positive effect of the intervention as follows:

> *"The changes that the program brought among communities were multi-dimensional. Among those changes, a crucial one was using latrines in each household, and the com munities were free from open defecation. The communities highly benefited from access to water supply and protection program, and they brought great behavioral change like keeping themselves self-clean and safe appropriately, using family planning, and express ing their attitudes in front of the masses. Also, this project played a fundamental role in reducing mortality, water-related illness, and morbidity rate and accessing primary health services, male FGD participants from Berisa kebele, Mede Welabu district."*

> *"This project brought a huge change in health and health-related issues. Also, it brought a change in knowledge, attitude, and practices in using family planning and another health status, like reducing mortality and morbidity-related water-borne diseases. More over, increase in access to primary health services. Finally, their behavioral change trainings were incredible, male FGD participants from Kerjul kebele, Mede Welabu dis trict.*"

> *"Yes, our knowledge, attitude, and practice on child feeding and exclusive breastfeeding, hygiene and sanitation practice, use of pre and post-natal care, hand washing, and use of toilet increased from the last time after we got the project service. Also, mortality due to lack of water, hygiene, and sanitation, and malnutrition significantly decreased during the project period. Thus, there is a positive change in our community because of the pro ject, female FGD participants from Kerjul kebele, Mede Welabu district."*

Overall, the evaluation confirmed that, to a moderate extent, the impact is attributable to the BHA intervention. This conclusion is based on the observed complementarity between GOAL and other agencies in project implementation in the intervention areas.

6.7. Sustainability

Sustainability examines and measures whether the benefits of project-related activities are likely to continue after the withdrawal of the project. The Sustainability criterion assesses the likelihood that the benefits produced by projects will continue beyond the project cycle period once external funding has ended. It is usually a big challenge in the emergency context. The assessment of the sustainability of the project results looked at the exit strategy and the plans put in place for activities to continue after the project among others.

GOAL has been closely working and coordinating with zonal and woreda-level sector offices and NGOs working in the areas. As an active member of the coordination task force, GOAL actively participated in cluster coordination meetings at national, regional, and woreda levels and shared updates and lessons which will contribute to the sustainability of the project. As integral to GOAL's approach, the project has been supporting CMAM interventions that integrate with existing health systems and build system capacity to address acute malnutrition in a sustainable manner during non-emergency times. GOAL also emphasized on supporting the MoH, as well as communities, in their efforts to detect, manage and prevent malnutrition. GOAL focused on ensuring that MoH staff take ownership of the program by building capacity at the health post/center level and at the Woreda health office level through formal and on-the-job training to sustain program goals and promote an acceptable exit when the situation has stabilized. Also, GOAL has communicated and shared information with local stakeholders and the affected communities on the project's exit strategy. Likewise, project beneficiaries were actively engaged and participated during the design and implementation of the project activities. Thus, their needs and interests were considered during beneficiary targeting, deciding on the actual types of assistance and training they need, and monitoring. This enhances their sense of ownership and ultimately, the sustainability of the project.

The project has provided the necessary support and capacity building for community or project beneficiaries, model farmers, government experts, and development agents through training workshops, and exposure visits to ensure a sense of ownership and project sustainability. Participants were linked to existing government structures like extension systems, research centers, private and public vet service providers, and seed suppliers for sustainable access to agricultural technologies and other services. Such local-level technical empowerment will contribute to the sustainability of the project or its results and strengthen the humanitarian-development nexus. Finally, the project was linked with other humanitarian and long-term resilience-building projects implemented by GOAL in the same area, which will contribute to resilience-building among the targeted households. Additionally, different approaches were used in withdrawing project support/resources among beneficiaries of the different interventions. At

the onset of the project, all stakeholders, including the beneficiaries, were informed about the project's exit strategy. The KII and the FGD's findings showed that the stakeholders understood the exit strategy and knew when the project resources would be withdrawn.

Participants from KIIs reported that they felt the project's impact could sustain at household, community, and organization levels beyond the project period.

> *"Yes, the project's outcomes have a high impact, and it will remain sustainable, having a long-term impact on the community who benefited from the project, DRR expert, Kebribeyah district."*

> *"All the awareness created in the community, like WaSH, exclusive breastfeeding, and pre and postnatal care, will be continued even if the project is phased-out. Thus, the pro ject's outcomes will be sustainable, Nutrition expert, Medewelabu health district health office."*

Similarly, participants from FGD reported that they felt the project's impact could sustain at the household and community level beyond the project period.

> *"All the community members will practice the knowledge acquired from the program even if the project is phased out, female FGD participants from Kerjul kebele, Me dewelabu district."*

> *"All the project outputs could continue in the future because the education we learned was supported by actual demonstration and practice, female FGD participants from Berisa kebele, Mede Welabu district."*

Overall, considering the nature of the project and evaluation findings, the sustainability of the project was rated as high.

6.8. Lessons learned and good practices

- GOAL active involvement in sector coordination meetings from the federal to the local level working closely with different sector actors has ensured that the project strategies and objectives are well known, appreciated, and valued by stakeholders.
- Using existing government and community-based structures and staff ensures greater reach to vulnerable populations needing relevant services.
- Working at the community level by educating the target population through community groups is a better sustainable approach to bring lasting positive change.
- With good planning and appropriate strategies, providing multi-sectoral lifesaving intervention activities efficiently and effectively to reach the most vulnerable populations is possible.
- Building relationships with public and local communities is critical to generate support for the program and its interventions and facilitate implementation.
- Capacity building activities for volunteers on the repair and maintenance of WaSH facilities, hygiene promotion, IYCF, and protection skills, and the technical training of health workers at the health facility level is a key lesson and one of the basic elements of sustainability of the intervention that should be replicated by GOAL in future project design and implementation.
- GOAL engagement of MoH staff in technical training of health workers and the targeting of government-owned health facilities for support is critical to the sustainability of the gains of the intervention at the community level.
- Apart from the direct delivery approach, strengthening the system and the capacity of actors such as government, private sectors, and the community is critical for broader impact and sustainability.
- Joint planning, implementing, monitoring, active participation, collaboration, and effective coordination among key stakeholders ensure the effectiveness of the project
- Implementing an integrated approach in partnership with key actors is beneficial for the project's effectiveness and for addressing the multidimensional need of the affected communities.

7. Conclusion and recommendations

7.1. Conclusion

The actions of GOAL are indeed highly valued. The project objectives fit well into the priority needs of the people. The evaluation findings revealed that the project was relevant to the community's felt needs and real problems and coherent and appropriate with other local and national government approaches, strategies, and policies. The project, therefore, remains relevant to the need of both IDPs and host communities in the intervention areas. Going forward, in light of the successes recorded by the intervention, there are still more gaps and emerging needs to be addressed due to the sustained crisis in project implementation areas. The consultant believes that this can best be achieved through sustained support to the targeted beneficiaries. Also, the project achieved the stated output, targets, outcomes, and objectives moderately within the planned time frame. The absorption rate of the project was 100% and the project was efficient. In addition, evidence from the qualitative study shows that a reasonable change or impact has been observed among the majority of outcome indicators at the community level in project implementation areas compared to the baseline. Finally, most stakeholders, including beneficiaries, community leaders, and government partners, unanimously agreed that the interventions would be sustained after the project's completion. Overall, considering the nature of the project, the sustainability of the project was rated as high.

In conclusion, the project or interventions was relevant and appropriate to the local context and needs of the beneficiaries and coherence or consistent with the national policies and strategies. Also, the degree of achievement of the project activities, outputs, and outcomes was moderate or satisfactory, and the project is efficient and sustainable. Likewise, the impact is attributable to the intervention was moderate or satisfactory.

7.2. Recommendations

Based on the findings of the evaluation, the following recommendations are made:

- Still there is gaps due to the drought and conflict, and emerging needs to be addressed due to the sustained crisis. Thus, continue the implementation of the emergency response to sustain the impact among the community through the different emergency projects since the drought is ongoing and the effect of conflict is still unclear.

- Consider the need to seek alternative funding to sustain the intervention activities for at least for the next one year in order to help sustain project benefits. Thus, new funding sources should be considered to sustain the project benefits.

- It is recommended there should be a clear exit strategy with the right protocols to ensure the sustainability of the project and to create a sense of ownership among the project beneficiaries.

- Consider thorough analysis and identification of all relevant killer assumptions during project design to provide an opportunity for identifying relevant mitigation measures right from the project design stage.

- Consider continuing to work with community volunteers such as community health mobilizers, hygiene promoters, health extension workers, and other groups, as they are crucial in identifying and mobilizing vulnerable populations targeted by the intervention.

- Given the evolving nature of the context, GOAL Ethiopia will continuously review, adapt, and update approaches and the strategy currently employed based on the evaluation findings.

- GOAL should further analyze the procurement delays of project items to identify the bottlenecks and develop appropriate strategies to prevent delays in procurement for future projects.

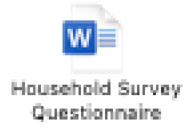
- GOAL should encourage monthly meetings between all sectors or departments and projects involved in the implementation of projects with a focus on identifying how the sectors can work together.

- Harmonization and verification of data generated from different monitoring tools to prevent conflicting figures and reporting.

- Setting realistic and achievable targets for outcome and output indicators of any intervention.

8. Annexes

Annex 1: Household Survey Questionnaire



Annex 2: Qualitative Data collection tools

Annex 3: Evaluation Design Matrix

Evaluation criteria and measurement

Annex 4: Terms of Reference

Evaluation_Terms of Reference (Annex).doc