



# Dutch Relief Alliance Horn of Africa Joint Response in Ethiopia and Somalia/Somaliland

Final Evaluation

26 February 2019



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## Acknowledgements

The cooperation and assistance of several organizations and individuals were crucial in the implementation of this evaluation. Thus, the research team would like to extend their appreciation to those who volunteered their time to participate in this evaluation. Sincere gratitude is extended to CARE Netherlands for facilitating this study, in particular Fatma Wakil, who enabled field research by reaching out to implementing partners and target interviewees. Gratitude is also extended to CARE's implementing partners within the Dutch Relief Alliance, including Dorcus, ICCO, Save the Children, SOS Kinderdorpen, World Vision, and ZOA, whose representatives were interviewed in Addis Ababa and over Skype. In addition, Forcier Consulting would like to thank the local authorities in Sool and Sanaag, Somaliland, and Jarar and Korahe, Ethiopia, for their cooperation, as well as all participants of focus group discussions and key informant interviews for their time and opinions.

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## Acronyms

CHS	Core Humanitarian Standards
CHW	Community health worker
DRA	Dutch Relief Alliance
EECMY	Ethiopian Evangelical Church Mekane Yesus
FEWSNET	Famine Early Warning Systems Network
FGD	Focus Group Discussion
FSL	Food Security and Livelihoods
HoA	Horn of Africa
ICCO	Interchurch Organisation for Development Cooperation
IDP	Internally displaced person
IMAM	Integrated management of acute malnutrition
IMCI	Integrated management of childhood illnesses
INGO	International Non-governmental Organization
IPC	Integrated Food Security Phase Classification
IYCF	Infant and young child feeding
JR	Joint Response
KII	Key Informant Interview
MCH	Maternal and Child Health
MOH	Ministry of Health
NGO	Non-governmental Organization
ODK	Open Data Kit
OWDA	Organization for Welfare and Development in Action
PC	Pastoralist Concern
SCI	Save the Children
ToC	Theory of Change
ToR	Terms of Reference
WASH	Water, sanitation and hygiene
ZOA	Zuid-Oost Azië

## Executive Summary

This evaluation assesses the impact of the Dutch Relief Alliance's (DRA) multi-sectoral Horn of Africa (HoA) joint response implemented in Somaliland and Ethiopia from April to December 2018. The five project components, i.e. Food security and livelihood (FSL); Livestock and agriculture; Water, sanitation and hygiene (WASH); Health; and Nutrition, were assessed against a set of key evaluation criteria including relevance, efficiency, effectiveness, sustainability, impact, localization, accountability, gender mainstreaming, and coordination.

In addition to an in-depth desk review of the DRA HoA joint response documentation to examine quantifiable targets and progress, the evaluation was conducted through qualitative and quantitative data collection in four different project locations in four different regions. In order to provide variety of geography, context, implementing partners, and project components, Bulale (Jarar), Kabri Dahar (Korahe), Ainabo (Sool), and Lughaya (Awdal) were selected. A total of 29 key informant interviews and eight focus group discussions targeting 72 beneficiaries were conducted. A quantitative household survey collected data from 428 beneficiaries across all four locations.

Based on findings in this report, the DRA's greatest strength lies in its coordination and flexibility between implementing partners and ability to adapt to changing local contexts. This was seen across multiple project locations when dealing with insecurity in the Somali region of Ethiopia and Sanaag region of Somaliland or changing project activities in Awdal region after the cyclone in May severely impacted the local situation. Partners also felt the CARE focal point was extremely communicative and responsive and that decisions could be approved at higher levels within a few hours, which was particularly relevant for an emergency response program when response time is crucial. The DRA was effective in incorporating localization measures into their program designs as well. While many of the partners have had established field offices in the target locations for many years, in some cases program activities were implemented through local NGOs who have an in-depth understand of the local context and well-established relationship with the communities they work in. This allowed for significant community buy-in and trust in the DRA HoA joint response.

The WASH initiatives were found to be the most effective implementation of the joint response, as they addressed the communities' most immediate needs while providing the most sustainable options to build resiliency for future emergencies. Access to clean water not only provided a life-saving resource for drought-affected populations, but also contributed to increased health and sanitation in communities while providing a crucial resource for livestock and food production. Communities who received WASH support experienced a decrease in the prevalence of cholera, malaria, and diarrhea, and access to latrines significantly benefited women who had previously had no privacy and were often at risk of being attacked when going to the bathroom outside at night.

Key stakeholders' feedback on program implementation was overwhelmingly positive. Although it took longer than expected to receive approval from the government of Ethiopia to begin, the implementing partners were able to ask the donor for a two-month no-cost extension, which was approved. No other major delays were reported, and even in instances of experienced conflict and insecurity, some partners were able to finish implementation in the original time frame without the extension. This efficiency is mostly owed to the close cooperation with local authorities, local NGOs, and the communities themselves.

All project components were implemented under the premise of providing time-sensitive, life-saving support to drought-affected and malnourished communities. Therefore, sustainability and resiliency aspects of the joint response were less crucial to project implementation. However, some challenges persist with regards to long-term strategies and expectations. Findings in this report show that



beneficiaries currently expect the DRA’s long-term involvement in, for instance, the continuation of food vouchers and in-kind distribution, the construction of wells and water catchment systems, and access to health services and medications.

Drawing on lessons learned in this report, a series of recommendations for future programing can be established. Key recommendations include:

KEY RECOMMENDATIONS	
Priority #1	<b>Incorporate resiliency and recovery aspects into project design</b> through more awareness raising sessions and trainings of health and nutrition workers and community volunteers.
Priority #2	<b>Increase direct communication between DRA partners, local implementing partners, and local communities.</b> This ensures all members of a community are included in locations where relying on preexisting social structures often means women are excluded.
Priority #3	<b>Incorporate support for women into program design.</b> In some project locations women were excluded from decision-making processes and were not allowed to submit complaints or suggestions due to the social structures present in that community. As the DRA partner relied on these structures to bring complaints to the INGO, women’s voices were excluded entirely.
Priority #4	<b>Ensure communication and information-sharing is primarily conducted face-to-face and comes from community leaders when possible.</b> As an overwhelming number of beneficiaries stated, they most trust information coming from their community leaders and prefer to learn about services available to them through face-to-face contact.
Priority #5	<b>Increase collaborations between DRA implementing partners.</b> While this was a significant highlight of the project implementation, the partners have more to learn from each other and would benefit from workshops, in-person meetings, and field visits for joint sharing and learning best practices.

## 1. Project Background

The Dutch Relief Alliance (DRA) is a consortium alliance of 16 Dutch international non-governmental organizations (INGOs), launched in April 2015 and active since December 2014. The DRA was established to provide an effective, qualitative, and efficient response to people affected by disasters using funds provided by a Dutch funding mechanism for emergency response. By January 2018 the second phase of the DRA started, seeking to enhance the quality of Dutch emergency response programs with a commitment to respond to acute crises within 72 hours of onset, in addition to responses to protracted crises funded by the DRA.

In January 2018 the Famine Early Warning Systems Network (FEWSNET) issued a warning indicating a risk of famine in Somalia and eastern Ethiopia. Despite some improvements in early 2018, in the absence of humanitarian assistance, many households continue to face large food consumption gaps and dangerous levels of malnutrition. The Horn of Africa Humanitarian Outlook confirmed that across the region, nearly 5.2 million children and women were estimated to be acutely malnourished by the end of 2017.<sup>1</sup> IDPs are particularly vulnerable to the effects of food insecurity across the region—both conflict and drought displaced. In several ways the situation is seen to be worse than in 2010-11, as it is the third consecutive year of drought in the region, and multiple years of diminished food production has exhausted people's capacity to cope with another shock.

From April to December 2018 the DRA's Horn of Africa Joint Response (HoA JR), led by CARE Netherlands, implemented lifesaving interventions related to food security and livelihood (FSL); water, sanitation, and hygiene (WASH); health; and nutrition while seeking to incorporate cross-cutting themes of accountability, localization, gender, and conflict-sensitive programming. In partnership with INGOs and local non-governmental organizations (LNGOs), the HoA JR targeted 191,030 individuals and sought to contribute to saving lives and livelihoods, provide basic services, and protect vulnerable people in the most hit areas (IPC4+) across the Somali region of Ethiopia and three regions in Somaliland.<sup>2</sup>

In line with government and UN priorities, the HoA JR addressed the following key strategic objectives, with different activities in each location depending on needs, DRA member and local partner expertise, and alignment with other programming and funding:

### **Food security and livelihood:**

#### Ethiopia

- Save lives and reduce morbidity due to drought and acute food insecurity by protecting the key livelihoods of vulnerable households and ensuring milk availability and reducing the likelihood of families requiring emergency food
- Livelihoods are protected and restored through provision of emergency feed, seeds, small ruminants (sheep) and animal health services
- Save lives and protect livelihoods of food insecure households through the provision of food assistance

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<sup>1</sup> Horn of Africa Humanitarian Outlook (January – June 2018) (OCHA, 29 Jan 2018)

<http://reliefweb.int/report/world/humanitarian-outlook-horn-africa-january-june-2018>

<sup>2</sup> Integrated Food Security Phase Classification is a mechanism for determining the severity and magnitude of acute and chronic food insecurity and acute malnutrition situations in a country, according to internationally-recognized standards. <http://www.ipcinfo.org/ipcinfo-website/ipc-overview-and-classification-system/en/>

- Ensure adequate food needs for the most affected people are met to improve food consumption, dietary diversity, and reduce the number of people adopting negative coping mechanisms

#### Somalia

- Improve households' immediate access to food through provision of conditional and unconditional assistance depending on the severity of food insecurity phases, vulnerability, and seasonality of the livelihoods (IPC 3-4)
- Protect and restore livelihoods and related food and income sources, through provision of seasonally appropriate livelihood inputs and technical support in rural and (peri-) urban settings (IPC 2-4)

#### **Water, Sanitation, and Hygiene**

- Save lives by responding to emergencies through improved coordination at all levels, to deliver water, sanitation, and hygiene promotion assistance to affected populations
- Provide reliable and sustained access to sufficient safe water based on identified strategic water points and establishment of sustainable management structures
- Provide reliable and sustainable access to environmental sanitation

#### **Health**

- Improve access to essential lifesaving health services for crisis affected and host populations aimed at reducing avoidable morbidity and mortality

#### **Nutrition**

- Strengthen live-saving preventative nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition

## 2. Evaluation Methodology

The study employed a mixed methodology, including a quantitative household survey, qualitative Key Informant Interviews (KIIs), and qualitative Focus Group Discussions (FGDs). The quantitative household survey obtained 428 observations, allowing for a margin of error of 5% with a level of confidence of 95% based on the total HoA JR beneficiary target number of 191,030 across eastern Ethiopia and Somaliland. The study also included a comprehensive desk review of project materials. Details regarding the specific tools and their application are presented below.

### 2.1. Desk Review

The desk review allowed Forcier to obtain a sharper understanding of the context of emergency responses in Ethiopia and Somaliland. The review included the HoA JR project proposal, Logical Framework, baseline and midline studies, relevant documents provided by CARE, and external reports related to the study themes. The desk review informed the quantitative and qualitative aspects of the study by highlighting potential lines of inquiry and served as a tool to triangulate the data.

### 2.2. Qualitative Tools

The qualitative portion served as the primary research component of the study and consisted of eight FGDS with 72 total participants and 29 KIIs. Initial feedback from KIIs from implementing partners helped inform the quantitative household survey for beneficiaries by incorporating questions that

sought to gain beneficiaries' perspectives on issues observed by the stakeholders during implementation.

For each tool, Forcier employed the Participatory Action Research (PAR) approach. The key aspects of the PAR approach include:

- Participant driven – whenever possible
- Democratic – who can produce and own knowledge
- Collaborative – involves discussion, working together, and group collaboration
- Action Oriented – the group will directly inform the key elements, constraints, and resources needed to bring about change

In order to ensure maximum participation and inclusivity, Forcier, CARE, and implementing partners jointly identified all relevant stakeholders and groups of interest for this study. The FGD and KII guides can be found in the Annex section.

### 2.2.1. Key Informant Interviews (KIIs)

KIIs are a crucial way to access the opinions of influential project stakeholders who would otherwise not be captured by a typical household survey, in particular project staff, local government officials, community leaders, and project beneficiaries. Information can be solicited from key stakeholders, allowing for in-depth and targeted data to be collected. The utilization of semi-structured interviews allows for key questions to be addressed, yet still leaves room for open-ended conversation that brings about the participants' perceptions.

Forcier researchers conducted four KIIs per location, including one local authority figure, one community leader, and two beneficiaries in the community. The Project Officer completed KIIs with staff from each implementing partner of the HoA JR. The following key informants were interviewed:

- **Four local authorities**, who were identified as government leaders within the community and as important players in the implementation of the intervention;
- **Four community leaders**, who were identified as mediators between communities and as important players in resolution of disputes;
- **Eight community beneficiaries**, who were identified as direct beneficiaries of the DRA HoA JR;
- **One staff from CARE (Somalia)**, identified as CARE's emergency program team leader in the field for implementing the joint response intervention in Sanaag district, Somaliland.
- **One staff from Save the Children**, identified as an implementing partner of CARE and mainly responsible for the joint response intervention in Sool district, Somaliland.
- **One staff from World Vision**, identified as an implementing partner of CARE and mainly responsible for the joint response intervention in Awdal district, Somaliland.
- **One staff from ZOA**, identified as an implementing partner of CARE and mainly responsible for the joint response intervention in Liben zone, Ethiopia.
- **One staff from ICCO**, identified as an implementing partner of CARE and mainly responsible for the joint response intervention in Liben zone, Ethiopia.
- **One staff from SOS**, identified as an implementing partner of CARE and mainly responsible for the joint response intervention in Korahe and Shebelle zones, Ethiopia.
- **One staff from Dorcus**, identified as an implementing partner of CARE and mainly responsible for the joint response intervention in Afder and Liben zones, Ethiopia.
- **One staff from PC**, identified as an implementing partner of Dorcus and mainly responsible for the joint response intervention in Afder and Liben zones, Ethiopia.

- **One staff from CARE (Nairobi)**, identified as the DRA HoA JR coordinator between all implementing partners in Ethiopia and Somaliland.
- **Four DRA staff in The Hague**, identified as staff from Save the Children, World Vision, ZOA, and ICCO who worked on the DRA HoA JR from headquarters.

The location of the respective interviews was determined in collaboration with CARE and based on the availability of interviewees and further confirmed by the respective implementing organizations and their partners.

### 2.2.2. Focus Group Discussions (FGDs)

Focus group discussions allow for nuanced and open-ended responses to difficult questions, eliciting more information on attitudes, perceptions, and experiences that otherwise cannot be obtained by a quantitative survey. Moreover, FGDs allow for the gathering of people of similar backgrounds who do not necessarily share the same point of view on a topic. Thus, this exercise makes it possible to see points of convergence and divergence among the participants, the range of opinions and ideas, and the inconsistencies and variation that exist in a particular community in terms of beliefs and their experiences and practices.<sup>3</sup>

For this study, Forcier researchers facilitated eight FGDs with 72 direct beneficiaries of the HoA JR. The FGDs were conducted in four locations, two in Ethiopia and two in Somaliland, chosen to cover all five thematic areas of the joint response: food security and livelihoods, agriculture and livestock, WASH, health, and nutrition. Two FGDs were conducted per location, comprised of eight to ten participants, and were separated by gender (males and females) to gain a more representative perspective. This approach also allows for an equal and honest participation, as research experience shows that women hardly ever speak up and express their opinions honestly in mixed groups. While the FGD guides were available in English and Somali, the moderation and note-taking took place in Somali.

### 2.3. Quantitative Tools

The enumerators appointed by Forcier conducted 428 quantitative household surveys spread across the four locations under the guidance and supervision of Forcier researchers. Areas in which beneficiaries live, supplemented by beneficiary lists, were indicated by local implementing partners. The structured questionnaire allowed for a statistical analysis of the attitudes and perceptions of emergency response services received in the target locations. The survey was designed following the OECD-categories of Relevance, Efficiency, Effectiveness, Sustainability, and Impact, as well specific issues of interest to CARE and complemented by the Core Humanitarian Standards (CHS). Questions related to the OECD DAC, CHS, and specific issues of interest to CARE were included in the household survey.

### 2.4. Sampling

The qualitative aspect of this study used purposive sampling whereupon key informants and FGD participants were selected based on their expertise and/or personal connection to the topic, familiarity with the HoA JR intervention, and their availability. CARE and the DRA implementing partners assisted Forcier in the identification and recruitment of suitable participants, ensuring representation across all locations and thematic project objectives. Respondents to the quantitative survey were selected through the random walks approach and disaggregated across four locations. This approach consisted of selecting a starting point, counting three households to the right (excluding the starting point) and attempting a contact at the third household. Researchers also collected GPS points for each completed survey to verify this sampling method. A target sample size of 384 was

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<sup>3</sup> Overseas Development Institute. 2009, Research tools: Focus Group Discussion.

chosen in order to obtain a margin of error of 5% with a level of confidence of 95% for a total HoA JR beneficiary target number of 191,030 across eastern Ethiopia and Somaliland. The enumerators were able to obtain 428 observations across the four locations.

### 2.5. Quantitative Survey Programming, Administration, and Data Management

The data collection through quantitative household surveys utilized ONA's Open Data Kit (ODK), a mobile survey software. The questionnaire was programmed by Forcier's Research Officer, uploaded onto the online ONA server, and then transferred to each mobile device individually using a mobile Internet connection and the corresponding ONA-App for Android smartphones, which also works offline. The survey for this project was available in both English and Somali, since the survey software supports multi-language programming.

Forcier's researchers recruited and trained local enumerators in each of the four locations where data collection occurred. CARE's local implementing partners assisted in recruiting competent enumerators to conduct the household survey. Forcier's researchers then trained the enumerators on the questionnaire, ODK-App, and proper research techniques. At the end of each day of data collection, the enumerators uploaded the completed surveys to the online server, and the Research Officer exported the data into Stata and Excel for quality assurance on a daily basis. Any anomalies or inconsistencies in the data across responses were investigated by asking follow-up questions to the enumerator or by following up with the respondent telephonically. Quality control measures included analysis of outliers and extreme values, checks of missing or incomplete data, average length (time) of surveys by enumerator, data triangulation, and other quality checks as deemed appropriate.

### 2.6. Challenges and Limitations

As with any study on at-risk populations, extreme care was taken during the data collection phase to ensure that principles of do no harm were observed. In particular, field locations included IDP camps, therefore, a thorough understanding of conflict drivers and service gaps in the local context was considered when designing the research tools. These measures allowed for the comfort of participants and an open exchange of information.

Another limitation to comprehensive data collection was the lack of access to many of the field locations due to budget constraints, ongoing conflict, and/or inaccessible roads. In order to incorporate insight from all project locations, KIIs were conducted with NGO staff members from each of the implementing partners to ensure each location was included.

### 2.7. Ethical Considerations

Following standard research ethics, Forcier obtained verbal (and written, when applicable) informed consent from each research participant prior to conducting the survey, interviews, or FGDs. The respondents were informed of the purpose of the study and their rights as respondents:

- Participation in the survey is voluntary
- The respondent has the right to end the interview at any point
- The respondent has the right to refuse to answer any question they feel uncomfortable with

Further, the respondents were informed that their answers were confidential and no personal information would be shared with third parties.



### 3. Findings

Across the four targeted locations for the household survey, Forcier researchers collected data from 428 DRA beneficiaries on their perceptions of the emergency aid and response support they received and their preferences for the future. This allows for statistically significant insights into the relevance, efficiency, effectiveness, impact, and sustainability of the DRA HoA joint response. Differences in perceptions and preferences based on location, age, or gender is further examined through the use of qualitative data collected from focus group discussions and key informant interviews. An overview of household survey participant demographics can be found in the Annex.

#### 3.1. Impact of Drought on DRA Beneficiaries

In the Jarar zone of Ethiopia, where ICCO and local partner OWDA were implementing, the household survey was conducted in an IDP camp located in Bulale. These survey respondents were asked questions specific to displacement and reasons for coming to the camp, establishing relevant needs. Of 93 respondents surveyed, 61.3% stated they had been forced to leave their home in the past year, primarily because their home had been destroyed (34.8%), they experienced a loss of income or livelihood (17.4%), they needed to save their livestock (16.5%), or they found the food prices too high (12.2%). In future phases of this program, it may be interesting to ask every participant questions about displacement, as some may have been forced to change villages, districts, or regions without moving to an IDP camp.

In each of the four locations, respondents were asked about incidents that impacted their livelihoods. Of everyone surveyed, 91.5% stated that their primary livelihood had been affected as a result of a shock or hazard (see Table 1).

Table 1. Primary livelihood affected

Was your primary livelihood affected as a result of the shock or hazard?		
	No.	%
Yes	389	91.5%
No	36	8.5%
<b>Total</b>	<b>425</b>	<b>100.0%</b>

Overall, 82.7% of respondents reported drought as the most impactful situation on their primary livelihood; however, other shocks and hazards were experienced relative to location. In Awdal region in the north west of Somaliland on the coast, a cyclone hit the area in May 2018 causing

massive damage and flash floods. As a result, respondents in Awdal also stated that displacement (59.8%) and high food prices (30.4%) had affected them in the past year. Displacement was also an issue in Jarar zone, where the Bulale IDP camp is located, as well as sickness or health expenditures (44.1%). In Koraha zone, Ethiopia, 25.0% of respondents cited livestock diseases impacted their livelihoods in the past year. According to the survey respondents, the shocks or hazards had a large effect (73.3%) on their primary livelihoods, demonstrating the acute need and relevance for the DRA HoA joint response (see Table 2).

Table 2. Severity of shock or hazard

Although the majority of survey respondents in all locations stated that shocks or hazards in the past year had a large effect on their primary livelihoods, respondents' answers in Ethiopia were more concentrated than those in Somaliland (see Table 3).

How severely was your primary livelihood affected by the shock or hazard?		
	No.	%
Large effect	285	73.3%
Moderate effect	90	23.1%
Mild effect	14	3.6%
<b>Total</b>	<b>389</b>	<b>100.0%</b>

Table 3. Severity of shock or hazard

How severely was your primary livelihood affected by the shock or hazard? (Disaggregated by location)										
	Bulale (Jarar)		Kabri Dahar (Korahe)		Lughaya (Awdal)		Ainabo (Sool)		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Mild effect	0	0.0%	0	0.0%	13	10.7%	1	1.0%	14	3.6%
Moderate effect	14	6.7%	9	11.1%	33	27.3%	34	33.0%	90	23.1%
Large effect	70	83.3%	72	88.9%	75	62.0%	68	66.0%	285	73.3%
Total	84	100.0%	81	100.0%	121	100.0%	103	100.0%	389	100.0%

While most respondents cited the same reasons for their vulnerability and how much it affected them, their ability to recover their primary livelihood activities differed to some extent based on location. A slight majority of 56.8% of respondents felt they were able to “somewhat” recover their primary livelihood activities, though 22.9% stated they had not been able to recover their livelihoods “at all” and 17.7% thought they had “mostly” recovered their livelihoods (see Table 4). Of the 69 respondents who stated “mostly”, 58 of them were from Awdal region, Somaliland.

Table 4. Degree of recovery

To what degree have you been able to recover your primary livelihood activities?		
	No.	%
Not at all	89	22.9%
Somewhat	221	56.8%
Mostly	69	17.7%
Completely	9	2.3%
Total	389	100.0%

An overwhelming 86.1% of respondents across all locations stated that the shock or hazard they experienced had an effect on their food consumption, causing respondents to resort to various coping mechanisms to prolong their access to food items or seek help from elsewhere (see Table 5). The most common coping

mechanisms were limiting portion sizes at meal times (26.8%) and reducing the number of meals per day (24.3%). However, in Awdal region, respondents were more likely to borrow food or purchase it on credit (24.6%) than they were to limit portion sizes (15.3%) or reduce the number of meals (22.3%).

Table 5. Coping mechanisms due to lack of food

In the past year, did you have to do any of the following due to a lack of food?		
	No.	%
Limit portion sizes at mealtimes	258	26.8%
Reduce number of meals per day	234	24.3%
Purchase or borrow food on credit	174	18.1%
Rely on donations from humanitarian organizations	92	9.6%
Reduce adult consumption so children can eat	68	7.1%
Rely on less expensive or less preferred foods	48	5.0%
Remove children from food	38	4.0%
Rely on donations from family or clan members	14	1.5%
Send household members to eat elsewhere	13	1.4%
Sell household livestock	10	1.0%
Sell household assets	5	0.5%
Consume spoiled or leftover food	4	0.4%
Send household members to ask for food or money from others	4	0.4%
None	1	0.1%
Total	963	100.0%



When seeking assistance, survey respondents were more likely to receive assistance from within their villages, usually from neighbors (28.0%) or family (22.9%). When they did receive assistance from outside the village, respondents were most likely to receive it from INGOs (see Table 6).

Table 6. Assistance from outside village

Household survey respondents' experience of shocks and hazards in the past year, and how it impacted their primary livelihoods, indicate the significant relevance of the joint response initiative. These experiences were supported by focus group participants and key informants, who expressed generally positive attitudes towards the emergency aid they received and felt that it helped them recover their livelihoods to varying extents.

From whom did you receive assistance OUTSIDE your village?		
	No.	%
INGOs	38	45.8%
None	20	24.1%
Family	17	20.5%
Don't know	3	3.5%
Federal government	2	2.4%
Diaspora community	2	2.4%
Regional government	1	1.2%
<b>Total</b>	<b>83</b>	<b>100.0%</b>

### 3.2. Food Security and Livelihoods (FSL)

In Jarar and Fafan zones of Ethiopia ICCO and local implementing partner EECMY provided food security and livelihood support to meet the DRA HoA joint response FSL objective #1 to save lives and protect the livelihoods of food insecure households through the provision of food assistance. In Liben and Afder zones Dorcus and local implementing partner Pastoralist Concern (PC) provided support to meet objective #1 as stated above and objective #3 to ensure that adequate food needs for the most affected people are met to improve food consumption, dietary diversity and reduce the number of people adopting negative coping mechanisms. SOS Kinderdorpen, with local implementing partner OWDA, also provided FSL support to meet objective #3 in Shebelle and Korahe zones.

In Sanaag region of Somaliland CARE implemented FSL activities to meet two objectives: (1) to save lives and protect the livelihoods of food insecure households through the provision of food assistance, and (2) protect and restore livelihoods, related food and income sources, through provision of seasonally appropriate livelihood inputs and technical support in rural and (peri-) urban settings. According to the Logframe, FSL activities planned by the DRA partners included in-kind food assistance and cash vouchers to use at local vendors.

Of 253 household survey respondents targeted in areas where FSL support was given, 87.8% had received food assistance from ICCO or SOS Kinderdorpen. Among respondents, the type of assistance they received was almost split equally between in-kind assistance (53.9%) and food vouchers (46.1%) (see Table 7).

Table 7. Type of food assistance received

What type of food assistance did you receive?		
	No.	%
Food in-kind	146	53.9%
Food vouchers	125	46.1%
<b>Total</b>	<b>271<sup>4</sup></b>	<b>100.0%</b>

<sup>4</sup> The total N is larger than 253 because some beneficiaries received both types of assistance.

## Relevance

As the primary focus of the DRA HoA joint response, food security and livelihood assistance was critical for drought-affected areas. Many FGD participants, in both Jarar and Korahe zones, stated that if their communities had not received the food assistance, some people would have died. A local authority in Bulale, located in Jarar zone, felt the activities addressed the needs of the community effectively, as ICCO was the only NGO bringing food and water to the area. This was supported by male FGD participants in Bulale, who said ICCO asked the community what their needs were and then implemented what was suggested. Male FGD participants in Kabri Dahar, in Korahe zone, also felt the activities were well-suited to the area, as SOS Kinderdorpen was the only organization providing oil, rice, and livestock.

Although the type of response was split between vouchers or cash and in-kind assistance, household survey respondents overwhelmingly expressed preference for vouchers or cash (see Table 8). The use of vouchers or cash over in-kind assistance allows for households to choose the food items that work best for their families. However, one drawback to this method is the use of cash assistance to purchase khat in Jarar, Korahe, and Awdal.

Table 8. Preferred type of food aid

In which form would you prefer to receive food aid?		
	No.	%
Vouchers/cash	171	69.8%
Food in-kind	65	26.5%
Trainings for capacity building	6	0.02%
Awareness raising sessions	3	0.01%
<b>Total</b>	<b>245</b>	<b>100.0%</b>

### Localization

The DRA partners prioritized localization into their programming by implementing with local NGOs or including existing social structures into the decision-making process. In particular, Dorcus has run an Ethiopian office for over twenty years and has implemented through local partners

for most of that time. For the HoA joint response, Dorcus worked with PC, who has been operating in Ethiopia for 25 years. According to Dorcus' program manager, selection committees were organized in each target village and included male and female representatives. The committees were involved in cooperation with the local government and engaged with the local drought committee. They set criteria for beneficiaries and discussed it with the wider community.

Similarly, ICCO established community committees in their implementing locations with the help of community leaders. The committees included men and women, and they were responsible for choosing the beneficiaries. In Bulale the women were responsible for coordinating the food distribution, and men were responsible for the construction of the wells. According to a community leader in Bulale, ICCO also met directly with the community to raise awareness for the project, learn the needs of the community, and persuade them of its importance. Overall, the community felt ICCO had respected their culture and religion and took these dynamics into account when implementing.

## Efficiency

In Liben and Afder zones ethnic conflict and political insecurity caused considerable challenges to the implementing partners during the joint response. At one point Dorcus had to pull out of the area for three weeks until the situation was stable again. Dorcus coordinated well with stakeholders during this time, receiving regular information from the local government and staying in contact with local staff. Although the conflict was a significant challenge, Dorcus was able to implement the activities in the agreed upon timeframe and did not need the offered extension period.

In other locations, high food prices caused delays in disbursement of the support. In Sanaag region, CARE had to spend more time finalizing tender agreements with local vendors in order to avoid lowering the rations they provided to each household. According to CARE's emergency program team leader, they worked with community elders to help ease tensions and resolve the issue.

A local authority in Korahe highlighted that the interaction between SOS Kinderdorpen and the community was very good, because they exchanged ideas on the intervention and implemented everything in the appropriate time. On the other hand, male FGD participants in Jarar noted that there were some delays in ICCO's implementation, though they were not sure why. One male participant said that the organization told the community they were bringing food, but then didn't show up when they said they would.

### **Effectiveness**

Perceptions of FSL initiatives were considered particularly effective by both DRA partners and their beneficiaries. According to Dorcus' program manager, the organization distributed cash to 1,346 households for four months, making sure beneficiaries were near villages where they had easier access to goods. Dorcus also found that beneficiaries shared their cash with neighbors who Dorcus were unable to include due to budget constraints.

A community leader in Jarar said that food distribution had been the most effective collaboration in their community, because everyone received enough food. This was supported by male FGD participants in Bulale, who said ICCO had provided their community with flour, which is food that children and elderly people can live off of. The FGD participants also felt ICCO's support was different from other NGOs, and they provided oatmeal, biscuits, and rice. Likewise, in Sanaag region of Somaliland, the emergency program team leader for CARE stated that their organization had effectively targeted the most vulnerable people in the community, primarily focusing on female-headed households, large families, and families already enrolled in nutrition programs due to their children being malnourished. Over 800 households received vouchers for three months, which could be used at local vendors, who then redeemed the vouchers for cash from CARE. However, as the EECMY branch office director working with ICCO pointed out, the international standards of food item packages they distributed, including wheat, oil, and rice, were not adequate to provide for people with large extended families.

### *Accountability*

According to a local authority in Korahe, SOS Kinderdorpen implemented a complaint mechanism in which community members could go to elders with a problem or suggestion; the elders would then tell the local authorities, who passed it on to the NGO. However, this did not provide an opportunity for community members to contact the NGO directly. In the household survey, only 12.7% of respondents in Korahe who knew how to file a complaint did so, the lowest percentage of all locations surveyed, and an overwhelming 96.9% of respondents in Korahe stated they preferred to make a complaint in person.

In Jarar a community leader and local authority believed no complaint mechanism had been established. However, 94.6% of survey respondents in Jarar stated they knew how to submit a complaint. Of the 32 respondents who said they had submitted a complaint or suggestion in Bulale, all but one of them did so in person. Female FGD participants in Jarar also indicated that they had had a meeting with ICCO in which they were able to suggest anything, and the participants felt that ICCO had listened to them and implemented what they asked for.

## Sustainability

The HoA joint response was an emergency program designed to address immediate needs for live-saving purposes, therefore resiliency and sustainability were not the main focus of the implementation. However, with the food and voucher support stabilizing many households, beneficiaries felt their next step towards a sustainable future would be possible if they were given assistance to cultivate farms. This was supported by a community leader in Koraha who felt the HoA joint response had increased the capacity of the community but had not prepared them for future emergencies. Both male and female FGD participants in Jarar indicated their future plans were to prepare land for cultivation, however, they need generators and tractors to do so.

“Our plan is to use our power to cultivate farms, because if the household has a good farm, life will be good.”

- Female FGD participant, Jarar

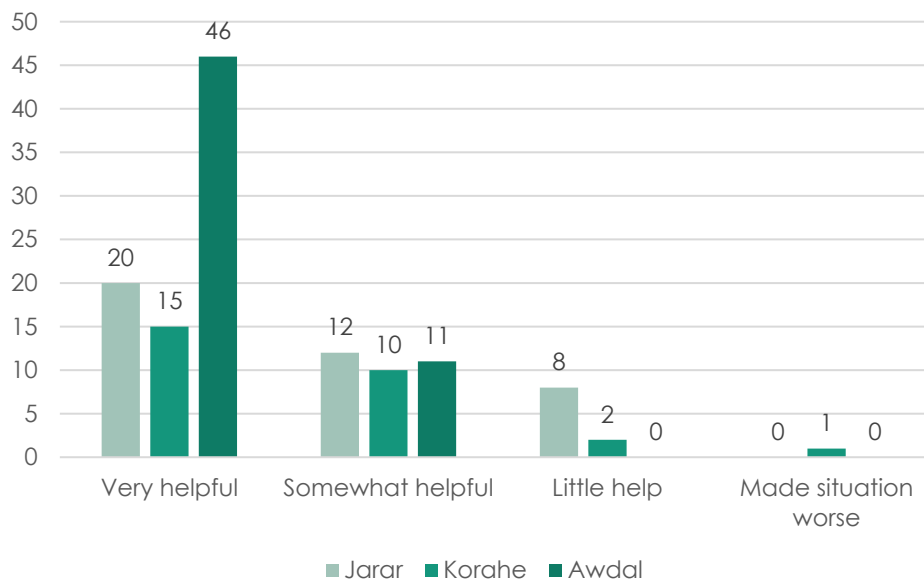
## Impact

Beneficiaries and local stakeholders from all project locations indicated the FSL support had made a positive impact on their communities. In Jarar a community leader said that the food items received covered an estimated 70 percent of their needs. This was supported by female FGD participants in the same location who felt that six months of food distribution had made a significant impact on their community. In Koraha male FGD participants felt the food distribution had covered all their needs, benefiting poor people the most. They also said it had helped the entire community, even those who were not beneficiaries, because after distribution, the price of food decreased and these people were able to buy food cheaply. As the female FGD participants pointed out, the community was able to increase their savings, as they didn't have to spend their available money on food items. Although there was no difference in the support men and women received, a local authority in Koraha mentioned that the aid made a bigger impact on female-headed households, because they did not have anything before.

Although overall perceptions of in-kind and voucher assistance were positive (see Figures 1 and 2), a small number of survey respondents stated that the in-kind assistance was “little help” or “no help” (12 respondents) and voucher assistance was “little help” or “made the situation worse” (11 respondents). When disaggregated by location, respondents in Bulale who had a negative view of in-kind assistance stated it was because the help was not sufficient in quantity (5 respondents) or was not relevant to their needs (5 respondents). In Kabri Dahar respondents primarily pointed to corrupt distribution (3 respondents) as the reason they were unsatisfied with the assistance. In Awdal region, survey respondents felt assistance had arrived too late, was not sufficient in quantity, or was not relevant to their needs (2 respondents).

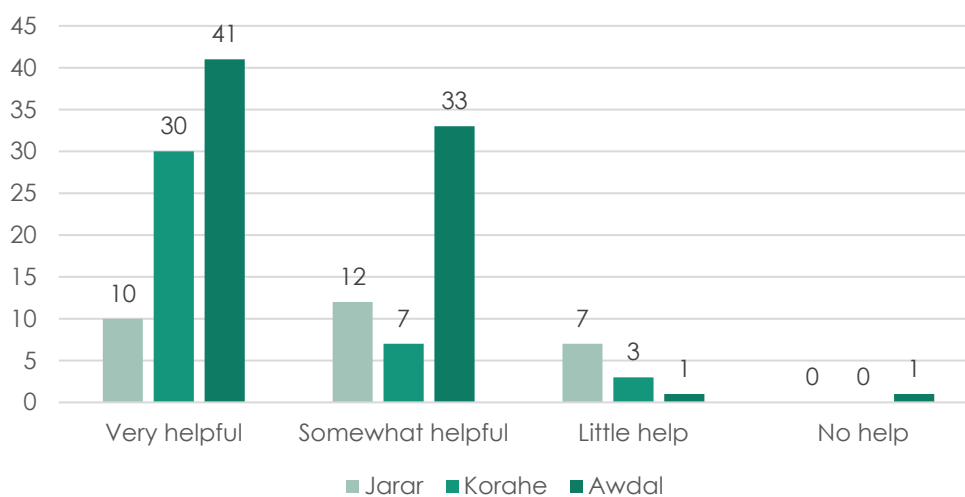
When disaggregated by gender, 68.1% of female respondents thought food vouchers were “very helpful” compared to 60.7% of men. In regards to in-kind food assistance, 54.3% of females found it “very helpful” as well as 57.8% of men.

**How would you rate the food voucher assistance in terms of helping your household?**



*Figure 1. Impact of food voucher assistance*

**How would you rate receiving in-kind food assistance in terms of helping your household?**



*Figure 2. Impact of in-kind food assistance*

### **World Vision Intervention Change in Awdal, Somaliland after May 2018 Cyclone**

At the start of the HoA joint response in April 2018, World Vision planned to provide food vouchers in Awdal region, Somaliland. However, on 19 May 2018 tropical cyclone Sagar made landfall, destroying homes and washing livestock away. The heavy rains and subsequent flooding hindered humanitarians' ability to access some of the areas. According to OCHA's Flash Update #2 from 20 May 2018, the largest concentration of fatalities were reported in Awdal and Galbeed regions, with 16 people reported dead and many more injured. Due to the impact of the cyclone, World Vision quickly reassessed the local situation, met with target communities about their immediate needs, and, based on direct input, changed their intervention to cash transfers for 850 households in the area.

#### **Relevance**

*"If we had not received aid when the cyclone hit us, we would not have survived."*

– Male FGD participant, Awdal

Beneficiaries felt the cash transfer project was particularly relevant to their needs. According to male FGD participants, the project was an emergency response to the storm, so there was no time for questions. World Vision brought aid quickly, and chose to implement what was most important at that time. However, a local authority had a different view of the cash transfer project, stating that men usually spend half of their cash on khat, while the entire family would benefit from a food distribution. The local administration therefore preferred for organizations to provide food instead of money, as the khat market was booming on days the cash was distributed.

#### *Localization*

A community leader in Awdal stated they had several meetings with World Vision to discuss how to implement the project, and the local authority noted that there was significant community buy-in throughout all levels of the decision-making process. The local administration and municipality members first chose villages which were the most vulnerable and did not receive support from other NGOs at the time. Then, the community committees and chairman in the selected villages chose the most vulnerable households to receive the cash transfers.

#### **Efficiency**

Because the local administration preferred beneficiaries to receive food items instead of cash transfers, there was a short delay in the distribution due to ongoing consultations between the local administration and World Vision.

#### **Effectiveness**

In the village where KIIs and FGDs were conducted, 160 households received 65 dollars for three months. A community leader in the village felt the project could be more effective if the amount of the monthly cash transfer was increased to 100 dollars, but overall, beneficiaries felt it had adequately improved their food security situation. As male FGD participants noted, when a person receives money, they can respond to all the needs they have. If they only receive food, they will just eat it and will eventually need more help. The community also helped support those who did not receive cash, female FGD participants said, as beneficiaries also shared money with those who did not receive any. According to household survey respondents, 100.0% of those who received cash transfers found the support "very helpful" or "somewhat helpful".



### Accountability

World Vision provided beneficiaries and local stakeholders with a number to call for complaints and suggestions, which many people in the area knew about. A female FGD participant also noted that it was possible to meet with World Vision staff face-to-face when they visited the communities. However, another female FGD participant felt that World Vision only met with community leaders or men. She said women only interacted with World Vision staff when they are registered as a beneficiary and suggested World Vision should meet with women directly and ask what their needs are.

### Sustainability

As an emergency response program dealing with a second, unexpected emergency, the cash transfers provided beneficiaries with immediate help to address their short-term needs rather than help invest in their futures. As both male and female FGD participants stated, their plans right now are limited to daily life, such as cooking and feeding their children, and they believe they can plan for the future once they have more stability.

*“Right now our plans are limited to daily life, we can plan for the future when we have something. Our common plan is to educate our children, but we don’t have the ability to pay a teacher a salary.”*

- Male FGD participant, Awdal

### Impact

A community leader highlighted that food security in the community had increased since the cash transfers, as it prevented beneficiaries from having to sell their remaining livestock. According to a female FGD participant, even before the storm community members were only eating two meals per day, but with the cash transfers they can now eat three times per day. Moreover, FGD participants felt the cash transfers were the most important project implemented in their communities because it helped them survive the impact of the cyclone and also allowed them to pool their money to start a school for their children.

### 3.3. Livestock and Agriculture

In Shebelle and Korahe zones of Ethiopia SOS Kinderdorpen and local implementing partner OWDA provided livestock and agriculture support to meet two objectives: (1) save lives and reduce morbidity due to drought and acute food insecurity through protecting the key livelihoods of the vulnerable households and ensuring milk availability and reducing the likelihood of families requiring emergency food, and (2) livelihoods are protected and restored through provision of emergency feed, seeds, and animal health services. In Liben and Afder zones Dorcus and local implementing partner PC also focused on the previously mentioned objectives. According to the Logframe, their projects included distributing drought resistant and locally adaptable livestock and the provision of veterinary services and drugs through a voucher system.

Of 96 household survey respondents in Korahe zone, 36 people (37.5%) had received livestock assistance as part of the DRA HoA joint response (see Table 9). The majority of these beneficiaries (86.1%) received restocking of livestock, in this particular case, ten sheep.

Table 9. Type of livestock assistance received

## Relevance

The joint response activities SOS Kinderdorpen and OWDA implemented in Shebelle and Korahe zones were considered particularly relevant to beneficiaries whose pastoral livelihood was significantly impacted by the drought. According to a community leader in Korahe, the collaboration between the NGOs and the community was very good, as they did not see any other NGOs supporting the community in the same way. This was supported by male FGD participants, who felt they received everything they needed from SOS Kinderdorpen, and no other NGOs were providing assistance to their community.

What type of livestock assistance did you receive?		
	No.	%
<b>Restocking of livestock</b>	31	86.1%
<b>Visited by mobile livestock treatment</b>	4	11.1%
<b>Veterinary service vouchers</b>	1	2.8%
<b>Total</b>	36	100.0%

According to the survey respondents who received livestock support, 57.5% of them stated they preferred to receive support in the form of cash or vouchers. However, as beneficiaries and local stakeholders unanimously agreed how helpful the livestock restocking was, it is possible that survey respondents did not realize livestock would count as a form of in-kind assistance, and therefore the responses to this question should be treated with caution.

This is further supported by a local authority in Korahe, who consulted with the community to determine their most pressing needs. As pastoralists, the implementing partners chose to prioritize the restocking of livestock, as most livestock had died during the drought and community members had nothing. The local authority believed SOS Kinderdorpen and OWDA chose the correct interventions based on the needs of the community, and male FGD participants also felt the emergency aid was useful for their immediate needs.

## Localization

In Liben and Afder zones Dorcus ensured localization by having the local government and communities they implemented in select the animal health workers. According to the Dorcus program manager, this community buy-in was crucial when the price of goats increased from 950 birr to 1,400 birr per goat. Dorcus and PC decided to decrease the amount of goats provided per household rather than decrease the amount of beneficiaries, but they still needed to make sure the community understood this change. By purchasing the goats from the local markets, the beneficiaries could see for themselves that the price had changed, so they trusted Dorcus' decision and they were able to implement accordingly.

In Korahe there were many interactions between SOS Kinderdorpen, OWDA, and the local communities. The community helped the NGOs select the beneficiaries, who were considered the poorest in the community. A community leader in the area also highlighted that women and men were consulted equally. Local authorities also took part in the decision-making along with community elders, who know their communities the best. However, while some FGD participants in Korahe felt communication worked very well, others felt direct communication with SOS Kinderdorpen had been poor or nonexistent, and they had expected more meetings and trainings.



“SOS Kinderdorpen came to the local administration and asked about the needs of the community. We all agreed with what they prioritized. They listened to our needs and responded immediately.”

- Male FGD participant, Korahe

“We think it would be good for SOS Kinderdorpen to visit the communities and know what is going on here. Communication could be improved with meeting and trainings.”

- Male FGD participant, Korahe

### **Efficiency**

In Liben and Afder zones, which are particularly remote and difficult to access, the Executive Director of PC stated that their biggest challenge was the logistics of reaching their target communities. For this reason, PC was sometimes only able to target a smaller number of beneficiaries, and because the prices for livestock increased, some of their planned interventions became obsolete.

Although female FGD participants in Korahe agreed with how SOS Kinderdorpen prioritized the community’s needs, they felt the village administration did not distribute the support fairly or efficiently, often citing tribalism as the cause.

### **Effectiveness**

Livestock restocking was considered effective in Liben and Afder zones where Dorcus provided goats and sheep to 210 households, as well as animal treatment and vaccination support. Dorcus’ original plan was to supply ten goats for each household, but because of inflation, it was changed to seven goats per household.

Perceptions of the effectiveness of livestock support were mixed among local stakeholders and beneficiaries in Korahe. While a local authority felt buying livestock for the communities and providing vaccinations for animals were the most effective collaborations, a community leader thought the livestock distribution was the least effective collaboration, because the sheep that were distributed were sick and some died.

Similarly, while male FGD participants felt the livestock distribution had changed the livelihoods in their community, because they were able to get milk or slaughter the animals for food or money, female FGD participants felt people were not considered equally because of tribalism, therefore not impacting all community members the same. The females believed that some people in their community were taking more provisions than were allocated to them, while others took less and some didn’t receive anything at all. They also said that some poor people were excluded from the beneficiary lists, both women and elderly people.

### **Accountability**

Local stakeholders felt the complaint mechanism implemented by SOS Kinderdorpen was very effective. As a local authority explained, SOS Kinderdorpen selected members of the community to bring complaints from others to the NGO. A community leader also felt this addressed the needs of the community very well.

According to the national emergency response coordinator at SOS Kinderdorpen, accountability is of particular importance to them, and the NGO never implements without a community's consent. SOS Kinderdorpen completes a needs assessment at the beginning of every intervention and uses locally available resources whenever possible, including food, livestock, contractors, and supplies. They aim for full transparency in communication with the community, and every location has committees made of community representatives for self-ownership of the program. However, the exclusion of women occurred as an unintended consequence of relying on preexisting social structures as a complaint mechanism.

"I raised an issue with SOS Kinderdorpen, and they responded immediately."

- Male FGD participant, Korahe

"The administration of the village does not allow women to raise any issue. We wanted to suggest something, but we were not allowed."

- Female FGD participant, Korahe

### Sustainability

The vaccination of livestock and training of community animal health workers was highlighted as a particularly sustainable aspect of the livestock and agricultural support. The Dorcus program manager stated that in Liben and Afder zones they had successfully integrated emergency response and livelihood support to improve the target communities' futures with these components of the project. The national emergency response coordinator for SOS Kinderdorpen also noted that providing sheep and goats ensures the long-term food security of the communities.

However, local stakeholders in Korahe felt sustainability aspects of the joint response could be improved with more awareness raising sessions and trainings for local community members. As a local authority pointed out, the program supported capacity in the community, but there had been no preparation for the future in the case of a future emergency. In particular, the local authority felt the community did not have any savings to adequately prepare themselves. This was supported by a community leader who felt a development project to cultivate farms would better prepare the community. The cultivation of farms was also mentioned by male FGD participants in Korahe, who noted that if they don't build farms, they won't be able to fight against future droughts. However, in order to build this resiliency, they need tractors and generators.

### Impact

In Korahe zone, according to the national emergency response coordinator at SOS Kinderdorpen, livestock health and vaccinations reached more than 2,000 households, and 170,000 sheep, goats, and cows were vaccinated. A local authority agreed that this support had positively changed the community significantly, because beneficiaries had no food before the joint response intervention. Because the drought killed most of the community's livestock, everyone received ten sheep and are hopeful for the future now. This was supported by male and female FGD participants in Korahe who mentioned that their income had increased when they received food and livestock. As the female FGD participants mentioned, their community received livestock and about 3,000 to 4,000 birr, therefore allowing their livestock to become their savings. Before, community members sold their livestock if they needed food to eat, but when they have both food and livestock, the livestock they sell can become their savings.

While a local authority in Korahé believed the support made a bigger impact on female-headed households, because they did not have anything before, female FGD participants were more critical of the support they received. They felt that men always took the biggest portion of support that came to their community, and that in this particular case, the men refused to give livestock to female-headed households.

Overall, 96.7% of household survey beneficiaries who received livestock restocking assistance felt it was “very helpful” or “somewhat helpful” (see Table 10). Only one respondent felt the quantity of livestock was too low. In the same regard, all four survey respondents who benefited from the mobile livestock team considered the support “very helpful”.

Table 10. Effect of livestock restocking assistance

How would you rate the livestock restocking assistance in terms of helping your household?		
	No.	%
<b>Very helpful</b>	21	67.7%
<b>Somewhat helpful</b>	9	29.0%
<b>Little help</b>	1	3.2%
<b>Total</b>	31	100%

### 3.4. Water, Sanitation and Hygiene (WASH)

Three DRA partners implementing in Ethiopia, including ICCO, SOS Kinderdorpen, and ZOA, implemented WASH programs in their respective zones in order to achieve WASH objective #1: to save lives by responding to emergencies through improved coordination at all levels, and to deliver water, sanitation, and hygiene promotion assistance to affected populations. According to the Logframe, activities under objective #1 included the distribution of water purifiers and treatment chemicals, provision of sanitary and dignity kits, rehabilitation of water schemes, awareness raising on hygiene and sanitation promotion, and the training of community sanitation volunteers.

In Awdal, Somaliland, World Vision provided WASH services aimed to achieve the DRA’s WASH objective #4: to provide reliable and sustainable access to environmental sanitation. World Vision’s project activities included the distribution of hygiene kit; the construction of sanitation latrines with hand washing facilities; and the construction of a mini water system, rehabilitation of four shallow wells, and the connection of two schools and two health centers to a water supply system.

Table 11. Type of WASH assistance received

What type of WASH assistance did you receive?		
	No.	%
<b>Received water treatment chemicals or purifiers</b>	128	25.9%
<b>Rehabilitated water points</b>	120	24.2%
<b>Construction of latrines</b>	76	15.4%
<b>Received hygiene kits</b>	63	12.7%
<b>Received water management training</b>	42	8.5%
<b>Received sanitary kits</b>	34	6.9%
<b>Received hygiene and sanitation awareness</b>	32	6.5%
<b>Total</b>	495	100.0%

Of 201 household survey respondents targeted in areas where WASH support was given, 87.6% had received WASH assistance from one of the DRA partners. Among WASH recipients, the majority received water treatment chemicals or purifiers (25.9%) or rehabilitated water points (24.2%). The next most prevalent types of assistance were the construction of latrines and the distribution of hygiene kits (see Table 11).

## Relevance

WASH programming was considered one of the most relevant interventions in the DRA HoA joint response. Across all location sites, beneficiaries and local stakeholders highlighted the acute need for access to clean water. In Liben the emergency project coordinator for ZOA mentioned how community members had to travel over an hour for clean water prior to the joint response. In Korahe, a community leader noted that before they had received the water catchment system, some community members had died from malaria, but since the system was installed, no one has complained of malaria. A male FGD participant in Korahe also said that the community had previously collected water from the same place where hyenas and livestock drink.

In Jarar the community leader felt the emergency intervention addressed the needs of the community very well. This was supported by the local authority who said collaboration between ICCO and the community was good because the community most needed wells and that is what ICCO implemented. Similarly, the local authority in Awdal stated that sanitation and waster aspects were very well chosen and suitable for the community, as one of the most pressing needs of the community was to gain access to clean water.

### *Localization*

When it came to WASH support in Liben, ZOA experienced challenges in regards to managing host community expectations. ZOA's activities targeted IDPs in the area, but host communities believed they deserved support too. According to the emergency project coordinator, IDPs were particularly vulnerable, because they had arrived with nothing and the government was unable to help them because of budget constraints. This was resolved by having discussions with stakeholders in the community to ensure understanding of the project objectives.

In order to ensure inclusion, ZOA created community committees composed of three men and two women. In Jarar and Fafan zones ICCO's local implementing partner EECMY also set up steering committees covering different sectors for a sense of community ownership to run the program effectively. In Awdal, World Vision organized nine water and sanitation committees in nine villages, with equal number of male and female representatives.

Beneficiaries in most WASH project locations also reported high levels of interaction with DRA partners. A community leader in Korahe stated that community leaders, local authorities, and members of the community were consulted about everything SOS Kinderdorpen implemented. A local authority in Jarar felt that ICCO consulted with the local administration, elders, and the whole community, including men and women equally. This was supported by a female FGD participant in Jarar who said ICCO listened to her community and asked what their needs were.

However, in Korahe there was disagreement between male FGD participants over the levels of communication SOS Kinderdorpen had with the community. While one participant said SOS Kinderdorpen listened to the community to learn its needs and responded immediately, another participant said communication overall between SOS Kinderdorpen and the community had been poor. Two female FGD participants in Korahe also had negative perceptions of communication, as one woman felt SOS Kinderdorpen had not listened to the priorities in their community and had only arrived with the program they thought the community needed. Another female participant felt that people in the community were not considered equally because of tribalism, and that some elderly people and women had been excluded. The female FGD participants went on to say that while they agree with how SOS Kinderdorpen prioritized the needs of the community, they don't agree with how the administration of the village distributed the services.

In terms of reinvesting in local areas, EECMY relied on local people to dig the wells. According to EECMY's branch office director, local laborers were not skilled enough to meet ICCO standards to dig the wells appropriately, which caused further problems. However, the local authority in Jarar felt the issue was that the community knew a more effective way to build wells and were not consulted by ICCO about it. With more direct discussion, this issue may have been resolved to everyone's satisfaction. In Liben ZOA worked with local contractors as vendors when possible, particularly for the borehole rehabilitation, so as much money as possible could stay in the town.

### **Efficiency**

Although some partners had cooperation meetings with other NGOs in the area to avoid misapplication and overlap of resources, overall impressions of the efficiency of WASH initiatives are that it could have been more effective. In many Ethiopian project sites insecurity and political turmoil severely impacted implementation, even causing some partners to pull out of the target communities for a few days or even weeks. This was particularly relevant in regions where ZOA and SOS Kinderdorpen were implementing.

### **Effectiveness**

Overall, WASH programming was effective in meeting most needs of the communities who received these services. In Awdal the local authority said community members used to drink from the same water sources as baboons, but now they have clean water. In addition, the community received water pipelines for two schools and two MCH, fifty toilets, two shallow wells, one well with a solar system, and the rehabilitation of one well. A community leader in Awdal also pointed out that in one village World Vision trained 60 volunteers on sanitation promotion.

However, not all beneficiaries believed the communities in Awdal had equal access to sanitation, as female FGD participants out, some people outside the village could not access the latrines because of the distance. Both male and female FGD participants also mentioned that not everyone received water filters as they were promised, because World Vision told community members they needed to be tested first, but they never came back with the filters.

In Korahe WASH initiatives were seen as less effective than its FSL and livestock support. According to SOS Kinderdorpen's national emergency response coordinator, the organization was unable to find qualified engineers and laborers with experience in construction. This was due to the various infrastructure projects the government of Ethiopia currently has ongoing, causing particularly high demand for skilled laborers. Male FGD participants also stated that they had not seen any WASH activities other than the construction of wells and water catchment systems, which female FGD participants stated were not built well.

Notably, the local authority in Jarar stated that the least effective initiative had been the distribution of jerry cans, as beneficiaries felt they were not relevant. They needed food items and water and were disappointed to receive plastic jugs.

According to household survey respondents, 99.2% felt the rehabilitation of water points was "very helpful" or "somewhat helpful". In addition, 96.9% also felt water treatment assistance (whether chemicals or purifiers) was "very helpful" or "somewhat helpful". Survey respondents gave very similar responses to the effectiveness of water management training (95.2%), hygiene kits (95.2%), sanitary kits (100.0%), awareness sessions (96.9%), and latrines (97.4%).

### Accountability

The EECMY brand office director said their organization encourages beneficiaries to speak out about what they need and how they feel about projects, which EECMY incorporates when relevant. The director also said they have an established complaints mechanism, but it could be more effective. In Jarar and Fafan zones where ICCO and EECMY implemented, 94.6% of beneficiaries knew how to make a complaint, of which 36.4% did.

“There are no other organizations working in this village that can compare to World Vision. They are different from other organizations in their commitment. If they say we are going to do something, they do it. They don’t lie.”

- Male FGD participant, Awdal

The local authority in Awdal stated that the administration had not received any complaints from the community about the project, so they assumed there was good collaboration and communication between World Vision and the communities. This was supported by a male FGD participant in Awdal who felt that World Vision was very accountable to his community.

### Sustainability

The WASH component of the DRA HoA joint response was seen as one of the most sustainable programs, due to the nature of the activities. As the ZOA emergency project coordinator pointed out, the constructed latrines will serve the community for more than ten or 15 years. ZOA also provided WASH management trainings, so the community can maintain the water infrastructure systems in the future. In Jarar a local authority also highlighted the wells as the biggest achievement in the community, because they are sustainable for the community to use for a long time. The local authority also felt that overall capacity of the community had been strengthened, because they can stay a long time in the area with access to clean water. This has allowed them to prepare for future emergencies, as emergency roads were built and some people began to cultivate farms.

Sanitation and awareness programs also increased in many target locations. In Jarar local communities stated that they feel better prepared for future emergencies. In particular, a male FGD participant said the community distributed leaflets about sanitation, which everyone either read or had someone read to them. FGD participants in Korahé also noted they now wash their hands multiple times every day, including when they wake up, when they eat, when they pray, and when they use the toilet.

### Impact

The construction of wells had a significant impact on the target communities. In Jarar prior to the intervention, the community only had one well. Three new wells were built, which dramatically increased access to clean water for the community. In Korahé the wells and water catchment system caused the prevalence of malaria to significantly degree, and in Awdal the wells have reduced the prevalence of cholera.

In regards to hygiene promotion, female FGD participants in Awdal said they used to wash their hands with only water, but now they use soap. Similarly, female FGD participants in Korahé also said after the awareness raising sessions, the hygiene in their community changed, with everyone washing their hands after using the toilet and before touching food.

Most beneficiaries and local stakeholders agreed that women benefited more from WASH services. In Awdal the construction of latrines were crucial for providing women privacy and decreasing their chances of being attacked when going to the bathroom at night. In Jarar, where community members



had to fetch water from the same place as hyenas, it was particularly dangerous for women, but the construction of enclosed wells closer to the village has changed their situation.

Of 201 survey respondents who received WASH support, 110 (54.7%) of them received trainings on hygiene and sanitation. All 110 respondents reported changing their habits after the trainings, including by washing their hands more frequently now (43.9%), practicing safe excreta disposal (39.7%), or practicing sustainable water management (16.4%) (see Table 12). Interestingly, when the results are disaggregated by gender and age, it was older females in the 36 and older group that were most likely to make changes in their behaviors.

*Table 12. Changed WASH practices*

Have you changed your sanitation practices as a result of the trainings?		
	No.	#
<b>Yes, I wash my hands more frequently now</b>	94	43.9%
<b>Yes, I practice safe excreta disposal</b>	85	39.7%
<b>Yes, I practice sustainable water management with my community</b>	35	16.4%
<b>Total</b>	214	100.0%

### 3.5. Health

In the Sool region of Somaliland, Save the Children (SCI) implemented the DRA health objective #1: improving access to essential lifesaving health services for crisis affected and host populations aimed at reducing avoidable morbidity and mortality. According to the DRA Logframe, their projects included the refurbishment of health facilities, outpatient consultations, delivery of maternal health care services, community health promotion sessions, and the training of both health workers and community health volunteers. Of 112 household survey respondents, 92.5% had received health assistance from SCI. The large majority of beneficiaries received outpatient consultations (69.1%), followed by maternal health care services (7.9%) (see Table 13). The eight respondents who chose “other” mentioned the good quality of the health care and receiving medicine and nutrition biscuits.

*Table 13. Health assistance received*

What type of health assistance did you receive?		
	No.	#
<b>Outpatient consultations</b>	87	69.1%
<b>Maternal health care services</b>	10	7.9%
<b>Other</b>	8	6.4%
<b>Training of community health volunteers</b>	8	6.4%
<b>Community health promotion sessions</b>	6	4.8%
<b>Refurbishment of health facilities</b>	4	3.2%
<b>Training of health workers</b>	3	2.4%
<b>Total</b>	106	100.0%

## Relevance

The health initiatives in Sool were considered particularly relevant by the beneficiaries, community leaders, and local authorities. Of the 87 respondents who received outpatient consultations, 56.3% felt the outpatient services were “very helpful” and 43.7% felt they were “somewhat helpful”. For the ten women who received maternal health care services, nine of them felt the services were “very helpful”. A community leader in one of the target villages also believed the project to be relevant to the community, as there are no other health posts nearby. The closest are in Burao (two hours by car) or Erigavo (six hours by car), according to a local authority in Bulale.

“After they opened the health post here, other villages started coming here for health services.”

- Community Leader, Sool

### *Localization*

In terms of community consultations about the project, there were various views about who SCI spoke with. According to the community leader, SCI only consulted with the regional government, but the regional health officer interviewed stated that SCI had consulted with local government authorities who

assisted in the decision-making process. Although the community leader suggested SCI speak directly to the community for their input, the male FGD participants said SCI held a meeting with the community in which they asked what the community’s most pressing needs were, to which the male participants stated health services. On the other hand, female FGD participants said they were not consulted about the project, but they did agree with the priorities that were chosen. While it is unclear based on the focus group discussions and interviews exactly who SCI consulted with and received input from, the majority of beneficiaries felt they did not provide input in regards to the type of initiatives they received, but they felt it was relevant to their needs and it improved their situations.

However, it may be worth for SCI to reevaluate who they consult with and how often they interact. According to SCI’s Field Manager in Sool region, community elders, religious leaders, and women’s groups were the most vital for supporting their work. This suggests conducting more direct communication with the community would be worthwhile in terms of identifying relevant needs, receiving community buy-in, and supporting existing community social structures.

## Efficiency

As the project was under a tight timeline, SCI addressed this challenge by using mobile teams already implementing in the field on another project to continue their work for the DRA HoA joint response. This decision was crucial for reaching vulnerable populations quickly and efficiently. The local community also contributed to the ease with which SCI could operate in the villages by providing rent-free accommodation to the health workers. This contributed not only to SCI’s ability to keep overhead costs low, but also encouraged community buy-in due to their close interaction with the health workers.

According to the regional health officer at the MOH, efficiency could have been improved in two ways. The health officer mentioned that SCI staff would sometimes come to villages for monitoring visits without informing the local government, so government officials were not prepared to help them in case of a security situation or other challenges. There also appeared to be a miscommunication over whether SCI or the regional government was responsible for hiring health workers.



“There were six employees in each location, but if the ministry had handled implementation, they could have reduced the number of employees and increased the length of the project. The project could continue for 12 months instead of six months.”

- Regional Health Officer, Sool

### **Effectiveness**

Overwhelmingly, the community and other local stakeholders felt the project was effective in addressing everyone’s short term needs. According to both male and female FGD participants, everyone benefited from the health services and no one was excluded, whether major or minority clans, men or women. People came from very far places to access the services. One male FGD participant noted that the medicine was effective and members of his family had received treatment and were now healthy, but he also suggested emergency aid should be followed with development projects in order to contribute to the sustainability of the outcomes, including by training health workers and building a laboratory.

The regional health officer also felt the collaboration between all stakeholders was very effective because they all helped each other. In this regard SCI paid the salaries for the health workers, the government facilitated the work by talking to the communities and conducting awareness raising sessions, and the communities provided the health workers with rent-free accommodation. According to SCI’s field manager, the biggest challenges included a limited project budget for the transportation of supplies from the main warehouse to health facilities, a lack of cold chain centers for immunization supplies, and a lack of functional health-specialized vehicles.

### *Accountability*

SCI provided a hotline number for beneficiaries and target communities to use for complaints and suggestions, which most participants knew about. Among the household survey respondents, 74.1% stated they knew how to make a complaint or suggestion, of which 55.4% did. This was supported by the community leader and male FGD participants who said they had received the phone number and some had called. However, female FGD participants said they were not aware of a complaint hotline and never received a phone number. Both male FGD participants and the regional health officer suggested that SCI should hold more meetings directly with the community, which would also increase opportunities for women to be involved in the decision-making process.

### **Sustainability**

Due to the nature of the project as emergency aid, local stakeholders and beneficiaries understood sustainability could not be a main focus of the implementation. Although the project provided the community relief, it did not influence their future, and according to FGD participants and the regional health officer, the lives of community members has returned to the previous situation. Without health services in their villages, community members must travel to bigger cities, which is too expensive for many of these people.

However, SCI provided trainings to health workers from the Ministry of Health (MOH) and community health volunteers to contribute to the sustainability of the project. The trainings sought to increase the capacity of health workers on integrated management of childhood illnesses (IMCI) and communicable diseases and for community health volunteers to promote good health practices within their communities. Of the sixteen household survey respondents who participated in these trainings, 12 respondents stated they had not changed their health practices since the training. When disaggregated by age, however, respondents in the 36 and older age group were more likely to say their practices had changed. When disaggregated by gender, females were also more likely to say their practices had changed, while all six males who received trainings said they had not changed their practices. These findings indicate a potential area for improvement, not only in regards to training more local health workers and community health volunteers, but also ensuring the quality of the trainings are such that it engenders changes in behavior. Another aspect to consider, as the regional health officer suggested, is to first look for qualified health workers in target communities before hiring people from outside the village.

“The workers were brought in from outside when they could have been selected from inside the communities. This issue always causes disputes, because the communities say they have people who can do this job.”

- Regional Health Officer, Sool

## Impact

SCI’s implementation of health services in Sool region had a significant impact on the community in addressing their immediate needs due to the drought.

“Diseases have been reduced, money was saved, and we received free services and medicine.”

- Female FGD participant, Sool

Male FGD participants agreed with the females, noting that the strength and health of women and children has improved. According to the male participants, children used to die from colds and diarrhea, so with this access to health care, sickness and mortality in children has been reduced. Those in need no longer have to travel far distances to receive care, and community

members were able to save the money normally spent on health expenditures. In addition, community health awareness improved.

The regional health officer and FGD participants felt women benefited more than men from these health services, as a woman is more likely to rely on health facilities for services such as child birth and breast feeding, therefore making them more vulnerable to a lack of access to health care.

The field manager acknowledged that the help SCI was able to provide was not sufficient, but that it had still supported the communities in the short term for life-saving purposes. The regional health officer also felt the project covered some of the community’s needs, but should have also considered a water component. According to the regional health officer, if someone doesn’t have water, they can’t think about health. Medicine will not treat anyone if they do not have something to eat. Overall, he felt the project greatly helped the community, but there were other basic needs, such as access to clean water, which were not addressed.

### 3.6. Nutrition

In the Sool region of Somaliland, SCI implemented emergency nutrition initiatives to target communities, while CARE implemented similar activities in the Sanaag region. Both DRA partners sought to address the HoA joint response nutrition objective #1: strengthening life-saving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding (IYCF) practices in emergencies, micronutrient interventions, and optimal maternal nutrition. According to the joint response Logframe, activities included nutrition surveys and surveillance, screening and treatment for malnutrition in children under the age of five, IYCF education and promotion, and the training of health workers and community volunteers on nutrition.

Of 112 household survey respondents in Sool, 57.1% had received nutrition assistance from SCI. The majority of beneficiaries received treatment for malnutrition (57.3%), followed by screenings for malnutrition (38.8%) (see Table 14).

Table 14. Nutrition assistance received in Sool region

#### Relevance

In the Sool region, beneficiaries felt the nutrition support was highly relevant, as SCI was the only organization providing such services in the area. As a community leader pointed out, health services for the community were well chosen, because the nearest health posts previously were in Burao or Erigavo. After they opened the health post in Ainabo, other villages started coming for nutrition services.

What type of nutrition assistance did you receive?		
	No.	#
Treatment for malnutrition	59	57.3%
Screening for malnutrition	40	38.8%
IYCF awareness sessions	4	3.9%
<b>Total</b>	<b>103</b>	<b>100.0%</b>

“Absolutely, the nutrition initiatives addressed the needs of the community. Many people who were sick were treated.”

- Male FGD participant, Sool

#### Localization

As mentioned previously in regards to SCI’s health implementation, there appeared to be confusion over who SCI had spoken with and what level of input communities were able to provide. Male FGD participants felt a weakness of the project was a general lack of

awareness about the project in the community. The participants felt this could be improved with more awareness raising sessions throughout the project implementation period.

In Sanaag CARE incorporated localization at various levels by working with community relief committees who chose beneficiaries based on specific criteria. CARE then did a public verification of the beneficiary list to ensure local committee members were not prioritizing their own friends and family.

#### Efficiency

In Sool SCI made use of their mobile teams to successfully bring nutrition outreach services to vulnerable people in hard-to-reach areas. This allowed SCI to provide mass screenings for malnourished children and support mothers’ groups in target villages. In Sanaag CARE also relied on three mobile clinics in Erigavo to reach more beneficiaries, as well as worked with the maternal, newborn, and child health (MNCH) clinic in Badhan.

According to CARE’s emergency program team leader, the implementation process was delayed because Sanaag is a contested region. This means CARE has to work with both the ministries in

Somaliland and Puntland. In Badhan district CARE worked with both governments, and in Erigavo district they worked with the Somaliland MOH. However, this did not cause a significant delay because CARE was already aware of this situation and had built in time for it when submitting their HoA joint response proposal.

### **Effectiveness**

Opinions differed on the effectiveness of SCI's nutrition activities in the Sool region, even within the female focus group. While one woman stated that the nutrition treatment for women and children was the biggest strength of SCI's programming (supported by male FGD participants), another woman felt that because the implementation period had been so short and the organization had left when the children were still recovering, that now more children were malnourished and their health has regressed to what it was before the implementation.

However, according to the household survey, of the 59 respondents who had a child that received treatment for severe acute malnutrition, 55.9% felt the treatment was "very helpful" and 42.4% felt it was "somewhat helpful." Only one respondent said the treatment was of "little help" and followed up by saying they felt the quantity of support was not sufficient. Of the 40 respondents who had a child screened for severe or moderate malnutrition, 65.0% felt the screenings were "very helpful" and 35.0% stated it was "somewhat helpful." The four respondents who took part in child feeding awareness sessions also rated the sessions as "very helpful" (2 respondents) and "somewhat helpful" (2 respondents).

### *Accountability*

According to a community leader in Sool, SCI gave the community a complaint hotline, which he called and received a response. However, the same community leader also said they did not interact with SCI during implementation, and there was no information-sharing between SCI and the community during this time.

### **Sustainability**

Similar to SCI's health activities, the nature of this project was an emergency response to help those in acute crises. While the training of health workers and community volunteers will positively impact the sustainability of a project, it is unclear exactly how many workers and volunteers were trained, as a significant number of them were not captured in the household survey. In addition, even with the presence of well-trained health workers and community volunteers, if there are no functioning health clinics or access to medicines, the trainings are less likely to have a sustainable impact on the community. The field manager also suggested the community should demand the creation of sustainable health and nutrition education through the use of dramas aired on TV.

"Long-term nutrition programming is needed, as well as a functioning referral health system. We need to support and build the capacity of existing stabilization centers and create more of them, as well as build the capacity of the MOH."

- SCI Field Manager, Sool

The emergency program team leader for CARE in Sanaag reiterated that the program was an emergency response and not designed for future emergencies. The team leader stressed that it was not a resilience program, but a humanitarian program designed to address the communities' immediate needs at that moment.

## Impact

According to target communities in the Sool region, SCI’s nutrition support helped decrease malnutrition in the area from a prevalence rate of 80.0% to 20.0%. Other diseases such as colds were reduced, and community members’ expenses were also reduced after receiving free medicine. As the primary target of nutrition activities, women and children benefited the most, as they received food items such as Plumpy’ Sup or Plumpy’Nut, syrup, and tablets. The field manager for SCI noted that the project had created demand for more services, but that the MOH does not have the capacity to continue the project.

However, similar to the health trainings, the nutrition trainings for health workers and community volunteers failed to change behaviors in a significant way. While 11 of the 13 respondents who received trainings said their behavior had not changed, two respondents stated they now promote and counsel on IYCF.<sup>5</sup> Again, when disaggregated by age and gender, women in the 36 and older age group were more likely to change their behaviors.

### 3.7. Beneficiary Perceptions of Aid

Across all four household survey locations, respondents were asked to provide their opinions on emergency aid programs, the ways in which they are implemented in their communities, and how they prefer to be informed about them. While half of the survey respondents felt that aid providers mostly take their opinion into account when providing support, respondents in Jarar zone, Ethiopia, and Sool region, Somaliland, also had respondents state that their opinions were not considered very much (see Figure 3).

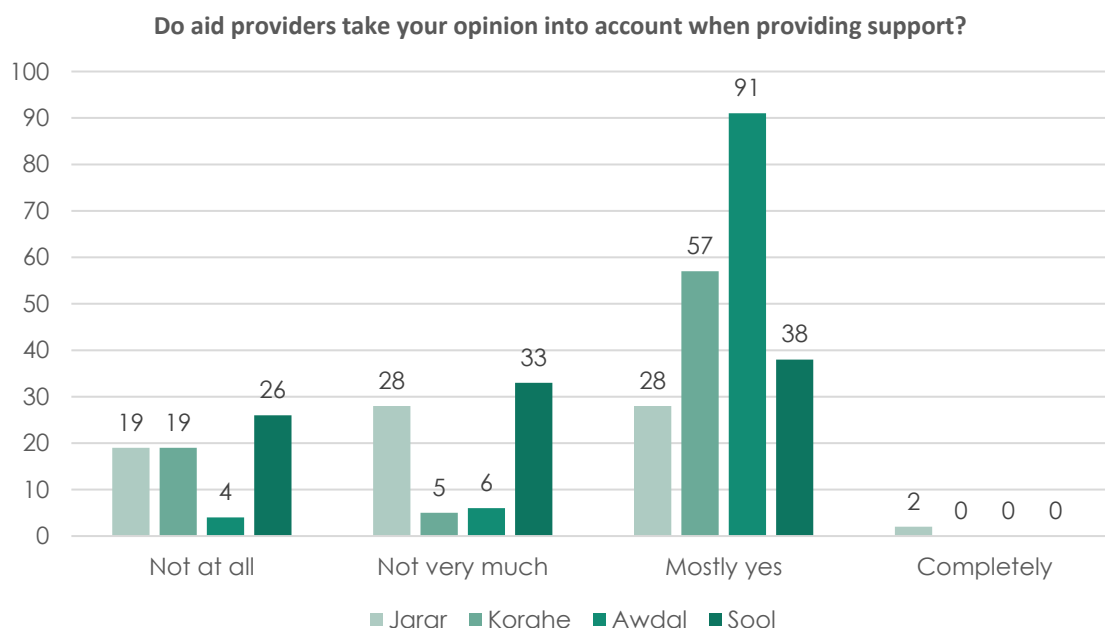


Figure 3. Beneficiary opinions taken into account

<sup>5</sup> Findings on nutrition trainings should be considered with caution, as only 13 respondents, or 11.6% of those surveyed in Sool, said they had received these trainings.

When asked if the aid respondents received covered their most important needs, answers were mixed. In Jarar and Korahe zones, the majority of respondents said “not at all” at 48.4% and 50.0%, respectively. In Sool region, 35.7% chose “not very much” and 33.9% chose “not at all”. However, in Awdal region, 60.6% of respondents said the aid received “mostly” covered their most important needs (see Figure 4).

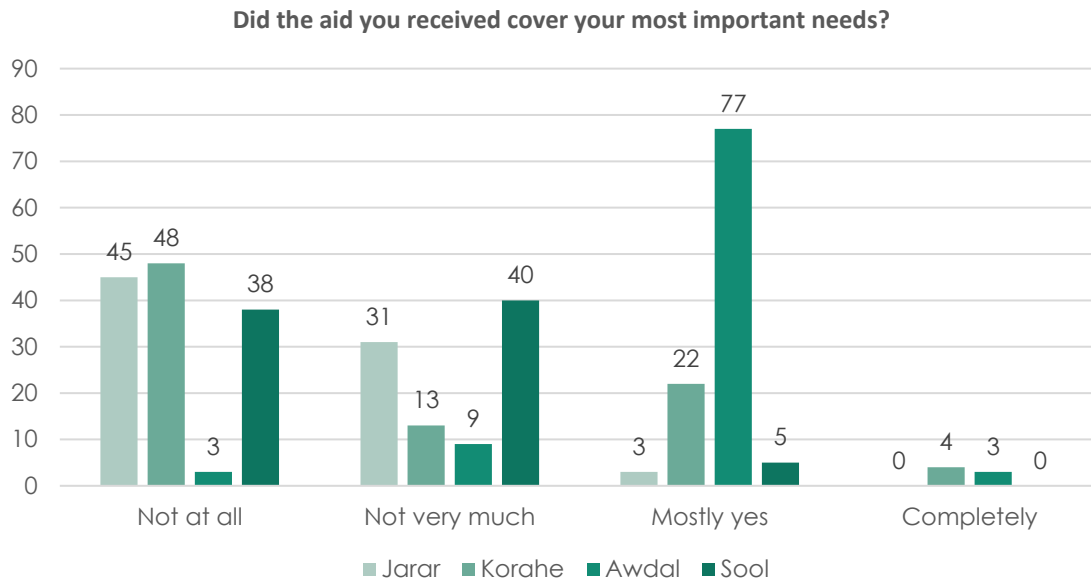


Figure 4. Beneficiary needs covered

Most respondents felt the aid they had received will help them cope with shocks or hazards in the future, though in Sool region the majority felt the support received will not help them cope very much (see Figure 5).

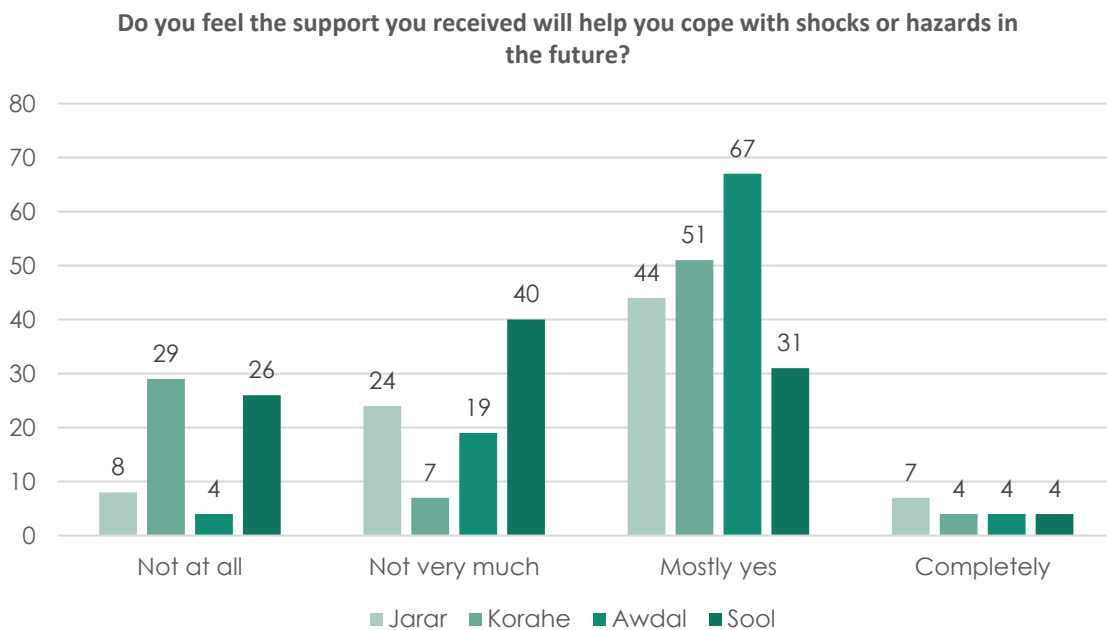
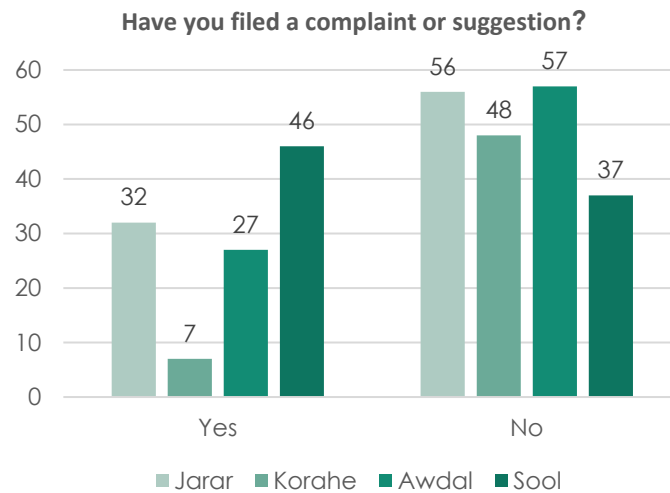


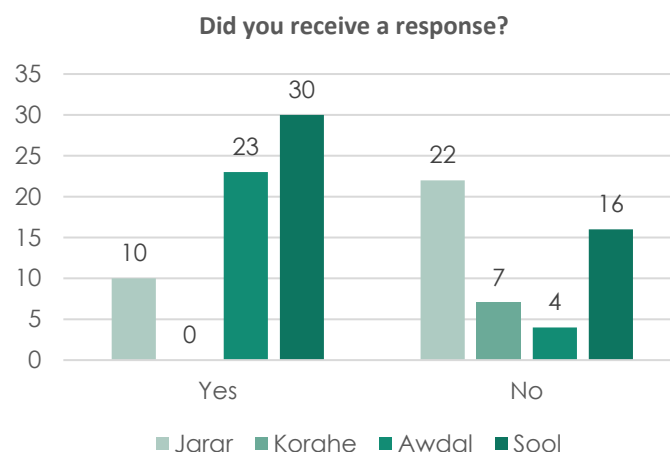
Figure 5. Ability to cope with future shocks or hazards

In regards to submitting complaints or suggestions to implementing partners, 72.4% of beneficiaries said they knew how to submit a complaint or suggestion. There were clear majorities in all locations except for Koraha zone where 57.3% of respondents said they knew how to submit a complaint or suggestion and 42.7% said they did not know how. Of the 310 respondents who knew how to submit a complaint or suggestion, only 36.1% did so. Only in Sool region did more respondents submit a complaint or suggestion than didn't (see Figure 6).



*Figure 6. Filed complaint or suggestion*

Of respondents who filed a complaint or suggestion, those in Awdal and Sool regions were more likely to receive a response than those in Jarar and Koraha zones (see Figure 5). When disaggregated by gender, men were also more likely than women to receive a response. A total of 59 women filed a complaint or suggestion, and only 45.8% received a response. On the other hand, 53 men filed a complaint or suggestion, and 67.9% received a response (see Figure 7).



*Figure 7. Received response*



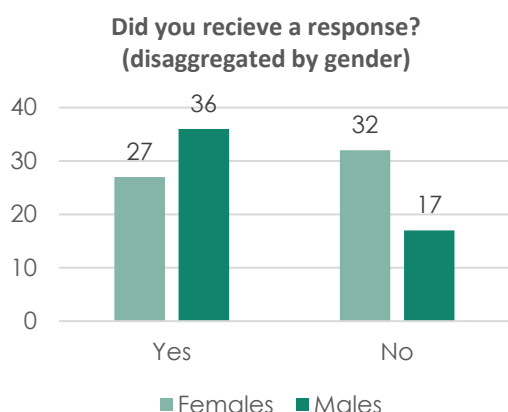


Figure 8. Received response (by gender)

Across all locations, survey respondents overwhelmingly preferred making complaints in person, though some beneficiaries in Sool region also preferred to make complaints in a community meeting (33.0%).

Survey respondents were more positive about their access to information in regards to the aid available to them. In all locations except Sool region, the majority of respondents said they “mostly” feel informed about the kind of aid available to them. However, in Sool, 57.1% of respondents felt they were “not at all” informed.

Table 15. Actors providing information

Respondents mostly received information about the emergency response from community leaders (49.7%) in all locations (see Table 15). However, in Jarar zone information primarily came from UN agencies (39.1%), the government (26.7%), or INGOs (21.1%). This difference is likely explained by the fact that the survey in Jarar zone was conducted in an IDP camp where access to INGOs and UN agencies is increased and social structures that involve community leaders may be less established.

Who do you normally receive information from?		
	No.	#
<b>Community leaders</b>	275	49.7%
<b>INGOs</b>	89	16.1%
<b>UN agencies</b>	83	15.0%
<b>Government</b>	72	13.0%
<b>Local NGOs</b>	25	4.5%
<b>Religious organizations</b>	9	1.6%
<b>Total</b>	553	100.0%

Respondents would prefer to receive information from community leaders still, except for the same differences noted above in Jarar zone. However, in Korahé zone, respondents were also interested in receiving information directly from NGOs (28.9%), and in Awdal region, they were interested in receiving information directly from INGOs (30.8%).

Survey respondents across all locations primarily receive information from face-to-face contact (79.6%) and also prefer this method (78.8%) (see Tables 16 and 17). However, when disaggregated by location, besides face-to-face contact, a hotline number is preferred in Korahé zone (10.8%), Awdal region (15.4%), and Sool region (23.3%). Leaflets or posters are also preferred in Awdal (7.7%) and Sool (5.8%), as well as radios in the same locations (7.7% and 2.3%, respectively).



Table 16. Means of information

How do you normally receive information?		
	No.	#
Face-to-face	383	79.6%
Helpline/hotline	58	12.1%
Leaflet/posters	28	5.8%
Radio	6	1.3%
Going to the NGO office	3	0.6%
WhatsApp	2	0.4%
Facebook	1	0.2%
<b>Total</b>	<b>481</b>	<b>100.0%</b>

Table 17. Preferred means of information

How would you prefer to receive information?		
	No.	%
Face-to-face	130	78.8%
Helpline/hotline	26	15.8%
Leaflet/posters	6	3.6%
Radio	3	1.8%
<b>Total</b>	<b>165</b>	<b>100.0%</b>

### 3.8. Stakeholder Collaboration

Impressions of the coordination between all DRA partners was overwhelmingly positive. According to Save the Children, World Vision, and ZOA information-sharing from the beginning was particularly effective in avoiding overlap of services and duplicating beneficiaries. At The Hague level, CARE Netherlands, ICCO, and World Vision felt a particular strength of the DRA collaboration was the flexible and adaptable nature of the consortium, in which critical decisions were able to be approved and implemented quickly and efficiently. ICCO and World Vision field teams also felt meetings and information-sharing with all DRA members at the beginning of the joint response were particularly helpful and effective.

“The approach was very innovative—we reached different target groups with different intervention methodology from the same source of funding.”

- National emergency response coordinator, SOS Kinderdorp

During project implementation, field teams held monthly coordination meetings, which Save the Children and World Vision noted they found particularly helpful. However, coordination calls were more difficult for Ethiopian implementing partners due to the lack of reliable internet. The ZOA field team stated that they had to travel to more accessible areas in order to communicate with DRA partners. Many of the partners, including Dorcus and SOS Kinderdorp, agreed that the coordination calls

were helpful to discuss progress made, challenges faced, and make necessary changes to how the joint response was implemented. Skype and email appeared to be the most common and effective forms of communication. In particular, all DRA partners felt the CARE focal point in Nairobi was particularly communicative and responsive, and they felt they could contact her as the need arose and always receive a timely response. The focal point also said that partners were responsive to her questions and concerns. In general, ICCO field staff stated that while communication was always good, it also

improved over the course of the implementation. One aspect of intended DRA partner coordination that did not occur was field visits and workshops. According to the CARE focal point in Nairobi, this was due to the hurried nature of an emergency response program; partners were busy implementing in the field and finding time for joint visits or workshops proved particularly difficult. This was supported by the Dorcus program manager, who noted that because it was an emergency response, it was not always possible to have all partners on a call at the same time, much less visit each other.

There appeared to be less communication between DRA partners at the Netherlands level, and according to Save the Children, only one meeting occurred. This was a kick-off meeting at the beginning of the joint response, which ICCO felt was useful to interact with other partners. However, it was agreed by all DRA partners that it made sense to have more communication between field teams once the joint response was up and running. Similar to field teams, most partners in the Netherlands thought communication with the CARE focal point in Nairobi was very open, smooth, and frequent. In particular, ZOA's disaster response officer felt contact with the CARE focal point was very effective in regards to the security situation, with both partners checking-in frequently. DRA partners at the Netherlands level also felt communication strengthened and improved throughout the implementation and, compared to partners' general experience with multi-stakeholder projects, the HoA joint response was well done.

In the field CARE coordinated trainings for Somaliland partners on The Grand Bargain in November 2018 and for Ethiopian partners on the Core Humanitarian Standards in December 2018. DRA partners

noted this was the only trainings they received throughout the program implementation, but that they were extremely useful. According to the CARE focal point in Nairobi, an emergency response and preparedness training was conducted with non-DRA joint response partners, which increased capacity building for local responders, governments, and NGOs. The only critical feedback DRA members provided in relation to the trainings was their interest in conducting these trainings prior to program implementation in order to inform their program design and implementation practices.

Some of the DRA partners both in the field were interested in receiving more trainings from CARE as the focal point. ICCO thought it would be useful to have similar trainings on the CHS but at a larger

“Every organization should adhere to the CHS, it is always good to raise awareness of these standards and principles, but it would have been more helpful to receive at the beginning of the project implementation.”

- Program Manager, Dorcus

“The most interesting part of the kick-off meeting in The Hague was hearing from partners about the kick-off meeting in Addis, because most of the decision-making and formation of the program should be done at the Ethiopian level.”

- Humanitarian Coordinator, ICCO

scale to they are able to train their field staff in each location. In addition, Save the Children would like to learn better practices for nutrition initiatives, ZOA is interested in trainings on implementing WASH initiatives and how to create more effective awareness campaigns, and SOS Kinderdorpen would like to have trainings on cash distribution programs.

In the field, most DRA partners felt that increased funding in order to target more beneficiaries would be a major improvement, as well as an increase in in-person meetings, exchanges, and monitoring visits. SOS Kinderdorpen and ZOA suggested future programming should consider a resiliency and recovery component to address long-term goals. At the Netherlands level, Save the Children thought increased collaboration between DRA partners working in the same technical sector would be beneficial to program design and implementation, though they

were aware this collaboration is already happening to some extent at the field level. World Vision encouraged having more general periodic updates between all partners to have a better understanding of other partners' efforts and issues as well as collective interests of the consortium.

#### 4. Lessons Learned

This section presents overall lessons learned from the DRA HOA joint response from April to December 2018 by synthesizing the experiences of the partners above. Subsequently, a series of recommendations for future programming will conclude the report.

In regards to efficient implementation, delays were experienced in all Ethiopian project locations as well as in Sanaag region, Somaliland. In Ethiopia the government was slow to approve the joint response and confirm permissions to enter the field. As all partners have worked in Ethiopia before, this should have been expected and can be built into the timeline for future programming if it has not been already. In Sanaag, a disputed region between Somaliland and Puntland, the DRA implementing partner had to coordinate and obtain approval from the government ministries of both Somaliland and Puntland. However, the implementing partner knew of these requirements and incorporated it into timelines when submitting their initial project proposal to the DRA.

Besides taking a long time to approve the joint response, DRA partners found that the Ethiopian government often dictates what community needs are and where services should go. While there is often nothing partners can do to change this, it would be invaluable to ensure that communities understand where these decisions come from. In many instances, respondents felt that the partners arrived to their community with project activities already chosen, thereby eroding the trust between the community and the partners. By increasing direct communication between INGOs, NGOs, and the communities, potential misunderstanding and a break down in trust can be avoided.

DRA implementing partners in Ethiopia also experienced difficulty finding local vendors and skilled laborers to work on community assets. Due to ongoing widespread construction projects across the country, skilled laborers are in particular demand and are hard to come by in small remote villages. In addition, due to the impact of the drought, the Ethiopian government had been buying large quantities of livestock to redistribute elsewhere in the country and also export abroad. This caused the price of livestock to increase dramatically, negatively impacting the number of livestock DRA partners had expected to distribute to beneficiaries.

In Somaliland the May 2018 cyclone and resulting floods severely impacted the area and called for a reconsideration of project activities. Though this was an unforeseen challenge, the flexibility and cooperation of the DRA allowed the implementing partner to quickly and efficiently adapt activities and gain access to the region to begin implementation. Somaliland also experienced increased fighting between Sool and Sanaag regions over the course of project implementation, but appeared to have little impact on DRA activities in that area and did not contribute to any significant delays.

Overall, when working on future programs in the region, it appears most effective to incorporate extra time into implementation timelines to allow for government bureaucracy and possible insecurity and conflict. Although it is impossible to prepare for natural disasters, the ways in which the DRA implementing partner in Awdal region handled the impact of the cyclone should be considered for future programming.

## 5. Beneficiary Stories

In each location, researchers spoke with two beneficiaries, one male and one female, to obtain a greater understanding of how their lives were impacted by the DRA joint response and their perceptions of the support they received.

### 5.1. Jarar Zone, Ethiopia

*“The emergency aid and livelihood support was very impactful. I have nine children, and before we received aid, I couldn’t afford their schools fees because I did not have any livestock. I run a tea shop, which cannot cover their fees and uniforms, but since we received support, I have been able to enroll six of them in school.”*

– Female beneficiary, 37

*“The situation of my household has changed 100 percent. Most of the community here is pastoralist, so when our livestock died in the drought, we were unable to buy anything. The NGO distributed food, so our household could eat and survive. The money we saved from receiving food, we could spend on other necessities such as milk.”*

- Male beneficiary, 63

In the IDP camp in Bulale researchers spoke with two beneficiaries who had received food and WASH services. The beneficiaries felt that ICCO had adequately consulted with the community, both men and women equally, in order to choose the focus of the project and select the beneficiaries. The implementation of the project also improved some community members’ livelihoods, as they hired people from the community to help distribute food items and build water schemes. The male beneficiary felt that ICCO hired both men and women fairly, as they only considered education and work experience as factors for hiring.

According to the beneficiaries, the activities were particularly relevant to the area, as ICCO provided flour and built wells, which the beneficiaries had not seen any other NGOs in the area do. In particular, the male beneficiary believed if the food had not arrived as quickly as it did, some members of the community would have died. The community also considered the construction of the water wells particularly effective, because it both provided clean water and improved sanitation in the community. This initiative was complemented by the construction of toilets and awareness sessions on how to properly dispose of animal and human excreta.

*“We expect access to water to improve greatly this year, now that we have three wells instead of one. The wells are very good, and the water we receive from them looks like bottled water.”*

- Male beneficiary, 63

The beneficiaries agreed that the impact of the project was greater for female-headed households. The male beneficiary cited the use of khat as a problem among some men beneficiaries, who use the support they receive to buy more khat. He noted that women always give their families everything they receive from aid initiatives, therefore helping female-headed households significantly.

The beneficiaries felt the most significant change in their community since the implementation of the program was the water wells, as the wells are sustainable and the community will have them for a long time.

*“Community members helped build the wells and were paid in per diem for it. These wells will continue to help the community when it rains, because it is the first time they have had access to clean water in this area.”*

- Male beneficiary, 63

The beneficiaries said their plan for future emergencies is to receive support from the government and NGOs again, but they also want to encourage the community to cultivate farms or create cooperative work so they can handle emergencies themselves.

*“The community cultivated farms to grow their own crops in order to protect against future droughts, but we need further in-kind assistance such as tractors, tools, and generators.”*

- Female beneficiary, 37

The beneficiaries were most interested in receiving assistance that would allow for the sustainability of the project after ICCO left, including generators, tractors, and irrigation pipelines. They also suggested that ICCO make sure to carefully evaluate the people they hire to help distribute the food and build the wells. They felt if these people were not doing a good job, they should be replaced with other people from the community. They also felt communication between ICCO and the community could be improved by electing a wider variety of people to the community committees, including youth, elders, and members from other communities so everyone feels involved.

## 5.2. Korahe Zone, Ethiopia

*“The emergency aid improved my livelihood, because when my family received different food items from the NGOs, I was able to increase my savings.”*

- Male beneficiary, 35

*“The food security initiative addressed my needs because the money I would have used on rice became my savings instead.”*

- Female beneficiary, 40

Two beneficiaries were interviewed in Kabri Dahar where SOS Kinderdorpen, in partnership with OWDA, provided support related to food, agriculture and livestock, and WASH. Although both beneficiaries felt the collaboration between the implementing partners and the community was very good, their perceptions of who was consulted differed. The female beneficiary felt that only men were consulted, while the male beneficiary thought that everyone was included in consultations, including youth, women, and the elderly. However, they both agreed that the NGOs completed an adequate assessment of the area, determining that food, livestock support, and water were most needed, and that they selected beneficiaries fairly. The male beneficiary felt that the food provided was of a good quality and was thankful to receive rice, flour, and oil in addition to money and livestock. The construction of latrines caused sanitation in the community to improve as well, supported by awareness raising sessions to community members.

Overall, the beneficiaries thought the program activities were well chosen to address the needs of the community, but that there was not enough to cover everyone’s needs, in particular food items and livestock. The male beneficiary felt the water catchment system was done very well, because the quality of the water prior to the project implementation was very poor and sometimes made people sick. However, the female beneficiary felt that the support did not fully help the water situation and

access to clean water remains difficult. Unfortunately, the beneficiaries thought the sheep that were provided to restock families' livestock were of poor quality. The sheep that were bought from Yucub were of good quality, but according to the male beneficiary, others bought from the west were sick and some died. He believes if the NGO had consulted with the community about the sheep, they could have given them better advice and the NGO could have bought the sheep from the nearby area.

According to the beneficiaries, the food support had the biggest impact on their livelihoods, as it allowed them to feed their families and increase their savings. The male beneficiary also mentioned that prior to the project implementation, the area had experienced insecurity and conflict, with some people killed and houses burned. He said the NGOs were able to come in and implement their projects once it was peaceful, and their support also contributed to the continued peace in the area. Although the beneficiaries felt that men and women had received an equal amount of support, they believed it had a greater impact on female-headed households because mothers bring everything they receive home and the men sometimes go use khat instead.

The beneficiaries believed that local capacity had been strengthened as a result of the project implementation, but they felt the community needs more support because they are only slightly more prepared for the future.

*"I don't have any plans right now to cope with an emergency in the future, but I would like to work with my hands and open a small business. However, I need more assistance from NGOs, because I don't have enough money to open a business."*

- Male beneficiary, 35

*"I would like to open a small business, because I can't afford anything else. I would need a generator to open the business, then I would like to buy a refrigerator."*

- Female beneficiary, 40

The male beneficiary also pointed out that while access to water improved in the past year, it had deteriorated again because the new wells had already broken and the community was down to one well again. He felt the initiative was helpful, so it should be continued and the wells should be of good quality. According to him, no one was currently responsible for its maintenance, possibly contributing to the wells that have been broken.

In regards to interaction with the community, the female beneficiary noted that members of the community could raise their concerns or give suggestions, but in her opinion, most people did not know how to do so. The male beneficiary also thought project implementation would be improved if the NGOs hired honest people. This was reiterated by the female beneficiary who said the NGOs should hire honest workers and not support people based on tribalism. Both beneficiaries felt that regular meetings and consultations would mitigate many of these problems.

### 5.3. Sool Region, Somaliland

*"The collaboration with the community was very good, they treated our children for malnutrition, treated the most vulnerable, and they were well qualified health workers. As a community we welcomed them and are thankful to them and Allah."*

- Female beneficiary, 45

*"Access to information about treatment has improved. Now we know when to refer a mother and her child with malnutrition symptoms to the health post."*



- Male beneficiary, 23

In the Sool region of Somaliland, where Save the Children implemented life-saving health and nutrition programming, two beneficiaries were interviewed about their experience receiving support. According to the beneficiaries, Save the Children had already decided to conduct health and nutrition programming without consulting with the community, but the NGO did inform the community about the program. Save the Children met with the head of the village and elders, and included both men and women, though the male beneficiary thought that perhaps more men than women were consulted.

Throughout implementation, the beneficiaries felt they could make complaints or suggestions to Save the Children through a complaint number they were given, as well as face-to-face when Save the Children staff came to the village for monitoring purposes.

*"I went to the health workers many times and suggested they provide more medicine to the community, because there were displaced people who came to the village for health services."*

- Female beneficiary, 45

Because most of the people in this area were herders and their livestock had died due to the drought, the people had become malnourished, therefore making a nutrition program directly beneficial. The beneficiaries were not aware of any other NGOs implementing similar programs in the area, so Save the Children filled this gap in services. The beneficiaries were particularly impressed with the quality and professionalism of the health workers that provided services in their community. They noted that many children were treated for and recovered from malnutrition, receiving food items every Saturday. However, the beneficiaries also believed the project implementation could have been more effective if Save the Children and the government had implemented together.

The beneficiaries understood that the joint response was part of a life-saving project that was not designed to strengthen the community's capacity to deal with future disasters. The female beneficiary specifically noted that doctors from Burao hospital had come to provide injections, but now there is no one left in the area that is qualified to provide injections, so the community needs the health workers to return.

*"I have no plan for droughts that might come in the future. I am waiting only for God's plan."*

- Female beneficiary, 45

*"I don't have a clear plan to cope with severe drought conditions in the future. I had livestock, but the drought killed them. I don't have money to restore my livestock, and I am not expecting anybody to help me. However, I would like to open up a small shop."*

- Male beneficiary, 23

The beneficiaries also felt the program could have included nutrition support for adults. The female beneficiary noted that there were many elderly people who were suffering from malnutrition, but that they workers only provided nutrition support to children. In their opinion, the effectiveness of the program could have also been improved by more direct communication between Save the Children and the community.



#### 5.4. Awdal Region, Somaliland

*“There was good collaboration between the community and World Vision. I was one of the people who worked to dig the latrines, and I was on the sanitation team cleaning the wells. We received good money for this work.”*

- Male beneficiary, 40

In the Awdal region of Somaliland, two beneficiaries were interviewed about the food and WASH support they received. According to the male beneficiary, after the cyclone hit, World Vision asked the community if they wanted food or money, and most people chose money, so the program was changed to include this need. However, the male beneficiary stated that the community requested livestock instead of cash transfers, but World Vision only provided cash. Overall, the beneficiaries still felt the support addressed their needs, notably for food and water in the short-term, and they stated that no other organizations were providing sanitation or hygiene programs in the area.

According to the female beneficiary, World Vision had done a very good job at implementing the project, as she was provided with money, chemicals to clean water, sanitation kits, and access to a community well. However, as the male beneficiary mentioned, although \$65 per month helped, it was not enough to address all of their food needs.

*“I think if we had not received the money, we would not have survived, because we had lost our livestock and it was all we had. We were at risk. We survived with that small amount of money, but it did not address all our food needs.”*

- Male beneficiary, 40

Both beneficiaries noted the project had a major impact on their lives in the community. Prior to the implementation, the community obtained water from the valley but it was not clean. In particular, the female beneficiary noted that having a covered well was a significant improvement, because before, the community had used the same water source as baboons. The construction of wells also contributed to an increase in sanitation, as World Vision trained some community members on how to keep their environment clean, and the construction of latrines allowed for the safe disposal of excreta. The latrines also positively impacted females more than men, as women had difficulty previously finding privacy or staying safe when going to the bathroom. Access to food also increased because the cash transfers allowed them to buy more food.

*“Our purchasing power has increased so we can buy several necessary things, even though we only received money for three months.”*

- Female beneficiary, 50

The beneficiaries saw their health improve after the project due to the acquired knowledge about sanitation, especially in regards to children’s’ health in the community. Although the project improved their daily lives, the beneficiaries did not believe it strengthened their local capacity. Neither the male or female beneficiary had a plan to cope with a future emergency, although the male beneficiary wanted to start a new business in the village if he could come up with the capital for it.

*“I don’t have any plans to overcome a drought in the future, I will do whatever I can at that time. Help was given during a very short time period, it did not build our ability to prepare for future emergencies.”*

- Female beneficiary, 50

Most notably, the female beneficiary felt sustainability could be achieved by digging more wells, increasing trainings to community members on sanitation, and cultivating land for agricultural use. The male beneficiary also wanted World Vision to increase their interventions in the community, including buying livestock, increasing the money transfer, and building a school that their children could learn from. In general, both beneficiaries also felt that World Vision should increase their consultations with the village when implementing and include more women and youth.

## 6. Conclusion

The primary purpose of this final evaluation was to assess the impact of the DRA's HoA joint response implemented across seven target locations in Somaliland and Ethiopia from April to December 2018. Incorporating five project components—FSL, livestock and agriculture, WASH, health, and nutrition—the evaluation sought to consider the response's relevance, efficiency, effectiveness, sustainability, and impact while incorporating localization, accountability, and gender mainstreaming into program design. The collaboration and communication between DRA implementing partners was of particular importance as well, as this consortium allowed for a flexible and adaptable response in quickly-changing environments.

## 7. Recommendations

Based on the lessons learned from the qualitative and quantitative findings, the following recommendations for future program implementation can be made:

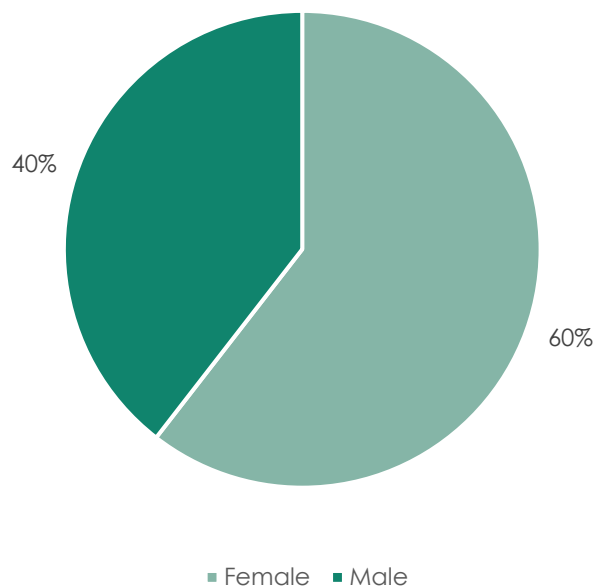
- **Incorporate resiliency and recovery aspects into project design** through more awareness raising sessions and trainings of health and nutrition workers and community volunteers. Although the primary focus of the DRA HoA joint response was on emergency aid, the above activities were included in the original program design and were most requested by beneficiaries as support that they still need.
- **Include development projects as follow up to emergency responses.** In particular, many pastoralist communities who received support from the DRA indicated interest in changing their livelihoods to agriculture and farming to better prepare themselves for future emergencies.
- **Increase direct communication between DRA partners, local implementing partners, and local communities.** This ensures all members of a community are included in locations where relying on preexisting social structures often means women are excluded. Direct communication can also provide communities access to more information, ensuring community trust and buy-in to project activities.
- **Ensure communication and information-sharing is primarily conducted face-to-face and comes from community leaders when possible.** As an overwhelming number of beneficiaries stated, they most trust information coming from their community leaders and prefer to learn about services available to them through face-to-face contact. By continuing communication structures in this way, it will decrease the likelihood that misinformation is spread.
- **Incorporate support for women into program design.** In some project locations women were excluded from decision-making processes and were not allowed to submit complaints or suggestions due to the social structures present in that community. As the DRA partner relied on these structures to bring complaints to the INGO, women's voices were excluded entirely. In the same location, there were also reports of men not allowing female-headed households to receive livestock restocking, therefore illustrating the need to design programming that works to avoid these unintended consequences.

- **Tailor complaint mechanisms to community preferences.** The majority of beneficiaries and stakeholders included in this evaluation preferred making complaints in person, followed by calling a hotline. The more comfortable beneficiaries and stakeholders are with the mechanism, the more likely they are to use them. In addition, as mentioned previously, ensure the mechanism chosen does not unintentionally exclude women.
- **Increase collaborations between DRA implementing partners.** While this was a significant highlight of the project implementation, the partners have more to learn from each other and would benefit from workshops, in-person meetings, and field visits for joint sharing and learning best practices. This should happen at the Netherlands level during program design and in the field during all phases of implementation. Though an emergency response includes a natural time constraint, understanding the importance of these collaborations and incorporating them into program design and timelines could be mutually beneficial for partners and beneficiaries.

## 8. Annex

### 8.1. Quantitative Household Survey

The household survey respondents were almost evenly split between 16-35-year-olds (48.4%) and 36 and older (51.6%). Of the respondents, 60.5% were women and 39.5% were men.



*Figure 9. Respondents by Gender*

Among the respondents, 61.2% stated that they had received no education at all, and 15.9% had attended madrassas. Another 19.4% attended either some or completed primary school, and 2.6% attended either some or completed secondary school. Only one respondent had attended some or completed university.

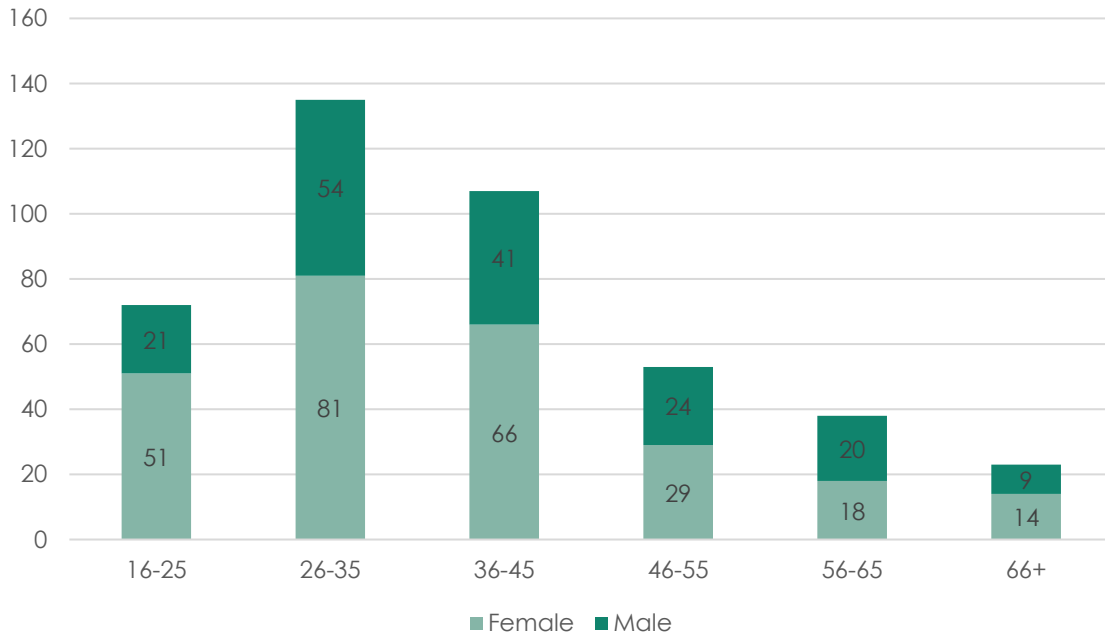


Figure 10. Respondents by Age

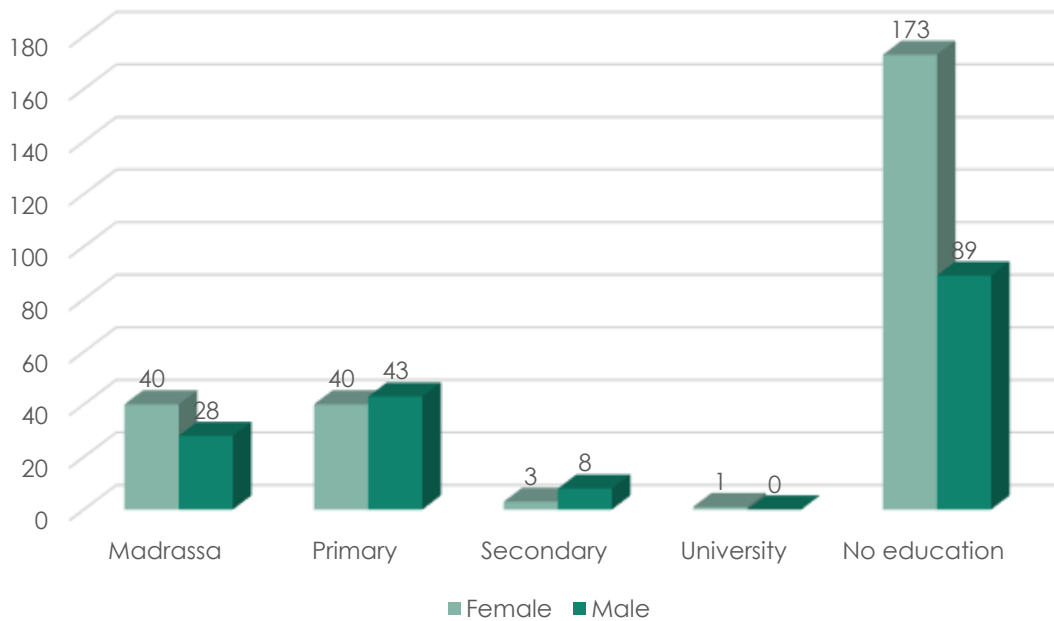


Figure 11. Levels of Education by Gender

The majority of survey respondents reported being unemployed (26.9%). The next most frequently reported sources of employment included labor (25.5%) and agriculture (25.2%). Another 17.3% of respondents identified as housewives, and 3% and 1.2% identified as skilled laborers or professionals, respectively. Less than 1% of responded reported working in the government or as a student.

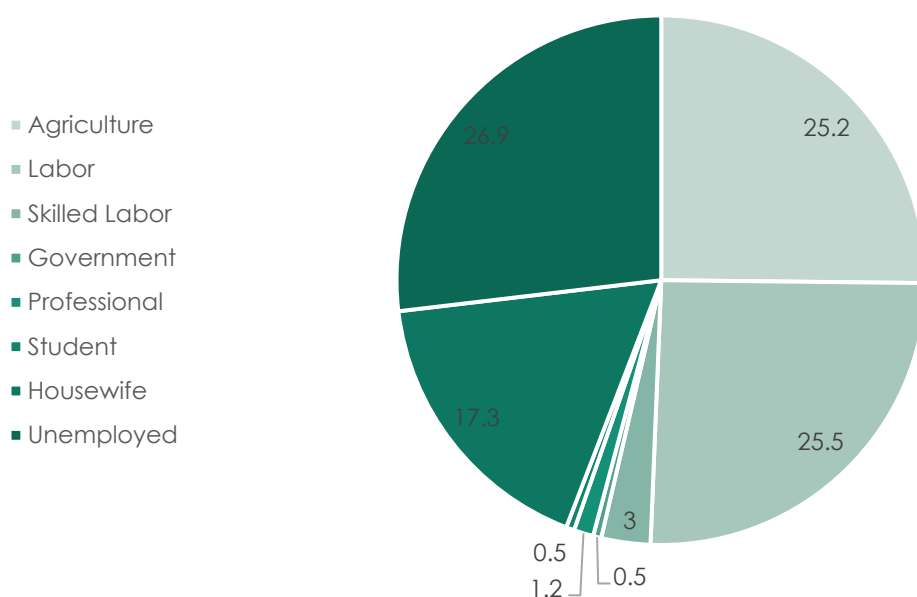


Figure 12. Respondents Occupation by Percentage

## 8.2. Focus Group Discussion (FGD) Guides

### 8.2.1. Beneficiaries in Jarar Zone, Ethiopia

Questions	Indicators
<p><b>Introduction:</b> Hello, my name is _____ and I work with Forcier Consulting. We're undertaking research on behalf of CARE Netherlands to assess interventions that have been implemented in Ethiopia through the Dutch Relief Alliance (DRA) Joint Response to the Horn of Africa in Ethiopia and Somalia/Somaliland. With this research we want to assess the impact of ICCO's work in <b>Jarar zone, Ethiopia</b> to identify its strengths and weaknesses and inform future programme implementation. I want to assure you that all the opinions you give are completely confidential. You may refuse to answer any particular question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics. This discussion should not take more than 60 minutes.</p>	
Number of Participants:	General characteristics
Age:	
Gender:	
Date of Interview:	
<b>Part 1 - Introductory Questions (These questions serve to both relax and focus the participants)</b>	

<p>1. To begin our discussion, I would like you to discuss as a group the most positive development that your community has seen in the past year. Please work in 2 groups over the next 5 to 10 minutes to rank the top 5 developments and who has been responsible for them, and then select someone to present your conclusions. <i>(Split the group in half, and when the groups appear to be finished, or after 10 minutes, ask the selected person to list the biggest developments their community has seen. Write these problems on a piece of paper, because you will refer to them later.)</i></p>	<p><u>General knowledge</u> How emergency aid and response is understood within the community</p>
<p>2. How do you understand emergency aid and response? (<b>Follow up:</b> Is emergency aid always useful to a community? Can there be instances in which emergency responses hurt a community? How so? How should emergency aid be implemented to avoid negative consequences?)</p>	
<p>3. Do you think all groups are taken into consideration equally when a programme is implemented in your community? Who is excluded? (<b>Probe:</b> Minority groups or clans, youth, women, IDPs?)</p>	
<p>4. Could you give an example of a programme in the last year which positively changed the lives of people living in this community?</p>	
<p><b>Part 2 - Effectiveness of Food Security and Livelihood Programs</b></p>	
<p>Now I would like to ask you some questions about food security and livelihood initiatives implemented by ICCO in this area.</p>	
<p>5. Has there been any improvements in meeting basic food needs, including availability and access to food, in your community in the past year? (<b>Probe:</b> What caused this change? Who benefited most from it?)</p>	<p>Effectiveness Efficiency Localization Gender-sensitive</p>
<p>6. Can you name some examples of the changes that were achieved at the household-level? Has income and food security improved?</p>	
<p>7. Based on your experience, do men and women benefit differently from livelihood support programs? (<b>Probe:</b> How are female-headed households impacted?)</p>	
<p>8. In your opinion, did the food security and livelihood initiatives address the needs of your community? Why or why not? How could it have been improved?</p>	
<p><b>Part 3 - Effectiveness of Water, Sanitation, and Hygiene (WASH) Programs</b></p>	
<p>Now I would like to ask you some questions about water, sanitation, and hygiene (WASH) initiatives implemented by ICCO in this area.</p>	
<p>9. Does everyone have equal access to sanitation? (<b>Probe:</b> Why or why not? What could be done to improve this?)</p>	<p>Effectiveness Efficiency Localization Gender-sensitive</p>
<p>9a. In your families, do all members wash their hands? (<b>Probe:</b> Why or why not? If not, do you think this is a problem? Why or why not? What kinds of diseases do you associate with this?)</p>	
<p>9b. Can you give me some other examples of how hygiene practices have changed?</p>	
<p>9c. Do you wash your hands? If yes, when do you wash your hands?</p>	
<p>10. Based on your experience, do women and men benefit differently from the installation of WASH infrastructure?</p>	
<p>11. Who do you think should be responsible for maintaining the water and sanitation infrastructure in this community? Who is currently responsible for maintaining it?</p>	

12. In your opinion, did the WASH initiatives address the needs of your community? Why or why not? How could it have been improved?	
<b>Part 4 - Programme Effectiveness in terms of Engagement with Community</b>	
13. How did ICCO decide on which programs to prioritize in this district? ( <b>Probe:</b> Do you agree with their priorities? Did ICCO listen to the community's needs? Why or why not? What else should be prioritized?)	Localization Accountability
14. Have you ever tried to raise an issue with ICCO and their local partners before? How did they respond? If not, do you feel like you could raise an issue to them?	
15. Are there ways in which the communication between ICCO and your community could be improved?	
<b>Part 5 - Sustainability and Lessons Learned</b>	
16. In your opinion, what is the biggest strength of the ICCO's programs in Ethiopia?	Sustainability Impact
17. Does ICCO provide services that are not provided by other organisations?	
18. In your opinion, what is the biggest weakness of ICCO's programs and how could it be improved?	
19. Can you tell me about your plans to cope with severe drought conditions in the future? ( <b>Probe:</b> Do you think you will need further assistance from ICCO to realize them?)	
<b>This concludes the discussion. Thank you very much for your time and for sharing your thoughts and opinions.</b>	

### 8.2.2. Beneficiaries in Korahé Zone, Ethiopia

Questions	Indicators
<p><b>Introduction:</b> Hello, my name is _____ and I work with Forcier Consulting. We're undertaking research on behalf of CARE Netherlands to assess interventions that have been implemented in Ethiopia through the Dutch Relief Alliance (DRA) Joint Response to the Horn of Africa in Ethiopia and Somalia/Somaliland.</p> <p>With this research we want to assess the impact of <b>SOS Kinderdorp</b>'s work in <b>Korahé zone, Ethiopia</b> to identify its strengths and weaknesses and inform future programme implementation.</p> <p>I want to assure you that all the opinions you give are completely confidential. You may refuse to answer any particular question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics. This discussion should not take more than 60 minutes.</p>	
Number of Participants:	General characteristics
Age:	
Gender:	
Date of Interview:	
<b>Part 1 - Introductory Questions (These questions serve to both relax and focus the participants)</b>	



<p>1. To begin our discussion, I would like you to discuss as a group the most positive development that your community has seen in the past year. Please work in 2 groups over the next 5 to 10 minutes to rank the top 5 developments and who has been responsible for them, and then select someone to present your conclusions. <i>(Split the group in half, and when the groups appear to be finished, or after 10 minutes, ask the selected person to list the biggest developments their community has seen. Write these problems on a piece of paper, because you will refer to them later.)</i></p>	<p><u>General knowledge</u> How emergency aid and response is understood within the community</p>	
<p>2. How do you understand emergency aid and response? (<b>Follow up:</b> Is emergency aid always useful to a community? Can there be instances in which emergency aid hurts a community? How so? How should emergency aid be implemented to avoid negative consequences?)</p>		
<p>3. Do you think all groups are taken into consideration equally when a programme is implemented in your community? Who is excluded? (<b>Probe:</b> Minority groups or clans, youth, women, IDPs?)</p>		
<p>4. Could you give an example of a programme in the last year which positively changed the lives of people living in this community?</p>		
<p><b>Part 2 - Effectiveness of Food Security and Livelihood and Agriculture and Livestock Programs</b></p>		
<p>Now I would like to ask you some questions about food security and livelihood and agriculture and livestock initiatives which were implemented by SOS Kinderdorpen in this area.</p>	<p>Effectiveness Efficiency Localization Gender-sensitive</p>	
<p>5. Has there been any improvements in meeting basic food needs, including availability and access to food, in your community in the past year? (<b>Probe:</b> What caused this change? Who benefited most from it?)</p>		
<p>6. In what ways has the voucher system for both food and livestock veterinary services helped your household?</p>		
<p>6a. Can you name some examples of the changes that were achieved at the household-level? Has income and food security improved?</p>		
<p>7. Based on your experience, do men and women benefit differently from livelihood support programs? (<b>Probe:</b> How are female-headed households impacted?)</p>		
<p>8. In your opinion, did the food security and livelihood and agriculture and livestock initiatives address the needs of your community? Why or why not? How could it have been improved?</p>		
<p><b>Part 3 - Effectiveness of Water, Sanitation, and Hygiene (WASH) Programs</b></p>		
<p>Now I would like to ask you some questions about water, sanitation, and hygiene (WASH) initiatives which were implemented by SOS Kinderdorpen in this area.</p>		
<p>9. Does everyone have equal access to sanitation? (<b>Probe:</b> Why or why not? What could be done to improve this?)</p>		
<p>9a. In your families, do all members wash their hands? (<b>Probe:</b> Why or why not? If not, do you think this is a problem? Why or why not? What kinds of diseases do you associate with this?)</p>		
<p>9b. Can you give me some other examples of how hygiene practices have changed?</p>		
<p>9c. Do you wash your hands? If yes, when do you wash your hands?</p>		
<p>10. (<b>FEMALES ONLY</b>) Did you feel the sanitary kits you received were effective in addressing your needs? Why or why not? What else could they have contained?</p>		
<p>11. Based on your experience, do women and men benefit differently from the installation of WASH infrastructure?</p>		

12. Who do you think should be responsible for maintaining the water and sanitation infrastructure in this community? Who is currently responsible for maintaining it?	
13. In your opinion, did the WASH initiatives address the needs of your community? Why or why not? How could it have been improved?	
<b>Part 4 - Programme Effectiveness in terms of Engagement with Community</b>	
14. How did SOS Kinderdorpen decide on which programs to priorities in this district? ( <b>Probe:</b> Do you agree with their priorities? Did SOS Kinderdorpen listen to the community's needs? Why or why not? What else should be prioritized?)	Localization Accountability
15. Have you ever tried to raise an issue with SOS Kinderdorpen before? How did they respond? If not, do you feel like you could raise an issue to them?	
16. Are there ways in which the communication between SOS Kinderdorpen and your community could be improved?	
<b>Part 5 - Sustainability and Lessons Learned</b>	
17. In your opinion, what is the biggest strength of SOS Kinderdorpen's programs in Korahé zone?	Sustainability Impact
18. Does SOS Kinderdorpen provide services that are not provided by other organisations?	
19. In your opinion, what is the biggest weakness of SOS Kinderdorpen's programs and how could it be improved?	
20. Can you tell me about your plans to cope with severe drought conditions in the future? ( <b>Probe:</b> Do you think you will need further assistance from SOS Kinderdorpen to realize them?)	
<b>This concludes the discussion. Thank you very much for your time and for sharing your thoughts and opinions.</b>	

### 8.2.3. Beneficiaries in Awdal Region, Somaliland

Questions	Indicators
<p><b>Introduction:</b> Hello, my name is _____ and I work with Forcier Consulting. We're undertaking research on behalf of CARE Netherlands to assess interventions that have been implemented in Ethiopia through the Dutch Relief Alliance (DRA) Joint Response to the Horn of Africa in Ethiopia and Somalia/Somaliland.</p> <p>With this research we want to assess the impact of <b>World Vision's</b> work in <b>Awdal region, Somaliland</b> to identify its strengths and weaknesses and inform future programme implementation.</p> <p>I want to assure you that all the opinions you give are completely confidential. You may refuse to answer any particular question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics. This discussion should not take more than 60 minutes.</p>	
Number of Participants:	General characteristics
Age:	
Gender:	
Date of Interview:	
<b>Part 1 - Introductory Questions (These questions serve to both relax and focus the participants)</b>	

<p>1. To begin our discussion, I would like you to discuss as a group the most positive development that your community has seen in the past year. Please work in 2 groups over the next 5 to 10 minutes to rank the top 5 developments and who has been responsible for them, and then select someone to present your conclusions. <i>(Split the group in half, and when the groups appear to be finished, or after 10 minutes, ask the selected person to list the biggest developments their community has seen. Write these problems on a piece of paper, because you will refer to them later.)</i></p>	<p><u>General knowledge</u> How emergency aid and response is understood within the community</p>	
<p>2. How do you understand emergency aid and response? (<b>Follow up:</b> Is emergency aid always useful to a community? Can there be instances in which emergency responses hurt a community? How so? How should emergency aid be implemented to avoid negative consequences?)</p>		
<p>3. Do you think all groups are taken into consideration equally when a programme is implemented in your community? Who is excluded? (<b>Probe:</b> Minority groups or clans, youth, women, IDPs?)</p>		
<p>4. Could you give an example of a programme in the last year which positively changed the lives of people living in this community?</p>		
<p><b>Part 2 - Effectiveness of Food Security and Livelihood Programs</b></p>		
<p>Now I would like to ask you some questions about food security and livelihood initiatives implemented by World Vision in this area.</p>		
<p>5. Has there been any improvements in meeting basic food needs, including availability and access to food, in your community in the past year? (<b>Probe:</b> What caused this change? Who benefited most from it?)</p>	<p>Effectiveness Efficiency Localization Gender-sensitive</p>	
<p>6. Did you benefit from the livestock mobile teams for treatment and vaccination assistance? If so, how did this help your household? (<b>Probe:</b> Did this increase your household's economic stability? How so?)</p>		
<p>7. In what ways has the voucher system for food helped your household? (<b>Probe:</b> Did this provide food security to your household? How so?)</p>		
<p>8. Can you name some examples of the changes that were achieved at the household-level? Has income and food security improved?</p>		
<p>9. Based on your experience, do men and women benefit differently from livelihood support programs? (<b>Probe:</b> How are female-headed households impacted?)</p>		
<p>10. In your opinion, did the food security and livelihood initiatives address the needs of your community? Why or why not? How could it have been improved?</p>		
<p><b>Part 3 - Effectiveness of Water, Sanitation, and Hygiene (WASH) Programs</b></p>		
<p>Now I would like to ask you some questions about water, sanitation, and hygiene (WASH) initiatives implemented by World Vision in this area.</p>		
<p>11. Does everyone have equal access to sanitation? (<b>Probe:</b> Why or why not? What could be done to improve this?)</p>		
<p>11a. In your families, do all members wash their hands? (<b>Probe:</b> Why or why not? If not, do you think this is a problem? Why or why not? What kinds of diseases do you associate with this?)</p>		
<p>11b. Can you give me some other examples of how hygiene practices have changed?</p>		
<p>11c. Do you wash your hands? If yes, when do you wash your hands?</p>		

12. Based on your experience, do women and men benefit differently from the installation of WASH infrastructure?	
13. Who do you think should be responsible for maintaining the water and sanitation infrastructure in this community? Who is currently responsible for maintaining it?	
14. In your opinion, did the WASH initiatives address the needs of your community? Why or why not? How could it have been improved?	
<b>Part 4 - Programme Effectiveness in terms of Engagement with Community</b>	
15. How did World Vision decide on which programs to priorities in this district? ( <b>Probe:</b> Do you agree with their priorities? Did World Vision listen to the community's needs? Why or why not? What else should be prioritized?)	Localization Accountability
16. Have you ever tried to raise an issue with World vision before? How did they respond? If not, do you feel like you could raise an issue to them?	
17. Are there ways in which the communication between World Vision and your community could be improved?	
<b>Part 5 - Sustainability and Lessons Learned</b>	
18. In your opinion, what is the biggest strength of World Vision's programs in Ethiopia?	Sustainability Impact
19. Does World Vision provide services that are not provided by other organisations?	
20. In your opinion, what is the biggest weakness of World Vision's programs and how could it be improved?	
21. Can you tell me about your plans to cope with severe drought conditions in the future? ( <b>Probe:</b> Do you think you will need further assistance from World Vision to realize them?)	
<b>This concludes the discussion. Thank you very much for your time and for sharing your thoughts and opinions.</b>	

#### 8.2.4. Beneficiaries in Sool Region, Somaliland

Questions	Indicators
<p><b>Introduction:</b> Hello, my name is _____ and I work with Forcier Consulting. We're undertaking research on behalf of CARE Netherlands to assess interventions that have been implemented in Ethiopia through the Dutch Relief Alliance (DRA) Joint Response to the Horn of Africa in Ethiopia and Somalia/Somaliland.</p> <p>With this research we want to assess the impact of <b>Save the Children's</b> work in <b>Sool region, Somaliland</b> to identify its strengths and weaknesses and inform future programme implementation. I want to assure you that all the opinions you give are completely confidential. You may refuse to answer any particular question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics. This discussion should not take more than 60 minutes.</p>	
Number of Participants:	General characteristics
Age:	
Gender:	
Date of Interview:	
<b>Part 1 - Introductory Questions (These questions serve to both relax and focus the participants)</b>	

<p>1. To begin our discussion, I would like you to discuss as a group the most positive development that your community has seen in the past year. Please work in 2 groups over the next 5 to 10 minutes to rank the top 5 developments and who has been responsible for them, and then select someone to present your conclusions. <i>(Split the group in half, and when the groups appear to be finished, or after 10 minutes, ask the selected person to list the biggest developments their community has seen. Write these problems on a piece of paper, because you will refer to them later.)</i></p>	<p><u>General knowledge</u> How emergency aid and response is understood within the community</p>
<p>2. How do you understand emergency aid and response? (<b>Follow up:</b> Is emergency aid always useful to a community? Can there be instances in which emergency responses hurt a community? How so? How should emergency aid be implemented to avoid negative consequences?)</p>	
<p>3. Do you think all groups are taken into consideration equally when a programme is implemented in your community? Who is excluded? (<b>Probe:</b> Minority groups or clans, youth, women, IDPs?)</p>	
<p>4. Could you give an example of a programme in the last year which positively changed the lives of people living in this community?</p>	
<p><b>Part 2 - Effectiveness of Health Programs</b></p>	
<p>Now I would like to ask you some questions about health initiatives implemented by Save the Children in this area.</p>	<p>Effectiveness Efficiency Localization Gender-sensitive</p>
<p>5. Based on your experience, what has changed in your community since Save the Children provided for the refurbishment of health facilities, health services mobile teams, health care worker trainings, and community awareness health programs?</p>	
<p>6. Based on your experience, do women and men benefit differently from the provision of health services?</p>	
<p>7. What do you think would most improve the quality of health care services in your community?</p>	
<p>8. In your opinion, did the health initiatives address the needs of your community? Why or why not? How could it have been improved?</p>	
<p><b>Part 3 - Effectiveness of Nutrition Programs</b></p>	
<p>Now I would like to ask you some questions about nutrition initiatives implemented by Save the Children in this area.</p>	<p>Effectiveness Efficiency Localization Gender-sensitive</p>
<p>9. Has there been any improvements in the prevalence of malnutrition in your community in the last year? (<b>Probe:</b> What caused this change? Who benefited most from it?)</p>	
<p>10. Based on your experience, what has changed in your community since Save the Children began provided screenings for malnutrition, awareness raising on infant and young child feeding, and the training of community health workers and nutrition volunteers?</p>	
<p>11. Based on your experience, do women and men benefit differently from the provision of nutrition services?</p>	
<p>12. What do you think would most improve the quality of nutrition services in your community?</p>	
<p>13. In your opinion, did the nutrition initiatives address the needs of your community? Why or why not? How could it have been improved?</p>	
<p><b>Part 4 - Programme Effectiveness in terms of Engagement with Community</b></p>	

14. How did Save the Children decide on which programs to priorities in this district? ( <b>Probe:</b> Do you agree with their priorities? Did ICCO listen to the community's needs? Why or why not? What else should be prioritized?)	Localization Accountability
15. Have you ever tried to raise an issue with Save the Children before? How did they respond? If not, do you feel like you could raise an issue to them?	
16. Are there ways in which the communication between Save the Children and your community could be improved?	
<b>Part 5 - Sustainability and Lessons Learned</b>	
17. In your opinion, what is the biggest strength of Save the Children's programs in Ethiopia?	Sustainability Impact
18. Does Save the Children provide services that are not provided by other organisations?	
19. In your opinion, what is the biggest weakness of Save the Children's programs and how could it be improved?	
20. Can you tell me about your plans to cope with severe drought conditions in the future? ( <b>Probe:</b> Do you think you will need further assistance from Save the Children to realize them?)	
<b>This concludes the discussion. Thank you very much for your time and for sharing your thoughts and opinions.</b>	

### 8.3. Key Informant Interview (KII) Guides

#### 8.3.1. Local Authority

Questions	Indicators
<p><b>Introduction:</b> Hello, my name is _____ and I work with Forcier Consulting. We're undertaking research as part of the Dutch Relief Alliance Joint Response to the Horn of Africa in Ethiopia and Somalia/Somaliland.</p> <p>The purpose of the research is to conduct a final evaluation of the Dutch Relief Alliance (DRA) Horn of Africa Joint Response (HOA JR) and understand attitudes towards the delivery of emergency aid and services.</p> <p>I want to assure you that all the opinions you give are completely confidential. You may refuse to answer any particular question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics. This discussion should not take more than 60 minutes.</p>	
Name of the participant	General characteristics
Age of Participant:	
Gender:	
Marital status:	
Education level:	
Position title:	
Part 1 - The following questions ask about your knowledge of the emergency response services provided by the Dutch Relief Alliance (DRA) Horn of Africa Joint Response (HOA JR) and the context in which the HOA JR was implemented.	
1. What is your current role? How long have you had this role?	<u>General knowledge</u>



2. Which services or aid did your community receive as part of the joint response?	How emergency aid and response is understood in the community  Localization Accountability Conflict-sensitive
3. Who were the stakeholders involved in the joint response? How were they involved?	
4. Did the DRA include the local government authorities in the decision-making process?	
4a. In what ways did the DRA consult with you regarding the intervention details? (Probe: For example, how were intervention activities chosen? How were the beneficiaries chosen to receive services or aid?)	
5. Which collaborations were most effective? Why?	
6. Which collaborations were least effective? Why?	
7. In your opinion, what are the most important contextual factors (e.g. related to religion, culture, geography) that need to be taken into account for emergency response interventions? Why?	
8. Do you think the intervention activities were well chosen? Do they address the needs of the community?	
9. Was the selection process for beneficiaries and type of services or aid fair? Why or why not?	
10. Are there any ongoing conflicts (conflicts, disputes, or tensions among communities or groups) in your district?	
10a. If yes, did the HOA JR take the conflict into consideration in its programme design and implementation?	
10b. Did the conflict impact the delivery of the HOA JR? (Probe: Was service delivery delayed? Did the conflict influence who was able to receive services and aid? How so?)	
10c. Did the HOA JR impact the conflict? (Probe: Did it exacerbate or reduce tensions between community members? How so?)	
11. Did the joint response have a complaint mechanism for the local community to use? (Follow up: If yes, to what extent was the mechanism relevant and appropriate to the context? To what extent was the mechanism implemented and effective?)	
<b>Part 2 - The following questions will ask you about the relationship between the DRA, local authorities, and the local community.</b>	
12. Did you have any interaction with DRA implementing partners during the project implementation? (Probe: What was good? What could be improved?)	Effectiveness Efficiency
13. Was there sharing of information between the local government and the DRA?	
14. What kind of information was shared? How often was information shared?	
15. Were there any relational problems between the stakeholders of this project?	
16. Based on your experience, were there ways in which the communication between the DRA and local authorities could be improved?	
17. How would you characterize the collaboration between the DRA and the local community?	
17a. Specifically, in what ways were the local community involved in the joint response intervention? Who was consulted? Were women and men consulted equally?	
18. Are there ways in which the communication between the DRA and the local community could be improved?	
<b>Part 3 - The following questions will ask you about the impact of the DRA HOA JR on the community.</b>	
19. What are the most pressing needs in the community?	Sustainability



20. How has the emergency response intervention addressed these needs?	Impact
21. Based on your experience, what has changed in your community since the emergency response intervention?	
22. In your opinion, what has been the biggest achievement of the HOA JR?	
23. In your opinion, what were the biggest challenges with the HOA JR?	
24. Could implementation have been more effective? If yes, in what aspects? (Probe: Are you aware of any difficulties with granting permits? Are you aware of any difficulties with the procurement of supplies? Are you aware of any delays in programme implementation?)	
25. Have you observed any adverse political, social, religious, or economic impacts as a result of emergency aid?	
26. Based on your experience, did men and women benefit differently from livelihood support programs? (Probe: How are female-headed households impacted?)	
27. To what extent were local capacities strengthened by the response? (Probe: Are communities more prepared for emergencies in the future? How so?)	
28. Is there anything else you would like to add about the HOA JR intervention?	
<b>This concludes the discussion. Thank you very much for your time and for sharing your thoughts and opinions.</b>	

### 8.3.2. Community Leader

Questions	Indicators
<p><b>Introduction:</b> Hello, my name is _____ and I work with Forcier Consulting. We're undertaking research as part of the Dutch Relief Alliance Joint Response to the Horn of Africa in Ethiopia and Somalia/Somaliland.</p> <p>The purpose of the research is to conduct a final evaluation of the Dutch Relief Alliance (DRA) Horn of Africa Joint Response (HOA JR) and understand attitudes towards the delivery of emergency aid and services.</p> <p>I want to assure you that all the opinions you give are completely confidential. You may refuse to answer any particular question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics. This discussion should not take more than 60 minutes.</p>	
Name of the participant	General characteristics
Age of Participant:	
Gender:	
Marital status:	
Education level:	
Position title:	
<b>Part 1 - The following questions ask about your knowledge of the emergency response services provided by the Dutch Relief Alliance (DRA) Horn of Africa Joint Response (HOA JR) and the context in which the HOA JR was implemented.</b>	
1. What is your current role? How long have you had this role?	General knowledge

2. Which services or aid did your community receive as part of the joint response?	How emergency aid and response is understood by the community  Localization Accountability Conflict-sensitive  F
3. Who were the stakeholders involved in the joint response? How were they involved?	
4. Did the DRA include community leaders in the decision-making process?	
4a. In what ways did the DRA consult with you regarding the intervention details? (Probe: For example, how were intervention activities chosen? How were the beneficiaries chosen to receive services or aid?)	
5. Which collaborations were most effective? Why?	
6. Which collaborations were least effective? Why?	
7. In your opinion, what are the most important contextual factors (e.g. related to religion, culture, geography) that need to be taken into account for emergency response interventions? Why?	
8. Do you think the intervention activities were well chosen? Do they address the needs of the community?	
9. Was the selection process for beneficiaries and type of services or aid fair? Why or why not?	
10. Are there any ongoing conflicts (conflicts, disputes, or tensions among communities or groups) in your district?	
10a. If yes, did the HOA JR take the conflict into consideration in its programme design and implementation?	
10b. Did the conflict impact the delivery of the HOA JR? (Probe: Was service delivery delayed? Did the conflict influence who was able to receive services and aid? How so?)	
10c. Did the HOA JR impact the conflict? (Probe: Did it exacerbate or reduce tensions between community members? How so?)	
11. Did the joint response have a complaint mechanism for the local community to use? (Follow up: If yes, to what extent was the mechanism relevant and appropriate to the context? To what extent was the mechanism implemented and effective?)	
<b>Part 2 - The following questions will ask you about the relationship between the DRA, local authorities, and the local community.</b>	
12. Did you have any interaction with DRA implementing partners during the project implementation? (Probe: What was good? What could be improved?)	Effectiveness Efficiency
13. Was there sharing of information between community leaders and the DRA?	
14. What kind of information was shared? How often was information shared?	
15. Were there any relational problems between the stakeholders of this project?	
16. Based on your experience, were there ways in which the communication between the DRA and community leaders could be improved?	
17. How would you characterize the collaboration between the DRA and the local community?	
17a. Specifically, in what ways were the local community involved in the joint response intervention? Who was consulted? Were women and men consulted equally?	
18. Are there ways in which the communication between the DRA and the local community could be improved?	
<b>Part 3 - The following questions will ask you about the impact of the DRA HOA JR on the community.</b>	
19. What are the most pressing needs in the community?	Sustainability

20. How has the emergency response intervention addressed these needs?	Impact
21. Based on your experience, what has changed in your community since the emergency response intervention?	
22. In your opinion, what has been the biggest achievement of the HOA JR?	
23. In your opinion, what were the biggest challenges with the HOA JR?	
24. Could implementation have been more effective? If yes, in what aspects? (Probe: Are you aware of any delays in programme implementation? Are you aware of any issues with the services beneficiaries received?)	
25. Have you observed any adverse political, social, religious, or economic impacts as a result of emergency aid?	
26. Based on your experience, did men and women benefit differently from livelihood support programs? (Probe: How are female-headed households impacted?)	
27. To what extent were local capacities strengthened by the response? (Probe: Are communities more prepared for emergencies in the future? How so?)	
28. Is there anything else you would like to add about the HOA JR intervention?	
This concludes the discussion. Thank you very much for your time and for sharing your thoughts and opinions.	

### 8.3.3. Community Beneficiary

Questions	Indicators
<p><b>Introduction:</b> Hello, my name is _____ and I work with Forcier Consulting. We're undertaking research as part of the Dutch Relief Alliance Joint Response to the Horn of Africa in Ethiopia and Somalia/Somaliland.</p> <p>The purpose of the research is to conduct a final evaluation of the Dutch Relief Alliance (DRA) Horn of Africa Joint Response (HOA JR) and understand attitudes towards the delivery of emergency aid and services.</p> <p>I want to assure you that all the opinions you give are completely confidential. You may refuse to answer any particular question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics. This discussion should not take more than 60 minutes.</p>	
Name of the participant	General characteristics
Age of Participant:	
Gender:	
Marital status:	
Education level:	
Position title:	
<b>Part 1 - Effectiveness and Efficiency of Programs, Collaboration with DRA Implementing Partners</b>	
1. How would you characterize the [NGO]'s collaboration with the local community?	Effectiveness Efficiency
2. In what ways did [NGO] consult with your community regarding the program's details? ( <b>Probe:</b> For example, how were the beneficiaries chosen? How were the types of projects chosen?)	Localization

Were women and men consulted in equal parts? Were young people consulted?)	
3. Do you think the programme activities were well chosen? Do they address the needs of your community?	
4. Did you and other community members have the chance to raise concerns or make suggestions?	
5. Did your ability in meeting basic food needs, including availability and access to food, improve in the past year? ( <b>Probe:</b> What caused this change? How did the initiative most help you?)	
6. In your opinion, did the food security and livelihood initiatives address your needs? Why or why not? How could it have been improved?	
7. Did your access to water improve in the past year? ( <b>Probe:</b> Why or why not? What caused this change? How did the initiative most help you?)	
8. Did your access to sanitation improve in the past year? ( <b>Probe:</b> Why or why not? What caused this change? How did the initiative most help you?)	
9. In your opinion, did the WASH initiatives address your needs? Why or why not? How could it have been improved?	
10. Did your access to health care and facilities improve in the past year? ( <b>Probe:</b> Why or why not? What caused this change? How did the initiative most help you?)	
11. In your opinion, did the health initiatives address your needs? Why or why not? How could it have been improved?	
12. Based on your experience, has there been any improvements in the prevalence of malnutrition in your community in the last year? ( <b>Probe:</b> What caused this change? Who benefited most from it?)	
13. Did your access to information about and treatment for malnutrition improve in the past year? ( <b>Probe:</b> Why or why not? What caused this change? How did the initiative help you?)	
14. In your opinion, did the nutrition initiatives address your needs? Why or why not? How could it have been improved?	
15. Could implementation of the HOA JR have been more effective? If yes, in which aspects? ( <b>Probe:</b> Are you aware of any delays in programme implementation?)	
<b>Part 2 - Project Impact on Target Communities</b>	
16. Based on your experience, what has changed in your household since [NGO] offered emergency aid livelihood support? ( <b>Probe:</b> Can you name some examples of the changes that were achieved? Has income and access to basic necessities improved in your household?)	Impact Gender-sensitive
17. Based on your experience, did the emergency response impact girls and boys differently? Why or why not?	
18. Based on your experience, do men and women benefit differently from livelihood support programs? ( <b>Probe:</b> How are female-headed households impacted?)	
19. Have you observed any adverse political, social, religious, or economic impacts as a result of emergency aid?	
<b>Part 3 - Sustainability of Project</b>	
20. Can you tell me about your plans to cope with severe drought conditions in the future? ( <b>Probe:</b> Do you think you will need further assistance from [NGO] to realize them?)	Sustainability

21. To what extent were local capacities strengthened by the response? ( <b>Probe:</b> Are you more prepared for emergencies in the future? How so?)	
22. Who do you think should be responsible for maintaining the water and sanitation infrastructure in this community? Who is currently responsible for maintaining it?	
<b>Part 4 - Successes, Challenges, and Lessons Learned</b>	
23. In your opinion, what is the biggest strength of [NGO]'s programs in your community?	Impact Accountability
24. Does [NGO] provide services that are not provided by other organisations?	
25. In your opinion, what is the biggest weakness of [NGO]'s programs, and how could it be improved?	
26. Based on your experience, are there ways in which the communication between [NGO] and the community could be improved?	
27. Is there anything else you would like to add about the HOA JR intervention?	
<b>This concludes the discussion. Thank you very much for your time and for sharing your thoughts and opinions.</b>	

#### 8.3.4. CARE and Implementing Partners Staff<sup>6</sup>

Questions	Indicators
<p><b>Introduction:</b> Hello, my name is _____ and I work with Forcier Consulting. We're undertaking research as part of the Dutch Relief Alliance Joint Response to the Horn of Africa in Ethiopia and Somalia/Somaliland.</p> <p>The purpose of the research is to conduct a final evaluation of the HOA JR and explore the implementing partners' perceptions of the project objectives, collaborative impact, and the use of cross-cutting themes, including localization, accountability, and conflict sensitive programming.</p> <p>I want to assure you that all the opinions you give are completely confidential. You may refuse to answer any particular question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics. This discussion should not take more than 60 minutes.</p>	
Name of the participant	General characteristics
Age of Participant:	
Gender:	
Marital status:	
Education level:	
Position title:	
<b>Part 1 - I will start by asking you some general questions about the organization and your role.</b>	
1. Can you describe what your organization does?	
2. What is your role within that organization?	

<sup>6</sup> CARE and its implementing partners did not cover all program components in each location, rather focusing on two or three components. In the interest of brevity, questions related to all objectives are included in this KII guide. INGO staff were only asked about the objectives relevant to their location.

3. Do you think you are empowered enough to decide and undertake your role within the project implementation? Why or why not?		
4. Do you think that the project objectives are achievable with the realities of the locations?		
5. Can you remember some of the most important challenges in the implementation of the project? (probe: financial delays, mismanagement, or fraud)		
6. What do you usually do to overcome those challenges?		
7. Can you remember which has been the most challenging situation you had to face in your work?		
<b>Part 2 - The following questions will ask you about the work your organization does on food security and livelihoods.</b>		
8. What services did you provide in relation to food security and livelihoods? (material relief assistance and services, emergency food aid, relief coordination, protection and support services)		Effectiveness Efficiency Localization Accountability
9. Which kinds of people accessed the services you provided? (Men, women, girls, boys)		
10. Which groups of people do you have most difficulty in reaching with your work? Why? (Men, women, girls, boys)		
11. How do you think you could encourage these groups to access your services?		
12. Do you think that the people who needed help were given sufficient support? How was this measured?		
13. Can you tell me what has changed from the beginning of the HOA JR up to now?		
14. Do you feel that the information or support received will help your community to cope more effectively in case of a future emergency?		
15. What could be improved?		
16. What kinds of outreach work have you conducted ever since the HOA JR started? How do you conduct these activities?		
16a. Awareness raising on services you provide?		
16b. Awareness raising on issues about food security and livelihoods?		
17. What more could be done to raise awareness on the services your organization provides?		
18. What more could be done to raise awareness about food security and livelihoods in your community?		
19. How has your organization incorporated cross cutting issues into the project? (localization, accountability, conflict sensitive programming)		
36. Did you face any resistance from the local community when you were implementing the project?		
21. What kind of resistance do you face?		
22. What are the biggest challenges that you face in offering services to beneficiaries?		
23. Which groups in the community are most vital in supporting your work?		
<b>Part 3 - The following questions will ask you about the work your organization does with water, sanitation and hygiene.</b>		
24. What services do you provide in relation to water, sanitation and hygiene? (hygiene promotion, excreta disposal, water supply, awareness)	Effectiveness Efficiency Localization Accountability	
25. Which kinds of people access the services you provide? (Men, women, girls, boys)		



26. Which groups of people do you have most difficulty in reaching with your work? Why? (Men, women, girls, boys)	
27. How do you think you could encourage these groups to access your services?	
28. Do you think that the people who needed help were given sufficient support? How was this measured?	
29. Can you tell me what has changed from the beginning of the HOA JR up to now?	
30. Do you feel that the information or support received will help your community to cope more effectively in case of a future emergency?	
31. What could be improved?	
32. What kinds of outreach work have you conducted ever since the HOA JR started? How do you conduct these activities?	
16a. Awareness raising on services you provide?	
16b. Awareness raising on issues about water, sanitation and hygiene?	
33. What more could be done to raise awareness on the services your organization provides?	
34. What more could be done to raise awareness about water, sanitation and hygiene in your community?	
35. How has your organization incorporated cross cutting issues into the project? (localization, accountability, conflict sensitive programming)	
36. Did you face any resistance from the local community when you were implementing the project?	
37. What kind of resistance do you face?	
38. What are the biggest challenges that you face in offering services to beneficiaries?	
39. Which groups in the community are most vital in supporting your work?	
<b>Part 4 - The following questions will ask you about the work your organization does on health services for crisis affected and host populations.</b>	
8. What services did you provide in relation to health services? (refurbishment of health facilities, outpatient consultation, delivery of maternal health, community health promotion, training of health workers and community health volunteers)	Effectiveness Efficiency Localization Accountability
9. Which kinds of people accessed the services you provided? (Men, women, girls, boys)	
10. Which groups of people do you have most difficulty in reaching with your work? Why? (Men, women, girls, boys)	
11. How do you think you could encourage these groups to access your services?	
12. Do you think that the people who needed help were given sufficient support?	
13. Can you tell me what has changed from the beginning of the HOA JR up to now?	
14. Do you feel that the information or support received will help your community to cope more effectively in case of a future emergency?	
15. What could be improved?	
16. What kinds of outreach work have you conducted ever since the HOA JR started? How do you conduct these activities?	
16a. Awareness raising on services you provide?	
16b. Awareness raising on issues about health care?	



17. What more could be done to raise awareness on the services your organization provides?		
18. What more could be done to raise awareness about <b>health care</b> in your community?		
19. How has your organization incorporated cross cutting issues into the project? (localization, accountability, conflict sensitive programming)		
36. Did you face any resistance from the local community when you were implementing the project?		
21. What kind of resistance do you face?		
22. What are the biggest challenges that you face in offering services to beneficiaries?		
23. Which groups in the community are most vital in supporting your work?		
<b>Part 5 - The following questions will ask you about the work your organization does with nutrition.</b>		
24. What services do you provide in relation to nutrition? (nutrition surveys and surveillance, treatment of under nutrition, awareness raising on infant and young child feeding, training health workers and community nutrition volunteers)	Effectiveness Efficiency Localization Accountability	
25. Which kinds of people access the services you provide? (Men, women, girls, boys)		
26. Which groups of people do you have most difficulty in reaching with your work? Why? (Men, women, girls, boys)		
27. How do you think you could encourage these groups to access your services?		
28. Do you think that the people who needed help were given sufficient support?		
29. Can you tell me what has changed from the beginning of the HOA JR up to now?		
30. Do you feel that the information or support received will help your community to cope more effectively in case of a future emergency?		
31. What could be improved?		
32. What kinds of outreach work have you conducted ever since the HOA JR started? How do you conduct these activities? 16a. Awareness raising on <b>services</b> you provide? 16b. Awareness raising on <b>nutrition</b> ?		
33. What more could be done to raise awareness on the services your organization provides?		
34. What more could be done to raise awareness about <b>nutrition</b> in your community?		
35. How has your organization incorporated cross cutting issues into the project? (localization, accountability, conflict sensitive programming)		
36. Did you face any resistance from the local community when you were implementing the project?		
37. What kind of resistance do you face?		
38. What are the biggest challenges that you face in offering services to beneficiaries?		
39. Which groups in the community are most vital in supporting your work?		
<b>Part 6 - The next set of questions will ask about any training you may have received from CARE or their local partners.</b>		
40. Do you feel that your organization is coordinating activities well with other key stakeholders in your area?		

41. Do you feel that your organization acts and reports upon decisions made at coordination meetings?	
40. What training and mentoring have you received from CARE and other local partners?	
41. Were these trainings useful? Why/why not?	
42. Is there any kind of training or mentoring that you were hoping to get from CARE or local partners that you have not yet received?	
43. Why would it be useful to receive those trainings?	
44. How does your organization communicate with CARE?	
45. How could the communication with CARE be improved?	
46. In the case you need some in-kind assistance, can CARE provide it? Why/why not?	
47. Have you noticed any changes from the beginning of the HOA JR until now?	
48. Are there any other comments you would like to make about CARE activities in relation to food security, livelihoods, water, sanitation and hygiene?	
<b>This concludes the discussion. Thank you very much for your time and for sharing your thoughts and opinions.</b>	

### 8.3.5. CARE (Nairobi) Staff

Questions	Indicators
<p><b>Introduction:</b> Hello, my name is _____ and I work with Forcier Consulting. We're undertaking research as part of the Dutch Relief Alliance Joint Response to the Horn of Africa in Ethiopia and Somalia/Somaliland.</p> <p>The purpose of the research is to conduct a final evaluation of the HOA JR and explore the implementing partners' perceptions of the project objectives, collaborative impact, and the use of cross-cutting themes, including localization, accountability, and conflict sensitive programming.</p> <p>I want to assure you that all the opinions you give are completely confidential. You may refuse to answer any particular question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics. This discussion should not take more than 60 minutes.</p>	
Name of the participant	General characteristics
Age of Participant:	
Gender:	
Marital status:	
Education level:	
Position title:	
<b>Part 1 - The following questions ask about your perception on the work done under the Dutch Relief Alliance Joint Response HOA.</b>	
1. From the beginning of the DRA HOA JR until now, what have been some of the achievements reached by CARE?	
2. What contributed to reach those achievements?	
3. Can you tell me some activities/achievements that were planned but not implemented?	
4. What do you think prevented the implementation of these activities/achievements?	

5. Do you have some examples of delays in the implementation of the HOA JR?		
6. What contributed to those delays?		
7. Can you remember a situation in which logistic problems contributed to a delay or stop of activities?		
8. Has the organization faced security incidents contributing to delays or stop of activities?		
9. Can you remember other incidents different to the above-mentioned that also obstructed the implementation of the HOA JR? (Probe: floods, droughts)		
10. Can you tell me some examples of situations where activities could not be fully implemented due to financial mismanagements/miscalculations?		
11. What things could be done differently in order to improve the implementation of the HOA JR?		
12. Can you think of how CARE could improve the implementation of the HOA JR?		
<b>Part 2 - The following questions will ask you about the work your organization does related to the project objectives.</b>		
13. What services do you provide in relation to food security and livelihoods? (material relief assistance and services, emergency food aid, relief coordination, protection and support services)		Effectiveness Efficiency Localization Accountability
14. Have you provided trainings about food security and livelihoods? 14a. If yes, to which groups? 14b. How often? 14c. What did the training consist of?		
15. What services do you provide in relation to water, sanitation and hygiene? (hygiene promotion, excreta disposal, water supply, awareness)		
16. Have you provided training about water, sanitation and hygiene? 16a. If yes, to which groups? 16b. How often? 16c. What did the training consist of?		
17. What services do you provide in relation to health care? (infrastructure rehabilitation, primary health, community health promotion, capacity building)		
18. Have you provided training about health care? 18a. If yes, to which groups? 18b. How often? 18c. What did the training consist of?		
19. What services do you provide in relation to nutrition? (surveys and surveillance, treatment, screenings, education and promotion, capacity building)		
19. Have you provided trainings about nutrition? 19a. If yes, to which groups? 19b. How often? 19c. What did the training consist of?		
20. What does successful implementation in regards to localization look like for CARE?		
21. Do you think the HOA JR was successful incorporating localization measures into its programming? Why or why not?		
22. What does successful implementation in regards to accountability look like for CARE?		

23. Do you think the HOA JR was successful incorporating accountability measures into its programming? Why or why not?	
24. How have the implementing partners incorporated cross-cutting issues into their programming?	
25. Do you face any resistance from the communities CARE works in?	
26. Which groups in the community are most vocal in supporting your work?	
27. Which groups in the community are oppose the most to the work you do?	
<b>Part 3 - The following questions asks about your relationship with Save the Children, World Vision, Dorcas, ICCO&amp;KIA/ACT, ZOA, and SOS/VE/SOS.</b>	
28. How would you consider the relationship between CARE, Save the Children, World Vision, Dorcas, ICCO, SOS, and ZOA?	
29. Can you remember situations in which the communication was not very effective?	
29a. If yes, why do you think that happened?	
30. Now can you give me examples of situations in which the communication was very good between CARE and the implementing partners?	
31. Can you give me examples of activities CARE does in order to improve day-to-day communication with all implementing partners?	
32. Can you mention some specific challenges that CARE faces working with the implementing partners?	
33. What has been done in order to overcome those challenges?	
<b>Part 4 - The following questions asks about the perception of different stakeholders towards CARE's activities.</b>	
34. How do you try to involve community and/or religious leaders in the work you are doing?	Localization Accountability
35. Can you remember situations in which community and religious leaders were supportive of the work your organization is doing?	
36. How about government officials, how do you try to involve them in the work you are doing?	
37. Can you remember situations in which government officials were supportive of CARE's work?	
38. What kind of resistance or challenges have you faced with the above-mentioned stakeholders?	
39. What is it usually done to overcome those challenges?	
40. Are there any other comments you would like to make about the implementation of the HOA JR and CARE's work?	
<b>This concludes the discussion. Thank you very much for your time and for sharing your thoughts and opinions.</b>	

### 8.3.6. DRA Partners (The Hague) Staff

Questions	Indicators
<p><b>Introduction:</b> Hello, my name is _____ and I work with Forcier Consulting. We're undertaking research as part of the Dutch Relief Alliance Joint Response to the Horn of Africa in Ethiopia and Somalia/Somaliland.</p> <p>The purpose of the research is to conduct a final evaluation of the HOA JR and explore the implementing partners' perceptions of the project objectives, collaborative impact, and the use of cross-cutting themes, including localization, accountability, and conflict sensitive programming.</p> <p>I want to assure you that all the opinions you give are completely confidential. You may refuse to answer any particular question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics. This discussion should not take more than 60 minutes.</p>	
Name of the participant	General characteristics
Age of Participant:	
Gender:	
Marital status:	
Education level:	
Position title:	
<p><b>Part 1 - The following questions ask about your perception on the work done under the Dutch Relief Alliance Joint Response HOA.</b></p>	
1. From the beginning of the DRA HOA JR until now, what have been some of the achievements reached by CARE?	
2. What contributed to reach those achievements?	
3. Can you tell me some activities/achievements that were planned but not implemented?	
4. What do you think prevented the implementation of these activities/achievements?	
5. Do you have some examples of delays in the implementation of the HOA JR?	
6. What contributed to those delays?	
8. Has the organization faced security incidents contributing to delays or stop of activities?	
9. Can you remember other incidents different to the above-mentioned that also obstructed the implementation of the HOA JR? (Probe: floods, droughts)	
10. Can you tell me some examples of situations where activities could not be fully implemented due to financial mismanagements/miscalculations?	
11. What things could be done differently in order to improve the implementation of the HOA JR?	
12. Can you think of how CARE could improve the implementation of the HOA JR?	
<p><b>Part 2 - The following questions will ask you about the work your organization does related to the project objectives.</b></p>	
13. What services do you provide in the HOA in relation to food security and livelihoods? (material relief assistance and services, emergency food aid, relief coordination, protection and support services)	Effectiveness Efficiency Localization Accountability

14. What services do you provide in the HOA in relation to water, sanitation and hygiene? (hygiene promotion, excreta disposal, water supply, awareness)	
15. What services do you provide in the HOA in relation to health care? (infrastructure rehabilitation, primary health, community health promotion, capacity building)	
16. What services do you provide in the HOA in relation to nutrition? (surveys and surveillance, treatment, screenings, education and promotion, capacity building)	
17. What does successful implementation in regards to localization look like for CARE?	
18. Do you think the HOA JR was successful incorporating localization measures into its programming? Why or why not?	
19. What does successful implementation in regards to accountability look like for CARE?	
20. Do you think the HOA JR was successful incorporating accountability measures into its programming? Why or why not?	
21. How have the implementing partners incorporated cross-cutting issues into their programming?	
<b>Part 3 - The following questions asks about your relationship with CARE Netherlands, DRA members, and their implementing partners.</b>	
25. How would you describe the relationship between the CARE office in The Hague and Nairobi? How is communication between the two offices? What could be improved?	
26. How would you consider the relationship between CARE, DRA members, and their implementing partners?	
27. Can you remember situations in which the communication was not very effective?	
29a. If yes, why do you think that happened?	
28. Now can you give me examples of situations in which the communication was very good between CARE and the implementing partners?	
29. Can you give me examples of activities CARE does in order to improve day-to-day communication with all implementing partners?	
30. Can you mention some specific challenges that CARE faces working with the implementing partners?	
31. What has been done in order to overcome those challenges?	
<b>Part 4 - The following questions asks about the perception of different stakeholders towards CARE's activities.</b>	
32. How do you involve donors in the work you are doing?	
33. How do you involve government officials in the work you are doing?	
34. What kind of resistance or challenges have you faced with the above-mentioned stakeholders?	
35. What is it usually done to overcome those challenges?	
26. Are there any other comments you would like to make about the implementation of the HOA JR and CARE's work?	
<b>This concludes the discussion. Thank you very much for your time and for sharing your thoughts and opinions.</b>	



#### 8.4. Quantitative Household Survey for Project Beneficiaries

type	name	label::English	relevant	constraint
today	today			
start	start			
begin group	A	Consent		
text	enum	Enumerator name		
text	enum_id	Enumerator ID		
select_one location	location	1. What is the location?		
select_one yes_no	consent	Hello, my name is _____ and I work with Forcier Consulting. We're undertaking research as part of the Dutch Relief Alliance Joint Response to the Horn of Africa in Ethiopia and Somalia/Somaliland. The purpose of the research is to explore attitudes and perceptions of the emergency aid and services your community received. I want to assure you that all the opinions you give are completely confidential. You may refuse to answer any particular question. You may also leave the discussion at any point without any negative consequences. However, we would greatly appreciate your opinions on these topics. This discussion should not take more than 30 minutes. Would you like to participate?		
note	thanks	Thank you for your time! Goodbye. <i>(Thank the respondent and discontinue the questionnaire. Save and submit the questionnaire and find another respondent to replace this one.)</i>	selected(\${consent}, '0')	
end group	A	Consent		
begin group	B	Basic & Geographical Information	selected(\${consent}, '1')	
select_one yes_no	dra_beneficiary	3. Is this household a beneficiary of the DRA HOA joint response?		

note	benefit_no	Thank you for your time! Goodbye. <i>(Thank the respondent and discontinue the questionnaire. Save and submit.)</i>	selected({dra_beneficiary}, '0')	
select_one implementer	implementer	5. Who provided the aid or livelihood services to you?	selected({dra_beneficiary}, '1')	
select_one yes_no	project_food	5.a Did you receive food security and livelihood assistance?	selected({implementer}, '1') or selected({implementer}, '2') or selected({implementer}, '4')	
select_one yes_no	project_lvstk	5.b Did you receive livestock and agriculture assistance?	selected({implementer}, '2')	
select_one yes_no	project_wash	5.c Did you receive water, sanitation and hygiene (WASH) assistance?	selected({implementer}, '1') or selected({implementer}, '2') or selected({implementer}, '4')	
select_one yes_no	project_health	5.d Did you receive health assistance?	selected({implementer}, '3')	
select_one yes_no	project_nutrition	5.e Did you receive nutrition assistance?	selected({implementer}, '3')	
text	name	6. What is the name of the respondent?	selected({dra_beneficiary}, '1')	
text	phone	7. What is the respondent's primary phone number?	selected({dra_beneficiary}, '1')	regex(.,'^[0-9]{10}\$')
text	phone_two	8. What is the respondent's secondary phone number? (Hint: if no secondary phone number, please write "NA")	selected({dra_beneficiary}, '1')	
select_one gender	gender	9. (do not read) Interviewee's Sex	selected({dra_beneficiary}, '1')	

integer	age	10. How old are you?	selected({dra_beneficiary}, '1')	
select_one status	marital_status	11. What is your marital status?	selected({dra_beneficiary}, '1')	
select_one yes_no	hhhead	12. Are you the head of the household?	selected({dra_beneficiary}, '1')	
select_one hhhead	hhhead_other	12a. If not, who is the head of your household?	selected({hhhead}, '0')	
text	hhhead_specify	12b. If other, please specify.	selected({hhhead_other}, '97')	
integer	number_hh_members	13. How many household members live in this home?	selected({dra_beneficiary}, '1')	(.<=20)
select_one education	education	14. What is your highest level of schooling you attended? (read options)	selected({dra_beneficiary}, '1')	
select_one employment	employment	15. What do you do for your livelihood?	selected({dra_beneficiary}, '1')	
text	employment_other	15a. If other, please specify.	selected({employment}, '97')	
<b>end group</b>		<b>B</b>		
<b>begin group</b>	<b>C</b>			
select_one gender	gender_hhhead	16. What is the gender of the household head?		
integer	age_hhhead	17. How old is the household head?		
select_one status	marital_status_hhhead	18. What is the marital status of the household head?		
select_one education	education_hhhead	19. What is the highest education level of the household head?		
text	edu_hhhead_other	19a. If other, please specify.	selected({education_hhhead}, '97')	
select_one employment	employment_hhhead	20. What does the household head do for their livelihood?		
text	employment_other_hhhead	20a. If other, please specify.	selected({employment_hhhead}, '97')	
<b>end group</b>		<b>C</b>		

begin group	D	Part II (Famine, Drought, Vulnerability, and Social Connectedness)	selected({dra_beneficiary}, '1')	
select_multiple hazard	hazard	21. Which significant shock(s) or hazard(s) have you faced in the past year?	selected({dra_beneficiary}, '1')	(selected(., '14') and (count-selected(.) = 1) or (not(selected(., '14')))) and (selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	hazard_other	21a. Specify shock or hazard.	selected({hazard}, '97')	
select_one yes_no	hazard_affect	21b. Was your primary livelihood affected as a result of the shock or hazard?	selected({hazard}, '1') or selected({hazard}, '2') or selected({hazard}, '3') or selected({hazard}, '4') or selected({hazard}, '5') or selected({hazard}, '6') or selected({hazard}, '7') or selected({hazard}, '8') or selected({hazard}, '9') or	

			selected({hazard}, '10') or selected({hazard}, '11') or selected({hazard}, '12') or selected({hazard}, '13') or selected({hazard}, '97')	
select_one significance_effect	how_severely	21c. How severely?	selected({hazard_affected}, '1')	
select_one degree_of_recovery	degree_recovery	22. To what degree have you been able to recover your primary livelihood activity using other livelihood activities?	selected({hazard_affected}, '1')	
select_multiple within_village	assist_within_village	23. From whom did you receive assistance WITHIN your village?	selected({degree_recovery}, '3') or selected({degree_recovery}, '4')	(selected(., '6') and (count-selected(.) = 1) or (not(selected(., '6')))) and (selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
select_multiple outside_village	assist_outside_village	24. From whom did you receive assistance OUTSIDE your village?	selected({degree_recovery}, '3') or selected({degree_recovery}, '4')	(selected(., '6') and (count-selected(.) = 1) or (not(selected(., '6')))) and (selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(.,

				'99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.)
select_one yes_no_refused	shock_hhfood	25. Did this hazard or shock have an effect on your household's food consumption?	selected(\${hazard}, '1') or selected(\${hazard}, '2') or selected(\${hazard}, '3') or selected(\${hazard}, '4') or selected(\${hazard}, '5') or selected(\${hazard}, '6') or selected(\${hazard}, '7') or selected(\${hazard}, '8') or selected(\${hazard}, '9') or selected(\${hazard}, '10') or selected(\${hazard}, '11') or selected(\${hazard}, '12') or selected(\${hazard}, '13') or selected(\${hazard}, '97')	



select_multiple food_lack	shock_effect_hhfood	26. In the past year, did you have to do any of the following due to a lack of food?	selected(\${shock_hhfood}, '1')	(selected(., '14') and (count-selected(.) = 1) or (not(selected(., '14')))) and (selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
select_one yes_no_refused	support_nothh	27. Do you support anyone outside your household with food or livelihood assistance?	selected(\${dra_beneficiary}, '1')	
integer	support_nothh_num	28. How many people outside your household do you provide food or livelihood support to?	selected(\${support_nothh}, '1')	
select_multiple support_others	support_others	28a. Who are the people you support?	selected(\${support_nothh}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	support_others_other	28b. Specify others you support.	selected(\${support_others}, '97')	
end group		D		
begin group	E			
select_one yes_no	leave_home	29. Have you been forced to leave your home in the past year for any reason?		

select_multiple reasons_leave	reasons_leave	30. Why did you leave your home?	selected(\${leave_home}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	reasons_leave_other	30a. Specify other reason for leaving home.	selected(\${reasons_leave}, '97')	
select_one time_new_location	time_new_location	31. How long have you been in this location?	selected(\${leave_home}, '1')	
select_one assessment	welcome	32. Do you feel welcome by the host community?	selected(\${leave_home}, '1')	
select_multiple host_welcome	host_welcome	32a. What makes you feel this way?	selected(\${welcome}, '1') or selected(\${welcome}, '2')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	host_welcome_other	32b. Specify why they make you feel this way.	selected(\${host_welcome}, '97')	
end group	E			
begin group	F1			
note	questions_food	<i>The following questions are about the respondent's assessment of the current situation regarding food security and livelihood activities in their area.</i>		
select_one yes_no	assistance_food	33. Have you received any food assistance to help with the effects of the shock and/or hazard you experienced?		

select_multiple assistance_food	assistance_food_type	34. What type of assistance did you receive?	selected(\${assistance_food}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
select_multiple assistance_source	assistance_food_source	35. From whom did you receive assistance?	selected(\${assistance_food}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	assistance_source_other	35a. Specify from whom you received assistance.	selected(\${assistance_food_source}, '97')	
select_one preferred_aid	preferred_aid_food	36. In which form would you prefer to receive food aid?		
select_one effect	food_voucheffect	37. How would you rate the food voucher assistance in terms of helping your household food security and livelihoods?	selected(\${assistance_food_type}, '1')	
select_multiple effect_reason	food_voucheffect_reason	37a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${food_voucheffect}, '3') or selected(\${food_voucheffect}, '4') or selected(\${food_voucheffect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	food_voucheffect_reason_other	37b. Specify why assistance was not helpful.	selected(\${food_voucheffect_reason}, '97')	

select_one effect	food_disteffect	38. How would you rate receiving in-kind food assistance (through direct distribution) in terms of helping your household food security and livelihoods?	selected(\${assistance_f ood_type}, '2')	
select_multiple effect_reason	food_disteffect_reason	38a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${food_disteffe ct}, '3') or selected(\${food_disteffe ct}, '4') or selected(\${food_disteffe ct}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count- selected(.) = 1) or (not(selected(., '99')))) and count-selected(.)
text	food_disteffect_reason _other	38b. Specify why assistance was not helpful.	selected(\${food_disteff ect_reason}, '97')	
text	assistance_food_other	39. What type of other food assistance did you receive from the Horn of Africa Joint Response?	selected(\${assistance_f ood_type}, '97')	
select_one effect	food_othereffect	40. How would you rate the other food assistance you received in terms of helping your household food security and livelihoods?	selected(\${assistance_f ood_type}, '97')	
select_multiple effect_reason	food_othereffect_reas on	40a. If assistance type was "little help", "no help", or "made the situation worse," what was the reason?	selected(\${food_othereff ect}, '3') or selected(\${food_othereff ect}, '4') or selected(\${food_othereff ect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count- selected(.) = 1) or (not(selected(., '99')))) and count-selected(.)
text	food_othereffect_reas on_other	40b. Specify why assistance was not helpful.	selected(\${food_oth er effect_reason}, '97')	
end group	F1			
begin group	F2			
note	questions_livestock	<i>The following questions are about the respondent's assessment of the current situation regarding livestock and agriculture activities in their area.</i>		

select_one yes_no	assistance_lvstk	41. Have you received any livestock assistance to help with the effects of the shock and/or hazard you experienced?		
select_multiple assistance_lvstk	assistance_lvstk_type	42. What type of assistance did you receive?	selected(\${assistance_lvstk}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
select_multiple assistance_source	assistance_lvstk_source	43. From whom did you receive assistance?	selected(\${assistance_lvstk}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	assistance_source_other	43a. Specify from whom you received assistance.	selected(\${assistance_lvstk_source}, '97')	
select_one preferred_aid	preferred_aid_lvstk	44. In what form would you prefer to receive livestock and agriculture aid?		
select_one effect	restocking_effect	45. How would you rate the livestock restocking assistance in terms of helping your household food security and livelihoods?	selected(\${assistance_lvstk_type}, '1')	
select_multiple effect_reason	restocking_effect_reason	45a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${restocking_effect}, '3') or selected(\${restocking_effect}, '4') or selected(\${restocking_effect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))

text	restocking_effect_reason_other	45b. Specify why assistance was not helpful.	selected(\${restocking_effect_reason}, '97')	
select_one effect	lvstk_voucheffect	46. How would you rate the livestock voucher assistance (fodder, veterinary and vaccination services) in terms of helping your household food security and livelihoods?	selected(\${assistance_lvstk_type}, '2')	
select_multiple effect_reason	lvstk_voucheffect_reason	46a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${lvstk_voucheffect}, '3') or selected(\${lvstk_voucheffect}, '4') or selected(\${lvstk_voucheffect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	lvstk_voucheffect_reason_other	46b. Specify why assistance was not helpful.	selected(\${lvstk_voucheffect_reason}, '97')	
select_one effect	lvstk_ddeffect	47. How would you rate the mobile livestock team assistance in terms of helping your household food security and livelihoods?	selected(\${assistance_lvstk_type}, '3')	
select_multiple effect_reason	lvstk_ddeffect_reason	47a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${lvstk_ddeffect}, '3') or selected(\${lvstk_ddeffect}, '4') or selected(\${lvstk_ddeffect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	lvstk_inputs_dd_effect_reason_other	47b. Specify why assistance was not helpful.	selected(\${lvstk_ddeffect_reason}, '97')	
text	assistance_lvstk_other	48. What type of other livestock and agricultural assistance did you receive from the Horn of Africa Joint Response?	selected(\${assistance_lvstk_type}, '97')	
select_one effect	lvstk_othereffect	49. How would you rate the other livestock assistance you received in terms of helping your household food security and livelihoods?	selected(\${assistance_lvstk_type}, '97')	



select_multiple effect_reason	lvstk_othereffect_reaso n	49a. If assistance type was "little help", "no help", or "made the situation worse," what was the reason?	selected(\${lvstk_othereff ect},'3') or selected(\${lvstk_othereff ect},'4') or selected(\${lvstk_othereff ect},'5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count- selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	lvstk_othereffect_reaso n_other	49b. Specify why assistance was not helpful.	selected(\${lvstk_oth er effect_reason}, '97')	
end group		F2		
begin group	F3			
note	questions_water	<i>The following questions are about the respondent's assessment of the current situation regarding water, sanitation, and hygiene activities in their area.</i>		
select_one yes_no	assistance_wash	50. Have you received any water, sanitation, and hygiene assistance to help with the effects of the shock and/or hazard you experienced?		
select_multiple assistance_wash	assistance_wash_type	51. What type of assistance did you receive?	selected(\${assistance_w ash}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count- selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
select_multiple assistance_source	assistance_wash_sourc e	52. From whom did you receive assistance?	selected(\${assistance_w ash}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count- selected(.) = 1) or

				(not(selected(., '99'))) and count-selected(.)
text	assistance_source_oth er	52a. Specify from whom you received assistance.	selected(\${assistance_ wash_source}, '97')	
select_one effect	waterrehab_effect	53. How would you rate the rehabilitation of water points in terms of helping your household meet its basic water, sanitation, and hygiene needs?	selected(\${assistance_ wash_type}, '1')	
select_multiple effect_reason	waterrehab_effect_rea son	53a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${waterrehab_e ffect}, '3') or selected(\${waterrehab_e ffect}, '4') or selected(\${waterrehab_e ffect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count- selected(.) = 1) or (not(selected(., '99')))) and count-selected(.
text	waterrehab_effect_rea son_other	53b. Specify why assistance was not helpful.	selected(\${waterrehab _effect_reason}, '97')	
select_one effect	watertreat_effect	54. How would you rate the water treatment assistance (chemicals or purifiers) in terms of helping your household meet its basic water, sanitation, and hygiene needs?	selected(\${assistance_ wash_type}, '2')	
select_multiple effect_reason	watertreat_effect_reas on	54a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${watertreat_ef fect}, '3') or selected(\${watertreat_ef fect}, '4') or selected(\${watertreat_ef fect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count- selected(.) = 1) or (not(selected(., '99')))) and count-selected(.
text	watertreat_effect_reas on_other	54b. Specify why assistance was not helpful.	selected(\${watertreat_ effect_reason}, '97')	

select_one effect	watermgmt_effect	55. How would you rate the water management training you received in terms of helping your household meet its basic water, sanitation, and hygiene needs?	selected(\${assistance_wash_type}, '3')	
select_multiple effect_reason	watermgmt_effect_reason	55a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${watermgmt_effect}, '3') or selected(\${watermgmt_effect}, '4') or selected(\${watermgmt_effect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	watermgmt_effect_reason_other	55b. Specify why assistance was not helpful.	selected(\${watermgmt_effect_reason}, '97')	
select_one effect	hygienekit_effect	56. How would you rate the hygiene kits you received in terms of helping your household meet its basic water, sanitation, and hygiene needs?	selected(\${assistance_wash_type}, '4')	
select_multiple effect_reason	hygienekit_effect_reason	56a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${hygienekit_effect}, '3') or selected(\${hygienekit_effect}, '4') or selected(\${hygienekit_effect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	hygienekit_effect_reason_other	56b. Specify why assistance was not helpful.	selected(\${hygienekit_effect_reason}, '97')	
select_one effect	hygaware_effect	57. How would you rate the hygiene and sanitation awareness programs you attended in terms of helping your household meet its basic water, sanitation, and hygiene needs?	selected(\${assistance_wash_type}, '5')	

select_multiple effect_reason	hygaware_effect_reason	57a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected({hygaware_effect}, '3') or selected({hygaware_effect}, '4') or selected({hygaware_effect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	hygaware_effect_reason_other	57b. Specify why assistance was not helpful.	selected({hygaware_effect_reason}, '97')	
select_one effect	latrine_effect	58. How would you rate the construction of sanitation latrines in your community in terms of helping your household meet its basic water, sanitation, and hygiene needs?	selected({assistance_wash_type}, '6')	
select_multiple effect_reason	latrine_effect_reason	58a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected({latrine_effect}, '3') or selected({latrine_effect}, '4') or selected({latrine_effect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	latrine_effect_reason_other	58b. Specify why assistance was not helpful.	selected({latrine_effect_reason}, '97')	
select_one effect	sanitarykit_effect	59. How would you rate the sanitary kits you received in terms of helping your household meet its basic water, sanitation, and hygiene needs?	selected({assistance_wash_type}, '7')	
select_multiple effect_reason	sanitarykit_effect_reason	59a. If assistance type was "little help", "no help", or "made the situation worse," what was the reason?	selected({sanitarykit_effect}, '3') or selected({sanitarykit_effect}, '4') or selected({sanitarykit_effect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))

				(not(selected(., '99')))) and count-selected(.
text	sanitarykit_effect_reason_other	59b. Specify why assistance was not helpful.	selected(\${sanitarykit_effect_reason}, '97')	
text	assistance_wash_other	60. What type of other WASH assistance did you receive from the Horn of Africa Joint Response?	selected(\${assistance_wash_type}, '97')	
select_one effect	wash_othereffect	61. How would you rate the other WASH assistance you received in terms of helping your household meet its basic water, sanitation, and hygiene needs?	selected(\${assistance_wash_type}, '97')	
select_multiple effect_reason	wash_othereffect_reason	61a. If assistance type was "little help", "no help", or "made the situation worse," what was the reason?	selected(\${wash_othereffect}, '3') or selected(\${wash_othereffect}, '4') or selected(\${wash_othereffect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.
text	wash_other_effect_reason_other	61b. Specify why assistance was not helpful.	selected(\${wash_other_effect_reason}, '97')	
select_one yes_no	wash_training	62. Did you participate in community WASH Committee trainings on hygiene and sanitation practices?		
select_multiple changed_wash	changed_wash	62a. Have you changed your practices as a result of the trainings?	selected(\${wash_training}, '1')	(selected(., '4') and (count-selected(.) = 1) or (not(selected(., '4')))) and (selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or

				(not(selected(., '99')))) and count-selected(.)
text	changed_wash_other	62b. Specify what you changed as a result of WASH trainings.	selected(\${changed_wash}, '97')	
end group	F3			
begin group	F4			
note	questions_health	<i>The following questions are about the respondent's assessment of the current situation regarding health activities in their area.</i>		
select_one yes_no	assistance_health	63. Have you received any health assistance to help with the effects of the shock and/or hazard you experienced?		
select_multiple assistance_health	assistance_health_type	64. What type of assistance did you receive?	selected(\${assistance_health}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.)
select_multiple assistance_source	assistance_health_source	65. From whom did you receive assistance?	selected(\${assistance_health_source}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.)
text	assistance_source_other	65a. Specify from whom you received assistance.	selected(\${assistance_health_source}, '97')	

select_one effect	healthrefurb_effect	66. How would you rate the refurbishment of health facilities in your community in terms of helping your household meet its basic health needs?	selected(\${assistance_health_type}, '1')	
select_multiple effect_reason	healthrefurb_effect_reason	66a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${healthrefurb_effect}, '3') or selected(\${healthrefurb_effect}, '4') or selected(\${healthrefurb_effect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	healthrefurb_effect_reason_other	66b. Specify why assistance was not helpful.	selected(\${healthrefurb_effect_reason}, '97')	
select_one effect	outpatient_effect	67. How would you rate the outpatient consultation services you received in terms of helping your household meet its basic health needs?	selected(\${assistance_health_type}, '2')	
select_multiple effect_reason	outpatient_effect_reason	67a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${outpatient_effect}, '3') or selected(\${outpatient_effect}, '4') or selected(\${outpatient_effect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	outpatient_effect_reason_other	67b. Specify why assistance was not helpful.	selected(\${outpatient_effect_reason}, '97')	
select_one effect	maternal_effect	68. How would you rate the maternal health care services you received in terms of helping your household meet its basic health needs?	selected(\${assistance_health_type}, '3')	
select_multiple effect_reason	maternal_effect_reason	68a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${maternal_effect}, '3') or selected(\${maternal_effect}, '4') or	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))



			selected(\${maternal_eff ect},'5')	'99') and (count- selected(.) = 1) or (not(selected(., '99')))) and count-selected(.
text	maternal_effect_reaso n_other	68b. Specify why assistance was not helpful.	selected(\${maternal_ef fect_reason},'97')	
select_one effect	healthpromo_effect	69. How would you rate the community health promotion sessions you attended in terms of helping your household meet its basic health needs?	selected(\${assistance_ health_type},'4')	
select_multiple effect_reason	healthpromo_effect_re ason	69a. If assistance type was "little help", "no help", or "made the situation worse," what was the reason?	selected(\${healthpromo_ _effect},'3') or selected(\${healthpromo_ _effect},'4') or selected(\${healthpromo_ _effect},'5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count- selected(.) = 1) or (not(selected(., '99')))) and count-selected(.
text	healthpromo_effect_re ason_other	69b. Specify why assistance was not helpful.	selected(\${healthprom o_effect_reason},'97')	
select_one effect	worktrain_effect	70. How would you rate the health worker trainings you received in terms of helping your household meet its basic health needs?	selected(\${assistance_ health_type},'5')	
select_multiple effect_reason	worktrain_effect_reaso n	70a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${worktrain_eff ect},'3') or selected(\${worktrain_eff ect},'4') or selected(\${worktrain_eff ect},'5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count- selected(.) = 1) or (not(selected(., '99')))) and count-selected(.
text	worktrain_effect_reaso n_other	70b. Specify why assistance was not helpful.	selected(\${worktrain_e ffect_reason},'97')	

select_one effect	voluntrain_effect	71. How would you rate the community health volunteer trainings you received in terms of helping your household meet its basic health needs?	selected(\${assistance_health_type}, '6')	
select_multiple effect_reason	voluntrain_effect_reason	71a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${voluntrain_effect}, '3') or selected(\${voluntrain_effect}, '4') or selected(\${voluntrain_effect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	voluntrain_effect_reason_other	71b. Specify why assistance was not helpful.	selected(\${voluntrain_effect_reason}, '97')	
text	assistance_health_other	72. What type of other health assistance did you receive from the Horn of Africa Joint Response?	selected(\${assistance_health_type}, '97')	
select_one effect	health_othereffect	73. How would you rate the other health care assistance you received in terms of helping your household meet its basic health needs?	selected(\${assistance_health_type}, '97')	
select_multiple effect_reason	health_othereffect_reason	73a. If assistance type was "little help", "no help", or "made the situation worse," what was the reason?	selected(\${health_othereffect}, '3') or selected(\${health_othereffect}, '4') or selected(\${health_othereffect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	health_other_effect_reason_other	73b. Specify why assistance was not helpful.	selected(\${health_othereffect_reason}, '97')	
select_one yes_no	health_training	74. Were you trained on health promotion or IMCI and communicable diseases as a community health volunteer or health worker?		

select_multiple changed_health	changed_health	74a. Have you changed your practices as a result of the training sessions on health promotion or IMCI and communicable diseases?	selected(\${health_training}, '1')	(selected(., '5') and (count-selected(.) = 1) or (not(selected(., '5')))) and (selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	changed_health_other	74b. Specify what you changed as a result of health trainings.	selected(\${changed_health}, '97')	
end group	F4			
begin group	F5			
note	questions_nutrition	<i>The following questions are about the respondent's assessment of the current situation regarding nutrition activities in their area.</i>		
select_one yes_no	assistance_nutrition	75. Have you received any nutrition assistance to help with the effects of the shock and/or hazard you experienced?		
select_multiple assistance_nutrition	assistance_nut_type	76. What type of assistance did you receive?	selected(\${assistance_nutrition}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
select_multiple assistance_source	assistance_nut_source	77. From whom did you receive assistance?	selected(\${assistance_nutrition}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(.,

				'99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.)
text	assistance_source_oth er	77a. Specify from whom you received assistance.	selected(\${assistance_ nut_source}, '97')	
select_one effect	nutreatment_effect	78. How would you rate the treatment for children under 5 for severe acute malnutrition in terms of helping your household meet its basic health and nutrition needs?	selected(\${assistance_ nut_type}, '1')	
select_multiple effect_reason	nutreatment_effect_r eason	78a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${nutreatment_ _effect}, '3') or selected(\${nutreatment_ _effect}, '4') or selected(\${nutreatment_ _effect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.)
text	nutreatment_effect_r eason_other	78b. Specify why assistance was not helpful.	selected(\${nutreatme nt_effect_reason}, '97')	
select_one effect	nutscreen_effect	79. How would you rate the screening for children under 5 for severe or moderate acute malnutrition in terms of helping your household meet its basic health and nutrition needs?	selected(\${assistance_ nut_type}, '2')	
select_multiple effect_reason	nutscreen_effect_reaso n	79a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected(\${nutscreen_eff ect}, '3') or selected(\${nutscreen_eff ect}, '4') or selected(\${nutscreen_eff ect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.)

text	nutscreen_effect_reason_other	79b. Specify why assistance was not helpful.	selected({nutscreen_effect_reason}, '97')	
select_one effect	feedaware_effect	80. How would you rate the infant and young child feeding awareness sessions you attended in terms of helping your household meet its basic health and nutrition needs?	selected({assistance_nut_type}, '3')	
select_multiple effect_reason	feedaware_effect_reason	80a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected({feedaware_effect}, '3') or selected({feedaware_effect}, '4') or selected({feedaware_effect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	feedaware_effect_reason_other	80b. Specify why assistance was not helpful.	selected({feedaware_effect_reason}, '97')	
select_one effect	nutritrain_effect	81. How would you rate the health worker trainings you received in terms of helping your household meet its basic health and nutrition needs?	selected({assistance_nut_type}, '4')	
select_multiple effect_reason	nutritrain_effect_reason	81a. If assistance type was "little help", "no help", or "made the situation worse," what was the reason?	selected({nutritrain_effect}, '3') or selected({nutritrain_effect}, '4') or selected({nutritrain_effect}, '5')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.))
text	nutritrain_effect_reason_other	81b. Specify why assistance was not helpful.	selected({nutritrain_effect_reason}, '97')	
select_one effect	nutvoltrain_effect	82. How would you rate the community nutrition volunteer trainings you received in terms of helping your household meet its basic health and nutrition needs?	selected({assistance_nut_type}, '5')	
select_multiple effect_reason	nutvoltrain_effect_reason	82a. If assistance type was "little help", "no help", or "made the situation worse", what was the reason?	selected({nutvoltrain_effect}, '3') or	(selected(., '98') and (count-selected(.) = 1)



				'99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.
text	changed_nutrition_other	85b. Specify what you changed as a result of the nutrition trainings.	selected({changed_nutrition}, '97')	
end group	F5			
begin group	G	Part IX (Perceptions of aid and emergency response services)	selected({dra_beneficiary}, '1')	
note	international_aid	<i>The next part of this survey seeks to understand your experience receiving aid from local or international aid agencies.</i>	selected({dra_beneficiary}, '1')	
select_one assessment	opinion	86. Do you feel aid providers take your opinion into account when providing support and aid to your community?	selected({dra_beneficiary}, '1')	
select_one assessment	cover	87. Did the aid you received cover your most important needs?	selected({dra_beneficiary}, '1')	
select_multiple needs_not_met	needs_not_met	87a. What are your most important needs that were not met?	selected({cover}, '1') or selected({cover}, '2')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or (not(selected(., '99')))) and count-selected(.
select_one assessment	informed	88. Do you feel informed about the kind of aid available to you?	selected({dra_beneficiary}, '1')	
select_multiple info	info	89. How do you normally receive information?	selected({dra_beneficiary}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count-selected(.) = 1) or



				(not(selected(., '99'))) and count-selected(.)
text	info_specify	89a. Please specify how you normally receive information.	selected(\${info}, '97')	
select_multiple info	info_prefer	90. How would you prefer to receive information?	selected(\${informed},'1') or selected(\${informed},'2')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count- selected(.) = 1) or (not(selected(., '99')))) and count-selected(.
select_multiple info_who	info_who	91. Who do you normally receive information from?	selected(\${dra_beneficia ry}, '1')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count- selected(.) = 1) or (not(selected(., '99')))) and count-selected(.
text	info_who_specify	91a. Please specify from whom you normally receive information.	selected(\${info_who}, '97')	
select_multiple info_who	info_who_prefer	92. Who would you prefer to receive information from?	selected(\${informed},'1') or selected(\${informed},'2')	(selected(., '98') and (count-selected(.) = 1) or (not(selected(., '98')))) and (selected(., '99') and (count- selected(.) = 1) or (not(selected(., '99')))) and count-selected(.
select_one yes_no	complaint	93. Do you know how to make suggestions or complaints about the aid you receive?	selected(\${dra_benefic iary}, '1')	

select_one yes_no	complaint_filed	94. Have you filed a suggestion or a complaint?	selected(\${complaint}, '1')	
select_one suggestion	suggestion	94a. How did you make the suggestion or complaint?	selected(\${complaint_filed}, '1')	
text	suggestion_other	94b. Please specify how you made the suggestion or complaint.	selected(\${suggestion}, '97')	
select_one yes_no	response	94c. Did you receive a response?	selected(\${complaint_filed}, '1')	
select_one assessment	response_satisfied	94d. How satisfied were you with the response you received to your complaint/suggestion?	selected(\${response}, '1')	
select_one suggestion	suggestion_prefer	95. How would you prefer to make any complaints you may have?	selected(\${dra_beneficiary}, '1')	
text	suggestion_prefer_other	95a. Please specify how you would prefer to make a complaint.	selected(\${suggestion_prefer}, '97')	
select_one assessment	self_reliance	96. Do you feel the support you received will help you cope with shocks or hazards in the future?	selected(\${dra_beneficiary}, '1')	
text	experience	97. Is there anything else you would like to tell us about your experience receiving aid and services from the DRA HOA joint programme?	selected(\${dra_beneficiary}, '1')	
<b>end group</b>	<b>G</b>			
<b>begin group</b>	<b>I</b>	<b>Respondent's profile</b>	selected(\${dra_beneficiary}, '1')	
note	thank_you	This is the end of the survey, thank you for completing it. Your feedback and suggestions will be shared with aid organisations with the aim of improving the quality and relevance of humanitarian aid to affected people.	selected(\${dra_beneficiary}, '1')	
<b>end group</b>	<b>I</b>			