

**HelpAge
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Final Impact Evaluation of the Emergency Drought Response Project in Mandera, Kenya



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ACRONYMS

ALRMP	Arid Land and Resource Management Project
ASAL	Arid and Semi-Arid Lands
COCOP	Corporation of Cooperating Partners
CSB	Corn Soya Blend
DFID	Department of International Development
DHMT	District Health Management Team
DMA	Drought Management Authority
DO	Division Officer
DPHO	District Public Health Officer
DSG	District Steering Group
ECHO	European Commission Humanitarian Office
EPRP	Emergency Preparedness and Response Program
EWS	Early Warning System
FGD	Focus Group Discussion
FEWSNET	Famine and Early warning System Network
HSNP	Hunger Safety Net Programme
IASC	Inter Agency Standing Committee
IPCI	Integrated Phase Classification
KFSSG	Kenya Food Security Steering Group
KII	Key Informant Interviews
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NGO	Non Governmental Organisation
NFI	Non Food Items
RACIDA	Rural Agency for Community Development Assistance
RRC	Relief and Rights Committee
SFP	Supplementary Feeding Programme
TORS	Terms of Reference
UN	United Nations
OCHA	Office for the Coordination of Humanitarian Affairs
VFM	Value for Money
WASH	Water Sanitation and Hygiene
WUA	Water Users Association

EXECUTIVE SUMMARY

HelpAge International in partnership with a local partner, Rural Agency for Community Development Assistance (RACIDA), implemented an emergency drought response project in Mandera county of Kenya in response to the 2011 Horn of Africa drought. The objective of the project was to provide life saving support to drought affected older people and their families through the provision of food and non-food items, mitigate the effects of drought and support community-led early recovery activities through the provision of water and by improving access to health services.

This report presents findings, conclusions and recommendation from an end of project evaluation conducted in August 2012. The purpose of the evaluation was to measure the achievement of the project with specific focus on project activities and results based on an appraisal of the feedback from quantitative and qualitative data sources against the project design and implementation plan. The evaluation mainly utilized qualitative approaches based on respondents' feedback to assessment questions and information recorded from open discussions. The findings from the qualitative data sources were triangulated with relevant quantitative data from review of secondary sources.

The findings of the evaluation were that:

- A total of 2,750 older people comprising of 1,258 men and 1,492 women received food aid, in the form of Corn Soya Blend (CSB) as planned. Respondents reported benefiting a lot from the project with those interviewed noting that their health status had improved as a result of the intervention. They, however, said that the CSB distribution offered them little selection as compared with food vouchers distributed through a previous Emergency Response project.
- A total of 5,500 ten-litre jerry cans and 2,750, twenty-litre jerry cans were procured locally by RACIDA and distributed as per plan.
- From distribution records, the evaluation team confirmed that a total of 2750 blankets were procured from Mandera and distributed on one-off-basis together with the Jerry cans. As well a total of 16,500 bars of soap were distributed to 2750 households.
- From the project reports, the evaluation team ascertained that 427,000 litres of water were trucked to 7,600 persons covering Tarbey, Bambo, Ogorwein, Hantarag, Boqonsar, Harmamo, Gofa and Merille locations. The target amount of 5,667,200 litres of water was not achieved because when the short rains started in October 2011, the activity was substituted for construction of an underground tank. The construction of a 400M³ underground water tank at shangala was achieved towards the end of the project.
- 20 sanitation women groups in 20 locations were selected, mobilized and sensitized on the need environmental hygiene practices including waste management and disposal. The groups were then supported with sets of sanitation tools to carry out sanitation activities in their location. The women were motivated through incentives given as food voucher at the rate of Ksh. 2,500 per month per beneficiary. The women interviewed reported their environmental sanitation having improved significantly due to this support.
- The targeted 100 pit latrines were constructed through community participation and involvement.

Analysis of the project design, implementation and outcomes brought out a number of important observations. Among them:

- The project was deemed as having been very relevant to the needs, context and HelpAge's organizational mandate. The target project locations were among the hardest hit by the 2011 drought leading to hunger, disease outbreaks and destitution. The choice of project activities was relevant to the situation and was informed by a rapid needs assessment. The focus on the older people was relevant to the situation given their increased vulnerability and the reality that none of the other humanitarian interventions happening at the time was targeting them.
- In terms of timeliness, the evaluation concluded that the project came in far too late into the drought crisis, a fact that was similarly pointed out by the Interagency Standing Committee's Real Time Evaluation of the general response to the 2011 Horn of Africa Drought Crisis.
- Beneficiaries reported positive changes in their lives as a result of the project, thus to an extent affirming that the project achieved its objective of reducing vulnerability.
- Demand for the latrines increased as demonstrated by the higher than targeted number of households that dug pits in anticipation of the project support. This presents an opportunity to reinforce uptake of safe sanitation in the area.
- The use of a local indigenous organization (RACIDA) and utilization of existing community structures including Water Users Association, Relief and Rights Committees, local provincial administration and elders in the planning and implementation of project interventions fostered efficiency and optimized the available resources
- Through advocacy efforts on vulnerability and needs of older people supported partly by HelpAge and indirectly by the project, there is emerging and growing interest at the national level among humanitarian actors on issues of aging and the special needs of older people.

Overall, the evaluation concluded that the project interventions were able to mitigate the effects of the drought and reduced vulnerability among the older people, both male and female. However, the impact on the lives of the target communities would have been much better if these interventions would have come a little earlier.

The evaluation team makes the following recommendations for future emergency response and wider HelpAge programming in Kenya:

- 1) HelpAge should reinforce their emergency response capacities through tapping into the existing early warning systems and linking this with internal decision-making to ensure early response. The Emergency Preparedness and Response Plan (EPRP) that is currently under development should closely be linked to the global contingency fund kitty to ensure response within 48 hours.
- 2) HelpAge's future interventions in Mandera should consider longer term disaster risk reduction programming given the cycle of chronic vulnerability that affect the local communities, more so the older people. For instance riverine communities living along river Daa in Mandera north could be supported to undertake irrigated agriculture using modern technologies.
- 3) HelpAge should scale up advocacy both at local and national levels to ensure the needs and vulnerability of older people are mainstreamed and prioritized across all sectors of emergency and development programmes. Being a leader in the area of aging, HelpAge should stimulate advocacy initiatives targeting donors so as to expand funding allocated to addressing the needs of older people.

- 4) While appreciating that RACIDA has benefited significantly from the partnership with HelpAge, there remains room for more institutional and technical capacity building. This model of partnership should be replicated in other areas where HelpAge operates.
- 5) In future projects, HelpAge should consider using food vouchers as an option of delivering food aid. This however should be informed by in-depth analysis of local markets and cost of diet.
- 6) More attention should be paid to proper transition from humanitarian relief to early recovery initiatives including building linkages to existing social protection programmes.
- 7) For maximum impact the package of project interventions should be targeted at the same individual beneficiaries and/or community rather than implement components of the project in different localities.
- 8) Scenario planning should be considered as a key step in designing response and all possible scenarios integrated in the project plan with flexible funding that includes crisis modifiers, making it possible to quickly adapt to changes in humanitarian context.
- 9) The relevant government line ministries should be involved throughout the project implementation so as to foster ownership and sustainability. The engagement should go beyond seeking approval to include participation in project planning and progress monitoring.

INTRODUCTION

Organization Background

HelpAge International (HelpAge) is an international NGO and a global network of affiliated organizations, mainly from developing countries, which work together to ensure that people everywhere understand how much older people contribute to society and that they must enjoy their right to healthcare, social services and economic and physical security. It has a vision in which all older people fulfill their potential to lead dignified healthy and secure lives. HelpAge is the only international NGO with this mission.

Mission

HelpAge International work with affiliates and partners to ensure that people everywhere understand how much older people contribute to society and that they must enjoy their right to healthcare, social services and economic and physical security.

Vision

HelpAge International's vision is a world in which all older people fulfill their potential to lead dignified, active, healthy and secure lives

The HelpAge Africa Regional Strategy of 2010-2015 has prioritized interventions in five program areas, namely:

- i. Securing income
- ii. Quality health, HIV and care services
- iii. Support during emergency and recovery situations
- iv. Challenging age discrimination and
- v. Continuing to build a network of like-minded organizations.

HelpAge has been managing programmes in Kenya for over 20 years. HelpAge International strategy for Kenya, and in particular for the pastoral area of the country is linked to the organizational goal for ensuring that old people claim their rights, challenge discrimination and overcome poverty. In line with this strategy, HelpAge was one of the international NGOs responding to the Horn of Africa drought crisis.

On the other hand, Rural Agency for Community Development and Assistance (RACIDA), the implementing partner of the project under review is a local non-governmental organization with strong presence in Wajir and Mandera counties, North Eastern Kenya. RACIDA was established in 2001 and registered as a Non-Governmental Organization in 2005. RACIDA addresses poverty and public distress in Kenya, with specific reference to pastoralist communities in Northern Kenya through the development and implementation of community based programmes for self reliance and sustainable development. RACIDA's vision is supporting pastoralist communities in Northern Kenya to secure livelihoods, whilst ensuring sustainable management of natural resources. RACIDA's mission is enhancing self reliance and prosperity through the promotion of better livelihood systems, sustainable use of natural resources and community empowerment.

Project area: geographic and demographic context

Mandera County is located on the northeast corner of Kenya bordering Somalia to the east and Ethiopia to the north, Wajir County to the South and Moyale to the West. The county covers an area of approximately 25,810 Km² and is home to an estimated population of 1,000,026 people (2009 National Population Census). It is estimated that older people (over 60 years) account for approximately 6% of the total population

Administratively, Mandera County consists of 6 districts namely: Mandera North, Mandera East, Mandera West, Mandera Central, Banisa and Takaba. The project under evaluation was implemented in Mandera North, Mandera West and Banisa districts. The map of the county is shown in figure 1.

The county is divided into four livelihoods zones: pastoral (28%), agro-pastoral (39%), riverine and irrigated cropping zone (33%). However, a majority of households in Mandera are dependent on livestock keeping.

Mandera is prone to harsh climatic conditions- cyclic droughts and occasional flash floods. Over the year's recurrent droughts and conflicts have affected pastoral livelihoods, forcing many households into destitution in urban centers and rural villages.

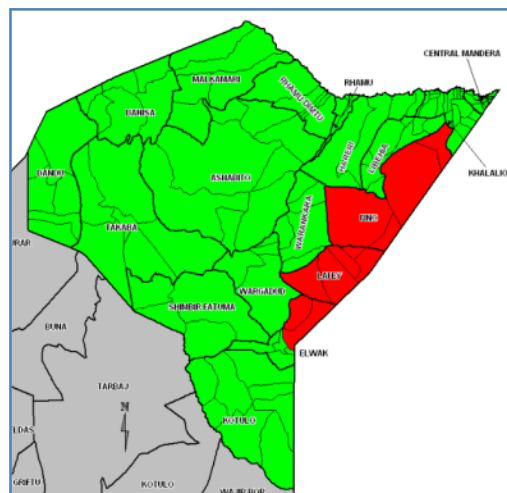


Figure 1: Map of Mandera County

Pre-intervention situation

In 2011 Kenya alongside other countries in the Horn of Africa, particularly Ethiopia and Somalia, faced severe drought, considered to be the worst in the last 60 years. A combination of drought-induced crop failure, poor livestock conditions, rising food and non-food prices and eroded coping mechanisms contributed to a devastating food crisis which by August 2011 affected over 3.75 million people in Kenya, according to UN estimates (UNOCHA, August 2011). The scope of the crisis prompted the Government of Kenya to declare it a national disaster on 30th May 2011, with an appeal for international support to mitigate the worsening humanitarian situation.

Mandera County was among the worst affected. The Kenya Food Security Steering Group (KFSSG) 2011 Long Rains Season Food Security Assessment conducted in August 2011 classified Mandera in the emergency phase (IPC Phase 4). The situation was compounded by pre-existing vulnerabilities characterized by entrenched poverty, limited investment, and intermittent conflict over limited resources as well as spill-over fighting from the neighboring war-torn Somalia.

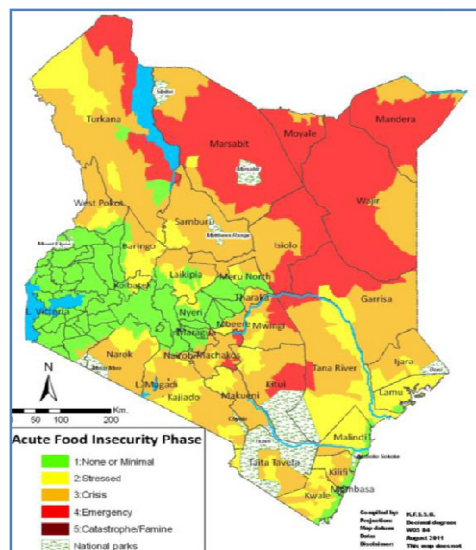


Figure 2: Map showing acute food insecurity phase in August 2011

Situational assessments conducted in the area showed alarming malnutrition rates. For instance, according to an assessment conducted by Islamic Relief¹ in May 2011 the global acute malnutrition was 26.9% which is far above the emergency threshold of 15%. In

¹Nutrition and Mortality Survey Report- Mandera East & North and Wajir West and North Districts, May 2011

addition, the early warning system by Arid Lands Resource Management Programme (ALRMP) indicated severe water shortage, loss of livelihoods (livestock deaths, crop failure), over 100% increase in food prices and rising community conflicts over water and pasture.

The long rains assessment team found that livestock mortalities ranged between 15-20 percent in Mandera. With the few surviving animals, pastoralists were migrating in search of pasture and to the few remaining watering points. Sedentary household members (women, elderly and children) were the most vulnerable as milk and meat availability declined and prices hit unprecedented highs. Increasingly, undesirable coping strategies were being adopted by over 70% of households, in a bid to bridge food deficient while mitigating livelihood losses. Some of the strategies included sharing and selling of relief food, increased household debt, extended trekking and reduction of meals to one a day (Long Rains Assessment Report). Rapid assessment conducted by HelpAge and RACIDA in August 2011 confirmed that the situation of older people was dire as most of them could not walk, they were very frail and emaciated, over and above other age groups, due to lack of food and harsh conditions – blistering heat by the sun during the day and very low temperatures at night making it cold and subjecting them to further ailments.

Humanitarian interventions by both the government and non-governmental agencies were deficient in their focus on the older people. For instance, existing food aid interventions including supplementary feeding programmes (SFP) did not explicitly include the older people as part of their priority target groups. Some of the food commodities (maize, pulses) provided in the WFP food aid basket were inappropriate for the older people, given their delicate dental and digestive systems.

The main water sources in the area including boreholes, shallow wells, earth pans and river Daua were dwindling. Due to livestock influx, boreholes were experiencing frequent breakdowns and meager community contributions were insufficient to finance repair and maintenance. As the water sources became overstretched, the waiting time at watering points increased significantly to 30-60 minutes compared to a normal of 5-30 minutes. At the boreholes, observation by RACIDA assessment team revealed that frail older men and women had to contend with laborious struggle for water.

A significant upsurge in diarrhea cases was reported in Mandera², mainly due to declining access to water and poor hygiene and sanitation practices among households. Measles cases were also on the increase which could be explained by the generally poor immunization coverage in the area.

Project Description

In response to the desperate humanitarian situation in Mandera, HelpAge designed an emergency response project titled: *The Emergency Drought Response in Mandera (Kenya)*. The project was aimed at providing life-saving support to pastoralist and agro-pastoralist communities in Mandera North, Mandera West and Banisa districts whose lives had been most adversely affected by the 2011 drought. The project with a total budget of Euros 399,000.96 was funded by a group of German donors that included Johanniter-Unfall-Hilfe (JUH), AWO International and NAKKaritative, through HelpAge Deutschland. The project

² Morbidity data, MPHS Mandera North district.

was implemented through HelpAge's longstanding partner, Rural Agency for Community Development Assistance (RACIDA).

The **primary objective** of the project was to reduce the vulnerability of older people and their families in drought affected areas of Mandera, through integrated humanitarian support. The **secondary objective** was to provide life saving support to drought affected older people and their families through the provision of food and non-food items, mitigate the effects of drought and support community-led early recovery activities through the provision of water and by improving access to health services. The **Expected results** were:

1. Increased food security: 2,750 older people in Mandera demonstrate improved nutritional status
2. Non- food items: 2,750 older people are better protected from adverse weather conditions and have their dignity restored through the distribution of non-food items
3. Personal Hygiene: 16,500 people (2,750 older people and 13,750 family members) have improved personal hygiene through the distribution of soap and increased access to water which they are able to store due to the availability of more jerry cans
4. Access to safe drinking water: 23,000 people will receive safe drinking water (8,800 through water trucking, 14,200 through the rehabilitation of boreholes)
5. Improving access to primary health care facilities and sanitation: 1,000 people will directly benefit from improved access to primary health and sanitation services (600 from toilets and 400 from sanitation kits)

The main **project activities** were:

1. Provision of supplementary feeding (CSB) to 2,750 older people /households over a period of 6 months.
2. Procurement and one-off distribution of essential non-food items (NFIs) including 5,500 ten-litre jerry cans 2,750 twenty-litre jerry cans and 2,750 blankets.
3. Promotion of personal hygiene through procurement and distribution of bar soaps (800 gram) per household/per month for six months to 2,750 houses.
4. Improving access to safe drinking water through distribution of water trucking vouchers for three months to 8,800 people, rehabilitation of five boreholes and supporting three rapid response teams to undertake rehabilitation and repair of water points
5. Improving access to primary health care facilities and sanitation through mobilization of 400 community members to remove animal carcasses, provision of sanitation hand tool kits to 20 women's groups (2 kits per group, 20 members per group), procurement and distribution of 283,360 aqua tabs to benefit 8,800 people for two months and construction of 100 pit-latrines and community training on improved sanitation habits

Initially, the project was planned to run for a period of six months from October 2011 to March 2012, however a no-cost extension (NCE) was requested and granted until July 15th 2012.

PROJECT EVALUATION

Scope of the Evaluation

The evaluation aimed at critically reviewing the project objectives, methods and approaches applied by HelpAge through its local partner RACIDA in the design and implementation of the project. The evaluation undertook to measure the achievement of the project with specific focus on project activities and results based on an appraisal of the feedback from quantitative and qualitative data sources against the project design and implementation plan. Additionally, the evaluation reviewed the utilization of the project inputs, the efficiency of the processes and the challenges encountered. Based on the findings and analysis thereof, a number of recommendations have been drawn.

As outlined in the TORs, the evaluation specifically aimed to:

1. Determine the extent to which the five (5) activities outlined in the proposal were satisfactorily completed.
2. Assess the extent to which the five (5) expected results have been achieved and their contribution to programme objectives.
3. Review the project strategy and approach efficacy and recommend on aspect that will need to be revised in a future phase.
4. Identify and document effects, achievements and short-term impact emanating from the project activities including unplanned for effects.
5. Document key lessons learned with recommendations for future programme scale-up in other ASAL areas.
6. Document key lessons and wider implications of advocacy activities touching on older people as well as provide recommendations on how the project interventions can be mainstreamed into policies touching on older people in Kenya.

The analysis of the project design, inputs, processes and outputs is anchored on the following key dimensions:

- *Relevance, Appropriateness and Quality of Design:* On this dimension the evaluation sought to establish whether the project design was appropriate for the context, coherent, acceptable and responsive to the need of the target beneficiaries. The evaluation also sought to determine whether key quality consideration were integrated in the design including beneficiaries involvement, aspects of gender mainstreaming, disaster risk reduction among others.
- *Timeliness:* The evaluation assessed whether the project reached the expected number of beneficiaries within the expected timeline. The progress against project work plans and expenditure plans were also considered.
- *Effectiveness:* The evaluation sought to establish the extent to which the project activities were achieved and in so doing the performance of the implementing partners was appraised. On the overall, the evaluation sought to measure the extent to which the target beneficiaries accessed and utilized the project goods and services including food, NFIs, water and WASH commodities as well as capacity building opportunities.
- *Efficiency:* The evaluation examined the extent to which the project used the least possible resources to achieve its outputs/outcomes, thus drawing conclusions on whether the project achieved value for money (VfM). In addition, the evaluation sought

to verify whether the project inputs were optimized and whether the project expenditures were in line with expected budgetary plans. Any adaptation of the project plan to changing needs was noted and gauged in terms of appropriateness to the situation.

- **Impact:** Given the short lifespan of the project and the fact that comparative baseline data was not available, it was difficult to quantitatively measure the impact attributable to this project. However, using various approaches the evaluators attempted to elucidate the positive (and also negative) changes in people's lives brought about by the project. In this regard, efforts were taken to assess the project's influence on the socioeconomic status of the older people and their families. As well, the perception of the local communities in regards to the project was sought and documented.
- **Sustainability:** This aspect was evaluated based on the analysis of the potential extent to which the objectives of the project will continue to be met after the project came to a close. The analysis focused on looking at the partnership building and involvement of the key stakeholders including HelpAge and RACIDA staff, District Steering Group (DSG), Ministry of Health (MoH), District Health Management Teams (DHMTs) and local beneficiaries. The evaluation also shed light on the extent to which the capacity of the local partner, RACIDA, was strengthened.
- **Monitoring and reporting:** The evaluation looked into the monitoring system applied in the project and if it was utilized to support the project achieve its intended objectives. The evaluators scrutinized how project data was collected, compiled, analyzed, reported and used to inform planning.

Evaluation Methodology

Study area

The evaluation was to be conducted in Mandera North and West Districts of Mandera County where the project interventions were implemented. However, due to spate of insecurity during the evaluation exercise, the team was only able to visit three locations in Mandera North district namely Shangala, Rhamu and Yabicho.

Study population

The primary study respondents were older people and their families. Secondary respondents were staff of HelpAge International and RACIDA, members of the District Steering Group (DSG), the District Public Health Officer (DPHO), Corporation of Cooperating Partners (COCOP), Islamic Relief and the Drought Management Authority (DMA) and Arid Lands Resources Management Programme (ALRMP).

Data collection sources and methods

This evaluation mainly utilized qualitative approaches based on respondents' feedback to assessment questions and information recorded from open discussions. The findings from the qualitative data sources were triangulated with relevant quantitative data from review of secondary sources including project reports and data, reports from other agencies and government institutions as well as publications related to the 2011 horn of Africa drought. Specifically, the qualitative data collection involved the following methods:

- **Focus Group Discussion (FGDs):** Focus group discussions were held with older people drawn from randomly selected villages in the project districts. The FGDs sought to generate perceptions of the beneficiaries (older people) on key aspects of the project including their involvement in design of project interventions, its approach, uptake and impact of the interventions. The discussions delved into the effects of the drought, the

coping mechanisms, community and household resilience prior and after the project among other issues. Six (6) FGDs were conducted; separate for men and women given the gender dynamics within the Somalia culture. The table below provides a breakdown of the FGDs conducted:

Table 1: Number of participants in FGDs

No.	Site/ Group	No. of participants
1	Multi-purpose sanitation women group	20
2	Bulla Dodai sanitation women group	20
3	BulaaDodai toilet beneficiaries	9
4	Shangala water tank beneficiaries	12
5	Yambicho CSB beneficiaries	9
6	Maslah sanitation women group	8

- **Key Informant Interviews (KII):** Key informant interviews were utilized to provide insights into the actual events and roles in the design, planning and implementation of project. Seven (7) KIIs were conducted with DPHO, DMO, DSG chairperson, Islamic Relief, COCOP, RACIDA Project team and the RACIDA Finance officer. The interviews provided an opportunity to capture views on the project design and delivery including what was done well and what wasn't. The key informants were also asked to provide information on the impact of the project in terms of observable changes in the socioeconomic situation of the community.
- **Case study profiles:** Project beneficiaries, who were perceived by other community members to have been significantly impacted by the project, were interviewed and their profile documented.
- **Literature review:** A review was done of relevant documents related to the project, the Horn of Africa drought and relevant publications on older people in Arid and Semi Arid Lands (ASALs).
- **Observation:** Using structured observation checklists the evaluation team scrutinized the extent to which rehabilitation of boreholes and construction of pit-latrines met set design standards.

Sample size and sampling procedure

Due to increased insecurity³ within the project area during the evaluation, the evaluation team in consultation with both RACIDA and HelpAge made changes to the sample size and procedure proposed in the planning stage. The evaluation team used purposive sampling to identify villages at close proximity to the field office in Rhamu that were easily accessible.

Data analysis

The qualitative data was transcribed and processed building on themes emerging from the data. Thematic coding was done and emerging findings triangulated with quantitative data from secondary sources. To enhance the quality of data, transcriptions were done within 48 hours of collection by the investigator who led the discussions.

Ethical considerations

Respondent were duly informed of the purposes of the evaluation and their consent sought before proceeding. The respondent were assured of confidentiality and informed that they retained the right to refuse to answer all or any specific questions.

³ There was flare up of inter-clan fighting in Mandera West resulting in the killing of over 6 people. As a result, there was tension in all the project areas including those in Mandera North.

Limitations

The following limitations were encountered during the execution of this evaluation:

- The design of the project was weak in linking outputs and expected results. For instance, improvement of the nutritional status and restoration of dignity were ambitious results given the short-term nature of the project. The results were also difficult to measure with the proposed indicators more so there being no baseline data. This evaluation therefore could not conclusively establish achievements of some of the expected results.
- There was a flared up of inter-clan fighting in the project area during the evaluation exercise resulting in increased insecurity and limited access. The implication of this was that the evaluation team could not cover all the areas targeted at the planning stage. The team had to change from random sampling to purposive sampling focusing only on the areas that were accessible. Given the homogeneity of the beneficiary community and the fact that this was largely a qualitative study, we are of the opinion that this change does not significantly affect our findings and conclusions.
- The start of the evaluation exercise coincided with Idd celebrations thus making it difficult to mobilize respondents as scheduled. However adjustments were made to the plan and the exercise was accomplished successfully.

EVALUATION FINDINGS

This section presents the findings related to achievements against the originally planned project activities and results.

Project start up and community entry activities

Through interviews with both HelpAge and RACIDA staff, we sought information on how key project start-up and community entry activities were actually conducted. The findings are outlined below:

- Recruitment of project staff: All the planned recruitment was achieved in the month of October without any hurdles. The positions recruited on a full-time level of effort were two field monitors, while six pre-existing staff provided part-time support to this project (Project Coordinator, Officer, 4 Community mobilizers and Finance Officer).
- Procurement of project implements and supplies: The main items planned for procurement under this project were: Sanitation tools, materials for construction of toilet slabs, Aqua tabs/PUR, CSBs, soap, blankets and water Jerry cans. There was no delay in the procurement. However, there were delays in the delivery of CSB from Nairobi to Mandera due to logistical challenges as a result of heavy rains and impassible roads
- Development of detailed implementation and M&E plans: At the onset of the project, a detailed implementation plan was developed to guide both RACIDA and HelpAge staff in tracking progress. The evaluators however noted that an M&E plan was not developed and much of the monitoring was based on the logical framework document. This was attributed to there being no M&E personnel at HelpAge at the time of project start-up.
- Engagement with stakeholders in the districts: Every month, RACIDA participated in DSG where updates regarding the project were shared. Given that RACIDA was already a well known humanitarian and development player in Mandera the engagement and coordination with other stakeholders was unproblematic.
- Community engagement and targeting: Through the Relief and Rights Committees (RRCs), RACIDA mobilized the community and raised their awareness about the project. Targeting criteria had been set at the design stage of the project as: older people above 60 years who meet the following additional inclusion terms:
 - (i) Those who have lost their animals
 - (ii) Those whose active family members have left in search of food for the animals and themselves and are left behind without any form of support
 - (iii) Those who are left to look after children
 - (iv) Those living alone
 - (v) Those that are not receiving a food voucher from the RACIDA project funded by ECHO and pension from HSNP (Hunger Safety Net) project (funded by DFID) [both being implemented through RACIDA].
 - (vi) Those that have feeding problem due to age related illnesses

The criteria were to be applied by the Relief and Rights Committees (RRCs) and then vetted and validated through *bazaras* (community open forums). Our findings are that there were some challenges in implementing the targeting criteria. For instance, it was reported that beneficiaries of the previous HSNP were not necessary well-off and therefore it would have

been unfair to leave them out. Consensus was reached within the RRCs to include 100 older people targeted under these previous projects. In addition, the age factor was difficult to implement given that many older people did not bring along their identity cards or had lost them. It became a tedious, protracted and sometimes fuzzy process of establishing ages of potential beneficiaries.

Activity 1: Provision of supplementary feeding (CSB) to 2,750 older people and their households

Project plan:

The project planned to provide supplementary feeding, specifically corn soya blend (CSB) to 2,750 older people and their households over a period of 6 months, each 10kilogrammes per month.

Evaluation finding:

From the project records, we confirmed that a total of 165 metric tonnes of Corn Soya Blend (CSB) were procured from Soy Afric Ltd and delivered to the project warehouse in Mandera. In October 2011, a series of community mobilization and sensitization sessions were held in Banisa, RhamuDimtu, Ashabito and Dandu divisions through which older people aged above 60 years were identified and entered into food distribution registers. A total of 2,750 older people comprising of 1,258 men and 1,492 women were registered.

Based on distribution records and monitoring reports, the evaluation team deduced that this activity was achieved as planned. The table below details the output against this activity:

Table 2: Number of beneficiaries who received CSB per location (source: Project documents)

Division	Location	Number of Beneficiaries	Males	Females	Total Kgs of CSB (10kg/person x 6 months)
Banissa	Hulow	152	73	79	9120
	Malkamari	396	200	196	23760
	Derkale	134	62	72	8040
	Chiracha	134	20	114	8040
	Burashin	126	62	64	7560
RhamuDimtu	RhamuDimtu	163	67	96	9780
	Kalicha	101	54	47	6060
	Yabicho	125	61	64	7500
Ashabito	Kubi	120	57	63	7200
	Guticha	317	131	186	19020
	Shirshir	219	106	113	13140
Dandu	Marothiley	402	193	209	24120
	Gither	163	73	90	9780
	Burdurass	198	99	99	11880
TOTAL		2,750	1,258	1,492	165,000

Overall, the respondents reported benefiting a lot from the project with those interviewed noting that their health status had improved as a result of the intervention. They, however, said that the CSB distribution offered them little selection as compared with food vouchers distributed through a previous emergency response project.

Activity 2: Provision of non-food items

Project plan:

The project planned to procure 5,500 ten-litre jerry cans and 2,750 twenty-litre jerry cans and distribute them to 2,750 households, each consisting of at least one older person. The aim was to improve the household's access to clean and safe drinking water. In addition, the project planned to procure and distribute blankets to 2,750 older people, one blanket each, to ensure they have protection from adverse weather conditions and also ensure their dignity is protected.

Evaluation finding:

The evaluation team scrutinised the distribution records and confirmed that 5,500 ten-litre jerry cans and 2,750, twenty-litre jerry cans were procured locally by RACIDA and distributed as per plan. The table below summarises the output against this activity.

Table 3: Number of beneficiaries provided water Jerry cans (source: Distribution records)

Division	Locations	Number of beneficiary households	20 Litres Jerry can	10 Litres Jerry can
Banissa	Hullow	152	152	304
	Malkamari	396	396	792
	Derkale	134	134	268
	Chiracha	134	134	268
	Burashin	126	126	252
RhamuDimtu	RhamuDimtu	163	163	326
	Kalicha	101	101	202
	Yabicho	125	125	250
Ashabito	Kubi	120	120	240
	Guticha	317	317	634
	Shirshir	219	219	438
	Marothiley	402	402	804
Dandu	Gither	163	163	326
	Burdurass	198	198	396
Total		2,750	2,750	5,500

The 10 litre jerry can fitted very well to the age group as they could comfortably use it to fetch water. The 10 litre jerry can was used to fetch water from source which was later transferred to the 20 litre jerry can for storage. This ensured reduced contamination which mainly occurs while rolling the 20 litre jerry can on the ground. Further the narrow mouth of the jerry cans ensured safety of the water by reducing chances of contamination.

From the available records, the evaluation team confirmed that a total of 2750 blankets were procured from Mandera and distributed on one-off-basis together with the Jerry cans. The table below presents the number of blankets distributed per division.

Table 4: Number of blankets distributed, by area

Division	Locations	No. of blankets
Banissa	Hullov	152
	Malkamari	396
	Derkale	134
	Chiracha	134
	Burashin	126
RhamuDimtu	RhamuDimtu	163
	Kalicha	101
	Yabicho	125
Ashabito	Kubi	120
	Guticha	317
	Shirshir	219
	Marothiley	402
Dandu	Gither	163
	Burdurass	198
Total		2750

Activity 3: Procurement and distribution of bar soaps

Project plan:

In order to enhance personal hygiene, the project planned to provide each of the 2,750 households with one bar of laundry soap (800 gms) each month for six months thus targeting to benefit approximately 13,750 people (household members). To ease the burden of distribution and collection by beneficiaries the soap was to be distributed together with the monthly ration of food.

Evaluation finding:

From the distribution records, the evaluation team confirmed that a total of 16,500 bars of soap were distributed to 2750 households as itemized in the table below. The respondents we

talked to mentioned using the soap for handwashing and other household cleaning.



Photo 1: Beneficiary shows his Jerry can and blanket

Table 5: Distribution of soap to target households (source: project records)

Division	Locations	Number of beneficiary households	Number of soap bars (800 gms)
Banissa	Hullo	152	912
	Malkamari	396	2,376
	Derkale	134	804
	Chiracha	134	804
	Burashin	126	756
RhamuDimtu	RhamuDimtu	163	978
	Kalicha	101	606
	Yabicho	125	750
Ashabito	Kubi	120	720
	Guticha	317	1,902
	Shirshir	219	1,314
	Marothiley	402	2,412
Dandu	Gither	163	978
	Burdurass	198	1,188
Total		2,750	16,500

Activity 4: Provision of safe waterProject plan:

To enhance access to safe drinking water for the older people and their families, the project planned to undertake two interventions, namely:

- Water trucking: In Banissa and Rhamu sub-locations a total of 8,800 people,(approximately 528 older people) were targeted to receive water vouchers that would entitle them to access 7 litres of water per day for 3 months (7 litres x 92 day x 8,800 people = 5,667,200 litres).
- The project planned to support a district based rapid response team to attend to breakdown of boreholes within 24 hours. Three rapid response teams were to be constituted (Mandera Central, Mandera East and Mandera North) with each team consisting of one mechanic, one electrician and one plumber under the coordination of the district water coordinators in the respective districts. In the initial plan five boreholes in Eymole, Olla and Rhamu areas were to be repaired by a rapid response team. This intervention was projected to benefit 14,200 people (923 older people) living around 5 boreholes.

Evaluation finding:

Through interviews with key project staff and WUAs officials, the evaluation team was informed that RACIDA in partnership with Water Users Associations (WUAs) and the Ministry of Water identified and prioritised areas with the highest need for water trucking especially those whose primary water source had dried up or broken down. From the project reports, the evaluation team ascertained that 427,000 litres of water were trucked to 7,600 persons covering Tarbey, Bambo, Ogorwein, Hantarag, Boqonsar, Harmamo, Gofa and Merille locations. The amount of water delivered to the target beneficiaries was only for 8 days

before the water trucking intervention was suspended owing to arrival of the short rains in October and November (Deyr).

Following consultation with the community and other stakeholders, an amendment to the original plan was proposed where the water trucking activity would be substituted with construction of water storage tanks. HelpAge International submitted an amendment request to the donor in November 2011. The donor approval was only received in March 2012; the four months delay in getting the approval coupled with the fact that construction work would require more time necessitated the project's NCE.

"...the budget amendment and approval process took longer than anticipated. By the time construction of underground tank started, the rain season was long gone and the need for water trucking was re-emerging"

: Project staff

Consequently after the approval, Shangala, a location in Rhamu division situated 15km from Rhamu along the Mandera – Wajir road was identified and selected for the construction of the underground water tank. The community of approximately 180 households had for a long time relied on rain and water trucking. The water was stored in a small underground tank which never lasted them long. As a result the community had identified water as their biggest challenge and through the community WaterUsers Association had written to RACIDA asking for support. Toward the end of the project phase (March) the community request was honoured with the construction of a 400M³ underground water tank. The tank was constructed through community contribution where the dug the pit, mobilized locally available materials and committed to do back filling of the tank on completion. On the other hand HelpAge though RACIDA provided resources, paid artisans and bought material for construction. The tank is complete and now awaiting collection of rain water in the coming season. Further, 10 members (6male and 4 female) of the WUA were taken through a 3 day training session on water resource management including water source protection and safety of water, book keeping, hygiene and sanitation practices, separation of animal and human water source, user fee and opening and operating a bank account.

To respond to the need for repair and rehabilitation of boreholes, two rapid response teams were formed in Mandera North and West districts (a team was pre-existing in Mandera East). The establishment of these response teams was done with the participation of the Ministry of Water, who developed the Terms of Reference. Though, this involvement of the line Ministry was positively viewed, it delayed the process resulting in the teams being formed late into the project life. By the time of the evaluation the team had managed to repair two boreholes- one in Guticha and another in Olla.

Activity 5: Access to primary health and sanitation facilities

Project plan:

Under this activity, HelpAge planned to accomplish the following interventions:

- Mobilize 20 community members in 20 community centres to undertake environmental clean-up including removal of animal carcasses which were a serious public health hazard. Through a food for work scheme, the project planned to motivate the groups by

providing a food voucher redeemable at selected local shops in exchange for food items such as cereals, vegetable oil and beans. This incentive was planned to last for the initial 2 months of the project. In addition to the environmental clean-up, the project planned to promote hygiene awareness in 20 centres. In liaison with the Ministry of Public Health and Sanitation, RACIDA was to promote hand washing activities and safe waste disposal around water points.

- Provide 20 women's groups (20 members per group) with 2 sets of sanitation hand tool kit each consisting of 2 wheelbarrows, 5 rakes and 5 shovels. This would enable these self-help respond to local sanitation issues.
- Provide aqua tabs for purifying water to 8,800 people. In the original proposal the total requirement of aqua tabs was calculated as 283,360 tabs.
- Construction of 100 toilets for use by families which have an average of 6 people. These toilets were estimated to benefit a total of 600 people directly. In the plan, RACIDA was to provide cement for the construction of the latrine slabs while the community would provide labour and local materials. In addition, through a participatory rural appraisal (PRA) model community members in 23 locations were to be sensitized on the dangers of open defecation.

Evaluation finding:

The evaluation team established that 20 sanitation women groups in 20 locations were selected, mobilized and taken through a one day sensitization workshop. Through the DPHO's office, the women were sensitized on the need environmental hygiene practices including waste management and disposal. The groups were further supported with sets of sanitation tools to carry out sanitation activities in their location for three day a week for a period of two months. The women were motivated through incentives given as food voucher at the rate of Ksh. 2,500 per month per beneficiary. The women interviewed reported their environmental sanitation having improved significantly during the project phase. While they regretted the sudden end of the project, they appreciated the incentive given as it offered them freedom of choice. The women also indicated their willingness to continue offering the same services to the community without external incentives.

Mandera North district DPHO, MrJimale noted the activities carried out had had a big impact on the targeted locations but wished the project would have lasted longer.

"....now there is significant reduction of litter around most dumpsites – many of the dumpsite are now clean".

Jimale, Mandera North DPHO

It was established that to ensure safe drinking water at household level, 170,000 PUR sachets were distributed 1888 households, though this happened in the last phase of the project.

The targeted 100 pit latrines were constructed through community participation and involvement. The beneficiaries reported participating through digging of pit, sourcing for locally available materials such a clean river sand, gravel and logs and sticks for superstructure. Despite beneficiary selection being done at the start of the intervention, provision of the toilet slab and eventual construction was based on first come first served

basis with those availing the required materials to the agreed level being served first. More people (not initially targeted) dug pits in anticipation of project support; some of these pits have remained uncovered. On a positive note this is indicative of a community that was triggered to action by the project.



Photo 2: Latrine made of locally available materials

"....there is a significant reduction in the number of people defecating in the bush. More people are now aware of the dangers of not using a pit latrine and as a result those who are able are doing their own latrines".

Abdirashed Yusuf, Bulla Dodai Pit latrine beneficiary

Noticeably, the latrines we observed were made of very basic superstructures given that the project support was limited to provision of latrine slabs. Most families that we talked to explained that they could not afford conventional building materials. The design of the latrines had few or no age-friendly features particularly for the older people.

Table 6: Summary of achievements against planned activities:

Planned activity	Activity target	Actual achievement	Source/ means used to verify
Provision of supplementary feeding (CSB)	2,750 older people /households over a period of 6 months (10kg per person per month).	Target achieved	Distribution reports
Procurement and distribution of 10-litre jerry cans	5,500 jerry cans	Target achieved	Distribution registers
Procurement and distribution of 20-litre jerry cans	2,750 Jerry cans	Target achieved	Distribution registers
Procurement and distribution of blankets.	2,750 blankets	Target achieved	Distribution registers
Procurement and distribution of bar soaps (800 gram)	2,750 households, one piece per month for 6 months	Target achieved	Distribution registers
Water trucking and distribution to vulnerable households through a voucher system.	5,667,200 litres of water	427,000 litres of water were trucked to 7,600 persons. The shortfall was because when the short rains started	Ledger book

		the activity was substituted for construction of underground tank	
Rehabilitation of boreholes	5 boreholes	2 boreholes in Guticha and Olla locations.	Interview with the project team
Supporting rapid response teams to undertake rehabilitation and repair of water points	3 rapid response teams	2 rapid response teams were established with the support of the district water office.	Interviews with project staff and FGDs with community members
Construction of underground tank	1 underground tank	1 underground tank has been completed.	Observation
Mobilization of community members to remove animal carcasses	20 community groups each with 20 members =400 community members	Target achieved	Interviews with project staff and FGDs with community members
Provision of sanitation hand tool kits	20 women's groups (2 kits per group)	Target achieved	FGDs with sanitation groups
Procurement and distribution of aqua tabs	283,260 tabs to benefit 8,800 people for two months	170, 000 PUR sachet provided to 1,888 households.	Distribution reports
Construction of pit-latrines and community training on improved sanitation habits	100 pit latrines Hygiene promotion in 20 centres	The project team reported all the 100 latrines were constructed. The evaluation team visually confirmed 5 of these and confirmed that they were in use.	Observation Interviews with project team and DPHO

ANALYSIS OF FINDINGS AND DISCUSSION

Based on systematic and logical analysis of the assessment findings as well as triangulation with relevant secondary information, this section provides the evaluators' opinions in regards to the project performance against the dimensions outlined in the Terms of Reference (ToRs).

Relevance, Appropriateness and Quality of Design

In our view, the project was very relevant to the needs, context and organizational mandate. The target project locations were among the hardest hit by the 2011 drought leading to hunger, disease outbreaks and destitution. By early 2011 reports from Famine Early Warning Systems Network (FEWSNET) and Arid Lands Resource Management Programme (ALRMP) were indicating a deterioration of humanitarian conditions with recommendation for immediate interventions as part of Drought Management Cycle. This project was in line with these recommendations.

The choice of project activities was relevant to the situation and was informed by a rapid needs assessment though this was not formally structured. Given the emergency situation, the information available from humanitarian updates- more so FEWSNET reports, ALRMP bulletins, the UNOCHA updates, consultation done with DSG and dialogue with local community representatives were sufficient to inform appropriate project design. The focus on the older people was relevant to the situation given their increased vulnerability and the reality that none of the other humanitarian interventions happening at the time was targeting them. The project put older men and women at the heart of its design as exemplified by the choice food supplement (Corn Soya Blend) suitable for older people and 10-litre jerry cans that are much lighter and thus suitable for the elderly.

HelpAge International has committed to 5 global actions to end the poverty and discrimination faced by millions of older men and women. These actions are further reiterated in the Africa Regional strategy 2010-2015. The Mandera project was particularly relevant to 2 out of these global actions, i.e.: *"We will enable older men and women to actively participate in and be better supported during emergency and recovery situations"*. The objectives of the Mandera project epitomize this commitment. By working through RACIDA, a local partner, and closely collaborating with district level stakeholders, this project advanced HelpAge's commitment to *"support a growing global network of organizations to work effectively with and for older men and women."*

Externally, the Mandera project was relevant and supportive to the Government of Kenya policy on older persons and ageing as well as its ongoing social protection initiatives. In our interviews with members of the District Steering Group (DSG), it came out clearly that the project interventions were among the priority actions contained in the districts' contingency plans. The District Officer of Mandera North confirmed that in the DSG meetings at the height of the drought had singled out water trucking, rehabilitation of boreholes and supplementary feeding as key life-saving interventions required urgently.

Beneficiary involvement in design and implementation of a project is one of the tenets of good programming as it enhances responsiveness to need, local ownership and eventual sustainability. In the evaluation, there was evidence of involvement of local communities in the design and implementation of the project. Specifically, local communities including older people were consulted during the proposal development stage and later during implementation communities were engaged through Relief Committees, Water Users Associations and in open forums (*barazas*). The involvement of communities in beneficiary targeting was particularly commendable as it ensured that the appropriate beneficiaries are selected. Community contribution in the form of land space and labour was a clear demonstration of local project ownership.

Timeliness

The HelpAge project in Mandera came in far too late into the drought crisis. HelpAge took substantive decision to act in August 2011, funding was confirmed in September and project goods and services started reaching the target beneficiaries in October. Given the vulnerability of older people, it can be argued that by then several older men and women may have succumbed to the drought crisis. This delay was not unique to HelpAge. As reported in the Inter-Agency Standing Committee (IASC) Real- Time Evaluation of the Horn of Africa drought crisis, there was collective delay in response by the humanitarian community. Early warning was not matched with early action. Despite the drought being a slow onset emergency and there being good early warning information well in advance of the full-scale crisis, there was little impetus in response. Early Warning (EW) Systems provided forecasts concerning the impending situation as early as August 2010, when FEWSNET declared a La Niña event and associated it with drier-than-normal conditions and likely rain failure. According to a report "*A Dangerous Delay: The cost of late response to early warnings in the 2011 drought in the Horn of Africa*" by Oxfam and Save the Children the delay cost tens of thousands of lives across the horn of Africa.

In addition to the delay before project initiation there were other instances of slow decision making that affected the pace of project response. An example is the decision to revise the project plan to substitute water trucking for construction of underground tank. There was good ground to revise the activity given the October-November rains that made water trucking less appropriate. However, the donor approval to proceed with the change in project budget was only given in March 2012.

Effectiveness

Effectiveness was defined as whether the intervention was completed as planned and whether it was able to deliver benefits to the intended beneficiaries. As stated earlier in this report, it is evident from various project records that the project delivered most of the goods and services as planned. Beyond this, we considered the extent to which the project activities translated to achievement of the primary objective which was to reduce the vulnerability of older people and their families. The respondents we talked to including the

members of the target communities, the project team and collaborating institutions affirmed that this objective was met.

"...For a long time we were subconsciously aware of the destitution facing older people but no programme had come up to address this need. Therefore this project was a first of its kind and clearly it has improved the lives of our senior members of society."

S.K. Mutembei, District Officer 1, Mandera North

Interventions around water access (rehabilitation of boreholes and water trucking,) tended to be considered effective given that water was the highest ranked community need at the time. Among the positive changes mentioned by the respondents include less time spent looking for water and availability of more water for household use. Borehole rehabilitation was viewed as a very appropriate intervention given the constant pump breakdowns. However, it was noted that formation of rapid response teams took too long thus delaying the benefits. By the end of the project, only 2 (Olla and Guticha) of the targeted 5 boreholes were rehabilitated. The two (2) boreholes serve an estimated population of 20,800 (12,800 in Olla and 8000 Guticha). On a positive note, the communities will continue to benefit from the rapid response teams even beyond this project, though there remains a need to establish a community-owned mechanism to finance borehole repairs and servicing.

Provision of supplementary feeding to the older people was considered to be effective by all the people we interviewed. The beneficiaries confirmed having received 10kgs of CSB every month which they considered a predominant part of their daily diet. The CSB, locally called uji, was regarded as very suitable since it was easy to prepare and consume.

"...I was born 69 years ago. I have 6 children, 3 of them male and 3 female. All my children are petty farmers who produce very little to support their family. The drought last year really affected me as I was fully dependent on the little that my children would provide. I was very weak and emaciated as often I would go without food. It was a big relief when RACIDA came up with a project providing uji (porridge) for us, the old people. It has transformed my life and now I can say I am better than before the project started. My health has improved a lot."

Maka Hussein Muhumed, CSB beneficiary

Food vouchers were preferred by many of the respondents we talked to, especially men who seemed uncomfortable with queuing at food distribution points. They cited issues of wider choice and dignity offered by the voucher.

"...I would wish that the project continues and more so in form of food voucher which offer more options." Adan Ahmed Muhumed, CSB beneficiary

The jerry can was considered effective in enabling older people and their families fetch water from community water points. The choice of both 10 and 20 litres sizes was reportedly suitable for the target group. There was an interesting debate around the colour of the jerry cans with some holding the view that the black jerry cans did not prompt regular cleaning.

Support to the sanitation women group was appreciated though it was short lived and came in towards the end of the project (February/March 2012). The District Public Health Officer commended the work done by the groups and noted that there was remarkable improvement in disposal of solid wastes around market centres where the women groups were involved. The sanitation groups we interviewed demonstrated commitment to continue undertaking cleanup activities even after the phase-out of this project.



Photo3: Multipurpose Women Group in action

Photo by Donnelly Mwachi

Soap was distributed together with the CSB on a monthly basis. The beneficiaries we talked to confirmed they used the soap for various household uses including washing. This intervention would have been more effective if it was accompanied with key hygiene promotional messages.

In evaluating the effectiveness of latrine construction component, it was noted that the targeting had little focus on the older people. Instead support was given on a “first-come-first served basis” to those who were able to dig the pit and avail materials for the superstructure. The demand for the project support (slab and artisan) was higher than what the project had planned to provide as evidenced by the fact that more pits were dug beyond the targeted 100. At the time of the evaluation, several pits remain uncovered and there was anticipation among community members that the project would continue. This may be looked at as an early indication of behavior and attitude change and thus an opportunity for HelpAge, RACIDA and other stakeholders to facilitate community-driven sanitation initiatives aimed at improving the latrine coverage in the area.



Photo 4: Uncovered pit in BulaDodai

The latrine beneficiaries reported sharing with other neighboring families thus the number of latrines constructed by the project will benefit more people.

"...before my family constructed this latrine, we used to go to the bush to relieve ourselves. It was very embarrassing especially to women. My wife used to wait until nightfall when she cannot be seen. Now, I am proud my family members do not have to do that anymore."

Mohamed Bare, Latrine beneficiary.

Overall it was noted the various project interventions were delivered in isolation in different places thus negating effectiveness that would have come with the synergy created by the interventional components.

Efficiency and adaptation to changing needs

The use of a local indigenous organization (RACIDA) and utilization of existing community structures including Water Users Association, Relief and Rights Committees, local provincial administration and elders in the planning and implementation of project interventions fostered efficiency and optimized the available resources. In economic terms, the community contribution of land, labour and time were additional inputs that not only enabled the project to be delivered at a lesser cost to the donor but also nurtured local ownership.

Procurement of most project inputs was done locally in Mandera thus reducing transportation costs and lead time. It can also be argued that by procuring locally, this project indirectly supported the local markets.

Coordination with other stakeholders at the district level ensured there was no duplication of efforts. For instance, by coordinating the water trucking activity through the WATSAN coordination sub-committee it was possible to avoid overlap with other agencies that were supporting the same intervention.

Given the massive humanitarian needs versus a limited budget, prioritization was essential to ensure that resources were committed where there would be maximum returns. The participation of the community in beneficiary targeting and prioritizing intervention sites (such as the location of the underground tank) was an excellent approach to achieving individual benefits for the older people as well as maximizing the social benefit.

RACIDA mostly utilized structures and personnel already in place to carry out the project thus reducing operation costs and extending most of the resources to the beneficiaries. The support from HelpAge international staff in the design and implementation of the project enabled the project to benefit from the vast technical and managerial skills existing within the organization which contributed to the successful implementation of the project.

In terms of adaptation to changing needs, some remarkable flexibility during the project implementation was noted. For instance, a revision of the project plan was done changing from water trucking to construction of an underground tank given the arrival of the short

rains (*Deyr*) in October. However, as mentioned earlier, the approval process took longer than necessary. Another example that demonstrates adaptability to changing context was the issuance of double rations of food to cover for period when access to certain villages was curtailed by impassible roads.

Impact and Sustainability

The evaluation team considered the positive and negative changes as a result of the project. Given that there was no baseline quantitative data to compare with, our review of impact was based on elucidatory information gathered from project beneficiaries. The beneficiaries interviewed pointed to their health and vulnerability status having changed during the project period. Though no data on diarrhea prevalence was readily available, increased access to latrine that was catalyzed by the project supporting construction of 100 latrines as well as the initiatives by the women groups in solid waste management is likely to contribute to reduced diarrhea related morbidity and mortality in the project location. It was observed that as a result of the construction of the 100 latrines, a few other individual had constructed their own latrines an indicator of a community being triggered and taking action. Furthermore, a number of pits had been dug by the community in the hope that they could be assisted with a slab and superstructure support to complete them. This could prove counterproductive if the pits remain open for long as they would be hazardous to the community by predisposing them to falls/accidents.

Rehabilitation of the boreholes and construction of the underground water tanks will continue to provide water to the community for many years and therefore increasing their resilience to the chronic adverse conditions in their locality. This would support sustenance of their livelihoods in addition to contributing to improved socio-economic status.

“.....the underground water tank supported by RACIDA is one of the best things to have happened in our community. This tank will reduce the distance and time we walk to fetch water in addition to providing water to our livestock”.

Osman Dahir Kasai-Shangala Water tank beneficiary

The project showed a lot of potential and opportunity for sustainability that was premised on the participation and involvement of the community, government and other existing local structure in the design and implementation of the project. The involvement of Ministries of Water and Irrigation and Public Health and Sanitation will ensure that WASH components supported by the project will continue to be monitored and supported beyond the project phase. Similarly, the institutional strengthening of the Water Users Association group (committee) supported by the project will ensure prudent management including maintenance of the underground water tanks.

Through advocacy efforts on vulnerability and needs of older people supported partly by HelpAge and indirectly by the project, there is emerging and growing interest at the national level among humanitarian actors on issues of aging and the special needs of older people. For instance, the Emergency Project Manager has been an active participant of the protection cluster where issues of the aged form part of the deliberations. In addition, a sensitization workshop was done for 38 participants from various humanitarian agencies to equip them with programming skills for working with older people. HelpAge has also established a strong relationship with Ministry of northern Kenya and Ministry of special programmes which are responsible for coordinating humanitarian work within the country that has provided opportunity to advance the needs of the aged. At the county level, the DSG confirmed being better informed on the needs of older people and principally affirmed that the aged would be a key target group during disaster preparedness and response initiatives. This growing interest provides an opportunity to forge new partnerships to ensure that ageing issues are understood and given a high priority.

“..... we would like to ask you if it is possible to have a training of our volunteers in the area of dealing with ageing people. The day, venue and time will be set according to your availability.”

Email communication to HelpAge from Charles, Coordinator, Tushirikiane Afrika (TUSA).

Monitoring and Reporting

The project monitoring and evaluation system was conducted using HelpAge M&E system with the aim of enhancing accountability and transparency of HelpAge to the donors, stakeholders and community members. This was guided by a log frame that illustrated what results (output and outcome) were to be delivered and how they were to be measured. Routine monitoring of the project was conducted by activity based reporting supported by various tools e.g. attendance sheets, ration cards, distribution lists and beneficiaries registers. At the field level, internal regular meetings were conducted to review and interrogate program data with a view of informing decision making regarding the project. HelpAge staff from Nairobi (Grants, M&E and Program) conducted three (3) field visits to RACIDA and offered technical support including verification and validation of reported number of beneficiaries as well as assessing compliance to the sub-award agreement requirements.

From the field visits and monitoring reports availed to the evaluation team, it was evident that monitoring informed project implementation including revision of plans. However it was notable that the clarity of the monitoring process was constrained by lack of a clear project-specific M&E plan.

CONCLUSION AND RECOMMENDATIONS

Conclusion

Though the HelpAge drought response project in Mandera arrived later than would have been ideal, it is evident that the project met many beneficiary needs. As testified by several people that we talked to, the project interventions were able to mitigate the effects of the drought and reduced vulnerability among the older people, both male and female. The impact on the lives of the target communities would have been much better if these interventions would have come a little earlier.

In our observation, the capacity for emergency preparedness and response was quite weak at the start of the project. However, a review of HelpAge's annual plan and interviews with the project staff demonstrates that the organization's capacity has improved tremendously over the last 10 months. An emergency preparedness plan is currently being developed, staffs have been trained and HelpAge is now an active member of key humanitarian forums in Kenya including protection cluster, rapid assessment working group among others. Through these forums the organization is now able to monitor and share early warning information as well as support national level preparedness planning.

Recommendations

Based on the evaluation findings and discussion above, the following are our recommendations for future emergency response and wider HelpAge programming in Kenya:

- 1) HelpAge should reinforce their emergency response capacities through tapping into the existing early warning systems and linking this with internal decision-making to ensure early response. The Emergency Preparedness and Response Plan(EPRP) that is currently under development should closely be linked to the global contingency fund kitty to ensure response within 48 hours.
- 2) HelpAge's future interventions in Mandera should consider longer term disaster risk reduction programming given the cycle of chronic vulnerability that affect the local communities, more so the older people. For instance riverine communities living along river Daa in Mandera north could be supported to undertake irrigated agriculture using modern technologies.
- 3) HelpAge should scale up advocacy both at local and national levels to ensure the needs and vulnerability of older people are mainstreamed and prioritized across all sectors of emergency and development programmes. Being a leader in the area of aging, HelpAge should stimulate advocacy initiatives targeting donors so as to expand funding allocated to addressing the needs of older people.

- 4) While appreciating that RACIDA has benefited significantly from the partnership with HelpAge, there remains room for more institutional and technical capacity building. This model of partnership should be replicated in other areas where HelpAge operates.
- 5) As mentioned earlier in this report, several respondents applauded the wider food selection offered by food vouchers as opposed to CSB distribution. Indeed food vouchers are rapidly gaining wider acceptance as an alternative means of delivering food aid in Kenya and the region. HelpAge should consider this option, while ensuring this is informed by in-depth analysis of local markets and cost of diet.
- 6) More attention should be paid to proper transition from humanitarian relief to early recovery initiatives including building linkages to existing social protection programmes.
- 7) For maximum impact the package of project interventions should be targeted at the same individual beneficiaries and/or community rather than implement components of the project in different localities.
- 8) Scenario planning should be considered as a key step in designing response and all possible scenarios integrated in the project plan with flexible funding that includes crisis modifiers, making it possible to quickly adapt to changes in humanitarian context. For instance, the possibility of *Deyr* rains coming and thus necessitating substitution of water trucking with construction of underground tank should have been foreseen had scenario planning been done.
- 9) The relevant government line ministries should be involved throughout the project implementation so as to foster ownership and sustainability. The engagement should go beyond seeking approval to include participation in project planning and progress monitoring

REFERENCES:

1. A Dangerous Delay The cost of late response to early warnings in the 2011 drought in the Horn of Africa, Oxfam & Save the Children.
2. IASC real-time evaluation of the horn of Africa drought crisis, Global Emergency Group RTE Team, February 2012
3. The 2011 Long Rains Season Assessment Report, KFSSG, August 2011
4. HelpAge International global Strategy to 2015
5. HelpAge International Africa Regional Strategy, 2010-2015
6. Various project specific reports and databases.

ANNEXES

Annex 1: Terms of Reference

Title of the project: Emergency Drought Response in Mandera (Kenya) – Food, NFIs and WASH, Disaster Relief/Preparedness

Country: Kenya

Region: North Eastern – Mandera County

Start date: 1st October 2011

End date: 31st March 2012 (extended until 15 July 2012)

Grant Total Cost: Euro 399,000.96

Partners: RACIDA (Rural Agency for Community Development and Assistance)

HelpAge International in Kenya: HelpAge International has been managing programmes in Kenya for over 20 years. HelpAge International strategy for Kenya, and in particular for the pastoral area of the country is linked to the organizational goal for ensuring that old people claim their rights, challenge discrimination and overcome poverty. In line with this strategy, HelpAge International has been one of the leading International NGOs responding to emergencies in Kenya.

The Project:

The project, “Emergency Drought Response in Mandera” is implemented by HelpAge’s longstanding partner Rural Agency for Community Development Assistance (RACIDA) in Mandera North, Mandera East and Banissa of Mandera County in North Eastern Kenya.

The main focus of the programme was to provide emergency relief to older people and their families in the pastoral communities through the provision of food, non food items and water trucking. It also supported community-led early recovery activities through the rehabilitation of borehole and construction of household latrines and provision of water purification by distributing aqua tabs to improve sanitation and access to safe and clean water in drought affected areas of North Eastern Kenya.

Project details:

Primary Objective: To reduce the vulnerability of older people and their families in drought affected areas of Mandera, North East Kenya through integrated humanitarian support.

Secondary Objective: To provide life saving support to drought affected older people and their families through the provision of food and non-food items, mitigate the effects of drought and support community-led early recovery activities through the provision of water and by improving access to health services in Mandera East, Mandera North and Banissa districts in Mandera county, North Eastern Kenya

Areas of Operations: Mandera North, Mandera East and Banissa

Expected results:

Result 1 - Increased food security: 2,750 older people in Mandera demonstrate improved nutritional status

Result 2 - Non- food items: 2,750 older people are better protected from adverse weather conditions and have their dignity restored through the distribution of non-food items

Result 3 - Personal Hygiene: 16,500 people (2,750 older people and 13,750 family members) have improved personal hygiene through the distribution of soap and increased access to water which they are able to store due to the availability of more jerry cans

Result 4 - Access to safe drinking water: 23,000 people will receive safe drinking water (8,800 through water trucking, 14,200 through the rehabilitation of boreholes)

Result 5 - Improving access to primary health care facilities and sanitation: 1,000 people will directly benefit from improved access to primary health and sanitation services (600 from toilets and 400 from sanitation kits)

Main Activities:

Activity 1 – Increased Food Security: Provision of supplementary feeding (CSB) to 2,750 older people /households over a period of 6 months.

Activity 2 - Non food items:

2.1 Procurement and distribution of 5,500 (10) litre jerry cans (one-off distribution)

2.2 Procurement and distribution of 2,750 (20) litre jerry cans (one-off distribution)

2.3 Procurement and distribution of 2,750 blankets (one off distribution)

Activity 3 – Personal Hygiene: Procurement and distribution of bar soaps (800 gram) per household/per month for six months to 2,750 houses.

Activity 4 – Access to safe drinking water:

4.1 Distribution of water trucking vouchers for three months to 8,800 people

4.2 Rehabilitation of five boreholes

4.3 Supporting three rapid response teams to undertake rehabilitation and repair of water points

Activity 5 -Improving access to primary health care facilities and sanitation:

5.1 Mobilization of 400 community members to remove animal carcasses

5.2 Provision of sanitation hand tool kits to 20 women's groups (2 kits per group, 20 members per group)

5.3 Procurement and distribution of 283,360 aqua tabs to benefit 8,800 people for two months

5.4 Construction of 100 pit-latrines and community training on improved sanitation habits

Purpose of the Evaluation:

Specifically the evaluation should determine the following:

1. The extent to which the five activities outlined in the proposal were satisfactorily completed.
2. The extent to which the five expected results have been achieved and their contribution to programme objectives.
3. Review the project strategy and approach efficacy and recommend on aspects that will need to be revised in a future phase.

4. Identify and document effects, achievement and short term impact emanating from the project activities; including unplanned for effects;
5. Document key lessons learned with recommendations for future programme scale-up in other ASAL (arid and semi-arid lands) areas.
6. Document key lessons and wider implications of advocacy activities touching on older people as well as provide recommendations on how the project interventions can be mainstreamed into policies touching on older people in Kenya.

Proposed Methodology:

Prospective consultants are encouraged to submit their proposed methodology to ensure the evaluation objectives are fully met, however at minimum it is expected the following will be undertaken:

- Meet with project staff to get insights on the project
- Review of all supporting documents relating to the project
- Meet with project staff and other staff from participating organizations (both in Nairobi and field level) to discuss programme implementation, emerging issues and lessons learned.
- Meet finance staff from relevant organizations (i.e. HelpAge and RACIDA) to assess budget expenditure as per the proposal and make an assessment of cost efficiency drawing from comparable projects elsewhere
- Develop a checklist questionnaire to estimate how far all planned project activities were completed – documenting the reasons for any under or over achievement.
- Review the Programme monitoring reports to assess whether they were comprehensively assessing progress and impact.
- Undertake a field visit to the project locations and undertake focus group discussions (FGD) with all beneficiary groups.
- Undertake visits, interviews or FGDs with a range of other stakeholders e.g. District Officials (DSG), non-beneficiary, other NGOs etc
- Preparation of a presentation on draft findings for presentation to key project staffs
- Submission of a draft report within one month of start date for comment and review by client

Critical Issues to consider

Specific issues that should be critically assessed by the consultant in the evaluation include:

Relevance, Appropriateness and Quality of Design

- Was the design appropriate for the geographic areas?
- Was the intervention logic coherent and accurate?
- Were recommendations from previous projects and evaluations incorporated in the design?
- Were the project indicators measurable?
- Was the quality of the outputs acceptable to the local communities (culturally and religiously)?

- Were the outputs achievable or overly ambitious?
- To what extent did the project respond to priority issues?
- How was the project beneficiaries involved in the project implementation?
- How was gender mainstreamed during the project implementation and what was the effect?
- Have the risks and assumptions been well forecasted in the application? Did the application oversee any realistic risks which needed to be included?

Timeliness

- Has the program reached the expected number of beneficiaries within the expected time frame?
- Are the program's activities in line with the schedule of activities as defined by the project team and annual action plans?
- Are the project expenditures in line with expected budgetary plans?

Effectiveness

- How effective were the activities conducted carried out?
- Have the participating NGOs collaborated to deliver an effective programme?
- What has the performance been of HelpAge, RACIDA and other participating agencies with respect to the projected performance indicators?
- Has the beneficiaries access, availability and utilization of food, non food items and water& hygiene services improved as a result of the intervention?

Efficiency and adaptation to changing needs

- Does the investment in the three areas (Food, Non food items and Water) by the project represent value for money?
- Were the means used to lead activities well optimized?
- Were some means wasted during the implementation?
- Were inputs of acceptable quality?
- How did the project adapt to changing needs and was this adaptation appropriate to the situation?
- What was the relationship between the project implementers and other implementing partners on the ground?

Impact and Sustainability

- Are the quantifiable results of activities sustainable and to what extent?
- To what extent can the impacts seen be directly attributed to the programme activities?
- Have there been any unplanned effects (positive or negative)?
- Do the local community leaders fully support the initiatives taken by the project?

Monitoring and Reporting

- What project monitoring activities were done in the project?
- Are there reports that were produced?
- How did the project team use information from project monitoring in decision making?

- Was the monitoring data being collected as planned, stored and used to inform future plans?

Consultancy Period

The whole program evaluation process will take approx 20 days to be completed, this will include: time in the field with partners and beneficiaries, and report writing. The expected date of the start of program evaluation is 23rd July 2012 and the final evaluation report will be produced on 13th August 2012.

Accountabilities and Responsibilities

The consultant shall report directly to HelpAge's Emergency Programme Manager with strong liaison with the Regional Monitoring Evidence and Learning Coordinator and partner management at the field.

HelpAge will provide:

- Guidance throughout all phases of execution.
- Logistic arrangements for all field travel
- Approval of all deliverables including final sign offs for the purpose of making payments.

The consultant will be responsible for;

- Conducting the evaluation.
- Regular progress reporting to HelpAge's Evaluation Manager.
- Development of the evaluation results.
- Production of deliverables in accordance with contractual requirements.

Evaluation Process

Evaluation Work plan

The consultant will prepare an evaluation work plan to operationalize and direct the evaluation. The work plan will describe how the evaluation will be carried out, bringing refinements, specificity and elaboration to the terms of reference. It will be approved by HelpAge's Evaluation Manager and act as the agreement between the parties for how the evaluation will be conducted.

Field Mission

The evaluation will include site visits to the project sites to consult the field personnel and project stakeholders and beneficiaries, and to collect information in accordance with the requirements stipulated in the evaluation work plan. The mission is expected to be no longer than 14 days in duration. Project personnel are to be briefed on arrival and before departure from the field.

Presentation of Initial Evaluation Findings

The consultant will present initial findings and the outline of the evaluation to the core project staff and donor representative in Nairobi before submission of the draft report.

Evaluation Report

The consultant will prepare a draft and then final evaluation report.

Annex 2: Evaluation Tools

A. Focus Group Discussion with Beneficiary

Discussion guide:

- 1) Start by asking the group to narrate the humanitarian situation as it was during the 2011 drought. Encourage the group to talk about how they were affected as individuals, as families and a community.
- 2) Initiate debate on which emergency drought response interventions were implemented in the community during the 2011 drought. Follow this up by asking 'who' implemented the interventions. Pick all that are mentioned then narrow down to the HelpAge/RACIDA intervention, if mentioned (if not mentioned probe to elicit opinion)
- 3) Ask the group if they were involved in the design and/or implementation of the interventions generally and more specifically in the HelpAge/RACIDA interventions. If so, how?
- 4) Narrow down the discussion to the HelpAge/RACIDA project and discuss each project activity at a time. Seek debate on whether they think these activities were timely, relevant, effective and adequate to meet the needs. Ask the participants their opinion on whether the use of the project funds was for the best course i.e. appropriateness and value for money
- 5) Ask the participants 'what change' were brought about by the HelpAge/RACIDA interventions. Probe for both positive and negative changes. For each change, follow up and ask the subsequent change. For example if the first change was greater access to water, ask what happened as a result of having more access to water. From this, you will end up with one change branching into other one or more changes like a tree branch diagram. Ideally, there should be multiple impacts for each outcome which may lead to further impacts at different levels.
- 6) Ask the community 'who' was impacted in the community (women, men, elderly, farmers, mobile pastoralists, marginalized groups, and the elite etc) and how each of these was impacted. Explore their views on what proportion of community members were impacted vis a vis the need?
- 7) Ask the group how positive impacts from the drought response interventions could have been increased. Possible answers may include a different type of intervention, better coordination, better efficiency in implementation, increased community participation in implementation etc.
- 8) Ask the group participants to mention one beneficiary family that they think was most significantly impacted by the project. Allow free discussion on this until the group comes to a consensus on this. Explain the purpose of this is to profile the family mentioned so as to graphically and vividly capture the project impact.

B. Key Informant Interview Guides

Interviews with District Steering Group (DSG) members and representatives of relevant government line ministries

- 1) When was the drought first identified and how? Is there an early warning system for such disasters in the district? Tell me more about it and how it works. Would you say this early warning system was effective in detecting the 2011 drought?
- 2) Who responded to the drought, how soon after detection of the drought? What were the roles of the various stakeholders? How were these roles coordinated? Comment about how well the overall response worked.
- 3) Was there a district disaster response plan prior to the drought? Tell me more about it. Would you say the overall drought response was in line with this plan? Which aspects of the plan worked well and which did not?
- 4) Comment about the relevance and “fit” of HelpAge/RACIDA project to the district disaster response plan.
- 5) In regards to the HelpAge/RACIDA project, what could have been done better and how based on the following parameters: Timeliness of responses; appropriateness of response; effectiveness of responses; coordination with other stakeholders?
- 6) What are the key government policies relating to rights of the older people? To what extent would you say these policies have been translated to plans and actions in this district? What are the main successes and challenges?
- 7) The 2011 drought drastically increased the vulnerability of older people, how did the government respond to this? What were the main successes and challenges?
- 8) To what extent was the DSG involved in the project implemented by HelpAge/RACIDA? In which specific activities was the DSG involved? Comment about the participation of the key line ministries in the HelpAge/RACIDA project.
- 9) What is your view on how well the HelpAge/RACIDA project achieved its objectives? (outline the objectives, expected results and activities to jog the respondents’ memories)
- 10) On the overall, what lessons did you learn from the 2011 drought and the response undertaken in this district?
- 11) What is your recommendation in management and response of future droughts?
 - a. What interventions to reduce vulnerabilities of the older people? What disaster risk reduction strategies would you recommend?
 - b. Which approaches of implementation are most suitable for the context?
 - c. Who needs to be involved and at what stages?
- 12) What specific improvements in drought preparedness and response measures have been put in place in this district since the 2011 drought?

Key Informant Interview with RACIDA project team

- 1) When and how did you first become aware of the drought?
- 2) To what extent would you say early warning systems were useful (if any was existent)?
- 3) When and how did your organization initiate a response (s)?

- 4) Take me through the project timelines: date assessment done, date proposal written, submitted, date funding received, proposed start date , actual start date, proposed end date, actual end date.
- 5) On looking back do you think the response was timely? Was valuable time lost before mounting a response? Why? How can things be done better in future
- 6) How was the drought response planned (what information used (data, existing plans), who consulted. Do you think the information available for the design of the project was adequate? Was experience and recommendation from previous interventions utilized in designing the project?
- 7) Tell me about the roles of community in design of intervention
- 8) Tell me the role of community in the project implementation
- 9) Was there any contribution required of community- financial, labour, other? Tell me how this happened and your perception of how well it performed.
- 10) Let us talk about disaster risk reduction measures before, during and after the project? What measures, by whom? When? How?
- 11) Let us talk about the district disaster response plan? What are your opinions of the plan and how it is implemented?
- 12) Tell me about the coordination in regards to the 2011 drought response in this district. To what extent would you say this coordination succeeded and /or failed?
- 13) How was advocacy agenda on the elderly mainstreamed in the project design and during implementation?
- 14) Monitoring and evaluation- Does the project have an M&E plan; how data was collected, analyzed and utilized for decision making; was reported data verified & validated; were field visits done; are there monitoring reports.
- 15) What were the project objectives/targets (proposed). What proportion of objectives/targets (achieved)

- 16) Comment about gender mainstreaming during the design, implementation and monitoring of the project. Comment about the gender differentials in the impact of this project
- 17) What are some of the broader impacts observed?
- 18) What were some of the constraints to implementation?
- 19) Based on the constraints, what suggestions do you have to make things better in future emergency programs?

Key Informant Interview with HelpAge project team

- 1) In general, take us through the vision and mission and Kenya Country strategy of HelpAge international.
- 2) To what extent would you say the Mandera project fit with and contribute to the achievement of these vision, mission, and strategy?

- 3) What is your organizations experience in designing and implementing emergency response programmes targeting the older people?How did these experience and lessons learnt inform the design and implementation of the Mandera project?
- 4) When and how did you first become aware of the drought?To what extent would you say early warning systems were useful (if any was existent)
- 5) When and how did your organization initiate a response (s).Take me through the project timelines: date assessment done, date proposal written, submitted, date funding received, proposed start date , actual start date, proposed end date, actual end date.On looking back do you think the response was timely? Was valuable time lost before mounting a response? Why? How can things be done better in future
- 6) How was the drought response planned (what information used (data, existing plans),who consulted, e.t.c? This could apply to either writing a proposal or designing an implementation if for some reason they already had fundsavailable)
- 7) Do you think the information available for the design of the project was adequate?Was experience and recommendation from previous interventions utilized in designing the project?
- 8) Tell me about the roles of community in design ofintervention
- 9) Tell me the roles of community in the project implementation
- 10)Was there any contribution required of community- financial, labour, and other?Tell me how this happened and your perception of how well it performed.
- 11)If there are other projects implemented in Mandera, how does the emergency drought response project fit/link with them?
- 12)Let us talk about disaster risk reduction measures before, during and after the project?What measures, by whom? When? How?
- 13)Let us talk about the district disaster response plan?What are your opinions of the plan and how it is implemented?
- 14)Tell me about the coordination in regards to the 2011 drought response in these districts.
- 15)Are there some specific best practices you would wish to highlight in regards to the coordination between your project and the wider district stakeholders?To what extent would you say this coordination succeeded and /or failed?
- 16)How was advocacy agenda on the elderly mainstreamed in the project design and during implementation?
- 17)Tell us some of the advocacy initiatives linked to the Mandera project and highlight some of the successes of such initiatives.
- 18)Comment about gender mainstreaming during the design, implementation and monitoring of the project.Comment about the gender differentials in the impact of this project
- 19)You implemented this project through a local partner, RACIDA. Are there specific reasons why you chose this approach?
- 20)Take us through the day to day management roles and relationships between RACIDA and HelpAge, in regards to the Mandera project.
- 21)In working with RACIDA, what went well and what did not work out as expected? Are there some lessons to be drawn from this?
- 22)What were some of the constraints to implementation?Based on the constraints, what suggestions do you have to make things better in future emergency programs?

- 23) As HelpAge team, do you feel this project contributed to improving your capacity to better respond to similar humanitarian emergencies?
- 24) Monitoring and evaluation-Does the project have an M&E plan; how data was collected, analyzed and utilized for decision making; was reported data verified & validated; were field visits done; are there monitoring reports; was the data on beneficiaries disaggregated i.e. by age, gender, specific intervention e.t.c
- 25) What were the project objectives/targets (proposed). What proportion of objectives/targets was achieved?
- 26) What are some of the broader impacts observed?

Annex 3: List of people interviewed

No.	Name	Group/ Designation
1	UsubaAdan Farah	Multi-Purpose Women Sanitation Group
2	SaruraAbdille Hassan	Multi-Purpose Women Sanitation Group
3	Nuria Ibrahim Salat	Multi-Purpose Women Sanitation Group
4	Khadija Mohamed Ibrahim	Multi-Purpose Women Sanitation Group
5	Halima Abdi Mohamed	Multi-Purpose Women Sanitation Group
6	Halima Adan Hassan	Multi-Purpose Women Sanitation Group
7	ZeinabAdan Farah	Multi-Purpose Women Sanitation Group
8	Fatuma AbdullahiAdan	Multi-Purpose Women Sanitation Group
9	MakaiSalatSomow	Multi-Purpose Women Sanitation Group
10	Khadija EdowHassanow	Multi-Purpose Women Sanitation Group
11	Adan Ahmed Mohamed	Multi-Purpose Women Sanitation Group
12	Nunay Ali Mohamed	Multi-Purpose Women Sanitation Group
13	Halima Mohamud Mohamed	Multi-Purpose Women Sanitation Group
14	Isha Ahmed Muhumed	Multi-Purpose Women Sanitation Group
15	Mohamed Ibrahim Abdirahaman	Multi-Purpose Women Sanitation Group
16	BisharaDakat Farah	Multi-Purpose Women Sanitation Group
17	Abdia Adan Ibrahim	Multi-Purpose Women Sanitation Group
18	Halima Ibrahim Jure	Multi-Purpose Women Sanitation Group
19	Halima Mohamed Maalim	Multi-Purpose Women Sanitation Group
20	Halima Adan Ali	Multi-Purpose Women Sanitation Group
21	Halima Hassan	Maslah Sanitation Women Group
22	Hawa Sufi Adow	Maslah Sanitation Women Group
23	Bishara Ahmed	Maslah Sanitation Women Group
24	Nuria Mohamed	Maslah Sanitation Women Group
25	MuslimaAdan Hassan	Maslah Sanitation Women Group
26	NunnaySabdown	Maslah Sanitation Women Group
27	Habiba Mohamed	Maslah Sanitation Women Group
28	KheriaMuhumed	Maslah Sanitation Women Group
29	Habiba Ahmed Yussuf	Bulla Dodai Sanitation women Group
30	Habiba Ahmed Osman	Bulla Dodai Sanitation women Group
31	Ilama Mohamed Omar	Bulla Dodai Sanitation women Group
32	Khadija Abdullahi	Bulla Dodai Sanitation women Group
33	KheiraAbdiHarrun	Bulla Dodai Sanitation women Group
34	AdeyYunis	Bulla Dodai Sanitation women Group
35	RukiaAbdi	Bulla Dodai Sanitation women Group
36	NuriaAbdirahman	Bulla Dodai Sanitation women Group
37	Abdia Abdikadir	Bulla Dodai Sanitation women Group
38	HabibaAbdullahi Ahmed	Bulla Dodai Sanitation women Group
39	Dakan Ahmed Jimale	Bulla Dodai Sanitation women Group
40	Asha Mohamed Haithar	Bulla Dodai Sanitation women Group
41	KheiraAdow	Bulla Dodai Sanitation women Group
42	Amina Ahmed Adan	Bulla Dodai Sanitation women Group
43	KheiraMuminibrahim	Bulla Dodai Sanitation women Group
44	SaadiaKeinanAbdi	Bulla Dodai Sanitation women Group
45	MuminaAbdiDakan	Bulla Dodai Sanitation women Group
46	IsninaKanyare	Bulla Dodai Sanitation women Group

47	AlaseyAbdullahi	Bulla Dodai Sanitation women Group
48	IsninaAbdiDakan	Bulla Dodai Sanitation women Group
49	IsninaKanyare	BullanDodai Toilet Beneficiary
50	Saladha Hassan	BullanDodai Toilet Beneficiary
51	AdowMuhumed	BullanDodai Toilet Beneficiary
52	Ibrahim Abdi	BullanDodai Toilet Beneficiary
53	AbdirashedYususf	BullanDodai Toilet Beneficiary
54	Ebla Muhumed Ali	BullanDodai Toilet Beneficiary
55	Yussuf Ismail	BullanDodai Toilet Beneficiary
56	Abbas Sheikh	BullanDodai Toilet Beneficiary
57	Mohamed Bare	BullanDodai Toilet Beneficiary
58	GaiyeBarow Osman	Yambicho CSB Beneficiary
59	Adan Ahmed Muhumed	Yambicho CSB Beneficiary
60	AdanAbdullahi Hassan	Yambicho CSB Beneficiary
61	AbdullahiAbukar	Yambicho CSB Beneficiary
62	Muhumed Hassan Omar	Yambicho CSB Beneficiary
63	Abdi Dakane Huile	Yambicho CSB Beneficiary
64	Abdia DahiyeIssack	Yambicho CSB Beneficiary
65	MuminaLaban Ali	Yambicho CSB Beneficiary
66	Maka Hussein Muhumed	Yambicho CSB Beneficiary
67	Rashid AdowIssack	Shangala Water Tank Beneficiary
68	IssackMuhumed Hassan	Shangala Water Tank Beneficiary
69	AbdiMuhumedGulet	Shangala Water Tank Beneficiary
70	Osman Dahir Kasai	Shangala Water Tank Beneficiary
71	Ismail MadeyGalita	Shangala Water Tank Beneficiary
72	Ahmed Mohamed Omar	Shangala Water Tank Beneficiary
73	Abshira Ibrahim Ahmed	Shangala Water Tank Beneficiary
74	Halima SabdowAbukar	Shangala Water Tank Beneficiary
75	NuriaAbdiMuhumed	Shangala Water Tank Beneficiary
76	Halima MuhumedJamaa	Shangala Water Tank Beneficiary
77	Ebla Abdullahi Farah	Shangala Water Tank Beneficiary
78	Alasey Ibrahim Daud	Shangala Water Tank Beneficiary
79	Mohamoud Dagane	RACIDA Project Coordinator
80	Quresha Ibrahim	RACIDA Field Monitor
81	Hussein Ali Farah	RACIDA Project Officer
82	UmulkheirKhalif Mohamed	RACIDA Project Accountant
83	Jimale Hussein	DPHO
84	S.K. Mutmbei	DO1
85	Muhamed 'Kular'	Drought Management Office
86	AbasMuhamed	COOPI
87	Meshak	Islamic Relief